



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2016

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 June, 2016 succeeding Cllr. John Joe Culloty.

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 2016 which outlines the activities of the Forum to 31st December 2016.

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 2016.

**Cllr Joe Sullivan
Chairperson**

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr John Joe Culloty replaced by Cllr Joe Sullivan in June 2016

Vice-Chairperson: Cllr Imelda Goldsboro was re elected in June 2016

SOUTH EAST COMMITTEE:

Chairperson: Cllr Denis Foley replaced by Cllr Arthur McDonald in October 2016

Vice-Chairperson: Cllr Joe Malone replaced by Cllr Michael Doyle in October 2016

SOUTH WEST COMMITTEE:

Chairperson: Cllr Timmy Collins replaced by Cllr Mary Shields in October 2016

Vice-Chairperson: Cllr Mary Shields replaced by Cllr John Joe Culloty in October 2016

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Denis Foley

Cllr John Pender replaced by Cllr Arthur McDonald

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 replaced by Cllr Johnny 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 John Carey
Cllr Mary Butler replaced by Cllr Ray Murphy
Cllr Davy Daniels
Cllr Pat Fitzgerald
Cllr Jason Murphy
Cllr Seanie Power

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr James Browne replaced by Cllr Willie Kavanagh
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 2016 were held on:

- Thursday 24th March 2016
- Thursday 19th May 2016
- Thursday 16th June 2016
- Thursday 23rd June 2016
- Thursday 22nd September 2016
- Thursday 3rd November 2016

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

- Chief Operations Officer of the South/South West Hospitals Group,
- Chief Officer of the Community Health Organisation – Area 4,
- Chief Officer of the 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 2016 were held on:

Thursday 19 th January	Kilkenny
Thursday 21 st January	Cork
Thursday 19 th April	Kilkenny
Thursday 21 st April	Tralee, Co, Kerry
Thursday 13 th October	Kilkenny
Thursday 15 th October	Tralee, Co Kerry
Thursday 6 th December	Kilkenny
Thursday 8 th December	Cork

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr Joe Sullivan as Chairperson and re-elected Cllr Imelda Goldsboro as Vice-Chairperson of the Forum at its AGM on 23rd June 2016.

The South East Committee meeting held on 13th October 2016 elected Cllr Arthur McDonald as Chairperson and elected Cllr Michael Doyle as Vice-Chairperson.

The South West Committee at its meeting on 15th October 2016 elected Cllr Mary Shields as Chairperson and Cllr John Joe Culloty 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 2016, 34 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 2016, Regional Health Forum South Members submitted 26 Questions.

Presentations

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

- Presentation on Regional Operational Plans 2016, March 2016 Regional Health Forum Meeting
- Presentation to the Regional Health Forum South given by Ms Susan Cliffe, Head of Healthcare, Health Information and Quality Authority (HIQA), May 2016 Regional Health Forum Meeting
- Presentation by Ms Sarah McCormack, National Programme Lead Healthy Ireland, Health & Wellbeing Division, HSE on Healthy Ireland in the Health Services – National Implementation Plan 2015 – 2017, 23rd June 2016 Regional Health Forum Meeting
- Dr William Murphy, Medical And scientific Director, Irish Blood Transfusion Service in attendance to respond to a query from Regional Health Forum Member, September 2016 Regional Health Forum Meeting

Schedule of Meetings for 2017

FORUM MEETINGS 2017

Thursday 23rd February
Thursday 23rd March
Thursday 4th May
Thursday 15th June
Thursday 21st September
Thursday 16th November

COMMITTEE MEETINGS 2017

Thursday 17th January – South East
Thursday 19th January – South West
Thursday 11th April – South East
Thursday 13th April – South West
Thursday 10th October–South East
Thursday 12th October– South West
Thursday 5th December–South East
Thursday 7th December–South West

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
24th March 2016**

NOTICES OF MOTION

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

"Can the HSE confirm the number of people who attended A&E in all hospitals in early January for treatment of injuries such as fractured limbs/sprains etc due to falling on icy conditions in Cork City?"

Cllr. Henry Cremin

Cork University Hospital

All patients that present to the Emergency Department in Cork University Hospital are triaged to determine their injury. Apart of triage is to determine if the injury was caused by for example a road traffic accident/sport injury or a fall, however we do not routinely ask patients if ice was the cause of the fall.

The number of people that presented to the Emergency Department in Cork University Hospital in January 2016 was 831 with a fall as the presenting complaint.

Mercy University Hospital

The number of people that presented to the Emergency Department in Mercy University Hospital, in January 2016, was 96 attendances with a fall as the presenting complaint.

It is not possible for Mercy University Hospital Emergency Department to break the data down further to ascertain if the reason for their presentation was 'due to falling on icy conditions in Cork City' so unfortunately MUH is unable to provide any further detail in response to the motion.

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

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

"Access to 24/7 crisis support: Mental health services are still not providing 24/7 crisis intervention services as is the norm in all areas. People in mental health crisis are still suffering lengthy waits in busy A/E Departments, at times up to 8hrs or more, before receiving any support. Ireland continues to have a high suicide rate, why is this gap in crisis services allowed to persist?"

The emergency numbers are not easily accessible either as one has to go through a lengthy process to finally here from an answering machine.

That a report be provided on the range of psychiatric services in the HSE South, with particular emphasis on emergency services available for citizens who experience problems at weekends and the type after care available for those who experience breakdowns."

Cllr. Denis Foley

Response:

The mental health services in Ireland have undergone significant change cover the last twenty years or so. A Vision for Change (2006) is the national strategy for mental health which sets out how services should be structured and delivered in Ireland. In line with 'A Vision for Change' there are arrangements in place for the provision of a 24-hour, multidisciplinary crisis response across the services. These services are delivered in the following format:

COMMUNITY HEALTHCARE ORGANISATION SOUTH EAST

Accessing Out of Hours Services

From a CHO5 perspective, if a person requires assistance in the evening or at the weekend when their own GP is not available, they can [contact the local Caredoc GP out-of-hours service](#). [In an emergency or crisis](#) a person can [contact the emergency services](#) or [go to the hospital emergency department](#).

With specific regard to mental health service across CHO5 the following outlines current service provision.

Carlow/Kilkenny/South Tipperary Mental Health Service provides out-of-hour service provision on a 24 hour/7-day per week basis through the psychiatric liaison service at the Emergency Departments in St. Luke's Hospital Kilkenny and South Tipperary General Hospital in Clonmel. This service allows for emergency assessments on patients who present in crises and early identification and treatment of acute mental health difficulties in the general medical and emergency department settings. In addition to this, there are day hospitals located in Carlow, Kilkenny and South Tipperary which provide a walk-in-service on a 5-day per week and also provide access to the Home Based Treatment Teams at weekends. There are also community mental health nurses on duty on Saturdays and Sundays and are available to review patients known to mental health services who may need additional supports at weekends.

In Waterford/Wexford Mental Health Services, 24 hour/7-day per week mental health cover is currently provided through the Emergency Department at University Hospital Waterford. In Wexford General Hospital, a nurse-led psychiatric liaison service is provided on a 7-day basis (from 0830hours to 1815 hours) with access to a clinical lead from within one of the Community Mental Health Teams. In addition, there are four Day Hospitals in the Wexford area, three of which provide a 7-day per week service. These Day Hospitals all have a 'Walk in' service facility.

Across the services there are a number of Home Based Treatment Teams, Crisis Teams and Assertive Outreach Teams which comprise of multidisciplinary team members including community mental health nurses ensuring service provision 7-day per week. These teams focus on providing proactive care to service users in order to minimise the risk of disengagement.

Other Services

Self Harm Intervention Programme (SHIP)

The Self Harm Intervention Programme (SHIP) is a short term counselling service available to individuals presenting with self harm or suicidal ideation across CHO Area 5. This service is integrated with the National Counselling Service (NCS) and the Counselling in Primary Care Service (CIPC). It also provides referral to onward client pathways to frontline suicide assessment services such as SCAN and the Liaison Psychiatric Service in the Emergency Departments in the General Hospitals.

CORK AND KERRY COMMUNITY HEALTHCARE ORGANISATION

Liaison/Self-Harm Services

Cork University Hospital (CUH), Mercy University Hospital (MUH) and University Hospital Kerry (UHK) each provide a liaison mental health service which is consultant led. The benefits of this service are the identification and treatment of mental health problems in the general medical and Emergency Department settings, including emergency assessments. This leads to a reduced morbidity, reduced hospital admission, reduced inappropriate physical investigations and reduced lengths of stay. Liaison mental health services also have an excellent opportunity to promote mental health through direct intervention with in-patients and through training of hospital staff.

In addition, there is a Community Mental Health Nurse on duty in each community mental health team, between 9am and 5pm on Saturday's and Sunday's, who is available to see patients who are already receiving services from that team and who need extra support at weekends.

Home Based Treatment Teams / Crisis Teams / Assertive Outreach Teams

Across the services there are a number of home based treatment teams, crisis teams and assertive outreach teams which comprise of multidisciplinary team members. These include:

- Home based treatment team, Cork City North.
- Home based treatment team, Cork City South.
- West Assertive Outreach Team.
- North Cork Crisis Team
- Kerry home based treatment team / crisis team

These teams focus on providing proactive care to service users in order to maximise their recovery potential. Each member of these teams is assigned as a key worker

for a number of their service users. The majority of these teams operate from Monday to Sunday inclusive.

In addition to the services above, there is a non consultant hospital doctor on-call based in each mental health inpatient unit out of hours to provide emergency support to inpatient unit and carry out emergency assessments on patients who present in crisis or post self-harm in the emergency department. ▸

OTHER SERVICES IN SOUTH EAST AND SOUTH WEST

Suicide Crisis Assessment Nursing Service (SCAN)

The SCAN service is currently available in both Waterford and Wexford, and will be developed in Carlow/Kilkenny and South Tipperary in 2016. It is also available in Cork and Kerry. It provides for:

- An available, accessible and swift response to GP request for a timely assessment of those who may be at risk of suicide
- Carry out a comprehensive needs and risk assessment of the client in the GP surgery
- Collaborative working in partnership with the GP to initiate an individual care plan to meet the risks and care needs of each service user.

With the provision of the full range of services/interventions as outlined above for adults with mental illness and closer contact between service users, and their carers, the likelihood of unforeseen and unexpected crises arising should be reduced.

Anna Marie Lanigan
Acting Chief Officer
Community Healthcare Organisation-Area 5 (South East)

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

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

"As there is still no fulltime GP Service to cater for the needs of the people of Rathmore, I call on the HSE to again advertise for this position. If this is not possible, can we view the contract which was drawn up for the Doctor who was awarded this position. If the needs of the people of this area are not catered for in the near future,

I will be calling on the HSE to provide a fulltime locum, along with a suitable premises.”

Cllr. John Joe Culloty

Members will be aware from my response to a Notice of Motion at the September 2015 meeting that the GP who was successful at interview for the vacant GP post in Rathmore in November 2014 has had two challenges in providing a full-time resident GP in Rathmore i.e. securing an appropriate premises and recruiting an assistant or locum GP.

Premises

As an immediate measure, HSE services in the health centre in Rathmore were rearranged last September to facilitate the GP use of the premises. The GP has been based there every Thursday since then.

To meet the long term requirements of the service, a proposal regarding the provision of a health centre for Rathmore that will accommodate both the GP and GP practice staff, as well as HSE primary care team members, has been submitted to the HSE property committee for approval. As this proposal requires a new build and the availability of the health centre cannot be increased, an interim arrangement is being progressed while awaiting the new build.

Recruitment of GP Staff

In relation to staffing, HSE management have been in ongoing contact with the GP and have again recently met with the GP on her return from maternity leave. During this meeting the measures taken by the GP to recruit an assistant or locum GP were reviewed and the HSE is satisfied that these efforts have been exhaustive. Some additional contacts were provided to the GP.

Members will be aware of the difficulties experienced in a number of locations across the country in relation to GP recruitment, in particular in rural areas with single handed practices. There is no evidence that any re-advertisement of the position in Rathmore will guarantee the appointment of a full-time GP in the area.

The HSE is committed to working with the appointed GP to ensure a full-time GP presence is available in Rathmore.

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

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

“That the HSE explain in writing and in detail

- (i) its plans for the provision for the long term care for Day services for 15 young adults from ‘An Tuath Nua’ specifically those who are graduating in June 2016 and
- (ii) what improved and suitable provision for Respite Care for those currently in Post 18 services who are in urgent need of Respite Care breaks in line with their specific needs for 2016 and beyond
- (iii) to commit and meet with the families to give an update on issues raised by them at their last meeting with officials and public representatives.”

Cllr Deirdre Forde

Question No 6(b) on Agenda refers:

“The HSE clarify matters in relation to building in COPE which has been vacant for 18 years, particularly in view of the commitment from the parents of An Tuath Nua to work with the HSE and COPE to make a Centre of Excellence in that campus building.

Cllr Deirdre Forde

Accommodation

In relation to accommodation for the expansion of An Tuath Nuath service, Sean Abbott, Acting CEO at COPE Foundation, has confirmed that COPE Foundation have had discussions regarding a Centre of Excellence with the parents’ group attached to An Tuath Nua. This follows a recent meeting between the HSE, the parent’s group and public representatives which discussed:

- Requirement for additional accommodation to cater for a small number of school leavers in 2016.
- A long term plan to provide for the expansion of this service over the next five years.
- Access to respite services.

In relation to the requirement to expand the service in 2016, it had been proposed that the space that An Tuath Nua currently occupies be expanded into an adjacent building by taking over some of the office space that is occupied by various therapy departments at this time. There is also a large room that had previously accommodated a woodwork training room; however, has been used as a store-room for the past number of years. COPE Foundation had agreed with the parents’ group that the practicalities of refurbishing and reconfiguring this space as an interim accommodation solution for An Tuath Nua would be explored while a long term plan was finalised and put in place. Following the assessment, COPE Foundation have concluded that this does not offer the best solution at this time for a number of reasons, the primary reason being safety concerns surrounding the site itself and traffic in and around the access into and out of the building. COPE Foundation is examining another alternative on the main campus and will be updating the parents’ group shortly on this alternative. The HSE is continuing to work with COPE and is

confident that accommodation will be available for new school leavers to attend this service in 2016.

In relation to the long term requirements of school leavers with autism, the HSE is committed to working with COPE and the parents' group on the development of a centre of excellence. The aim is to develop a proposal which provide for the requirements of school leavers with autism over a five year period.

The proposal will be finalised, taking into account the views and knowledge of the parents' group and the expertise of COPE Foundation as the service provider. The location of the service will need to consider the benefits of accessing complementary services on the Montenotte site *vis a vis* national policy in relation to day services i.e. *New Directions* – individualised community based services and supports using public facilities.

Respite

Respite Services for People with Disabilities in Cork are under significant pressure due to

- Reduction in services following the HIQA regulatory inspection process.
- The lack of funding to increase services to meet expanding demand.

The Cork and Kerry Community Healthcare Organisation sought additional funding as part of the 2016 estimates for increased provision of residential respite services. However, additional funding provided for disability services was only available to cover increased costs in meeting the HIQA standards in residential services. There was no funding provided to expand residential respite services.

However, €1m has been provided nationally for alternative respite services including host family arrangements.

The HSE is continuing to work with the parents group and with COPE Foundation to continue to explore all options in relation to the provision of respite for these young adults.

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

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

“That this Forum, support my motion to have a Rheumatology Nurse appointed as soon as possible to University Hospital Kerry.”

Cllr Damian Quigg

University Hospital Kerry advertised for a Clinical Nurse Specialist in Rheumatology internally within our hospital in July 2015. We interviewed the candidates on August the 10th 2015. At that time, a suitable candidate was not appointed and therefore on November the 12th 2015, we referred this matter to the National Recruitment Service such that a national recruitment process could be undertaken. The NRS have advised us that this competition will be advertised at some stage in 2016.

**Mr TJ O’Connor,
General Manager,
University Hospital Kerry**

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

“That the HSE make the drug known as (Orkambi) immediately available to Cystic Fibrosis Sufferers in Ireland.”

Cllr Mike Kennelly

The National Primary Care Division has advised as follows:

The HSE has a statutory responsibility to formally assess each new medicine in line with the requirements of the Health (Pricing and Supply of Medical Goods) Act 2013 prior to reimbursement. The drug Orkambi received market authorisation in the European Union in November 2015 and, to date, Vertex (the makers of Orkambi) have submitted some of the preliminary documentation required to support pricing and reimbursement to the HSE. However, the submission of the full pricing and reimbursement application pack from Vertex is awaited and it is understood that Vertex is currently preparing the required documentation.

Once the full dossier of information is submitted by Vertex, the HSE is required to complete the assessment within a 90 day timeline. Following the assessment process, the HSE engages with the pharmaceutical companies to address any concerns or issues raised during the assessment process, including where appropriate any commercial or pricing concerns. The HSE will carry out these assessments as rapidly as possible once the full submission is received.

Please note that Orkambi does not appear to have been launched in most European markets to date and it seems that no European launches are imminent.

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

Questions

Question No 6(a) on Agenda refers:

"To ask the HSE, if the people who are cared for in Lantern Lodge in Killarney, move to the proposed premises, will they continue to receive meals, have showering facilities, clothes washing service etc., as is currently provided for them in Lantern Lodge?"

Cllr. John Joe Culloty

The members will be aware from a response on this matter that Lantern Lodge is a facility in Killarney from where an Adult Mental Health Day Centre operates. It is staffed by members of the Rehabilitation Team – a CNM2 and a staff nurse Monday to Friday. The wider Rehabilitation team, which consists of a consultant psychiatrist, social worker, psychologist and an occupational therapist, also provide input.

Lantern Lodge is a standard two storey detached house in a residential area. The Environmental Health Officer has clearly outlined in several reports that it is not fit for purpose on several fronts. In addition, the space is limited and it requires considerable refurbishment to bring it up to standard.

Leawood House has been used as a mental health day hospital for many years. This service has now been relocated to a more appropriate venue. This larger building is located close to the town centre and is in better structural repair than Lantern Lodge. Following consultation with the Rehabilitation team, priorities have been identified in order to upgrade the building sufficiently. Funding has been secured for the necessary refurbishment and phase one of this work commenced on Monday 30th November.

Day centres throughout Kerry, for people with mental health illness, are focussed on the recovery model with the aim of gaining independent skills in daily living. Current Mental Health policy in the area of recovery emphasises a less isolated and more community integrated service model, which will be possible from the new building. The focus will be on using a wider range of community facilities available in the area. With regards to the provision of a mid-day meal for service users, this is being reviewed in all of our day centres and we are aiming for consistency

throughout the service. Our aim is to enable service users to make use of locally available facilities.

With regards to the provision of shower facilities the situation is similar. Again, our aim is enable people to become independent as far as possible. With the extended multi-disciplinary community mental health teams now we are able to focus on providing individual care plans for service users which should cover this area.

Several meetings have been held with the Multi-Disciplinary Team (MDT) to secure their views on the process and include their contributions. Different members of the MDT Rehabilitation Team have had informal discussions with patients attending Lantern Lodge regarding the move. A formal meeting took place on Monday 7th December 2015, between representatives of the MDT Rehabilitation Team, the Executive Clinical Director, Area Director of Nursing and Assistant Director of Nursing to which all the service users involved were invited. Service users were given the opportunity to outline their concerns and were provided with reassurance that the level of service will not decrease in Leawood House, in fact services will be extended. Any individual concerns, i.e. people who find it difficult to travel, will be managed on an individual basis. It was agreed that another meeting will be arranged with the service users in order to keep them updated of progress.

Issues such as showers, a mid-day meal etc previously raised by service users have been addressed in the meetings that have taken place to date. If any service user continues to have a concern about these matters, then a member of the MDT Rehabilitation Team will be happy to meet with them, discuss their concerns and explain how the new model of service provision will work. If the MDT Rehabilitation Team deems the provision of personal care and a mid-day meal necessary for an individual's care plan, this will be facilitated on a one to one basis.

The new building will facilitate greater input from the extended Rehabilitation Team as there will be more opportunities for therapeutic interventions by the full team.

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

Question No 6(b) on Agenda refers:

"The HSE clarify matters in relation to building in COPE which has been vacant for 18 years, particularly in view of the commitment from the parents of An Tuath Nua to work with the HSE and COPE to make a Centre of Excellence in that campus building.

Cllr Deirdre Forde

Responded to with Motion 5(d) above.

Question No 6(c) on Agenda refers:

“Is the Dexa Scanner in University Hospital Kerry currently in use and how many people are availing of this service currently?”

Cllr Damian Quigg

The DEXA scanner which has been generously funded through the Friends of KGH is quite an advanced model which requires a degree of up-skilling of staff. This involves the provision of specialist training by the company who have provided the machine to ensure that the ongoing maintenance of high standards of quality and patient safety in University Hospital Kerry. This training requirement has meant that the DEXA Scanner is currently in use within the hospital setting only with limited numbers of patients being scanned to ensure that staff are sufficiently trained prior to further roll out of the service.

**Mr TJ O'Connor
General Manager
University Hospital Kerry**

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
19th May 2016

NOTICES OF MOTION

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

"While understanding the entitlement that every citizen has to their own privacy but given the levels of stress carers must cope with when looking after a mentally ill relative, that the HSE to put in place a more family friendly set of protocols with respect to the provision of information for primary carers of the mentally ill. That the HSE to put in place a set standard operating procedures for medical professionals dealing with patients suffering from a mental illness. These procedures must ensure that the carers (family members) are as fully informed as possible with respect the diagnosis, care plan and prognosis of a patient prior to discharge."

Denis Foley

The HSE would like to acknowledge the important role that family members and carers have in relation to the treatment and care of their relative whilst in receipt of mental health services. The HSE also recognises that service user confidentiality and right to privacy is central to all aspects of service delivery. Whilst the valued input of key primary carers is considered to be an important aspect of the care planning process – this is subject to the approval of the service user to include primary carers in their care pathway.

All mental health services personnel have received appropriate training and direction with regard to communication process with key family members. This includes a recognition that family members and primary carers are also coping with the emotional difficulties that can arise at this time.

The HSE welcomes feedback from carers with regard to the ongoing service delivery subject to the service users' right to privacy.

Throughout the South East Area, personnel from mental health services liaise with colleagues in the Acute Hospital settings on a regular basis. These meetings between mental health and acute services aim to ensure a seamless service and enhanced communication protocols required for the delivery of a service which places the service user at the centre and which value the input of all relevant stakeholders.

Anna Marie Lanigan
Area Manager
Community Healthcare Organisation-Area 5

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

"I call on this Forum to outline the procedures and framework involved towards achieving the implementation of the new 100 bed facility to replace Saint Patrick's

Hospital, Cashel under Public Private Partnership by 2021 and the steps involved in attracting a Private Partner for this major development?"

Cllr. Tom Wood

St. Patrick's Hospital (including St. Anthony's Unit, Clonmel) similar to other Public Residential Long Stay Residential Units, is obliged to be compliant with HIQA Environmental Standards by 2021. The current structure at St. Patrick's Hospital cannot be easily adapted to meet these environmental standards. As a consequence the HSE locally requested a capital allocation for replacement accommodation.

