



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2017

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, 2017 succeeding Cllr. Joe Sullivan.

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 2017 which outlines the activities of the Forum to 31st December 2017.

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 2017.

Cllr Bobby O'Connell
Chairperson

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr Joe Sullivan replaced by Cllr Bobby O’Connell in June 2017

Vice-Chairperson: Cllr Imelda Goldsboro was re elected in June 2017

SOUTH EAST COMMITTEE:

Chairperson: Cllr Arthur McDonald was re-elected in October 2017

Vice-Chairperson: Cllr Michael Doyle was re-elected in October 2017

SOUTH WEST COMMITTEE:

Chairperson: Cllr Mary Shields replaced by Cllr Timmy Collins in October 2017

Vice-Chairperson: Cllr John Joe Culloty replaced by Cllr Deirdre Forde in October 2017

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Denis Foley

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 Johnny Healy-Rae replaced by Cllr Brendan Cronin

Cllr Mike Kennelly replaced by Cllr John Francis Flynn

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 Ray Murphy
Cllr Davy Daniels
Cllr Pat Fitzgerald
Cllr Jason Murphy
Cllr Seanie Power

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

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 23rd February 2017
- Thursday 23rd March 2017
- Thursday 4th May 2017
- Thursday 15th June 2017
- Thursday 21st September 2017
- Thursday 16th November 2017

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 Cork Kerry Community Healthcare,
- Chief Officer of the South East Community Healthcare.

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 17th January **Kilkenny**
Thursday 19st January **Tralee, Co, Kerry**

Thursday 11th April **Kilkenny**
Thursday 13th April **Bantry General Hospital, Bantry**

Thursday 10th October **Kilkenny**
Thursday 25th October **Tralee, Co Kerry**

Thursday 5th December **Kilkenny**
Thursday 7th December **Cork**

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr Bobby O'Connell as Chairperson and elected Cllr John Carey as Vice-Chairperson of the Forum at its AGM on 15th June 2017.

The South East Committee meeting held on 10th October 2017 re-elected Cllr Arthur McDonald as Chairperson and re-elected Cllr Michael Doyle as Vice-Chairperson.

The South West Committee at its meeting on 25th October 2017 elected Cllr Timmy Collins as Chairperson and Cllr Deirdre Forde 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 2017, 29 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 2017, Regional Health Forum South Members submitted 28 Questions.

Presentations

The following presentations were delivered to the Forum Members:-

- Presentation on Regional Operational Plans 2017, March 2017 Regional Health Forum Meeting
- Presentation on South Doc Services, December 2017 South West Committee 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 25th October– South West
Thursday 5th December–South East
Thursday 7th December–South West

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
23rd February 2017

NOTICES OF MOTION

Notice of Motion 5(a) on Agenda refers:

"That the HSE to outline its Service Level Agreement with SouthDoc for Youghal & East Cork area.

- Please outline the number of calls made to SouthDoc for Youghal and surrounds in 2014, 2015 and 2016 period.
- Out of these calls how many were asked to Travel from Youghal to Midleton to receive treatment taking into consideration the distance between the two towns?
- What is the criteria for SouthDoc requesting patients to travel to a centre as to attending the house of the patient especially during the middle of the night?
- How many times in this period have the Doctors on duty used the facility in Millennium Court Youghal which was provided for SouthDoc when it was rolled out a number of years ago?

Cllr Mary Linehan Foley

SouthDoc is an out of hours family doctor service for urgent medical needs. The HSE have a Service Level agreement in place with SouthDoc to provide this service in Cork and Kerry.

1. Please outline the number of calls made to SouthDoc for Youghal and surrounds in 2014*, 2015 and 2016 period.

Due to a change in the SouthDoc IT system in 2015, the 2014 data is not readily available at this time.

TOTAL Calls:

2015 - 1,714

2016 - 2,224

2. Out of these calls how many were asked to travel from Youghal to Midleton to receive treatment taking into consideration the distance between the two towns?

Total number of patients seen in Youghal and Midleton. The SouthDoc IT system refers to the area (Midleton Treatment centre (TC)) and does not differentiate between the two locations.

2015 - 1,425

2016 - 1,930

Process:

Doctors are based in Midleton at the commencement of each duty and all calls are sent to the Midleton TC where they are reviewed by the doctors on duty for appropriate appointment location i.e. Midleton, Youghal and Home visit.

Home Visits

2015 289

2016 294

- 3. What is the criteria for SouthDoc requesting patients to travel to a centre as to attending the house of the patient especially during the middle of the night?**

The type and location of the treatment of a patient is based solely on the clinical condition of that patient. Each patient is assessed on his or her clinical needs and this assessment is made by the consulting doctor.

- 4. How many times in this period have the Doctors on duty used the facility in Millennium Court Youghal which was provided for SouthDoc when it was rolled out a number of years ago?**

The SouthDoc Fleet Management System only commenced capturing this information in February 2016.

Time Period	No of times
12/02/16 to 31/12/16	175
01/01/17 to 31/01/17	21

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

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

"That due to the regular overcrowding at South Tipperary General Hospital, Management would advise if Health and Safety regulations are adhered to and how often this matter is monitored."

ClIr Tom Wood

Health and Safety measures are in place in South Tipperary General Hospital in relation to placement of patients in inappropriate care environment. All patients are risk assessed prior to placing in this area and security cameras have been installed in both ED corridors.

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

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

“In light of the Primetime Programme on waiting list I request a full and open discussion on this topic as it is an urgent matter, a lot of people are in severe pain”

Cllr Joe Malone

Following your request to have an open discussion in relation to waiting lists, see below details outlining SSWHG 2016 Full Year Activity figures and details in relation to the SSWHG current waiting lists.

2016 Full Year Activity	
Inpatient Discharges	108,296
Day Case Attendances	194,757
Outpatient Attendances	579,729

SSWHG Current Waiting Lists- 16.02.2017	
Total Waiting	
Inpatient	2,564 (7.6% over 15 months)
Day Case	12,327 (9.3% over 15 months)

	Waiting over 6 months	Waiting over 12 months	Waiting over 18 months
Outpatients	26,886	14,741	11,237

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

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

“In response to my previous Motion, the HSE stated that it was considering land adjacent to St. Finan’s Hospital, as a location for replacing St. Columbanus Home and Killarney District Hospital. I call on the HSE, to also provide a separate facility, to cater for the growing number of people affected with Alzheimers disease, from the greater Killarney area, and beyond.”

Cllr Joe Culloty

The Capital Programme announced in January 2016 provides for the replacement and refurbishment of 90 public nursing homes across the country over the next five years. Under this Programme it is proposed to deliver a new build 120 bed community nursing home in Killarney by 2021. This will replace both St. Columbanus Home, which provides residential care, and Killarney Community Hospital which provides respite, convalescent and palliative care. In both facilities, the physical environment requires significant improvement.

Significant work has been undertaken by the HSE in determining the most appropriate scheduling of projects over the 5 year period from 2016 to 2021, within the phased provision of funding, to achieve compliance and registration with HIQA. All healthcare infrastructure developments, including this development, must comply with DPER guidelines and EU directives and will require a lead-in time to complete the various stages. These stages include appraisal, project brief, design feasibility, detailed design, some of which may overlap, the review of costing estimates and finalisation of financing.

The intention is to deliver the project via a Public Private Partnership (PPP) process. A project team has been established and the first project team meeting took place on the 14th February 2017. The Project team will work with the Design Team to bring the project to stage 2b, this means that the design will be developed and completed and that all statutory processes such as planning, Fire Certificate and Access certification will be awarded. The PPP Operator will then be appointed to conclude upon detailed design and construction.

Currently there are 22 residential care beds in St Columbanus Community Hospital for residents with Dementia. The HSE will continue to meet the needs of this specialist care group in the new HIQA compliance upgrade plan. The new facility will be designed with due consideration for the needs of people with dementia.

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

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

“The “RTE Investigates” programme broadcast on 6 February 2017 suggested that there was a wide discrepancy between the true number of people waiting for treatment and the figures published by the National Treatment Purchase Fund (NTPF). I would like to propose a motion requesting the HSE to (1) explain the reasons behind this apparent discrepancy, (2) provide current NTPF figures for the South East waiting list and (3) provide current figures for the South East waiting list which also include the numbers from the Pre-Admit list and the Pre-Planned list.”

Cllr Breda Gardner

The National Treatment Purchase Fund (NTPF) is responsible for collecting, collating and validating information on persons waiting for public hospital treatment.

The NTPF reporting guidelines were developed in accordance with international best practice, including systems in Canada and Sweden, and exclude patients classified as Pre-admit and Planned Procedure.

Pre-admit, also known as “To Come In” (TCI), are patients that have been given an appointment for their Inpatient, Day Case treatment or Planned Procedure, generally within the next six weeks.

Planned Procedures refer to those patients who following an initial episode of care, for clinical reasons require further action relating to that initial episode. These patients are in-treatment and have been provided with an indicative date or approximate timeframe in the future for when they require further treatment(s) and are recorded in the Planned Procedures category.

The NTPF is currently commissioning a research project examining updated international best practice around publication models and methodologies and will review the outcome in due course.

Waiting List at 31 January 2017

Hospital	ACTIV E	PREADMI T	SUSPENSIO N	Grand Total
Lourdes Orthopaedic Hospital Kilcreene	382	102	23	507
South Tipperary General Hospital St. Luke's General Hospital Kilkenny	592	398	5	995
University Hospital Waterford	1385	216	10	1611
Wexford General Hospital	5963	853	340	7156
	791	317	3	1111
Grand Total	9113	1886	381	11380

Planned Procedures at 31 January 2017

Hospital	Indicative Date - In the future	Indicative Date - In the past	PLANNED WITHOUT DATE	PREADMIT
Lourdes Orthopaedic Hospital Kilcreene			4	
South Tipperary General Hospital	1653	78	8	141
St. Luke's General Hospital Kilkenny	995	376		21
University Hospital Waterford	1140	429	82	78
Wexford General Hospital	1168	202	214	37
Grand Total	4956	1085	308	277

Jim O'Sullivan
Chief Executive
National Treatment Purchase Fund

Questions

Question No 6(a) on Agenda refers:

“What plans, if any, are in place to utilise the former lodges at Our Lady's Hospital and Saint Patricks Hospital, Cashel, and the former HSE residence on Old Road, Cashel? This semi derelict dwelling adjacent to the Primary School is in poor condition as is the lodge at Our Lady's.”

Cllr. Tom Wood

HSE Estates Services have advised that there is no requirement for use of the Gate Lodges at St. Patrick's Hospital and Our Lady's Campus Cashel at present. It is planned to review, on an on-going basis the future use of these premises.

The National Capital Plan funding priority for older person's services is focussed on the replacement/refurbishment of long stay residential care beds which includes St. Patrick's Hospital Cashel.

With regard to the dwelling adjacent to the Primary School, the HSE has agreed to the sale of this building with the Department of Education. It is understood that contracts have been issued for this.

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

Question No 6(b) on Agenda refers:

“When is it expected that Deer Lodge in Killarney will open?”

Cllr Joe Culloty

Deer Lodge, Killarney, Co. Kerry, is a purpose built 40 bed mental health facility, completed in early 2016 at a cost of €13million. Built primarily as a replacement unit for the existing O'Connor Unit in Killarney, this development is a welcome addition to Kerry Mental Health Services and will allow for the improved provision of services and therapeutic intervention in rehabilitative and older persons mental health. In late 2016 confirmation was received of funding to open Deer Lodge, and a project team was established to oversee the detailed implementation planning required to commission and open this facility.

The project team are working hard towards opening the new unit as soon as possible. A robust project management approach has been taken, and subgroups/work streams of the main project team established, each with a documented set of deliverables and a nominated work stream lead. These work streams are as follows:

- Service user allocation and relocation.
- Staffing
- Policy, Procedures and Protocols – Operational Plans
- Commissioning and Maintenance
- I.T. and Telecommunications
- Ancillary Services
- Supplies and Logistics
- Communication and Engagement

The mental health services are actively reviewing the individual care plans of each of the residents and updating these in advance of the move to Deer Lodge to ensure there is a focus on best quality of life of each of the residents. There is representation of both service users and family members/carers on the service user allocation and relocation workstream which will ensure that their unique and valued perspective is central in the planned opening of Deer Lodge.

The project lead is in close communication with the Mental Health Commission (MHC) regarding registration of Deer Lodge and establishing all policies, procedures and protocols in order to be compliant with all regulations of the MHC.

Commissioning of all equipment, systems and services in this new state of the art facility is underway, which will include a comprehensive training schedule for all staff involved.

We are aiming to open Deer Lodge by the end of March dependent on agreement on staffing levels and also on staff recruitment. Management have already met with staff representative associations and a proposal on staffing has been put forward for their consideration. The staff representative associations have undertaken to discuss this proposal with their members and revert to management with their views as soon as possible.

With regards to the recruitment of staff, all necessary steps have been taken by nursing management in engaging with the HSE's National Recruitment Service (NRS) to expedite the recruitment process. At present, the NRS indicate that they have sufficient numbers on the Healthcare Assistant panel for Kerry to meet the requirements of Deer Lodge.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare Organisation

Question No 6(c) on Agenda refers:

“That the HSE issue (1) the names of all pharmaceutical companies that have made contributions to the building of HSE facilities in the South East in the past ten years, (2) the size of those contributions and (3) a categorical denial that any such donor companies have received commercial advantage or favour as a result of their donations.”

Cllr Breda Gardner

South/South West Hospitals Group wishes to confirm that no contribution from any pharmaceutical company was received for the building of HSE facilities in the South East over the past 10 years.

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

Question No 6(d) on Agenda refers:

“How many children are currently waiting for Orthodontic Treatment in Cork? What is average waiting time & what is the average time of treatment from start to finish?”

Cllr. Rachel McCarthy

The Orthodontic Services in the Cork Kerry community Healthcare Organisation Area are currently provided at 3 locations: (i) Orthodontic Unit, St. Finbarr's Hospital Cork, (ii) Cork University Dental School & Hospital and (iii) Moyderwell Dental Clinic, Tralee, Co. Kerry. Dr. David Hegarty is the Consultant Orthodontist based in St. Finbarr's Hospital covering South Lee and West Cork, Professor Declan Millett is the Consultant Orthodontist based at Cork University Dental School and Hospital covering the North Cork area and Dr. Marie Cooke is the Consultant Orthodontist based in St. Finbarr's Hospital and provides clinics there and in Tralee covering North Lee and Kerry.

Patients are called within a 6 month period and, following assessment, they are then placed on the relevant waiting list. Those on the Priority Waiting list, e.g. cleft palate, impacted teeth, etc, are seen within one month to a year. Those on the Functional Waiting List are seen within 18 to 24 months and those on the Routine Fixed Waiting List are normally seen within 3 years

How many Children currently waiting for orthodontic treatment in Cork?

The number of children that are currently waiting for orthodontic treatment in Cork is as follows:

North Lee	468
South Lee/West Cork	675
North Cork	350
TOTAL	1,493

What is the average waiting time?

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. 54% of those waiting are waiting less than a year and a total of 99% are waiting less than 3 years. A small number (13) are waiting in excess of three years. It is difficult to predict a definitive timeline as to when individual children will be called for treatment. Emergency cases will occur and will need priority so any estimation given may not be accurate. A breakdown of the waiting times per area is set out below:

North Lee	1-6 months	114	Actual waiting times
	7-12 months	96	
	13-24 months	105	
	25-36 months	140	
	37-48 months	<u>13</u>	
	Total	468	

South Lee/ West Cork	1-6 months	306	Actual waiting times
	7-12 months	146	
	13-24 months	127	
	25-36 months	96	
	37-48 months	<u>0</u>	
	Total	675	

North Cork	1-6 months	57	Actual waiting times
	7-12 months	91	
	13-24 months	96	
	25-36 months	106	
	37-48 months	<u>0</u>	
	Total	350	

What is the average time of treatment from start to finish?

The average time of treatment from start to finish is 3 years

The National HSE Service Plan has provided additional funding to address the Orthodontic Waiting Lists. A tendering process was organised by the HSE National Oral Health Office and a number of Private Orthodontic Service Providers were selected.

In the Cork Kerry CHO Area validation letters have been sent to 239 eligible patients who have been longest on the Waiting List and most patients having already indicated that they wished to go ahead with treatment under this Initiative.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare Organisation

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
23rd March 2017**

NOTICE OF MOTIONS

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

“Has the proposed new Saint Patrick’s hospital, Waterford gone to tender”

Cllr. David Daniels

The development of a new 100 bed Community Nursing Unit on the grounds of St. Patrick’s Hospital, Waterford has been included in the HSE’s 2016-21 Capital Plan.

The new community nursing unit has been designed to meet modern social care residential standards and will replace the existing older person’s accommodation at St. Patrick’s Hospital and St. Aidan’s ward for dementia patients (currently based on the grounds of the nearby St. Otteran’s Hospital).

Full planning permission has been received for the development of the community nursing unit.

Approval has now been received from National Head of Estates to proceed to tender for the proposed development at St Patrick’s Hospital, Waterford. Tender documents are being finalised and are due to issue on Friday 31st March 2017.

HSE Estates have advised that in addition to the above, construction enabling (site preparation) works have been approved and have commenced on the St. Patrick’s Hospital site. These works include car parking, archeological investigations and some relocation of staff accommodation.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

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

“That this Forum calls on the HSE to make available the most recent annual income figures from the collection of parking charges at hospitals within this region and where possible outline what the income generated by such charges was used for.”

Cllr Tom Wood

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

“That this Forum writes to Management of University Hospital Waterford to ask that efforts are made to ensure free car parking for cancer patients or a designated family member or carer during their treatment.”

Cllr Jason Murphy

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

“Can the H.S.E. give a full report on the request from the Irish Cancer Society in relation to ensuring free car parking for cancer patients or a designated family member or carer during their treatment in hospitals.”

Cllr Henry Cremin

Cork University Hospital

Income from the collection of parking charges for 2016 at CUH was €3.1m (incl VAT)

Income from the car parking charges forms an integral part of the hospital’s budgetary policy and the net proceeds, after payment of VAT @23% ,is invested back into the Hospitals for the provision of services. The income is also used to fund the upgrade and upkeep of the car parks, security cameras and their management systems.

The following outlines the parking charges at CUH:

- The hourly rate at the hospital is €2.70
- The daily rate is €15
- The price of a weekly ticket is €35 which allows 24/7 access for 7 days
- There is a €5 per day concession for chemotherapy and radiotherapy patients
- CUMH patients can purchase a 3 day access ticket for €25
- Children’s Day cases are charged €5
- Dialysis patients have a dedicated reserved car park free of charge

St Luke’s Hospital, Kilkenny

Income from the collection of parking charges at SLK for 2016 was €497,887.26

St. Luke's General Hospital in Carlow/Kilkenny facilitate free car parking for patients in receipt of regular oncology treatments at their oncology unit. There are no other cancer facilities at this site.

South Tipperary General Hospital

Income from the collection of parking charges at STGH for 2016 was €386,370.

This income is allocated to the budget for the provision of services for patient care in South Tipperary General Hospital.

I wish to confirm that STGH provides free parking for all cancer patients.

University Hospital Kerry

Income from the collection of parking charges at UHK for 2016 was € 636,523 (Net of VAT).

This income forms part of the overall Hospital Budget wholly used to cover the services the Hospital provides.

UHK provides free parking to cancer patients or a designated family member or carer during their treatment in UHK.

University Hospital Waterford

The income from the collection of car parking charges at UHW for 2016 was €1,514,650.95.

UHW offers concession parking rates to help to minimize costs for cancer/elderly/vulnerable patients.

Concession passes are available as follows:

- Multi trip – 2 day pass €10
- 5 consecutive day multi trip pass €20
- 15 consecutive day multi trip pass €35

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

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

"I call on the HSE to provide a separate Day Care Facility to cater for the growing number of people affected with Alzheimers disease in the Killarney Area."

Cllr John Joe Culloty

The Killarney nursing sector has 16 days of day centre provision and this facilitates 456 day care places per week in sites at Killarney, Kilgarvan and Rathmore as follows:

- Kilgarvan Rockmount Day Centre
- St. Josephs Day Care Centre Rathmore
- Holy Cross Day Centre Killarney

Rathmore and Kilgarvan cater for mixed dependencies including older persons with Alzheimers. The facility at Kilgarvan is a purpose built facility which can cater for up to 25 places for service users with dementia. It operates on a 6 day per week basis and caters for the entire sector. Transport is organised for service users attending this facility.

Towards the end of 2015 the Cork & Kerry Community Healthcare Organisation commenced a review of Day Care Centres for the elderly. This project aims to map current service provision in Day Care Centres across Cork and Kerry. The centres have evolved over a period of time and the project aims to establish the extent to which they meet current needs.

The objective of the review is to:

- Map the current services provided in day care centres across Cork and Kerry and make recommendations on future provision;
- Identify models which best meets the objective of maintaining as many older people at home as possible within available resources;
- An outline plan for centres to move to model above where necessary;
- To include particular provision for certain groups e.g. people with dementia.

It is expected that the review will be completed in Quarter 3 of this year.

A needs assessment for provision within the Killarney area for specific client groups e.g. Alzheimers will be part of the above review of day care centres. This will be informed by the findings of a joint national survey which was conducted by HSE and The Alzheimers Society of Ireland during December 2016 and January 2017 and whose publication is awaited.

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

QUESTIONS

Question No 5(a) on Agenda refers:

“What is proposed by the HSE for the recently purchased land at Ballinakill Waterford?”

Cllr. David Daniels

The 5 acre site recently purchased adjacent to University Hospital Waterford is considered a prudent and strategic acquisition.

UHW is currently working through a draft Development Control Plan (DCP) that sees the current site utilised to its maximum potential into the foreseeable future. The draft DCP is a control document for all likely future developments that allocates protected areas for future planned services and that will allow UHW to fully deliver on its regional Model 4 role, its future trauma role and its current and future role as South East designated cancer centre. In this regard the available ground on the current campus and close to the hospital will serve for the future anticipated service expansion. The new 5 acre site, being quite close to the hospital, is the only adjacent land that offers UHW other options into the future including capacity for additional carpark space, education and training.

Had this site not been purchased and be available then the future development and expansion of UHW would have been curtailed to the current site which would inevitably have led to service restriction.

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

Question No 5(b) on Agenda refers:

“What measures are proposed to reduce increasing concerns about the lack of available ambulances for the transfer of patients from one acute hospital to another hospital or health care facility, or the transfer of residents in care of the elderly facilities to outpatient appointments?”

