



Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

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# REGIONAL HEALTH FORUM, SOUTH

## ANNUAL REPORT 2018



## **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, 2018 succeeding Cllr. Bobby O'Connell.

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 2018 which outlines the activities of the Forum to 31<sup>st</sup> December 2018.

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 2018.

**Cllr Jason Murphy**  
**Chairperson**



## **REGIONAL HEALTH FORUM – SOUTH**

**Chairperson:** Cllr Bobby O’Connell replaced by Cllr Jason Murphy in June 2018

**Vice-Chairperson:** Cllr Imelda Goldsboro was replaced by Cllr Arthur McDonald in June 2018

### **SOUTH EAST COMMITTEE:**

**Chairperson:** Cllr Arthur McDonald was re-elected in December 2018

**Vice-Chairperson:** Cllr Michael Doyle was re-elected in December 2018

### **SOUTH WEST COMMITTEE:**

**Chairperson:** Cllr Timmy Collins was re-elected in October 2018

**Vice-Chairperson:** Cllr Deirdre Forde was re-elected in October 2018

## **MEMBERS REPRESENTING CARLOW COUNTY COUNCIL**

Cllr Denis Foley

Cllr Arthur McDonald

Cllr William Quinn replaced by Cllr. Brian O’Donoghue

## **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 Brendan Cronin

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 (RIP) replaced by Cllr. Damien Geoghegan  
Cllr Ray Murphy replaced by Cllr. Michael J. O’Ryan  
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 1<sup>st</sup> 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 22<sup>nd</sup> February 2018
- Thursday 22<sup>nd</sup> March 2018
- Thursday 17<sup>th</sup> May 2018
- Thursday 21<sup>st</sup> June 2018
- Thursday 20<sup>th</sup> September 2018
- Thursday 22<sup>nd</sup> November 2018

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 23<sup>rd</sup> January            **Kilkenny**  
Thursday 25<sup>th</sup> January           **Conference Room, Primary Care Centre, Mallow**

Thursday 10<sup>th</sup> April               **Kilkenny**  
Thursday 12<sup>th</sup> April               **Tralee, Co, Kerry**

Thursday 11<sup>th</sup> September       **Kilkenny**  
Thursday 18<sup>th</sup> October           **Tralee, Co Kerry**

Thursday 4<sup>th</sup> December         **Kilkenny**  
Thursday 6<sup>th</sup> December         **Cork**

### **AGM/Election of Chairperson & Vice-Chairperson**

Members elected Cllr Jason Murphy as Chairperson and elected Cllr Arthur McDonald as Vice-Chairperson of the Forum at its AGM on 21<sup>st</sup> June 2018.

The South East Committee meeting held on 4<sup>th</sup> December 2018 re-elected Cllr Arthur McDonald as Chairperson and re-elected Cllr Michael Doyle as Vice-Chairperson.

The South West Committee at its meeting on 18<sup>th</sup> October 2018 re-elected Cllr Timmy Collins as Chairperson and re-elected 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 4<sup>th</sup> 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 2018, 24 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 2018, Regional Health Forum South Members submitted 20 Questions.

## **Presentations**

### **The following presentations were delivered to the Forum Members:-**

- Presentation on Slaintecare Report – Future of Health Service Delivery in Ireland – January South West and East Committee Meetings.
- Presentation on Regional Operational Plans 2018 - February 2018 Regional Health Forum Meeting.
- Presentation on Lyme Disease – Dr. Paul McKeown – April South West Committee Meeting.
- Presentation on CPE – Professor Martin Cormican, HSE, National Lead for Health Care Associated Infection and Antimicrobial Resistance – June 2018 Regional Health Forum Meeting.
- Presentation on HSELive – Ms Geraldine Charman, Team Manager, HSELive, Communications Division, HSE – November Regional Health Forum Meeting.
- Presentation on UHK Radiology Lookback Review – December South West Committee Meeting.

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# MOTION AND QUESTION RESPONSES

FORUM MEETING  
22<sup>nd</sup> February 2018

## **MOTIONS**

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

"That the HSE would support patients with head injuries and severe neurological injury in their transport needs to headway as many patients find the transport costs prohibitive."

**Cllr. John Sheehan**

Cork Kerry Community Healthcare has access to limited funding for the provision of day services to adults in Cork. These funds are fully expended in the provision of staff, materials, overheads and where necessary the rental of suitable premises. However Cork Kerry Community Healthcare acknowledges that transport is a critical requirement for many of the client's using our services.

The HSE funds Clinical and Rehabilitation services for adults with an Acquired Brain Injury (ABI) in Cork. Transport is a significant issue for persons accessing services and there are a number of initiatives developed by the National Transport Authority to support persons avail of transport such as the rural link.

For persons with an ABI, travel training should be promoted as much as possible in using public transport as this would form part of their rehabilitation plan in promoting new learning and increase their independence. In cases where persons with an ABI have significant physical issues there is a grant that can be applied for to support people access community services.

It is noted that historical arrangements around transport to day services exist for many service providers. Consideration of any alteration to these arrangements would require a direct communication to the agency re compatibility, route, times for all parties involved, destinations and all other components of the provision of the service.

To gain a greater insight to the issues Cork Kerry Community Healthcare will ask Headway to carry out an analysis of the current needs so we can get a baseline of transport issues and the impact.

Unfortunately, due to the limited resources available, we do not have a more positive position at this time. We will continue to consider various possible solutions to address transport needs in light of the potential to better utilise existing transport expenditure and potential to access additional resources

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

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

"As concern arises about the unacceptable level of Investment in Mental Health Services in South Tipperary and with the closure of Saint Michaels Acute Psychiatric Unit in Clonmel widely recognised as a mistake, this Forum calls on the HSE to: 1. Outline what measures will be taken to improve services and 2. Give serious consideration to the provision of inpatient beds again in South Tipperary."

**Cllr Tom Wood**

Following the judgment and Order of the High Court, admissions to St. Michael's Unit, South Tipperary General Hospital ceased on 5th June 2012 and the acute mental health inpatient services formerly provided at that Unit were transferred on a phased planned basis to the Acute In-patient Unit of the Department of Psychiatry, St. Luke's General Hospital, Kilkenny.

The Department of Psychiatry, St Luke's Hospital, Kilkenny, a 44 bedded acute psychiatric unit is the designated Mental Health Commission approved centre for the Carlow, Kilkenny and South Tipperary area. The unit is registered subject to the compliance regulations of the Mental Health Act 2001 (approved centre) Regulations 2006.

### **Mental Health Developments in South Tipperary**

Parallel to the above, there have been a number of other significant developments in the implementation of a major Change Programme across Carlow/Kilkenny/South Tipperary (in line with *A Vision for Change* and Mental Health Commission recommendations). A key priority for the HSE has been to shift the model of care from the old long stay institutions and reliance of inpatient settings of care to the development of a comprehensive community based service with services being provided in more appropriate settings.

### **Community Mental Health Developments in South Tipperary**

**Community Mental Health Teams (CMHTs)** were amalgamated and enhanced with redeployment of additional nursing staff across Carlow/Kilkenny and South Tipperary Area.

- **Acute Day Services (Day Hospitals)** offer an alternative to inpatient admission for a proportion of service users. Two new Acute Day Services (Day Hospitals) were established in both Clonmel and Cashel. Joint multi-disciplinary assessments now take place in the Acute Day Services.
- **South Tipperary Home Based Services** became operational on 31st October 2011. The Home Based Service for South Tipperary operates on a seven day per week basis (9am to 8.30pm). This enables service users to receive treatment in their own home environment and is providing an important alternative to acute inpatient care. A number of the nursing staff within the Home Based Service are qualified Nurse Prescribers. An additional Clinical Nurse Manager Grade 2 post was redeployed to the Home Based Service from St Michael's Unit on 1st July 2012 with a key liaison role between the Department of Psychiatry Kilkenny and the Home Based Services. The Home Based Treatment Service work closely with the day hospital staff. The Consultant Psychiatrists in South Tipperary Mental

Health Services are actively leading the HBTT service and all Home Based Service care plans and treatment decisions.

### **Continuing Care Services**

#### **Community Nursing Unit - Haywood Lodge, Clonmel, Co. Tipperary**

Haywood Lodge is purpose built residential 40 bed community nursing unit operational from April 2012. This involved the relocation of patients and staff from old inappropriate long stay facilities from St Luke's Psychiatric Hospital Clonmel. The unit is built to a high specification based on a national design. Each resident has their own en-suite bedroom and access to outdoor garden areas and occupational activity. There has been very positive feedback from relatives of service users and from the Mental Health Commission during previous unannounced visit.

### **High Support Services**

#### **South Tipperary - Garryshane House (High Support Services)**

Garryshane House is a purpose built 12 bed High Support Hostel which opened on the 26th July 2012. The opening of this unit involved the redeployment of staff and final transfer of remaining residents in St Luke's Hospital Clonmel thereby enabling the closure of the old psychiatric hospital (in line with recommendations from Mental Health Commission and Vision for Change). Each resident has an individualized care plan that involves active rehabilitation and recovery care elements.

### **CAMHS - Child and Adolescent Mental Health Services**

There are 2 CAMHS Teams in South Tipperary both of whom provide a range of community based mental health services to children and young people under the age of 18 yrs of age. CAMHS Team 2 is not fully populated in terms of staffing.

**Crisis/Respite House - South Tipperary - Glenville House (a temporary location) opened** on 19th June 2012. The crisis/respite facility is used for crisis accommodation and acute respite purposes for a period of up to 72 hours. It offers an alternative to Acute Inpatient Care for a proportion of service users who would otherwise have been admitted to the acute hospital setting. The permanent crisis house building will be developed in Clonmel on the Glenconnor Road with planning resolved and approved. This has now gone for tender and confirmation of funding received.

### **Community Mental Health Centre/Base - South Tipperary Community Mental Health Centre**

The existing South Tipperary Community Mental Health Team (CMHT), Home Based Treatment Team and Acute Day Services (Day Hospital) relocated to the newly purpose built permanent location South Tipperary Community Mental Health Centre which became operational on 24th September 2012. This facilitates the co-location and further enhancement of these services. It supports the ongoing continued development of comprehensive Community Mental Health Service with a single point of access.

### **Development of Mental Health Service in Emergency Department, South Tipperary General Hospital**

Rooms were constructed and became operational off the main corridor of the Emergency Department in South Tipperary General Hospital during 2012. This unit allows for mental health assessments to be conducted in an appropriate environment and complies with College of Psychiatry of Ireland requirements. In addition to the continuation of the Emergency Department Mental Health Liaison Nurse post



(Monday to Friday, 9am to 5pm) an additional Clinical Nurse Specialist Mental Health (CNS) role was introduced on an interim basis with effect from 13th July 2012 (to replace on call). This service provides out of hours cover (8.30pm to 8am, 7 days per week) and is being kept under review. The Clinical Nurse Specialist also provides Liaison Consultation to South Tipperary General Hospital at night. All presentations are jointly assessed by the Non-Consultant Hospital Doctors (NCHD) and the Clinical Nurse Specialist (Mental Health) with support by the Consultant on Call. The service, based in the Emergency Department, South Tipperary General Hospital is a unique level of provision compared to other Emergency Departments throughout the country.

**Aileen Colley**  
**Chief Officer**  
**South East Community Healthcare**

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The remaining motions and questions were deferred to the  
March 2018 Regional Health Forum South Meeting.

# MOTION AND QUESTION RESPONSES

FORUM MEETING  
22<sup>nd</sup> March 2018

## MOTIONS

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

"That the Regional Health Forum writes to Minister of Health, Simon Harris, the Tasoiseach, Leo Varaker and all the TDs in the South East, Carlow, Kilkenny, Wexford, Waterford and Tipperary to ask for their help and support in implementing 24/7 Cardiac Care Services in University Hospital Waterford now. And if not why not?"

**Cllr. Breda Gardner**

The Regional cardiac catheterisation laboratory (Cath Lab) at University Hospital Waterford (UHW) provides an equal access service to the four acute hospitals in the South East Area. i.e University Hospital Waterford, Wexford General Hospital, St. Luke's General Hospital, Kilkenny, and South Tipperary General Hospital. The service is provided to a population of 497,578 (Census 2011). The nationally designated hospitals are 24/7 and 9/5 centres to ensure the aim of the programme that all ACS nationally are managed according to clear protocols in a timely manner.

In October 2012 University Hospital Waterford was identified as the designated Primary PCI centre under the National Acute Coronary Syndrome Programme to cover the areas of Waterford, Kilkenny, South Tipperary and Wexford General, Monday to Friday 9 am -5 pm. (National ACS programme Model of Care Programme March 2012). This is still the model of service provided at UHW. Patients with STEMI Heart Attacks out of hours are managed by stabilizing and transporting to either Cork or Dublin within the required ACS timeframe.

### **Activity/ Waiting List**

The monthly referral rate for Primary PCI patients is 8 and an average of 130 patients per month are referred for elective procedures in the Cath lab.

**The Herity Report** recommended the provision of 3 additional Cath lab sessions per week by extension of the working day three evenings per week.

In the interim a mobile cath lab has been deployed to address the current waiting list and a national review of Cardiology Services is now underway.

**Richard Dooley**  
**General Manager**  
**University Hospital Waterford**

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

"To call on the HSE to provide a minimum of 35 extra beds at University Hospital Kerry."

**Cllr John Joe Culloty**

University Hospital Kerry (UHK) has had approximately 15-20 surge beds open since the beginning of 2018 to accommodate the increase in capacity coming through the Emergency Department. UHK management are in discussions with the South/South West Hospital Group (S/SWHG) to secure funding for the long term opening of these beds. UHK is also in consultation with the S/SWHG with a view to providing additional acute beds as part of the Additional Capacity Bed Protocol for 2018.

**Fearghal Grimes  
General Manager  
University Hospital Kerry**

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

"That this Forum would request why the decision was made by the HSE and Minister to supply the FreeStyle Libre to Children and young Adults on Multiple Daily injections? Why is everyone else being discriminated against and not given access to the FreeStyle Libre? Why are children and young adults on a pump, also being discriminated against?"

**Cllr Jason Murphy**

The HSE has agreed in principle to reimburse Freestyle Libre on an individualised basis, in line with the recommendations of the Health Technology Assessment Group.

The Health Technology Assessment Group recommended that reimbursement for the device should be considered, subject to certain conditions. The HSE has accepted its recommendations, in principle, and will be developing an application suite for hospital clinicians to use when proposing suitable patients for consideration of individual reimbursement support.

This will be confined to children and young adults in the first instance who require multiple dose injections of insulin with a review after twelve months to be satisfied that the expected 'offset' reductions in glucose monitoring ancillaries materialise. This is a key aspect in the costings in the advice note and a key aspect in the positive decision by the HSE.

The HSE has indicated that it will take some months to build such an application for reimbursement support, which will be Endocrinologist / Hospital Clinic initiated only.

**Kieran Healy  
Head of Customer Service  
Primary Care Reimbursement Service (PCRS)  
Health Service Executive**

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

“In welcoming the recent announcement of a €50 million cash injection to help secure the future of South Tipperary General Hospital I call on Management to outline what developments are envisaged and the timeline for same.”

**Clr Tom Wood**

The proposed developments for South Tipperary General Hospital are:

**Agreed**

1. Relocation of Out Patients Department (OPD) to the former St Michaels Unit - timeline to be agreed
2. 40 Bedded Modular Build – timeline 40 weeks from internal HSE approval

**Awaiting approval submitted to the Capital Steering Group**

1. Refurbishment of Coronary Care Unit /Acute Medical Assessment Unit
2. 50 Bedded New Build with a shell floor
3. Early Pregnancy Assessment Unit relocation

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

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**Notice of Motion No 4(e) on Agenda** – In the absence of Clr Quigg the motion was deferred.

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

“That this Forum would be provided with details of the number of children and adolescents in the Cork/Kerry Community Healthcare Region who are currently

awaiting assessment and appointments with CAMHS teams and the length of time they are waiting.”

**Cllr Mary Rose Desmond**

The following table provides details on the number of children on waiting lists for services by area as of January 2018:

<b>Area</b>	<b>Total waiting</b>	<b>Of total number waiting times over 12 months</b>
<b>South Lee 1</b>	113	52
<b>South Lee 2</b>	59	28
<b>South Lee 3</b>	127	71
<b>West Cork</b>	61	13
<b>Kerry North</b>	29	7
<b>Kerry South</b>	70	33
<b>North Lee North</b>	70	15
<b>North Lee East</b>	63	0
<b>North Lee West</b>	24	1
<b>North Cork</b>	131	10
<b>Total Cork Kerry</b>	<b>747</b>	<b>230</b>

The Waiting Lists for this service have been impacted by a number of factors including:

- Increased referrals to the service;
- Difficulties filling some positions incl consultants

Cork Kerry Community Healthcare commenced an enhancement project in Child and Adolescent Mental Health Services in October 2017, with a senior manager appointed to lead this initiative. The aim of this project is to plan and oversee the implementation of a range of short, medium and long term actions to achieve sustainable improvement in waiting times.