In January 2016 the Department of Health advised that there will be significant investment over the six years, 2016-2021, to replace or improve 90 residential centres for older people across the country. This will enable the HSE to meet HIQA standards for residential settings ensuring the comfort and safety of older people who require long term residential care. The HSE 6-year Capital Plan has included plans for the provision of 100 Community Nursing Unit (CNU) beds to replace the current St Patrick's Hospital Cashel beds.

While the Plan announced by the Minister had indicated that some of these Replacement Units would be provided under Public Private Partnership (PPP) process, there are currently no definite decisions on which Units, if any will be under PPP. It is understood that the National Development Finance Agency (part of Department of Finance) are currently reviewing options.

Work is currently underway to progress the development of these replacement Community Nursing Units and includes the following;

- Standard National Brief, Schedules of Accommodation and exemplar room layouts have recently been completed by HSE Estates Department. These will give a consistent, quality of accommodation across all new units which meet and exceed current HIQA Long Stay Residential Care Standards.
- Assessment is underway of each of the proposed sites as to their suitability for inclusion in any proposed package for PPP development.
- Work has commenced on the establishment of local Project Team for each of the centres where replacement CNU's are to be built. These Project Teams are involved in drawing up detailed accommodation schedules (using standard briefs as referenced above) - for example mix of Standard and Dementia specific accommodation.
- Work has also commenced on reviewing interim accommodation options and requirements from existing long stay residential units to facilitate construction.

Following the completion of the specific briefs, the next phase in the process will be the appointment of Design Consultants to commence Design Process.

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

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

“The Regional Health Forum, South recognizes the fact that the National Ambulance Service is understaffed and the understaffing of this emergency service has resulted in lengthy response times for some emergency call outs in the South East Region. This Forum now requests the Health Service Executive to actively consider deploying more ambulance personnel to improve emergency ambulance response times in the South East Region”.

Cllr Pat Fitzgerald

National Ambulance Service Response:

The National Ambulance Service continuously reviews and monitors activity, and demand, and in this regard utilises its current resources effectively and efficiently with a patient centred approach in order to meet that demand.

The National Ambulance Service Capacity Review was established to independently determine the resource requirements, and optimal deployment of resources, to meet the needs of a modern ambulance service and to assist in the delivery of the target response times.

This is the first time that such a review has been conducted in Ireland and will explore the resource requirements required to improve response times across the country as a whole including the Waterford area. It will determine what resources are required and how they can be used in the most efficient manner.

The capacity review will determine the optimal system for the Irish setting. The review has been completed and it is expected that it will be published in the coming weeks.

Paul Gallen
Area Operations Manager
National Ambulance Service

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

“As counties, Kerry and Cork are known to be high risk areas for contracting Lyme disease, that the HSE South carry out an advertising campaign, highlighting the dangers, and also preventative methods of this very serious disease.”

Cllr John Joe Culloty

Since 2013, HPSC has held an annual 'Lyme Awareness Week' at the beginning of the tick biting season, the purpose of which is to draw attention - particularly in the media - to Lyme disease and the ticks that can spread this disease. The week beginning May 2nd was designated as Lyme Awareness Week this year.

In our press releases relating to Lyme Awareness Week (and any subsequent media interviews), we point out that Lyme disease (also known as Lyme borreliosis or LB) is an infection caused by a spiral-shaped bacterium called *Borrelia burgdorferi* that is transmitted to humans by bites from infected ticks - small, spider-like invertebrate animals related to mites - which have become infected with the bacterium. These ticks feed on the blood of birds and mammals (including man).

The infection is generally mild and affects only the skin. Frequently people are infected - and have positive Lyme blood tests - for years after exposure, without ever having any symptoms, or disability. In areas with high levels of infected ticks, as many as 15-20% of the general population can have previous exposure to Lyme (as evidenced by a positive Lyme serological or blood test), but without recollection of a precipitating tick bite, or of symptoms suggestive of LB.

Occasionally, however, LB can be more severe, leading to extensive, systemic involvement of the nervous system and heart. It is for this reason that in 2012, LB was made statutorily notifiable, meaning there was a mandatory requirement on clinicians and laboratories to report any cases of LB. For surveillance purposes, the notifiable entity was designated a more severe form of the infection affecting the nervous system; neuroborreliosis.

We highlight that campers, walkers and certain occupational groups such as forestry workers, conservation workers, deer cullers and farmers as being at particular risk of exposure to ticks (and therefore LB). That said, anyone walking or hiking in the countryside is at risk of biting ticks. The ticks responsible for LB are generally hard-bodied ticks (*Ixodidae*). *Ixodes* ticks are hosted by a wide range of mammals including deer, sheep and cows, and occasionally birds; their tiny size (less than 2mm unfed) means they can remain undetected for long periods.

Ticks walk on the ground but climb plants in search of passing warm blooded hosts in order to find a blood meal. They latch on to the passing animal host or person by using hooks on their legs. They preferentially migrate on the animal's or person's body to find the areas of thinnest, warmest and most moist skin (in humans particularly the armpits and groin and also the necks of small children) as they are unable to bite through areas of thicker skin (such as the soles of the feet or palms of the hands). That said, ticks can latch on to a large proportion of the human body (including legs, arms, abdomen, chest) which is why examination of the skin following a walk in the country is important. Generally a number of hours must elapse for the tick to migrate to suitable skin, and for the tick to begin to feed in earnest, so shorter periods of walking (such as a couple of hours) present much less risk than longer periods (say several hours in a tick-infested area).

As ticks are to be found in areas which are preferred by walkers and those who enjoy the outdoors, so they will be found in areas such as grassy fields, woods, gardens, beaches and nature parks. As ticks require blood to survive, they will preferentially choose to live in habitats frequented by potential mammalian hosts.

The preferred habitats of ticks (and the types of environment where they are most likely to be found) include:

- Shady and humid woodland clearings with grass,
- Open grassland,
- Walking paths (especially those bordered by long grasses),
- Wooded and forested areas,
- Vegetation close to lakes and seaside beaches,
- Parkland areas and
- Open fields and bushes.

They are present in both urban and rural environments and are active from spring to autumn. Lyme cases tend to appear in Ireland with greater frequency after April, hence the choice of this time of year for Lyme Awareness Week.

We emphasise that prevention of tick bites is the most effective way to prevent LB and we direct the public to [advisory material on our website](#) that will enable them to:

- Identify likely areas of tick infestation
- Habits to develop to prevent tick biting them and their families and
- Habits to develop to examine oneself (and one's children and pets) to remove any ticks they discover after a day in the country.

Full information can be found on the [HPSC's LB website section](#).

We find each year a considerable amount of media interest in the issue. And, given the fact that Cork and Kerry would be areas where tick habitats would be expected to be found in abundance, I would certainly endorse and support the excellent motion put forward to the Regional Health Forum.

Dr Paul McKeown
Specialist in Public Health Medicine
Health Protection Surveillance Centre

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

"That the HSE provide detail to this Forum as to what savings has been made by the decision to remove stores at UHK, made on the basis of efficiencies and savings. Specifically, can the HSE detail what savings have been made versus how much they now pay in rental for the community store at clash, how much courier charges to the hospital are per annum. Can a breakdown of all other cost efficiencies please be provided?"

Cllr. Damian Quigg

Please see below 1.1 1.2 and 1.3 as a background to the HSE Review of Logistics & Inventory Management, compiled in conjunction with Price Waterhouse Coopers and completed in 2010".

This was report was signed off by HSE Management & Department of Health.

In summary it was envisaged that there would be 1 National Distribution Centre (NDC) supplying 9 Hubs.

Kerry (Tralee) was identified as requiring a Hub which would be supplied by the NDC and in turn would supply the entire county of Kerry.

1 Introduction and Background

1.1 Background and Context to the project

The HSE was formed on 1 January 2005, creating a single national organisation to manage the public health service. It was taking over from the previous regionalised structure involving 10 health boards which were effectively autonomous. The process of creating integrated national strategies, organisation structures, systems, and standards is well under way. In preparation for the formation of the HSE, the Department of Health commissioned a consultancy study in 2002/3 to develop a national strategy for procurement.

One of the key initiatives recommended was the development of a HSE Review of Logistics & Inventory Management compiled in conjunction with Price Waterhouse Coopers. It recommended a single integrated National distribution infrastructure which would serve the requirements of the acute, non-acute, community care, nursing home and GP areas. For various reasons, largely related to funding, the national distribution infrastructure project was not progressed. However the need and the benefits achievable continue to be recognised. The initiative has now been restarted and the purpose of this project is to develop a new integrated national operational model for Logistics and Inventory Management in the HSE. This stage should be seen as the first stage in the delivery of the national infrastructure.

1.2 Project Objectives

The objective of the project is to develop a new operational model for Logistics and Inventory Management for the HSE.

- A Current State Assessment to provide a comprehensive picture of current L&IM operations.
- A New Operational Model for Logistics and Inventory Management setting out:-
 - The number, size and nature of proposed storage facilities.
This is to be based in part on an assessment of the storage improve the service level provided to frontline staff;
 - The number of staff required at each location and their roles and responsibilities.
 - The planning, scheduling, distribution channels/ methodologies and other logistics elements from order **to point of use.**
 - Risk management, change management and benefit realisation strategies underpinning the new operational model.
 - The capabilities required to support the proactive management of inventory and the supply of goods / consumables at the point of use.
- How the Logistics and Inventory management team will interface with front line staff
- An implementation approach and high level implementation Plan

1.3 Scope of the project

The scope of the project includes:

- All products (incl. Aids and Appliances and Drugs and Medicines)
- All HSE hospitals
- Other healthcare
- Community care (PCCC)
- Home delivery
- Aids and appliances

With regards to your Motion please see below reasons for same.

Remove stores:

The National Logistics strategy concentrated on 2 key elements:

- NDC/HUBS
- Point of Use stock Management Rollout

In December 2014 UHK stores was transferred to Unit 1B Tralee Business Park Clash to comply with the above strategy. UHK stores was in operation within the Hospital campus since 1984 and in line with the above strategy and also on Health & Safety grounds (Existing stores premises in UHK) the decision to move was made have consulted with all the various stakeholders involved.

To comply with a fully managed **Point of use service** which eliminates all clinicians from stock replenishment responsibilities and allows them to concentrate 100% on patient care the move to Unit 1B allowed/afforded UHK Logistics the opportunity to completely rollout POU to all locations within UHK. This move allowed us to increase our stock holdings to meet the need of the new service levels that were generated via the IMS POU system within UHK.

UHK is the only location within the HSE South/South East region with a fully automated scanning replenishment system which is fully 100% managed by logistics staff.

There is no clinical involvement in any part of the process. UHK Logistics staff manages in excess of 9,000 stock locations through our IMS Kan Ban system. The annual expenditure for stock issues to UHK is in the region of €9 million.

IMS/Kan Ban eliminates all waste/obsolete/rotates stock and supplies clinicians with stock at the point of use whilst at the same time allow clinicians to concentrate 100% on patient care.

It is recognised in Health Services (NHS) and now HSE that at least **2 hours per shift** is taken up when clinicians are involved in managing stock for their respective Wards. We are in total agreement with this timeframe as for example a surgical ward with 30 beds has in the region of **320 SKU's**, Theatre Department_has in excess of **835 SKU's** and ED has in excess of **1200 SKU's** which must be fully managed.

Efficiencies and savings UHK:

As stated above the move from UHK stores to Unit 1B allowed/afforded Logistics staff in UHK to completely rollout our IMS via Automated scanning to all wards in UHK. This in turn as part of the rollout allowed clinical staff to concentrate 100% on patient care and freed up 2 hours per shift which in total over the year produces significant savings in nursing time to UHK Management.

Logistics service in excess of **9,000 sku locations** within the UHK campus. This replenishment system (IMS) is based on consumption as opposed to request. By introducing the full automated scan rollout this has created massive efficiencies within the Logistics function which have been passed on in finance terms to UHK Management.

Example:

Ward in UHK = 2 Shifts
 Shift = 4 hours per day saved
 4 Hours per day = 28 hours per week
 28 hours per week x 25 wards = 700 hours per week
 700 hours per week divided by a typical 37 hour week = 18 clinical/staff
 18 staff per week savings on clinical involvement in stock replenishment.
 18 staff x average of €500 per week = €9,000 per week in total

€9,000 x 52 = €468,000 annual clinical savings to UHK following rollout of the IMS Automated Scanning system fully managed by Logistics staff in UHK.

Further savings to UHK are accrued via no waste/obsolete stock, stock rotation, managing expiration dates, batch legislation & stock turns.

Each ward when set up in UHK with the IMS/Automated system accrues a once of saving of 8% and an ongoing savings of 5 to 6%.

As UHK is fully automated the once of savings i.e. returning unused stock/ over stocking from previous request based system were €150,000.

All modular Units were financed via National Logistics along with the scanning hardware/software which accrued further savings to UHK in the region of €300,000. Kit out Unit 1B = €115,000 all costs absorbed by National Logistics.

Efficiencies/Savings Community Care:

Part of our overall Plan includes the centralisation of all procurement/logistics activities that currently exist in the Community care setting.

Phase 1 of this plan we closed our rental unit in Matt Talbot Road which was used to issue Incontinence/Aids/Appliances and moved the service into our Hub in Unit 1B. This has also accrued savings of €17,000 per annum.

Phase 2 is to transfer the KPCCC HQ manual ordering for patients/Health centres to the Kerry HUB which will also accrue significant savings for the KPCCC (Project ongoing at the moment).

Phase 3 is to centralise the Killarney Hospital group along with the remaining 4 CNU's (Listowel, Dingle, Kenmare & Caherciveen) (Business Plan submitted awaiting feedback). All these locations will benefit from our replenishment system when rolled out and this will create the same benefits in clinical times as was in UHK.

The hardware/software and modular units required for these locations are in excess of €120,000 and this is currently being pursued via National Logistics.

Savings UHK table 1:

	<i>Ongoing per annum</i>	<i>Once Off</i>	<i>Total Savings</i>
Clinical Time savings (25 wards)	€468,000		
Introducing IMS Kan ban		€150,000	

Modular Units/Automated Hardware/Software		€300,000	
Kit out Unit 1B		€115,000	
POU Managed service	€100,000		
Total	€568,000	€565,000	€1,133,000

Savings in KPCCC table 2:

	<i>Ongoing per annum</i>	<i>Once Off</i>	<i>Total Savings</i>
Clinical Time Savings (15 Wards 7 CNU'S/ Mental Health Units)	€224,640		
Closure of Matt Talbot Road		€17,000	
Introducing IMS Kan Ban		€70,000	
Modular Units/Automated Hardware/Software		€120,000	
POU Managed Service (7 CNU's)	€110,000		
Total	€334,640	€207,000	€541,640

Rental/Courier charges:

The tender for the Kerry Hub (to comply with the National Strategy) was conducted by Estates via a tendering process and is based on a 10 year rental term with a 5 year review built in as part of the overall rental.

The courier cost was also tendered in 2014 (November) to run for 12 months (2015) and only for UHK. The courier tender allowed for two options: Daily rate V Cage rate. The most economical rate was the daily rate as there could potentially be 40/50 cages moving per day and based on the MEAT returned the minimum price per cage was €8 which could have resulted in anything up to €320 per day as opposed to €170 daily rate. Unit 1B has 100% availability of this service on a daily basis i.e. we have unlimited access irrespective of how many trips take place to UHK on a daily basis. Also we have a response time of 15 minutes for emergency deliveries.

Outsourcing this service is of benefit to UHK/KPCCC/HSE as we don't have to purchase or maintain any vehicles, source staff, provide e.t.c for this service.

Annual savings v ongoing costs (UHK) (Includes Rental/Courier costs):

	<i>Savings annual</i>	<i>Ongoing Costs</i>	<i>Total Savings</i>
Table 1 (above)	€568,000		
POU Managed Service	€100,000		
Courier Costs UHK (only)		(€42,500)	
Rental of Unit 1B (Shared between UHK/KPCCC)		€96,520 (€48,125)	
Service Contracts Unit 1B (Including Security e.t.c.) (Shared UHK/KPCCC)		€18,000 (9,000)	
Total	€668,000	€99,625	€559,375

National Distribution Centre:

Part of the overall National Logistics Strategy as stated at the start is the rollout of the NDC. Kerry is due to be onboard with the NDC by Q1 2017. As a result of same Kerry and the centralised Kerry function will benefit greatly from even larger economies of scale as the Kerry CNU Units will benefit from centralising through Unit 1B. It is our hope and intention to have all Phases of the Kerry centralisation plan concluded in time (2016) so that all the Kerry Health services will benefit from the economies of scale through the NDC.

For Information Purpose:

NDC= National Distribution Centre
POU = Point of Use
UHK= University Hospital Kerry
KPCCC = Kerry Primary Continuing Community Care
IMS = Inventory Management System = (Kan Ban 2 bin system)
SKU = Stock Keeping Unit
MEAT= Most Economical Advantageous Tender
CNU = Community Nursing Unit

Tony O' Neill
Logistic Business Lead HSE South

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

“When will Killarney Mental Health Unit be opened?”

Cllr. Johnny Healy Rae

The Deer Lodge facility in Killarney is a purpose built 40 bed facility for the mental health services. This development is a very welcomed addition to the Kerry Mental Health Services and will allow for the improved provision of services and therapeutic intervention in rehabilitative and later life mental health.

The construction phase of Deer Lodge, Killarney is complete and we are in the process of taking the necessary steps in opening this facility

The Kerry Mental Health Services has set up a Commissioning Group with the responsibility of overseeing the many crucial processes which are required to progress the opening of Deer Lodge. This group meets regularly to discuss issues pertaining to Deer Lodge. The membership of the group includes staff from Kerry Mental Health Services, residents of the O'Connor Unit and family members/carers.

The construction and opening of the Deer Lodge facility will enable the closure of the O' Connor Unit, the last remaining unit in St. Finan's Hospital. Deer Lodge will provide a more appropriate environment to meet the needs of the current residents of the O' Connor Unit.

A meeting was organised with clients from the O'Connor Unit and their families for a walkthrough of Deer Lodge in early December 2015 and again in January 2016.

Feedback from those who attended was very positive and all suggestions / comments were considered by the Commissioning Group.

The Deer Lodge facility comprises of four separate units within one building. Each unit has ten beds and the facility will include specialist beds for the Psychiatry of Old Age service and for the Rehabilitation Psychiatry service.

The layout of the facility divided into four units as outlined above means that a substantial increase in staff will be required to provide services in this facility. The Cork and Kerry CHO has initiated discussions with the National Mental Health Division in relation to the additional staffing and costs required and what opportunities exist to fund these in the context of additional funding available for Mental Health Services in 2016/2017.

The Kerry Mental Health Services have started the process of registration of Deer Lodge as an approved facility with the Mental Health Commission.

It is envisaged that this facility will be open by the first quarter of 2017.

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

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

“That the HSE will endeavour to keep St Patrick’s Hospital in Kilkenny open for the foreseeable future and work with HIQA to create a safe environment for both patients and staff.”

Cllr. Breda Gardner

St. Patrick’s Centre Kilkenny provides services for adults and children with intellectual disabilities and has been supported, with funding under Section 38 of the Health Act by the HSE. The HSE works very closely with St. Patrick’s and acknowledges the services provided by it.

There is a national strategy for de-congregation of settings such as St. Patrick’s Centre (*Time to Move on from Congregated Settings – A Strategy for Community Inclusion, HSE June 2011*). There is a national fund specifically allocated and managed by the HSE to progress this strategy.

The HSE will also continue to liaise with St. Patrick’s Centre’s Board and Operations team and the independent regulatory body HIQA in that respect.

The HSE is committed to the aiming for the highest quality in provision of disability service in the Kilkenny area. The HSE would like to assure residents, other users of

St. Patrick's and their families that their well-being is of paramount importance. The HSE will continue to work with families and through the Family Forum that is supported by Inclusion Ireland.

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

QUESTIONS

Question No 6(a) on Agenda refers:

“What has been the expenditure to date on the refurbishment, 1st and 2nd phase, of Our Lady's Hospital, Cashel since the transfer of Acute Services to South Tipperary General Hospital in Clonmel?”

Cllr Tom Wood

There are currently a wide range of HSE Services provided in the main building and throughout the Our Lady's Hospital Cashel Campus.

In the main building, services include, the Minor Injury Unit, Catering Services, Primary Care Services, Leg Ulcer/Wound Clinic, Radiology and Ultrasound, Disability Services and Services for Older People. In addition services are also provided by agencies including the Irish Wheelchair Association and Acquired Brain Injury Ireland.

Services provided on the hospital campus include Intellectual Disability Services (Re Nua) and Mental Health Services (Lorica and Carrig Oir Day Hospital). A Unit at Our Lady's Hospital Campus has been upgraded to HIQA Standards with the aim of transferring residents from St. Clare's Ward in St. Patrick's Hospital to the new St. Clare's Ward (accommodating 11 Elderly Mentally Infirm residents) on the grounds of Our Lady's Hospital.

With reference to refurbishment costs of Our Lady's Hospital Cashel the following details expenditure to date.

Phase 1 (Campus)		
Construction cost	-	€8.8 M
Design Fees and Other Costs	-	€1.35M
Phase 2 (main building)		
Construction Cost	-	€10.9M
Phase 2 Design Fees and Other costs	-	€ 1.7M

Inclusive of VAT

Anna-Marie Lanigan
Area Manager
Community Healthcare Organisation - Area 5 (South East)

Question No 6(b) on Agenda refers:

“When will the HSE meet with Executives of Kerry County Council to discuss options relating to St Finan’s Hospital site in Killarney?”

Cllr John Joe Culloty

St. Finan’s Hospital has been home to a large former psychiatric hospital and residential institution for people with mental illness. Over the years, in line with Government Policy and Mental Health Services, the services provided in St. Finan’s have been incrementally replaced through investment in community based services. These include:

- Community Mental Health Teams
- Day Hospitals
- Day Centres
- Residential Hostels
- Acute Mental Health Unit in University Hospital Kerry

Currently there are two services remaining on the St. Finan’s Hospital site:

- Cluain Fhionnain- A residential facility for people with intellectual disability. Currently there are 25 individuals remaining in this facility. A detailed plan is being put in place to support these individuals move to smaller residential units in community settings.
- O’Connor Unit- A residential facility for people with enduring mental health needs. The needs of this group will be met with the opening of the new Deer Lodge Mental Health Unit in Killarney.

Both of the above services will have moved from the St. Finan’s Hospital site by 2017.

Under the HSE Capital Plan 2016 - 2021, funding is being provided for a new community nursing unit in Killarney. This will replace St. Columbanus Home and Killarney District Hospital. The land adjacent to St. Finan’s Hospital is one of the locations being considered for this new facility.

Apart from the community nursing unit outlined above, the HSE has no further requirement for either the accommodation or lands attached to St. Finan’s Hospital.