Cllr. Tom Wood

The National Ambulance service continues to invest in the Intermediate Care Ambulance service to provide for non-emergency ambulance transport across the NAS South Division.

Working collaboratively with our colleagues in the South / Southwest Hospital group we continue to make improvements to ensure that we optimise the capacity utilisation of the ICV service. The South / Southwest Hospital Group have set up both Emergency Access and Egress groups to tackle such issues as the problem of overcrowding at Emergency Departments and to improve the flow of patients through the Hospitals system. The National Ambulance Service as a partner in those groups, work to ensure that patients who require Ambulance Transport are moved as timely and efficiently as possible.

The National Ambulance Service must give priority to discharging patients from Hospitals to ensure beds are available for those in most need. Stable patients requiring inter-hospital transfer for intervention or treatment are transferred by Intermediate Care Ambulances, while those who are more acutely ill are transferred by Emergency Ambulance in line with well-defined protocols. The NAS is not funded or equipped to provide for clinic appointments from nursing homes and therefore ambulance transport is arranged on the basis of a clinical needs assessment.

The National Ambulance Service has recently been the subject of a complete systems capacity review. The need for some increase in the availability of ICV within the south region has been identified and as a result additional resources have been allocated to the region with the first of those new staff coming on stream in the coming months.

Brendan Crowley
Operations Performance Manager
National Ambulance Service

Question No 5(c) on Agenda refers:

“When exactly is the National Review scheduled to take place and when will the policies arising out of that be implemented? Who exactly is carrying out this National Review? (the name of the person/persons) Is this an Independent National Review or an internal HSE National Review? What are the terms of reference for this National Review and who prepares them (with specific emphasis on the terms of reference regarding the PPCI Services at UHW)? Will all the Cardiologists in the South East region be consulted prior to the completion of this National Review? When does the HSE plan to implement the terms of the Herity Report? Before or after this National Review?”

Cllr Breda Gardner

This review will be carried out by the Department of Health. As yet we have no further details.

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

Question No 5(d) on Agenda refers:

“How many people are currently on the waiting list for cataract surgery in Kerry, and also to provide a detailed breakdown of waiting times?”

Cllr. John Joe Culloty

Cataract Procedures Waiting List (based on NTPF PIR Waiting List Report 28/02/2017)					
Total PUBLIC Patients currently waiting for a Cataract Procedure, WITHOUT A SURGERY DATE, is as follows:					
Wait Time Category	0-6 Months	6 - 12 Months	12 - 18 Months	>18 months	Grand Total
Grand Total	332	205	165	29	731*
Kerry Area of Residence	64	43	25	12	144 (20% of patients on WL)
*In addition, 144 patients are assigned a date for cataract surgery in SIVUH.					

We are currently working on a plan to increase the number of Ophthalmic Physicians in the Group, which should have a major impact on Ophthalmic outpatient services. We are also working on a plan for submission to the NTPF to increase the number of cataract procedures being carried out this year.

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

Question No 5(e) on Agenda refers:

“Can the H.S.E. give an update on the waiting times and the amount of public patients waiting for Cancer Preventative tests particularly the B.R.C.A.1 Gene testing and are all these procedures carried out in Cork or do patients have to travel.”

Cllr Henry Cremin

Cancer Genetic tests are defined either as “diagnostic”, in a person who has cancer, to try and find the genetic basis for their cancer, or “predictive” where a healthy person has a genetic test to see if they are likely to develop the hereditary cancer predisposition already identified in their family.

There are two breast cancer genes for which we test, BRCA1 and BRCA2, so asking just for a BRCA1 test waiting list is inaccurate and will understate the true demand.

Our Lady’s Hospital, Crumlin, run monthly outreach genetics clinic in Cork, where they see cancer genetic patients both predictive and diagnostic, as well as many others.

There is also a cancer genetics service run from St James Hospital, which has a separate waiting list.

Our Lady’s Hospital, Crumlin have currently 220 patients nationally waiting to be seen by a Consultant or Genetic Counsellor for predictive cancer genetic testing, the majority of whom would be for BRCA1 or BRCA2. I understand that there is a similar number waiting to be seen in the St James cancer genetic service. This figure of 220 does not include patients who have been booked for appointments in the next 6 weeks.

Of the 220 waiting to be seen in Our Lady’s Hospital, Crumlin, 56 are waiting to be seen in the monthly Cork cancer genetic clinic.

The current waiting time to be seen for that group of 56 patients is 18 months. The waiting times for the Dublin and Galway cancer genetic predictive clinics are shorter, now about 11 months, and they have offered sooner appointments in Dublin to patients waiting on the Cork cancer predictive clinic list, which some patients have taken up.

The overall waiting list for genetic consultants for Our Lady’s Hospital’s service (but not for genetic counsellors) is now available on the NTPF website, and is updated monthly.

Prof Andrew Green
Consultant in Clinical Genetics, Our Lady's Children's Hospital, Crumlin

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
4th May 2016

NOTICES OF MOTION

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

"How many people in county Kerry are waiting to be provided home help and can the HSE give a breakdown of what it costs to provide home help to a person for half an hour a day for a twelve months period."

Cllr. Brendan Cronin

There is currently no waiting list for the Home Care services (home help hours) in Kerry. All referrals are provided with a Home Care Service following clinical assessment where it is deemed that they require assistance with activities of daily living. In situations of changing need and where clients require additional hours, these clients are prioritised following clinical assessment. There may on occasions be delays in providing additional hours within the available budget resources, however clients are prioritised in line with the clinical assessment process.

The cost of providing a home help for half an hour a day for 12 months is approximately €4,179.25 based on the 2017 average hourly cost for a Home Help in Kerry

Ger Reaney
Chief Officer
Cork and Kerry Community Healthcare Organisation

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

"As the excessive consumption of alcohol in this country is responsible for negative health, economic and social consequences, I call on the HSE to carry out a vigorous education and awareness campaign, highlighting the many dangers associated with alcohol abuse."

Cllr. John Joe Culloty

The HSE launched the website www.askaboutalcohol.ie on 7th March. This website provides the public an expert, impartial and authoritative source of information on alcohol risk from a trusted source of health information, and is part of a range of information resources designed to help everyone to manage their own health better.

The website is supported by a range of resources which will be rolled out and added to during 2017 including a drinks calculator, a self-assessment tool and a comprehensive national treatment service finder.

The website is promoted via a national radio advertising campaign and a digital advertising campaign addressing the issues of alcohol and breast cancer, weight gain, mental health, physical health and family life.

The campaign will also include print resources providing information on how alcohol impacts on men, women, family life and getting older. These are available free of charge via www.healthpromotion.ie

As part of this programme of work the HSE is developing lesson plans for second level senior cycle students to inform them of the particular risk of alcohol to adolescents; young people in Ireland start drinking at around the age of 14 years and as alcohol has particularly negative consequences on the developing adolescent brain and body this work is a priority. Alcohol is cheap, widely available and heavily advertised and promoted in Ireland and it can be difficult for parents to protect their children from exposure to alcohol and early drinking. As part of the www.askaboutalcohol.ie campaign, the HSE is developing a parent's guide to support parents in protecting their children from alcohol harm dealing.

The HSE is partnering with over 40 stakeholders working in all aspects of alcohol harm from prevention to treatment and from young people, to families and communities. The HSE aims to reduce alcohol consumption in order to reduce alcohol harm. The target level of low risk alcohol consumption is 9.1 litres of pure alcohol per capita. In 2016, 11.46 litres of pure alcohol per capita was consumed in Ireland – and increase of 4.8% from 2015 when it was 10.93 litres.¹ This communication campaign is one of a suite of recommendations made by the Steering Group Report on a National Substance Misuse Strategy² (2012) to address the issue of alcohol harm in Ireland.

The creation of an HSE website on alcohol risk is also required to fulfill the requirements around health information labeling contained with the Public Health (Alcohol) Bill³. The full implementation of the Public Health (Alcohol) Bill is a key legislative instrument and designed to reduce the availability of cheap alcohol, regulate alcohol advertising and sponsorship to reduce children's exposure to alcohol advertising and alcohol brand sponsorship of sport.

Suzanne Costello, Project Lead, HSE Alcohol Programme
Marion Rackard, Project Manager, HSE Alcohol Programme

¹ How much do we drink Alcohol Action Ireland www.alcoholireland.ie

² Steering Group report on a National Substance Misuse Strategy www.drugsandalcohol.ie

³ <http://health.gov.ie/blog/publications/public-health-alcohol-bill-2015/>

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

"That the HSE would outline the current provision of Child and Adolescent mental health services in Cork City and County, including the;

- size, composition and location of teams,
- number of children and families accessing these services on an annual basis for 2014, 2015 and 2016,
- reasons for referral,
- waiting lists for these teams (number, and length of time),
- number and location of acute and emergency residential or respite beds available and their use,
- provision of emergency cover in Emergency Departments,
- number and designation of staff required to provide a safe 24 hour service in Cork City and County,
- plan to address any identified deficits or lack of provision."

Cllr. John Buttimer

1.0 Size, Composition and Location of Teams

1.1 CAMHS South Lee Team A - Floor 2, Blackrock Hall

In additional to the general Child and Adolescent population, the Team also provides mental health services to children with an Intellectual Disability in the catchment area, as well West Cork.

The team comprises the following staff:

Staffing	WTE	Comments
Consultant	0.5 x 2	
NCHD	1.2	Actual = 0.2 WTE; 1.0 Reg on Maternity leave
Psychology	0.6	Temporary staff in place - Permanent staff due May 2017
Occupational Therapist	1.0	Actual = 0; on mat leave, cover approved, recruitment in progress through NRS
Social Worker	1.0	Social Work Team Leader
Speech & Language Therapist	1.0	Actual = 0.8 wte (0.2 adult service)
Nurse (CNS)	1.0	Actual = 0.76 wte; remainder is taken as parental leave
Social Care Worker	0	
Admin – Grade 3	1.0	

1.2 CAMHS South Lee 2 (Team B) is based at Floor 2, Blackrock Hall

In additional to the general Child and Adolescent population, the Team also provides mental health services to children with an Intellectual Disability in the catchment area plus North Lee/North Cork & Bishopstown.

The team comprises the following staff:

Staffing	WTE	Comments
Consultant	1.0	
NCHD	1.0	Actual = 0.6; 0.2 working through Team A &

		0.2 work loan to Brothers of Charity Southern Services
Psychology	1.0	
Occupational Therapist	1.0	Actual = 0.6; Staff Grade OT returned from mat leave on 23/01/2017, taking 2 days/week annual leave until 12/05/2017
Social Worker	1.0	
Speech & Language Therapist	1.0	
Nurse (CNS)	1.0	
Social Care Worker	1.0	
Admin – Grade 3	1.3	0.3 wte additional support for waiting list management as this team previously has a consultant vacancy for a long period.

1.3 CAMHS South Lee 3 (Team C) is based at 3, Westbourne Villas, Western Road, Cork

In additional to the general Child and Adolescent population, the Team also provides mental health services to children with an Intellectual Disability in all the catchment areas excluding Bishopstown.

The team comprises the following staff:

Staffing	WTE	Comments
Consultant	1.0	Actual 0.45; 0.75 vacant, - recently approved by CAAC- for advertisement shortly for permanent post. Advertised as a temp/ locum post since Sept 2016 but no suitably qualified applicants. Other consultant with the team (0.25 wte) has temporarily increased hours to 0.45 wte.
NCHD	1	
Psychology	1.0	Post is on career break from January 2016 for 12 months. Senior Psychologist commenced with team on 04/04/2017
Occupational Therapist	1.0	Additional temp 1.0 currently being recruited through NRS given vacancies in medical personal
Social Worker	1.0	
Speech & Language Therapist	0.4	Post holder returns to 1.0 WTE from secondment to the Young Knocknaheeny Project in December 2017.
Nurse: A/CMHN	1.0	Actual = 0.8; Post holder is taking 1 day per week (0.2wte) as parental leave.
Social Care Worker	1.0	
Family Therapist	0.11	4 hours/ week -Temporary appointment 2 nd March 2017-28 th September) to assist the team given current medical vacancies.
Admin – Grade 3	1.0	Actual = 2.0; additional 1.0 wte agency clerical staff provided to support management of waiting list.

1.4 North Lee East CAMHS is based at City General Hospital, Infirmary Road, Cork.

The team comprises of the following staff:

Staffing	WTE	Comments
Consultant Psychiatrist	1.0	
Registrar / SHO	1.6	Actual 0.8 on long term sick leave
Community Mental Health Nurse	1.0	
Occupational Therapist	1.5	Actual 0.5 providing maternity leave cover to North Cork
Speech & Language Therapist	1.3	1.0 on maternity leave
Family Therapist	0.3	
Principal Social Worker	0.8	
Social Worker	1.0	Recently seconded to Jigsaw. Replacement due to start on 8 th May 2017.
Child Care Worker	1.0	
Senior Clinical Psychologist	0.8	
Clinical Psychologist	1.0	
Clerical Officer	2.0	

1.5 North Lee West CAMHS is based at City General Hospital, Infirmary Road, Cork.

The team comprises of the following staff:

Staffing	WTE	Comments
Consultant Psychiatrist	1.0	
Registrar / SHO	2.0	
Community Mental Health Nurse	1.0	
Occupational Therapist	1.8	
Speech & Language Therapist	1.5	1.0 on maternity leave
Principal Social Worker	1.2	
Social Worker	1.0	Maternity leave
Child Care Worker	1.0	Maternity leave
Senior Clinical Psychologist	0.8	Maternity leave
Clinical Psychologist	0.8	
Clerical Officer	2.5	

1.6 North Cork CAMHS is based at 31/32 Fair Street, Mallow.

The team comprises of the following staff:

Staffing	WTE	Comments
Consultant Psychiatrist	1.0	
Registrar / SHO	1.0	Currently on sick leave
Community Mental Health Nurse	1.5	
Occupational Therapist	1.0	On maternity leave, 0.5 being covered by North Lee East OT
Speech & Language	1.0	

Therapist		
Principal Social Worker	1.0	
Social Worker	1.0	
Child Care Worker	1.0	
Senior Clinical Psychologist	0.7	
Clinical Psychologist	1.4	
Dietician	0.5	
Clerical Officer	1.0	

1.7 CAMHS West Cork is based at St Mary's Road, Dunmanway, Co. Cork

The team comprises the following staff:

Staffing	WTE	Comments
Consultant	1.0	
NCHD	0	
Psychology	1.8	
Occupational Therapist	0	Business Case submitted for replacement. Funding dependant
Social Worker	2.0	Additional temp basic grade Social Worker assigned as part of waiting list initiative.
Speech & Language Therapist	1.0	Post vacant; Post holder returns from mat leave on 21/05/17
Nurse (CNS)	1.0	Actual = 0.8; Post holder is taking one day per week as parental leave.
Social Care Worker	0	
Admin – Grade 3	1.0	Actual = 0.8; Post holder, reduced from August 2014 – flexible working.

1.8 Eist Linn in a 20 bedded inpatient Unit located at Bessborough, Mahon, Cork.

The team comprises of the following staff:

Staffing	WTE	Comments
Consultant Psychiatrist	2.0	Currently at 1.4 wte due to National programme commitment and rehabilitation return to work arrangement.
Registrar / SHO	1.0	3.0 required to benchmark against other CAMHS inpatient units.
Director of Nursing	1.0	
CNM3	1.0	
CNM2	4.0	2 Vacancies being filled through NRS
ADON		Post vacant x 1 wte
CNS	3.0	
Psychiatric Staff Nurse	31	5 Vacancies with NRS
Occupational Therapist	0.76	Vacant – backfill in progress
Speech & Language Therapist	0.69	
Principal Social Worker	0.90	Vacant – backfill in progress, recently seconded to Jigsaw

Social Worker	1.0	
Senior Clinical Psychologist	1.80	0.8 on Maternity Leave
Dietician	1.00	
Multi Task Attendant	3.0	
Administration	2.0	

Note: Population under 18.

Team Composition	Team A	Team B	Team C	West Cork	North Lee West	North Lee East	North Lee North	North Cork
Population U18	16,176	10,570	15,617	20,100	16,239	15,362	14,852	13,196

2.0 No of Children and Families accessing these services on an annual basis for 2014, 2015,2016

Team	Case	2014	2015	2016
South Lee Team A	Referrals Rec	167	173	145
South Lee Team B	Referrals rec	82	165	116
South Lee Team C	Referrals rec	170	197	213
North lee East CAMHS Team	Referrals Rec	175	191	173
North lee West CAMHS Team	Referrals Rec	278	240	276
North Cork CAMHS Team	Referrals rec	328	357	366
West Cork CAMHS Team	Referrals Rec	233	223	219
Eist linn	Total referrals *		153	115
	No cork referrals (8 teams)		41	53
	Total Admissions		41	41
	No Cork Admissions		17	29
	Operational beds **		12	12

* (received from 16 teams)

** due to consultant vacancies

3.0 Reasons for Referrals:

Referrals appropriate to the service include children & adolescents with presentations which potentially meet the following criteria:

Hyperkinetic disorders / problems: Includes ADHD and other attentional disorders.
Depressive disorders / problems: Includes depression.
Emotional disorders / problems: Includes anxiety, phobias, somatic complaints, Obsessive Compulsive Disorder, Post Traumatic Stress Disorder.
Mood Disorders/ Pervasive / Specific Development Disorders/ Personality Disorders / organic Mental Disorders / General Learning Disability / Medical Conditions/ Attachment Disorders
Conduct disorders / problems / Hyperkinetic Disorders: Includes oppositional defiant behaviour, aggression, antisocial behaviour, stealing, and fire-setting, school refusal.
Eating disorders / problems: Includes pre-school eating problems, anorexia nervosa, and bulimia nervosa.
Psychotic disorders / problems: Includes schizophrenia, manic depressive disorder, or drug-induced psychosis.
Suicidal Ideation / Deliberate self harm: Includes lacerations, drug/medication, and/or alcohol overdose.
Substance abuse: Refers to drug and alcohol misuse.
Habit problems / problems: Includes tics, sleeping problems, and soiling.
Autistic Spectrum Disorders / problems: Refers to presentation consistent with autistic spectrum disorder.
Developmental disorders / problems: Refers to delay in acquiring certain skills such as speech, and social abilities.
Gender role / Identity disorder / problems: Refers to gender role or identity problems or disorder.

CAMHS services are designed for children and adolescents presenting with moderate to severe mental health disorders (please see list of such disorders above). At times CAMHS also receive inappropriate referrals due to lack of services in other areas including ASD Services and Community Psychology in particular. Referrals are received up to 18 years old.

4.0 Waiting lists for these teams (number and length of time

Team	0-3 mths	3-6 mths	6-9 mths	ths	>1 year	Total
South Lee Team A	28	7	13	8	29	85
South Lee Team B	22	7	8	10	39	86
South lee Team C	61	44	28	13	29	175
North lee East CAMHS	27	7	2	0	0	36
North lee West CAMHS	5	6	3	6	0	20
North lee	64	23	5	1	0	93

North						
North Cork CAMHS	44	28	22	23	7	124
CAMHS West Cork	31	27	11	15	5	89
Eist Linn*						25

*Eist Linn: the current waiting list is 25 (this is not a validated list as not all clients on the list will require admission) current Cork Waiting List: 3

As can be seen from the above table, Waiting Lists vary considerably between teams. Teams which have staffing close to Vision for Change recommended levels have no children waiting greater than 12 months. Unfortunately, at present a number of teams have consultant vacancies, or have just had a consultant appointed after a long vacancy. This has had a significant impact on waiting list numbers in those areas. Cork Mental Health Services Management team are continuing to ensure that a safe and effective service, in the absence of an onsite consultant, is delivered in so far as is possible within professional competency of the remaining team members. In circumstances where Consultant Psychiatric input is required, measures have been put in place to facilitate same. In all teams referrals are waitlisted and seen in order of clinical priority. In teams where no consultant is available, routine referrals are waitlisted as is the standard procedure. Emergency / urgent referrals are being directed to the Emergency Dept. / out of hours on call service if required.

5.0 No and Location of Acute & Emergency Residential or Respite beds available and their use

Eist linn is a 20 bedded Inpatient Unit located at Bessbrough, Mahon, Cork. Is it not currently operating at full capacity due to consultant and NCHD vacancies year to date in 2017. Capacity has ranged between 11 and 17 inpatients depending on medical personnel available and clinical presentation.

CAMHS teams can make a referral to the in-patient unit in Eist Linn and all referrals are screened by the Eist Linn Consultants. Eist Linn provides a Regional service covering the geographical area of Kerry, Cork, South Tipperary, Waterford, Carlow, Kilkenny and Wexford.

CAMHS services do not have respite beds. Children with Intellectual Disability access respite or residential placements via disability services.

Children in crisis present to Emergency Departments, where they are either kept in the Emergency Dept or admitted into the Paediatric Ward/Dept, or else discharged to the care of their family/foster parents. Liberty Street House in Cork city is a service that works with young people who are out of home, or are at risk of being out of home. It accepts referrals from CAMHS but CAMHS do not have an input into accessing beds in Liberty Street House

6.0: Provision of Emergency Cover in Emergency Departments:

Cork Mental Health Services are currently experiencing significant staff shortages in Child and Adolescent Mental Health medical personnel, with both NCHD and Consultant vacancies. Unfortunately, this is having a significant impact on the quality and timeliness of service provision.

In recent weeks, it has been increasingly difficult to maintain an out of hours on call service to the two Cork city Emergency Departments (ED), along with an out of hours service to Eist Linn, the CAMHS inpatient unit. The difficult decision was taken to prioritise out of hours cover to Eist Linn, and to temporarily postpone out of hours on call to the EDs until staffing levels improve.

GPs have been advised that if they have a patient presenting who requires urgent CAMHS review, they should contact their local CAMHS team in the first instance if possible. The team have some limited capacity to see very urgent cases within a short period of time, or to advise GPs on care pathway options, in the hope that this may avoid the need for ED attendance. It is acknowledged that in some instances, ED referral will be the only option available.

Regrettably, CAMHS psychiatric assessment of patients presenting to ED during the day could be delayed as resources will need to be redeployed from community teams to respond. Patients presenting to EDs out of hours will be seen as soon as possible by the local team, it is likely that there will be delays. We regret these delays and we fully acknowledge the difficulties faced by children, adolescents and their families in the absence of a fully staffed CAMHS service.