The initial focus of the project is to look at areas where the waiting list is in excess of 12 months and target those areas with the longest waiting lists as a priority. Significant improvements have been made to date in some areas. For example, South Lee 3 has decreased from 210 children waiting in October '17 to 127 in January '18, and South Lee 2 has decreased from 80 to 59 children waiting over the same period.

In line with Programme for Government (PfG) development funding, new staffing resources were approved in December 2017. A total of 7.5 additional clinical WTE's were approved for CAMHS services in the Cork and Kerry area. Significant consultation took place with each CAMHS Team to identify the additional resources which would achieve the maximum impact on waiting lists and waiting times. These staff are currently being recruited and once appointed they will be targeting areas of highest need. The first new appointee commenced on the 20<sup>th</sup> of March 2018 with others projected to follow between April and July 2018.

A key initiative within the CAMHS Enhancement Project is to establish specific clinics to increase access to Attention Deficit Hyperactivity Disorder (ADHD) and

Assessment of Need assessment which account for the largest proportion of those children waiting over 12 months.

In addition, the 2018 Operational Plan highlights the planned development of a specialist Eating Disorder Team. This team will have 11.5 WTEs and when fully implemented will complement the efforts of the existing CAMHS Teams.

While progress has been made in the appointment of CAMHS consultants, there are still a number of vacant posts within the service. Extensive efforts are ongoing to fill these remaining vacancies on a permanent basis. A CAMHS Medical Recruitment Taskforce was established, including medical staff and management, to ensure that all opportunities were optimised to recruit medical staff to CAMHS Services in Cork and Kerry.

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

## Questions

### **Deferred Question No 5(a) on Agenda refers:**

“Can the HSE confirm that a patient who receives medical care abroad under the EU Cross Border Health Care Directive is entitled to follow care and treatment (including Physiotherapy for orthopaedic surgery) under the legislation as it currently stands.”

**Cllr John Sheehan**

Yes, a patient who accesses healthcare abroad is entitled to access follow up care in Ireland as if he/she had accessed the care in Ireland.

The most common procedures abroad are hip replacements so when the patient has the surgery abroad he/she is referred back to his/her GP. The GP then refers the patient either back abroad for the physiotherapist or to the local services.

The general rule of thumb is the doctor who refers the patient abroad accepts the patient back and organises the follow up care in Ireland.

**Catherine Donohoe  
General Manager  
Commercial Unit  
Acute Hospital Services  
HSE**

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### **Deferred Question No 5(b) on Agenda refers:**

“Now that the Minister of Health has acknowledged that it is a HSE decision. What does the HSE propose to do to implement Boards of Management to each hospital in the South East?”

**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.

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.

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, Professor Geraldine McCarthy. Nine other members of the Board were appointed in December 2017. These are:

- Mr John Fitzgerald
- Mr Dan Byrne
- Professor Deirdre Madden
- Ms Margaret Murphy
- Ms Niamh Scannell
- Ms Helen O'Brien
- Professor Patrick O'Shea
- Mr Michael O'Sullivan
- Mr Michael Hall

Each Hospital Group is managed by a Chief Executive Officer, who reports to the Chairperson of the Board, as well as to the HSE National Director, and an executive management team.

Each hospital is managed by a General Manager/Chief Executive and an executive management board. The executive management board comprises of senior managers and senior clinicians in each hospital.

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

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**Deferred Question No 5(c) on Agenda refers:**

"What is the current position regarding the review of scans at University Hospital Kerry?"

**Cllr John Joe Culloty**

**Question No 5(f) on Agenda refers:**

"I call on the HSE to clarify for me, How many people carry out and oversee the scanning of images process at UHK, both prior to the Mis-diagnosis controversy and currently?"

**Cllr Damian Quigg**

**Background**

Management at University Hospital Kerry (UHK) was informed on July 26<sup>th</sup> 2017 of a Serious Reportable Event (SRE). The SRE was notified to the SSWHG and onwards to the Acute Hospital Division in accordance with HSE policy. A systems analysis

investigation of the case was undertaken at UHK. Two further SRE notifications arose in August. All three notifications related to an individual practitioner (Consultant Radiologist A).

The issue was escalated and a Look-back investigation was approved by the National Director of the Acute Hospital Division on August 30<sup>th</sup> 2017.

A Group Safety Incident Management Team (SIMT) was commissioned by the CEO of the SSWHG and chaired by the Chief Operations Officer, SSWHG. The first meeting of the group was held in UHK on 12<sup>th</sup> September, with weekly meetings thereafter. A Consultant Radiologist external to the hospital was then invited to join the SIMT to oversee the audit protocol.

In view of the level of patient safety concern at the hospital an urgent risk assessment was conducted by three Consultant Radiologists at UHK. They concluded that all images reported by Radiologist A between 24<sup>th</sup> March 2016 and 27<sup>th</sup> July 2017 should be reviewed.

In accordance with procedure, formal notification was issued to the Medical Council on 27<sup>th</sup> October 2017. Management at UHK are providing appropriate responses to requests for information from the Medical Council.

### **Current Status**

As of 22<sup>nd</sup> February 2018 46,235 images (100%) have been audited. A quality assurance process has now commenced on the results of the audit.

The clinical subgroup is continuing to follow-up with chart reviews of all patients identified by the audit team where a diagnostic error may have a clinical significance.

356 patients have been recalled to date for re-imaging with a further 13 patients scheduled over the coming week. Patients requiring follow up care or investigations have been referred through agreed pathways with clinical teams both in the hospital and other hospitals within SSWHG.

To date 9 Serious Reportable Events (SRE) and 2 Serious Incidents (SI) associated with diagnostic errors have been identified. All SREs and SIs have been notified to the SSWHG and onwards to the Acute Hospital Division in accordance with HSE policy.

Outcomes of the audit and any recall for each patient are being placed on a database. Letters will be issued to GPs and Patients at the end of the recall phase to all persons affected updating them on the outcome of the review.

The Clinical Subgroup are undertaking a quality assurance process in relation to the patients' identified for recall over the coming weeks to ensure there was consistency in the decision making by the Clinicians in identifying patients for recall.

Whilst the audit phase has been completed and the quality assurance on both the audit and recall has to be undertaken these stages have been run concurrently and therefore it is envisaged that the recall phase will still be completed within the stated target of the end of March 2018.

Once all persons affected have been reviewed, any care patients require has been transferred to the appropriate service and all persons affected have been written to with the outcome of the review, SIMT will prepare a detailed anonymised report on

the completed look back review process. Individual investigations are also engaging in relation to the patients who have been seriously impacted by the errors and individual anonymised reports are being shared with patients and families.

Two Clinical Co-ordinator are co-ordinating the patient contacts, GP communications, meetings with patients, arranging appropriate clinical follow up and updating the database on outcomes.

A total of 659 calls were received on the helpline up to date. The activity to the helpline has significantly reduced, and is tracking at approximately one/two calls per week.

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

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**Question No 5(d) on Agenda refers:**

“What do the HSE plan to do with St Raphael's building in Youghal when it is vacant next year after residents have being re-housed, could it be looked at for respite for East Cork Area, bearing in mind a million was spent on it renovating few years ago.”

**Cllr. Mary Lenihan Foley**

Cork Kerry Community Healthcare is very aware of the need to develop respite services for both children and adults with disabilities.

In 2017 funding was provided to Cope Foundation to provide an additional 1,100 respite nights per annum. In 2018, as outlined in the Cork Kerry Operational Plan, a 4 place residential respite house will be opened in Kilmona, Listowel, Co. Kerry. The first people will access respite on March 30<sup>th</sup> and the house will be fully operational by the end of April. An additional respite service will commence in Cork in the 4<sup>th</sup> quarter of 2018.

Furthermore, we have secured funding for a range of alternative forms of respite. A number of programmes will be commenced across different locations in Cork county including 1 programme for children and the remainder for adults. The programmes will include:

- Saturday activities
- Social Clubs including outings, shopping etc.
- After work programmes

Nationally, the HSE is fully committed to delivering a €10million investment programme to deliver much needed new respite services and supports throughout the 9 Community Healthcare Organisations by end 2018. There is in place a National Task Group chaired by the Head of Disability Operations and each of the 9 Community Health Organisations are represented on this group and are actively putting in place these measures.

Cork Kerry Community Healthcare have recently engaged with the Section 38 and Section 39 service providers in terms of looking to develop a medium term plan collaboratively for the provision of services such as respite into the future.

St. Raphael's has been prioritised as one of ten sites nationally under the Transforming Lives Policy whereby residents are moving from institutional style settings to community living. The ground floor in St. Raphael's Centre is an old institutional style building. The Ground Floor was renovated in 2015 in order to improve the quality of life for the residents for the intervening period prior to their transition to community living. These renovations were carried to provide basic levels of privacy and dignity for residents. This was put in place as an interim measure pending residents being able to move to live in community houses.

Notwithstanding the investments and the resulting improvements, the building externally still has an institutional appearance. Internally, the residential accommodation is multi occupancy with up to 10 sleeping spaces in large dormitories. This building would not be considered fit for purpose for the provision of respite services.

Aside from residential accommodation the building is used for administration and training. Following the planned transfer of residents to community houses in 2018 and the planned Closure of Sea View and Day View hostels in 2019, HSE Estates will review the options in relation to the best use of the property in light of the identified healthcare requirements of the population of Youghal and East Cork.

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

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**Question No 5(e) on Agenda refers:**

"Who officially signed off on the decision to provide 92 beds in a new Community Nursing Unit in Cashel and 50 beds at Saint Anthony's, Clonmel, to satisfy HIQA standards and has HIQA been informed of the decision?"

**CIlr Tom Wood**

St. Patrick's Hospital (including St. Anthony's Unit, Clonmel) similar to other Public Residential Long Stay Residential Units, is obliged to be compliant with HIQA Environmental Standards by 2021. The current structure at St. Patrick's Hospital was found to be non-compliant to meet these environmental standards by HIQA. As a consequence the HSE locally requested a capital allocation for replacement accommodation. In January 2016 the Department of Health advised that there will be significant investment over the six years, 2016-2021, to replace or improve 90 residential centres for older people across the country. This will enable the HSE to meet HIQA standards for residential settings ensuring the comfort and safety of older people who require long term residential care. The HSE 6-year Capital Plan has included plans for the provision of (CNU) replacement beds for the current St Patrick's Hospital.

An options appraisal was completed in 2017 by CHO5 Services for Older People to identify the best configuration to meet the needs of the population regarding these replacement beds. Based on the evidence from the options appraisal it was agreed by the Head of Service, Social Care, CHO5 for 90 beds to be located in Cashel and 50 in Clonmel (replacement beds for the existing St Anthony's Unit). Local HSE Management has met with elected representatives from South Tipperary in relation to this.

At a national level work is continuing to progress the development of these replacement Community Nursing Units through HSE Estates and the Public Private Partnership Project.

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

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**Question No 5(f) on Agenda** - taken with Question 5(c) above.

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**Question No 5(g) on Agenda refers:**

"To ask if the 2018 emergency funding allocation for Cork Kerry Community Healthcare has been received from the HSE. If so what funding was granted and if not when is this funding due to be received."

**Cllr. Mary Rose Desmond**

The allocation to Cork Kerry Community Healthcare in 2018 to enable us to respond to emergency needs is €2.2m. This allocation is to meet urgent crisis needs for

residential care, for additional home supports as an alternative to residential care, or to provide additional supports where people in residential care have increased needs and cannot continue to be supported within that setting with the current level of supports.

It is important to note that Cork Kerry Community Healthcare continues to receive a large volume of applications for funding of supports on an on-going basis. 16% of this allocation for 2018 has already been allocated to address emergencies within our services so far this year.

The known level of need currently exceeds the funding available, hence, every application is considered in the context of the limited resources available, the emergency cases availing of our services and the complexities of the cases being addressed at present. This funding will be prioritised towards the cases of greatest need.

Unfortunately this level of funding will not enable service providers to meet all of the needs presenting in 2018. This deficit reflects the growing population of people with disabilities, longer life expectancy and more complex needs presenting, along with the lack of structured investment in residential and home supports over a number of years

Cork Kerry Community Healthcare are acutely aware of the pressure experienced by many families and we are working with service providers and with the HSE at national level to ensure that the needs in this area continue to be highlighted in the Estimates and budget planning process.

All requests for emergency funding are recorded and managed through a system called the Disability Support Application Management Tool, which serves to ensure that the application process is equitable and transparent. The process that follows involves a prioritisation by of the applications for approval based on the funding available and the complexity of the cases presenting, within the resources available.

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

# MOTION AND QUESTION RESPONSES

FORUM MEETING  
17<sup>th</sup> May 2018

## **MOTIONS**

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

"That this Forum support my call, for Minister Simon Harris to address the process around the elected members of the Regional Health Forums function within the Forum, and the need for reserved functions to be given to the elected members so as to ensure that there is a greater and more efficient level of accountability within the HSE the Status Quo simply isn't working and requires an immediate review."

**Cllr. Damian Quigg**

A letter issued from Minister Simon Harris in response to this motion received in PDF format. The following is the text in the letter:

16<sup>th</sup> May 2018

Dear Cllr. Quigg,

In response to your recent motion, I am writing to inform you of the work currently being done to improve accountability in our health service.

The Government is committed to making tangible improvements to our health services and the events of recent weeks make this even more immediate.

The Government has committed to bringing forward a programme of health reform which addresses the recommendations in the Sláintecare report which was developed by a cross party Oireachtas Committee on the Future of Healthcare. An implementation plan is under development which will detail this programme of reform and I hope to be in a position to bring this to Government for approval shortly.

Specifically, in relation to the Motion raised, the Sláintecare Report made a series of important recommendations in relation to health structures and accountability. It concludes that the HSE as currently constructed is overly centralised and does not have sufficiently devolved systems of governance and accountability.

The report recommends that the health service be restructured to include a leaner central body complemented by regional bodies in order to better plan services and improve accountability at a local and regional level. This will provide the framework within which much clearer, transparent and more robust accountability and performance arrangements can be developed.

I have already accepted the recommendations in the report in this area and work is underway to develop proposals for a new system of structures, governance and



accountability. This process will consider the important role that regional fora play in ensuring the effective delivery of health services across the country.

One of the first actions I took in response to Sláintecare Report was to set up a public consultation on the geo-alignment of Hospital Groups and Community Healthcare Organisations, which the Committee identified as not being optimally aligned. This is a first step in the process to restructure the HSE. The consultation is open and accepting submissions.

The Government is also proceeding with the establishment of an independent board to oversee HSE performance (another Key recommendation in Sláintecare Report). On Tuesday, I brought the General Scheme of the Bill to Cabinet and approval to continue to the drafting stage has been given. The establishment of the Board should be considered as part of a broader package of recommendations in the Sláintecare Report to revise health structures to improve accountability and integration in the HSE.

I hope this is of assistance to you.

Yours sincerely,  
Simon Harris, T.D.  
Minister for Health

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

“To ask the HSE South to provide an update on the HSE’s approach to providing adequate GP services for the Youghal area in light of the fact that one of its GPs is due to retire”

**Cllr. Mary Lenihan Foley**

Cork Kerry Community Healthcare Primary Care Unit has advertised the Panel of Dr D O`Brien (due to retire on the 18th of May 2018) both nationally and internationally on two separate occasions, the second of which closed at the end of March. Neither recruitment campaign was successful in generating any enquiries or candidates.

The context is of:

- Difficulties currently being experienced in recruiting GPs in many areas, particularly in rural areas.
- The size of this panel at 374 makes this post less attractive to a new GP.
- The cost and capital required by a new GP to establish a new Surgery is prohibitive based upon this panel size.
- The requirement for 374 GMS patients to have a new Doctor by May 18th.
- The assessment that further attempts at re-advertising the vacancy as highly improbable of success.
- The lack of any suitable Locum GP identified through Agencies; along with difficulties in accessing a premises and medical equipment for any Locum.
- The total number of GMS patients in Youghal is 5,686, with panels from 1,468 to 435 per GP.

The need for those 374 GMS patients to have access to a new GP was a paramount concern.

The GMS Contract permits the HSE to assign patients to another Doctor in circumstances where we have been unable to recruit or identify a GP. Therefore all GPs in Youghal were communicated with to take an equal share of the 374 panel in a fair, equitable and transparent manner. Communication with the 6 GPs is on-going. Patients have been advised of their new GP and to facilitate patient choice, have also been advised in writing that they could choose another Doctor if they so wished.

The reassignment of these patients to GP practices had to be undertaken in a limited period of time between the last unsuccessful recruitment campaign and the retirement date of the outgoing GP. During this time communication had to be made with patients, with the Irish Medical Organisation (IMO), with Primary care reimbursement scheme (PCRS) etc.