An initial meeting took place yesterday, May 18th, between HSE Estates representatives and the Director of Services Kerry County Council to discuss all options on the potential future use of the lands attached to St. Finan's Hospital in Killarney. HSE Estates and officers of Kerry County Council will continue to engage around this over the coming months.

Pat McCarthy
Assistant National Director, Estates
HSE South

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

Question No 6(c) on Agenda refers:

"What are the waiting times for Children's Orthodontic appointments in Tralee, Co. Kerry as a girl has been on the list here for the past 6 years!"

Cllr. Damian Quigg

The average waiting time for routine orthodontic treatment is currently in excess of 5 years. All accepted referrals are assessed within a six month period of same. Priority patients, e.g. cleft palate, impacted teeth, etc. are seen within one month to a year. All referrals triaged to both the priority fixed waiting list and the functional waiting list are seen within 18 to 24 months.

It is difficult to predict a definitive timeline as to when any individual case will be called for treatment. As outlined above, emergency cases will occur and will need priority so any estimation given may not be accurate.

I can confirm that contracts are almost ready to be signed for a national waiting list initiative for those patients waiting longer than 4 years for orthodontic treatment. This once off funding will be to the value of €1million each year for three years (three years is the average length of time for orthodontic treatment).

The areas with the longest waiting list will receive a greater percentage of the allocation, i.e. the number of patients to receive treatment under this initiative will be pro-rata to the areas percentage of the national waiting list.

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

Question No 6(d) on Agenda refers:

“When will the beds in Kenmare and Dingle Community hospitals be opened?”

Cllr. Johnny Healy Rae

Kenmare Community Hospital

Kenmare Community Nursing Unit was inspected by HIQA on 15th and 16th December. It has successfully concluded the registration process for all of the beds within the unit. Registration of the additional beds is on condition that there will be phased opening of any additional beds. Hospital management are now awaiting a registration certificate from HIQA.

In line with the HIQA registration condition, it is planned to open the additional beds on a phased basis. The number of beds opened in any phase will depend on information in relation to the level of need. A panel of temporary staff has been formed following interviews, and following a recent recruitment process, we are also in the process of forming a panel for permanent nursing staff.

We are currently in discussions with staff and their representative associations on staff rosters and staffing levels. Once these discussions are completed we will set a date for the opening of the first phase of the additional beds to be opened.

West Kerry Community Hospital

In relation to the opening of additional beds in West Kerry Community Hospital, the HSE are required under legislation to undergo a registration process to open additional beds in the hospital. We are currently awaiting an inspection team from HIQA to undertake a registration inspection in the near future.

Following successful registration we will proceed with a further recruitment campaign if required to achieve a phased opening of the additional beds in West Kerry Community Hospital.

Nurse Recruitment

HSE Management in Kerry have undertaken extensive efforts to recruit nursing staff for all Community Hospitals in Kerry, and for both Kenmare and West Kerry Community Hospitals in particular. The most recent recruitment drives included a local recruitment campaign in March 2016 for temporary Staff Nurses for West Kerry Community Hospital. These posts were advertised in local paper, The Kerryman. This campaign granted us the opportunity to fill urgent vacancies temporarily before

the permanent nurse campaign was rolled out. Unfortunately, only one vacancy in West Kerry Community Hospital was filled as part of this process.

In April 2016 the National Recruitment Service ran a permanent Staff Nurse campaign in conjunction with HSE Kerry management. This campaign had particular emphasis on filling immediate vacancies in Listowel, Killarney, West Kerry and Caherciveen. It was advertised on both the HSE website and in the local paper. This recruitment drive proved successful and interviews took place the end of April/early May over four days. A panel has been formed and current and upcoming vacancies will be filled from this panel. However, it is unlikely that this panel will provide sufficient nurses to replace current vacancies and those expected to arise in the coming months, and at the same time allow for the opening of additional beds in West Kerry.

HSE Kerry management will continue to work with recruitment staff at both local and national level in their efforts to recruit staff of every discipline to fill the current and future staffing needs of each community hospital in Kerry, including the proposed opening of additional beds in West Kerry Community Hospital.

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

Question No 6(e) on Agenda refers:

“What impact will the €12 million cut to the Mental Health Budget have locally and what can be done to lessen the impact on service users, family and staff of whom are already feeling the burden of an under resourced service.”

Cllr Breda Gardner

This response was adapted from information provided by the Department of Health as this question is in relation to a National Issue.

In 2016, national funding for mental health services will increase from the 2015 out-turn of €785m to a projected budget of €826m as outlined in the 2016 National Service Plan.

This represents an overall increase of €41m (5.2%) and is inclusive of €35m dedicated for new developments funding. Mental Health funding has been increased by €160m between 2012 and 2016.

Of the €35m allocation for new developments, €12m (which includes time-related savings) has been transferred from Mental Health to the Social Care Directorate. It is anticipated that this additional funding will be allocated on towards services for older people including the provision of home care packages.

As the €35m new development funding has not been allocated to date, it is not feasible at this point to determine the specific impact on local areas.

Anna Marie Lanigan
Area Manager
Community Healthcare Organisation – Area 5

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
16th June 2016**

NOTICES OF MOTION

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

"That the HSE inform the public the importance of having their EIR code available when contacting the Emergency services."

Cllr Bobby O'Connell

The National Ambulance Service (NAS) can confirm that EIRCODES are used by National Emergency Operations Centre (NEOC) and they are now embedded in the Geo-Directory database on CAD. This database is updated regularly at least every 3 to 6 months which keeps the information fresh on new house development builds.

RTE as a public Service Broadcaster have offered to run some advertisements free of charge over the summer to highlight the need for the public to know their Eircode, or more importantly have the Eircode available and displayed at the telephone area in their homes and offices.

Recording for this advertisement takes place towards the end of this month.

NEOC on receipt of an emergency call, ask callers for their Eircode as this provides NEOC for the first time with the ability to do a reverse lookup of an address. NAS would also encourage Public Representative to advise their constituents of the importance of knowing and have their Eircodes available to the particularly in rural postal locations.

Mr. Paul Gallen
Chief Ambulance Officer/Operations
South Area
National Ambulance Service

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

"To call on the HSE to increase funding for Disability Services in Kerry, as staffing is at an unacceptable level."

Cllr John Joe Culloty

The HSE in Cork Kerry Community Healthcare Organisation provides a range of specialist services to meet the individual needs of people with disabilities. These include:

- Residential services: these range from supports for individuals and small groups to live in community settings to larger residential settings.
- Day services including training services, employment supports and a range of activities based on people's interests and preferences.

- Respite services: both residential and home based.
- Personal Assistant services.
- Aids and appliances.

In the Disability Sector in Cork & Kerry, these services are provided by a range of statutory and non statutory service providers. The services provided encompass Intellectual Disability Services, Physical & Sensory Disability Services, Autism Services and Training & Employment Services for persons with a disability. The services provided include multidisciplinary therapy services, respite facilities and residential services. These services provide the necessary supports for children and adults with disabilities and their families.

The budget available in 2016 for Disability services nationally is €1,558.2m. The allocation for Cork and Kerry is €195.088m. This funding is largely assigned to the following service providers:

Section 38 Agencies

Brothers of Charity Services -	€39,010,690
COPE Foundation -	€44,331,970
St John of God Services -	€16,319,256

Section 39 Agencies

Abode -	€1,000,094
Acquired Brain Injury Ireland -	€635,611
Camphill -	€589,342
Co Action West Cork -	€6,391,064
Cork Association for Autism -	€4,416,193
Cork Deaf Association -	€384,196
DeafHear -	€313,417
Enable Ireland Services -	€5,943,297
Epilepsy Ireland -	€111,600
Headway Ireland -	€961,461
Irish Guide Dogs for the Blind -	€737,877
Irish Wheelchair Association -	€3,750,303
Kerry Parents & Friends Association -	€9,369,269
L'Arche -	€1,473,845
MS Society -	€194,167
Muscular Dystrophy Ireland -	€91,251
National Assoc of Housing for the Visually Impaired -	€60,000
National Council for the Blind of Ireland -	€792,647
National Learning Network -	€3,062,312
Post Polio Support Group -	€40,461
Rehabcare -	€3,066,500
St Joseph's Foundation -	€7,586,693
The Cheshire Foundation in Ireland -	€3,127,302
St Vincents -	€1,481,350

The HSE provides funding to all of the above agencies through Service Level or Grant Aid Agreements. Each agency is provided with funding to deliver the necessary services and recruit/maintain staff, as required, to deliver these services. Where

additional staff members are required, agencies are encouraged to facilitate this within existing budgets through reconfiguration of services.

In 2015, some agencies in Kerry identified specific financial challenges and additional funding was made available at the end of the year. This included €1.3m which was allocated to St John of God Kerry Services and €0.25m which was allocated to Kerry Parents and Friends Association. This increased funding has been continued in 2016.

In 2016, the challenge for disability services is in meeting the increased demand for residential and respite services including residential places required on an unplanned or emergency basis, along with the capacity to comply with regulatory requirements in residential services within the limits of the revenue and capital funding available. The HSE will continue to plan for, and to request, additional funding to meet current levels and predicted future levels of unmet need. This will be a priority in the HSE submission to the 2017 Health Estimates process.

On June 8th 2016, the Minister for Disabilities, Finian McGrath TD, announced additional funding to address existing financial pressures arising from ongoing service improvement. This will cover costs already incurred, by the HSE and service providers, from compliance with national residential standards, from meeting the changing needs of people with disabilities and from the provision of emergency residential places.

In addition, the Service Reform Fund - between Atlantic Philanthropies, the Dept of Health and the HSE - provides €27m in transitional funding between 2016 and 2017 to enable individuals in congregated settings move to community living.

€2.5m full year costs have been allocated to meet the ongoing day service needs of young adults with disabilities leaving school or training. This will provide for the needs of 230 young adults in Cork and 57 in Kerry. There is also €0.2m once off funding for minor capital to support these new day services.

**Ger Reaney
Chief Officer
Cork Kerry Community Healthcare Organisation**

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

"That the HSE would develop an Education program to increase the awareness of the general population (especially young people) of the dangers of illicit steroid use in relation to sport and weight training."

Cllr John Sheehan

The HSE has engaged with steroid and melanotan users in a proactive way. The issue of steroid use and other image enhancing drugs have been highlighted from needle

exchanges as an emerging and growing issue. It should be noted that all staff engaged with needle exchange can transfer their current skills set to these groups, with respect to harm reduction advice, safe needle use, safe sharps disposal.

The needle exchange paraphernalia which is provided by HSE/voluntary has been adaptable to the presenting needs of steroid and image enhancing drug users as these operate a 'pick and mix' system. This can be seen from the recently completed review of needle exchange provision with the supply of green needles which can be associated with steroid users www.lenus.ie/hse/handle/10147/578810. It is clear that needle exchange services are adaptable to the client needs and requirements and drug using trends.

In 2014 as part of the Mid West Regional Drug & Alcohol Task Forum (MWRDAFT), Drug & Alcohol Awareness Week a seminar was organised by The Irish Pharmacy Needle Exchange Program (HSE), in collaboration with the Limerick Sports Partnership and the LIT <http://www.limericksports.ie/club-support/publications?download=6:the-smart-method-strength-conditioning-seminar>

This was used to launch an information booklet highlighting how following a S.M.A.R.T. nutrition and training program can lead to improvements in strength and condition, thereby avoiding the need to use Performance Enhancing Drugs (PEDs), such as anabolic steroids [www.drugs.ie/resourcefiles/guides/The SMART method.pdf](http://www.drugs.ie/resourcefiles/guides/The_SMART_method.pdf).

This again forms part of all interventions associated with Harm Reduction and are seen as international best practice by the provision of accurate accessible information to the client cohort. Furthermore in 2014 from information received by community pharmacists involved in the Pharmacy needle Exchange highlighted that in one area of Co Limerick that there was a specific issue with melanotan. In response to this the PNE programme engaged with the West Limerick Primary Health Care Project for Travellers to develop appropriate needle exchange packs for this specific cohort. This has proven to be successful in increasing melanotan awareness amongst this specific patient cohort and making specific packs available to individuals that want to access new 'works', which again demonstrates the flexibility that is required when dealing with emerging new drug users and new products, who may not necessarily be seen as mainstream drug users (West Limerick Primary Health Care Project for Travellers YEAR-END REPORT 2015).

Specifically in relation to Health promotion and Improvement, this is an emerging area of concern. As with other priorities, the key overall prevention approach in line with health promotion principles would include the provision of credible, consistent information on the topic which could be available for use within a variety of settings.

Currently, there is a Health and Wellbeing Partnership between health and education (Department of Health, HSE (Healthy Promotion and Improvement, Health and Wellbeing Division, and Department of Education and Skills) to discuss and progress issues of mutual interest and concern.

This issue can be raised for further discussion at this level in the context of:

- Overall substance use policy within schools
- Current Social Personal and Health Education (SPHE) and RSE curriculum
- Current PE curriculum
- As part of the overall new Junior Cycle framework – Wellbeing in Junior cycle
- Teacher training to support the curriculum
- As part of the 'within-school' sports clubs – consistent approach in schools in line with the substance use policy and curriculum

In addition, there has been some earlier work a number of years ago by public health investigating a cardiomyopathy cluster among young men. All were involved in body building and elicited steroid use. Research at the time indicated that the problem was not confined to steroid use, other drugs are also involved. However, the role of the regulatory bodies for sports is important and this is an area that can be progressed further in terms of providing advice on the risks of performance enhancing drugs and for employing strict testing regimes.

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

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

“That in light of the immediate critical situation facing Saint Patricks Hospital, Cashel due to non compliance with HIQA Environmental Standards this Forum calls on the HSE to provide the HIQA Authority with costed timelines and definite plans for the provision of the 100 Community Nursing Unit Beds in Cashel by 2021 thus safeguarding the continuity of services in the intervening period.”

Cllr Tom Wood

I refer to the HSE response issued at the Regional Health Forum held on 19th May 2016 in relation to the 100 replacement beds in South Tipperary.

At a national level, work is currently underway to progress the development of these replacement Community Nursing Units and includes the following;

- Standard National Brief, Schedules of Accommodation and exemplar room layouts have recently been completed by HSE Estates Department. These will give a consistent, quality of accommodation across all new units which meet and exceed current HIQA Long Stay Residential Care Standards.
- Assessment is underway of each of the proposed sites as to their suitability for inclusion in any proposed package for PPP development.
- Work has commenced on the establishment of local Project Team for each of the centres where replacement CNU's are to be built. These Project Teams are involved in drawing up detailed accommodation schedules (using standard briefs as referenced above) - for example mix of Standard and Dementia specific accommodation.
- Work has also commenced on reviewing interim accommodation options and requirements from existing long stay residential units to facilitate construction.

Following the completion of the specific briefs, the next phase in the process will be the appointment of Design Consultants to commence Design Process.

HSE Estates have confirmed that preparatory developmental planning work has commenced on the 100 replacement beds in South Tipperary.

However as this is at an early stage of the planning process it is not possible for the HSE to provide detailed proposals and costings to the independent regulatory body HIQA at present. The HSE has however provided HIQA with evidence that this project is included on the HSE Capital Plan.

The development of the replacement beds will ensure that long term bed capacity in the South Tipperary area is secured on a sustainable basis.

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

QUESTIONS

Question No 5(a) on Agenda refers:

“With an expectation of additional resources been made available in 2016 to improve Therapy Services in South Tipperary, with special emphasis on pupils attending Scoil Aonghusa Special School in Cashel, has any progress been made?”

Cllr Tom Wood

Following further representations to the National Social Care Office regarding additional resources for South Tipperary, it has been confirmed that 14 new allied health professional posts have been allocated for South Tipperary as part of the 2016 allocation under Progressing Disability Services for Children and Young People (PDSCYP). The 14 posts are as follows: 1 Senior Therapist, 5 basic grade Speech and Language Therapists, 4 basic grade Occupational Therapists, 3 basic grade Physiotherapists and 1 basic grade Social Worker.

Of the above posts, the 12 staff grade posts are currently with the National Recruitment Service (NRS) for filling. The 5 x Speech and Language Therapy posts, 4 x Occupational Therapy posts and 3 x Physiotherapy posts have been accepted by clinicians, and the necessary paperwork to ensure commencement dates is currently being processed by the NRS. In addition the posts for Senior Therapist and Social Worker are also being progressed with the necessary administrative work being completed at present.

These posts are to further support the development of therapy services under PDSCYP and also the development of early intervention services to facilitate the inclusion of children with a disability in mainstream preschool settings. These posts will be assigned to a Children Disability Network Team (CDNT) in accordance with the national requirement under PDSCYP 0-18 years and will not be attached to individual schools.

As the services in the South Tipperary areas reconfigure into CDNTs, children with complex needs will be assigned to the CDNT and will therefore benefit from these additional resources.

Anna Marie Lanigan
Area Manager
Community Healthcare Organisation - Area 5

Question No 5(b) on Agenda refers:

“Will the HSE give an up to date position in relation to the Primary Care Centre in Castleisland in relation to the expansion of services there?”

Cllr Bobby O’Connell

The HSE advertised nationally, in December 2014 for Expressions of Interest for a number of Primary Care Centres throughout the country, including Castleisland, Co Kerry based on the developer led, lease model. There are 3 stages in the evaluation process, against the agreed criteria for the facility.

Stage 1 - Expression of Interest – bidders provide details of the proposed sites.

Stage 2 – Submitters of successful sites are asked to provide the Signed “GP Declaration” from GPs willing to co locate with the HSE.

Stage 3 –Bids are requested from those complying with Stage 2 requirements in relation to GP numbers for their full proposal including costs, layout for the proposed Primary Care Centre and evidence of their financial ability to deliver. These are then evaluated based on criteria made known to the bidders

On completion of the evaluation of proposal in relation to a Primary Care Centre in Castleisland, the successful proposal was submitted to the HSE property committee for approval. Following receipt of this approval, the Letter of Intent was issued recently to the successful bidder. They will now advance the realisation of the Primary Care Centre at Castleisland, subject to the conditions laid out in the Letter of Intent and conclusion of the associated legal matters.

Pat McCarthy
Assistant National Director, Estates

Ger Reaney
Chief Officer

Question No 5(c) on Agenda refers:

"To ask the HSE to request a spokesperson from the Irish Blood Transfusion Service, to come before this Forum, and explain why large amounts of perfectly good blood is being disposed of, from people who have haemochromatosis?"

Cllr John Joe Culloty

It was agreed that a spokesperson from the Irish Blood Transfusion Service would come to the September 2016 Regional Health Forum Meeting.

Question No 5(d) on Agenda refers:

"Can the HSE/PCRS outline what measures are in place to provide Primary Care Medical Card Services for a patient who has being removed from a General Practitioners' List other than assigning the patient to another practice for 6 months?"

Cllr John Sheehan

There is no alternative process for a person with GMS eligibility to access primary medical care and medications except through a GP.

Where the GP requests that a patient is removed from their panel the only available options are:

1. The patients finds another GP him/her self
2. The patient is assigned to a new GP for a period of 6 months, this can be reviewed at the request of the GP.

This is clearly set out in the Form of Agreement with Registered Medical Practitioners for the provision of services under section 58 of the Health Act 1970.

**Ger Reaney
Chief Officer
Cork and Kerry Community
Healthcare Organisation – Area 4**

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

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
23rd June 2015**

NOTICES OF MOTION And QUESTIONS

There were no Motions or Questions on the Agenda for the Meeting dated 23rd June 2016.

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
22nd September 2016**

NOTICES OF MOTION

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

"That this Forum calls on the HSE personnel to finally get to grips with the situation at Our Lady's Hospital, Cashel, the Le Cairde Unit on the hospital complex and Saint Patrick's Hospital, as all pronouncements to date have failed to materialise and that the Area Manager for Primary, Community and Continuing Care would come to Cashel at the earliest opportunity to address the concerns of staff, patients and families."

Cllr Tom Wood

St. Patrick's Hospital (including St. Anthony's Unit, Clonmel) similar to other Public Residential Long Stay Residential Units, is obliged to be compliant with HIQA Environmental Standards by 2021.

In January 2016 the Department of Health advised that there will be significant investment over the six years, 2016-2021, to replace or improve 90 residential centres for older people across the country. This will enable the HSE to meet HIQA standards for residential settings ensuring the comfort and safety of older people who require long term residential care. The HSE 6-year Capital Plan has included plans for the provision of 100 community nursing beds to replace the current St Patrick's Hospital Cashel beds.

A Unit at Our Lady's Hospital Campus has been upgraded to HIQA Standards with the aim of transferring residents from St. Clare's Ward in St. Patrick's Hospital to the new St. Clare's Ward on the grounds of Our Lady's Hospital. This will accommodate 11 elderly residents with dementia.

The HSE are currently working to the timeframe of the 31st October 2016 to transfer St. Clare's Ward to its new location on the grounds of Our Lady's Hospital Cashel i.e. building previously referred to as Le Cairde.

All relevant stakeholders are involved and consulted on an ongoing basis in relation to the proposed move from St. Clare's Ward. Meetings have been held with staff representative bodies including SIPTU/INMO and issues which they have raised are currently being considered.

In addition, it is understood that patients and their families are aware that the proposed transfer from St. Clare's Ward is imminent. It is intended that personnel from South Tipperary will liaise further with families in relation to the specific details of the transfer.

Ms Aileen Colley
Chief Officer
Community Healthcare Organisation - Area 5

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

“That the HSE, with immediate effect, secure the current position of the Rheumatologist in The University Hospital Kerry.”

Cllr Mike Kennelly

The hospital provides acute general hospital services to the population of Co. Kerry (145,048¹) and additionally to a proportion of the populations of West Limerick and North Cork. More noteworthy than the overall increase in the size of the population is the increase by 20% of our elderly population (over 85 years). The increase in this cohort of the population in Kerry is the highest increase nationally. In addition, the Kerry area has quite a large visiting population –there are approximately 2 million tourists visiting this region annually, principally during the summer months.

The Rheumatology service is currently provided by 1 Consultant Rheumatologist who is also a General Physician. The Rheumatology service is delivered on an Outpatient basis. The Consultant is currently on leave and is returning next week.

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

“To call on the HSE to immediately provide and an Advanced Nurse Practitioner to University Hospital Kerry, as the Consultant Rheumatologist cannot cope with the demands made on him at present.”

Cllr. John Joe Culloty

UHK management is currently working on a renewed recruitment campaign to secure a staff member for the approved post of Clinical Nurse Specialist in Rheumatology. To date recruitment efforts have proved unsuccessful. The Hospital Management Team support the application for an ANP post in this department.

Question No 5(h) on Agenda refers:

What is the current waiting time for patients awaiting rheumatologist appointments at UHK.

Cllr. Damian Quigg

The current Outpatients Rheumatology Waiting list is 671 (source NTPF). This figure does include patients that have scheduled appointment dates. Patients are scheduled in order of clinical priority urgent patients are scheduled first and in chronological order. There are a number of patients waiting greater than 12 months exceeding the Outpatient Waiting time target. UHK will support any initiatives that may be planned and approved to reduce waiting times for patients. An initiative was undertaken in 2015 and patients that were waiting longest were scheduled for their Outpatient appointment.