7.0: Number and designation of staff required to provide a safe 24 hour service in Cork City and County

The focus at present, once NCHD staffing levels improve, is to reinstate a responsive on-call CAMHS service to EDs. In addition, to avoid ED presentation where possible, Teams are endeavouring to provide urgent review slots to EDs. Children and Adolescents in crisis should continue to presents to EDs if clinically warranted where they will be assessed by a Child Psychiatrist as soon as possible. Clinicians are working tirelessly to ensure that the service is as responsive as possible, but we acknowledge that there have been and will be at times unacceptable delays. Intensive work is on-going to resolve recruitment issues and to ensure a return to a more responsive service.

8.0: Plan to address any identified deficits or lack of provision:

Clinicians are working tirelessly to ensure that the service is as responsive as possible, but we again acknowledge that there have been and will be, at times, unacceptable delays.

Intensive work is on-going to resolve recruitment issues and to ensure a return to a more responsive service. As a temporary measure we are exploring all alternative medical staffing resources available, while intensive recruitment efforts continue.

To date, the recruitment efforts have included repeated advertising of positions nationally and internationally and the use of recruitment agencies in the UK and Ireland. These agencies have contacts across Europe and beyond. Despite these ongoing efforts, recruitment is proving extremely difficult as there is a shortage of consultants across Europe. These efforts have also included seeking locum cover. In addition, partnerships with private providers have been explored but these providers are also experiencing recruitment difficulties.

Ger Reaney
Chief Officer
Cork & Kerry Community Healthcare Organisation

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

"That the HSE would consult at an early stage in the process with all stakeholders (patients, staff existing services and wider community etc.) with regard to a proposed New Hospital in Cork City."

Cllr John Sheehan

Question No 5(d) on Agenda refers:

"Can the HSE outline what plans or discussions if any have taken place with regard to a proposed new hospital in Cork City (Glanmire, Docklands, Curraheen etc.) In particular have any discussions taken place with UCC with regard to possible locations in Curraheen? Can the HSE confirm whether they consider St. Mary's Health Campus a suitable site for a new Acute General Hospital?"

Cllr John Sheehan

Discussions are ongoing between the HSE, Voluntary Hospitals and UCC regarding the possibility of building a new hospital in Cork City. Many locations have been considered, including a UCC site in Curraheen. However no decision has been taken as to where a new hospital might be built. A working group recently looked at site options for a new hospital but did not come to any decision regarding the optimal location. The HSE Estates Department compiled a list of site selection criteria which included:

- Scale of the site should be at least 50 acres, preferably up to 100 acres to meet future population needs.
- Location should be within a reasonable distance of CUH.
- Ease of access for patients and staff is critical. Sufficient parking and suitable access options via public transport are required.
- The site should have the potential to be developed on a phased basis.

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

QUESTIONS

Question No 5(a) on Agenda refers:

"Are many people awaiting audiology assessment in Kerry, and what is the waiting time?"

Cllr. Brendan Cronin

The Audiology services in the Cork Kerry Community Healthcare Organisation area administer and monitor hearing tests for children and adults who are at risk of hearing loss, prescribe hearing aids and ear moulds, and provide ongoing monitoring. Appointments for the Audiology Department are sent in a strict chronological order, according to clinical priority and date receipt of the referral. This ensures fairness and equity for the public wishing to avail of this important service. Children with a confirmed permanent hearing loss are provided with immediate follow up within the Audiology services. There are 2 levels of priority for all other referrals: Routine and Urgent. Referrals are prioritised using medical and age criteria.

The Audiology Service in Kerry is delivered to children at University Hospital Kerry, with the adults receiving a service in Primary Care. Currently there are 732 people awaiting assessment, 301 children and 431 adults.

Of the total number waiting 475 are waiting longer than three months, 84 of whom (all children) are waiting over twelve months. There are no adults waiting over 12 months.

One extra Audiologist has commenced in the Audiology Service in Kerry in February of this year to address both waiting lists. The immediate impact of this extra resource is that every child waiting longer than 12 months will be offered an appointment in May 2017.

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

Question No 5(b) on Agenda refers:

"As Deer Lodge was completed almost six months ago, at a cost of €13million, I again ask, when will this state of the art facility be open to the many people who would benefit greatly from the services which will be provided in a modern, tranquil environment? And also, please explain the reason for the delay?"

Cllr. John Joe Culloty

Deer Lodge, Killarney, Co. Kerry, is a purpose built forty bed mental health facility, completed in early 2016 at a cost of €13million. Built primarily as a replacement unit for the existing O'Connor Unit in Killarney, this development is a welcome addition to Kerry Mental Health Services and will allow for the improved provision of services and therapeutic intervention in rehabilitative and older persons mental health. In late 2016 we were delighted to receive confirmation of funding to open Deer Lodge, and a project team was established to oversee the detailed implementation planning required to commission and open this facility.

The project team are working hard towards opening the new unit as soon as possible, and are working to an opening date as soon as possible. A robust project management approach has been taken, and subgroups/work streams of the main project team established, each with a documented set of deliverables and a nominated work stream lead. These work streams are as follows:

- Service user allocation and relocation.
- Staffing
- Policy, Procedures and Protocols – Operational Plans
- Commissioning and Maintenance
- I.T. and Telecommunications
- Ancillary Services
- Supplies and Logistics
- Communication and Engagement

The Mental Health Services team are actively reviewing the individual care plans of each of the residents of the O'Connor Unit and updating these in advance of the move to Deer Lodge to ensure there is a focus on best quality of life of each of the residents. There is representation of both service users and family members/carers on the service user allocation and relocation workstream which will ensure that their unique and valued perspective is central in the planned opening of Deer Lodge.

The project lead is in close communication with the Mental Health Commission (MHC) regarding registration of Deer Lodge and establishing all policies, procedures and protocols in order to be compliant with all regulations of the MHC.

Commissioning of all equipment, systems and services in this new state of the art facility is underway, which will include a comprehensive training schedule for all staff involved.

The key challenges remaining at this point precluding the opening of Deer Lodge is rejection of the staffing proposed for the unit by the PNA.

Once Mental Health Service Management became aware that funding was allocated in service plans 2017 for the opening of the unit they immediately engaged with the Unions and provided the proposed staffing proposal in December 2016. Following this there has been a series of engagements between Unions (SIPTU and PNA) and Management which led to WRC hearing on the 27th March 2017. Following this the WRC proposed an interim proposal which would enable the opening of Deer Lodge "under protest" pending a labour court hearing in relation to the proposed staffing levels. Unfortunately the PNA rejected this interim proposal by the WRC and as a result it has not been possible to open the unit pending the Labour Court Hearing and agreement with regard to staffing. A Labour Court hearing is now arranged for Friday 19th May 2017 to progress this.

HSE Management feel that the proposed staffing levels for Deer Lodge are both safe and reasonable. The opening of Deer Lodge represents a significant improvement in living accommodation for current residents of the O'Connor Unit. In addition it will provide an additional eight beds for Kerry Mental Health Services (the existing O'Connor Unit has thirty-two beds; Deer Lodge will have forty beds). The staffing model proposed for the new unit, allowing for an increase of **8** beds provides for:

- **7.5 WTE** additional nursing posts
- A further **1.0 WTE** nursing promotional post as a Clinical Nurse Manager III for the unit
- **15** additional Health Care Assistants
- **5** additional Support Staff
- In total **65.46 WTE for 40 residents**
- In addition, Clinical Nurse Specialists in Community Mental Health Nursing, Occupational Therapists and Social Workers from the Community Rehabilitation Team will provide a service to Deer Lodge.

The PNA are not in agreement with the planned nursing levels for Deer Lodge. Of note the existing nursing levels in the O'Connor Unit are 27.5 WTE, this number of nurses will increase to 35 WTE in Deer Lodge to accommodate the additional eight beds.

Management continue to make it known to the Unions that they are available to be engaged through the WRC process, to date Unions have not accepted this offer. It is hoped, following the Labour Court hearing on the 19th May 2017, that we will be in a position to open Deer Lodge at the earliest opportunity.

Ger Reaney
Chief Officer
Cork & Kerry Community Healthcare Organisation

Question No 5(c) on Agenda refers:

“To ask the HSE for an update on the provision of a helicopter landing pad at CUH?”

Cllr. John Buttimer

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.

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.

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; e.g.: 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 (i.e.: current staff car park on the North Eastern corner of the campus).

A full design team including a specialist Aviation Consultant has been appointed to design a helicopter landing pad at Cork University Hospital. A preliminary design specific to the hospital setting is in development and has included consultation with the local statutory authorities. This consultation has allowed the design to progress to the point of engagement with the National Licensing Authority, ie The Irish Aviation Authority (IAA). Discussions are currently on going with the IAA.

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

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
15th June 2017**

NOTICES OF MOTION

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

“With funding for a new building to facilitate 100 residents on the site of Saint Patrick’s Hospital, Cashel provided for under the Capital Plan 2016/2021, this Forum calls on Management to outline what progress has been made to date for a development deemed necessary to meet HIQA environmental standards.”

Cllr Tom Wood

HSE Estates have confirmed that planning and development work has commenced on replacement accommodation for Older Persons in South Tipperary at Cashel and Clonmel. This has been included in the proposed bundle of Community Nursing Units to be delivered by Public Private Partnership (PPP).

Progress to date is as follows;

- Specific briefs have been completed.
- Preliminary Site appraisals are currently underway.
- Design Team selection process is underway.
- It is intended that all PPP sites in Community Healthcare Organisation Area (South East) will be brought to planning permission and will be then included in bundle for construction.

This development is provided for under the Capital Plan 2016-2021 for development of Public Residential Care Centres and its construction will result in a new facility meeting all HIQA Environmental Standards.

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

**Aileen Colley, Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5**

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

“The Parents and Families of the many vulnerable adults who receive social care and disability services with the Ballytobin Camphill Community are very dismayed to learn that the responsibility for the services at BT will devolve from Camphill Communities to the HSE in the coming days. It is of paramount importance that those involved in the transition process are cognisant of the fact that the BT Community is the home of these vulnerable Adults and that most of them are unable to advocate on their own behalf. How exactly does the HSE propose ensuring that all of those affected by the transition of social care and disability services will be fully apprised of facts through an ongoing consultation process?. Given the limited ability of these vulnerable adults to understand and cope with change and bearing in mind

that HSE has stated its intention not to continue with the life sharing model of care heretofore provided in BT; how can the HSE justify taking a lead role in imposing and facilitating the proposed changes. Clearly the proposal level and type of service to be delivered by HSE is greatly different and inferior to what has been provided heretofore by BT Community. How can HSE suggest that these proposed changes are in the best interest of the vulnerable adults. why cant the HSE simply take over the running of the BT Centre as it is and retain as much as possible of the current service delivery model utilising the addition of HSE nominated management and supervisory staff to oversee operations and thus satisfy HIQA requirements.?

**Cllr Joe Malone, Cllr. Breda Gardner,
Cllr. Michael McCarthy, Cllr. Mike Doyle**

The welfare of 19 service users (with intellectual disabilities and other kinds of special needs) at the Ballytobin residential care facility in Callan, Co. Kilkenny is a priority for the HSE.

The HSE, on Tuesday 6th June, took over management of ongoing operations at Ballytobin.

The HSE became the provider following a recent decision by Camphill Communities of Ireland to accept, and not to appeal, a Notice of Decision issued to them by the Health Information and Quality Authority (HIQA), as regards cancelling the registration of its premises in Ballytobin.

The HSE is ensuring that the serious concerns noted by HIQA in its Inspection Reports on Ballytobin (carried out in May 2017 and published today) will be fully addressed, with an immediate focus on safeguarding.

Earlier last month, the HSE was made aware of deliberations between HIQA and the Camphill Communities of Ireland Ltd., arising from the authority's inspections of the Camphill centre at Ballytobin. At a subsequent meeting, HIQA issued Camphill with a Notice of Decision to cancel the registration of its premises at Ballytobin. Camphill management accepted the decision of the independent regulator in this regard and waived their right of appeal.

The HSE subsequently prepared an Action Plan and submitted it to the Chief Inspector in HIQA. The Action Plan set out interim measures being taken with the consent of the provider at Ballytobin to improve safeguarding in the centre. The actions included the allocation of an experienced HSE manager to the centre, in addition to that of additional, experienced professional staff in each of the houses on a 24 hour basis and the deployment of two HSE safeguarding officers to be based in the centre. These measures were put in place to mitigate risk.

As of 6th June, 2017, the HSE is managing Ballytobin and advises as follows:

- The residential care centre will be kept open.
- It is the intention of the HSE to ensure that all 19 service users will remain in their home at Ballytobin, if they so wish.
- The HSE will ensure that any concerns raised in the HIQA Inspection Report on Ballytobin are addressed and will liaise accordingly with all relevant parties including the National office of Camphill Communities of Ireland, Tusla and An Garda Síochána.

- The HSE are working closely with the Camphill Communities of Ireland, employees, co-workers, residents and their families, as regards agreeing future planning and actions required at Ballytobin.
- An independent advocacy agency is co-ordinating family forums, to meet with parents and families of the 19 residents at Camphill, Ballytobin. The HSE attend these independently managed forums and will continue to do so. It is intended to convene a weekly forum with parents, to ensure that there is input and collaboration with parents and families at this time.
- The HSE will ensure that residents, their families and those employed and providing support at Ballytobin are kept fully informed as matters progress.

The HSE works closely with the Camphill Communities of Ireland and (through Section 39 of the Health Act 2007) provides funding support to the organisation.

A HSE review is underway, examining Camphill Communities of Ireland (CCI) across all of its locations in the Republic of Ireland. The review has a particular emphasis on improving governance within CCI at regional and national level and ensuring that services are provided, now and into the future, on a safe and sustainable basis in line with HIQA standards.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

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

“I would like to know why funding has been taken from the Brain Injury Support Group as without this funding the group can no longer function without funding. I feel it provides an important outlet for people with such injuries and allows them meet to talk to people who have similar injuries and similar experiences.”

Cllr. Arthur McDonald

The Acquired Brain Injury Ireland (ABII) Day Resource Service provides a client-centred approach, combining a range of cognitive, social, educational creative and rehabilitative activities in a supportive environment.

During 2016, lottery funding was secured by ABII who used this funding to establish a club house model/support group for individuals.

ABII Community Brain Injury Team is a joint HSE / ABII team. This 2016 Lottery funding enabled both the Community Brain Injury Team Leader and Rehabilitative Assistant to increase their hours temporarily for the provision of enhanced service to the Carlow & Kilkenny areas. As a result, a Clubhouse model operates one day per week in Carlow and is attended regularly by 11 clients and 8 additional clients who

receive one to one Rehabilitative Assistant service. The feedback from service users/clients is positive.

It is understood that this funding has now been utilised by ABII with no additional funding stream secured. While HSE resources are substantial they are finite and unfortunately CHO5 currently has no additional funding allocation for the ABII initiative. The HSE will continue to explore all funding streams with ABII, with the aim of ensuring sustainability for this initiative into the future. In addition ABII have been advised by the HSE to make a 2017 submission for Section 39 or Lottery Grant Aid to the HSE.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

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

“That the HSE call on the National Ambulance Service to provide on extra ambulance to help provide a safe and acceptable level of cover to the East Kerry and North Cork area.”

Cllr. John Joe Culloty

The NAS resources operate on a national basis. This dynamic service ensures that the nearest available resource responds to each emergency call. The National Ambulance Service maintains and operates the approved and funded level of Emergency Ambulance Services through our network of bases in the East Kerry and North Cork areas.

Occasionally when additional capacity is available, we may augment those services with additional resources. However at busy times such as peak annual leave periods and in order to meet other staff and service requirements such as accommodating the continuous professional development of our team, then our non-rostered relief team is prioritised to maintain the approved level of ambulance cover as funded by the HSE.

The NAS constantly reviews demands for our services across the South Region. Statistical information generated automatically from our National Emergency Control Centre serves to guide service developments into the future, thereby ensuring that we continue to deliver a quality and safe patient centric service.

Brendan Crowley
Chief Ambulance Officer

QUESTIONS

Question No 5(a) on Agenda refers:

"What plans are underway to maximise the potential of Our Lady's Hospital, Cashel, following on the Minister for Health's visit some months ago when he saw a 'Hospital in pristine condition but seriously under-utilised'."

Cllr. Tom Wood

Acute hospital services for the South Tipperary area were centralized on one site, in South Tipperary General Hospital, Clonmel, which led to the development of the Cashel Health Campus, utilizing Our Lady's Hospital, as a centre for non-acute healthcare services.

Cashel Health Campus was developed over two phases with capital investment. In 2009, Phase one of construction works at the Cashel Health Complex was completed by the HSE (within budget). This first phase focused on new residential facilities and the following were developed:

- St. Claire's Unit, an 11 bed elderly care residential unit replacing the previous St. Clare's Ward of St. Patrick's Hospital, Cashel.
- "Lorica", an 11 bed high support mental health services residential unit
- "Ré Nua", a 6 bed residential unit for those with intellectual disability.
- "Carraig Óir", a day hospital for mental health services.

Phase Two of the works in Cashel concluded in 2011 and also came within budget. Phase two was focused on facilitating day and outreach services and the old main building (the former Our Lady's County Surgical Hospital).

Among day services and outreach facilities now provided are:

- Outreach service provided by the Irish Wheelchair Association
- Services provided by the South Tipperary substance Misuse Team
- Home help co-ordination for the West Tipperary area.
- Support for those with Acquired Brain Injuries.

As a result of phase two, the Cashel Primary Care team are based at the Health Campus and other primary care and other services provided on and from the site include Physiotherapy, Occupational Therapy, Public Health Nursing, Speech and Language Therapy, Dietetic Services, Social Work, a Dietician, Disability services, Home Help co-ordination and Community Mental Health Nursing.

Upgraded space for the Minor Injuries Unit which operates from Monday to Friday (9am to 5pm) was also provided for in phase two.

The catering services at the Cashel Health Campus (which were upgraded in the phase two development) link to services on site and also provide all catering supports to the nearby St. Patrick's Hospital in Cashel.

Phase two of the Cashel Health Complex development has also provided for the Radiology Services of South Tipperary General Hospital, as regards its outreach

Dexa/general x-ray and ultrasound services on site - in addition to an INR Phlebotomy outpatient clinic.

There is also a 24 hour, seven day a week ambulance station located on the campus in Cashel.

Cashel Health Campus continues to develop and expand service provision on site with the recent service additions as follows;

- **South Tipperary Community Intervention Team**
This is a nurse led service, supporting both early discharge from acute hospitals and such hospital admission avoidance. The service also visits patients at their homes in the community as part of its work. There are also administrative supports in place for community health services at the Campus.
- **Relocation of St. Claire's Unit from St. Patrick's Hospital**
St Claire Unit is accommodated in a building constructed during phase one and originally intended for dementia specific care. Following the completion of phase two works, the unit was identified as a suitable location to accommodate the transfer of St. Clare's Ward of St. Patrick's Hospital, Cashel. With the recruitment of staff to facilitate the move, the transfer of elderly care residents was completed at the end 2016.
- **Progressing Disability Services for Children**
"Progressing Disability Services for Children and Young People' is a HSE programme which recommends that children should be able to access services they need as close to their home and school as possible. Work is progressing to provide centralised services (Occupational Therapy, Physiotherapy, Psychology, and Speech & Language Services) in Cashel Health Complex for children less than 18 years. Therapists who have been recruited are currently commencing in post.

The HSE will continue to maximise the ongoing and future use of the Cashel Health Campus and services provided for the population of Cashel and surrounding areas. Discussions are ongoing between community and hospital services in relation to the continued utilisation and development of Cashel Health Campus.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

Question No 5(b) on Agenda refers:

"To ask the HSE to publish a report on the number of staff that are currently employed on the campus of CUH/CUMH either directly or indirectly that report on a daily basis, the number of dedicated car spaces available for staff on campus and the process of allocation of those spaces, other parking options available to staff, the date of completion of the current traffic management plan, the date it was submitted to Cork City Council and what feedback was received?"

Cllr. John Buttimer

Cork University Hospital (CUH) is the largest university teaching hospital in Ireland and the only Level 1 Trauma centre in the country due to the presence of over 40 different medical and surgical specialties on the campus.

CUH is the tertiary referral centre for the HSE Southern area, and the supra regional area of 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 Southern area and a supra-regional centre for a total a population of 1.1 million.

There are currently 3,675 whole time equivalents working in CUH.

CUH provides 1,010 dedicated staff car parking spaces on campus. Of these spaces, 137 are "paid for" spaces with an annual fee applying to each space. With exception of the 137 "paid for" spaces, which are allocated to those who pay the fee, the remaining spaces are allocated on a "first come, first served" basis.

In addition, a park and walk facility for staff is provided at Highfield Rugby Club (220 spaces) and at Bishopstown G.A.A Club (80 spaces).

The current Mobility Management Plan was completed in November 2015 issued to Cork City Council in December 2015. HSE representatives met with Cork City Council Transport Division in February 2016 to review the Mobility Management plan. Cork City Council Transport Division expressed satisfaction with the manner in which the Mobility Management Plan was completed and with its contents. Following this meeting HSE representatives issued a letter to Cork City Council Transportation Division to clarify queries raised.

J A McNamara
Chief Executive Officer
Cork University Hospital Group

Question No 5(c) on Agenda refers:

"I would like to receive an update on the status of the Sacred Heart Ward closure in the Dungarvan Community Hospital, Co Waterford. On April 28th last the HSE ordered the closure of the remaining 19 beds having already closed 7 beds in this ward last January. The HSE has since stated this is a temporary measure mainly due to a shortage of nurses. I would like the HSE to give a clear indication as to when this ward will return its 26 beds for treatment of patients recovering from stroke or major accidents and in need of rehabilitation and physio services."

Cllr. Ray Murphy

Dungarvan Community Hospital (**DCH**) provides long stay residential, respite, palliative care and rehabilitation services for older people. It shares a campus with Dunabbey House (HSE supported care home with 28 beds).

In order to deliver safe quality services to all residents of Dungarvan Community Hospital (DCH) as a temporary measure (until such time as successful recruitment of suitably qualified nursing staff to provide appropriate staffing levels), commencing in May 2017, further interim closures of 16 beds (2 palliative care, 1 respite care, 6 rehabilitation, 2 convalescence and 5 long-stay beds) were actioned through the amalgamation of beds (closure of Sacred Heart Ward and accommodating those residents internally throughout the Hospital). Staff are being re-organised to optimise patient safety in line with HIQA standards.