Cork Kerry Community Healthcare is continuing to monitor the situation with the remaining GP practices and with SouthDoc out of hours to address any service provision concerns over the coming weeks.

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

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

“To ask for a report on the number of referrals dealt with by the Kerry Child and Adolescent Mental Health Service since January 2016, how many urgent referrals were dealt with in that period and specifically regarding the presentation of an urgent referral at weekends/bank holidays is there a CAMHS service available.”

**Cllr Brendan Cronin**

Child and Adolescent Mental Health Services (CAMHS) are designed for children and adolescents presenting with moderate to severe mental health disorders. There are two sector based community teams in Kerry Mental Health Services: South Kerry and North Kerry. All referrals received to CAMHS are triaged in a timely manner and the referral is either accepted or rejected at that point. Referrals accepted are waitlisted in order of clinical priority.

Kerry CAMHS accepted 717 referrals for the period January 2016 to March 2018. Of the 717 accepted referrals 599 were accepted as urgent referrals and 118 routine referrals accepted.

A further analysis on the 717 is outlined below per CAMHS sector Team.

**CAMHS Kerry - January 2016 to end of March 2018**

Referrals	Kerry North Team	Kerry South Team	Total
<b>Referrals accepted</b>	493	224	717
<b>Urgent referrals</b>	457	142	599
<b>Routine referrals</b>	36	82	118

On-Call services are available at weekends and bank holidays for Children and Adolescents with urgent mental health difficulties. The on-call mental health services in Kerry are provided jointly by consultants and NCHDs from the adult and child and adolescent services.

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

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

“With Saint Patrick's Hospital, Cashel and its Rehabilitation Unit having to "temporarily suspend admissions" as and from the 24th April due to the failure of the HSE to fill the Medical Officer Post vacated last June and to secure a continuation of services provided by the Consultant Geriatrician, this Forum calls on the HSE to explain, 1. Why no applicant qualified for the post? 2. Why communications with General Practitioners in South Tipperary, Retired GPs, and liaison with Recruitment Agencies to fill that Post, all failed?”

**ClIr Tom Wood**

**Question No 6(b) on Agenda refers:**

“Why should concerned staff, patients and the general public not contend that the crisis at Saint Patrick's Hospital, Cashel due to insufficient clinical cover will not result in the closure of the acclaimed Rehabilitation Unit and the downgrading of other services?”

**ClIr Tom Wood**

St. Patrick's Hospital in Cashel (and its associated facility at St. Anthony's Unit in Clonmel) has an excellent reputation as a care facility. St Patrick's Hospital provides residential, rehabilitation and respite care to older adults in the South Tipperary area.

The post of Medical Officer for St Patrick's Hospital, Cashel was advertised on three separate occasions. On one occasion there were no applicants for the post whilst on the other two, interviews were scheduled and held. Unfortunately following interview the successful candidates decided not to accept the post. The HSE has continued in its efforts to source a suitably qualified candidate for Medical Officer in St. Patrick's Hospital Cashel.

The South Tipperary Older Persons Manager contacted General Practitioners (GPs) including those who have retired in the past 3 years and additionally GPs from outside the county to ascertain whether they would be in a position to provide Medical Officer cover. In addition all agencies have been contacted to source a suitably qualified candidate and efforts continue. A new Medical Officer will commence in post on 1<sup>st</sup> June 2018. It is acknowledged that locum cover for the Medical Officer will continue to prove challenging - however ongoing efforts will continue to source same.

The HSE does not intend or plan to remove the Rehabilitation Unit from Cashel. The National Capital Plan includes the replacement of St Patrick's Hospital Cashel. The plan is to continue rehabilitation services based on need for rehabilitation services.

**Aileen Colley  
Chief Officer  
South East Community Healthcare**

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

“As it has become increasingly difficult to replace retiring GP’s in many parts of the country, and particularly in rural areas, I ask the HSE when it plans to reverse the FEMPI cuts, which would make it more attractive for GP’s to take up these posts.”

**Cllr John Joe Culloty**

Members will be aware that the Minister for Health, on behalf of Government, recently outlined at the Oireachtas Joint Committee on Health, that the Department of Health has a process underway with the Health Service Executive and with the Department of Public Expenditure and Reform to ensure sustainable GP services into the future. The aim is to meet the needs of patients and provide a viable and rewarding career for current GPs as well as medical graduates.

The approach is focused on the strategic challenges facing the health services generally, and General Practice specifically, and on the reform agenda set out in the Sláintecare implementation plan. Based on this, the Department and the HSE are engaging with GPs on contractual reforms and new services which could be provided in general practice if resourced.

Contractual changes aim for an increased population health focus, providing in particular for health promotion and disease prevention and for the structured on-going care of chronic conditions. It is hoped to secure agreement on meaningful improvements in the services that GPs provide to patients with a medical card or GP visit card which will see additional resources provided to general practice to support these services.”

Government have also committed to developing a new multi-annual approach to fees. This is seen as a significant step in responding to GPs’ concerns about the effect of the fee adjustments, which were put in place under the FEMPI legislation, as part of the State’s response to the economic crisis of the last decade.

The HSE continues to work with the Department of Health and all stakeholders and remains fully committed to this important process.

In 2015 a new support framework for GPs in rural communities was introduced, Rural Practice Support Framework (RPSF). This was in recognition of the difficulties in attracting and retaining GPs in such communities. The new support framework provided for:

- an increase in the allowance paid to Practice Units in rural areas;
- payment of the maximum practice support subsidies (nursing, secretarial and practice manager) and locum expenses contributions; and
- relaxed requirements on GPs to reside in the location where the practice is based.

GMS GP practice units in an area which have a population of less than or equal to 2,000 within a 4.8km radius of the practice unit’s principal practice address are eligible under the new Support Framework (RPSF).

The previous criteria provided for one payment amount per annum. Payment is now based on different categories based on area/population etc.

While all GMS GPs are entitled to payment of practice support subsidies (maximum payable is based on a panel of 1200), GPs (Practice Units) in receipt of RPSF are entitled to payment of the maximum subsidy regardless of their panel size, as follows

Practice nursing subsidy	€31,000 - €38,000 per annum
Secretarial Subsidy	€21,000 - €24,000 per annum
Practice Manager	€31,000 per annum

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

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

"That the Regional Health Forum South via the Chair writes to Minister Jim Daly to request that the HSE South under the Mental Health Act ask Drs to check patients for drug intoxication on admission and throughout their hospitalization. If found positive! Are there policies in place to ensure that these policies are enacted to safe guard the hospital staff?"

**Cllr Breda Gardner**

Service Users presenting to Mental Health Units are assessed by a Doctor and this assessment would include whether or not the patient appeared intoxicated.

Where there is a clinical indication, a patient is screened for drugs and alcohol on admission, and this screening continues during admission if there is a clinical indication.

Drug screening in the case of voluntary patients requires the patient's consent and cooperation as this screening is usually accessed by a urine sample. If a drug screen is ordered and refused by the patient it remains the responsibility of the consultant to make appropriate decisions as a consequence, which will include risk assessment.

There is a clear policy in all units that patients cannot consume illegal drugs or alcohol during admission but the consequences of a patient doing so depends on the overall clinical presentation and risk profile. If an individual is found to be intoxicated during their stay, each individual is medically reviewed and a management plan is put in place based on the history and clinical presentation.

In the Child and Adolescent In-patient Unit in Cork, drug tests are not a routine part of the admission, however consent to carry out a drug test is attained on admission.

In relation to all in-patient units, policies exist both on physical restraint and on assistance/attach alarms to protect staff. All units implement risk management policies and procedures and the HSE Safety Incident Management policy.

**Aileen Colley**  
**Chief Officer**  
**Southeast Community Healthcare**

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

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## QUESTIONS

### Question No 6(a) on Agenda refers:

“To clarify when a person with a medical card visits a GP what is the normal rate paid by the HSE to the GP to cover that particular visit.”

**Cllr Brendan Cronin**

The payment to GPs for medical card holders is based upon an annual capitation fee per annum per client.

Categories	Male	Female
Children under 16 years	€43.29	€43.79
16 years or more and less than 45 years	€55.26	€90.37
45 years or more and less than 65 years	€110.38	€121.29
65 years or more and less than 70 years	€116.28	€129.72
Patient aged 70 years or more residing in the community	€271.62	
Patient aged 70 years or more residing in a private nursing home (approved by the HSE) for continuous periods in excess of 5 weeks	€434.15	

Under Government measures to incrementally introduce universal GP access, agreement was reached with GP representatives to provide free GP care for all children under six. These fees are set out below:

<b>Under 6 Agreement</b>	
Annual Capitation Fee per Child Patient on a GP's panel which includes two periodic assessments, one at age 2 and one at age 5	€125.00

Additional payments can apply for management of patients with chronic disease or for carrying out specific procedures. For example: payments of €24.80 apply for removal of foreign bodies, draining of abscess, treatment and plugging of dental and nasal haemorrhages; payments of €37.21 apply for Nebuliser treatment in the case of acute asthmatic attack.

The Department of Health and the HSE have commenced engagement with GP representative organisations in relation to a new contract for the provision of General Practice Services. This will include a review of the fees outlined above.

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

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**Question No 6(c) on Agenda** – this was responded to with Motion 5(d) above.

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**Question No 6(c) on Agenda refers:**

“Has any progress been made regarding the disposal of land, in and around the St. Finan’s Campus, in Killarney?”

**Cllr John Joe Culloty**

The HSE intends to retain part of the main campus at St. Finan’s to facilitate the development of a Community Nursing Unit. 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 protocols on the Transfer and Sharing of State Property Assets (Ref: DPER CIRCULAR 11/15), the remaining property has been offered to state agencies. Kerry County 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 County 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.

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

**Pat McCarthy**  
**Assistant National Director**  
**Estates**

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**Question No 6(d) on Agenda refers:**

- "1. Several patients complained while they eventually got through on the helpline they got no answers. When can they expect answers? What is the point of a helpline which does not give answers?
2. How many tests were sent to US Company over what period?
3. Are we still sending tests to the company?
4. Have all tests been sent been reread and if not why not?
5. How many women in the South East (Kilkenny, Carlow, Tipperary Wexford and Waterford) are effected?
6. How does the HSE propose to correct this scandal?"

**Cllr. Breda Gardner**

**1. Several patients complained while they eventually got through on the helpline they got no answers. When can they expect answers? What is the point of a helpline which does not give answers?**

The Freephone line is intended to be a central point of contact for all women who wish to find out more about current issues. The Freephone operators have been providing some general information to women who have queries. For women with more specific queries, particularly those which are clinical in nature, the operator will take their details and arrange for a clinician to call them back. Due to the huge volume of calls currently being received, it may take several days before each woman is called back. We have increased capacity substantially to manage the calls and all women who have a cancer diagnosis or have had abnormal smear tests in the past will be prioritised. Please see further information in the daily briefing papers released by the HSE. Link: <https://www.hse.ie/eng/services/news/media/pressrel/>

**2. How many tests were sent to US Company over what period?**

This has been supplied in the briefing published by the HSE on May 5th (attached).

**3. Are we still sending tests to the company?**

Following a procurement exercise, the lab referred to in recent media coverage is no longer contracted by CervicalCheck.

There are three labs currently contracted by CervicalCheck to provide laboratory services. Two in Ireland and one in the US.

**4. Have all tests been sent been reread and if not why not?**

Please see the attached briefings on the HSE news page for all daily updates and further details: <https://www.hse.ie/eng/services/news/media/pressrel/>

**5. How many women in the South East (Kilkenny, Carlow, Tipperary Wexford and Waterford) are effected?**

We are unable to give county specific information due to patient confidentiality.

**6. How does the HSE propose to correct this scandal?"**

A statutory review has been announced by the Minister. Please see the attached briefing with further information on progress made by the HSE.

**Tom Fitzpatrick  
Communications Officer  
National Screening Service**

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# MOTION AND QUESTION RESPONSES

FORUM MEETING  
21<sup>st</sup> June 2018

## MOTIONS

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

**“To ask the HSE, to provide to us, the number of children who’s assessment of needs is presently overdue in Kerry, to give a breakdown of same, and to explain what measures are being put in place to deal with the unacceptable delays experienced by these children.”**

**Cllr. John Joe Culloty**

There are 34 Assessment of Need (AON) reports currently overdue for the Kerry area. These are broken down as follows:

- 7 reports are overdue from the Child Adolescent & Mental Health Service
- 14 Occupational Therapy reports are overdue
- 2 Speech & Language Therapy reports are overdue
- 7 Disability Team reports are overdue
- 2 Paediatric/Community Health Doctor reports are overdue
- 2 Physiotherapy reports are overdue

Extensive efforts are being made to complete Assessment of Need reports for all of the above as soon as possible. It is estimated that 21 of the overdue reports will be completed by mid-July 2018. These 21 are broken down as follows:

- 9 Occupational Therapy Reports
- 2 Speech & Language Therapy Reports
- 6 Disability Team Reports
- 2 Paediatric/Community Health Doctor reports are overdue
- 2 Physiotherapy Reports

This will leave 13 Assessment of Need reports overdue in mid-July.

Seven of these reports are overdue from the Child Adolescent & Mental Health Service. The CAMHS Service in Kerry, along with CAMHS Services throughout the country, has experienced significant staff shortages. Their cases are prioritised by clinical need and their workload also has an emergency element that has to take precedence as they deal with children and adolescents in crisis. The Assessment Officer is in constant communication with the CAMHS service in relation to expediting AON cases.

There will be five overdue reports from the Occupational Therapy service. In addition to those that will be completed by mid-July, it is envisaged that these overdue reports will be completed within the next 12 weeks.

In relation to the remaining overdue report from Disability Teams, it must be noted that Disability Teams deal with complex and diverse cases that need additional assessments or intervention and may not meet the AON timelines and this is an example of such a case.

**Ger Reaney**

**Chief Officer  
Cork Kerry Community Healthcare**

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

**'Progress of the delivery and operationalisation of primary care centres in Cork'**

**Cllr John Buttimer**

The HSE's commitment to the development of Primary Care Centres across the country is outlined in the HSE's Capital Development Plan. These centres aim to be a one stop shop providing a range of primary care team services such as GP's, Community Nursing, Occupational Therapists, Physiotherapists, Speech Therapists, Dieticians and Counsellors. In so far as possible complementary community services including Community Mental Health Teams, Child and Adolescent Mental Health Teams and Childrens Disability Teams are also included.

Primary Care Centres are developed as either Capital developments designed, developed and owned by the HSE, by public private partnership builds or as long term operational leases. All applications to progress any of these arrangements require the approval of the HSE's national property committee. The application process for such approval requires Cork Kerry Community Healthcare to identify the need for the development of such a facility in line with population health needs and the areas proximity to existing or planned primary care centres.

The various stages involved in the development of a Primary Care Centre from inception to opening are as follows:

1. Expressions of interest sought
2. Applications assessed
3. Application to HSE Property Committee to approve
4. Letter of intent to proceed issued
5. Planning permission sought
6. Legal agreements finalised
7. Consultation with staff re layout
8. Build commences
9. Handover to HSE
10. Commissioning i.e. equipping, services, IT etc
11. Phased opening

Cork Kerry Community Healthcare currently has eight operational Primary Care Centres in Cork. A further five Primary Care Centres are in development stage and seven more are in the pre-development stage.

A list of these Primary Care Centres, as well as a comment on the status of each Centre as a June 1<sup>st</sup> 2018, is set out below for the information of the members.

**Primary Care Centres – Operational**

<b>Location</b>	<b>Comment</b>
Mitchelstown	Operational since 2009
MPHC Mallow	Operational since 2010
Blackrock Hall, Mahon	Operational since 2012
Macroom	Operational since 2012
Mizen	Operational since 2013
Kinsale	Operational since 2014
Charleville	Operational since 2016
Carrigaline	Operational since 2017

### **Primary Care Centres – In Development**

<b>Location</b>	<b>Comment</b>
St Mary's Health Campus, Gurrabraher	Scheduled to open Q4 2018. Currently being commissioned
Newmarket	Scheduled to open Q2 2019
Carrigtwohill	Scheduled to open Q2 2019
Bantry	Scheduled to open Q3 2019
Castletownbere	Scheduled to open Q4 2019

### **Primary Care Centres – Pre Development**

<b>Location</b>	<b>Comment</b>
Ballincollig	At preliminary development stage
Clonakilty	At final pre-building stage
Bandon	Awaiting planning decision
Ballyphehane/Togher	Rezoning/planning being reviewed by City Council and Developer
Cobh	At preliminary development stage
Kanturk	At preliminary development stage
Fermoy	At preliminary development stage

The Estates Department and Cork Kerry Community Healthcare Management are conducting a mapping process to identify what accommodation gaps will exist to enable an effective delivery of Primary Care and network services once the current building programme is completed.