**Ms Maria Godley,
General Manager,
University Hospital Kerry**

¹ CSO – 2010 census figures

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

“That the HSE South ensure that no child is waiting 48 months to be seen by a hearing specialist as it can affect the child's development.”

Cllr. Arthur McDonald

The Community Audiology Service assesses and manages hearing loss, and if necessary refers a client for appropriate treatment.

Community Health Organisation Area 5

There are no children in CHO5 waiting 48 months or over for assessment/treatment. The current longest waiting time on the treatment waiting list for a child in Community Audiology Services in any of CHO 5 areas (covering Carlow/Kilkenny, South Tipperary, Waterford Wexford) is 68 weeks.

The following Community Paediatric Audiology services are provided;

- National Newborn Hearing Screening for all babies, contracted by HSE and provided in maternity hospital and outpatients
- Newborn Hearing Diagnostic Service operates from University Hospital Waterford;
- All other children are seen primarily in Waterford and at satellite clinics
- Audiological assessment for all eligible age groups.
- Hearing aid fitting for all eligible age groups
- The taking of impressions of ears for mould manufacture.
- Onward referral to Acute ENT service as appropriate
- For children referral as appropriate to a Teacher for the Deaf (which is a Department of Education based service), ENT etc.

Children may be referred by:

- National Newborn Hearing Screening Programme
- Area Medical Officer / Public Health Nurse following professional or parental concerns or School Hearing screening.
- Paediatrician, Speech & Language Therapist, ENT
- General Practitioner
- Parents

Community Health Organisation Area 4

There are no children in Cork or Kerry waiting 48 months or over for assessment. Paediatric audiology services are provided in Cork Kerry as follows:

- Newborn Hearing Diagnostic Service operates from Cork University Hospital and University Hospital Kerry;
- All other children from Cork City and County are seen at a centralised service at HSE South Ring Business Park
- And Children from Kerry primary care and cohort and ENT related hearing referrals are seen at University Hospital Kerry.

The service is currently reconfiguring to one Cork Kerry team which will target reduced waiting times for all children. The current waiting times are outlined in the table below.

Area	% who waited under 12 weeks to be seen for Initial Assessment August	% who waited under 40 weeks to be seen for Initial Assessment August	% waiting under 12 weeks for Review	% waiting under 40 weeks for Review	Longest waiting time for Initial Assessment
Cork	55%	83%	55%	85%	38 weeks
Kerry	20%	50%	5%	50%	22 months

The Community Audiology Services in both CHO4 and CHO5 continue to work within the available resources to meet all client needs.

Ms Aileen Colley
Chief Officer
Community Health Organisation - Area 5

Mr Ger Reaney
Chief Officer
Community Health Organisation - Area 4

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

“That the HSE would publish a full report on the development of a helicopter landing site at CUH and would include all details pertaining to this development including cost, location, capacity, planning, environmental impact assessments and mitigation measures, engagement with stakeholders (including local residents), and timeframe for completion.”

Cllr. John Buttmer

Introduction

Cork University Hospital (CUH) is the largest university teaching hospital in Ireland and is the only Level 1 Trauma centre in the country having over 40 acute medical and surgical specialties on the campus and aspires to be a 'Type A1' Unit as described in the Emergency Medicine Programme.

CUH is the tertiary referral centre for the HSE South, and the supra regional area of Kerry, Limerick, Clare, Tipperary, Waterford and Kilkenny. CUH therefore acts as a regional centre for secondary and tertiary care for the catchment population of 550,000 served by the HSE South and a supra-regional centre for a population in excess of 1.1 million people.

CUH has 65,000 Emergency Department (ED) attendances each year with 32,445 inpatient admissions (acute and elective) making it one of the busiest hospitals in the country. Additionally CUH is the national centre for telemedical support to mariners in Irish territorial waters (through the MEDICO Cork) and operates the national advanced paramedic (AP) telemedical advice line for all operational APs in the country.

Evolution of Pre Hospital Care

The National Ambulance Service (NAS) was established at the same time as the HSE. Since the Report of the Review Group on the Ambulance Service in 1994 there have been significant changes with progressive professionalisation of the service. Also, there has been a reconfiguration of Ambulance Services in HSE South. The current challenges are prolonged pre-hospital response times as well as prolonged journey times to hospital for critically ill patients (often in excess of 1 and sometimes 2 hours). A helicopter emergency medical service (HEMS) offers a logical way to address these particular problems. A project involving partnership between the Defence Forces and the NAS commenced an Emergency Aeromedical Service (EAS) in June 2012.

The EAS is based in Athlone and contributed significantly to improved transport and access for patients since it started and it has demonstrated significant improvements in pre-hospital times.

The Irish Air Corps also provide a separate inter-hospital transfer service to the National Ambulance Service (NAS) under a Service Level Agreement with the HSE. With the development of HSE Clinical Care Programmes and the National Transport and Retrieval Medicine Programme, the numbers of patients being transferred by air both into (e.g. neurosurgical, cardiothoracic) and out of (e.g. neonatal) CUH will increase.

Parallel to this, the NAS are also benefiting from aero medical assistance from the Irish Coast Guard (IRCG). IRCG have 4 helicopter Search and Rescue (SAR) bases in Ireland (Shannon, Waterford, Dublin & Sligo), and as well as fulfilling its primary SAR role, these aircraft are available for tasking to NAS for air ambulance missions.

Reconfiguration of Hospital Services

In 2009, a report was prepared to address the reconfiguration of the delivery of emergency services in HSE South. The report recommended the closure of ED's at Mallow and Bantry General Hospitals with the introduction of Urgent Care Centres and significant changes in pre-hospital care. It was envisaged that timely acute care in remote and rural areas would be delivered through a combination of changes in ambulance care and the introduction of an Air Ambulance.

Ambulatory emergency care is to be delivered locally but there are significant cohorts of patients who will need emergency care delivered within time sensitive periods. Care for these patients can only now be provided at Cork University Hospital. This requires helicopter transfer so patients with time critical conditions in these communities are not disadvantaged.

Reconfiguration of Acute Services results in longer journey times as patients now come to the bigger high volume centre. This results in significantly longer turnaround times for ambulances thereby worsening response times to emergencies in these communities.

As well as receiving patients with time critical illness and injury as primary retrievals, helicopters are used to perform secondary transfer from other hospitals to larger centres with specialised service; eg: Paediatric and Neonatal Intensive Care in Ireland is centralised to Dublin; helicopter transfer minimises the time to definitive treatment for this time critical group of patients.

Proposed Project

To respond to the above needs, the HSE has identified the requirement to re-establish an on-site Heli-pad as a priority for the hospital and the region it serves. To advance this, the HSE appointed an expert, independent Aviation Consultancy to consider the feasibility of siting a heli-pad on the CUH campus. Following this review, a location has been selected (ie: current staff car park on the North Eastern corner of the campus).

Capital approval of €1.8M has been received for this project and the HSE has appointed the requisite Design Team to complete this project on their behalf. The Design Team appointment includes the traditional compliment of professional services such as Architect, Consulting Engineers and Quantity Surveyor. Given the nature of the project, the Design Team is also being supplemented with an Aviation Consultancy to ensure the planned development is carried out in accordance with all current aviation standards (both national and European). Equally, the Design Teams scope of service includes the procurement of specialist advisors, if and when required, such as an environmental consultant, landscaping consultant and planning consultant. During the course of the design and through HSE engagement with Cork City Council Planning Dept by way of the necessary planning process, the role and requirement for these specialist advisors will become clearer.

Following completion of initial design and engagement with CCC, it is intended to engage with local resident groups as has become the norm. Most recently, engagement took place in advance of the new Acute Adult Mental Health Unit and the Radiation Oncology Department. The HSE would hope to have a similar level of engagement with local resident groups as part of this project also.

The current anticipated date for an operational heli-pad on-site is Dec 2017.

**Mr. J. A. McNamara,
Chief Executive Officer.**

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

"The Minister for Health made an announcement in June of forty million for home help, how much of this money is a portioned to County Kerry?"

Cllr. Johnny Healy-Rae

Minister Harris announced in June that the HSE has been provided with an additional €40m for home care services in 2016. This investment is set to deliver an initial 2,000 Home Care Packages to benefit 3,000 people in a full year plus an additional 270,000 hours of home help which will benefit 1,236 people.

The provision of the additional €40m funding has been made by Minister Harris in response to the compelling argument that supporting older people with home care, including those who need such support to be discharged from hospital in a timely manner, is both best practice in terms of maintaining older people in their own homes and communities for as long as possible as well as representing value for money.

This funding has been made available across the 9 Community Healthcare Organisations. The Cork and Kerry Community Healthcare Organisation (Area 4) has benefitted from this overall allocation with the provision of an additional 221 HCPs.

One of the key measures included in the plan is the provision of an additional 950 Home Care Packages targeting 10 specific hospitals, (Our Lady of Lourdes, Beaumont, Mullingar, Cork University Hospital, South Tipperary General Hospital, University Hospital Waterford, University Hospital Limerick, University Hospital Galway, Tallaght and St. James's Hospital).

I can also confirm that the Winter Initiative Plan 2016/2017 is to provide a focus on specific measures required to address the anticipated surge in activity experienced this time of year across the hospital and community. One of the key objectives is to reduce the numbers of people waiting to be discharged from hospitals and who require specific supports and pathways to do so. In achieving this objective, the capacity of the acute hospital system will be improved and in turn the patient experience in the Emergency Departments and the wider hospital system will also be improved. The plan contains a number of key measures both in terms of hospital avoidance, timely access and discharge.

The final allocation of the additional funds for Home Care Services within Cork and Kerry will be finalised in the coming weeks.

**Ger Reaney
Chief Officer
Cork and Kerry CHO**

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

“That this Forum support my notice of motion to put measures in place where all expectant Women would receive free routine detailed scans in order to rule out any organ deficiencies prior to the birth of their child.”

Cllr. Damian Quigg

The anatomy / anomaly / fetal structural / mid-pregnancy scan is performed usually between 18 – 22 weeks gestation (by a sonographer or clinician who is experienced in ultrasound) to screen for major fetal structural anomalies.

The purpose of the scan is to identify fetal anomalies and allow:

- parents to prepare (for any treatment/disability/palliative care/termination of pregnancy)
- managed birth in a specialist centre
- intrauterine therapy
- reproductive choice (termination of pregnancy)
- It is also worth noting however, that an anatomy scan does not guarantee the detection of a fetal abnormality if one is present.

Anomaly scans are provided in the case of high risk pregnancies and as determined by the expectant mother’s Consultant. Additional ultrasonographers are planned for some of the Maternity hospitals within the South/South West Hospital Group.

**Mr. Tony McNamara
CEO
Cork University Hospital**

**Ms Maria Barry
General Manager
South Tipperary General Hospital**

**Ms Maria Godley,
General Manager,
University Hospital Kerry**

**Richard Dooley
General Manager
University Hospital Waterford,
Kilcreene Regional Orthopaedic
Hospital Kilkenny**

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

“What is the HSE policy and the waiting time involved for remedial surgery of a fractured humerus, in cases of original misdiagnosis?”

Cllr. Breda Gardner

The HSE does not have a specific policy for the scenario outlined. It would be extremely difficult, if not impossible, to answer this question with a generic reply as each fracture is managed on a case by case basis and is either treated conservatively or surgically depending on the type of fracture / age of patient etc.

**Dr Gerard O’Callaghan
Chief Operations Officer
South/South West Hospital Group**

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

“That the Hse give a report on current statistics for the last 3 years for TB (tuberculosis) in the Cork region in particular, and the South Western region as a whole. What responses have been allocated by HSE to combat the disease and should a public awareness programme be initiated also.”

Cllr. Deirdre Forde

The table below outlines the number of notified cases of TB in Cork & Kerry from 2000 to 2014 (the year for which we have complete data. The finalised data on TB is generally two years in arrears as outcome data on treatment and diagnosis confirmation can take that length of time. Sources of notification included hospital physicians, clinical nurse managers, infectious disease nurses, hospital laboratory services, general practitioners and public health doctors. Enhanced Tuberculosis surveillance forms were completed for each case by public health medical/nursing team and collated, on a regional basis, by surveillance scientists in the Department of Public Health, HSE-South (Cork & Kerry).

Note: Those diagnosed with Latent TB infection (and offered chemoprophylaxis for preventative treatment), or infected by mycobacterium other than M. tuberculosis complex, are not included as cases

The table below shows that the number of newly diagnosed cases of TB are falling both locally and nationally. It also shows that we remain above the national average and have been consistently above this over the past decade and a half.

**Notified Cases of Tuberculosis
Ireland & HSE-South (Cork & Kerry) 2000-2014**

Year	No. Ireland	Incidence Rate/100,000 (Ireland)	No. Cork & Kerry	Incidence Rate/100,000 (Cork & Kerry)	3 year moving average (Cork & Kerry)
2000	395	10.9	80	14.6	14.0
2001	381	9.7	72	13.2	13.6
2002	408	10.4	77	13.3	14.0
2003	407	10.4	93	16.0	14.3
2004	432	11.0	73	11.8 [†]	13.0
2005	450	10.6	76	12.2 [†]	12.9
2006	465	11.3	95	15.3 [†]	14.8
2007	480	11.3	102	16.4 [†]	15.6
2008	468	11.0	88	14.2 [†]	14.5
2009	479	10.4	82	13.2 [†]	13.5
2010	420	9.2	90	13.5 [°]	13.2
2011	424	9.2	84	12.6 [°]	12.2
2012	364	7.9	68	10.2 [°]	10.7
2013	372	8.1	66	9.9 [°]	10.0
2014	318	6.9	65	9.8 [°]	NA

All cases of TB are statutorily notifiable to the Dept of Public Health by the treating clinician or laboratory once the case has been identified. The person with TB is treated and managed by his treating clinician. The staff of the Dept of Public Health undertake contact tracing of all cases of notified TB which entails identifying persons who may have been exposed to cases who are sputum positive (at risk of transmitting the disease to another person). A risk assessment is undertaken in each case and all contacts deemed to be at increased risk of becoming infected with the bug are screened (tested) with a skin and/or blood test and depending on the result may have a chest x-ray. Those that are found to have latent TB (infected with the bug but not active disease) are offered preventative therapy for a number of months, or follow up by chest x-rays to rule out development of active disease.

Awareness of the signs and symptoms are hugely important and all contacts of cases are given information by the staff in the Dept of Public Health when they attend. GPs are regularly updated at national conferences and at local CME events. I think that the HSE needs to consider maintaining and increasing awareness among healthcare professionals and the general public into the future as we know that whilst the number of cases is decreasing, the risk continues especially among those at increased risk of developing the disease

**Dr. Anne Sheehan,
Specialist in Public Health Medicine**

QUESTIONS

Question No 5(a) on Agenda refers:

“Will the 40 bed modular unit, at an estimated weekly cost of 60,000 euro per week, regarded as an interim solution to relieve the trolley situation at South Tipperary General Hospital be in place before the onset of winter as expected by the Consultants who met with Minister Harris earlier this summer?”

Cllr. Tom Woods

Currently South Tipperary General Hospital is working with HSE procurement and HSE Estates on a number of options to address the capacity issue in the hospital. This includes assessments of cost benefit analysis, procurement issues, planning and construction issues in relation to the options identified. Following appraisal the most suitable option is likely to proceed; in parallel the HSE is currently examining the patient hotel type service.

At present it is unlikely that this 40 bed modular unit will be in place at the onset of the winter, however work regarding all options is currently in progress.

**Maria Barry
General Manager
South Tipperary General Hospital**

Question No 5(b) and 5(g) on Agenda refers:

5(b)

"Will the HSE confirm that the people attending Lantern Lodge in Killarney continue to receive the same services of food, showering, laundry etc. when they move to Leawood House?"

Cllr. Joe Culloty

Q5(g)

"To ask the HSE, will the patients of Lantern Lodge get the same treatment in Leawood House by way of meals and showering facilities?"

Cllr. Johnny Healy-Rae

Response:

The members will be aware from previous responses on this matter that Lantern Lodge is a facility in Killarney from where an Adult Mental Health Day Centre operates. It is staffed by members of the Rehabilitation Team for mental health services in Kerry - a Clinical Nurse Manager and a staff nurse Monday to Friday. The other members of the Rehabilitation Team, which consists of a consultant psychiatrist, social worker, psychologist and an occupational therapist, also provide input to the day centre.

The main reason for relocating the day centre from its current location arises from a report by the Environmental Health Officer which established that space in the centre is limited and that the premises requires considerable refurbishment to bring it up to standard.

The planned new base for the service is located close to the town centre and is in better structural repair than Lantern Lodge. Some refurbishment has been carried out in order to upgrade the building sufficiently. These works are now complete.

Day Centres in both Cork and Kerry have traditionally had a strong focus on basic food and hygiene needs. However, in line with *A Vision For Change*, Day Centres need to provide a broad range of therapeutic supports which are part of a recovery model with the aim of gaining independent skills in daily living. Current Mental Health policy in the area of recovery emphasises a less isolated and more community integrated service model, which will be the focus of the service when it relocates is to the new building. The focus will be on using a wider range of community facilities available in the area.

With regards to the provision of a mid-day meal for service users, this is being reviewed in all of our day centres and we are aiming for consistency throughout the service. Our aim is to enable service users to make use of locally available facilities. Twenty service users currently receive meals in the day centre. Alternative plans are in place for eighteen of these. These alternative arrangements include: upskilling via

Occupational Therapy and Nurses; Holy Cross Day Centre accommodating 2 attendees dinners 3 times weekly; Mental Health Foundation Ross Cafe providing hot meals if ordered; HSE Residential Homes will be provided meals from St. Columbanus Hospital Kitchen; Public Health Nurses have facilitated some identified clients with meals on wheels.

With regards to the provision of shower facilities the situation is similar. Again, our aim is enable people to become independent as far as possible. Currently only four people avail of showering facilities in the centre. Alternative arrangements are in place for some of these individuals.

All 26 service users have over the previous weeks been consulted by the staff in regards to the move to Leawood. The Rehabilitation Team have comprehensively reviewed each of the service users individual care plans. Issues such as showers, a mid-day meal etc. previously raised by service users have been addressed in the meetings that have taken place to date.

The date for the relocation of the service will be set once alternative and appropriate arrangements are in place for the remaining service users in respect of meals and hygiene.

**Ger Reaney
Chief Officer
Cork and Kerry CHO**

Question No 5(c) on Agenda refers:

“When will the location of the new Tir na nÓg Respite House be made known to the families of the children who attend this facility as there is no longer a respite service in Carlow for these children. Also that a commitment for the new school be given from the HSE South that the Holy Angels get their new build as soon as possible.”

Cllr. Arthur McDonald

Respite Service

In 2005 Tir na nÓg respite service opened under the management of Holy Angels Centre to provide respite service in Carlow for children with disabilities. The respite service was funded by the HSE through the Holy Angels Day Care Centre Service Level Agreement. Since 2013 the services delivered by Holy Angels in Tir na nÓg had come under the remit of the independent regulatory body Health Information & Quality Authority (HIQA) in relation to the standards of care being delivered. As with other service providers, this had increased the responsibilities on the management of Holy Angels regarding the governance, service delivery and standards of care (environment) within the service. In December 2015, the Holy Angels Day Care

Centre advised HIQA and the HSE of the decision of the Board of Management to close the centre from January 2016.

In order to address current respite provision requirements Holy Angels continue to offer alternative respite services using premises in Delta Services (another Section 39 Carlow based agency) to provide day respite services as an interim arrangement. This service is to be reviewed in December 2016 and is committed to until February 2017.

The long term intention of the HSE is to develop a new purpose built Respite House for County Carlow. A capital submission for Carlow was submitted to the HSE Capital Steering Committee. This submission was considered by both the Capital Steering Committee and the National Disability Group who acknowledged the requirement for this service should appropriate funding become available, however currently all capital finding is prioritized for de-congregated settings.

HSE Estates personnel are actively seeking to purchase or rent suitable accommodation for future service provision. It was decided that should the HSE find a suitable residence for respite in either County Carlow or County Kilkenny (there is currently no overnight respite services in Co. Kilkenny) that services will be provided to families from both Carlow and Kilkenny from that location until purpose built accommodation is completed.

On 15th July 2015, following requests by parents in Carlow, a meeting was scheduled between local HSE management, parent representatives and their advocate from Family Carers Ireland. The key issue was when overnight respite services would recommence in Carlow. In light of the above, it was not possible at that time to provide a specific date. The families requested and key contact person and the Carlow/Kilkenny Occupational Guidance Officer is the nominated contact person for parents. A further date was set to meet with parents on 21st September 2016 and it is proposed to meet parents (subject to their agreement) on a two-monthly basis (for information purposes) thereafter.

In order to provide overnight respite services, a suitable and appropriate location will need to be identified. Given the current housing situation, it is proving extremely challenging to source appropriate premises which would meet all the standards required by HIQA and by the prospective service users. In addition an alternative Service Provider will need to be identified and tendered for in accordance with the national tender process and will be also subject to HIQA registration.

It should be noted that some funding has been allocated for the provision of respite services for the Carlow/Kilkenny area.

The HSE continues to actively pursue a number of accommodation options that would meet the above requirements and enable overnight respite services to recommence as soon as possible (early 2017).

Pre-School Holy Angels

Holy Angels Day Care Centre Ltd is the designated special preschool centre in Carlow for children from 18 months to 6 years with an intellectual disability. It is recognized that the current service needs require an upgraded facility and that the existing premises cannot accommodate current service needs in the medium / long term.

HSE Disability Services in partnership with HSE Estates Department and in consultation with the existing service provider prepared a proposal for the development of a new facility to accommodate a preschool service in Carlow.

A Project Brief was submitted to the National Capital Steering Committee. Although no recommendation has issued, minor capital funding has been made available to undertake essential maintenance on the existing premises.

**Aileen Colley
Chief Officer
Community Healthcare Organisation-Area 5**

Question No 5(d) on Agenda refers:

"I would like to question the situation with patients in nursing homes participating in the Fair Deal Scheme where 80% of their pension is taken for their stay costs. With regards, to the remaining 20%, it is known to be used towards miscellaneous expenditure, i.e. daily newspapers/tuck shop etc. Is there an option for patients to opt out of this payment, as one patient in particular needed a dentist visit, and didn't have any disposable income in order to pay for a taxi transfer? Should they have a confirmed agreement prior to this 20% allocation to other services?"

Cllr Henry Cremin

Question No 5(e) on Agenda refers:

"What is the up-to-date position on the sale of the former Castleisland Health Centre in College Road, Castleisland."

Cllr. Bobby O'Connell

The delay is in relation to title associated with this building (i.e.: it's an unregistered leasehold title). In spite of this issue and conscious of the need to move this

transaction on, the HSE instructed their solicitors to issue contracts to the purchasers' solicitors with the title the HSE has, and allow them to determine if this title is sufficient.