The HSE is taking ongoing steps to improve the situation including recruitment, mobilising staff from other services to cover absence, utilising agency staff where available, and seeking assistance from partner hospitals.

Posts were approved for filling and submitted for processing and recruitment to the National Recruitment Services in line with national HR policy. Whilst every effort is being made to fill nursing vacancies in DCH, a serious challenge has recently arisen as regards recruiting nurses to the hospital. There has been a number of national recruitment campaigns for nurses. Since October 2016, there has been a national ongoing rolling campaign for nurse recruitment specifically for Elderly Services which includes Dungarvan Community Hospital. Unfortunately, however, the result to date is the HSE's Community Health Organisation Area 5 (South East) has been unsuccessful in filling vacancies at DCH.

Every effort has been made to increase existing nursing hours. This includes the offer of extra hours, overtime and agency. DCH requires 8 nursing whole time equivalents (WTE) to keep the Sacred Heart Ward open. However, despite these efforts, it remains the case that there is limited ability to consistently supply the amount of hours required to cover a roster gap of 8 nursing WTE safely and ensure quality of care to residents/patients. In an effort to fill this gap all agency usage has been maximised.

Since November 2016, local management has had ongoing meetings with the local union representatives on a weekly basis to discuss and provide updates on the nurse staffing and recruitment situation. This also includes seeking possible resolutions to the ongoing staffing shortfall. Overtime and agency continues to be sought and offered. The challenge is the continued shortage of suitably qualified nursing personnel that wish to work within Elderly services and is not a result of any funding constraint. In May 2017 a local recruitment campaign is being arranged with interviews for nursing posts being scheduled at present. These will be undertaken on a rolling basis as applications are received. To date 3 candidates have been interviewed, and the equivalent of 1.5WTE retirees have agreed to consider a return to work. In addition there have been some enquiries but no further applications.

The contingency plans for Dungarvan Community Hospital offer temporary solutions to current shortages. These interim measures will be closely monitored and management is available to residents and their families to discuss any matters of concern to them. In addition the HSE will continue to work closely with staff representatives at DCH.

The HSE will continue to actively seek to source and recruit nurses as a priority which will include seeking interest from local nurses, rehiring as well as plans for overseas recruitment as required. Pending recruitment of staff to fill the current vacancies, the HSE is fully committed to bringing the hospitals back to full, operative capacity.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

Question No 5(d) on Agenda refers:

“To ask the HSE South how many patients are currently being sent to private hospitals in Cork for diagnostics from UHW? What is the actual cost to the HSE of each procedure for each patient in a private hospital as opposed to the cost of that patient being treated at UHW? How long on average is each patient then waiting on a further waiting list for treatment at UHW once their diagnosis has been completed in Cork?”

Cllr Joe Malone, Cllr. Breda Gardner,
Cllr. Michael McCarthy, Cllr. Mike Doyle

This is the information on patients outsourced to Cork University Hospital.

Actual number of diagnostic angiograms performed to date:

Phase 1: Commenced 18th January 2017 a total of **87** patients were taken off waiting list. 15 patients required intervention which were placed back on the waiting list and would have had to wait a further 6 – 8 weeks depending on clinical priority.

Phase 2: Commenced 6th March 2017, a total of **128** patients were taken off waiting list. 23 patients required intervention, which were placed back on the waiting list and would have had to wait a further 6 – 8 weeks depending on clinical priority

Phase 3: Commenced 18th May 2017 to date **15** patients taken off waiting list – total of 124 patient will be removed from UHW waiting by early September 2017.

As per extract dated 25th May 2017 there are currently 583 patients waiting in UHW for cath procedures.

Specialty name	Number of months waiting						
	0 to 3	3 to 6	6 to 9	9 to 12	12 - 24	Over 20	
Cardiology	234	152	75	15	22	8	= waiting
Cardiology	42	16	9	1	9	0	= TCI Dates

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

Question No 5(e) on Agenda refers:

“Why was the HSE Service for Dental Care been closed in Bagenalstown. The dentist was transferred and as far as I am aware there are no plans for a replacement. This means primary school children are not receiving their 4th and 6th class checkups and any child with a dental emergency has to travel to Carlow or Kilkenny. I am aware of other dental services in the Carlow/ Kilkenny are having been closed down completely and am concerned that this vital and valued service in the area will also be closed. I find this is unacceptable.”

Cllr. Arthur Mc Donald

Dental services for children up to 16 years of age and persons of all ages with special needs are provided by the Public Dental Service of the HSE. The HSE prioritises services within the available budget taking account of legislation, policy and key developmental stages for children's teeth. All HSE dental services prioritise emergency care which is provided on a daily basis for children up to 16 years of age. Prioritisation is also given to the screening of children aged from 6 years to 13 years through the dental school service. In the Carlow area children in 2nd and 6th classes are currently targeted by HSE Carlow/Kilkenny Dental Services.

Due to increased service demands there are challenges in the provision of dental services in the Carlow area, which is similar to that being experienced in other areas across the country. In addition significant fire damage at 4 dental surgeries in St. Dymphna's Hospital Carlow also impacted on the provision of dental services and waiting lists. However the refurbishment work is nearing completion.

Currently there are waiting lists for dental screening and treatment in the Carlow area at present. There are staffing deficits due to resignations, maternity and sick leave and in this regard it has been necessary to temporarily re-organise dental service provision within the Carlow area. This temporary measure will be re-instated following the recruitment of required dental surgeon personnel. Approval to fill vacant posts is sought within the context of the Pay Bill Management Framework. There are currently a number of approved posts from the Carlow/Kilkenny area in the process of recruitment.

In the interim, additional support will provided from a Kilkenny based dentist for the provision of dental services in the Carlow area. Arrangements are in place whereby eligible patients from Bagenalstown who present as an emergency can access the emergency dental services in Carlow, Thomastown or Kilkenny.

The HSE will continue to monitor the provision of Dental Services and potential impact on waiting times within Carlow area.

Aileen Colley
Chief Officer, Community Healthcare Organisation
Carlow/Kilkenny/Waterford/Wexford/South Tipperary - Area 5

Question No 5(f) on Agenda refers:

“While welcoming the agreement between all parties regarding working arrangements at Deer Lodge in Killarney, I ask the HSE, has an opening date been set for this long awaited facility?”

Cllr. John Joe Culloty

Deer Lodge, Killarney, Co. Kerry, is a purpose built 40 bed mental health facility, completed in early 2016 at a cost of €13million. Built primarily as a replacement unit for the existing O’Connor Unit in Killarney, this development is a welcome addition to Kerry Mental Health Services and will allow for the improved provision of services and therapeutic intervention in rehabilitative and older persons mental health.

Increased Staffing

An additional €1.15 million has been allocated for staffing to ensure the safe transfer of residents from the O’Connor Unit to Deer Lodge, acknowledging the increase of 8 inpatient beds and also the enhanced footprint of the facility at Deer Lodge. This increased resource allocation will allow for:

- 8.5 additional nursing staff
- 15 additional HCA staff
- 5 additional support staff
- In total there will be 65.46 WTE for the 40 bedded Deer Lodge unit

Nurse Management in Kerry have confirmed that they are confident that this level of staffing will provide a safe service to the residents of Deer Lodge.

The staffing allocation for Deer Lodge represents an overall increase in nursing posts from 27.5 WTE in the existing O’Connor Unit to 35 WTE in Deer Lodge and allows improvement in the overall staffing:patient ratio:

- From 1:4.6 in the O’Connor Unit to 1:3.1 in Deer Lodge by day
- From 1:6.4 in the O’Connor Unit to 1:5 in Deer Lodge by night

The above staffing model has been endorsed by the Labour Relations Court and is in place in another mental health rehab / old age facility in Clonmel.

Staff Qualifications and Expertise

Newly recruited Health Care Assistants (HCA's) will undertake a module in mental health provided by the Nurse Practice Development Co-Ordinator as part of their on-going training and education associated with the role.

All staff members (including registered nurses (RN's), HCA's and Allied Health Professionals (AHP's) will receive opportunities to avail of both mandatory training and training appropriate to the role. These trainings include (mandatory):

- Professional Management Against Violence (PMAV)
- Mental Health Act (MHA)
- Fire Safety
- Basic Life Support (BLS)

Other trainings appropriate to the role, which are offered on a rolling basis, include:

- Recovery principles
- Care of the dying
- Caring for those with dual diagnosis mental health and intellectual disability
- Hand hygiene
- Moving and Handling

Staff are also afforded the opportunity to engage in on-line education programmes via the HSE Land website.

Quality Improvements

Following transition to Deer Lodge we will continue to complete regular Individual Care Plans (ICP's) on all residents. These ICP's are MDT based and carried out a minimum of 6 monthly. There are currently a number of therapeutic services and programmes offered in the O'Connor Unit, which will also be available in Deer Lodge once the transition is complete. In planning the opening of Deer Lodge Management and the Project Team very much focused on connecting residents specialist with rehabilitation and MDT resources available within community based Kerry Mental Health Services and ensuring that therapeutic inputs are provided by these teams.

The aim is to maximise involvement in the recovery process and facilitate a seamless transition to a model of more independent living, which will be enhanced by the Community based rehabilitation team, providing an "in reach" service within Deer Lodge.

Therapeutic services and programmes planned for Deer Lodge include:

- Occupational Therapist – the Rehabilitation Team has access to a full time OT
- Access to Lime Grove Therapeutic & Recovery Centre - This centre is open 7 days per week, and currently 9 clients from the O'Connor Unit engage with Limegrove regularly
- Social Outings
- Daily trips to local shop
- Art therapy
- Bingo
- Music therapy
- Exercise classes

Furthermore, the HSE has engaged with Kerry Education & Training Board (KETB) and a full schedule of Arts -in-Hospital Programmes has been agreed for Deer Lodge. In addition to this, 3 Clinical Nurse Specialist (CNS) positions under the remit of the

Consultant Psychiatrist for Rehabilitation have been recruited. These CNS posts will provide expertise based on the client's needs identified through their person centred care planning process, encompassing the principles of recovery.

A committee has been established under the auspices of advancing recovery in Ireland (ARI) for the purpose of establishing a Recovery College in Kerry. The Recovery College will provide an empowering and transformative recovery based education approach to mental health recovery for the residents of Deer Lodge. These include links to training, education and supportive employment.

Finally, the Kerry Mental Health Services (KMHS) have recently recruited 3 peer support workers, who are experts by experience of Mental Health Services. One of these peer support workers is a member of the Rehabilitation MDT and actively supports residents to meet their goals as identified in their ICP.

Timeline To Opening

A project team was established to oversee the detailed implementation planning required to commission and open this facility. The Mental Health Commission (MHC) have recently conducted a site visit as part of the registration process for Deer Lodge and the project team are currently in the process of finalizing all policies, procedures and protocols in order to be compliant with all regulations of the MHC. These are expected to be formally signed off shortly, prior to the Opening of Deer Lodge.

The Mental Health Services welcomes the recently binding recommendation of the Labour Court in relation to the opening of Deer Lodge which states that "the most efficient way forward is for the staff to move to the new facility with immediate effect under the terms of the WRC proposal of April 18". Following this, the Deer Lodge Project Team met and have now confirmed an opening date of Tuesday 11th July 2017.

Deer Lodge is of huge importance to the local people who need to access mental health services in Kerry. Above all, opening Deer Lodge will be a tremendous move for the people currently living in the outdated and entirely unsuitable O'Connor Unit. The opening of Deer Lodge will result in an increase of 8 inpatient beds, enhancing the footprint of the facility at Deer Lodge.

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

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
21st September 2017**

NOTICE OF MOTIONS

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

“That this Forum support my calls for the incoming Minister for Health to meet with a deputation from this forum and to ask for immediate respite care and services to be given to the families who need it as the current situation is not acceptable.”

Cllr. Damian Quigg

Discussion in Chamber.

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

“With in excess of 3,000 patients on trolleys in South Tipperary General Hospital during the first seven months of 2017 and widespread fears among staff and the general public as to what may lie ahead over the winter months, this Forum be advised as to what, if any measures are planned to deal with what is recognised as a continuing crisis.”

Cllr Tom Wood

South Tipperary General Hospital clinicians & management are working to address the issues relating to significant overcrowding. An additional clinical area with 11 trolleys will be opened in December 2017.

An ADON for patient flow was appointed in April 2017, internal processes and work flows have been reviewed to improve patient flow. South Tipperary General Hospital continues to have daily liaison with the CHO 5 Management in relation to community support required to ensure safe effective discharge of vulnerable patients. South Tipperary General Hospital will utilise any additional packages to be granted under winter initiative 17/18.

Additional consultant posts have been approved and will further enhance the care delivered at the hospital.

An extensive bed capacity review has been undertaken by the South/South West Hospitals Group, this has informed the Minister for Health and he has recently announced funding for a 40 bedded modular build for South Tipperary General Hospital is it envisaged that this will be in operation to meet the demands of Winter 18/19.

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

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

“To call on the HSE to engage with the growing number of people who are afflicted with Alzheimers disease, and their Carers, to discuss options regarding providing a day care Centre in Killarney, to cater for the growing numbers presenting with this condition.”

Cllr John Joe Culloty

The Killarney nursing sector has 16 days of day centre provision and this facilitates 456 day care places per week in sites at Killarney, Kilgarvan and Rathmore as follows:

- Rockmount Day Centre, Kilgarvan
- St. Josephs Day Care Centre, Rathmore
- Holy Cross Day Centre, Killarney

Rathmore and Kilgarvan cater for mixed dependencies including older persons with Alzheimers.

Rockmount Day Centre in Kilgarvan is a purpose built facility which provides dementia friendly services to the people of urban as well as rural Killarney. A bus collects clients from their homes or a pick up point in Killarney town every Monday, Wednesday, Thursday, Friday and Saturday. Clients may also be brought by family in their own cars; the centre has a car and a bus to pick up clients. The Day Centre has an average of twenty clients a day and has no waiting list for clients.

Referrals are accepted from Public Health Nurses, GPs and any members of the Primary Care Team. The centre focuses on working with clients ability, provides meals, activities, Sonan programme and Reminiscence therapy. The Centre has charitable status and is funded by the HSE.

Day care services throughout Kerry and Cork provide essential and valuable supports to older people and their carers, including people with Alzheimers or other forms of dementia. Taken together with Home Help, Home Care services provided directly by the HSE or through the Alzheimer Society of Ireland support families in caring for people with Alzheimers in the community rather than receiving residential care.

A review of Day Care Centres for the elderly in the Cork Kerry Community Healthcare area is ongoing. This project aims to map current service provision in Day Care Centres across Cork and Kerry. The centres have evolved over a period of time and the project aims to establish the extent to which they meet current needs. The objective of the review is to:

- Map the current services provided in day care centres across Cork and Kerry and make recommendations on future provision;
- Identify models which best meets the objective of maintaining as many older people at home as possible within available resources;

- An outline plan for centres to move to model above where necessary;
- To include particular provision for certain groups e.g. people with dementia.

A needs assessment for provision within the Killarney area for specific client groups, e.g. Alzheimers, will be part of the above review of day care centres. An interim report from the working group will be completed by the end of October.

No additional funding has been provided by the Government for the further development of Day Centres. Cork Kerry Community Healthcare has identified a number of priority locations where Day Care Services are required. This list of priority locations will be reviewed upon completion of the above review.

The HSE is also committed to adopting the recommendations of *The Irish National Dementia Strategy (Dept of Health 2014)*. Cork Kerry Community Healthcare has set up a Working Group to explore and address the needs of clients and families of dementia sufferers in the Cork and Kerry Region.

Their key objectives are:

- To work within available resources to support a personalised model of dementia care.
- To develop community awareness through training programmes (already piloted in Kinsale)
- Review Dementia specific care packages, map need and advocate for further funding.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“That the HSE South would report on the different vaccination programmes currently available in Cork and Kerry, the percentage uptake for 2015, 2016 and 2017 to date, the percentage uptake required for community efficacy, the manner of delivery of these programmes and the cost of administration of such programmes.”

Cllr. John Buttmer

Vaccination programmes currently available in Cork and Kerry

HSE School Immunisation Services in Cork Kerry Community Healthcare provide School Immunisation Programmes to Primary and Secondary Schools. The purpose of the School Immunisation service is to provide immunisations as per the National Immunisation Schedule to relevant cohorts at recommended ages and to achieve uptake rates as recommended by national and international standards. The Schools Immunisation Programme is part of a national strategy to protect children from infectious diseases through vaccination.

The Schools Immunisation Programme protects against the following diseases:

- Measles, mumps, rubella with MMR vaccine.
- Tetanus, diphtheria, pertussis, polio with Tdap/IPV vaccine.
- Tetanus, diphtheria, pertussis with Tdap vaccine.
- Human papillomavirus (HPV) with HPV vaccine.
- Meningococcal C infection with MenC vaccine.

The programme aims to vaccinate on an annual basis:

- All four to five year olds with MMR and Tdap/IPV by targeting students in junior infants of primary schools and age equivalent in special schools.
- All 12 to 13 year olds with Tdap by targeting students in first year in second level schools and age equivalent in special schools and home schooled students.
- All 12 to 13 year olds with MenC by targeting students in first year in second level schools and age equivalent in special schools and home schooled students.
- All 12 to 13 year old girls with HPV by targeting girls in first year in second level schools and age equivalent girls in special schools and home schooled students.

The World Health Organization recommends that school age vaccines should be given in schools to provide equity of access and there is scientific evidence that vaccine uptakes are much higher when they are given in schools. School Immunisation programmes in Cork and Kerry are predominantly delivered in schools by HSE school immunisation teams.

The Primary Childhood Immunisation programme is delivered to children from 0 – 2 years of age and vaccinations are provided by the General Practitioner who is then reimbursed by the HSE.

Uptake rates

Provisional uptake rates for Junior Infant vaccines for 2016/17 school year are not yet available as these are still in process of completion in some regions. Uptake rates for secondary school vaccinations are also not available as some vaccines are still in process of deliver.

Uptake rates for Junior Infant vaccines should be available by mid to late October 2017. Accurate uptake rates for secondary school vaccines will not be available until December 2017, this will allow for administration and recording of HPV vaccines provided post second offer of HPV vaccine to parents and guardians.

Uptake rates for Junior Infant MMR and 4 in 1 vaccine and First year HPV/Men C and Tdap vaccines are available on HPSC website for 2014/15 and 2015/16, see appendix 1 below for a summary of these.

The uptake rates for the Primary Childhood Immunisation programme is also available on the HPSC website, see appendix 2 below for a summary of these.

The WHO target uptake rate for Tdap/IPV and MMR2 vaccines delivered to Junior Infants in Primary Schools is 95% Uptake rate.

The WHO target uptake rate for Tdap/Men C vaccines delivered to first year students in Secondary Schools is 95% Uptake rate.

The HIQA target uptake rate for HPV vaccine delivered to first year girls in Secondary Schools was 80% in 2014/15 and 85% in 2016/17.

The Health Protection Surveillance Centre (HPSC) collates data and reports on the uptake of vaccines provided through the childhood vaccination programme. Since 2013, HPSC has been providing annual reports on those vaccines provided to children and teenagers in the booster immunisation programme (provided either by school teams or from GPs in some areas). Comprehensive reports on uptake rates on immunisation rates are available on the HPSC website by at the following web address:

www.hpsc.ie/a-z/vaccinepreventable/vaccination/immunisationuptakestatistics/

Costs

Estimating costs of provision of Immunisation programmes would be quite complex. For Primary Immunisations it would be based on GP Fees, cost of vaccine purchase and delivery, cost of administration process supporting delivery of the service.

Costs relating to School based programmes would need to be based on medical, nursing, administration WTE supports required to deliver the service, plus vaccine purchase and delivery costs.

The National Immunisation Office purchase vaccines for all Immunisation programmes.

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

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

"That this HSE Forum would continue to promote the HSE's HPV Vaccination Programme. For women aged 25 to 39 years of age, cervical cancer is the second highest common cause of cancer. In the 2015/2016 academic year, there was a 16.8% fall in the number of first year secondary school girls being issued the stage two vaccine. In view of the fact that an estimated 300 women get diagnosed with cervical cancer, and 90 women die every year from cervical cancer, this is a major cause of concern."

Cllr. John Sheehan

Each year in Ireland around 300 women will develop cervical cancer and 90 women will die from the illness. HPV vaccine makes many of these deaths preventable. A vast body of scientific research is available which demonstrates that HPV vaccines are safe and they work. In Australia, one of the first countries to introduce HPV vaccine, there has been a 50% drop in rates of pre-cancer of the cervix over the last

ten years. The HPV vaccine will save lives. There will be girls who receive this vaccine who will live longer as a result of receiving it.

Two types of HPV cause 7 out of 10 cervical cancers and we can vaccinate against them.

In the last couple of years unsubstantiated, scientifically incorrect and dangerous comments have been shared suggesting that the HPV vaccine causes harm to girls. These claims are untrue and are not backed by any credible scientific body. Over 200 million doses of Gardasil have been administered around the world and no serious side effect in any country anywhere can be linked to the vaccine.

The vaccine is endorsed by major medical and scientific bodies worldwide including the World Health Organization, EMEA, the CDC. In Ireland the vaccine is supported and recommended by the HSE, the National Immunisation Advisory Committee, the Irish Cancer Society, the Irish College of General Practitioners (ICGP), the Irish Pharmacy Union (IPU) and a wide range of organisations who are part of the HPV Vaccine Alliance.

Unfortunately, but understandably, some parents have become hesitant to get their daughters vaccinated. To address this, the HSE have launched a HPV vaccine promotion Campaign.

The campaign will involve 3 weeks of National and Regional Radio Advertising and Interviews, print media interviews and articles starting Wed 30 August 2017. It will also include Social Media Promotion – Facebook, Youtube, Digital Search Advertising, Google Adwords, Twitter etc.

The HSE consulted with parents who indicated they needed more information and more time to make their decisions. The HSE has reviewed and updated the parent information packs provided to each family, and have extended the time available to parents to make an informed choice about this vaccine.

The messages about HPV vaccine are simple and clear

- The HPV Vaccine is safe
- The HPV Vaccine protects girls from cervical cancer
- The HPV Vaccine saves lives
- The HPV vaccine will protect her future

Parents, students and health professionals are being advised to refer to www.hpv.ie to get the information they need. This WHO approved website provides detailed information on HPV, HPV vaccines, interviews with parent and students, FAQ's, medical research and the Patient Information leaflet. Parents may also wish to discuss the vaccine with their own GP, pharmacist or may contact a HSE Immunisation Team doctor or nurse at local HSE Health Centres. The contact numbers for HSE Immunisation Teams are provided to parents in the Information packs they receive from the school.