Once this mapping exercise has been completed the options available to address these accommodation needs will be appraised. These options are:

- Develop further Primary Care Centres
- Refurbish/extend/maintain an existing HSE facility.
- Enter a lease arrangement for suitable premise.

This mapping and appraisal exercise will inform a capital development plan for the area. Such a plan will require the necessary approvals and financial investment.

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

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

“To call on the Regional Health Forum South Members to support requirements of Stand4Women. Stand4Women supports women and families affected by the Cervical Smear Scandal, by visibly demonstrating that we are with them, and by calling for immediate action by government and the HSE on this issue. To this end they declared **three** urgent policy requirements:

- 1.** Immediate Bill on Mandatory Disclosure. Bill to be implemented with an agreed timeline.
- 2.** Active and independent support for those affected by the scandal, including and not limited to, an immediate point of contact for those affected.
- 3.** Immediate access for all affected to a multidisciplinary support team.

I ask that we write to the Mr John Gleeson, Programme Director, Cervical Check, the Taoiseach, Mr Leo Varadkar, the Minister for Health, Mr Simon Harris and Mr Ciarán Breen, Director, State Claims Agency.”

**Cllr Breda Gardner**

Item number one is a matter for the Department of Health, in relation to numbers two and three the vast majority of woman affected have been contacted in relation to supports available. Liaison staff have been appointed in each Community Healthcare Organisation to contact the women and families involved, ascertain their needs and implement the provisions of the package of supports. 117 existing medical cards are in the process of being adjusted to comprehend the full scope of the package of supports. 189 new medical cards are in process. Many referrals have been made to counseling services and these have commenced. Other referrals to services such as physiotherapy and occupational therapy have also been made. Where requested, access to diagnostic services has been accelerated. 15 Home Care Packages are being put in place. Assistance with other services such as Disability Services is also being provided where appropriate.

**Tom Fitzpatrick  
Communications Officer  
National Screening Service**

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**QUESTIONS**

**Question No 6(a) on Agenda refers:**

“What is the up to date position with regard to the now derelict Health Centre, at Camolin, Co Wexford?”

**Cllr Joe Sullivan**

HSE Estates have confirmed that they have commenced a process to dispose of the Camolin Health Centre property. It is understood there was a delay in commencing this process as the sale of other HSE properties in the Wexford area was prioritised.

In accordance with the Protocol for the Transfer and Sharing of State Assets please note that Camolin Health Centre was initially offered to Wexford County Council for acquisition.

Wexford County Council assessed the property in February 2018 but with the weather event in late February/early March 2018 the decision of the acquisition, or not, of Camolin Health Centre was delayed. However Wexford County Council have since indicated the their Housing Section would not be acquiring the property as they could not develop the site due to insufficient capacity with regards to the wastewater treatment system in Camolin.

It is understood that the Community Section of Wexford County Council has expressed an interest in the property and are currently assessing their options with regards to this. If the property is declined by Wexford County Council then it can be offered to the open market once an estates agent has been appointed to undertake the marketing and sale of the property.

In the meantime local HSE management and maintenance staff will review the site and will, having regard for available resources and other service priorities, undertake minor maintenance such as clean-up and grass cutting.

**Aileen Colley  
Chief Officer  
South East Community Healthcare**

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**Question No 6(b) on Agenda refers:**

**“At what stage is the process of providing a Primary Care Centre in Killarney?”**

**Cllr John Joe Culloty**

Following a public advert seeking suitable developers for a Primary Care Centre for Killarney, a preferred developer has been identified.

Cork Kerry Community Healthcare and the HSE South Estates Department are working with the developer to agree the overall design/layout of the proposed



Primary Care Centre. It is not possible at this time to give an accurate commencement date for the construction of the proposed centre as this will be subject to the receipt of planning permission. However, with the proviso that there are no issues in regard to obtaining planning permission, it is hoped that the centre will be open sometime in 2021.

The Centre will provide accommodation for three Primary Care Teams in the Killarney area. HSE Services which will be located in the Primary Care Centre will include:

- Public Health and Community Nursing
- Community Medical Doctors
- Physiotherapy and Speech & Language Therapy
- Occupational Therapy and Dietetics
- Podiatry, Psychology and Counselling.
- CAMHS Team
- Audiology
- Progressing Disabilities Hub

There will also be a number of bookable clinic rooms in the Primary Care Centre which lends itself to attracting new services into the area.

In addition to the HSE services provided on site, there will be a number of GPs located in the centre.

The development will provide accommodation for both GPs and their colleagues in the HSE to work together as a team in one Primary Care setting to meet the health needs of up to 50,000 people in the locality.

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

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**Question No 6(c) on Agenda refers:**

“To ask the HSE how many inpatient beds are available for the treatment of children in the HSE South, what is the percentage occupancy rate of those beds, if in-patient beds are provided out of State and what is the cost of these placements?”

**Cllr John Buttimer**

**Cork University Hospital**

Number of inpatient paediatric beds

57

Per cent Occupancy in 2017 82.4%

**South Infirmary Victoria Hospital**

Number of inpatient paediatric beds 14  
Per cent Occupancy in 2017 72%

**Mercy University Hospital**

Number of inpatient paediatric beds 16  
Per cent Occupancy in 2017 42%

**University Hospital Kerry**

Number of inpatient paediatric beds 39  
Per cent Occupancy in 2017 42%

**University Hospital Waterford**

Number of inpatient paediatric beds 24  
Per cent Occupancy in 2017 55.79%

**Wexford General Hospital**

Number of inpatient paediatric beds 30  
Per cent Occupancy in 2017 45%

**St Luke's Hospital, Kilkenny**

Number of inpatient paediatric beds 19  
Per cent Occupancy in 2017 42%

**South Tipperary General Hospital**

Number of inpatient paediatric beds 15  
Per cent Occupancy in 2017 61.51%

Patients who wish to access inpatient care abroad do so under the provision of the Cross Border Directive. The patient pays for the treatment up front and is reimbursed at the cost of the treatment in the public health care system in Ireland or the cost of the treatment abroad which ever is the lesser.

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

# MOTION AND QUESTION RESPONSES

FORUM MEETING  
20<sup>th</sup> September 2018

## MOTIONS

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

**“With an estimated million people awaiting various forms of treatments, many for a lengthy period of time, this Forum calls on the HSE to maximize the potential of Our Lady’s Hospital, Cashel, renovated in recent years at a cost of €13 million and only operational Monday to Friday, 9am to 5pm. Thousands of people, young and old, from Tipperary and adjoining Counties could be treated there.”**

**Cllr. Tom Wood**

Our Lady’s Hospital Cashel was originally part of the acute health service delivery in South Tipperary. Following the centralisation of acute hospital services for the area to one site in Clonmel in 2007, the former Our Lady’s Hospital was developed over two phases as a centre for non-acute health care services.

The building of what was Our Lady’s Hospital no longer has acute hospital services but a range of diverse primary care and community orientated services to people of Cashel and surrounding areas. The current campus has a range of services from those operating on a 24 hour day, seven days a week basis to those that use the facility as a base to provide care in homes. The teams provide services across a number of care groups to the population of Cashel and surrounding areas. In addition, other agencies including TUSLA, Cuain Saoir and the Irish Wheelchair Association provide services on a sessional/weekly basis.

The following provides an outline of the range of services and staffing currently provided on Cashel Health Campus.

#### Residential Facilities:

- 9 bed high support mental health residential services unit which is fully occupied (Lorica)
- 6 bed residential unit for those with intellectual disability which is fully occupied (Re Nua).
- Assisted Living as part of Re Nua and utilised by the IWA
- 11 bed elderly care residential unit that replaces the previous St. Clare’s Ward in St Patrick’s Hospital Cashel.
- A day hospital for mental health patients is also part of phase one (Carrig Oir).

#### The main building currently facilitates:

- Minor Injuries Unit
- Radiology
- Community Intervention Team
- Primary Care teams including Allied Health Professionals and Nursing
- Community Mental Health
- Disability Services
- Outreach services provided by the Wheelchair Association and by Cuain Saoir
- Services by the Substance Misuse team
- Home Support Services

- Administration
- Catering for St Patrick's Hospital
- 24 hour, seven day a week ambulance station located on the campus in Cashel.

Phase two of the OL Cashel Health Campus allowed for the accommodation of an outreach Radiology Services from South Tipperary General Hospital providing Diagnostic Services on site (Dexa/general x-ray and ultrasound services) for the community.

A wide range of HSE Services and staff are currently operating at Our Lady's Cashel Campus, providing services directly to service users on site or to people living in their own homes/communities or schools.

### **Primary Care Team**

The Cashel Primary Care Team based at OL building provides services to the population of the town of Cashel and the surrounding rural catchment area. The Primary Care Team consists of the following disciplines; Physiotherapy, Occupational Therapy, Public Health Nursing, Speech and Language Therapy, Dietetic Services. The Community Mental Health Nurse is also working as part of the primary care team based in the main OL building.

### **Public Health Nursing (PHN)**

A population of circa 12,000 persons is served by Primary Care Services in OLH in Cashel. The PHN service is demand led, managed within resource capacity and eligibility criteria. PHN Services are provided in the patient's own homes and on site which include Wound Clinics (accessible Monday-Friday with an average 10-12 clients) and Immunisation Clinics. In addition the PHN Service supports the Mother and Infant Support Group operated weekly on site. The PHN Lactation Consultant attends OL on a sessional basis to support breast feeding mothers.

### **Disability Services - 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. The second floor of Cashel Health Campus is another more recent addition to the campus and they utilise the campus as a centralised services location (Occupational Therapy, Physiotherapy, Psychology, and Speech & Language Services) for children less than 18 years with Disabilities.

The Irish Wheelchair Association provides outreach services 2 days per week, with approximately 10 patients attending per session. These patients may also access Physiotherapy, Speech and Language Therapy and Occupational Therapy whilst on site as required.

### **Minor Injuries Unit**

The Minor Injuries Unit (MIU) is open from 9am to 5pm Monday to Friday (closed from 1-2pm). MIU Cashel Attendances (incl. Phlebotomy patients who access the INR Phlebotomy Outpatient Clinic).

### **Diagnostic X-Ray/Ultrasound Services**

The Radiology Services provides DEXA /general x-ray and ultrasound services at OL in Cashel. These are generally 2 days per week (dependent on staffing/WTE availability).

**Older Persons Services - Home Support Services**

The Home Help Co-ordinators (x 2) based at OL manage the organisation and delivery of Home Support Services for the population of Cashel and the wider surrounding areas (including Ballyporeen, Tipperary, Cahir, Dundrum, Emly).

**Catering/Kitchen Services**

This Catering Service currently provides daily meals (up to 165 main meals and 145 evening teas) for St Patrick's Hospital Cashel and Day Hospital on Campus in Our Lady's, Lorrice, Re Nua, Carraig Oir, St Clare's Ward and Cashel Day Care Centre.

**Community Intervention Team**

The Community Intervention Team (CIT) located on first floor OL main building is a GP led professional team that provides nursing care to patients in a community setting. The service provides high quality nursing care in the community for a short period of time by working together with patients, carers and other professionals. With the provision of this service, suitable patients can get back to their own homes earlier from hospital or GPs have another option of care available to them within the community.

**Caredoc Out of Hours GP Service**

Caredoc is an out of hours General Practitioner service with a treatment centre located on Cashel Health Campus.

**Future plans**

As part of Winter Funding 2018/2019 measures to improve access to unscheduled care, funding has been approved by the HSE to further develop community services for Older People in South Tipperary which will include utilization of the Cashel Campus. Further discussions are planned for the development of initiatives, working in an integrated way with South Tipperary General Hospital and existing Community services, which will provide a continuum of care for the local population, with particular emphasis on the provision of a model of care pathway for older people in line with the Integrated Care Programme for Older People.

**Ms Anna Marie Lanigan  
Interim Chief Officer  
South East Community HealthCare**

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

"That the HSE would put in place measures to ensure that CAMHS referrals from the North Lee Catchment area are dealt with without having to send all vulnerable children to A&E"

**Cllr. John Sheehan**

The North Lee North CAMHS Team has been without a Consultant Psychiatrist since 9<sup>th</sup> February 2018. The permanent Consultant with that team resigned, having moved from Cork to another area of the country, in February 2017. Temporary Consultant cover was put in place from February 2017 to February 2018, but unfortunately since then, it has not been possible to secure Consultant cover for this team.

At present there is a European shortage of appropriately trained CAMHS Consultant Psychiatrists and this has been having a significant impact on the provision of services in recent years. All efforts are being made to recruit and retain suitably qualified CAMHS Consultants to Cork Kerry Community Healthcare but inability to fill such vacancies does create a significant impact to service provision.

Attempts to recruit locum cover have been far reaching, with advertisements placed on national and international websites and in professional journals across the UK, Canada, Australia, and New Zealand. In addition, local Management are working with 11 national and international agencies to source a suitably qualified candidate. All options are being explored, including the provision of out of hours or weekend clinics, by a Consultant from another sector, or the use of telemedicine solutions.

The Cork Mental Health Services Management Team continues to strive to ensure that a safe and effective service can be delivered within the North Lee North catchment area.

#### **Open Cases**

All members of the North Lee North Multidisciplinary team continue to work on open cases within their professional guidelines and competency, supported by the Executive Clinical Director for Mental Health Services (a Consultant Psychiatrist), the Director of Nursing, Principal Specialist Psychologist and Social Work Manager. In addition, consultant psychiatry input is available, limited to a double assessment slot each fortnight for team priority cases.

#### **New Referrals**

All new referrals to the North Lee North Team are being logged and discussed by the team, and are subsequently onward referred to the Executive Clinical Director and Head of Mental Health Cork Kerry Community Healthcare.

Routine referrals are waitlisted as is the standard procedure. The team offers signposting, depending on the nature of each referral to other services such as Jigsaw, Barnardos, Primary Care Psychology, as appropriate, depending on the nature of each referral.

### **Emergency Referrals**

Emergency/urgent referrals are being directed to the Emergency Department/out of hours on-call service. Any young person presenting in crisis is advised to attend their local Emergency Department, at either Cork University Hospital or the Mercy University Hospital, where they will undergo psychiatric evaluation if appropriate under the registrar on call and on call consultant system.

### **Taskforce**

Cork Kerry Community Healthcare has established a CAMHS Medical Recruitment Taskforce to review current and on-going efforts to recruit and retain medical staff. This team is led by our Head of Service for Human Resources. A dedicated Medical Manpower Officer will be appointed in the coming weeks, acknowledging the critical impact medical vacancies have on service provision.

Cork Kerry Community Healthcare acknowledges that this situation is far from ideal, and is having a significant impact on the quality and responsiveness of service provision. Our key focus at this time is to secure appropriate Consultant support, and in the interim to continue to support the rest of the MDT team to maintain service provision as possible.

We would like to take this opportunity to apologise to service users and their families for the impact that these exceptional circumstances have had and to reassure them that we are doing everything within our power to restore a full service to the sector

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

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

"Since January 2015 (a) how many individual residential houses have the HSE purchased in the Killarney/South Kerry area, (b) what was the total cost of each house including all upgrading and refurbishment works, (c) how many Hse staff are assigned to each house, (d) as these houses were built with planning as private dwellings and are now Hse owned care facilities was planning permission sought for "change of use" and (e) did the HSE have an information evening/ discussions with adjoining residents to outline the importance and need for these care facilities in their communities."

**Cllr Brendan Cronin**

The HSE is implementing a fundamental reform of disability services in Ireland, known as 'Transforming Lives'. This reform programme is about moving away from institutional models of care and service delivery to community-based, person-centred models of service where people with a disability can live valued and inclusive lives within their own community. The programme of reform drives the changes needed in



services to realise the vision we share with providers, and with people with disabilities, their families and advocacy groups: *"To contribute to the realisation of a society where people with disabilities are supported, as far as possible, to participate to their full potential in economic and social life, and have access to a range of quality personal social support and services to enhance their quality of life and well-being."*

To date in Kerry, there has been considerable focus on supporting the residents of Cluain Fhionnáin to begin new lives in local communities and helping them to fully participate in these communities. Cork Kerry Community Healthcare (CKCH) has recognised for some time that Cluain Fhionnáin is no longer fit for purpose and has been working with residents, families and other stakeholders to progress its closure. As you will be aware, HIQA Inspections carried out in 2016 and 2017 highlighted a number of areas in which the centre does not meet the required standard of care. CKCH acknowledged and welcomed the findings of the HIQA inspection reports and has undertaken substantial work to address the deficits identified in these reports.

CKCH particularly acknowledges that the HIQA inspection found a model of care at Cluain Fhionnáin that was institutionalised. CKCH has been working for some time to progress the move for residents to smaller settings in the community as quickly as possible. Cluain Fhionnáin has been closed to admissions for some time to allow for the transition of residents to new homes and we are working towards the full closure by the end of this year.