Subsequently these contracts have been issued by the HSE solicitors and we await a response from the vendors' solicitors

Mark Kane
Estate Manager HSE Southern Area (Cork and Kerry)

Question No 5(f) on Agenda refers:

"To ask the HSE if it can undertake a review of alarm systems in the new Acute Mental Health Unit at CUH to ensure that alarms once responded to and verified can be cancelled as quickly as possible. The Unit is adjacent to a residential area noise from alarms has potential to cause a disturbance."

Cllr. John Buttmer

The HSE are currently conducting a full review of the operation of the fire alarm system in the new Acute Mental Health Unit at CUH when it goes into alarm. This review will ensure that the building fire alarm system operates in compliance with the parameters of fire certificate, granted by the City Council for the building, and within the current fire detection and alarm system standards (I.S. 3218 2013).

In addition, there is a 24/7 on-site presence of Security personnel within the building who are trained in responding to fire alarm activations. On activation of the fire alarm system, Security personnel immediately investigate the source of the alarm and, when and where appropriate, silence the alarm as part of the response.

Ger Reaney
Chief Officer
Cork and Kerry CHO

Question No 5(i) on Agenda refers:

“Can St Luke’s Hospital, Kilkenny, detail the procedures and safeguards which are in place, to ensure that fractures are correctly diagnosed?”

Cllr. Breda Gardner

The following is the position in relation to the procedures and safeguards to ensure that fractures are correctly diagnosed.:

1. On presentation at the ED, the attending ED physician requests and reviews the xray of the patient.
2. If they do not see any fracture / bony abnormality the patient is discharged with the appropriate care and follow up.
3. If they see a fracture / bony abnormality the following occurs: If it is an uncomplicated injury they are referred to the fracture clinic or the ED review clinic for further follow up care. If it is a complicated injury they discuss it with the ED consultant and also consult with the Orthopaedic team in Waterford to establish a plan for further care, i.e. immediate referral to Waterford or follow up at the fracture clinic. If it is a complicated injury that needs immediate intervention in the ED to stabilise it, the ED team and ED consultant will do that and discuss further with the Waterford Orthopaedic team.
4. All xrays are formally reported by the consultant radiologists in days following the procedure.
5. All written xray reports are delivered to ED for further review by the ED consultants.
6. The abnormal reports are cross referenced with the patients ED notes.
7. If there is an indication that the initial attending ED physician missed a fracture / bony abnormality then the ED consultant will review the patients care and the xray images. On this occasion the patient will be contacted and further follow up by the ED consultant will be arranged.

**Ms Anne Slattery
General Manager
St Luke’s Hospital Kilkenny**

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
3rd November 2016**

NOTICES OF MOTION

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

"A recent report on Cardiac care in University Hospital Waterford, which was commissioned by the Government, revealed that services may be reduced in the hospital. It also suggested that an existing cardiac facility could be transferred to Cork. I would like to call on the Regional Health Forum board to do all it can to support the request by the people of the South East to have 24/7 cardiac care in University Hospital Waterford. Patients deserve to have treatment in their own region and a second catherisation lab is a most for UHW."

Cllr. Ray Murphy and Cllr Jason Murphy

The report titled "Independent Clinical Review of Provision of a second Catherisation Laboratory at University Hospital Waterford" (also known as the Herity Report) was published in early September 2016. The report was commissioned by Government and conducted by Prof. Niall Herity, Clinical Director of Cardiology, Belfast HSC Trust, Northern Ireland. This report has been accepted by Government and sets out therefore from a policy perspective the developmental pathway for Cath Lab provided services, including Percutaneous Coronary Intervention (PCI), for University Hospital Waterford.

The report makes a number of recommendations to improve Cardiology service provision in UHW, including the provision of an additional 2 sessions per week (8 hours) for planned Cath Lab activity. The report also recommends that the full range of planned Cath Lab activity should continue and that plans should be progressed to increase the non-interventional consultant staffing to facilitate the establishment of a general cardiology on-call service where all cardiac patients (other than out of hours STEMI) are admitted directly under the care of a Consultant General Cardiologist. Costings to facilitate the early implementation of 2 additional sessions have already been forwarded and submissions are also in preparation regarding the expansion of Consultant general cardiology service.

The report also recommends that the emergency PCI service should transfer to Cork University Hospital and that in this regard SSWHG should agree a cardiology strategy to ensure that Group resources are maximised and clinical outcomes for patients are optimised. To this end Department of Health will be undertaking a national review of all primary PCI services which is expected to be completed by end of July 2017.

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

"What does the H.S.E. mean by the 90 minute interval after a heart attack? Why has the Higgins Report which refers to the retention of certain regional services at UHW not been fully implemented in relation to Cardiology Services? Who was responsible for changing the regional status of the South East Region in relation to cardiac services at UHW? Do you consider "Clot Busting" as a suitable alternative to a Stent when a Stent is required?"

Cllr. Davy Daniels

In relation to the 90 minute interval:

In the context of the Independent Clinical Review of Provision of a Second Catheterisation Laboratory at University Hospital Waterford undertaken by Dr Niall Herity, the 90 minute interval after a heart attack refers to the statement in the report identifying that “patients arriving to the emergency department at UHW should be considered as within a 90 minute drive time of Cork University Hospital and should be transferred there for PCI without delay, irrespective of the time of day or night”.

In relation to the Higgins Report and the retention of certain regional services at UHW:

The retention of Cardiology Services and in particular Cardiac Cath Lab continue to be in place at University Hospital Waterford. The Cath Lab has provided a regional service to the population of the South East since the opening of the unit in 2008. This service operates on a 9am - 5pm basis. Emergency patients requiring Cath lab services are referred to Cork or Dublin out of hours.

The regional status remains unchanged. The department continues to provide a service to the population of the South East

In relation to “Clot Busting” Medication:

Immediate access to a cardiac Cath lab is the first line of treatment for acute major myocardial infarction (heart attack).

Percutaneous Coronary Intervention (PCI) in the Cath Lab is the preferred emergency procedure for opening the arteries. This should be performed promptly, preferably within 90 minutes of arriving at the hospital

Clot Busting Medication is not the treatment of choice. When administered it should only be given if access to a Cath lab is not available. These drugs are avoided or used with caution for certain patients.

**Richard Dooley
General Manager
University Hospital Waterford**

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

"That the HSE confirm that they will not be taking any actions to change the services provided at Saint Mary of the Angels Beaufort Co Kerry."

Cllr. Mike Kennelly

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

To call on the HSE to support the residents of St. Mary of the Angels in Beaufort, Co. Kerry, so that they may be allowed to live out their lives with dignity, in this wonderful facility which they call home.

Cllr. John Joe Culloty

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

That the forum would discuss saint Mary of the angels facility in Beaufort and answer why this consultation with families happened in this way and why these people were put on the housing list without the families consent or being informed.

Cllr. Johnny Healy-Rae

St Mary of the Angels is a residential service for adults with Intellectual Disabilities. It is situated near Beaufort in Co. Kerry. The facility which provides services for 77 adults, many of whom have severe and profound difficulties was established by the Franciscan sisters in the late 1960's. The service was transferred to St. John of God Services in 2005.

The HSE Transforming Lives Programme sets out how supports required for people with disabilities should evolve in the future.

The aim of government and HSE policy is to promote the full inclusion of people with disabilities in local communities. This involves ensuring that all people with disabilities are supported to live in local communities and participate in community activities. For some individuals this will involve a move from specialist services, including large residential centres, to live in homes within the community and to participate in community activities.

"A Time to Move on from Congregated Settings" (2011) is the policy which recognises the need to support people with disabilities to move from large residential centres to community living. The aim of this policy is outlined as enabling people with disabilities to live "ordinary lives in ordinary places".

Progress has already been made in a number of large residential centres throughout Ireland in providing people with disabilities the opportunity to live in smaller settings in the community. St Mary of the Angels campus in Beaufort has been identified as one of the next centres for exploring opportunities for community living.

The aim of supporting people to transition from residential centres to community living is to enable people with disabilities to fully participate in local communities. This is best achieved when people live in smaller groups and can be more easily integrated into local communities. Community living is about more than

accommodation. It is about who people live with and their opportunity to be part of a local community.

St John of God Services delivers the service in St. Mary of the Angels on behalf of the HSE. Management in St. John of God Services have acknowledged that communication with families of residents in recent weeks around the possibility of community living has fallen short of required standards.

At this stage the focus of the HSE is to liaise with people with disabilities, their families and St John of God Services to ensure that the residents in Beaufort have opportunities to enhance their lives wherever possible. Many residents at St Mary of the Angels will benefit from greater opportunities to participate in local communities. Some of these residents will, over time and with proper planning, move to living in the community and benefit from this development. For others, moving to live in the community at this stage may be more challenging. The HSE and St. John of God Services will continue to work with these residents and their family members to explore the options available.

The HSE is meeting with parents' representatives and with St. John of God Services within the next week. This meeting will establish what communication has taken place to date with individual families and agree a process to ensure that communication is timely, comprehensive and effective from now on.

It is acknowledged that the transition to community living is a lengthy process. The HSE wishes to assure all residents and their families that any proposed changes in regard to the St. John of God residential services for adults will be fully discussed and that no changes will proceed until this consultation process has been completed with all relevant parties.

St John of God Services have confirmed to both the HSE and Kerry County Council that residents' names were placed on the housing list with Kerry County Council without appropriate consent or communication with families. St John of God Services have contacted each family individually to apologise in relation to this. No resident will remain on the housing list without appropriate consent.

Residents who avail of the opportunity to move to community living will be provided with the appropriate level of supports based on their assessed needs and abilities. Staff currently working in St Mary of the Angels Beaufort will be encouraged to continue to work with the residents in new settings.

In summary:

- St. John of God Services have acknowledged poor communication in relation to this issue. This will be discussed in depth at respective meetings with the service provider and with the families;
- St. John of God Services have acknowledged their failure to obtain appropriate consent in relation to inclusion of the residents names on housing lists, and have committed to correct this;
- The focus of the HSE is to support those residents in St. Mary of the Angels who would benefit from greater participation in community activities. The

ongoing learning from this process will inform future plans to support more individuals to participate in local communities and, where appropriate, to live with supports in smaller settings in the community.

- Families will be enabled to be fully informed, consulted and invited to participate fully in decisions around their family members in St. Mary of the Angels.

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

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

To ask the HSE South why there is no database for users of Prosthetics, why there seems to be a refusal to sanction the repair of spare limbs, why there is a lengthy and complicated process in obtaining socks and liners and could the location of the Polar Unit be re-examined since its move from SMOH to the Mercy Hospital.

Cllr. Henry Cremin

Access for prosthetic users to a multidisciplinary Rehabilitation Team is recognised internationally as best practice. This Rehabilitation Team is available at the POLAR Unit, located in the Mercy University Hospital Cork, which is a new venture in conjunction with the National Rehabilitation Hospital providing local prosthetic users with the expertise that they need and deserve.

The service is led by a Consultant in Rehabilitation Medicine. Referrals to the POLAR Unit are made through Acute Hospital Consultants. The service was never located in St. Mary's Orthopaedic Hospital.

In 2014 a HSE South prosthetics project group was convened to develop a standardised approach to the application process, clinical pathways and prioritisation of requests for funding for prosthetic devices.

A recommendation of the prosthetic project group was the development of a Prosthetics Resource Allocation Group (PRAG). The function of this group is to meet monthly, clinically evaluate and prioritise and sanction the most urgent applications from the available and finite monthly budget. Referrals for prosthetics are made by GPs and hospital Consultants.

In conjunction with the setup of the PRAG, a decision was reached to introduce an Established User Clinic (EUC). This clinic is used by service users who do not attend the POLAR Unit. The aim of this clinic is to facilitate assessment of prosthetic user

functional ability and to assist with evaluating new prosthetics prescriptions. The PRAG refer patients to the EUC to enhance the information available to them and to facilitate and assist with decisions on costly prosthetic prescriptions as required under National Financial Regulations.

There is a clear policy with regard to the provision of limbs to Prosthetic Users – the HSE aims to provide each user with a primary functioning limb. Spare limbs, per policy, are only provided to users with modular, type 8 limbs which are repaired in the UK. All other limbs that require emergency repair are guaranteed within 5 days however in reality sanction happens within 1 – 2 days of receipt of paperwork.

The application process for ancillary items such as socks, sheaths, liners etc is the same as for a prosthetics limb. Applications received are presented at the monthly PRAG meeting and a decision made based on the information provided. Where an excessive number of socks are requested, the fit of the socket is generally investigated via the EUC. The availability, procurement and cost effectiveness of in-house provision of socks is currently under local discussion.

It is correct that there is no formal database of Prosthetic Users in Cork/Kerry however knowledge is being developed on all prosthetic users both through the PRAG and the EUC - overall this will inform decisions as to projected activity levels and ongoing requirements of this cohort.

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

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

That the HSE South would issue detailed costed report on Planned Capital Investment in the South/South West Hospital Group for the coming 5 years 2017 – 2021, with particular reference to hospitals in Cork City and County and that it would outline what investment is for the redevelopment/refurbishment of existing services and which is targeted for the delivery of new services.

Cllr. John Buttimer

Dear Member,

I refer to your correspondence dated 24th October 2016, in which you have sought details of Planned Capital Investments in the South/South West Hospital Group for the period 2017 – 2021, with particular reference to hospitals in Cork City and County. Appendix (a) hereunder set out the planned Capital Project Developments in respect to the period 2016 to 2021.

Appendix (a) Planned Capital Project Developments 2016 - 2021

Hospital	Brief Description	Capital Costs (Estimates)
Bantry General Hospital	HIQA compliant continuing Care Accommodation at St. Josephs	€2.2m
Cork University Hospital	Paediatric Phase 1	€9.4m
Cork University Hospital	Blood Science Project. Extension & refurbishment of existing pathology laboratory to facilitate management services tender.	€2.2m
Cork University Hospital	Provision of New Helipad	€1.8m
Cork University Hospital	Haematology / Oncology Ward Upgrade and provision of Isolation Facilities (Ward 2D)	€2.2m
Cork University Hospital	NCCP: The provision of phase 2 facilities at CUH & UCHG - New 3 story Radiation Oncology Unit	CUH - €29.2m
Cork University Hospital	Paediatric Phase 2 Development	Phase 2 - €16.8m
Mercy University Hospital	Relocation of OPD to St. Marys - Phased upgrade of existing out-patient accommodation	€1.3m
Mercy University Hospital	Development of Regional Gastroenterology	€11.5m
Mercy University Hospital	Interim (8 bed) Neurological Inpatient Rehabilitation Unit.	€2m
Mercy University Hospital	Radiology Infrastructural requirements and refurbishment.	€7.137m including €2m equipping
South Infirmary Victoria University Hospital	Ophthalmology OPD / Eye Casualty. Relocation of the Ophthalmology OPD & Eye Casualty from CUH to SIVUH.	€4m including decant costs. Excluding Equipping costs
University Hospital Kerry	Palliative Care 15 bed inpatient Unit.	€5.5m (excluding €0.4m enabling works)
University Hospital Kerry	Refurbishment of existing Operation Theatre Fabric	€0.5m

Mallow General Hospital	Refurbishment of vacant ED to accommodate a local injury clinic	€2.71m
South Tipperary General Hospital	The provision of an extension of the Radiology Dept. to accommodate a CT (purchased) and future MRI.	€2.3m
South Tipperary General Hospital	Development of a new OPD suite in the vacant St. Michaels Ward	€2.6m
University Hospital Waterford	New Decontamination facility for the Day Unit (Endoscope)	€1.8m
University Hospital Waterford	5 Story Development - Consists of a Palliative Care inpatient Unit (20 beds) and Day Care Unit on the 1st & 2nd Floor. The top 3 floors of the new building will include 72 single rooms including 24 Bed Surgical Assessment Unit, 24 Bed Medical Isolation Unit and New Oncology Unit.	€26m
University Hospital Waterford	New Mortuary & Post Mortem Facility	€4.6m

Source: Capital Project Listing dated 01.11.2016

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

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

"Calling on the HSE to provide funding to St Luke's Hospital, Kilkenny for additional beds and staff to alleviate the problem of people waiting in the corridors on chairs and trolleys at any given time. Can the HSE provide statistics on the number of people on trolleys and chairs at the hospital?"

Cllr. Arthur McDonald

St. Luke's General Hospital opened a new acute floor comprising of a new Emergency Department and AMAU in May 2016. This provided additional state of the art treatment spaces for the treatment of emergency patients presenting to our emergency department. The Susie Long Day Service Unit, which opened in November 2015, is also providing additional day case capacity for our elective patients. The opening of the new day ward has also allowed for the old day ward to

be converted back to 12 inpatient beds as additional winter capacity and this area remains staffed and in full operation.

A submission was made to IEHG for capital funding to increase / replace existing inpatient capacity to allow for more isolation rooms and improved accommodation for inpatients during 2016. This submission was forwarded by IEHG to HSE Estates for inclusion in the next National Capital Plan.

While the overall numbers on trollies reduced during August 2016, overall ED attendances and medical admissions has increased year on year as per data tables attached. On average there is between 110 and 130 Emergency Department presentations per day. The numbers of people awaiting admission beds on a daily basis ranges between 10 and 25 and this overflow is generally accommodated on ward corridors pending proper bed space availability.

The hospital has recently received funding under the HSE Winter Plan to develop a frail elderly service pathway and to develop a discharge lounge.

The frail elderly pathway initiative will provide streamlined assessment for frail elderly patients using a designated space within the new AMAU under the guidance of a Consultant Geriatrician and the specialist frail elderly team. With priority access to diagnostics this will facilitate GPs to refer frail elderly patients who may not warrant hospital admission to obtain prompt assessments in the AMAU and treatment follow up in the community using CIT /other community services.

The discharge lounge will assist in freeing up beds earlier in the day for patients on the day of their discharge, who will be transferred to the lounge prior to going home. It is envisaged that up to 13 patients could be transferred to the discharge lounge on a daily basis allowing for earlier access to emergency inpatient beds.

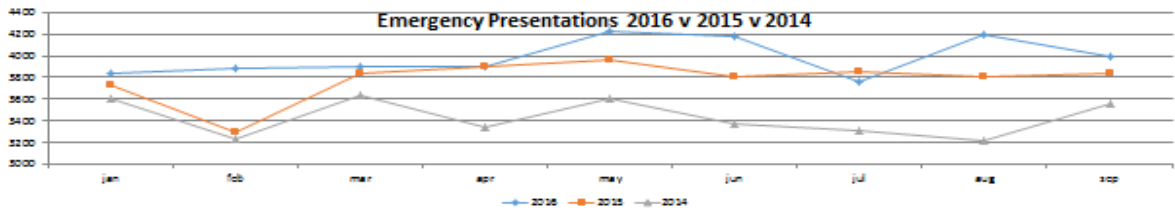
A plan to recommission the former gynaecology ward (12 beds), which is currently used for other clinical support services, was submitted under the Winter Plan by IEHG. This included funding for refurbishment and staffing to enable this ward to be used to accommodate inpatients during the coming winter. However this plan was not prioritised by the HSE for funding under the 2016 Winter Plan initiative. IEHG management are continuing to pursue this proposal with the HSE in view of the constant numbers of patients who need emergency beds as demand continues to exceed the supply of beds available, pending approval of the new beds under the national capital plan. It is hoped that both the discharge lounge and the development of the frail elderly service pathway will alleviate the current situation in relation to additional patients being located on corridor beds pending approval to recommission/staff 12 beds in the former gynaecology ward.

St Luke's Hospital, Kilkenny

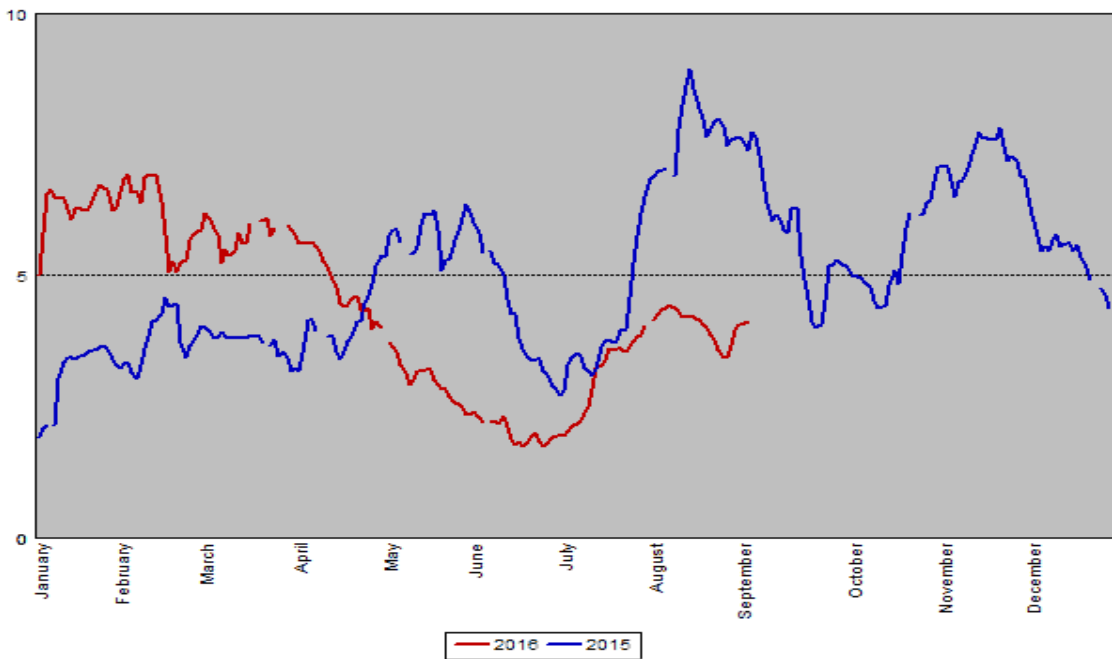
ED Attendances by month – rolling 12 months



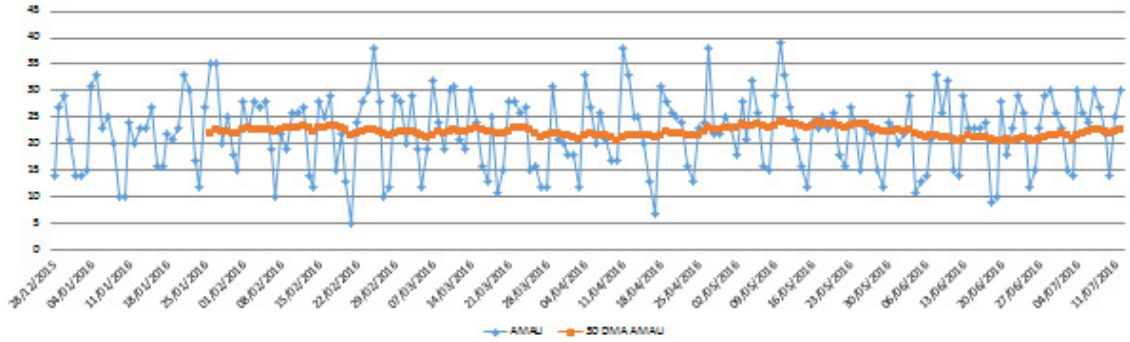
	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Total
2016	3,911	3,886	3,894	3,901	4,229	4,188	3,763	4,119	3,989				35,880
2015	3,734	3,287	3,841	3,895	3,964	3,814	3,853	3,809	3,832	3,900	3,809	3,644	45,382
2014	3,602	3,234	3,643	3,345	3,609	3,374	3,312	3,215	3,553	3,643	3,557	3,785	41,872
Cumm 2016 v 2015	+4.7%	+11.1%	+7.6%	+5.7%	+5.9%	+6.5%	-2.4%	+7.7%	+4.0%				
Cumm 2016 v 2014	+8.6%	+14.1%	+11.6%	12.8%	+13.7%	+15.4%	+13.6%	+28%	+11.6%				



Weekly INMO Trolley Report Weekly data for 2016 (year to date) and comparative data for 2015.