The HPV Programme is recommended in secondary schools in Cork and Kerry from 18 Sept 2017.

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

QUESTIONS

Question No 5(a) on Agenda refers:

“That this Forum support my call for the Minister for Health and the HSE to provide a Nurse and a Physiotherapist at St Francis Special needs School in Beaufort Co Kerry.”

Cllr. Damian Quigg

Physiotherapy and other multidisciplinary services are provided to children attending St. Francis Special School through the Kerry Intervention & Disability Services (KIDS) South Kerry team based in Killarney.

KIDS is a partnership between the HSE Kerry, Brothers of Charity, Enable Ireland and St. John of Gods Children Services. KIDS teams are committed to working in partnership with families to support the holistic development of children and young people with complex needs.

Each team provides a range of multidisciplinary services including: psychology, speech & language therapy, occupational therapy, physiotherapy, social work, preschool services and family support services.

Children are no longer discharged from disability services because they have reached 6 years of age which was previously the case and can now continue to receive services if required from the wide range of dedicated staff who work in a range of specialties including intellectual disabilities, autism or physical disabilities. There is a continued commitment to providing training for staff with substantial investment being made in training related to autism and other disabilities as required.

Unfortunately, the Physiotherapist for the KIDS team providing services to St. Francis Special School in Beaufort has been on long term sick leave since 1st November 2016. This has reduced the physiotherapy resource available to the KIDS South Kerry team and to children attending the school.

In the absence of this staff member, physiotherapy to children attending St. Francis Special School has been provided by the Physiotherapy Manager in the South Kerry KIDS Team and by other physiotherapists on the team.

Whilst the long term sick leave is unfortunate the KIDS service has been providing a physiotherapy service to children based on priority needs.

Nursing Supports

It is not the norm for Cork Kerry Community Healthcare to fund dedicated nursing services to special schools. Cork Kerry Community Healthcare contracts services of RGNs and Registered Paediatric Nurses to meet clinical care needs of children with complex medical needs primarily in the child's own home. A small number of special schools have employed paediatric nurses usually where there is at least one child with one or more of the following conditions:

- Intractable epilepsy
- Complex medication routines administered in the school setting
- Complex feeding regimes administered in the school

The specific need within St Francis School for children with complex medical needs was recognised following an assessment of need conducted 18 months ago by the Cork Kerry Community Healthcare's public health nursing service on which the existing resource provision of 32 hours per week nursing has been based.

While an initial assessment carried out by public health nursing indicated that an increase in nursing support was required, upon further examination there have been no changes to the numbers of children with the conditions identified above. Consequently, Cork Kerry Community Healthcare will not be increasing the level of nursing support to St. Francis School at this time.

Cross Departmental Working Group

The Department of Education and Skills has established a Cross Departmental Working Group to develop proposals in relation to the need for nursing supports in schools for children with complex medical needs. This group, in conjunction with the newly appointed National Council for Special Education Working Group, is tasked with developing proposals for a new model for the SNA scheme will:

- consider existing arrangements in special schools and other settings for the provision of nursing supports to support children with complex medical needs;
- consider the role of Nurses and other medical or non medical personnel in supporting children with complex medical needs in Special Schools and other settings;
- identify and develop a proposal for consideration for a model of support to enable equality of access to, participation in and benefit from education for students in Special Schools who have complex medical needs;'

The working group invited submissions through a number of stakeholder groups including representatives of the special school sector, voluntary bodies, parents, clinical providers, nursing bodies, Special Needs Assistants representatives; National Disability Authority etc.

The HSE looks forward to participating in discussions with Department of Education Cross Departmental Working Group on establishing a clear policy, and an effective

and comprehensive approach to meeting the complex nursing needs of children attending special schools in the Cork Kerry region.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question No 5(b) on Agenda refers:

“I ask the HSE to explain, why the people of Rathmore, and surrounding areas, still do not have a full time GP, since the previous GP retired?”

Cllr. John Joe Culloty

As members will be aware, there is a shortage of GPs in Ireland. This is particularly true for remote area and rural areas with standalone practices such as Rathmore. Therefore the HSE faces a considerable challenge when trying to filling existing and upcoming GP vacancies in rural areas.

Following the retirement of the previous post holder GP service Rathmore resumed on a one day per week basis in September 2015 while the HSE and the GP continued to work to secure accommodation. Following completion of remedial works in St Joseph’s Day Care Centre, the GP service in Rathmore was extended to 3 days per week from October 10th 2016.

The HSE continues to work with the GP contracted to provide the service to GMS patients to maintain a substantial service in Rathmore. Currently the GP attends 3 days per week i.e. Monday, Tuesday and Thursday with both an appointment and drop in service available. This service is backed up by a 5 day per week service at Millstreet. Taken together, the available evidence is that this arrangement appears to be meeting the needs of the population.

Cork Kerry Community Healthcare will continue to monitor the situation to ensure that the people of Rathmore have access to a consistent GP service.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question No 5(c) on Agenda refers:

“With no Medical Officer resulting in a serious question over Medical Cover as it stands and a shortfall of 8/9 WTE Health Care Assistants at Saint Patrick's Hospital, Cashel, I question what immediate action will be taken to ensure continuity of safe patient care?

Cllr Tom Wood

On 30th June 2017, the permanent Medical Officer for St. Patrick's Hospital Cashel retired. Although this permanent post was advertised the National Recruitment Service (in line with HR policy), unfortunately no applicant who applied qualified.

Since the Medical Officer's retirement, Medical Officer cover was provided via the use of agency staff. The agency postholder took annual leave recently which resulted in a 2 day shortfall of Medical Officer cover for St. Patrick's Hospital (4th and 5th September 2017). In recognition of the clinical need, the HSE has sourced as an interim measure Medical Officer cover for this leave.

The Consultant Geriatrician (South Tipperary General Hospital) continues to provide a service to St. Patrick's Hospital.

The HSE is continuing to actively source and recruit a permanent Medical Officer. This includes communication with General Practitioners (GPs) in the South Tipperary area, contacting retired GPs and ongoing liaison with the Recruitment Agencies in accordance with the Agency Framework.

The HSE continues to implement measures to manage staffing issues across all disciplines in St. Patrick's Hospital. Any identified gaps in the Multi-Task Attendant roster are currently addressed through agency staffing. At present, CHO5 is recruiting Home Help staff for Elderly Services. Following this, it is planned to extend this recruitment campaign to include other support grades including Multi-Task Attendants across CHO5.

**Ms Aileen Colley, Chief Officer
Community Health Organisation, Area 5**

Question No 5(d) on Agenda refers:

“To ask that the HSE South would give an update on the status of the Sacred Heart Ward closure in the Dungarvan Community Hospital, Co Waterford. On April 28th last the HSE ordered the closure of the remaining 19 beds having already closed 7 beds in this ward last January. The HSE has since stated this is a temporary measure mainly due to a shortage of nurses. At the June Forum meeting the HSE South informed the Forum Members that ongoing steps to improve the situation including recruitment, mobilising staff from other services to cover absence, utilising agency staff where available, and seeking assistance from partner hospitals. I would ask the HSE South to give a clear indication now as to when this ward will return its 26 beds for treatment

of patients recovering from stroke or major accidents and in need of rehabilitation and physio services.”

Cllr. Ray Murphy

Dungarvan Community Hospital (**DCH**) provides long stay residential, respite, palliative care and rehabilitation services for older people. It shares a campus with Dunabbey House (HSE supported care home).

In order to deliver safe quality services to all residents of Dungarvan Community Hospital (DCH) as a temporary measure (until such time as successful recruitment of suitably qualified nursing staff to provide appropriate staffing levels), commencing in May 2017, there were 16 interim bed closures actioned through the amalgamation of beds (closure of Sacred Heart Ward and accommodating those residents internally throughout the Hospital. Even with these interim bed closures rehabilitation services continued to be provided in Dungarvan Community Hospital with 3 designated rehabilitation beds.

The HSE has actively sought to source and recruit nurses as a priority which has included seeking interest from local nurses, rehiring as well as plans for overseas recruitment as required. From 12th September 2017 Dungarvan Community Hospital has reopened beds in the Sacred Heart Ward following the recruitment of additional nursing staff. These beds comprise the following; 5 long stay, 1 convalescent and 6 rehabilitation beds.

The HSE is continuing to work through an international recruitment agency to recruit additional nursing staff. It is planned to reopen further beds in Dungarvan Community Hospital once these extra nursing staff are recruited. This process will be undertaken on a phased incremental basis, having commenced with the reopening of 12 beds in Sacred Heart. As additional registered nursing staff are recruited and commence work, it is planned to re-open 19 beds in total (of which 12 will be designated rehabilitation beds) by the end of November 2017.

Ms Aileen Colley
Chief Officer
Community Health Organisation, Area 5

Question No 5(e) on Agenda refers:

“In relation to the EU Cross Border Health Directive, can the HSE Southern Forum please outline the following;

- What measures are being taken to publicize the HSE’s EU Cross Border Directive in the HSE Southern Region?
- The cost of the EU Cross Border Health Directive in 2016 that the HSE paid out to participants of the scheme from Ireland?

- What plans are the HSE putting into place in view of the upcoming Brexit situation?

Cllr. John Sheehan

“In relation to the EU Cross Border Health Directive, can the HSE Southern Forum please outline the following;

- **What measures are being taken to publicize the HSE’s EU Cross Border Directive in the HSE Southern Region?**

Nationally the HSE have been engaged in a campaign of disseminating information on the provisions of the Cross Border Directive (CBD) to patients, GPs and Consultants. The HSE has written to all consultants and hospitals nationally so that they inform patients in their consulting rooms and or via waiting list letters of their entitlements under the EU directive to access health care in EU/EEA. HSE has also been working extremely closely with the ICGP in relation to informing GPs of the directive this is seen as a key strategy for the following reasons:

- GPs are the first point of contact for patients
- GPs by the nature of their work have ongoing contact with individual patients, therefore while information pertaining to the CBD may not be relevant today it may be relevant to that patient in the future and as such it ensures the information about the CBD is kept alive now and into the future.

The NAGP have also been engaging with the HSE and are actively identify hospitals abroad to assist patients in using the scheme. On an ongoing basis the general manager with responsibility for Cross Border Directive provides information sessions to hospitals and other groups upon request. This has included addressing patient conferences ICGP conference, GP forums and grand rounds in hospital. The promotion of the CBD in this way is ongoing and will remain a key function of the office.

- **The cost of the EU Cross Border Health Directive in 2016 that the HSE paid out to participants of the scheme from Ireland?**

Activity Description	January to December 2016*
No. of forms issued by the NCP (IP/OP/Daycase)	2,515
No. of queries to the NCP	5,571
No. of pro-formas received	1025
No. of applications for Prior authorisation received	324
Total number of units of recorded activity	7435
Total value of reimbursements processed	€2,499,967

- **What plans are the HSE putting into place in view of the upcoming Brexit situation?**

The HSE is reviewing on an ongoing basis CBD activity, the majority of patients using CBD are accessing the health care in the UK and in particular Northern Ireland. THE

HSE in conjunction with the Department of Health and in according to government policy will be seeking to protect the rights of Irish patients.

Ms Catherine Donohoe
General Manager,
Commercial Unit, Acute Hospital Services
HSE

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
16th November 2017**

NOTICES OF MOTION

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

“To ask for an update on the provision of a much needed dedicated stroke unit at University Hospital Kerry”

Cllr. Brendan Cronin

As already stated to the members at our recent October South West Committee meeting a new 4-bedded Stroke Unit will open in UHK in Dec 2017. This unit will enable the acute management of all patients presenting with stroke to be co-ordinated in one area, overseen by a dedicated stroke team.

The Unit will follow national policies, procedures and guidelines and aims to improve patient outcomes for those affected by stroke.

**Fearghal Grimes
General Manager
University Hospital Kerry**

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

“With a warning in place of a possible serious flu epidemic over the coming months and a recognised shortage of beds at South Tipperary General Hospital, this Forum calls on the HSE to utilise the available bed capacity available at both our Lady’s Hospital complex and Saint Patrick’s Hospital in Cashel should demand arise.”

Cllr Tom Wood

Whilst there is an acknowledged bed capacity issue in South Tipperary General Hospital, the hospital have opened a facility Surgical 2 with an additional 11 trolley spaces. This is a ward and affords patient's dignity and all of the care services provided for within a ward environment.

South Tipperary General Hospital will continue to work with Community Healthcare Organisation 5 in relation to the full utilisation of any beds provided by the community nursing units.

St Patrick’s Hospital in Cashel provides long stay and rehabilitation beds and takes referrals from South Tipperary General Hospital.

CHO5 in conjunction with the South/South West Hospital Group has developed a Winter Plan to support discharges from South Tipperary General Hospital. As part of the Winter Plan, funding to support an additional three home care packages per week has been approved.

The beds in St Patricks Hospital Cashel are used to facilitate and support discharges from South Tipperary General. This includes St Clare's Ward on the Cashel Health Campus (an eleven bed ward) which is fully occupied and which supports discharges from South Tipperary General Hospital.

Maria Barry
General Manager
South Tipperary General Hospital

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

"That we write to Minister of Health Simon Harris to 're introduce Boards of Management to each hospital in the South East to ensure the best decisions are made at local level with cross representation from patients, doctors, nurses, community representatives, HSE, and public representatives."

Cllr Breda Gardner

Since the establishment of the HSE in June 2005, the governance structures for all health services in Ireland have been determined by the legislation related to this new unitary healthcare service structure.

As a result, the structure of the South Eastern Health Board was dissolved. There was no provision for a non-executive board in the health services governance structures at that time. However, the new organisational structure included the establishment of a Regional Health Forum for each of the four new HSE areas. These were to provide each region with a forum for public representatives and health service managers to communicate and collaborate. The Regional Health Forum for the HSE South was established, under the remit of the Regional Development Officer at the time.

The approval and adoption by government of the Higgins Report in 2014 brought a further reconfiguration of the health services, with the establishment of the Hospital Groups. Waterford Regional Hospital was renamed University Hospital Waterford, and joined the South/ South West Hospital Group.

Concurrently, non-acute services were reformed into Community Healthcare Organisations. CHO 5 was established to provide non-acute health and social care services to the population of the south east i.e. Carlow, Kilkenny, Waterford, Wexford and South Tipperary. (c. 500 000 population)

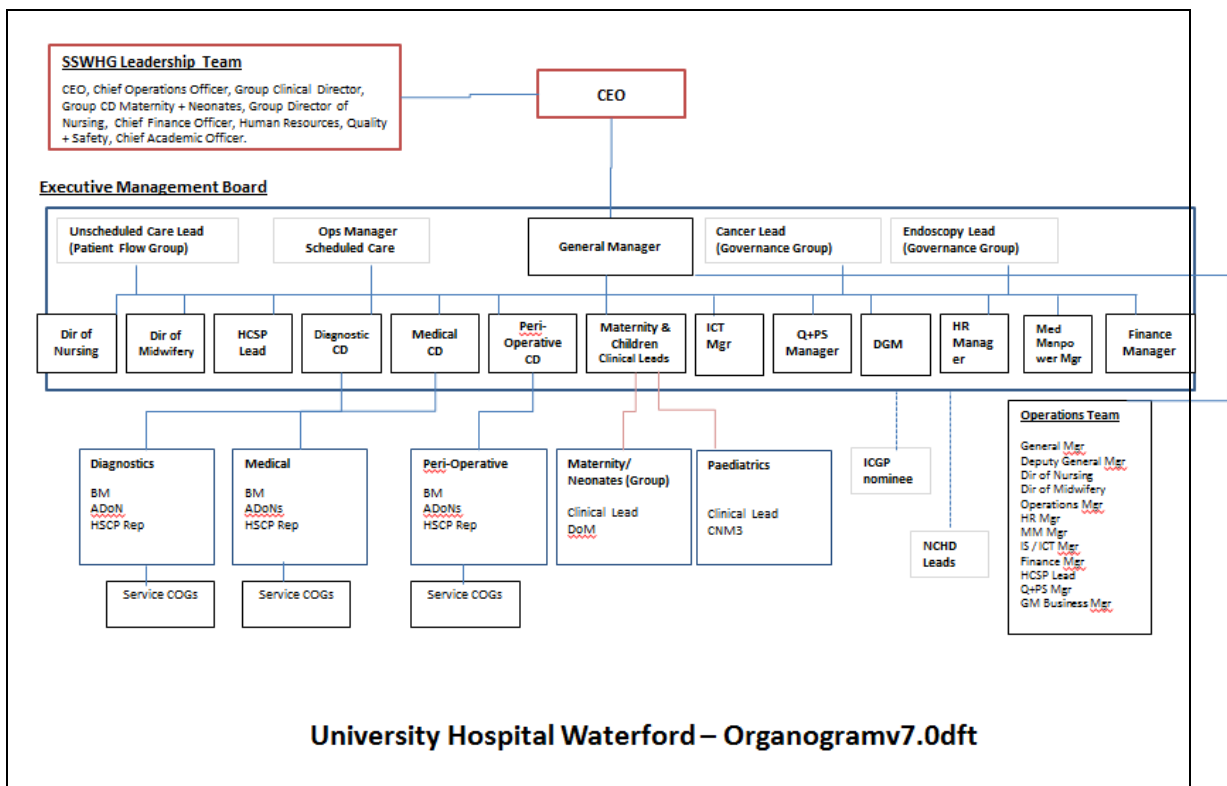
The governance for these new acute hospital structures was to be provided through the establishment non-executive boards for each Hospital Group. In 2015, we welcomed the appointment of a South/ South West Hospital Group Board Chairperson. We understand that the appointment of the remaining members of the Hospital Group Board is now imminent. This additional and Group-specific

governance and oversight is vitally important in addressing the challenges facing the health services, and our hospital. We look forward to working with the new Board.

University Hospital Waterford is particularly challenged by the non-alignment of the CHO 5 boundaries with the Hospital Group configuration. The Slaintecare Report (2017) has identified this challenge across the health care system, and a national consultation exercise is to be conducted at the request of the Minister for Health, Simon Harris. It is hoped that this will result in the best model for health service governance and oversight for the people in the south east in the near future.

Set out below are the details of how, at hospital level, we incorporate representatives from our health service provider partners, the public, and patient representatives in our structures as appropriate.

Fig 1. University Hospital Waterford/ Kilcreene Regional Hospital Management Structures (November 2017)



All units of management in the hospital are constituted with multi-disciplinary membership e.g. doctors, nurses, health and social care professionals (HSCPs), support staff and managers.

A local GP sits on the Executive Management Board, as a nominee from the ICGP Branch in the Waterford City. We recognise the limitations of this arrangement given the hospital's service provision to the population of the south east, but have had difficulty in overcoming this.

The UHW Unscheduled Care Group meets for Patient Flow meetings on a fortnightly basis. This Group is a cross sectoral working group, made up of key personnel from the acute and non-acute services e.g. Waterford-Wexford Older Persons Services Manager, Primary Care Lead, senior nurse managers in UHW etc.

The UHW Delayed Discharges Group, which is convened by the UHW Director of Nursing, is a cross sector forum. The function of the group is to ensure that each patient with complex discharge needs has a pathway which is continuous, regardless of the interfaces between the sectors and services. It has strong Community Service participation across the range of functions for discharge and service provision in the community.

UHW provides physical facilities on site for a number of non-acute services which are essential to patient care, but are provided by the non-acute services e.g. Mental Health Liaison Psychiatry Service, Child and Adolescent Mental Health Services. These services are especially critical to the Emergency Department and Maternity and Paediatric Services. Staff working in the non-acute services are incorporated in service specific operational and governance for a.

We have a long history of working in partnership with our patients. The UHW Patient Partnership Forum (PPF) was established over 10 years ago. It undertakes various projects in response to issues arising for people using our services. The Chair of the PPF sits on the Safety and Quality Executive Committee. Members of the PPF sit on a number of service-specific committees e.g. Nutrition and Hydration Committee. Patient representatives have been invited to work with some specific projects in the hospital e.g. Symptomatic Breast Disease services.

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

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

“To ask the HSE, to explain how they intend to eliminate the unacceptable number of patients on trolleys at University Hospital Kerry, taking into account the possibility of having to deal with the flu virus, that appears to have a higher than usual resistance to vaccines.”

Cllr. John Joe Culloty

University Hospital Kerry (UHK) has embarked on a multi-targeted approach to eliminate the number of patients waiting on trolleys.

- There are daily multidisciplinary meeting, several times daily and at week-ends to monitor and address 'patient flow'
- Winter and Christmas planning has already taken place to ensure staffing resources are matched to estimated service demands

- New Stroke Unit (4 bedded) opening in December
- New In-patient Palliative Care Unit (15- bedded) opening in December
- Planning for the introduction of a patient 'transit lounge' in Q1 2018 underway - this will assist co-ordination of hospital discharge, effectively 'pulling' patients from ED
- The hospital is currently reviewing a pilot Fragility Intervention Team (FIT) Project which saw allied health professionals assess and treat over 75 yrs in ED, helping avoid admission in some cases, and decreasing length of stay for those admitted. It is hoped to extend this programme January to March 2018.
- UHK about to introduce SAFER Patient Flow Bundle in line with HSE national best practice guidelines
- UHK has implemented a high visibility 'flu jab' campaign targeted at frontline staff

**Fearghal Grimes
General Manager
University Hospital Kerry**

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

"That the Regional Health Forum South calls on the Minister of Health, Minister of Education & Skills and the Minister for Children to collectively consider a training program of Occupational Basic First Aid for primary, post primary school teachers and SNA's that may wish to avail of such training.

This to ensure, in the event of an medical incident at a school, no school pupil is unnecessarily put at risk due to lack of basic medical training of school staff."

Cllr Pat Fitzgerald

Discussion in Chambers.

QUESTIONS

Question No 5(a) on Agenda refers:

“Has there been any progress or decisions made on the future use of St Finians Hospital and the associated lands in Killarney.”