CKCH has been working with RehabCare, a provider with significant experience in providing supports for people with disabilities in the community, to identify alternative placements and transition plans for all residents. Our goal at all times is to ensure that we provide appropriate services for all of our residents to ensure they maximise their potential in life.

**(a) how many individual residential houses have the HSE purchased in the Killarney/South Kerry area**

Three houses have been purchased by the HSE/Newgrove Housing (RehabCare) in the Killarney / South Kerry area:

- Whitelodge, Killarney
- Boulia Firies, Killarney
- Glenflesk (not yet open)

**(b) what was the total cost of each house including all upgrading and refurbishment works**

- The Whitelodge property was purchased by RehabCare and capital funds were provided to RehabCare for same. The purchase cost was €225,000. Refurbishment costs paid to RehabCare by the HSE by way of capital grant came to a further €148,262 incl vat.
- The Boulia property was bought and refurbished by the HSE. It was subsequently purchased from the HSE by Newgrove Housing after they secured Capital Assistance Scheme (CAS) funding. Monies received by the HSE from Newgrove for the sale of the property amounted to €279,500

**(c) how many HSE staff are assigned to each house,**

There are no CKCH staff in either property. CKCH has a Service Level Agreement with RehabCare for the management of both houses and has agreed staffing levels and funding as part of that agreement. The staffing level in each house vary from 10-12 WTE per house, depending on the supports required by residents. Staffing levels in the Glenflesk house have not yet been finalised.

**(d) as these houses were built with planning as private dwellings and are now Hse owned care facilities was planning permission sought for "change of use" and**

There is no "change of use" for any of these properties. The houses are being used for residential purposes by individuals who wish to live in a local community. Whitelodge and Boulia are home to the residents who live in each property. The National Housing Strategy for People with a Disability and a 'Time to Move on from Congregated Settings – A Strategy for Community Inclusion' promote community inclusion and privacy which are basic rights.

**(e) did the HSE have an information evening/ discussions with adjoining residents to outline the importance and need for these care facilities in their**

This was a matter for the service providers who have considerable experience in integrating people with disabilities into local communities. The decision on the level and nature of engagement with adjoining residents would be influenced by the location of the houses, proximity to other houses, the occupancy of other houses in the area e.g. owner occupied, long term rental, holiday homes. Consideration also needs to be given that the residents of Whitelodge and Boulia have the same privacy rights as any other residents in the area. As with any other citizen of the state, the residents of Whitelodge and Boulia are entitled to rent accommodation in any area without having to seek permission from others living in the same community. The residents of Whitelodge and Boulia have been availing of the amenities that the locality has to offer for the past six months, are well known in the area and have been welcomed and included by the local population.

In conclusion, the experience of people with disabilities, their families and the communities in which they now live, has been overwhelmingly positive from the community inclusion perspective. Providing people the opportunity to live in local communities has had a transformational impact on people's lives, on their relationships with families, and indeed on the understanding of disabilities among the wider population.

This has been the experience in Kerry, in Cork as demonstrated in particular in the St. Raphael's programme, and throughout the entire country. Cork Kerry Community Healthcare is proud of what has been achieved in Cluain Fhionnáin, in St. Raphael's, and in other locations. Our only regret is that these opportunities were not provided to people earlier.

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

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

“That the HSE contact the Irish Blood Transfusion Service to ask, what progress has been made to allow people with haemochromatosis to donate blood?”

**Cllr John Joe Culloty**

It is hoped that this service will be available nationwide by year end please see link below.

<https://www.giveblood.ie/Clinical-Services/Haemochromatosis/>

**Ms Mirenda O’Donovan  
Communications Manager,  
Irish Blood Transfusion Service**

This is the text when you press on the link:

**Haemochromatosis Programme**

We have recently made some changes to our Haemochromatosis programme at our clinics in Dublin (D’Olier Street) and Cork (St.Finbarrs Hospital).

**\*\*This programme will be rolled out to all IBTS whole blood clinics in the coming months.**

Members of the public who have Hereditary Haemochromatosis (HH) can attend either of these whole blood clinics and have their eligibility to donate assessed by completing a Health and Lifestyle Questionnaire (HLQ). There is a new question on the HLQ asking about a diagnosis of or treatment for HH, please answer yes if this applies to you.

\*You will not require a prescription from your doctor to donate.

**You may be Accepted to donate if:**

- You do not suffer from complications as a result of HH e.g. cardiac, liver
- You don't require and have never required venesection

**You may be Accepted to donate if:**

- You do not suffer from complications as a result of HH e.g. cardiac, liver
- You require maintenance venesections of no more than 8 per year ***(you can only attend an IBTS clinic 4 times per year with a minimum of 90 days between phlebotomies)***

- You must have had at least 1 therapeutic venesection without complication
- You have not had a venesection in the last two weeks
- You have completed iron depletion therapy

**Following an interview with IBTS staff:**

- **If you fulfil all other IBTS criteria to donate**, we will measure your haemoglobin level using a finger prick test. If the result is within range we will collect a donation of blood along with samples for testing.
- **If you are temporarily deferred from donating**, we will measure your haemoglobin level using a finger prick test and venesect you into a dry pack (i.e. not for patient use in a hospital) on the day you attend. We will collect samples with the venesection and carry out our standard tests. We will inform you of the length of time the deferral will apply and you may attend the clinic for a therapeutic venesection (i.e. not for patient use in a hospital), while the deferral is in place. **Exception:** *If you are not feeling well on the day you attend (e.g. flu or chest infection), we will not venesect you.*
- **If you are permanently excluded from donating**, the IBTS will not collect any blood or blood samples from you on a whole blood clinic.

**The IBTS will NOT monitor your Ferritin levels; you must continue to attend your treating physician for the management of your HH.**

**Phlebotomies will be at a maximum frequency of 4 per year with a minimum of 90 days between phlebotomies.**

**Clinic Locations:**

The IBTS Haemochromatosis Dublin Clinic: D'Olier Street, Dublin, the 2nd Floor, Lafayette House, 1-5 D'Olier Street (at O'Connell Bridge)

The IBTS Haemochromatosis Cork Clinic: Munster Regional Transfusion Centre, St.Finbarrs Hospital, Douglas Road, Cork

**Check your eligibility to donate [here](#).** Updated 1st August 2018

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

"I request that hence forth that the HSE will routinely and openly publish all reports which cover cardiac care in the South East and be made available to public representatives."

**ClIr Breda Gardner**

"All future public reports which cover cardiac care in the South East will routinely be circulated to the Forum members."

**Dr Gerard O'Callaghan**  
**Chief Operations Officer**

## **South/South West Hospital Group**

### **QUESTIONS**

#### **Question No 5(a) on Agenda refers:**

“In the expectation that the new 92 bedded residential centre announced for Cashel as a replacement for Saint Patrick’s Hospital will be in place there by 2021 so as to meet HIQA standards, can the relevant section of the HSE show us a plan for the Centre and advise as to when a planning application will be lodged with Tipperary County Council?”

**Cllr Tom Wood**

St. Patrick’s Hospital in Cashel (and its associated facility at St. Anthony’s Unit in Clonmel) provides residential, rehabilitation and respite care to older adults in the South Tipperary area.

St Anthony’s Unit located in Clonmel currently comprises 21 beds and St Patrick’s in Cashel consists of 92 beds. This service is approved for national capital funding and is included on the national capital list for redevelopment.

The building project consists of two distinct phases. The project to replace St Anthony’s Unit in Clonmel is through Public Private Partnership and will deliver a 50 bedded unit to replace the existing 21 beds.

The building project to replace St Patrick’s Cashel on the existing site in Cashel will be directly through the HSE. It is planned that a design team will be appointed by mid October 2018 and it will take approximately six months to submit a design to be HIQA compliant for the replacement of St Patricks, Cashel. It is anticipated that the process will be completed by April 2019.

The design will then be submitted for planning permission and this process is estimated to take three months (although this can vary depending on planning issues/objections i.e. end of July 2019. Once planning permission is received the project will then go for tender in line with national regulations. This tender process usually takes approximately four months. The building programme is estimated to be 18 months with planned occupation of the new unit by 2021.

**Ms Anna Marie Lanigan**  
**Interim Chief Officer**  
**South East Community Healthcare**

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**Question No 5(b) on Agenda refers:**

“To ask a question about the Health Centre at Fourmilewater, Ballymacarbry and a definitive on when a new doctor will be in place? Interviews were held in July this year but still there is no sign of an announcement, even though it is believed that someone has been offered the post. I would appreciate a timeline if at all possible and to know when plan B will take effect please.”

**Cllr Michael O’Ryan**

Following the resignation of the previous General Practitioner at Fourmilewater, arrangements were made for a locum full-time General Practitioner to be put in place.

General Practice services in this practice continue to be maintained and in addition the existing practice staff have also remained in situ.

It is my understanding that contracts have been issued and a start date and arrangements are currently being negotiated with the successful candidate. It anticipated that a definite start date will be agreed for the new replacement GP as a matter of priority.

**Ms Anna Marie Lanigan  
Interim Chief Officer  
South East Community Healthcare**

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**Question No 5(c) on Agenda refers:**

“To ask the HSE, to immediately address the chronic understaffing at University Hospital Kerry, including Consultants, Doctors, Nurses & Healthcare Professionals.”

**Cllr John Joe Culloty**

University Hospital Kerry (UHK) has a compliment of 42 consultants currently 10 of these posts are vacant; these 10 positions are currently filled by locums. There are 3 vacancies in paediatrics, 3 in radiology, 2 in ED, 1 geriatrician and 1 cardiology. Interviews are taking place in next 2 months in relation to all 8 of the radiology, paediatrician and ED post. We hope to have permanent consultants in these positions within the next 6 months. UHK is working with the South/Southwest Hospital Group (SSWHG) in relation to progressing the other appointments. UHK is currently working with SSWHG to progress a number of new consultant positions including microbiology, respiratory, cardiology & haematology.

There are currently 16 nursing WTE vacancies in UHK, 4 are permanent positions the other vacancies relate to maternity and long term sick leave. We have offered all the graduate nurses permanent positions and we are constantly recruiting.

In relation to Health Care Professionals there are no recruitment difficulties with these services apart from radiology where there is a national shortage of radiographers. 3 days interviews are taking place with regards to the permanent recruitment of health care assistants in the coming weeks.

**Fearghal Grimes**  
**General Manager**  
**University Hospital Kerry**

**Question No 5(d) on Agenda refers:**

"Can we have an into date report on 24/7 Cardiac Care Services in UHW.  
Who makes the decision that the relocatable lab is diagnostic or PCT?  
Who authorized the relocatable Cath Lab to UHW?  
Who signed off on it? What is the cost of the relocatable lab?"

**Cllr Breda Gardner**

The Minister for Health has requested that the HSE proceed with the next steps on the provision of a modular Cath Lab at University Hospital Waterford and to provide the Department of Health with timescales and costings, to allow for consideration in the context of the 2018 Estimates and Capital Planning processes. In the meantime he instructed that the mobile Cath Lab would remain in place.

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

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# MOTION AND QUESTION RESPONSES

FORUM MEETING  
15<sup>th</sup> November 2018



## **MOTIONS**

### **Motion 5(a) on Agenda refers:**

"I call on the HSE, to urgently secure replacement of Histopathologist to University Hospital Kerry. Also, to confirm progress regarding recruitment of Consultant Cardiologist, Respiratory Physician, and full time Geriatric Consultant."

**Cllr. John Joe Culloty**

UHK, CUH and the SSWHG have been working closely over the last two months to ensure continuity of the histopathology service to UHK in 2019 on the departure of Mr Ken Feely Consultant Histopathologist. As part of the re-organisation of the service this group is currently reviewing the group-wide service requirements and they will make recommendations regarding the future recruitment of Consultant Histopathologist/s.

Regarding Consultant Cardiologist appointment the SSWHG has got approval for an additional Cardiologist and they are currently finalising the business case for a second shared post between the two hospitals. It is hoped to advertise these positions early in 2019.

With reference to the Consultant Geriatrician position, this post is to be re-advertised in the coming weeks with a wider international spread. In the meanwhile UHK is looking at progressing additional Consultant Geriatric positions.

**Mr Fearghal Grimes**  
**General Manager**  
**University Hospital Kerry**

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### **Motion 5(b) on Agenda refers:**

**"Why is a Personal Care Assistant/Home Help within the HSE not paid for their time whilst travelling from one position to another?"**

**Cllr Arthur McDonald**

Following a national agreement made between the HSE and SIPTU all home support workers are to be recompensed for their travel time. All Home Support workers are paid travel following receipt of their claim for the travel costs but the time spent travelling has now been approved. Contracts are to issue which will be retrospective backdated to 1st Sept 2018. Encompassed within these contracts is the agreement to pay anyone on a 39 hour contract 4 hours travelling time and anyone on a contract for less than 39 hours a maximum of 2 hours travel time. The travel time will be subject to review following the implementation of full rosters which is to be completed by March 2019.

**Mr TJ Dunford**  
**Interim Chief Officer**  
**South East Community Healthcare**

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**Motion 5(c) on Agenda refers:**

“With the Gate Lodge at Our Lady’s Hospital Complex, Cashel, a sad reflection of unnecessary neglect and the Lodge at Saint Patrick’s Hospital, Cashel (a former comfortable family residence for decades) standing idle for the past few years, this Forum calls on the relevant section of the HSE to actively pursue a plan to utilize both structures.”

**Clr 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.

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 need for the Health Service to provide living accommodation to its caretaker or other staff no longer exists.

There is currently no identified need / use for these buildings.

The capital (including minor capital) funding allocation which is finite is currently prioritised to seek to maintain HSE operational facilities in clinical and residential use.

**Mr TJ Dunford**  
**Interim Chief Officer**  
**South East Community Healthcare**

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**Motion 5(d) on Agenda refers:**

“To ask the HSE to explain why the €428,635.83 which is owed to St Aidan's Day Care Services, Millands, Gorey, Co Wexford, some of it dating back to 2016 has not

been paid and to exhort the HSE to pay this money with immediate effect so as this facility which is giving excellent care and providing an essential service to the community of North Wexford and surrounding areas can continue to serve the people in the excellent manner it has to date.”

**Cllr Joe Sullivan**

St. Aidan’s Services in Co. Wexford are a Section 39 Agency providing a range of services for adults and children with intellectual disabilities. The HSE is aware of the ongoing deficit with St. Aidan’s Centre as this has been highlighted under Service Arrangement Schedule 6.

In addition St Aidan’s are also highlighting increased annual cost following HIQA inspections. The agency is subject to an ongoing monitoring process with HIQA and South East Community Healthcare (SECH) is providing support to the agency in relation to same. This is comprised of increased staffing and roster changes, behaviour support and training.

To assist with cash flow, SECH provided cash acceleration to St. Aidan’s in October 2018 which resulted in the funding payment for the agency being brought forward from November 2018. On 9<sup>th</sup> November 2018 St Aidan’s subsequently received their usual budget transfer. A sum of €100k will be paid to St. Aidan’s in December 2018 and this will be the final allocation to the agency in line with usual processes in relation to the yearly allocation to the agency of €4,793,263.

SECH are continuing to engage closely with St Aidan’s services with an aim of addressing current challenges.

**Mr TJ Dunford**  
**Interim Chief Officer**  
**South East Community Healthcare**

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

“That the HSE invest heavily in Early Intervention Services in Cork County. With a view to putting in place a plan, to aggressively cut the huge waiting lists for access to these services.”

**Cllr Danielle Twomey**

**Early Intervention Services**

Early Intervention services are provided to children who may have a developmental delay or disability and who need a period of ongoing treatment from 2 or more members of a team. Early Intervention services within Cork are available to families of children aged from birth to 5 years 11 months.

Early Intervention Teams are made up of professionals who are skilled and experienced in Early Intervention, including some or all of the following: Nursing, Paediatricians, Psychologists, Physiotherapists and Speech & Language Therapists. The team works with parents to assess their child and provide services that meet their individual needs. Most referrals come from the child's doctor or another healthcare professional but a referral may also be made by a child's parent or guardian.

All referrals are brought to a monthly Intake Forum and, based on the information provided, the Forum will decide whether an Early Intervention team is suitable. This child will then be assessed by the relevant team and receive any necessary care and treatment. If a team believes that a child no longer needs their expertise, whether after assessment or a period of intervention, the child may be moved to another team or discharged from Early Intervention completely. If the Forum decides that an Early Intervention team is not suitable for a child, they will send the referral from and other details to the most appropriate service.

The number of children awaiting an Early Intervention assessment as 23/10/18 is set out below for your information.