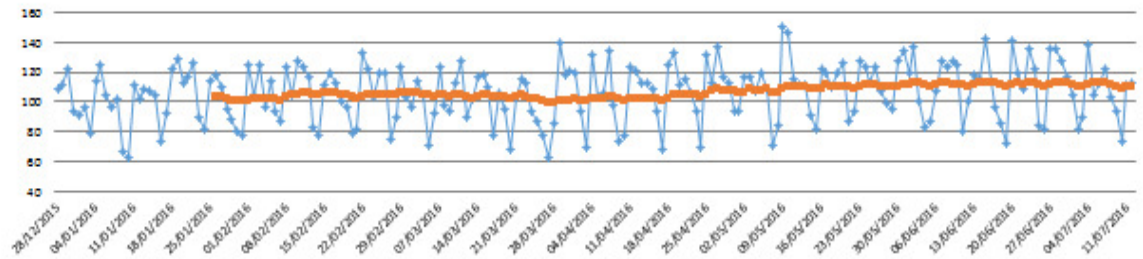
AMAU attendances & 30 DMA Jan to June 2016



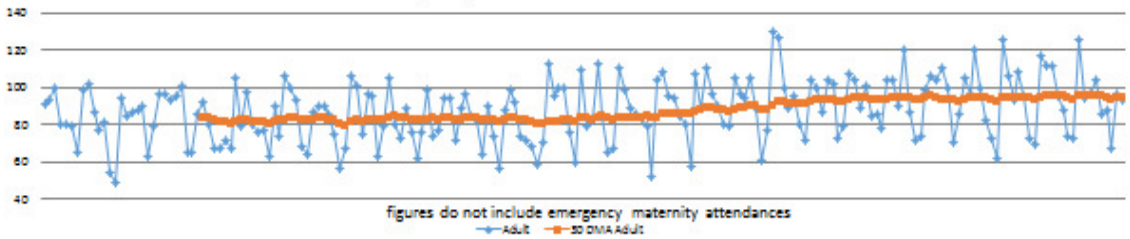
ED: daily attends / admits (adults) – most recent month by day & YTD / new and return

UNSCHEDULED CARE ACTIVITY

Total ED attendances & 30 DMA Jan to June 2016



Total Adult Emergency attendances & 30 DMA Jan to June 2016



Anne Slattery
General Manager
St Luke's Hospital Kilkenny

QUESTIONS

Question No 6(a) on Agenda refers:

“How many suicides have we in Kilkenny City and County of those clients while under treatment and aftercare by Dept of Psychiatry, Kilkenny in 2014, 2015, 2016? Is there a Clinical Director in place? How many beds in St Lukes, DOP? How many Clients suffering with drug addiction, waiting for placement and taking up beds, resulting in the Suicidal and depressed being turned away?”

Cllr. Joe Malone

The following details that number of deaths in relation to service users engaged with Mental Health Services in Kilkenny City and County for the years 2014-2016 (to date) reported as suicide to the National Mental Health Divisional Team, National Incident Management System and the Mental Health Commission. There were 5 such reported deaths in 2014, 2 in 2015, and 4 in 2016.

There are 44 beds in the Department Of Psychiatry, which is based at St. Luke’s General Hospital Kilkenny, and is the approved mental health services acute inpatient unit for the Carlow/Kilkenny/South Tipperary area.

There is an Executive Clinical Director for CHO5 Mental Health Services whose remit includes all Mental Health Commission approved centres across the CHO5 (South East) area.

In line with Department of Psychiatry (DOP) admission policies, all service users, regardless of diagnosis, currently in-patient in the DOP have been clinically assessed and are under the appropriate care of a Consultant Psychiatrist.

Following discharge from the acute inpatient unit (Department of Psychiatry) service users are referred to the appropriate Community Mental Health Team for ongoing follow up through the community outpatient mental health service. The Community Mental Health Team will facilitate service users with the implementation of the individual care plans which are developed as part of the discharge planning process from the Department of Psychiatry. This involves multi-disciplinary input from a range of health professionals under the direction of a Consultant Psychiatrist.

Aileen Coley
Chief Officer
Community Healthcare Organisation, Area 5

Question No 6(b) on Agenda refers:

"Can the Executive give an updated report on the status of the primary health care centre that was proposed for Deanrock in Togher but due to various issues was withdrawn.

Has any other site's being identified for this development in the South West or South Central Constituencies of the City and has it gone out for tenders who may show an interest in developing this."

Cllr. Henry Cremin

Question No 6(e) on Agenda refers:

"To ask the HSE for an update on the provision of Primary Care Centres in Cork.

Cllr. John Buttimer

Answer 6(e) – Update on Primary Care Centres in Cork

The HSE advertised in the press nationally in December 2014 for Expressions of Interest for a number of Primary Care Centres throughout the country. A second advertisement campaign was run locally for some locations that had not progressed under the earlier scheme.

There are 3 stages in the evaluation process against pre-set criteria for the selection of the proposed facility.

Stage 1 - Expression of Interest – bidders provide details of the proposed sites.

Stage 2 – Submitters of successful sites are asked to provide the Signed "GP Declaration" from GPs willing to co-locate with the HSE.

Stage 3 – Proposals which comply with Stage 2 requirements in relation to GP numbers are requested to supply property offers. Property offers set out their full proposal including costs, layout for the proposed Primary Care Centre and evidence of their financial ability to deliver. These are then evaluated based on criteria made known to the proposers prior to the submission of offers.

On completion of the evaluation of proposals in relation to a Primary Care Centre, the successful proposal is signed off locally and nationally before submission to the HSE Property Committee for approval.

Following receipt of approval from the HSE Property Committee, the Letter of Intent is issued to the successful bidder. The successful bidder will then advance the realisation of the Primary Care Centre subject to the conditions laid out in the Letter of Intent and conclusion of the associated legal matters.

The following is the latest update on Primary Care Centres in Cork (October 2016):

Location	Current Status
Opened in 2016:	
Charleville	Completed and commissioned February 2016
Under Construction 2016:	
St Mary's Campus (former Orthopaedic Hospital)	Commenced on site 11th July.
Carrigaline	Construction Commenced
Letter of Intent Issued:	
Bandon	Letter of intent issued
Bantry	Letter of Intent issued
Ballincollig	Letter of intent issued
Castletownbere	Letter of intent issued
Clonakilty	Letter of intent issued – Building Layouts agreed.
Cobh	Letter of intent issued
Newmarket	Letter of intent issued
Fermoy	Letter of Intent Issued - Layout being developed
Carrigtwohill	Developer to identify supporting GP
Appraisal Stage	
Togher	Stage 3 property offers received Sept
Kanturk	Stage 2 submission under review
Re- advertised 2016:	
Blarney	Expressions of interest awaited following re-advertisement.
To be Re -advertised 2016	
Bishopstown	Expressions of interest under consideration.
Cork City North East	To be re advertised for expressions of interest

Answer 6 (b) - Cork City Togher/Greenmount/Ballyphehane/The Lough

The above area was one such location identified in the national advert in 2014.

The expressions of interest received were evaluated in the context of the suitability of the sites proposed in relation to the Primary Care Catchment Area.

Proposers of sites that were suitably located in this area were asked to provide signed declarations from a minimum of 4 GP's who would commit to co-locating with the HSE services at the Primary Care Centre at the proposed sites.

Formal property offers were subsequently requested in relation to sites which met this requirement. These are currently being evaluated by the HSE in accordance with specified criteria.

Once the evaluation process is complete, local and national approvals will be sought to progress the centre. This will then be submitted to the HSE Property Committee

for approval. Once approval is received from the Property Committee a letter of interest will issue to the successful proposer.

Pat McCarthy
Assistant National Director, Estates
HSE South

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

Question No 6(c) on Agenda refers:

"Following the Health and Safety Audit that was carried out on the current building where the Carlow Paramedics and Ambulance Services are located, the building was condemned and it was deemed as not fit for purpose. In light of this I would ask if the HSE could advise if a suitable alternative location will be provided as a matter of urgency as the current location is unfit for purpose."

Cllr. Arthur McDonald

We have been experiencing some recent and ongoing difficulties with a prefabricated building that forms part of our station facilities at our Carlow Ambulance Station. This prefab houses our toilet, shower and changing facilities and there was a specific issue regarding the roof and also a second issue relating to waste pipes in the ground proximal to the prefab.

In response to concerns identified by our staff and following a review undertaken as part of our own internal Health & Safety Audit, some deficiencies were identified and remedial works were carried out by suitably qualified contractors. Unfortunately, this work has not completely resolved matters in particular in relation to the prefab building roof.

As a result of the above we are currently in the process of replacing the existing prefab with a more modern and suitable structure with an imminent delivery date. Meanwhile, it may become necessary to identify alternative accommodation during the associated works which should be of very short duration. Regardless of those works I can assure you that there will be no disruption to the provision of Emergency Ambulance Service to the people of Carlow

Paul Gallen
Area Operations Manager
National Ambulance Service HSE South

Question No 6(d) on Agenda refers:

“To ask what plans the HSE have for St. Finan’s Hospital in Killarney?”

Cllr. John Joe Culloty

Members will recall from a response issued to this Forum in May 2016 that there are two services remaining on the St. Finan’s Hospital site:

- Cluain Fhionnáin – A residential facility for people with intellectual disability. A detailed plan is being put in place to support the remaining residents in Cluain Fhionnáin to move to smaller residential units in community settings;
- O’Connor Unit- A residential facility for people with enduring mental health needs. The needs of this group will be met with the opening of the new Deer Lodge Mental Health Unit in Killarney.

It is anticipated that the O’Connor Unit will be vacated in 2017 and that work will continue on supporting the residents in Cluain Fhionnáin to move to community living.

Under the HSE Capital Plan 2016-2021, funding is being provided for a new community nursing unit in Killarney. This will replace St. Columbanus Home and Killarney District Hospital. The land adjacent to St. Finan’s Hospital is one of the locations being considered for this new facility.

Apart from the community nursing unit outlined above, the HSE has no further requirement for either the accommodation or lands attached to St. Finan’s Hospital.

The HSE has met with Kerry County Council in regard to the St. Finan’s campus. It is envisaged that the HSE will continue to develop part of St Finan’s campus to meet its requirements in relation to its Older Persons accommodation programme.

In relation to the remainder of the campus the HSE has asked Kerry County Council to identify whether the site offers any strategic opportunities to the local authority in relation to their requirements. Discussions are ongoing with the council in this regard.

Pat McCarthy
Assistant National Director, Estates
HSE South

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

**MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2016**

MINUTES OF MARCH 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 24th March 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. John Buttimer	Cllr. George Lawlor
Cllr. Timmy Collins	Cllr. Mary Linehan Foley
Cllr. Henry Cremin	Cllr. Michael McCarthy
Cllr. John Joe Culloty Chairperson	Cllr. Jason Murphy
Cllr. Davy Daniels	Cllr. Bobby O'Connell
Cllr. Michael Doyle	Cllr. Aaron O'Sullivan
Cllr. Pat Fitzgerald	Cllr. John Pender
Cllr. Denis Foley	Cllr. Seanie Power
Cllr. Breda Gardner	Cllr. Damian Quigg
Cllr. Joe Harris	Cllr. William Quinn
Cllr. Johnny Healy-Rae	Cllr. Bob Ryan
Cllr. Mary Hanna Hourigan	Cllr. Frank Staples
Cllr. Willie Kavanagh	Cllr. Joe Sullivan
Cllr. Mike Kennelly	

Apologies:

Cllr. Deirdre Forde
Cllr. Imelda Goldsboro
Cllr. Joe Malone
Cllr. Louise McLoughlin
Cllr. John Sheehan
Cllr. Mary Shields
Cllr. Tom Wood

In Attendance:

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr Ger Reaney, Chief Officer, Area 4 Community Health Organisation
Ms Anna-Marie Lanigan, Area Manager, Area 5, Community Health Organisation
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 5th November 2015

On the proposal of Cllr. Timmy Collins, seconded by Cllr. Denis Foley, the Minutes of the Forum meeting held on Thursday, November 5th 2015 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

Ms. Aileen Colley, Chief Officer sends her apologies and Ms. Anna Marie Lanigan, Area Manager will replace her today.

Congratulations were extended to three of our Forum members who were successful in the General Election to the 32nd Dail on 26th February 2016 – Deputy Mary Butler, Deputy James Browne and Deputy Danny Healy-Rae.

Two new Forum Members were welcomed to their first meeting Cllr. Johnny Healy-Rae (Kerry County Council) and Cllr. Willie Kavanagh (Wexford County Council).

The February Forum meeting was postponed due to its proximity to the General Election. It was agreed that the meeting would be rescheduled for June 16th and that routine business would be transacted leaving June 23rd free for the 'Healthy Ireland National Implementation Plan 2015 – 2107' presentation and discussion.

Presentations to members have been arranged for upcoming meetings. HIQA will present in May and the Health and Wellbeing Directorate of HSE will present on "Healthy Ireland National Implementation Plan 2015 to 2017" in June. Copies of this plan are available at today's meeting so that members may read it ahead of the presentation.

3. Reports by Chairpersons of:

- (a) South West Committee Meeting held on 21st January 2016
- (b) South East Committee Meeting held on 19th January 2016

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

4. Presentations from the HSE Management on Operational Plan 2016

The following presentations were given –

- (a) Dr. G. O’Callaghan – South/South West Hospitals Group
- (b) Mr. G. Reaney – Cork & Kerry Community Healthcare Organisation
- (c) Ms. Anna Marie Lanigan – Community Healthcare Organisation Area 5 (South East)

Queries raised by Members on the following topics were answered by the respective Manager –

- Tobacco Free Campus Cork University Hospital
- Impact of Demographics on Acute Hospitals
- Additional beds in West Kerry
- Recruitment of Nurses
- University Hospital Waterford Theatre Refurbishment (Dr. O’Callaghan to provide a report for the next meeting – Cllr. D. Daniels).

5. Notices of Motion

(a) Cllr. Henry Cremin moved the following Motion, standing in his name:

“Can the HSE confirm the number of people who attended A & E in all hospitals in early January for treatment of injuries such as fractured limbs/sprains etc due to falling on icy conditions in Cork City?”

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

Cllr. Cremin thanked Dr. O’Callaghan for his response and said that he raised the matter because of the particular problems with weather conditions over two weeks early in 2016. The EDs in our hospitals were overstretched because of a lack of gritting by Local Authorities in public areas and there had been many falls and injuries as a result, particularly of elderly people. Following discussion it was agreed to write to all Local Authorities in the Forum Area, asking for their attention to this problem in the future.

(b) Cllr. Denis Foley moved the following Motion, standing in his name:

“Access to 24/7 crisis support: Mental Health Services are still not providing 24/7 crisis intervention services as is the norm in all areas. People in mental health crisis are still suffering lengthy waits in busy A&E Departments, at times up to 8 hours or more, before receiving any support. Ireland continues to have a high suicide rate, why is this gap in crisis services allowed to persist?”

The emergency numbers are not easily accessible either as one has to go through a lengthy process to finally hear from an answering machine.

That a report be provided on the range of psychiatric services in the HSE South, with particular emphasis on emergency services available for citizens who experience problems at weekends and the type of after care available for those who experience breakdowns”.

A written response from Mr. Ger Reaney and Ms. Anna Marie Lanigan was circulated to members and noted.

Cllr. Foley thanked Mr. Reaney and Ms. Lanigan for their response. He noted that these services are not always accessible and require further investment and enhancement. The high rate of suicide was acknowledged and anything that can be done to help those at risk is a valuable service. Cllr. Lawlor asked for clarification about admissions procedures for Co. Wexford patients who are referred to University Hospital Waterford from Wexford General Hospital. Ms. Lanigan explained the process and detailed the various support services available across the South East including Wexford and Waterford. The availability of the weekend Home Based Treatment Teams was emphasised along with the Caredoc, Crisis Teams and Assertive Outreach Teams.

The Self Harm Intervention Programme and the Liaison Psychiatric Service in EDs at the General Hospitals were also highlighted.

The HSE is working with all Local Authorities in the South East Area to develop suicide awareness programmes.

Cllr. Lawlor noted the details provided and acknowledged the significant progress which has been made in recent years. Cllr. Gardner emphasised the importance of Mental Health education in the schools and that people need to understand their emotions and find a way of changing how they feel. She asked for more investment in research. Cllr. Joe Harris felt that there is repetition in the admissions process and that more empathy needs to be shown to patients who may be in a chronic condition. He asked for a more user friendly process to be applied.

Concluding the discussion Ms. Lanigan undertook to clarify the admissions process for Cllr. Lawlor and to ensure Cllr. Harris’ views are acknowledged. The electronic procedure is on the way to implementation and that will help to eliminate the current difficulties.

In response to Cllr. Gardner, she advised that changes in the HSE Health and Well Being Service are resulting in more emphasis on prevention.

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

“As there is still no fulltime GP Service to cater for the needs of the people of Rathmore, I call on the HSE to again advertise for this position. If this is not possible, can we view the contract which was drawn up for the Doctor who was awarded this position. If the needs of the people of this area are

not catered for in the near future, I will be calling on the HSE to provide a fulltime locum, along with a suitable premises”.

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

Cllr. Culloty asked if the GP was still interested in serving Rathmore despite the difficulties in attracting an assistant or locum. Noting the problems generally with rural appointments he felt that a fulltime GP is required and hopes that the GP will remain in Rathmore.

Cllr. Culloty feels that the HSE needs to re-advertise if the existing GP does not intend to provide a full time service in Rathmore.

In response Mr. Reaney confirmed the HSE’s commitment to a full time service and acknowledged that the GP made every effort to secure an assistant but no candidate could be recruited.

He noted that many GPs now won’t work alone in a practice and that support from an adjacent area might help. Details are awaited about an agreement between the IMO and Department of Health regarding rural practice allowances which might be helpful.

In the meantime, the HSE remains open to all options for filling the post on a fulltime basis and will continue to work with the appointed GP in that respect.

(d) Cllr. John Buttimer moved the following Motion, standing in the name of Deirdre Forde:

“That the HSE explain in writing and in detail

- (i) its plans for the provision for the long term care for Day Services for 15 young adults from ‘An Tuath Nua’ specifically those who are graduating in June 2016 and
- (ii) what improved and suitable provision for Respite Care for those currently in post 18 services who are in urgent need of Respite Care breaks in line with their specific needs for 2016 and beyond
- (iii) to commit and meet with the families to give an update on issues raised by them at their last meeting with officials and public representatives”.

also

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

“The HSE clarify matters in relation to building in COPE which has been vacant for 18 years, particularly in view of the commitment from the parents of An Tuath Nua to work with the HSE and COPE to make a Centre of Excellence in that campus building.

A written response from Mr. Ger Reaney was circulated to members in relation to both the Motion 4(d) and Question 5(b) above and was noted.

- (e) Cllr. Henry Cremin moved the following motion standing in the name of Cllr. Damien Quigg.

“That the Forum, support my motion to have a Rheumatology Nurse appointed as soon as possible to University Hospital Kerry”.

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

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

“That the HSE make the drug known as (Orkambi) immediately available to Cystic Fibrosis Sufferers in Ireland”.

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

In response Cllr. Kennelly advised the members that he wanted to highlight a particular case following a recent presentation in Tralee. The Drug is not yet available in Ireland but it is valuable because it works on the causes of Cystic Fibrosis. He is asking the HSE to do what it can to provide the drug for Irish patients.

In response Mr. Ger O’Callaghan accepted the points made by Cllr. Kennelly. He received the information used in his response from the NPCD (National Primary Care Division).

6. Questions

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

“To ask the HSE, if the people who are cared for in Lantern Lodge in Killarney, move to the proposed premises, will they continue to receive meals, have showering facilities, clothes washing service etc., as is currently provided for them in lantern Lodge?”

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

- (c) Cllr. Henry Cremin put forward the following question standing in the name of Cllr Damian Quigg:

“Is the Dexa Scanner in University Hospital Kerry currently in use and how many people are availing of this service currently?”

A written response from Mr. T.J. O’Connor was circulated to members and noted.

7. Date and time of next meeting

The next meeting will be held on Thursday 19th May 2016, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF MAY 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 19th May 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. John Buttimer	Cllr. Mike Kennelly
Cllr. John Carey	Cllr. George Lawlor
Cllr. Timmy Collins	Cllr. Mary Linehan Foley
Cllr. Henry Cremin	Cllr. Joe Malone
Cllr. John Joe Culloty Chairperson	Cllr. Michael McCarthy
Cllr. Davy Daniels	Cllr. Louise McLoughlin
Cllr. Mary Rose Desmond	Cllr. Jason Murphy
Cllr. Michael Doyle	Cllr. Bobby O'Connell
Cllr. Pat Fitzgerald	Cllr. Aaron O'Sullivan
Cllr. Denis Foley	Cllr. John Pender
Cllr. Deirdre Forde	Cllr. Seanie Power
Cllr. Breda Gardner	Cllr. Damian Quigg
Cllr. Joe Harris	Cllr. William Quinn
Cllr. Johnny Healy-Rae	Cllr. Mary Shields
Cllr. Mary Hanna Hourigan	Cllr. Joe Sullivan
Cllr. Willie Kavanagh	Cllr. Tom Wood

Apologies:

Cllr. Imelda Goldsboro
Cllr. Rachel McCarthy
Cllr. John Sheehan

In Attendance:

Dr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, Community Healthcare Organisation – Area 4
Ms. Anna-Marie Lanigan, Area Manager, Community Healthcare Organisation – Area 5
Mr. Paul Gallen, Area Operations Manager, National Ambulance Service
Members of the HSE South Forum Office staff

Apologies:

Ms. Aileen Colley, Chief Officer, Community Healthcare Organisation - Area 5
Mr. Gerry O'Dwyer, Group CEO, South/South West Hospital Group

1. Adoption of the Minutes of the previous Meeting held on Thursday 24th March 2016

On the proposal of Cllr. M. Kennelly, seconded by Cllr. D. Foley, the Minutes of the Forum meeting held on Thursday, March 24th 2016 were approved and adopted by the members.

2. Chairperson's correspondence

- Members were reminded to switch off mobile phones.
- Ms. Anna Marie Lanigan, Area Manager will represent Ms. Aileen Colley, Chief Officer Area 5, at today's meeting.
- Adoption of Regional Health Forum Annual Report 2015
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. J. Buttimer and seconded by Cllr. T. Collins.