Cllr Brendan Cronin

As outlined in previous responses to the Forum, 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 HSE intends to retain part of the main campus at St. Finan’s to facilitate this development. This will be developed as part of a National Public Private Partnership (PPP) initiative. The HSE has also reached agreement with the GAA (Fitzgerald Stadium/Kerry County Board) in relation to improved access to Fitzgerald Stadium. In line with government policy on the interstate transfer of state property (Ref: DPER CIRCULAR 11/15), the remaining property has been offered to state agencies. Kerry Council have indicated that they wish to acquire 5.77 acres to the north of the Ring Road at Ballydribeen and the disposal of this element is being progressed with Kerry Council and the Valuation Office. Should there be no further interest in the remaining property at St. Finan’s from state agencies; the property will be offered for sale on the open market.

Pat McCarthy
Assistant National Director Estates

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question No 5(b) on Agenda refers:

“Is there a plan to utilise the former lodge at Saint Patrick's Hospital, Cashel, the gate lodge at Our Lady's Hospital, (condition deteriorating), and the derelict former doctors residence at Old Road, Cashel?”

Cllr Tom Wood

The National Capital Committee has approved funding to replace St Patrick's Hospital Cashel. As part of the redevelopment of this site the former lodge building may need to be considered. It will be factored into the overall design brief as appropriate.

The Gate Lodge, Cashel Health Campus was surveyed by an external property caretaking service in 2016 and given the condition of the building was deemed to be uninhabitable at the time.

The former Doctor's residence at Old Road, Cashel has been sold to the Department of Education and Skills. The contract was signed in September 2017 and closing documents are being prepared with the close of the sale due by year end.

Question No 5(c) on Agenda refers:

"Confirm when exactly the national review with specific emphasis on 24/7 cardiac care for the southeast will be carried out, who will be carrying it out, what the terms of reference for this review will be based upon, who will have input into the preparation of the terms of reference?"

Cllr Breda Gardner

We believe that the Department of Health will be carrying out a National Review next year. We do not have any further details at this stage.

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

Question No 5(d) on Agenda refers:

"To ask the HSE, has a reason been found as to why the radon barrier at Deer Lodge in Killarney permitted unacceptable levels of radon to develop in this facility, has a solution been found to rectify same, has it been implemented, how much did it cost, and who covers the cost?"

Cllr John Joe Culloty

In line with best practice for the opening of new buildings, the HSE commissioned a three month Radon Monitoring study immediately in advance of the opening of Deer Lodge, as is normal practice with the opening of new facilities. A membrane and standby radon sumps

were installed, in accordance with the Building Regulations. It is important to note that *"The installation of measures in accordance with this guidance is NOT a warranty that Radon concentration levels will be reduced below the relevant National Reference Level. Building owners are recommended to have the Radon concentration level assessed"*. (Building Regulations Section 2.16 of TGD C)

The HSE followed standard procedures and undertook a Radon survey, as required by Safety Health and Welfare at Work Legislation. As a number of areas within the building recorded levels above the reference levels, remediation works were required and these works have now been completed. These works involved the fitting of radon extract fans at high levels in nine external locations around the building. These fans were fitted to existing sumps which were installed externally as part of the building regulations requirement. These will remain in site so that it is not envisaged that the levels will rise again within the building. The project also involved electrical works internally to provide power supplies to the electrical fans but there will be minimum disruption.

A 10 day indicative test is being carried out to reassess the reference levels. This will be followed by a further three months survey in accordance with policy and procedure.

The cost of completing these works was €22,000 and this cost has been borne by the HSE. It is important to note that the building contractor is responsible for the instillation of radon protection membrane and standby radon sumps only, as is standard practice for construction projects. Where radon measurements exceed the reference level, it is the building owner's responsibility to install remediation measures, again, as is standard practice. It is not possible to identify why elevated radon levels arose in parts of the building.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

**MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2017**

MINUTES OF FEBRUARY 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 23rd February 2017 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. Brendan Cronin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Michael Doyle
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Joe Harris
Cllr. Willie Kavanagh
Cllr. Mary Linehan Foley

Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Arthur McDonald
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Bobby O'Connell
Cllr. Aaron O'Sullivan
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Willie Quinn
Cllr. John Sheehan
Cllr. Mary Shields
Cllr. Joe Sullivan **Chairperson**

Apologies:

Cllr. Mary Rose Desmond
Cllr. Imelda Goldsboro
Cllr. Ray Murphy
Cllr. Bob Ryan
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
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 3rd November 2016

On the proposal of Cllr. Henry Cremin, seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday, November 3rd 2016 were approved and adopted by the members.

2. Chairperson's correspondence

The Chairman Cllr. Joe Sullivan welcomed all members and managers. He asked that mobile phones be turned off as they interfere with the Audio system in the Chambers.

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

The Chairman welcomed two new Forum Members from Kerry County Council, Cllr, Brendan Cronin and Cllr. John Francis Flynn. They have replaced Cllrs. Johnny Healy Rae and Mike Kennelly respectively.

3. Committee Meetings:

Reports of the Committee were taken as read on the proposal of Cllr. Bobby O'Connell and seconded by Cllr. John Joe Culloty.

- (a) South East Committee Meeting held on 17th January 2017.
- (b) South West Committee Meeting held on 19th January 2017.

4. Presentation from HSE Management on Operational Plans for 2017

The Cork and Kerry Operational Plan 2017.
The CHO 5 Operational Plan 2017 and
The South/South West Hospitals Group Operational Plan 2017

were presented by Mr. Ger Reaney, Chief Officer, Ms. Anna Marie Lanigan, Head of Service, Primary Care and Dr. Gerard O'Callaghan, Chief Operations Officer respectively.

The members received a copy of the presentations and having thanked the Managers, the following questions were asked and responded to by the respective HSE officials.

- What is the current position with the Mobile Catheterisation Laboratory recently approved for University Hospital Waterford?
- Will there be a closure of some beds in the Department of Psychiatry at University Hospital Waterford?

- Why is there such a long wait for cataract operations in the South East?
- Will the HSE be able to replace retiring GPs and fill other vacancies especially with the notable increases in the over 65 population?
- Will the increased emphasis on Day Case work continue and is the over 65 population increase affecting the bed occupancy levels in the Acute Hospitals?
- When will the Primary Care Centre in Waterford City be operational?
- Have the costings and staffing requirements to operate the Mobile Catheterisation Laboratory at University Hospital Waterford been finalised?
- Is the HSE trying to recruit additional nurses to ensure that the approved complements are in place?
- Are Nurse Managers trained and upskilled to ensure they are capable of maintaining an ongoing effective service?
- Can outsourcing be used along with NTPF plans to reduce the Outpatient Waiting times in the South East?
- When residents with Intellectual Disabilities are moved to community bases in Co. Kerry will they be secure and safe in the context of roads, traffic and other dangers?
- Are there plans to utilise the St. Finan's site for Health Service provision in the future?
- Are there plans to open Day Care Centres in Graiguenamanagh and Inistioge to relieve the burden on St. Columba's Hospital, Thomastown?
- Is there a possibility of bringing the former community hospitals back into use?
- Will the HSE fund the planned additional Home Care Packages?
- Are there figures available regarding the official number of shortages in nursing and GP posts?
- Could a Kerry based Child and Adolescent Mental Health In-patient Service be provided by the HSE?
- Are there any plans to develop a Primary Care Centre in Killorglin which would service the catchment area?
- What is the position regarding the recruitment of peer support workers to Community Mental Health Teams?
- Are there any proposals to develop a Primary Care Centre in Douglas?

5. Notices of Motion

(a) Cllr. Mary Lenihan-Foley moved the following Motion, standing in her name

"That the HSE to outline its Service Level Agreement with South Doc for Youghal and East Cork area.

- Please outline the number of calls made to South Doc for Youghal and surrounds in 2014, 2015 and 2016 period
- Out of these calls how many were asked to travel from Youghal to Midleton to receive treatment taking into consideration the distance between the two towns?
- What is the criteria for South Doc requesting patients to travel to a centre as to attending the house of the patient especially during the middle of the night?

- How many times in this period have the Doctors on duty used the facility in Millennium Court Youghal which was provided for South Doc when it was rolled out a number of years ago?

A written response from Ms. Máire Hussey, General Manager, SouthDoc/Mr. Ger Reaney, Chief Officer, Area 4 was circulated to members and noted.

Cllr. Lenihan Foley thanked Mr. Reaney for the response but felt that separate statistics for Youghal and Midleton would be more useful.

Mr. Reaney explained that the South Doc operates with a group of GPs in the Youghal/Midleton area because there would not be enough doctors in Youghal alone to manage an independent rota and South Doc treats this as one area for operational purposes.

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

“That due to the regular overcrowding at South Tipperary General Hospital Management would advise if Health and Safety regulations are adhered to and how often this matter is monitored”.

A written response from Ms. Maria Barry, General Manager, South Tipperary General Hospital was circulated to members and noted.

Items (c) and (e) were taken together.

(c) Cllr. Joe Malone moved the following motion standing in his name:

“In light of the Primetime Programme on Waiting Lists I request a full and open discussion on this topic as it is an urgent matter, a lot of people are in severe pain”.

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

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

“The ‘RTE Investigates’ programme broadcast on 6th February 2017 suggested that there was a wide discrepancy between the true number of people waiting for treatment and the figures published by the National Treatment Purchase Fund (NTPF). I would like to propose a motion requesting the HSE to (i) explain the reasons behind this apparent discrepancy, (2) provide current NTPF figures for the South East Waiting list and (3) provide current figures for the South East Waiting list which also include the numbers from the Pre-Admit list and the Pre-Planned list”.

A written response from Mr. Jim O’Sullivan, Chief Executive, National Treatment Purchase Fund was circulated to members and noted.

Cllr. Malone referred to the RTE Primetime programme and highlighted the scoliosis cases as particularly distressing. He asked if the waiting list issue could be discussed at a future Forum Committee meeting.

Cllr. Gardner, insisted that the issue with waiting lists was so many people are waiting for a range of services. She felt that more of the Health budget should be spent on prevention and that HSE management and Forum members need to seek solutions. Dr. O'Callaghan explained the figures quoted in the replies to both motions and emphasised that much effort is going into reducing the numbers waiting for treatment. The major difficulties are in Orthopaedics, Ophthalmology and ENT. The National Treatment Purchase funding in 2017 will be used to address Outpatient (15 months) and Inpatient (15 months) Lists. Dr. O'Callaghan confirmed that emergency cases are seen faster but this results in some routine patients being pushed further back on their lists.

Concluding the discussion Cllr. Quigg proposed and it was agreed by the members present that the Minister for Health should be asked to meet a deputation from the HSE South Forum and that the Primary Care System in the North of Ireland should be reviewed to establish why it works so effectively.

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

"In response to my previous Motion, the HSE stated that it was considering land adjacent to St. Finan's Hospital as a location for replacing St. Columbanus Home and Killarney District Hospital. I call on the HSE, to also provide a separate facility to cater for the growing number of people affected with Alzheimers disease from the greater Killarney area, and beyond".

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

Cllr. Culloty clarified motion (d) relating to land at St. Finan's Hospital. He asked about the possibility of providing a Day Care Centre for people with Dementia/Alzheimers. He also asked what the timeframe would be for the construction of a proposed community hospital on the wider site, so that the remainder of the land could be assessed and a decision made on what it could be used for.

In reply Ger Reaney advised that there is a Day Care deficit in some areas and these are currently being reviewed with the focus on identifying priority needs. There is a National Older Persons policy which provides a funding stream for developments and it is anticipated that Government policy which currently provides more funding for Home Care than Residential Care will be consistent with that trend. . The aim is to use this exercise to support care to the government of this service in the context of Home Care as an alternative to Residential Care.

6. Questions

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

“What plans, if any, are in place to utilise the former lodges at Our Lady's Hospital and Saint Patricks Hospital, Cashel, and the former HSE residence on Old Road, Cashel? This semi derelict dwelling adjacent to the Primary School is in poor condition as is the lodge at Our Lady's.”

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

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

“When is it expected that Deer Lodge in Killarney will open?”

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

In response to Cllr. Culloty’s queries about the intention of opening at the end of March, Mr. Reaney advised that most of the commissioning work is done, and subject to agreement on staffing levels the centre should open near to this date. Many of the staff will be Health Care Assistants which should not take as long to recruit as other posts.

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

“That the HSE issue (1) the names of all pharmaceutical companies that have made contributions to the building of HSE facilities in the South East in the past ten years, (2) the size of those contributions and (3) a categorical denial that any such donor companies have received commercial advantage or favour as a result of their donations.”

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

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

“How many children are currently waiting for Orthodontic Treatment in Cork? What is average waiting time & what is the average time of treatment from start to finish?”

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 23rd March 2017 at 2pm in Meeting Room, Floor 16, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF MARCH 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 23rd March 2017 at 2pm
Meeting Room, Floor 16, County Hall, Cork County Council

Present:

Cllr. John Carey	Cllr. Michael McCarthy
Cllr. Timmy Collins	Cllr. Arthur McDonald
Cllr. Henry Cremin	Cllr. Jason Murphy
Cllr. Brendan Cronin	Cllr. Ray Murphy
Cllr. John Joe Culloty	Cllr. Bobby O'Connell
Cllr. Davy Daniels	Cllr. Aaron O'Sullivan
Cllr. Michael Doyle	Cllr. Seanie Power
Cllr. John Francis Flynn	Cllr. Willie Quinn
Cllr. Denis Foley	Cllr. Bob Ryan
Cllr. Breda Gardner	Cllr. Mary Shields
Cllr. Mary Linehan Foley	Cllr. Frank Staples
Cllr. Willie Kavanagh	Cllr. Joe Sullivan Chairperson
Cllr. Mary Linehan Foley	Cllr. Tom Wood

Apologies:

Cllr. Mary Rose Desmond
Cllr. Pat Fitzgerald
Cllr. Deirdre Forde
Cllr. Imelda Goldsboro
Cllr. Rachel McCarthy
Cllr. Damian Quigg
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. Aileen Colley, Chief Officer, Community Healthcare Organisation – Area 5
Mr. Brendan Crowley, Chief Ambulance Officer, National Ambulance Service, South
Members of the HSE South Forum Office staff

Vote of Sympathy

Prior to the commencement of the meeting the Chairperson Cllr. Joe Sullivan proposed a vote of sympathy to the families of:-

Captain Dara Fitzpatrick R116, Ryan McBride Captain Derry City Football Club, Martin McGuinness former MLA and Deputy First Minister Northern Assembly and Danielle McLaughlin, Bunrana, Co. Donegal.

The proposal was seconded by Cllr. Jason Murphy and all present stood for a minute of silent prayer and reflection.

1. Adoption of the Minutes of the previous Meeting held on Thursday 23rd February 2017

On the proposal of Cllr. Davy Daniels, seconded by Cllr. John Joe Culloty, the Minutes of the Forum meeting held on Thursday, February 23rd 2017 were approved and adopted by the members.

2. Chairperson's correspondence

The Chairperson welcomed all members and HSE managers and asked that mobile phones be turned off.

3. Committee Meetings:

The next Committee Meetings will take place on:

- (a)** South East Committee Meeting, 11th April 2017 in Kilkenny.
- (b)** South West Committee Meeting, 13th April 2017 in Bantry General Hospital.

The arrangements were noted by the HSE South Forum members.

4. Notice of Motions

- (a) Cllr. David Daniels moved the following Motion, standing in his name:

“Has the proposed new Saint Patricks Hospital Waterford gone to tender?”

A written response from Ms Aileen Colley, Chief Officer, CHO Area 5 was circulated to members and noted. Cllr. Daniels was satisfied with the response.

Three motions were taken together:

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

“That this Forum calls on the HSE to make available the most recent annual income figures from the collection of parking charges at hospitals within this region and where possible outline what the income generated by such charges was used for.”

(c) Cllr. Jason Murphy moved the following motion standing in his name:

“That this Forum writes to Management of University Hospital Waterford to ask that efforts are made to ensure free car parking for cancer patients or a designated family member or carer during their treatment.”

(d) Cllr. Henry Cremin moved the following motion standing in his name:

“Can the H.S.E. give a full report on the request from the Irish Cancer Society in relation to ensuring free car parking for cancer patients or a designated family member or carer during their treatment in hospitals.”

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

Cllr. Tom Wood noted that arrangements and charges vary across the Hospital Group.

Cllr. Jason Murphy queried why arrangements were different at University Hospital Waterford, which has a significantly higher income from car parking fees, and St. Luke’s Hospital, Kilkenny. He also asked if private companies are managing the car parks for the Hospitals.

Cllr. Henry Cremin asked that a review be undertaken of all charges at all of the car parks in the South/South West Hospitals Group.

Cllr. Davy Daniels supported the call for a review with particular reference to the provision of free parking for cancer patients attending University Hospital Waterford.

Cllr. Breda Gardner said that she had received details of the parking concession arrangements at St. Luke’s Hospital, Kilkenny from the General Manager and the document should be emailed to all Forum members for information.

In response Dr. G. O’Callaghan advised that some hospital car parks are managed by private companies. The introduction of charges resulted from the all day use of hospital car parks by people on their way to town or city for work. They left their cars and travelled by bus to the work location and clogged up parking spaces for several hours per day.

The income is used to help with car park running costs and also to fund the cost of rented car park spaces near the hospitals.

Dr. G. O'Callaghan confirmed that the South/South West Hospitals Group is sympathetic to families of cancer patients and he agreed to review the parking charges across all hospitals in the Group.

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

"I call on the HSE to provide a separate Day Care Facility to cater for the growing number of people affected with Alzheimers disease in the Killarney Area."

A written response from Mr Ger Reaney, Chief Officer, Cork & Kerry CHO, was circulated to members and noted.

Cllr. Culloty wondered if the general public might have an opportunity to contribute to the review of Day Care Centres for the elderly and he felt that Killarney area currently does not have adequate facilities for people presenting to the service. He also asked if a public/private partnership might be considered for future developments.

In response Mr. Ger Reaney advised that the Cork & Kerry CHO is striving to improve its home care and Day Centre facilities as part of its response to the emerging needs of the population in the area.

The review is being undertaken to establish what services are currently provided and where they are based. This information will form the basis of the recommendations for future provision based on identified and emerging needs. Killarney has not been identified as a black spot at present. There isn't scope in the review for public input, but it should be noted that the voluntary sector is involved.

In respect of the public/private option, it will be decided how to proceed when the future service needs are identified.

6. Questions

- (a) Cllr. David Daniels put forward the following question:

"What is proposed by the HSE for the recently purchased land at Ballinakill Waterford?"

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

Cllr. Davy Daniels expressed his thanks for the information provided.

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

“What measures are proposed to reduce increasing concerns about the lack of available ambulances for the transfer of patients from one acute hospital to another hospital or health care facility, or the transfer of residents in care of the elderly facilities to outpatient appointments?”

A written response from Mr Brendan Crowley, Chief Ambulance Officer, National Ambulance Service, was circulated to members and noted.

Cllr. Wood highlighted the problem of long stay Tipperary patients trying to get to an appointment in Cork University Hospital or University Hospital Waterford and the possibility of missing it if transport can't be sourced. He praised the Cashel based Order of Malta and Red Cross who provide a service for such patients and wondered if its work was known to and acknowledged by the HSE. Cllr. Wood asked if this service could be notified to the communities where elderly patients live.

Mr. Crowley acknowledged the role of the voluntary services in this task but emphasised that the NAS couldn't meet all demands from private residents, those in residential centres, nursing homes and other bases and that private arrangements are the norm for travelling to outpatient clinic appointments. Many elderly patients didn't need an ambulance and private vehicles would suffice most of the time and NAS vehicles can't be engaged for much of a day for this purpose and out of commission in the area it covers.

Mr. Crowley noted that NAS helps if possible when an elderly patient is attending hospital for an intervention and he agreed to spread the word about the voluntary service help with transport to appointments and link with those groups for mutual benefit.

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

“When exactly is the National Review scheduled to take place and when will the policies arising out of that be implemented? Who exactly is carrying out this National Review? (the name of the person/persons) Is this an Independent National Review or an internal HSE National Review? What are the terms of reference for this National Review and who prepares them (with specific emphasis on the terms of reference regarding the PPCI Services at UHW)? Will all the Cardiologists in the South East region be consulted prior to the completion of this National Review? When does the HSE plan to implement the terms of the Herity Report? Before or after this National Review?”

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

Cllr. Gardner expressed his disappointment with the response provided and indicated the question would be resubmitted to a future HSE South Forum meeting.

Dr. O'Callaghan confirmed that a national review would be under the aegis of the Department of Health not the South/South West Hospital Group and that no information has been received to date on when it would start or what terms of reference it would have.

He advised that an additional €0.5 m had been provided to enhance University Hospital Waterford Cardiology services in 2017 and that the Waiting list had been significantly reduced in recent months, helped by outsourcing cases to the Bons Secours and Cork University Hospital respectively.

He stated that the Herity Report did not recommend the provision of a second Cardiac Catheterisation Laboratory at University Hospital Waterford.

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

"How many people are currently on the waiting list for cataract surgery in Kerry, and also to provide a detailed breakdown of waiting times?"

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

Following a brief discussion on the Waiting list details provided Dr. O'Callaghan told Cllr. Culloty that significant work has been done in recent months, including outsourcing, in reducing the number of patients awaiting cataract operations.

The small number of Ophthalmic Physicians in the South/South West Hospitals group focus mainly on outpatient lists and try to alleviate the pressure on the Ophthalmic Surgeons.

The National Treatment Purchase Fund is now a separate unit with its own budget and the South/South West Hospitals Group will be working with them directly to ensure the maximum number of patients have their treatment as soon as possible.

Concluding the discussion, Dr. G. O'Callaghan agreed to forward details of the Outpatient Waiting list for Kerry cataract patients to Cllr. Culloty on 25/03/2017.

(e) Cllr. Henry Cremin put forward the following question:

"Can the H.S.E. give an update on the waiting times and the amount of public patients waiting for Cancer Preventative tests particularly the B.R.C.A.1 Gene testing and are all these procedures carried out in Cork or do patients have to travel."

A written response from Professor Andrew Green, Consultant in Clinical Genetics, Our Lady's Children's Hospital, Crumlin was circulated to members and noted.

Cllr. Cremin emphasised that waiting for the genetic testing is a worrying time for patients and their families and he requested that they be done as quickly as possible. In respect of cancer related rapid access clinics it was noted that some targets were in arrears but Dr. O'Callaghan assured Cllr. Cremin that there is one common list and not two - private and public - and that all patients are treated as promptly as possible.