	Number WL Team IA	Number WL SLT Intervention	Number WL OT Intervention	Number WL PT Intervention	Number WL Psychology Intervention
South Lee EI Team	20	0	10	0	25
North Lee EI Team	40	47	72	8	130
North Cork EI Team	30	16	45	14	24

(Please note that some children may be on more than one list as they may be waiting for more than one intervention)

With the West Cork area, the service provider CoAction has entered into partnership with the HSE to provide a cohesive service to children with complex needs in the West Cork area. This new service is called West Cork Child Development Services (WCCDS). This is part of the national project "Progressing Disability Services". West Cork is one of the first places in Ireland to start the new service. This service caters for children aged 0 to 18 with complex needs including intellectual disability, ASD, physical and sensory disabilities and children with complex developmental delay. There are four teams for children in West Cork, based in Bantry, Clonakilty, Dunmanway and Skibbereen. There are no children awaiting Early Intervention assessment within the West Cork area.

The above figures do not include children referred under the Disability Act. There are significant waiting lists in particular for clinical assessment for Autism Spectrum Disorder (ASD).

A specific piece of work has commenced in an effort to address the current wait lists for ASD services in the region. The HSE and the service providers are working collaboratively to look at standardising the ASD assessment process. Currently there are variations taken in the time to assess each child. Standardising the process will increase the numbers seen.

We are also actively working to address this waiting time through a waiting list initiative. A procurement process has been underway in recent months and has now been completed. The first assessments under this initiative began in mid-October.

It is anticipated that combined effects currently being undertaken by Cork Kerry Community Healthcare, in relation to the Assessment of Need process, will have a significant positive impact on the wait lists as we progress into 2019.

### **Progressing Disabilities**

Cork Kerry Community Healthcare area will re-configure Childrens Services in 2019 in the Cork area with the roll out Progressing Disabilities (PDS) for Children. Services in Kerry and in West Cork have already re-configured and are now structured according to the PDS model. Cork County North and Cork City will re-configure in the months ahead.

We are working with our partner organisations to implement 'Progressing Disability Services for Children and Young People Programme'. The key objective of PDS is to provide equity of access to all children based on their individual need, regardless of their diagnosis, where they live or go to school.

PDS is doing this by forming partnerships between all the disability organisations in an area and pooling their staff with expertise in the different types of disabilities to form local Children's Disability Network Teams (CDNTs) who will provide for all children with significant disability, regardless of what their disability is. Children with mild delays in their development will have their needs met by their local Primary Care services (e.g. public health nurse, community speech and language therapist, family doctor, community physiotherapist etc.) In an example of two children with autism, one child may manage well with some occasional supports from Primary Care while the other child may have significant needs and require a team of professionals working together to support his/her needs. A National Access Policy is being implemented which will signpost referrers, including parents, to the appropriate service i.e. the local CDNT or Primary Care service.

There are 56 teams already established under this programme across the country and a remaining 82 to be set up in the coming year, 10 of these will be based in the areas in Cork that have not yet re-configured as outlined above. It is important to note that where these teams are already in place, services are more stream-lined.

Additional resources are required. The *Report on the Future Needs of Disability Services* (April 2018) estimates an additional 400 posts are required to provide adequate staffing levels to meet the demand for children's disability services including assessment under the Disability Act (2005) and the HSE is working to

address this. There will be an allocation of 100 posts to children's disability network teams across the HSE in 2019. The Childrens Disability Network Team Managers posts for Cork and Kerry were advertised on Monday, 19<sup>th</sup> November.

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

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**Motion 5(f) on Agenda refers:**

"That Minister Simon Harris, Dept of Health and HSE will fund in its Capitol Budget the MRI scanner that was allocated and approved to The Friends of St Luke's Hospital. Where is the project at? And can the MRI be up and running in first half of 2019?"

**Cllr Breda Gardner**

Ireland East Hospital Group/HSE Estates has not yet been notified of its capital allocation for 2019. The MRI scanner development is a priority for St Luke's General Hospital. The project is at an advanced stage with planning permission awarded and design completed. The pre-tender cost check is also completed and a budget uplift is required in order to proceed with the construction phase in 2019. It is expected that the MRI will be operational in 2020.

**Ms Anne Slattery**  
**General Manager**  
**St Luke's General Hospital Carlow-Kilkenny**

## QUESTIONS

### **Question No 6(a) on Agenda refers:**

“What is the current situation, regarding the proposed facility, which will replace the two existing hospitals in Killarney?”

**Cllr John Joe Culloty**

Killarney Community Hospitals, namely the District Hospital and St. Columbanus Hospital, will be replaced by a new 130 bed Community Nursing Unit with a projected latest construction completion date of December 2022.

A HSE Engineer has been assigned to this project. A preliminary sketch design is complete and has been reviewed at a meeting with the town planners. The design team are currently finalising the preliminary design following this meeting. The project is currently advancing through the Public Private Partnership process.

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

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### **Question 6(b) on Agenda refers:**

“For how long more does the HSE expect Saint Patrick’s Hospital in Cashel to operate with present staffing levels before HIQA will call into question the safety of patients and all involved?”

**Cllr Tom Wood**

As with all residential care facilities, St Patrick’s is subject to ongoing inspection by the Independent Regulatory Body HIQA. In July 2018 HIQA most recently carried out a thematic inspection of St Patrick’s Hospital. The inspection report made no specific recommendations in relation to staffing levels in the St Patrick’s Hospital.

St Patrick’s Hospital is a registered centre with the Health Information and Quality Authority (HIQA)

The HSE is committed to ensuring the ongoing delivery of residential and rehabilitation services in Cashel and will continue to seek to progress matters with INMO colleagues.

**Mr TJ Dunford  
Interim Chief Officer  
South East Community Healthcare**

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**Question No 6(c) on Agenda refers:**

“Does the HSE have a date for the opening of the outreach clinic for juvenile arthritis patients in Cork, and progress to date on this?”

**Cllr Danielle Twomey**

Patients with Paediatric Arthritis require consultation with a Paediatric Rheumatologist. Following the retirement of the permanent Consultant, Cork University Hospital currently has a locum Consultant in place who is conducting monthly Rheumatology clinics and liaising with our Rheumatology colleagues in Dublin, and we are hoping to extend the post once funding is available.

**Mr J A McNamara  
Chief Executive Officer  
CUH Group**

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**MINUTE OF FORUM MEETINGS  
FEBRUARY TO DECEMBER 2018**

## **MINUTES OF FEBRUARY 2018 MEETING**

### **MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 22<sup>nd</sup> February 2018 @ 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. Pat Fitzgerald  
Cllr. John Francis Flynn  
Cllr. Denis Foley  
Cllr. Breda Gardner  
Cllr. Mary Hanna Hourigan  
Cllr. Willie Kavanagh  
Cllr. George Lawlor  
Cllr. Mary Linehan Foley

Cllr. Joe Malone  
Cllr. Michael McCarthy  
Cllr. Rachel McCarthy  
Cllr. Arthur McDonald  
Cllr. Jason Murphy  
Cllr. Seanie Power  
Cllr. Damian Quigg  
Cllr. John Sheehan  
Cllr. Mary Shields  
Cllr. John Sheehan  
Cllr. Frank Staples  
Cllr. Joe Sullivan  
Cllr. Tom Wood

#### **Apologies:**

Cllr. Deirdre Forde  
Cllr. Imelda Goldsboro  
Cllr. Mary Hanna

Cllr. Louise McLoughlin  
Cllr. Ray Murphy  
Cllr. Bobby O'Connell

#### **In Attendance:**

- Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
- Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare
- Dr. Derval Howley Head of Service, Health & Wellbeing
- Members of the HSE South Forum Office staff

In the unavoidable absence of the Chairperson, Cllr. Bobby O' Connell, the immediate past Chairperson Cllr. Joe Sullivan, acted as Chair of the meeting.

**1. Adoption of the Minutes of the previous Meeting held on Thursday 16<sup>th</sup> November 2017**

On the proposal of Cllr. Damian Quigg, seconded by Cllr. John Buttimer, the Minutes of the Forum meeting, held on Thursday, November 16<sup>th</sup>, 2017, were approved and adopted by the members.

**2. Chairperson's correspondence**

Members were asked to switch off their mobile phones.

**3. Reports by Chairpersons of:**

The next Committee meetings will be held on:

- (a) South East Committee Meeting held on 10<sup>th</sup> April in Kilkenny
- (b) South West Committee Meeting held on 12<sup>th</sup> April in Tralee

**4. Presentation from HSE Management on Operational Plans for 2018**

The Cork/ Kerry Community Healthcare Plan was presented by Mr. Ger Reaney, Chief Officer.

The CHO 5 (South East Health Care Organisation) Plan was presented by Dr. Derval Howley, Head of Service, Health & Wellbeing, who was deputising for Ms. Aileen Colley, Chief Officer.

The South/ South West Hospitals Group Plan was presented by Dr. Gerard O' Callaghan, Chief Operations Officer.

The Forum members received a copy of the presentations and having thanked the HSE Managers, the following questions were raised and answered by the respective officials. In some cases updating will be arranged on an individual basis.

- Will the Cork Kerry Community Healthcare Organisation try to increase further the number of additional beds for older persons in Kerry?
- Could day care accommodation be provided for older persons suffering from Dementia/Alzheimers in the new building, being planned for the St Finan's campus in Killarney, which could be run by the community?
- What are the plans to increase respite bed nights for Residential services in Kerry?
- Can communication in the Cork/Kerry Mental Health services be improved to ensure appropriate referrals are made?
- What is the current position regarding recruitment and appointment of Assistant Psychologists, under Primary Care Services in Cork/Kerry ?
- Can progress be made with the initial assessments of children for Occupational Therapy services, in parts of Cork where waiting lists are increasing?

- Will the HSE review the availability of Home Care Packages for older people with disabilities?
- Are there any Mental Health studies undertaken of progress made by former prisoners after their release?
- How will the additional beds, which were announced last year for Tipperary, be allocated between Cashel and Clonmel and how will they be progressed during 2018?
- What is the present position regarding Primary Care Centres in Cork city and county?
- Will the new CUH helipad be operational during 2018?
- Will there be an enhancement in respite care beds for the east Cork area?
- Has a replacement Consultant Psychiatrist CAMHS been recruited with responsibility for the Glanmire area?
- Could additional hours be offered to part time nursing staff at St Luke's Hospital Kilkenny instead of using agency services?
- Is there funding approved for development of St Columba's Hospital Thomastown?
- What Primary Care Centres are planned for the Kilkenny area?
- Is there any Health & Wellbeing investment in research through universities linked to our hospitals?
- What are the uptake rates of the 'flu vaccine among HSE staff and what is the target?
- Will UHW get the 2nd Cardiac Cath Lab in 2018 and how long more will the mobile unit be based there?
- Are HSE premises compliant with HIQA standards?
- What services will be available in the new Primary Care centre which is due to open shortly in Wexford town?
- Could the most recent unit provided at the County Clinic, Grogan's Road, Wexford be used for some health or community related service?
- Are there any plans to outsource assessment of needs waiting lists and are there guidelines on how this would be done?

## **5. Notices of Motion**

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

"That the HSE would support patients with head injuries and severe neurological injury in their transport needs to headway as many patients find the transport costs prohibitive."

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

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

"As concern arises about the unacceptable level of Investment in Mental Health Services in South Tipperary and with the closure of Saint Michael's Acute Psychiatric Unit in Clonmel widely recognised as a mistake, this Forum calls on the HSE to: 1. Outline what measures will be taken to improve services and 2. Give serious consideration to the provision of inpatient beds again in South Tipperary."

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

In response, Cllr. Wood emphasised that there were still local concerns following the closure of St Michaels Acute Psychiatric Unit. He asked if the HSE will be reinstating acute beds for this service. Dr. Howley referred Cllr. Wood to Ms. A Colley's response.

As the number of Forum members now present, did not reach a Quota, as specified under Standing Orders, the Acting Chairperson ruled that the meeting was being adjourned.

**Date and time of next meeting**

The next meeting will be held on Thursday 22<sup>nd</sup> March 2018, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

## **MINUTES OF MARCH 2018 MEETING**

### **MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 22<sup>nd</sup> March 2018 at 2pm  
COUNCIL CHAMBERS, COUNTY HALL, CORK**

#### **Present:**

Cllr. John Carey  
Cllr. Henry Cremin  
Cllr. Brendan Cronin  
Cllr. John Joe Culloty  
Cllr. Davy Daniels  
Cllr. Mary Rose Desmond  
Cllr. Pat Fitzgerald  
Cllr. Denis Foley  
Cllr. Breda Gardner  
Cllr. Mary Linehan Foley

Cllr. Joe Malone  
Cllr. Michael McCarthy  
Cllr. Suzanne McCarthy  
Cllr. Arthur McDonald  
Cllr. Jason Murphy  
Cllr. Ray Murphy  
Cllr. Mary Shields  
Cllr. Joe Sullivan  
Cllr. Tom Wood

#### **Apologies:**

Cllr. Timmy Collins  
Cllr. Imelda Goldsboro  
Cllr. Mary Hanna Hourigan  
Cllr. Rachel McCarthy  
Cllr. Louise McLoughlin  
Cllr. Bobby O'Connell  
Cllr. John Sheehan  
Cllr. Frank Staples

#### **In Attendance:**

Dr. Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group  
Dr Derval Howley, Head of Service, Health and Well being, CHO5  
Ms. Sinead Glennon, Head of Service, Mental Health, Cork and Kerry Community Healthcare  
Ms. Lily Byrnes, General Manager, Wexford General Hospital, Ireland East Hospital Group  
Members of the HSE South Forum Office staff

In the unavoidable absence of the Chairperson, Cllr. Bobby O' Connell, Cllr. Jason Murphy acted as Chair of the meeting.

**1. Adoption of the Minutes of the previous Meeting held on Thursday, 22<sup>nd</sup> February, 2018**

On the proposal of Cllr. Joe Sullivan, seconded by Cllr. Michael Mc Carthy, the Minutes of the Forum meeting held on Thursday, February 22nd, 2018, were approved and adopted by the members.

**2. Chairperson's correspondence**

Members were reminded to switch off mobile phones.

**3. Report from Wexford General Hospital**

The acting chairperson introduced Ms. Lily Byrnes, General Manager, Wexford General Hospital (WGH), who was invited to update members on the present situation at the Hospital. WGH is based in the Ireland East Hospital Group, but Councillors from the county attend the South Forum meetings.

Ms Byrnes briefed the members regarding services at Wexford General Hospital. The Scheduled Care Waiting Lists, including Endoscopy Services at the hospital, were reaching their targets with regard to urgent Endoscopies. There is some increased demand in routine Endoscopies but this is being managed through the Ireland East Hospital Group. The hospital is performing well against key performance indicators. For 2017 v 2016 there was a 5.6% increase in ED presentations. The total ED presentations in 2017 were 44,466. There were 1,772 births, slightly down on the previous year and inpatient discharges were 15,415. There was a significant increase in Day Cases, 10,774 cases seen. In January and February 2018, ED presentations have increased at a rate of 8% on the previous year. The hospital is continuing to manage these challenges and hopes to deliver its service in 2018 within the funding envelope.

With regard to capital developments, the hospital is awaiting the progression to Cost Benefit Analysis of a 75 in-patient Medical Unit to replace the current block, built in the 1970s, and an MRI Suite at the hospital is being progressed through the Ireland East Hospital Group.

Wexford General Hospital has been successful in recruiting nurses over the last twelve months and is currently recruiting some additional Consultant posts, in particular Physicians in Endocrinology and Gastroenterology, and is also increasing its Radiology establishment.

Wexford General Hospital continues to work within its allocation despite the continuous pressures and challenges. Isolation facilities are having an impact on private income and this will impact the financial outcome of the hospital in 2018, as it did in 2017. Ms. Byrnes also acknowledged the commitment of the local community and statutory services to Wexford General Hospital during the

recent severe weather. It was noted that the weather event was more severe in Wexford than in other counties in the South East/South West and the supports given were exceptional.

#### **4. Reports by Chairpersons of Committees**

- South East Committee Meeting held on 23.01.2018 in Kilkenny
- South West Committee Meeting held on 25.01.2018 in Mallow

The reports of both meetings were taken as read.

The next Committee meetings will be:

- South East Committee Meeting on 10.04.2018 in Kilkenny
- South West Committee Meeting on 12.04.2018 in Tralee

#### **5. Notices of Motion**

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

“That the Regional Health Forum writes to Minister of Health, Simon Harris, the Tasoiseach, Leo Varaker and all the TDs in the South East, Carlow, Kilkenny, Wexford, Waterford and Tipperary to ask for their help and support in implementing 24/7 Cardiac Care Services in University Hospital Waterford now. And if not why not?”

A written response from Mr Richard Dooley, General Manager University Hospital Waterford, South/South West Hospital Group, was circulated to members and noted. Cllr. Gardner expressed thanks for the reply but she feels that lives are still in danger after 5 pm. The 24/7 cover is needed now and she proposed the motion that the HSE South Forum would write to all TDs and Senators in the South East seeking their support at the Oireachtas.