3. Reports by Chairpersons of:

- (a) South East Committee Meeting held on 19th April 2016
- (b) South West Committee Meeting held on 21st April 2016

The two reports were taken as read.

4. Presentation from the Health Information and Quality Authority to the Regional Health Forum

A presentation was given by Ms Susan Cliffe, Deputy Chief Inspector, Social Services, Health Information and Quality Authority (HIQA) to the Regional Health Forum Members.

Queries raised by Members on the following topics were answered by Ms Cliffe:

- The role of HIQA in respect of Mental Health facilities
- Offering 'solutions' following HIQA inspection of premises
- Consequences of failure to earn HIQA registration for a residential facility for older people
- HIQA use of surveys/interviews with residents families and staff
- Use of CCTV by HIQA in the course of their work at facilities being inspected.
- Use of Antibiotics and role in monitoring GP prescriptions

- Frequency of unannounced visits to HSE/Public and Private Health Care facilities and Designated Units
- Limits on HIQA powers of enforcement
- Registration Cycle – major announced inspection, unannounced inspections and triggered inspections

Concluding the discussion, the Chairman, Cllr. JJ Culloty, thanked Ms. Cliffe for her excellent presentation and clarifying the various issues raised by Forum members.

It was agreed that a copy of Ms. Cliffe's presentation would be e-mailed to members from the HSE South Forum Office.

5. Notices of Motion

(a) Cllr. Denis Foley moved the following Motion, standing in his name:

"While understanding the entitlement that every citizen has to their own privacy but given the levels of stress carers must cope with when looking after a mentally ill relative, that the HSE to put in place a more family friendly set of protocols with respect to the provision of information for primary carers of the mentally ill. That the HSE to put in place a set standard operating procedures for medical professionals dealing with patients suffering from a mental illness. These procedures must ensure that the carers (family members) are as fully informed as possible with respect the diagnosis, care plan and prognosis of a patient prior to discharge."

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

Cllr. Foley appreciated the reply but asked for improved levels of communication between the carers and the HSE staff.

In response Ms. Lanigan advised that the HSE acknowledges the significant role that carers play but that privacy and confidentiality must be respected and the consent of the service user is essential and must be safeguarded. Ms. Lanigan confirmed that Mental Health staff are receiving ongoing training and the HSE is mindful of the reciprocal value of effective communications.

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

"I call on this Forum to outline the procedures and framework involved towards achieving the implementation of the new 100 bed facility to replace Saint Patrick's Hospital, Cashel under Public Private Partnership by 2021 and the steps involved in attracting a Private Partner for this major development?"

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

Cllr. Wood thanked Ms. Lanigan for the response and asked for clarification as to whether the development will be a Public Private Partnership or a Direct HSE build. In response, Ms. Lanigan advised that the options are being considered

at present and if it is a PPP Project it will be on a green field site. If it is a Direct build the project will proceed on the hospital grounds.

She said that the project has been included in the Capital Plan and will confirm a date for decision which will be advised to Cllr. Wood.

It was noted that the Local Authority may be in a position to assist, if the decision is taken to proceed to a green field site.

(c) Cllr. Pat Fitzgerald moved the following Motion, standing in his name:

"The Regional Health Forum, South recognises the fact that the National Ambulance Service is understaffed and the understaffing of this emergency service has resulted in lengthy response times for some emergency call outs in the South East Region. This Forum now requests the Health Service Executive to actively consider deploying more ambulance personnel to improve emergency ambulance response times in the South East Region".

A written response from Mr. Paul Gallen, Area Operations Manager, National Ambulance Service was circulated to members and noted.

Cllr. Fitzgerald felt that the resources in place were inadequate to provide an effective service. He quoted some examples from experience in East Waterford and the delays waiting for an ambulance to arrive when an external vehicle is required if the locally based teams are on calls.

He gave examples of staff and vehicles in the Republic of Ireland and Northern Ireland and noted that the comparison is unfavourable to the South.

Cllr. Fitzgerald also highlighted the emigration of trained EMT staff to Australia where working conditions and pay are more attractive.

In response Mr. Gallen accepted that with the limited resources the response targets won't always be met. He advised that many of the Northern Ireland fleet are interim vehicles and the response time within 19 minutes will be closer to 65% than 80% in his area. Mr. Gallen noted that there are many recommendations in the 'National Ambulance Service Capacity Review' covering the need for enhanced IT systems, Human Resources and vehicles. He spoke about new models of care which may lead to colocation with Primary Care facilities and a reduction in the number of patients being brought to ED.

In conclusion Mr. Gallen advised that there are two Ambulance Control Centres operating in the Republic of Ireland based at Tallaght and Ballyshannon respectively.

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

"As counties, Kerry and Cork are known to be high risk areas for contracting Lyme disease, that the HSE South carry out an advertising campaign, highlighting the dangers, and also preventative methods of this very serious disease."

A written response from Dr. Paul McKeown, Specialist in Public Health Medicine,

Health Protection Surveillance Centre was circulated to members and was noted.

The Chairman Cllr. Culloty acknowledged Dr. McKeown's response and noted that Cork and Kerry seemed to be high risk areas. He felt there was a need for greater awareness about the risks and what measures should be taken to avoid infection. Cllr. Culloty asked that the HSE would increase its level of advertising to raise awareness generally and enhance the value of Lyme Awareness week.

In response Mr. Reaney noted Cllr. Culloty's comments and agreed request that Cork and Kerry be highlighted in future awareness campaigns. He also undertook to ensure that awareness of Lyme Disease was considered for inclusion in the Healthy Ireland Implementation Plan.

(e) Cllr. Damian Quigg moved the following motion standing in his name:

"That the HSE provide detail to this Forum as to what savings has been made by the decision to remove stores at UHK, made on the basis of efficiencies and savings. Specifically, can the HSE detail what savings have been made versus how much they now pay in rental for the community store at clash, how much courier charges to the hospital are per annum. Can a breakdown of all other cost efficiencies please be provided?"

A written response from Mr. Tony O'Neill, Logistic Business Lead, HSE South, was circulated to members and noted.

Cllr. Quigg thanked the HSE for the comprehensive report which he felt required further study. The annual savings made provided a significant conclusion.

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

"When will Killarney Mental Health Unit be opened?"

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

In response Cllr. Healy-Rea advised the members he was disappointed the Deer Lodge won't open before Q1 2017 despite being badly needed.

In response Mr. Reaney shared Cllr. Healy's disappointment with the delay in opening the Unit. He explained that it had always been expected that the opening would be into the second half of 2016 but that the top class facility needed to be commissioned and staffed before it could be opened.

The HSE is committed to opening it and will source the necessary resources to enable this.

The staffing plan has been moving slower than anticipated and other HSE facilities which are releasing staff have not been able to clear them all for

transfer so far. The HSE is continuing to work towards an opening date in Q1 2017.

(g) Cllr. Breda Gardner moved the following Motion, standing in her name:

"That the HSE will endeavour to keep St Patricks Hospital in Kilkenny open for the foreseeable future and work with HIQA to create a safe environment for both patients and staff."

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

Cllr. Gardner explained her dislike for the word "decongregated" in the context of the National Strategy and felt it stood for closure despite the great work which is done by staff with limited resources. She spoke of the fears of family members that residents may be under various pressures from neighbours living in community settings. Cllr. Gardner noted that St. Patrick's had been home for many residents over several decades. In response Ms. Anna Marie Lanigan confirmed that the HSE is committed to the highest standard of care for residents on the St. Patrick's Hospital site. She advised that the 'Time to move on from Congregated settings - A Study for community inclusion', (HSE, June 2011) is an evidence based National Strategy. She highlighted the benefits of community activities, enhanced living within individual care plans but emphasised that the changeover is a long term strategy.

There is a dedicated fund available for this process and St. Patrick's may access this fund as progress is made. In conclusion Ms. Lanigan insisted that all changes will be made in consultation with service users and their families in a collaborative way. The ultimate aim is to improve the standards of care and quality of life for the people concerned.

6. Questions

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

"What has been the expenditure to date on the refurbishment, 1st and 2nd phase, of Our Lady's Hospital, Cashel since the transfer of Acute Services to South Tipperary General Hospital in Clonmel?"

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

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

"When will the HSE Meet with Executives of Kerry County Council to discuss options relating to St Finan's Hospital site in Killarney?"

A written response from Mr. Pat McCarthy, Assistant National Director, Estates, HSE South, and Mr. Ger Reaney, Chief Officer, Cork & Kerry Community Healthcare Organisation, was circulated to members and noted.

(c) Cllr. Damian Quigg put forward the following question:

"What are the waiting times for Children's Orthodontic appointments in Tralee, Co Kerry as a girl has been on the list here for the past 6 years!"

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

(d) Cllr. Johnny Healy-Rae put forward the following question:

"When will the beds in Kenmare and Dingle Community Hospitals be opened?"

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

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

"What impact will the €12 million cut to the Mental Health Budget have locally and what can be done to lessen the impact on service users, family and staff of whom are already feeling the burden of an under resourced service."

A written response by Ms. Anna Marie Lanigan was provided based on information supplied by the Mental Health Unit, Department of Health, as this question relates to a National issue. The response was circulated to members and noted.

Cllr. Gardner called for the €12m to be reallocated to the Mental Health Budget and this was unanimously agreed.

7. Date and time of next meeting

The next meeting will be held on Thursday 16th June 2016, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF 16TH JUNE 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 16th June 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty **Chairperson**
Cllr. Davy Daniels
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Mary Hanna Hourigan
Cllr. Willie Kavanagh
Cllr. Mike Kennelly
Cllr. George Lawlor

Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Ray 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. John Sheehan
Cllr. Joe Sullivan
Cllr. Tom Wood

Apologies:

Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Mary Shields

In Attendance:

Dr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, Area 4 Community Health Organisation
Ms. Anna-Marie Lanigan, Area Manager, Area 5, Community Health Organisation
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 19th May 2016

On the proposal of Cllr. Tom Wood, seconded by Cllr. Bobby O'Connell, the Minutes of the Forum meeting held on Thursday, May 19th 2016 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

Ms. Aileen Colley, Chief Officer sends her apologies and Ms. Anna Marie Lanigan, Area Manager will represent her at today's meeting.

3. The dates of the next Committee Meetings of the **Regional Health Forum South were noted:**

- (a) South East Committee Meeting to be held on 11th October 2016.
- (b) South West Committee Meeting to be held on 13th October 2016.

4. Notices of Motion

(a) Cllr. Bobby O'Connell moved the following Motion, standing in his name:

"That the HSE inform the public the importance of having their EIR code available when contacting the Emergency services."

A written response from Mr. Paul Gallen, Area Operations Manager, National Ambulance Service was circulated to members and noted.

Cllr O'Connell thanked Mr. Gallen for the response and said he was satisfied with the information provided. He submitted the motion because of representations made to him by people who have been asked for their EIR Code when requesting an ambulance. He felt that the HSE should help to raise awareness of the importance of people knowing their EIR Codes.

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

"To call on the HSE to increase funding for Disability Services in Kerry, as staffing is at an unacceptable level."

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

Cllr. Culloty acknowledged the detailed response and emphasised the importance of a respite service within the Disability Area.

He asked that provision of a respite house be considered by the HSE which could be run economically by a modest number of staff and would provide a valuable service to the people of Kerry.

Mr. Reaney acknowledged the Chairman's intentions and agreed that the provision of respite services is essential for parents and families. He noted the increasing demand for residential and respite services including residential places on an unplanned or emergency basis.

He assured Cllr. Culloty that the HSE will continue to seek additional funding to address current and anticipated future levels of unmet need as a priority in the HSE Submissions for the 2017 Health Estimates.

(c) Cllr. Dr John Sheehan moved the following Motion, standing in his name:

"That the HSE would develop an Education program to increase the awareness of the general population (especially young people) of the dangers of illicit steroid use in relation to sport and weight training."

A written response from Ms Sandra Coughlan, Interim Manager Health Promotion and Improvement, (South), Health and Wellbeing Division was circulated to members and noted.

Cllr. Sheehan thanked Ms. Coughlan for the extensive response. He emphasised that these steroids have now moved beyond use by sportsmen and women and now represent a significant problem across society with particular dangers to liver and the cardiovascular system along with the related mood swings. There is a need for greater awareness across communities to dispel the notion that there are health benefits to be gained from their use.

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

"That in light of the immediate critical situation facing Saint Patricks Hospital, Cashel due to non compliance with HIQA Environmental Standards this Forum calls on the HSE to provide the HIQA Authority with costed timelines and definite plans for the provision of the 100 Community Nursing Unit Beds in Cashel by 2021 thus safeguarding the continuity of services in the intervening period."

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

Cllr. Wood acknowledged the information provided and advised the members that since the May meeting HIQA had made an unannounced visit to St. Patrick's Hospital, Cashel. He noted that there was much concern in Cashel regarding the HIQA references to the Hospital and its non registered status.

Cllr. Wood asked for clarification about the 100 replacement beds to be provided in South Tipperary, the location, and if the project group had met since May.

In response Ms. Lanigan confirmed that HIQA has been advised the project is in the HSE Capital Plan. The 100 beds will be based in Cashel but the location depends on whether it will be a Public Private Partnership or direct build project. The local project group (Estates area) has met and is working on the plan while there is ongoing consultation with HIQA regarding the 2021 deadline for the provision of the 100 community nursing beds in Cashel.

5. Questions

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

“With an expectation of additional resources been made available in 2016 to improve Therapy Services in South Tipperary, with special emphasis on pupils attending Scoil Aonghusa Special School in Cashel, has any progress been made?”

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

Cllr. Wood was pleased to note that additional therapy services would be available in South Tipperary. He asked about the deployment of the posts to Scoil Aonghusa.

In reply Ms. Lanigan advised that the posts will be assigned to a Children Disability National Team in accordance with the national requirements and not to individual schools. She agreed to refer Cllr. Wood’s request for therapies to be provided at the school during class hours, to the local Disability Team.

(b) Cllr. Bobby O’Connell put forward the following question:

“Will the HSE give an up to date position in relation to the Primary Care centre in Castleisland in relation to the expansion of services there?”

A written response from Mr. Pat McCarthy, Assistant National Director, Estates, HSE South was circulated to members and noted.

Cllr. O’Connell was delighted to note progress made to date, with a late 2018 finish date anticipated.

Mr. G. Reaney undertook to provide Cllr. O’Connell with updates as the project proceeds.

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

"To ask the HSE to request a spokesperson from the Irish Blood Transfusion Service, to come before this Forum, and explain why large amounts of perfectly good blood is being disposed of, from people who have haemochromatosis?"

A verbal response from Ms Mirenda O'Donovan, Communications Manager, IBTS was given to Cllr Culloty informing him that the IBTS will be in attendance at the September 2016 Regional Health Forum meeting.

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

"Can the HSE/PCRS outline what measures are in place to provide Primary Care Medical Card Services for a patient who has been removed from a General Practitioners' List other than assigning the patient to another practice for 6 months?"

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

Cllr. Sheehan acknowledged the reply and noted that violent and abusive patients are being moved to other GPs every six months. He insisted that this is not a sustainable answer and asked if it was considered best practice or if the issue is being considered within the HSE GP Contract Renegotiations.

In reply Mr. Reaney accepted the difficulties which arise for GPs but pointed out that under the current GMS scheme patients are entitled to access a GP and that there isn't an alternative process. Unless new arrangements are agreed to address this situation, the HSE is bound by the terms of the 1970 Health Act.

6. Date and time of next meeting

The next meeting will be held on Thursday 22nd September 2016, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF 23RD JUNE 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 23rd June 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Mary Hanna Hourigan
Cllr. Willie Kavanagh
Cllr. Mike Kennelly
Cllr. Mary Linehan Foley

Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Ray Murphy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. John Pender
Cllr. William Quinn
Cllr. Bob Ryan
Cllr. John Sheehan
Cllr. Mary Shields
Cllr. Joe Sullivan **Chairperson**
Cllr. Tom Wood

Apologies:

Cllr. Michael Doyle
Cllr. Frank Staples

In Attendance:

Ms. Rebecca Loughrey, Specialist in Social Inclusion
Ms. Derval Howley, Regional Co-ordinator for Social Inclusion and Substance Misuse
Ms. Bridie O'Sullivan, Chief Director of Nursing & Midwifery, South/South West Hospitals Group
Ms. Sarah McCormack, National Programme Lead Healthy Ireland, Health and Wellbeing Division
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 16th June 2016

On the proposal of Cllr. Mike Kennelly, seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday, June 16th 2016 were approved and adopted by the members.

2. Chairperson's correspondence

- Members were reminded to switch off mobile phones.
- A Vote of Sympathy was passed with Cllr. Joe Malone on the recent death of his mother, May.
- Cllr. Ray Murphy, who is replacing Ms. Mary Butler (Waterford City and County Council), following her election to the 32nd Dail, was welcomed to his first meeting of the HSE South Forum.

3. Election of Chairperson:

Cllr. Joe Sullivan was proposed by Cllr. Michael McCarthy and seconded by Cllr. Denis Foley. As there were no other nominations Cllr. Sullivan was elected.

The outgoing Chairman Cllr. John Joe Cullotty thanked his Fine Gael colleagues and other members of the Forum for their help over the past year. He said it had been a privilege to hold the position of Chairperson. Cllr. Cullotty also thanked the HSE Managers for their help and support and paid a special tribute to Ms. Annette O'Connell (Forum Office) who did a fantastic job and was a wonderful example of an effective public servant.

Tributes were paid to Cllr. Cullotty by Cllr. Mary Rose Desmond (F.F.), Cllr. Mary Hanna Hannigan (F.G), Cllr. William Quinn (Labour), Cllr. Breda Gardner (Independent), Cllr. R. McCarthy (S.F).

On assuming the Chair Cllr. Sullivan thanked the members for electing him as Chairperson for the year ahead. He complimented and congratulated Cllr. Cullotty for his contribution and looks forward to working with the members and HSE management for the enhancement of our services.

Election of Vice Chairperson:

Cllr. Imelda Goldsboro was proposed by Cllr. John Sheehan and seconded by Cllr. Aaron O'Sullivan.

As there were no other nominations, Cllr. Goldsboro was deemed elected.

4. The next Committee Meetings of the Regional Health Forum South were noted:

- (a) South East Committee Meeting to be held on 11th October 2016
- (b) South West Committee Meeting to be held on 13th October 2016

5. Presentation from Health and Wellbeing Division, HSE on Healthy Ireland in the Health Services – National Implementation Plan 2015 – 2017

Presentation by Ms. Sarah McCormack, National Programme Lead Healthy Ireland, Health & Wellbeing Division, HSE on Healthy Ireland in the Health Services – National Implementation Plan 2015 -2017.

Copies of "Health Ireland in the Health Services – National Implementation Plan 2015 – 2017" and of the presentation "Health and Wellbeing Healthy Ireland in the Health Services" given today, were provided for the members.

Having expressed their thanks for the excellent presentation, queries and comments by Members, on the following topics, were addressed by Ms. McCormack.

- (a) the role which must be played by the Department of Education especially in relation to the disadvantaged socio economic groups.
- (b) the contribution of the Local Authorities and Local Development Committees working with the HSE.
- (c) facing the evolving threats to good health, changing the culture and challenging behaviours.
- (d) the importance of good influences at home and displaying calorie details on meal menus and food on supermarket shelves.
- (e) the merits of HSE linking up with fitness clubs and leisure centres to ensure the eating habits are consistent with fitness regimes.
- (f) the need for further education and mindfulness. The value of yoga and positive therapy were emphasised and it was noted that some companies are now providing 'well being centres' at their work bases.
- (g) the problem of home drinking with new legislation required to control the excess practice. It was also noted that some major supermarkets have moved the sweets and chocolates from the checkout area to reduce temptation. This should be extended further.
- (h) the ongoing problem of people smoking on hospital grounds needs to be pursued vigorously.
- (i) concern was raised about the tendency of grandparents to treat young children with the wrong menu.
- (j) the trend of keeping alcohol in domestic fridges was also highlighted as a negative message for young children and adolescents.

- (k) the initiatives in some schools which teach children about the importance of eating proper lunches and also check the boxes to ensure compliance were lauded.

In response Ms. McCormack thanked the members for the opportunity to address them and for the excellent feedback received.

On behalf of the HSE, Ms. Rebecca Loughrey noted that the Forum members represented the South East and South West Community Areas and the Hospital Groups of Dublin/Mid Leinster and South/South West. She emphasised the HSE's commitment to the Healthy Eating Plan and that the focus is on keeping people well.

Concluding the discussion, the Chairman Cllr. Sullivan thanked Ms. McCormack for her excellent presentation and for responding to the issues raised by Forum members.

6. Date and time of next meeting

The next meeting will be held on Thursday 22nd September 2016, at 2pm in Council Chambers, County Hall, Cork.

MINUTES OF SEPTEMBER 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 22nd September 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Johnny Healy-Rae
Cllr. Willie Kavanagh

Cllr. Mike Kennelly
Cllr. George Lawlor
Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Ray Murphy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Joe Sullivan **Chairperson**
Cllr. Tom Wood

Apologies:

Cllr. Pat Fitzgerald
Cllr. Imelda Goldsboro
Cllr. Mary Hanna Hourigan
Cllr. Michael McCarthy
Cllr. William Quinn

Cllr. Mary Shields
Cllr. John Sheehan

In Attendance:

Mr. Gerry O'Dwyer, Chief Executive Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, Community Healthcare Organisation – Area 4
Ms. Aileen Colley, Area Manager, Community Healthcare Organisation – Area 5
Ms. Trina Doran, Business Manager, South/South West Hospitals Group
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 23rd June 2016

On the proposal of Cllr. Timmy Collins, seconded by Cllr. Mike Kennelly, the Minutes of the Forum meeting held on Thursday, June 23rd 2016 were approved and adopted by the members.

Dr William Murphy, Medical and Scientific Director, IBTS addressed a question that was put forward in the Forum Meeting held June 2016:

- 1.1 "To ask the HSE to request a spokesperson from the Irish Blood Transfusion Service, to come before this Forum, and explain why large amounts of perfectly good blood is being disposed of, from people who have haemochromatosis?"

Cllr John Joe Culloty

Dr. Murphy answered Cllr. Culloty's question as to why the IBTS did not take blood from all people with haemochromatosis, since these people need to have blood taken off as part of the management of haemochromatosis, and the blood is perfectly suitable for transfusions to patients. Dr. Murphy stated that haemochromatosis is very common in Ireland; about 1 in 100 people have inherited the genes for the condition. With early diagnosis and management, haemochromatosis does not cause disease. Management consists primarily of taking about 4 pints of blood per year from people with the condition. If the person with haemochromatosis is eligible as a blood donor on all other grounds, then this blood can be used for transfusion to hospital patients. However the IBTS needs to be sure that the person donating blood has access to free care for their condition, as otherwise they would have a financial incentive to donate, which is well known to compromise safety of blood transfusions. The IBTS is developing a programme to provide access to free phlebotomy for everyone with haemochromatosis in Ireland to enable this to happen. Clinics are in place in Cork and Dublin, but progress in extending the service is slow – while the IBTS can provide phlebotomy services much more cheaply than GPs or hospital services it does incur a marginal cost that needs to be provided for in some way.