7. Date and time of next meeting

The next meeting will be held on Thursday 4th May 2017 at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF MAY 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 4th May 2017 at 2pm
Council Chamber, County Hall, Cork County Council

Present:

Cllr. John Buttimer	Cllr. Joe Malone
Cllr. John Carey	Cllr. Michael McCarthy
Cllr. Timmy Collins	Cllr. Rachel McCarthy
Cllr. Henry Cremin	Cllr. Arthur McDonald
Cllr. Brendan Cronin	Cllr. Louise McLoughlin
Cllr. John Joe Culloty	Cllr. Jason Murphy
Cllr. Davy Daniels	Cllr. Ray Murphy
Cllr. Pat Fitzgerald	Cllr. Bobby O'Connell
Cllr. John Francis Flynn	Cllr. Aaron O'Sullivan
Cllr. Denis Foley	Cllr. Seanie Power
Cllr. Breda Gardner	Cllr. Damian Quigg
Cllr. Imelda Goldsboro	Cllr. Willie Quinn
Cllr. Mary Hanna Hourigan	Cllr. John Sheehan
Cllr. Willie Kavanagh	Cllr. Mary Shields
Cllr. George Lawlor	Cllr. Joe Sullivan Chairperson
Cllr. Mary Linehan Foley	Cllr. Tom Wood

Apologies:

Mr Frank Staples

In Attendance:

Dr Ger O'Callaghan, Chief Operations Officer, South/South West Hospitals Group
Ms. Gabrielle O'Keefe, Head of Social Care, Community Healthcare Organisation – Area 4
Ms. Anna Marie Lanigan, Head of Primary Care, Community Healthcare Organisation – Area 5
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 23rd March 2017

On the proposal of Cllr. Bobby O'Connell, seconded by Cllr. Denis Foley, the Minutes of the Forum meeting held on Thursday, March 23rd 2017 were approved and adopted by the members.

2. Chairperson's correspondence

The Chairperson welcomed all members and HSE managers and asked that mobile phones be turned off.

The Annual Report of the Regional Health Forum South 2016 was adopted by members on the proposal of Cllr. Mary Shields and seconded by Cllr. Mary Linehan-Foley.

The Chairperson advised the members that a letter had been sent asking the Minister for Health to meet with Members of the Forum to discuss waiting lists but no reply has been received to date. It was agreed that a reminder would be issued.

3. Committee Meetings:

(b) Report of the South West Committee Meeting on 13th April 2017 in Bantry General Hospital was taken as read.

And the following Motion was agreed arising from the South West Committee Meeting:

"That the South West Committee recommends that the Regional Health Forum South members would support the Management and staff of Bantry General Hospital in their request to seek funding of €4m for a proposed new build involving the upgrading of the Endoscopy Unit and the building of a new 10 bedded Unit that will allow a reorganisation of Rehabilitation facilities in the hospital. That the members would create awareness and advocate for the proposal."

Cllr. Rachel McCarthy formally proposed its acceptance and it was agreed unanimously.

(a) Report of the South East Committee held on 11th April 2017 in Kilkenny will be considered at the June 2017 meeting.

4. Notice of Motions

- (a) Cllr. Brendan Cronin moved the following Motion, standing in his name:

“How many people in county Kerry are waiting to be provided home help and can the HSE give a breakdown of what it costs to provide home help to a person for half an hour a day for a twelve months period.”

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

In response Cllr. Cronin welcomed the news that there is currently no waiting list for the Home Care Services in Kerry but noted that there are some delays in getting the service approved. He felt that the cost of providing the service is money exceptionally well spent when compared to the cost of private nursing home care.

Ms. O’Keeffe explained that the process of matching applicants to available personnel is a daily task but that generally it works well with approximately 6,500 people availing of Home Supports across Cork and Kerry.

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

“As the excessive consumption of alcohol in this country is responsible for negative health, economic and social consequences, I call on the HSE to carry out a vigorous education and awareness campaign, highlighting the many dangers associated with alcohol abuse.”

A written response from Ms Sandra Coughlin, Interim Manager, Health and Wellbeing Division, was circulated to the members.

In reply Cllr. Culloty highlighted the damage caused by excessive alcohol consumption with the increasing levels a worrying trend. He highlighted the difficulties caused for hospitals and insisted that the problem needs to be tackled by more extensive advertising particularly on Radio and Television.

Support for the Motion came from Cllr. Gardner who said advertising of alcohol should be banned and that the HSE should be working to raise awareness of the problems excessive drinking causes.

Cllr. Cremin felt that the increasing number of Off Licences now trading along with low cost selling by major stores meant that more people are drinking at home. His opinion is that the HSE should work with the Department of the Environment to ensure that Town Development Plans control the establishment of off licence sales outlets.

Cllr. Collins highlighted the problem of underage drinking especially in night clubs which are open late and see large quantities of alcohol consumed by a younger cohort of the population.

Cllr. Shields suggested that education is the key to addressing the problem with a more vigorous programme to be introduced at primary and post primary schools.

Cllr. Malone explained that alcohol is easily attainable. Addiction Treatment Centres are very busy as a result but the drinks industry is a very powerful lobby group.

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

“That the HSE would outline the current provision of Child and Adolescent mental health services in Cork City and County, including the;

- *size, composition and location of teams,*
- *number of children and families accessing these services on an annual basis for 2014, 2015 and 2016,*
- *reasons for referral,*
- *waiting lists for these teams (number, and length of time),*
- *number and location of acute and emergency residential or respite beds available and their use,*
- *provision of emergency cover in Emergency Departments,*
- *number and designation of staff required to provide a safe 24 hour service in Cork City and County,*
- *plan to address any identified deficits or lack of provision.”*

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

In response Cllr. Buttimer expressed thanks for Mr. Reaney’s comprehensive answer and acknowledged the details provided.

He noted the various media reports about service shortfalls with many full time vacancies unfilled along with some shorter absences. He insisted that the out of hours service is a priority and that families should be made aware of how to access services.

Cllr. Buttimer also asked for confirmation that no child would be put in an adult ward.

In reply Ms. O’Keeffe acknowledged that the biggest staffing deficit is in the medical area despite HSE efforts to recruit abroad. The real problem is the shortage of suitably qualified applicants for Consultant posts but efforts to recruit will continue. It is hoped that the July 2017 intake of NCHDs will help to restore the ED rota.

Cllr. Buttimer asked if a further report could be provided detailing HSE recruitment strategies particularly in respect of Consultant and NCHD posts along with all supports at Emergency Departments.

Clear information has been given to EDs about contacting CAMHS services when patients present there. Ms. O’Keeffe confirmed that HSE policy is not to admit children to adult wards.

Cllr. Lawlor noted that there have been exceptions to the policy in the Wexford area and Ms. Lanigan asked for details, so the issue may be referred to the Mental Health service in CHO 5 for attention.

Support for Cllr. Buttimer came from Cllr. McDonald who raised the Carlow/Kilkenny respite service interim arrangements. Ms. Anna Marie Lanigan asked for details of a specific Mental Health case, for referral to the Head of Service in CHO 5 for attention and response to Cllr. McDonald.

Cllr. Sheehan also supported Cllr. Buttimer’s motion and suggested that if there is a shortage of medical personnel crisis nurses might be employed to provide an assessment service.

Concluding the discussion Ms. O’Keeffe undertook to bring the idea back to CHO 4 and she noted that CAMHS is provided by a multidisciplinary team and although the team will try to cover absences, this is not always feasible.

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

"That the HSE would consult at an early stage in the process with all stakeholders (patients, staff existing services and wider community etc.) with regard to a proposed New Hospital in Cork City."

Also Q5(d)

Cllr. John Sheehan put forward the following question:

"Can the HSE outline what plans or discussions if any have taken place with regard to a proposed new hospital in Cork City (Glanmire, Docklands, Curraheen etc.) In particular have any discussions taken place with UCC with regard to possible locations in Curraheen? Can the HSE confirm whether they consider St. Marys Health Campus a suitable site for a new Acute General Hospital?"

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

Cllr. Sheehan thanked Dr. O’Callaghan for his response but observed that the discussion about a location for the new hospital has been ongoing across the board and it needs to be resolved at an early stage. He urged the HSE to engage early with all interested parties on inter alia the issues of location, services to be provided and ownership. There are many issues to consider and it will be a challenge to bring all representative groups together.

Cllr. Buttimer noted that Forum members had not yet been asked for an input and the SSWHG needs to engage with the members at an early stage.

In response Dr. O'Callaghan advised that his response represented the current position. No decisions had been made regarding the location of any proposed new hospital. He assured the members that no decisions would be made without involving the Forum in the discussions.

5. Questions

(a) Cllr. Brendan Cronin put forward the following question:

"Are many people awaiting audiology assessment in Kerry, and what is the waiting time?"

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

Cllr. Cronin noted that the 732 people awaiting assessment is a substantial figure but he welcomed the recent appointment of an additional Audiologist in Kerry to address Adult and Childrens waiting lists.

In response, Ms. O'Keeffe advised that some adults have been offered appointments in Cork if it suited them to attend there and she will request that Cllr. Cronin be advised of the breakdown between urgent and routine cases, on the current waiting list.

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

"As Deer Lodge was completed almost six months ago, at a cost of €13million, I again ask, when will this state of the art facility be open to the many people who would benefit greatly from the services which will be provided in a modern, tranquil environment? And also, please explain the reason for the delay?"

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

Cllr. Culloty expressed his disappointment that the wonderful faculty that is Deer Lodge remains unopened. It is regrettable that the PNA would not agree to proposed staffing levels. He expressed the hope that the Labour Court hearing on May 19th next will lead to progress.

Ms. O'Keeffe confirmed that opening Deer Lodge is a CHO 4 priority and efforts will continue to have it operational at the earliest possible date.

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

“To ask the HSE for an update on the provision of a helicopter landing pad at CUH?”

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

Cllr. Buttimer noted Dr. O’Callaghan’s report and emphasised the value of the helicopter landing Pad at CUH. He requested that a date would be provided indicating when the helicopter pad would be in place.

Dr. O’Callaghan replied that at this time he was not in a position to give a definitive date but that a Design Team has been appointed and that discussions were ongoing with the Irish Aviation Authority.

6. Urgent issues

At the Chairperson’s discretion two items were raised for discussion.

(A) Cllr. Pat Fitzgerald raised the closure of the Sacred Heath Unit in Dungarvan Community Hospital which had been announced last weekend due to a shortage of staff. He asked for clarification of the HSE’s intentions.

Cllr. Davy Daniels expressed disappointment that local Forum members had not been advised of the closure or the circumstances relating to it.

In response Ms. Anna Marie Lanigan advised that the closure is a temporary measure related to staff shortages. Efforts are ongoing to recruit the necessary staff. Ms. Lanigan assured Cllr. Fitzgerald that she would get a Senior CHO 5 official to provide a detailed reply to his query about the process of staff recruitment and the intended reopening date for the unit.

(B) Cllr. Tom Wood asked about the closure of St. Michael’s Ward in St. Patrick’s Hospital, Cashel and why it was necessary, he sought a guarantee that jobs will be retained and a commitment that the new development announced last year to meet HIQA standards by 2017 will be built in Cashel within the timeframe.

Cllr. Mary Hanna Hourigan supported Cllr. Wood in his request for information.

A written reply from Ms. Aileen Colley, Chief Officer CHO 5 was provided in response to the queries.

Ms. Anna Marie Lanigan (Deputising for Ms. Colley) confirmed that it is a temporary measure for safety reasons and that St. Patrick's Hospital is not closing. The main problems which have necessitated this decision are that the recruitment of nursing staff is an issue and there are structural deficiencies at St. Michael's ward which have raised HIQA concerns.

This action will amalgamate wards and reduce the number of staff required to provide a safe service, pending an increase in the nursing numbers.

In conclusion Ms. Lanigan will have details of where the funded 100 beds will be based, made available to Cllr. Wood, and she will also arrange for a CHO 5 official to meet the Tipperary HSE South Forum members to discuss the issue in more detail. The HSE Management will meet patients, families, staff and public representations on an ongoing basis where service issues may require discussion and clarification.

7. Date and time of next meeting

The next meeting will be held on Thursday 15th June 2017 at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF JUNE 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 15th June 2017 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. John Buttimer	Cllr. Joe Malone
Cllr. John Carey	Cllr. Michael McCarthy
Cllr. Timmy Collins	Cllr. Rachel McCarthy
Cllr. Henry Cremin	Cllr. Arthur McDonald
Cllr. Brendan Cronin	Cllr. Jason Murphy
Cllr. John Joe Culloty	Cllr. Ray Murphy
Cllr. Davy Daniels	Cllr. Bobby O'Connell (Chairperson)
Cllr. Mary Rose Desmond	Cllr. Seanie Power
Cllr. Michael Doyle	Cllr. Damian Quigg
Cllr. Pat Fitzgerald	Cllr. William Quinn
Cllr. John Francis Flynn	Cllr. Bob Ryan
Cllr. Denis Foley	Cllr. John Sheehan
Cllr. Breda Gardner	Cllr. John Sheehan
Cllr. Imelda Goldsboro	Cllr. Joe Sullivan
Cllr. Joe Harris	Cllr. Tom Wood
Cllr. Mary Hanna Hourigan	
Cllr. Mary Linehan Foley	

Apologies:

Cllr. George Lawlor
Cllr. Louise McLoughlin
Cllr. Frank Staples

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 4th May 2017

On the proposal of Cllr. Rachel McCarthy, seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday, May 4th were approved and adopted by the members.

Arising from the Minutes of the May 4th meeting under Item 6 – Urgent Issues – Cllr. Cremin asked that the incoming Chairperson would allow flexibility in raising an item which had arisen after the deadline for submission of Notices of Motion and Questions. He asked that 'Urgent Issues' would be an agenda item for future meetings with discussion to be allowed at the discretion of the Chairperson.

Mr. Ger Reaney advised that previously the members could raise urgent motions before the meeting started by agreement with the Chairperson but the responses would not be comprehensive due to the short timeline.

Cllr. Buttimer suggested that the issue should be discussed with the respective whips to ensure no inappropriate issues would be raised. This was agreed and the conclusion will be formalised to standing orders.

Also arising under Item 6(A) Urgent Issues – Cllr. Fitzgerald expressed disappointment that details of the reopening date had not be confirmed to him.

Ms. Anna Marie Lanigan agreed to remind CHO5 of the request.

2. Chairperson's correspondence

Members were requested to switch off their mobile phones.

Election of Chairperson:

The outgoing Chairman Cllr. Joe Sullivan thanked his Fianna Fáil 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. Sullivan also thanked the HSE Managers and staff for their help and support and paid a special tribute to Annette O'Connell in the HSE South Forum office.

Tributes were paid to Cllr. Sullivan by various Councillors who thanked him for the efficiency and fairness extended to all members during his term of office.

Cllr. Bobby O'Connell was proposed by Cllr. Mary Hanna Hourigan and seconded by Cllr. Denis Foley. As there were no other nominations Cllr. O'Connell was elected.

Cllr. Malone asked that the HSE South Forum write again to the Minister for Health seeking a meeting to discuss the waiting lists issue. He was supported by Cllr. Gardner who suggested that if the Minister is unavailable a Minister of State at the Department of Health could meet the Forum members.

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

Cllr. Cremin expressed his disappointment that the present system of electing Chairpersons does not favour the smaller party or independent members. He was supported by Cllr. Timmy Collins and Cllr. Breda Gardner.

Election of Vice Chairperson:

Cllr. John Carey was proposed by Cllr. Seanie Power and seconded by Cllr. Bob Ryan.

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

3. Reports by Chairpersons of:

The next Committee Meetings of the Regional Health Forum South are as follows:-

- (a) South East Committee to be held in Kilkenny on 10th October 2017
- (b) South West Committee to be held in University Hospital Kerry (Tralee) on 12th October 2017.

4. Notices of Motion

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

“With funding for a new building to facilitate 100 residents on the site of Saint Patrick's Hospital, Cashel provided for under the Capital Plan 2016/2021, this Forum calls on Management to outline what progress has been made to date for a development deemed necessary to meet HIQA environmental standards.”

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

Cllr. Wood noted that he had been promised that a CHO 5 official would meet with South Tipperary members of the Forum and that the location of the 100 beds would be confirmed.

Ms. Anna Marie Lanigan undertook to follow up with the CHO 5 personnel and assured the members that she had made the appropriate contacts, following the meeting on May 4th.

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

“That the HSE would prepare a report on the prevalence of STI's on an annual basis for 2015, 2016 and 2017 and that such a report would outline primary, secondary and tertiary strategies to manage and minimise this prevalence and that the report would report on public information campaigns, their cost and efficacy.”

A written response from Ms. Helen Deely, Programme Head Sexual Health and Crisis Pregnancy was circulated to members and noted.

Cllr. Buttimer noted that there had been an increase in STIs in recent years with the trend in HIV particularly worrying in certain areas. He felt that more testing is essential.

Cllr. Buttimer suggested that a detailed assessment is needed in the younger age groups in view of the key figures provided regarding their sexual activity.

He felt that a presentation to the HSE South Forum would be timely and favoured enhanced information campaigns with reference to the efficacy of existing programmes.

The use of social media should be a central pillar in this task. It was agreed that a presentation would be arranged for the September 2017 meeting.

(c) Cllrs. Joe Malone, Breda Gardner, Michael McCarthy, and Mike Doyle moved the following Motion, standing in their names:

“The Parents and Families of the many vulnerable adults who receive social care and disability services with the Ballytobin Camphill Community are very dismayed to learn that the responsibility for the services at BT will devolve from Camphill Communities to the HSE in the coming days. It is of paramount importance that those involved in the transition process are cognisant of the fact that the BT Community is the home of these vulnerable Adults and that most of them are unable to advocate on their own behalf. How exactly does the HSE propose ensuring that all of those affected by the transition of social care and disability services will be fully apprised of facts through an ongoing consultation process?. Given the limited ability of these vulnerable adults to understand and cope with change and bearing in mind that HSE has stated its intention not to continue with the life sharing model of care heretofore provided in BT; how can the HSE justify taking a lead role in imposing and facilitating the proposed changes. Clearly the proposal level and type of service to be delivered by HSE is greatly different and inferior to what has been provided hertofore by BT Community. How can HSE suggest that these proposed changes are in the best interest of the vulnerable adults, why cant the HSE simply take over the running of the BT Centre as it is and retain as much as possible of the current service delivery model utilising the addition of HSE nominated management and supervisory staff to oversee operations and thus satisfy HIQA requirements.?”

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

Cllr. Malone highlighted the great work which is being done at Ballytobin and the concerns of parents and co-workers about the future and asked that the HSE meet the parents as soon as possible.

Cllr. Gardner wondered about the future care which will be provided and read a letter from a resident detailing many happy events at Ballytobin – the second home. She acknowledged that safeguarding the residents is a priority and hoped the HSE will maintain the B.C.C. ethos into the future.

Cllr. Doyle expressed his support for the Camphill community and acknowledged what has to be done. He asked for support to be given to residents, families and co-workers.

Cllr. Buttimer supported the motion but noted that implementation of HIQA recommendations should be more flexible and that the person in need of support should not be lost in the formality. He also felt that the block grant systems should be reviewed for such centres and that they need to be funded on the basis of individual needs therein.

In response Ms. Anna Maria Lanigan confirmed that a meeting had been held with parents the previous night and it was explained that the Centre will be under HSE Governance, run by an experienced HSE Manager and professional workers for the foreseeable future. No resident is being moved but he/she may move if requested.

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

“I would like to know why funding has been taken from the Brain Injury Support Group as without this funding the group can no longer function without funding. I feel it provides an important outlet for people with such injuries and allows them meet to talk to people who have similar injuries and similar experiences.”

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

Cllr. McDonald declared he was reasonably happy with the response but asked if the HSE could meet the running cost while the 2017 Section 39 or Lottery grant aid funding application is being considered.

He asked if the HSE South Forum would issue a list of contact details for the respective HSE managers – CHO5 and South/South West Hospitals Group – so that members would be able to contact them if required.

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

“That the HSE call on the National Ambulance Service to provide on extra ambulance to help provide a safe and acceptable level of cover to the East Kerry and North Cork area.”

A written response from Mr Brendan Crowley, Operations Performance Manager National Ambulance Service, was circulated to members and noted.

Mr. Crowley was unable to attend the Forum meeting. Cllr. Culloty expressed his concern that the service in East Kerry/North Cork is inadequate and felt it would be helpful if it could be enhanced. He noted the potential difficulties which may arise during peak annual leave periods when the non rostered relief team is utilised.

Cllr. Cronin supported the motion and said that the area had been fortunate to date in not having to respond to a multi casualty event.

Cllrs. Collins also supported the motion.

5. Questions

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

"What plans are underway to maximise the potential of Our Lady's Hospital, Cashel, following on the Minister for Health's visit some months ago when he saw a 'Hospital in pristine condition but seriously under-utilised'."

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

Cllr. Wood acknowledged the lengthy response but explained that services are provided between 9am-5pm Monday to Friday. He stressed that there are two floors of superior quality available but no beds are in place.

He feared that South Tipperary General Hospital will encounter a trolley problem again in the Winter months and that the solution lies in utilising Our Lady's Hospital, Cashel.

Cllr. Wood suggested that the children attending Scoil Aonghusa in Cashel could have their Speech and Language Therapy, Occupational Therapy and Physiotherapy services provided on the campus to ensure they didn't leave school without having received appropriate therapy services.

Ms. Anna Maria Lanigan undertook to follow up with the appropriate personnel on the request for South Tipperary Councilors to visit the Hospital and the possibility of services being provided for the children.

Regarding usage of the facilities, Ms. Anna Maria Lanigan advised that the Disability Network Team will be utilising accommodation on the 2nd floor and that it is hoped that Diagnostic services on the campus will be expanding.

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

"To ask the HSE to publish a report on the number of staff that are currently employed on the campus of CUH/CUMH either directly or indirectly that report

on a daily basis, the number of dedicated car spaces available for staff on campus and the process of allocation of those spaces, other parking options available to staff, the date of completion of the current traffic management plan, the date it was submitted to Cork City Council and what feedback was received?"

A written response from Mr. Tony McNamara, General Manager, Cork University Hospital was circulated to members and noted.

Cllr. Buttimer noted that parking is an ongoing problem at CUH despite, and he is aware, that many staff arrive early to secure a space for their shifts.

Dr. Ger O'Callaghan advised that there are efforts being made to improve the current situation and that the currently mobility plan was completed in November 2015 and issued to Cork City Council in December 2016 for review.

The City Council's Transport Division expressed satisfaction with the plan and queries which arose were clarified by the HSE.