Cllr. Davy Daniels seconded the proposal and noted that the issue had been ongoing for too long while the population in the South East continues to increase. He felt the ongoing review was unnecessary and the service should be made available. Cllr. Malone supported the motion and noted with regret that efforts to meet the Minister since May 2017 to discuss the trolley problem had been unsuccessful.

Cllr. Mary Linehan-Foley supported the previous contributors and felt the onus was on the Minister to answer the Forum members’ questions. She also wondered if the absence of a second Cath Lab would put more pressure on the CUH service. Cllr. Pat Fitzgerald noted that the Mobile Unit is only at UHW on a temporary basis and that the 24/7 service is what is required. Cllr. Tom Wood supported the motion and wondered if the Minister or the HSE is responsible for making the decision. The acting Chairperson, Cllr. Jason Murphy, supported the motion.

In response, Dr. Ger O’ Callaghan advised that the national review is in progress, the mobile unit has been retained to April 25<sup>th</sup>, CUH has spare capacity to provide the service, responsibility for decision making is with the Government and the HSE is implementing its policy on this issue. The Herity Report was adopted by the Dept. of Health and is Government policy. Funding has been provided for 3 additional Cath Lab sessions at UHW and when the necessary staff are recruited the Management



will arrange how and when these sessions will be provided. Recruitment is in progress and it is anticipated they will be in place by the end of April.

It was agreed unanimously to support Cllr. Gardner's motion.

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

"To call on the HSE to provide a minimum of 35 extra beds at University Hospital Kerry."

A written response from Mr. Fearghal Grimes, General Manager, University Hospital Kerry was circulated to members and noted. Cllr. Brendan Cronin supported the motion.

Dr. Ger O' Callaghan noted that there had been a huge surge across the country over the previous two weeks and work had been done internally to create extra beds using the Stroke Unit and Frail Elderly Unit. Funding had been received to keep them open and a case was made by the South/South West Hospital Group for 31 additional beds at UHK, in response to the National Capacity Review. A formal response is expected in the next few weeks.

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

"That this Forum would request why the decision was made by the HSE and Minister to supply the FreeStyle Libre to Children and young Adults on Multiple Daily injections? Why is everyone else being discriminated against and not given access to the FreeStyle Libre? Why are children and young adults on a pump, also being discriminated against?"

A written response from Mr. Kieran Healy, PCRS, was circulated to members and noted. Cllr. Murphy acknowledged the information provided.

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

"In welcoming the recent announcement of a €50 million cash injection to help secure the future of South Tipperary General Hospital I call on Management to outline what developments are envisaged and the timeline for same."

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

In relation to the five items listed in the response, Dr. Ger O' Callaghan clarified the current status of each project.

(e) In the absence of Cllr. Damian Quigg the following Motion was deferred to the next meeting:

“That this Forum support my call, for Minister Simon Harris to address the process around the elected members of the Regional Health Forums function within the Forum, and the need for reserved functions to be given to the elected members so as to ensure that there is a greater and more efficient level of accountability within the HSE, the Status Quo simply isn’t working and requires an immediate review.”

(f) Cllr. Mary Rose Desmond moved the following Motion, standing in her name:

“That this Forum would be provided with details of the number of children and adolescents in the Cork/Kerry Community Healthcare Region who are currently awaiting assessment and appointments with CAMHS teams and the length of time they are waiting.”

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

Cllr. Desmond felt that the problem was not being addressed properly. She thought that the pathway for Clinical Psychology students to finalise their qualifications is lacking and that their presence in the service is vital, if exceptionally vulnerable children are to be helped. She insisted that the DOH has to lead the way in securing and funding the staffing.

Ms. Sinead Glennon detailed the work that has been done and is ongoing by the HSE to improve the situation despite difficulties in recruiting Consultants. Additional clinical posts 7.5 were approved for the Cork and Kerry area. One commenced this week and the remaining six will be taking up duty between April and July. The UCC based Clinical Psychology course is progressing and there will be graduates available in September 2019.

Regarding the Eating Disorder team it is intended to recruit the Consultant, Clinical Psychologist and Dietician in the first instance and work from there as other members are appointed.

#### **Note**

Prior to the Members’ Questions, Cllr. Joe Sullivan asked the Forum to note the tremendous efforts of HSE and other Public Service staff during the recent spell of severe weather. He insisted that they did an excellent job. All members agreed with the sentiments.

## **6. Questions**

(a) Cllr. John Sheehan put the following question:

"Can the HSE confirm that a patient who receives medical care abroad under the EU Cross Border Health Care Directive is entitled to follow up care and treatment (including Physiotherapy for orthopaedic surgery) under the legislation as it currently stands."

A written response from Ms. Catherine Donohoe, General Manager, Commercial Unit, Acute Hospital Services, HSE, was circulated to the members and noted, in the absence of Cllr. Sheehan.

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

"Now that the Minister of Health has acknowledged that it is a HSE decision, what does the HSE propose to do to implement Boards of Management to each hospital in the South East?"

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

In response to a request from Cllr. Gardner for further clarification, Dr. O' Callaghan explained the system in Health Boards and Voluntary Hospitals and how the HSE is different with the Forum having an advisory function whereas Health Boards held the CEO to account. Each Hospital has a Manager and an inclusive Executive Management Board generally around 10 members. All Hospital Groups then have a chairperson and members who are appointed by the Minister for Health. He outlined the background of the current SSWHG Board members, and advised that Managers report to the Group Chair. Ireland East Group, which includes St Luke's Hospital Kilkenny and Wexford General Hospital, has its own Chair and members, similar to the SSWHH structure.

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

"What is the current position regarding the review of scans at University Hospital Kerry?"

Taken with

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

"I call on the HSE to clarify for me, How many people carry out and oversee the scanning of images process at UHK, both prior to the Mis-diagnosis controversy and currently?"

A written response from Mr. Fearghal Grimes, General Manager, University Hospital Kerry was circulated to members and noted.

Dr. Gerard O' Callaghan clarified some items in the response and confirmed that 13 patients will be seen in the next week or two, an independent Radiologist has reviewed the look back process to ensure no errors were made and the SSWHG has

reported to the Irish Medical Council. All serious cases discovered were notified immediately.

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

“What do the HSE plan to do with St Raphael's building in Youghal when it is vacant next year after residents have been re-housed, could it be looked at for respite for East Cork Area, bearing in mind a million was spent on it renovating few years ago.”

A written response from Mr. Ger Reaney was circulated to members and noted. Cllr. Lenihan-Foley asked that the building would be preserved in view of its long history and recent investment, and possibly be considered for worthwhile use, such as the provision of respite services in East Cork.

Ms Sinead Glennon confirmed that some HSE services will be provided in St. Raphael's Centre until 2019. All HSE Services and Voluntary Groups are welcome to make submissions outlining their accommodation needs which will assist future use of this site. The HSE will be examining the needs in the area, before making any decisions.

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

“Who officially signed off on the decision to provide 92 beds in a new Community Nursing Unit in Cashel and 50 beds at Saint Anthony's, Clonmel, to satisfy HIQA standards and has HIQA been informed of the decision?”

A written response from Ms. Aileen Colley, Chief Officer, CHO5, was circulated to members and noted.

Cllr. Wood asked if the Head of Service for Social Care has signed off on the decision and if a representative of the Estates service could attend a future South East Committee meeting to discuss future plans in South Tipperary.

In response, Dr. Derval Howley, Head of Service, Health & Wellbeing, attending the meeting on behalf of Ms. Aileen Colley, Chief Officer, CHO 5, confirmed that the Head of Service made the decision about the beds on the basis of the evidence from the options appraisal and that HIQA was informed.

(g) Cllr. Mary Rose Desmond put forward the following question:

“To ask if the 2018 emergency funding allocation for Cork Kerry Community Healthcare has been received from the HSE. If so, what funding was granted and if not, when is this funding due to be received?”

A written response from Mr. Ger Reaney was circulated to members and noted. Cllr. Desmond asked if the funding allocation has been received and Ms. Sinead Glennon confirmed that 16 % had been allocated to date, drawn down on an individual basis,

from the E2.2 m indicative budget 2018. She added that the allocation will meet urgent case needs in 2018. Ms. Glennon confirmed that the HSE is working on a plan for the future and will be seeking increased funding.

**7. Date and time of next meeting**

The next meeting will be held on Thursday 17<sup>th</sup> May 2018, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

## **MINUTES OF MAY 2018 MEETING**

### **MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 17<sup>th</sup> May 2018 at 2pm  
COUNCIL CHAMBERS, COUNTY HALL, CORK**

#### **Present:**

Cllr. John Buttimer  
Cllr. John Carey  
Cllr. Timmy Collins  
Cllr. Henry Cremin  
Cllr. John Joe Culloty  
Cllr. Davy Daniels  
Cllr. Michael Doyle  
Cllr. Pat Fitzgerald  
Cllr. Denis Foley  
Cllr. Breda Gardner  
Cllr. Imelda Goldsboro  
Cllr. Mary Hanna Hourigan  
Cllr. Willie Kavanagh  
Cllr. Mary Linehan Foley

Cllr. Michael McCarthy  
Cllr. Susan McCarthy  
Cllr. Arthur McDonald  
Cllr. Louise McLoughlin  
Cllr. Bernard Moynihan  
Cllr. Jason Murphy  
Cllr. Ray Murphy  
Cllr. Bobby O'Connell  
Cllr. Aaron O'Sullivan  
Cllr. Seanie Power  
Cllr. Damian Quigg  
Cllr. Mary Shields  
Cllr. Joe Sullivan  
Cllr. Tom Wood

#### **Apologies:**

Cllr. Deirdre Forde

#### **In Attendance:**

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group  
Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare  
Ms Liz Kinsella Head of Mental Health, South East Community Healthcare  
Members of the HSE South Forum Office staff

**1. Adoption of the Minutes of the previous Meeting held on Thursday 22<sup>nd</sup> March 2018**

On the proposal of Cllr. Davy Daniels, seconded by Cllr. Timmy Collins, the Minutes of the Forum meeting held on Thursday, March 22<sup>nd</sup>, 2018 were approved and adopted by the members.

**2. Chairperson's correspondence**

Members were requested to switch off their mobile phones.

**3. Committees**

The next Committee meetings will be held on:

- South East Committee Meeting 16<sup>th</sup> October 2018 in Kilkenny
- South West Committee Meeting 18<sup>th</sup> October 2018 in Tralee

Details were noted by the members.

**4. Adoption of the Annual Report**

On the proposal of Cllr. Denis Foley, seconded by Cllr. Joe Sullivan, the members adopted the Regional Health Forum South, Annual Report 2017.

**5. Notices of Motion**

(a) Cllr. Damian Quigg moved the following Motion, standing in his name:

**Deferred from March 2018 Meeting**

"That this Forum support my call, for Minister Simon Harris to address the process around the elected members of the Regional Health Forums function within the Forum, and the need for reserved functions to be given to the elected members so as to ensure that there is a greater and more efficient level of accountability within the HSE the Status Quo simply isn't working and requires an immediate review."

A written response, dated 16<sup>th</sup> May 2019, from Minister Simon Harris, was circulated to members and noted. Cllr. Quigg noted that the Taoiseach had been emphasising the need for greater accountability in recent days and felt that consistent with his own view, a new model of health service provision is now required. Dr. Ger O' Callaghan advised that he had been in contact with the Minister's diary secretary and that efforts are being made to meet a deputation from the HSE South Forum, in the near future.

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

"To ask the HSE South to provide an update on the HSE's approach to providing adequate GP services for the Youghal area in light of the fact that one of its GPs is due to retire"

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

Cllr. Linehan-Foley expressed her disappointment that there hasn't been a resolution, despite two HSE recruitment campaigns. Mr Reaney advised that arrangements are being made for the 374 GMS patients to have access to a GP, which is the immediate concern. Cllr. Linehan-Foley acknowledged that the Cork Kerry Community Healthcare team has communicated extensively with patients, the IMO, the Primary Care Reimbursement scheme and the other GPs in the area.

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

"To ask for a report on the number of referrals dealt with by the Kerry Child and Adolescent Mental Health Service since January 2016, how many urgent referrals were dealt with in that period and specifically regarding the presentation of an urgent referral at weekends/bank holidays, is there a CAMHS service available?"

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

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

"With Saint Patrick's Hospital, Cashel and its Rehabilitation Unit having to "temporarily suspend admissions" as and from the 24th April due to the failure of the HSE to fill the Medical Officer Post vacated last June and to secure a continuation of services provided by the Consultant Geriatrician, this Forum calls on the HSE to explain, 1. Why no applicant qualified for the post? 2. Why communications with General Practitioners in South Tipperary, Retired GPs, and liaison with Recruitment Agencies to fill that Post, all failed?"

#### **AND No 6 (b)**

"Why should concerned staff, patients and the general public not contend that the crisis at Saint Patrick's Hospital, Cashel due to insufficient clinical cover will not result in the closure of the acclaimed Rehabilitation Unit and the downgrading of other services?"

A written response from Mr Aileen Colley, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr. Wood highlighted the prevailing uncertainty for the future of the service, since the retirement of the Medical Officer. He acknowledged that the HSE had advertised the post on three occasions but failed to secure an appointment. Ms. Liz Kinsella, Head of Mental Health advised that filling similar posts is difficult



nationally, but that the only short term solution is to fill it on an agency basis, with effect from June 5<sup>th</sup> next. Ms. Kinsella confirmed that there are no plans to remove the Rehabilitation Unit from Cashel and that the eventual replacement for St. Patrick's Hospital will also be based in the town.

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

"As it has become increasingly difficult to replace retiring GPs in many parts of the country, and particularly in rural areas, I ask the HSE when it plans to reverse the FEMPI cuts, which would make it more attractive for GPs to take up these posts."

A written response from Mr Ger Reaney was circulated to members and noted. Mr Reaney clarified the Government multi annual policy, which allows longer term planning and practice development. He also advised on diagnostic support services being provided to some GP practices, by established Primary Care Centres.

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

"That the Regional Health Forum South via the Chair writes to Minister Jim Daly to request that the HSE South under the Mental Health Act ask Drs to check patients for drug intoxication on admission and throughout their hospitalization. If found positive! Are there policies in place to ensure that these policies are enacted to safe guard the hospital staff?"

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

Cllr. Gardner clarified why she had raised the issue at the SE Committee meeting in April and explained why it had subsequently been withdrawn. Ms. Kinsella had asked for details then to follow up and having advised that there are unit protocols in place, she confirmed her availability to meet anyone who still has concerns.

## **6. Questions**

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

"To clarify when a person with a medical card visits a GP what is the normal rate paid by the HSE to the GP to cover that particular visit."

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

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

"Has any progress been made regarding the disposal of land, in and around the St. Finan's Campus, in Killarney?"

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

(d) Cllr. Breda Gardner put forward the following questions regarding the Cervical Cancer Screening Service:

1. Several patients complained, while they eventually got through on the helpline, they got no answers. When can they expect answers? What is the point of a helpline which does not give answers?
2. How many tests were sent to US Company over what period?
3. Are we still sending tests to the company?
4. Have all tests been sent been reread and if not why not?
5. How many women in the South East (Kilkenny, Carlow, Tipperary Wexford and Waterford) are effected?
6. How does the HSE propose to correct this scandal?"

This item was taken first in the day's order of business, on the suggestion of the Chairperson, Cllr. Bobby O' Connell, and by agreement with the members.

A written response from National Cancer Screening Service was circulated to members and noted. A Cervical Check Audit Daily report, dated May 5<sup>th</sup> was also circulated.

Prior to the discussion, Dr. Ger O Callaghan reiterated what the Interim HSE Director General, Mr. John Connaghan, has said recently and apologised for the failings in the Cervical Cancer Screening Service. He noted that many people would have been affected by the issue. Mr. Ger Reaney concurred and offered his apologies, noting that confidence in the service had been undermined. He listed the support arrangements which have been approved and implemented for the original 209 patients, whose smears had been mis-read and/or their spouses, partners and families.

Mr. Reaney and Ms. Liz Kinsella advised on the secondment of respective health professionals to liaison posts in the South West and South East, who will be working with the affected patients or their partners and early appointments are being arranged.

At the request of Cllr. Gardner, a minute's silence was observed in memory of the eighteen women, who have already died.

Cllr. Breda Gardner insisted that the patient's GP should be the bearer of such news in all cases. She pointed out that 95% of detected cases are curable and that the HSE should be highlighting the three symptoms to watch for and advising a return to the GP. She was dismayed that the HSE had not reported to the Dept of Health, when the critical situation arose.

Cllr. Damian Quigg felt that all tests done across the country should be reviewed as soon as possible. He was critical of the outsourcing practice and wondered how quickly a person can access their medical records, when

required. He felt that this experience confirmed that the HSE should be abolished.