Cllr Culloty thanked Dr Murphy for his informative presentation. Mr. G. O'Dwyer CEO, South/South West Hospitals Group thanked Dr. Murphy for his attendance, long service to the IBTS and on behalf of HSE Management and Forum members wished him well in his upcoming retirement.

2. Chairperson's correspondence

- Nothing to report.

3. Committee Meetings:

The next Committee Meetings of the Regional Health Forum South:

- (a) South East Committee Meeting to be held on 11th October 2016.
- (b) South West Committee Meeting to be held on 20th October 2016.

4. Notice of Motions

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

“That this Forum calls on the HSE personnel to finally get to grips with the situation at Our Lady’s Hospital, Cashel, the Le Cairde Unit on the hospital complex and St. Patrick’s Hospital, as all pronouncements to date have failed to materialise and that the Area Manager for Primary, Community and Continuing Care would come to Cashel at the earliest opportunity to address the concerns of staff, patients and families.”

A written response from Ms Aileen Colley, Chief Officer, Area 5 was circulated to members and noted.

Cllr. Wood expressed his disappointment with the response which he felt was vague. He asked for a Senior CHO Area 5 Manager to meet the various parties in Cashel and clarify the plans for Our Lady’s Hospital, Cashel campus.

In response Ms. Colley advised that the St. Patrick’s Hospital issue has been on the agenda for a long time and has to be HIQA compliant by 2021. Part of the commitment is to replace 100 beds and this is progressing with the Estates Department and the Capital Plan is in place. The Le Cairde building has been redeveloped to HIQA standards and will be used for the transfer of St. Claire’s Ward with effect from the end of October and liaison will continue with families regarding the transfer.

Ms. Colley outlined the various HSE personnel using the Our Lady’s Hospital campus and a meeting has been held with HIQA regarding the provision of beds in the Hospital. Further development as a health hub is required and it is intended that CIT teams will be based there in the future.

(b) Cllr. Mike Kennelly moved the following Motion, standing in his name:

“That the HSE with immediate effect, Secure the current position of the Rheumatologist in The University Hospital Kerry.”

Also

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

“To call on the HSE to immediately provide and Advanced Nurse Practitioner to University Hospital Kerry, as the Consultant Rheumatologist cannot cope with the demands made on him at present.”

Also

Q 5(h) Cllr. Damian Quigg put forward the following question:

“What is the current waiting time for patients awaiting rheumatologist appointments at UHK?”

A joint written response from Ms Maria Godley, General Manager, University Hospital Kerry was circulated to members and acknowledged by Cllrs. Kennelly, Culloty and Quigg.

In response to queries from Cllrs. Kennelly, Culloty and Quigg the South/South West Hospitals Group CEO Mr. G. O’Dwyer advised that the Consultant Rheumatologist would be returning to full time duty next week. The SSWHG will provide all possible support within our resources to assist in clearing the waiting list as well as filling the post of CNS, which was declined by the successful applicant, and also submitted a case for waiting lists initiative support

(d) Cllr. Arthur McDonald moved the following Motion, standing in his name:

“That the HSE South ensures that no child is waiting 48 months to be seen by a hearing specialist as it can affect the child's development.”

A written response from Ms Aileen Colley was circulated to members and noted.

Cllr. McDonald outlined the history of a local case and Ms. Colley advised that no child is listed for longer than 68 weeks for Community Audiology services. It was agreed that Cllr. McDonald would provide details to Mr. O’Dwyer to establish if there was an acute service aspect to the child’s case which required consideration.

(e) Cllr. John Buttimer moved the following motion standing in his name:

“That the HSE would publish a full report on the development of a helicopter landing site at CUH and would include all details pertaining to this development including cost, location, capacity, planning, environmental impact assessments and mitigation measures, engagement with stakeholders (including local residents), and timeframe for completion.”

A written response from Mr. Tony McNamara, Chief Executive Officer, Cork University Hospital Group, was circulated to members and noted.

Cllr. Buttimer acknowledged the work of the HSE in trying to resolve this issue over a long period.

In response to his query Mr. O’Dwyer advised that HSE Estates and the hospital Engineers, and planners are in negotiations regarding the site. The agreed site must be safe and sustainable. When these negotiations are complete a planning application will be lodged with the Local Authority. The present

temporary arrangements are Bishopstown GAA and Cork Airport. Members will be kept informed of progress.

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

"The Minister for Health made an announcement in June of forty million for home help, how much of this money is a portioned to County Kerry?"

A written response from Mr. Ger Reaney, Chief Officer, Area 4, was circulated to members and noted.

In response Cllr. Healy-Rea asked how much of the additional money was coming into Kerry and highlighted some case histories which need to be supported.

Mr. Reaney explained that the additional funding was provided to maintain existing levels of service and to provide support to 10 specific hospitals in the country to reduce the number of Delayed Discharges and help to maintain older people at home and in their communities. In total an additional 221 Home Care Packages have been provided in Area 4.

This amounts to an additional budget of €0.9m being provided for Kerry. There is an increasing demand for the Home Help service in Kerry as in other parts of the country. Ongoing reviews of need are essential. The HSE made presentations regarding the requirement for increased levels of Home Care funding in its 2016 and 2017 Estimates submissions.

Cork and Kerry represents 15% of the country's population and receives 20% of the National Home Care Budget. Therefore Mr. Reaney indicated that the Kerry demographics are well covered at present.

The final allocation of the additional funds for Home Care Services in Cork and Kerry will be notified in the near future.

Mr. Reaney indicated that the Kerry demographics are well covered at present.

(g) Cllr. Damian Quigg moved the following Motion, standing in her name:

"That this Forum support my notice of motion to put measures in place where all expectant Women would receive free routine detailed scans in order to rule out any organ deficiencies prior to the birth of their child."

A written response from Dr. Ger O'Callaghan, Chief Operations Officer, South/South West Hospital Group, was circulated to members and noted.

Cllr. Quigg noted that this issue affects 1 in 100 babies and refers to anomaly scans in the case of high risk pregnancies. Mr. O'Dwyer advised that additional ultrasonographers are planned for some of the South/South West Maternity Hospitals. They provide a specialised service and require a lot of training

The Forum agreed to support Cllr. Quigg's request that the Minister for Health Mr. S. Harris TD would be requested to meet the family of a recently reported case.

Mr. O'Dwyer offered to update the members on the service in a few months time and this was agreed.

(h) Cllr. Breda Gardner moved the following Motion, standing in her name:

"What is the HSE policy and the waiting time involved for remedial surgery of a fractured humerus, in cases of original misdiagnosis?"

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

Following a brief discussion it was agreed that Cllr. Gardner would provide details for Mr. O'Dwyer to investigate. The CEO South/South West Hospitals Group confirmed that the HSE supports people in such circumstances and will work with the patient to achieve a resolution.

Question 5(i) was taken with this Notice of Motion.

(i) Cllr. Deirdre Forde moved the following Motion, standing in her name:

"That the Hse give a report on current statistics for the last 3 years for TB (tuberculosis) in the Cork region in particular, and the South Western region as a whole. What responses are being allocated by HSE to combat the disease and should a public awareness programme be initiated also."

A written response from Dr. Anne Sheehan, Specialist in Public Health Medicine, was circulated to members and noted.

Cllr. Forde felt that statistics for 2015 would be helpful. She is of the view that there is an increase in TB in the Cork area and that a major media awareness campaign is required.

Mr. Reaney noted that the figures indicated a decline locally and nationally and there is no knowledge of the increase referred to by Cllr. Forde.

The HSE regularly updates GPs at conferences and CME events while the Department of Public Health undertakes contact tracing of all TB notified cases.

Mr. Reaney undertook to check if there is any evidence of change in the preliminary data for 2014/2015.

6. Questions

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

"Will the 40 bed modular unit, at an estimated weekly cost of 60,000 euro per week, regarded as an interim solution to relieve the trolley situation at South Tipperary General Hospital be in place before the onset of winter as expected by the Consultants who met with Minister Harris earlier this summer?"

A written response from Ms. Maria Barry, General Manager, South Tipperary General Hospital was circulated to members and noted.

Cllr. Wood queried the current status of this project. Mr. O'Dwyer advised that the HSE is currently going through the procurement process at present and keep the Forum updated on progress.

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

"Will the HSE confirm that the people attending Lantern Lodge in Killarney continue to receive the same services of food, showering, laundry etc. when they move to Leawood House?"

Also

(g) Cllr. Johnny Healy-Rae put forward the following question:

"To ask the HSE, will the patients of Lantern Lodge get the same treatment in Leawood House by way of meals and showering facilities?"

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

Cllr. Culloty was satisfied with the assurance that the facilities previously available to those attending Lantern Lodge would be there for them in the new arrangements following relocation. Cllr. Healy Rae voiced concerns about how shower facilities and meals would be provided.

Mr. Reaney confirmed that the focus is on providing an effective therapeutic service to meet the current expectations of service users and the standards of a modern service. In doing so we will continue the wellbeing of service users and they will have access to all necessary services in an alternative setting.

The transfer will only take place when all arrangements are in place to ensure everyone's needs are met.

(c) Cllr. Arthur McDonald put forward the following question:

"When will the location of the new Tir na nOg Respite House be made known to the families of the children who attend this facility as there is no longer a

respite service in Carlow for these children. Also that a commitment for the new school be given from the HSE South that the Holy Angels get their new build as soon as possible.”

A written response from Ms. Aileen Colley was circulated to members and noted.

Cllr. McDonald summarised the current position of Tir na nOg and the Holy Angels School.

Ms. Colley confirmed that the HSE has funding for respite services. The present difficulty is of locating a suitable premises, which meets HIQA standards for the provision of respite service on a temporary basis, while seeking a long term solution.

Regarding the Holy Angels Pre-School a proposal was prepared by the HSE Disability Service with the Estates Department and in consultation with the existing service provider for the development of a new pre school service in Cashel.

A project brief was submitted to the National Capital Steering Committee and while awaiting a response, minor capital funding has been provided to facilitate essential maintenance on the current premises.

(d) Cllr. Henry Cremin put forward the following question:

“I would like to question the situation with patients in nursing homes participating in the Fair Deal Scheme where 80% of their pension is taken for their stay costs. With regards, to the remaining 20%, it is known to be used towards miscellaneous expenditure, i.e. daily newspapers/tuck shop etc. Is there an option for patients to opt out of this payment, as one patient in particular needed a dentist visit, and didn't have any disposable income in order to pay for a taxi transfer? Should they have a confirmed agreement prior to this 20% allocation to other services?”

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

Cllr. Cremin expressed concerns about how some Nursing Homes deal with the 20% due to the resident.

Mr. Reaney advised that the resident will keep the 20% personal allowance designed to allow its use as the person wishes and the resident must have access to those funds.

Residents may raise complaints with the Nursing Home concerned if there are difficulties and can also contact the Ombudsman. The quality of care is monitored by HIQA. The HSE administers the Fair Deal Scheme but is not responsible for the management of the service provided by the Nursing Home. Complaints in respect of finance should be made to the Nursing Home.

(e) Cllr. Bobby O'Connell put forward the following question:

"What is the up-to-date position on the sale of the former Castleisland Health Centre in College Road, Castleisland."

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

(f) Cllr. John Buttimer put forward the following question:

"To ask the HSE if it can undertake a review of alarm systems in the new Acute Mental Health Unit at CUH to ensure that alarms once responded to and verified can be cancelled as quickly as possible. The Unit is adjacent to a residential area noise from alarms has potential to cause a disturbance."

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

7. Date and time of next meeting

The next meeting will be held on Thursday 3rd November 2016, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF NOVEMBER 2016 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 3rd November 2016 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Pat Fitzgerald
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Willie Kavanagh
Cllr. Mike Kennelly
Cllr. Mary Linehan Foley

Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Arthur McDonald
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Ray Murphy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Mary Shields
Cllr. Joe Sullivan **Chairperson**

Apologies:

Cllr. Deirdre Forde
Cllr. Tom Wood

In Attendance:

Dr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, Community Healthcare Organisation – Area 4
Ms. Anna Marie Lanigan, Head of Primary Care, Community Healthcare Organisation – Area 5
Mr Paul Gallen, Area Operations Manager, National Ambulance Service, HSE South
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 22nd September 2016

On the proposal of Cllr. Bobby O'Connell, seconded by Cllr. John Joe Culloty, the Minutes of the Forum meeting held on Thursday, September 22nd 2016 were approved and adopted by the members.

2. Chairperson's correspondence

- Members were requested to turn off their mobile phones.

3. Committee Meetings:

Reports from the October Committee Meetings:

- (a) South East Committee Meeting held on 11th October 2016.
- (b) South West Committee Meeting held on 20th October 2016.

The next Committee Meetings of the Regional Health Forum South:

- (a) South East Committee Meeting to be held on 6th December 2016.
- (b) South West Committee Meeting to be held on 8th December 2016.

4. Notice of Motions

(a) Cllr. Ray Murphy and Cllr Jason Murphy moved the following Motion, standing their names:

"A recent report on Cardiac care in University Hospital Waterford, which was commissioned by the Government, revealed that services may be reduced in the hospital. It also suggested that an existing cardiac facility could be transferred to Cork. I would like to call on the Regional Health Forum board to do all it can to support the request by the people of the South East to have 24/7 cardiac care in University Hospital Waterford. Patients deserve to have treatment in their own region and a second catherisation lab is a must for UHW."

Also

(h) Cllr. Davy Daniels moved the following Motion, standing in his name:

"What does the H.S.E. mean by the 90 minute interval after a heart attack? Why has the Higgins Report which refers to the retention of certain regional services at UHW not been fully implemented in relation to Cardiology Services? Who was responsible for changing the regional status of the South East Region

in relation to cardiac services at UHW? Do you consider "Clot Busting" as a suitable alternative to a Stent when a Stent is required?"

A written joint response from Mr Richard Dooley, General Manager, University Hospital Waterford was circulated to members and noted.

Cllr. Ray Murphy expressed the view that the population exists in the South East to merit a 24/7 Cardiac Care service including a second Catheterisation Laboratory. He was disappointed that the Herity Report did not support these enhancements.

Cllr. Jason Murphy spoke about previous plans to upgrade the University Hospital Waterford cardiac services and expressed regret that the Herity Report appeared to change those intentions. He was critical of the briefing note given to Professor Herity before he began the review and also of the reported change in risk assessment status.

Cllr. Davy Daniels expressed his regret at the present situation and asked if the Minister could meet a deputation of Forum members when he visits University Hospital Waterford on November 14th next.

In response Dr. G. O'Callaghan summarised the key points in the written responses. He highlighted the recommendation to improve cardiology services at University Hospital Waterford including the provision of 2 additional sessions per week for planned Catheterisation Laboratory Activity. The Department of Health will be undertaking a National review of all Primary PCI Services and this will be completed by July 2017. The Herity Report has been accepted by the Minister and is now Government policy.

The Chairman agreed that Minister Harris would be written to requesting that he meet a Forum deputation when he visits University Hospital Waterford on November 14th next.

In response to queries from Cllr. Pat Fitzgerald regarding the closure of 10 beds at University Hospital Waterford this week Dr. O'Callaghan explained that there is a nursing staff shortage and that recruitment is a problem throughout the country. He confirmed that the South/South West Hospitals Group is recruiting nurses all the time but there is a high turnover of staff.

(b) Cllr. Mike Kennelly moved the following Motion, standing in his name:

"That the HSE confirm that they will not be taking any actions to change the services provided at Saint Mary of the Angels Beaufort Co Kerry."

Also

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

"To call on the HSE to support the residents of St. Mary of the Angels in Beaufort, Co. Kerry, so that they may be allowed to live out their lives with dignity, in this wonderful facility which they call home."

Also

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

"That the forum would discuss Saint Mary of the Angels facility in Beaufort and answer why this consultation with families happened in this way and why these people were put on the housing list without the families consent or being informed."

A written joint response from Mr. Ger Reaney, Chief Officer, Area 4, was circulated to members and noted.

Cllr. Kennelly noted that the communication between the St. John of God Order and the families of residents was handled badly and he acknowledged this had been accepted by the HSE and St. John of God Order.

Cllr. Culloty was pleased that the inclusion of residents' names on housing lists with Kerry Co. Co has been addressed. He also welcomed the HSE assurance that any proposed changes will be discussed with all relevant parties. Cllr. Culloty highlighted the high levels of experience and knowledge which the carers have and how valuable this is for the welfare of the residents. He thanked Mr. Reaney for his work to redress the problem and also for the information provided to him.

In response Mr. Reaney accepted the comments from the Councillors and acknowledged that communication was a major problem. He has arranged a meeting next week between the HSE Management Team and the St. John of God Order and also the families of the residents. Mr. Reaney confirmed that the HSE's plan is to improve people's lives and the needs of the residents will be addressed on a phased basis to establish their most appropriate settings for the future.

Mr. Reaney noted that further discussions will be required with the staff and more explanation of the opportunities being offered to residents to enhance their lives will be given. It is intended that existing staff will be encouraged to continue working with the residents in new community settings.

(c) Cllr. Henry Cremin moved the following Motion, standing in his name:

"To ask the HSE South why there is no database for users of Prosthetics, why there seems to be a refusal to sanction the repair of spare limbs, why there is a lengthy and complicated process in obtaining socks and liners and could the location of the Polar Unit be re-examined since its move from SMOH to the Mercy Hospital."

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

Cllr. Cremin noted the improvements for users and asked if he could discuss the matter further with Mr. Reaney after the meeting. This was agreed.

- (e) Cllr. John Buttimer moved the following motion standing in his name:

"That the HSE South would issue detailed costed report on Planned Capital Investment in the South/South West Hospital Group for the coming 5 years 2017 – 2021, with particular reference to hospitals in Cork City and County and that it would outline what investment is for the redevelopment/refurbishment of existing services and which is targeted for the delivery of new services."

A written response from Dr. Ger O'Callaghan, Chief Operations Officer, South/South West Hospital Group, was circulated to members and noted. In reply Cllr. Buttimer was encouraged by the significant capital investment to 2021. He asked if there was any progress to report on the new major hospital for Cork.

Dr. O'Callaghan advised that proposals are still being considered but will have no impact on the planned Capital Projects listed in the reply.

Cllr. Mary Shields requested an update on the Helipad provision at Cork University Hospital.

Further to Mr. J. McNamara's reply to Notice of Motion 4(e) at the HSE South Forum meeting on September 22nd 2016, Dr. O'Callaghan advised that funding is now available for the project and that the expectation is that the Helipad will be in use by the end of 2017.

- (g) Cllr. Arthur McDonald moved the following Motion, standing in his name:

"Calling on the HSE to provide funding to St Luke's Hospital Kilkenny for additional beds and staff to alleviate the problem of people waiting in the corridors on chairs and trolleys at any given time. Can the HSE provide statistics on the number of people on trolleys and chairs at the hospital?"

A written response from Ms Anne Slattery, General Manager, St. Luke's Hospital was circulated to members and noted.

Cllr. McDonald acknowledged the comprehensive reply but noted the ED attendances and medical admissions have been increasing in recent years without corresponding capacity to service a significant population of 155,000 approximately. The various initiatives taken at the hospital to improve the situation were noted. In reply Dr. O'Callaghan advised that a submission has been made for funding to increase the number of beds available but other priorities will also be considered nationally by the HSE/Department of Health.

6. Questions

(a) Cllr. Joe Malone put forward the following question:

"How many suicides have we in Kilkenny City and County of those clients while under treatment and aftercare by Dept of Psychiatry, Kilkenny in 2014, 2015, 2016? Is there a Clinical Director in place? How many beds in St Lukes, DOP? How many Clients suffering with drug addiction waiting for placement and taking up beds resulting in the Suicidal and depressed being turned away?"

A written response from Ms. Aileen Colley, Chief Officer, Area 5 was circulated to members and noted.

Cllr. Malone acknowledged the reply but felt that 44 beds in the Department of Psychiatry Acute Inpatient Unit for Carlow/Kilkenny/South Tipperary was too low.

Ms. Anna Marie Lanigan confirmed that the bed numbers available are above the 38 recommended in "A Vision for Change" and these are fully occupied most of the time. No increase in bed numbers is anticipated in the short term.

(b) Cllr. Henry Cremin put forward the following question:

"Can the Executive give an updated report on the status of the primary health care centre that was proposed for Deanrock in Togher but due to various issues was withdrawn."

Has any other site's being identified for this development in the South West or South Central Constituencies of the City and has it gone out for tenders who may show an interest in developing this."

Also

(e) Cllr. John Buttimer put forward the following question:

"To ask the HSE for an update on the provision of Primary Care Centres in Cork."

A joint written response from Mr Ger Reaney, Chief Officer, CHO Area 4 and Mr. Pat McCarthy Assistant National Director Estates, was circulated to members and acknowledged by Cllrs. Cremin and Buttimer.

Cllr. Cremin was delighted to learn that the Togher Area Project is at Stage 3, while Cllr. Buttimer asked if there are any planning issues.

Mr. Reaney referred to the list provided on Primary Care Centres in Cork and noted the progress made. Most of the premises will be built by private individuals and leased by the HSE. The HSE considers the geography of areas under consideration for development to ensure that all patients will have access to primary care services. The locations advertised are 'indicative' and various options will be considered to ensure maximum accessibility. There are no planning issues affecting progress at present.

(c) Cllr. Arthur McDonald put forward the following question:

"Following the Health and Safety Audit that was carried out on the current building where the Carlow Paramedics and Ambulance Services are located, the building was condemned and it was deemed as not fit for purpose. In light of this I would ask if the HSE could advise if a suitable alternative location will be provided as a matter of urgency as the current location is unfit for purpose."

A written response from Mr Paul Gallen, Area Operations Manager, National Ambulance Service, HSE South was circulated to members and noted.

Cllr. McDonald asked if the St. Dymphna's Hospital premises is being considered as a base for the Carlow Paramedics/Ambulance service.

In response Mr. Gallen advised that all bases in the South are being reviewed and that the ambulance service has identified where new premises, refurbishing or extensions are required. There is no intention of closing the Carlow base and accommodation options, including St. Dymphna's Hospital, are currently under consideration.

There are plans to use additional deployment points (based on activity) around the Southern areas and there have been discussions with staff in recent weeks.

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

"To ask what plans the HSE have for St. Finan's Hospital in Killarney?"

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

Cllr. Culloty thanked Mr. Reaney and Mr. McCarthy for the information provided in the response. He asked when the new community nursing unit will be open.

Mr. Reaney advised that the new unit should be open in 2017.

7. Date and time of next meeting

The next meeting will be held in February 2017 (Date to be confirmed), at 2pm in Council Chambers, County Hall, Cork. The date will be dependent on the 2017 Service Plan/Operational Plan being finalised.

The Chairman asked members to note the foregoing arrangements.