(c) Cllr. Ray Murphy put forward the following question:

"I would like to receive an update on the status of the Sacred Heart Ward closure in the Dungarvan Community Hospital, Co Waterford. On April 28th last the HSE ordered the closure of the remaining 19 beds having already closed 7 beds in this ward last January. The HSE has since stated this is a temporary measure mainly due to a shortage of nurses. I would like the HSE to give a clear indication as to when this ward will return its 26 beds for treatment of patients recovering from stroke or major accidents and in need of rehabilitation and physio services."

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

Cllr. Murphy welcomed the response and was pleased to note the HSE's commitment to filling existing vacancies and reopening the ward thereby restoring the hospital's total operative capacity.

(d) Cllrs. Breda Gardner, Joe Malone, Michael McCarthy, and Mike Doyle put forward the following question:

"To ask the HSE South How many patients are currently being sent to private hospitals in Cork for diagnostics from UHW? What is the actual cost to the HSE of each procedure for each patient in a private hospital as opposed to the cost of that patient being treated at UHW? How long on average is each patient then waiting on a further waiting list for treatment at UHW once their diagnosis has been completed in Cork?"

A written response from Mr Richard Dooley, General Manager, University Hospital Waterford was circulated to members and noted.

Cllr. Gardner acknowledged the reply but noted that no costs were provided. She felt it would be more appropriate for Kilkenny patients to be served by UHW instead of being sent to Dublin.

Cllr. Fitzgerald asked who would provide the staffing for the mobile unit.

Cllr. Power wondered if the mobile unit could be used on Saturday and Sunday with the existing unit continuing to operate from Monday to Friday. Cllr. Daniels asked what commitment the mobile unit would have time wise.

In response Dr. Ger O'Callaghan advised that the SSWHG will be commencing the tendering process for the mobile unit next week and it is expected to be operational in September/October.

Patients are not being sent to private hospitals this year but to CUH so there isn't any cost difference to the UHW service. The staff will be provided by the company which wins the tender to provide the service and the mobile unit is being used to clear waiting lists initially and isn't being brought into a weekend function for other referrals. It will be open from 9am – 5pm as of now with the the number of days per week to be decided.

(e) Cllr Arthur McDonald put forward the following question:

Why was the HSE Service for Dental Care been closed in Bagenalstown. The dentist was transferred and as far as I am aware there are no plans for a replacement. This means primary school children are not receiving their 4th and 6th class checkups and any child with a dental emergency has to travel to Carlow or Kilkenny. I am aware of other dental services in the Carlow/ Kilkenny are having been closed down completely and am concerned that this vital and valued service in the area will also be closed. I find this is unacceptable.

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

Cllr. McDonald acknowledged the reply and said he would like to see the post in Bagenalstown filled by October 2017.

Ms. Anna Maria Lanigan advised that a Dental Surgeon from Kilkenny will be addressing the current deficit of service but the service will not be lost and it is a priority for CHO5.

Ms. Anna Maria Lanigan will follow up with the appropriate person in CHO5 who will update Cllr. McDonald on the situation.

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

“While welcoming the agreement between all parties regarding working arrangements at Deer Lodge in Killarney, I ask the HSE, has an opening date been set for this long awaited facility?”

A written response from Mr Ger Reaney, CO, Area 4 Cork and Kerry was circulated to members and noted.

Cllr. Culloty thanked Mr. Reaney for the response and was delighted that all difficulties had been resolved and an opening date of July 11th agreed. He thanked Mr. Reaney and all who helped to bring the project to fruition and noted that Deer Lodge will be a fantastic facility for everyone.

Cllr. Quigg concurred and said the facility is long overdue and noted Mr. Reaney's confirmation that the Mental Health needs of younger people are being kept under review albeit with the focus firmly on fully staffing the existing services.

6. Date and time of next meeting

The next meeting will be held on Thursday 21st September 2017, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

7. Deputation

Cllr. Brendan Cronin advised the meeting that the proposed presentation on Lyme Disease by Ms. Anne Marie O'Connor had been deferred. It will be rescheduled and possibly be considered by the South East and South West Committees.

MINUTES OF SEPTEMBER 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 21st September 2017 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. Brendan Cronin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Michael Doyle
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Joe Harris
Cllr. Willie Kavanagh
Cllr. Mary Linehan Foley

Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Arthur McDonald
Cllr. Ray Murphy
Cllr. Bobby O'Connell
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Bob Ryan
Cllr. John Sheehan
Cllr. Frank Staples
Cllr. Joe Sullivan
Cllr. Tom Wood

Apologies

Cllr. Mary Rose Desmond
Cllr. Mary Hanna Hourigan
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Aaron O'Sullivan
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 Aileen Colley, Chief Officer, 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 15th June 2017

On the proposal of Cllr John Buttimer, seconded by Cllr Denis Foley, the Minutes of the Forum meeting held on Thursday, June 15th, 2017 were approved and adopted by the members.

2. Chairperson's correspondence

There were no items for mention.

3. Reports by Chairpersons of:

Report of the South East Committee Meeting held on 11th April 2017, in Kilkenny, was taken as read.

The next Committee meetings will be held on:

- (a) South East Committee Meeting- 10th October 2017, in Kilkenny
 - (b) South West Committee Meeting- **25th October** 2017, in Kerry.
- Please note change of date for the South West Committee meeting.

4. Notices of Motion

- (a) Cllr. Damian Quigg moved the following Motion, standing in his name:

"That this Forum support my calls for the incoming Minister for Health to meet with a deputation from this forum and to ask for immediate respite care and services to be given to the families who need it as the current situation is not acceptable."

A verbal response from the Chairperson Cllr. Bobby O'Connell was followed by contributions from the members. Cllr Quigg emphasised that the issue raised was a national problem and he asked again for efforts to be made to meet the Minister rather than his representative.

Cllr. Malone supported Cllr. Quigg's request and reminded the meeting that he had requested that a meeting be arranged for some Forum members with the Minister, to discuss the waiting list issue in Acute hospitals. He asked that the members would support this request.

The related correspondence between the Chairperson of the HSE South Forum and the Minister for Health/Officials was noted.

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

“With in excess of 3,000 patients on trolleys in South Tipperary General Hospital during the first seven months of 2017 and widespread fears among staff and the general public as to what may lie ahead over the winter months, this Forum be advised as to what, if any measures are planned to deal with what is recognised as a continuing crisis.”

A written response from Ms. Aileen Colley was circulated to members and noted. Cllr. Wood advised that his motion had been tabled before the announcement on Friday September 15th. He highlighted that Euro 13m had been invested in Our Lady’s Hospital, Cashel but there was no bed in place and the hospital is 25 minutes drive from STGH in Clonmel. He noted that the 11 bay unit due to open in December will be used as a trolley base. He welcomed the news that additional temporary accommodation will be provided at STGH eventually as the hospital has one of the highest trolley counts in the country. He hopes that this will be temporary accommodation and not for long term commitments. Cllr Wood insisted that STGH needs to be included in the national Capital Plan with at least 50 beds to be provided.

He noted that the announcement last Friday (September 15th) had been made by a Tipperary Oireachtas member, before the Minister did so officially. He felt that Tipperary members of the forum should have been formally notified of the good news by the HSE.

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

“To call on the HSE to engage with the growing number of people who are afflicted with Alzheimers disease, and their Carers, to discuss options regarding providing a day care Centre in Killarney, to cater for the growing numbers presenting with this condition.”

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Culloty noted the response and asked that the HSE would meet with all affected groups in the Killarney to get their views because of the expectation that there will be increasing numbers of people suffering from Alzheimers disease in the future. In response, Mr Reaney said he would arrange the meeting. He added that while there is a requirement for more Day Care Centres across Cork and Kerry, the current information available to the CHO 4 does not indicate that Killarney is a priority area.

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

“That the HSE South would report on the different vaccination programmes currently available in Cork and Kerry for early childhood and School going children, the percentage uptake for 2015, 2016 and 2017 to date, the percentage uptake required for community efficacy, the manner of delivery of these programmes and the cost of administration of such programmes.”

A written response from Mr Ger Reaney Chief Officer Cork Kerry Community Healthcare was circulated to members and noted.

Cllr Buttimer thanked Mr Reaney for the figures provided and noted that there is a wide variety of vaccination programmes in place. He emphasised that these vaccination programmes are provided for everyone's welfare and the HSE should be unequivocal about their importance. Concluding the discussion Cllr Buttimer noted that uptake in Cork/Kerry has been satisfactory except in the HPV vaccine which presents a particular challenge. He was pleased that currently the HSE are running a six week campaign which is encouraging people to avail of the HPV vaccine.

- (e) Cllr John Sheehan moved the following Motion, standing in his name:

"That this HSE Forum would continue to promote the HSE's HPV Vaccination Programme. For women aged 25 to 39 years of age, cervical cancer is the second highest common cause of cancer. In the 2015/2016 academic year, there was a 16.8% fall in the number of first year secondary school girls being issued the stage two vaccine. In view of the fact that an estimated 300 women get diagnosed with cervical cancer, and 90 women die every year from cervical cancer, this is a major cause of concern."

A written response from Mr Ger Reaney Chief Officer, Cork Kerry Healthcare Organisation was circulated to members and noted. Cllr Sheehan noted that 95 % uptake is the target and advised that he had seen his first case of measles in 2016, after practicing as a GP for fifteen years. He was pleased to note the high uptake figures generally and supports the ongoing HSE campaign which is encouraging people to avail of the HPV vaccine, is supported by WHO and every national regulatory body in the world. These sources dismissed the alleged side effects and recent negative comments, which have concerned many parents, as inaccurate.

Cllr Buttimer supported and asked Forum members to encourage people to avail of the 'flu vaccine in Autumn 2017.

5. Questions

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

"That this Forum support my call for the Minister for Health and the HSE to provide a Nurse and a Physiotherapist at St Francis Special needs School in Beaufort Co Kerry."

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Quigg noted the reply but emphasised that there had been a loss of service which sets children back when they have been making progress. He asked the Forum to support his call for full restoration of the services. Mr Reaney

explained how the respective Physiotherapy and Nursing service shortages arose and undertook to review the situation.

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

"I ask the HSE to explain, why the people of Rathmore, and surrounding areas, still do not have a full time GP, since the previous GP retired?"

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Culloty said that the feedback he received was that the present arrangement is not meeting patient needs and difficulties have arisen in trying to arrange an appointment through Millstreet. He felt that Rathmore needs a full time GP and the longer the present system remains the more difficult it will be, to fill the post on a full time basis.

Mr Reaney noted that Rathmore had a limited or no service for some time and recalled the efforts made to recruit a GP. The HSE is monitoring the service requirements closely and the current information would indicate that the number of patients presenting in Rathmore can be seen within the three days per week that the GP is in Rathmore. Mr Reaney agreed to arrange a meeting between the HSE and representatives of the community to discuss the present service and secure details of patients unable to secure appointments.

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

"With no Medical Officer resulting in a serious question over Medical Cover as it stands and a shortfall of 8/9 WTE Health Care Assistants at Saint Patrick's Hospital, Cashel, I question what immediate action will be taken to ensure continuity of safe patient care?"

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

Cllr Wood acknowledged Ms Colley's response but said there was a doctor available to provide services at St Patricks Hospital Cashel but he accepted another post, due to a delay in the recruitment process. He expressed concern about the provision of medical cover at the Hospital since July 1st 2017. Cllr Wood highlighted the reduction of 38 beds at the Hospital in recent years, despite the high demand for elderly beds in the county. He recalled asking for the CHO 5 management to meet the South Tipperary Members, in Cashel, to discuss the January 2016 announcement and the HSE's current progress and is repeating that request now.

In response, Ms Colley advised that the HSE is continuing its attempts to recruit a suitably qualified Medical Officer and reminded Cllr Wood that the Consultant Geriatrician from STGH provides a service to St Patricks Hospital Cashel. There is a commitment to proceed with the capital development which is with the Estates team (PPP project) and they are working on the assessment of sites and Design Teams. Ms. Colley will discuss the issues further at a meeting with the South Tipperary members of the HSE South Forum.

(d) Cllr. Ray Murphy put forward the following question:

"To ask that the HSE South would give an update on the status of the Sacred Heart Ward closure in the Dungarvan Community Hospital, Co Waterford. On April 28th last the HSE ordered the closure of the remaining 19 beds having already closed 7 beds in this ward last January. The HSE has since stated this is a temporary measure mainly due to a shortage of nurses. At the June Forum meeting the HSE South informed the Forum Members that ongoing steps to improve the situation including recruitment, mobilising staff from other services to cover absence, utilising agency staff where available, and seeking assistance from partner hospitals. I would ask the HSE South to give a clear indication now as to when this ward will return it's 26 beds for treatment of patients recovering from stroke or major accidents and in need of rehabilitation and physio services."

A written response from Ms Aileen Colley was circulated to members and noted. Cllr Murphy thanked Ms Colley for her response. He noted that 12 beds had reopened so far and that the ward previously had 26 beds. Ms Colley advised that beds are being reopened as nursing staff are recruited and beds will be opened as posts are filled. The intention is to restore the 26 bed complement, as soon as the necessary staffing personnel are available to take up duty.

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

"In relation to the EU Cross Border Health Directive, can the HSE Southern Forum please outline the following:

- What measures are being taken to publicize the HSE's EU Cross Border Directive in the HSE Southern Region?
- The cost of the EU Cross Border Health Directive in 2016 that the HSE paid out to participants of the scheme from Ireland?
- What plans are the HSE putting into place in view of the upcoming Brexit situation?

A written response from Ms Catherine Donohue, General Manager, Commercial Unit, Acute Hospital Services was circulated to members and noted. Cllr Sheehan was satisfied with the reply and felt that the HSE should advertise the scheme more extensively.

6. Date and time of next meeting

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

The Chairman asked members to note the foregoing arrangements.

MINUTES OF NOVEMBER 2017 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 16th November 2017 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. John Carey
Cllr. Timmy Collins
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Pat Fitzgerald
Cllr. John Francis Flynn
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Joe Harris
Cllr. Mary Hanna Hourigan

Cllr. Willie Kavanagh
Cllr. George Lawlor
Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Arthur McDonald
Cllr. Ray Murphy
Cllr. Bobby O'Connell
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Joe Sullivan
Cllr. Tom Wood

Apologies

Cllr. John Buttimer
Cllr. Henry Cremin
Cllr. Brendan Cronin
Cllr. Louise McLoughlin

Cllr. Jason Murphy
Cllr. William Quinn
Cllr. John Sheehan

In Attendance:

Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare
Ms Bridie O'Sullivan, Chief Director of Nursing/Midwifery,
Ms Aileen Colley, Chief Officer, 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 21st September 2017

On the proposal of Cllr. Timmy Collins, seconded by Cllr. Denis Foley, the Minutes of the Forum meeting, held on Thursday, September 21st, 2017 were approved and adopted by the members.

2. Chairperson's correspondence

Cllr Joe Malone asked if the Minister for Health, Mr. Simon Harris TD, had responded to the Forum's request to meet him for discussions about Hospital waiting lists. Cllr. Breda Gardner, Cllr. Davy Daniels and Cllr. Arthur Mc Donald supported the call for the meeting to be held, as soon as possible. The Chairman, Cllr. Bobby O'Connell, promised that further efforts would be made to arrange a meeting and Cllr. Mary Hanna Hourigan undertook to contact the Minister's office, in that respect.

3. Reports by Chairpersons of:

- (a) South East Committee Meeting, held on 10th October 2017, in Kilkenny
- (b) South West Committee Meeting, held on 25th October 2017, in Kerry

were taken as read.

The next meetings will be held as follows;

- (c) South East Committee on 5th December 2017 in Kilkenny
- (d) South West Committee on 7th December 2017 in Cork.

4. Notices of Motion

- (a) Cllr. Bobby O'Connell moved the following Motion, standing the name of Brendan Cronin:

"To ask for an update on the provision of a much needed dedicated stroke unit at University Hospital Kerry."

A written response from Mr Fearghal Grimes, General Manager, University Hospital Kerry was circulated to members and noted.

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

"With a warning in place of a possible serious flu epidemic over the coming months and a recognised shortage of beds at South Tipperary General Hospital, this Forum calls on the HSE to utilise the available bed capacity available at both our Lady's Hospital complex and Saint Patrick's Hospital in Cashel should demand arise."

A written response from Ms. Maria Barry, General Manager, South Tipperary General Hospital (STGH) was circulated to members and noted. Cllr. Wood acknowledged the response and advised that the motion was intended to highlight the possible 'flu epidemic, which is expected in the next few months. He noted the accommodation problems at STGH and expects that measures will be put in place to address the anticipated emergency situation. He emphasised that there is some available bed capacity in St Patricks Hospital Cashel which should be used to its potential. Ms Bridie O' Sullivan, Chief Director Nursing & Midwifery, SSWHG confirmed that an emergency management plan is in place and it includes actions to address the situation should it arise.

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

"That we write to Minister of Health Simon Harris to reintroduce Boards of Management to each hospital in the South East to ensure the best decisions are made at local level with cross representation from patients, doctors, nurses, community representatives, HSE, and public representatives."

A written response from Mr Richard Dooley, General Manager, University Hospital Waterford was circulated to members and noted. Cllr. Gardner said that the management of hospitals is now very centralised and in need of review to ensure local issues are understood by decision makers. Cllr. Mary Hanna Hourigan supported the motion and expressed disappointment that queries have to be emailed to the relevant service and that interaction including local meetings/briefings with Health Managers had ceased.

Cllr Joe Malone supported Cllr Gardner's motion while expressing frustration with the current system of collaboration between Managers and Forum members.

Cllr. Quigg also supported and declared that the Minister for Health has an obligation to meet Forum members when requested.

Support was also declared by Cllrs. Timmy Collins, Tom Wood, Arthur Mc Donald, John Joe Cullotty, Joe Sullivan and the Chairperson, Cllr. Bobby O' Connell. The value of local interaction between HSE and Members was emphasised in their contributions.

In response, Ms. Bridie O' Sullivan noted the comments and confirmed that the Hospital Groups and CHOs around the country are working together to improve patient outcomes. She explained that the demand for health care increases following the introduction of new clinical technology and enhancement of specialties, while demographics and waiting lists also impact on service capacity. She said that the system of bringing hospitals together within Groups, in particular models of care has been progressive.

Mr Ger Reaney said he understood the members' frustration, but assured them that all managers are accountable, within the system and reminded them that the Forum does not have the same role as the former Health Boards. Determining policy is not a Forum function. Rather it is intended as a structured communications system between members and managers and he values that

relationship, which helps to highlight service needs and help decision making. Mr. Reaney hopes that Forum members have found the opportunity valuable and that their experiences were positive. In conclusion, he assured the members that their concerns are being listened to and that will continue.

Cllr. Gardner thanked her colleagues for their support and a show of hands saw the motion passed by a large majority.

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

“To ask the HSE, to explain how they intend to eliminate the unacceptable number of patients on trolleys at University Hospital Kerry, taking into account the possibility of having to deal with the flu virus, that appears to have a higher than usual resistance to vaccines.”

A written response from Mr Fearghal Grimes, General Manager, University Hospital Kerry was circulated to members and noted.

Cllr. Culloty felt that Primary Care Centres should be better equipped in the area of diagnostics and wondered if more could be done to reduce the number of patients on trolleys at UHK.

In reply Mr. Ger Reaney confirmed that the Primary Care Centres are being supported and access to ultrasound is being funded across the care centres, with further investment due in 2018. Some clinics led by CUH Consultants are being planned for selected Primary Care Centres, while the SSWHG and CHOs are continuing to work on a collaborative basis, across the catchment area. He agreed that hospital trolleys are one of the biggest challenges in the health system but insisted that Cork Kerry Community Healthcare is working closely with acute hospitals, on a joint plan. Some 34 step down beds will be opening in the coming months to accept discharges from CUH, while other initiatives are also proceeding. All of the activity data is confirming that a higher percentage of older fragile patients are presenting at acute hospitals, which affects the length of stay and delayed discharge returns.

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

“That the Regional Health Forum South calls on the Minister of Health, Minister of Education & Skills and the Minister for Children to collectively consider a training program of Occupational Basic First Aid for primary, post primary school teachers and SNA's that may wish to avail of such training.

This is to ensure, in the event of a medical incident at a school, no school pupil is unnecessarily put at risk due to lack of basic medical training of school staff.”

A discussion took place among the members and it was agreed that the training should be part of the college course curriculum. As formal training

would be guaranteed to help in saving lives around the country, the members supported the motion.

Cllr. Gardner felt that such training should be compulsory, but Cllr. Fitzgerald, who moved the motion, expressed a preference for leaving it as a voluntary option.

5. Questions

(a) Cllr. Brendan Cronin put forward the following question:

"Has there been any progress or decisions made on the future use of St Finian's Hospital and the associated lands in Killarney?"

A written response from Mr. Ger Reaney and Mr Pat Mc Carthy, Assistant National Director Estates, was circulated to members and noted.

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

"Is there a plan to utilise the former lodge at Saint Patrick's Hospital, Cashel, the gate lodge at Our Lady's Hospital, (condition deteriorating), and the derelict former doctor's residence at Old Road, Cashel?"

A written response from Ms Aileen Colley, Chief Officer, was circulated to members and noted. Cllr. Wood welcome the progress confirmed in the response.

He advised the meeting that the Gate Lodge is a protected building and is currently in a state of decay, despite being occupied until fairly recently.

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

"Confirm when exactly the national review with specific emphasis on 24/7 cardiac care for the southeast will be carried out, who will be carrying it out, what the terms of reference for this review will be based upon, who will have input into the preparation of the terms of reference?"

A written response from Dr. Ger O'Callaghan, Chief Operations Officer, SSWHG, was circulated to members and noted.

Cllr. Gardner expressed her disappointment with the lack of information. Ms. Bridie O' Sullivan confirmed that the SSWHG does not yet know when the national review of cardiac services will commence, or what its terms of reference will be.

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

"Has there been any progress or decisions made on the future use of St Finian's Hospital and the associated lands in Killarney."

A written response from Mr Ger Reaney was circulated to members and noted. Cllr. Culloty felt that 22,000 euro was a significant post job expense and wondered if a contingency fund had been retained, to ensure the work was complete and professionally certified as satisfactory.

Mr Reaney explained that there is a retention fund which is held until after the buildings are handed over. He confirmed that the building had been certified at each stage of the project and there was no evidence that the radon barrier had been incorrectly fitted by the contractor.

7. Date and time of next meeting

The next meeting will be held in February 2018 (date to be decided), at 2pm, in the Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.