Cllr. John Buttimer acknowledged the courage and bravery of the affected women and he noted that the national investigation will identify how the systems' failure occurred. He felt it would now be timely for HSE systems to be reviewed, including communications, procedures, decision making, sharing of information and disclosure and to learn what allowed this situation to occur. He felt that patient involvement in reviews/investigations/tribunals should be considered.

Cllr. John Joe Culloty gave credit to the many good people working in the HSE, but insisted that incompetence allowed this disaster to happen. He called for a thorough review of how the HSE transacts its patient centred business.

In response, Dr. Ger O' Callaghan confirmed that the initial telephone help line problems had been resolved. He made it clear that his awareness of the problem was no earlier than that of the members and general public and that the South/South West Hospital Group has a long established policy of open disclosure.

Concluding the discussion, Mr. Reaney confirmed that that every effort will be made to contact all patients in the catchment area by Friday afternoon, May 18<sup>th</sup>, and advised of the availability of support services.

## **7. Date and time of next meeting**

The next meeting will be held on Thursday 21<sup>st</sup> June 2018, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

## MINUTES OF JUNE 2018 MEETING

### MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 21<sup>st</sup> June 2018 at 2pm  
COUNCIL CHAMBERS, COUNTY HALL, CORK

#### Present:

Cllr. John Carey RIP  
Cllr. Timmy Collins  
Cllr. Brendan Cronin  
Cllr. John Joe Culloty  
Cllr. Davy Daniels  
Cllr. Mary Rose Desmond  
Cllr. Michael Doyle  
Cllr. Pat Fitzgerald  
Cllr. Breda Gardner  
Cllr. Mary Hanna Hourigan  
Cllr. Willie Kavanagh  
Cllr. George Lawlor  
Cllr. Mary Linehan Foley  
Cllr. Joe Malone  
Cllr. Michael McCarthy

Cllr. Rachel McCarthy  
Cllr. Susan McCarthy  
Cllr. Arthur McDonald  
Cllr. Louise McLoughlin  
Cllr. Bernard Moynihan  
Cllr. Jason Murphy  
Cllr. Ray Murphy  
Cllr. Bobby O'Connell  
Cllr. Seanie Power  
Cllr. Damian Quigg  
Cllr. John Sheehan  
Cllr. Mary Shields  
Cllr. Frank Staples  
Cllr. Joe Sullivan

#### Apologies:

Cllr. Henry Cremin  
Cllr. Denis Foley  
Cllr. Imelda Goldsboro  
Cllr. Tom Wood

#### In Attendance:

Ms Bridie O'Sullivan, Group Chief DON & Midwifery, South/South West Hospitals Group  
Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare  
Mr Fiachra O' Ceilleachair, Media Relations/Communications, South East Community Health Organisation  
Members of the HSE South Forum Office staff

1. **Adoption of the Minutes of the previous Meeting held on Thursday 17<sup>th</sup> May 2018**

On the proposal of Cllr. Davy Daniels, seconded by Cllr. Brendan Cronin, the Minutes of the Forum meeting held on Thursday, May 17<sup>th</sup>, 2018 were approved and adopted by the members.

## **2. Chairperson's correspondence**

There was no correspondence to consider.

### **Election of Chairperson:**

The outgoing Chairman Cllr. Bobby O'Connell thanked the HSE Management and members for their help and support during his term as Chairperson of the HSE South Forum. He recalled that there had been some particularly sensitive issues to address.

Tributes were paid to Cllr. O'Connell by several Councillors who thanked him for the efficiency and fairness extended to all members, during his term of office.

Cllr. Jason Murphy was proposed by Cllr. Joe Sullivan and seconded by Cllr. John Joe Culloty. As there were no other nominations, Cllr. Murphy was elected.

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

### **Election of Vice Chairperson:**

Cllr. Arthur McDonald was proposed by Cllr. Mary Rose Desmond and seconded by Cllr. Joe Sullivan

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

## **3. Reports from Chairpersons of the Committee meetings held on:**

- South East Committee Meeting held on 10<sup>th</sup> April 2018 in Kilkenny
- South West Committee Meeting held on 12<sup>th</sup> April 2018 in Tralee

The two reports were taken as read.

The next Committee meetings will be held as follows:

- South East Committee Meeting, 16<sup>th</sup> October 2018, in Kilkenny
- South West Committee Meeting, 18<sup>th</sup> October, in Tralee.

Members noted the arrangements

4. **Presentation on CPE**

Professor Martin Cormican, HSE, National Lead for Health Care Associated Infection and Antimicrobial Resistance gave a very informative, timely and well received presentation to the members and HSE Management. An e copy will be circulated, by the HSE South Forum Office.

The declaration of the Public Health Emergency by the Taoiseach last October has led to significant efforts being made to meet the challenges posed by this latest super bug Carbapenemase Producing Enterobacterales ( CPE). Professor Cormican emphasised the importance of proper hand washing, advised that 433 new CPE patients had been recorded in 2017, that they have rights to diagnosis and treatment in the Irish health system and that the problem is a world wide issue. He explained how the bug is passed on, the symptoms, the challenges in places like hospitals, where staff interact with many patients who are sick, vulnerable and whose resistance is low. Action is needed as soon as a case is identified, because the CPE is still going strong after eight months of efforts to address it. The need to reduce antibiotic use in Ireland was highlighted. Professor Cormican asked the members to encourage people to eat well, wash their hands properly keep up to date with information and share the knowledge. The use of vaccines should be promoted and some helpful web site addresses were given.

Questions from members about the checking process in Irish hospitals, the potential for use of more natural medicines, the overuse of antibiotics, increasing the testing rate among patients, arrangements for staff testing, connections with boil water notices, closure of beaches because of water quality, the changing shift in attitude towards infected patients in the community, audit findings in GP practices and antibiotic prescribing reductions, overdoing detergent use and cleaning at home, connections between animals and humans per the food chain were all addressed satisfactorily by Professor Cormican.

In conclusion, the Chairperson thanked him for his presentation and advice to members.

5. **Notices of Motion**

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

“To ask the HSE, to provide to us, the number of children who’s assessment of needs is presently overdue in Kerry, to give a breakdown of same, and to explain what measures are being put in place to deal with the unacceptable delays experienced by these children.”

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

In response to a further query from Cllr. Culloty, Mr Reaney updated him on the progress being made with the outstanding reports and confirmed that many of children concerned are already in receipt of services. The CAMHS service has been enhanced by the filling of a vacant post and increase from 2 to 3 Consultant Psychiatrists in Kerry.

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

“That the HSE would report on progress of the delivery and operationalisation of primary care centres in Cork.”

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

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

“To call on the Regional Health Forum South Members to support requirements of Stand4Women. Stand4Women supports women and families affected by the Cervical Smear Scandal, by visibly demonstrating that we are with them, and by calling for immediate action by government and the HSE on this issue. To this end they declared **three** urgent policy requirements:

- 1.** Immediate Bill on Mandatory Disclosure. Bill to be implemented with an agreed timeline.
- 2.** Active and independent support for those affected by the scandal, including and not limited to, an immediate point of contact for those affected.
- 3.** Immediate access for all affected to a multidisciplinary support team.

I ask that we write to the Mr John Gleeson, Programme Director, Cervical Check, the Taoiseach, Mr Leo Varadkar, the Minister for Health, Mr Simon Harris and Mr Ciarán Breen, Director, State Claims Agency.”

A written response from Mr Tom Fitzpatrick, Communications Officer, National Screening Service was circulated to members and noted.

Mr Reaney updated Cllr. Gardner on progress made since the item was discussed at the May meeting. The HSE has been working as planned with the majority of the affected women being met by May 18<sup>th</sup> and discussions are now ongoing regarding their needs. The Euro 2,000 payments towards their expenses have been activated. The entire process is ongoing with support being provided according to the individual needs of the patients.

In response to Cllr. Gardner’s query about HSE spending on research Mr Reaney advised that the South/South West Hospital Group and Cork Kerry Community Healthcare are committed to research which is done through bodies such as the Health Research Board nationally. Locally the Hospitals and Community Healthcare Organisations work with third level institutes e.g. UCC.

## 6. Questions

(a) Cllr. Joe Sullivan put forward the following question:

“What is the up to date position with regard to the now derelict Health Centre, at Camolin, Co Wexford?”

A written response from Ms. Aileen Colley, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr. Sullivan expressed his disappointment that the premises has been vacant for four years and there still isn't any indication of what will be done with it.

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

“At what stage is the process of providing a Primary Care Centre in Killarney?”

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

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

“To ask the HSE how many inpatient beds are available for the treatment of children in the HSE South, what is the percentage occupancy rate of those beds, if in-patient beds are provided out of State and what is the cost of these placements?”

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

## **7. Date and time of next meeting**

The next meeting will be held on Thursday 20<sup>th</sup> September 2018, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.



## **MINUTES OF SEPTEMBER 2018 MEETING**

### **MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 20<sup>th</sup> September 2018 at 2pm  
COUNCIL CHAMBERS, COUNTY HALL, CORK**

#### **Present:**

Cllr. Timmy Collins  
Cllr. Brendan Cronin  
Cllr. John Joe Culloty  
Cllr. Michael Doyle  
Cllr. Pat Fitzgerald  
Cllr. John Francis Flynn  
Cllr. Denis Foley  
Cllr. Deirdre Forde  
Cllr. Breda Gardner  
Cllr. Mary Hanna Hourigan  
Cllr. Willie Kavanagh  
Cllr. Mary Linehan Foley  
Cllr. Joe Malone

Cllr. Michael McCarthy  
Cllr. Arthur McDonald  
Cllr. Louise McLoughlin  
Cllr. Jason Murphy  
Cllr. Bobby O'Connell  
Cllr. Brian O'Donoghue  
Cllr. Michael O'Ryan  
Cllr. Seanie Power  
Cllr. Damian Quigg  
Cllr. John Sheehan  
Cllr. Joe Sullivan  
Cllr. Danielle Twomey  
Cllr. Tom Wood

#### **Apologies:**

Cllr. Henry Cremin  
Cllr. Mary Shields

#### **In Attendance:**

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group  
Mr Ger Reaney, Chief Officer, Cork Kerry Community Health  
Ms. Linda Knox, Primary Care Unit Manager, South East Community Health Organisation  
Members of the HSE South Forum Office staff

On behalf of Regional Health Forum South members and HSE Management/staff Cllr Jason Murphy, Chairperson passed a Vote of Sympathy for Cllr. John Carey RIP. He informed members that John passed away at UHW Saturday week ago following a short illness.

Cllr Murphy then asked that all present would stand for a minute of silence in the memory of Cllr. Carey.

Cllr Arthur McDonald, Cllr Seanie Power, Cllr Damian Quigg, Cllr Breda Gardner offered sympathy and condolences on the death of Cllr Carey, R.I.P. and appreciation of his service to the Regional Health Forum South.

### **1. Adoption of the Minutes of the previous Meeting held on Thursday 21st June 2018**

On the proposal of Cllr Brendan Cronin, seconded by Cllr Timmy Collins, the Minutes of the Forum meeting held on Thursday, June 21<sup>st</sup>, 2018 were approved and adopted by the members.

### **2. Chairperson's correspondence**

The Chairperson informed members that Ms Anna Marie Lanigan sends her apologies and introduced Ms Linda Knox who is deputising for her.

Members were reminded to switch off mobile phones.

### **3. Reports by Chairpersons of Committees**

Reports by Chairpersons of:

- South East Committee Meeting held on 10<sup>th</sup> April 2018
- South West Committee Meeting held on 12<sup>th</sup> April 2018

The reports of both meetings were taken as read. The Chairperson then asked members to note the upcoming dates as follows:

- South East Committee Meeting held on 4<sup>th</sup> December 2018
- South West Committee Meeting held on 18<sup>th</sup> October 2018

### **4. Notices of Motion**

The Chairperson informed members that Motion 4(a) would be taken and discussed with Question 5(a).

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

"With an estimated million people awaiting various forms of treatments, many for a lengthy period of time, this Forum calls on the HSE to maximize the potential of Our Lady's Hospital, Cashel, renovated in recent years at a cost of €13 million and only operational Monday to Friday, 9am to 5pm. Thousands of people, young and old, from Tipperary and adjoining Counties could be treated there."

A written response from Ms. Anna Marie Lanigan, Interim Chief Officer was circulated to members and noted.

And

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

"In the expectation that the new 92 bedded residential centre announced for Cashel as a replacement for Saint Patrick's Hospital will be in place there by 2021 so as to meet HIQA standards, can the relevant section of the HSE show us a plan of the centre and advise as to when a planning application will be lodged with Tipperary County Council?"

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

Cllr Wood noted the response but was disappointed with same, the main building is not in use and there is available space in the Hospital.

Ms Linda Knox, Primary Care Unit Manager responded and said there are large numbers of people from Cashel and the surrounding areas receiving services in Cashel which include both Residential (24/7 services) and Community based services. Recently a Children Disability Service commenced from a new location in Cashel which is a multi disciplinary service including an Early Intervention Team and School Age Team. There is also the Minor Injuries Unit and Diagnostic Services on site.

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

"That the HSE would put in place measures to ensure that CAMS referrals from the North Lee Catchment area are dealt with without having to send all vulnerable children to A&E"

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

Mr Reaney confirmed that this is receiving the highest priority from the Management Team, there is an issue with recruitment and a shortage of trained staff. A Medical Manpower Manger is being recruited to enhance the current work on the recruitment and replacement of staff.

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

"Since January 2015 (a) how many individual residential houses have the HSE purchased in the Killarney/South Kerry area, (b) what was the total cost of each house including all upgrading and refurbishment works, (c) how many HSE staff are assigned to each house, (d) as these houses were built with planning as private dwellings and are now HSE owned care facilities was planning permission sought for "change of use" and (e) did the HSE have an information evening/ discussions with

adjoining residents to outline the importance and need for these care facilities in their communities.”

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

Cllr Cronin asked if a premises in Gortnacarraige, Killarney has been bought by the HSE, Ger Reaney responded and advised that to the best of his knowledge as and from this morning, there are 3 houses purchased, two are open and the third will be open within two months.

Cllr Cronin emphasised the importance of holding local information / open meetings with local residents.

Mr Reaney advised the meeting that the HSE is very proud of Cluain Fhionnáin and St Raphael’s and the benefit for residents and their families. The decision with regard to the appropriate level and method of communication with local communities is left to the Provider to decide in each circumstance.

Cllr Cronin asked a question regarding the plans for Cluan Fhionnáin. Mr Reaney advised that the property is being considered as a possible location for a Child and Adolescent Mental Health Service and there are other options under consideration at present also.

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

“That the HSE contact the Irish Blood Transfusion Service to ask, what progress has been made to allow people with haemochromatosis to donate blood?”

A written response from Ms Mirinda O’Donovan, Communications Manager, IBTS was circulated to members and noted.

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

“I request that hence forth that the HSE will routinely and openly publish all reports which cover cardiac care in the South East and be made available to public representatives.”

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

Cllr Gardner wanted to know why the report was not made public as we need to work together. Dr O’Callaghan advised that this is not a public document and was a report by Clinical Projects, HSE. He hadn’t seen the report before it was sent to him by Cllr Gardner.

## **5. Questions**

(b) Cllr. Michael Ryan put forward the following question:

"To ask a question about the Health Centre at Fourmilewater, Ballymacarbry and a definitive on when a new doctor will be in place? Interviews were held in July this year but still there is no sign of an announcement, even though it is believed that someone has been offered the post. I would appreciate a timeline if at all possible and to know when plan B will take effect please."

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

Cllr Ryan requested that no contract should be signed unless the successful candidate can give full-time attendance as per the requirements of the HSE. If the candidate cannot fulfil the required conditions then the post should be offered to the next person on the panel.

Ms Knox responded and advised that the HSE remains committed to a full GP service in Fourmilewater. The Contract has been issued and response is due next week.

Cllr Ryan reiterated that the GP needs to agree to a commitment of 9 to 5, 5 day week.

Ms Knox advised that this post was advertised as a full-time vacancy and this is the commitment that the HSE are looking for.

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

"To ask the HSE, to immediately address the chronic understaffing at University Hospital Kerry, including Consultants, Doctors, Nurses & Healthcare Professionals."

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

Cllr Culloty stated that there are very long Waiting Lists and he wanted assurance that the hospital won't be downgraded to Level 2.

Cllr John Francis Flynn seconded the motion, there are vacancies in the hospital and he asked for clarification on the process for filling posts and what does it cost the HSE to recruit. HSE are not enticing people to work in UHK and rumour has it big amount are being paid to recruitment agencies for staff.

Cllr Brendan Cronin supported the motion. He stated that Consultants are openly expressing concerns and frontline staff are very concerned.

Dr Ger O'Callaghan stated that there is a lot of negative press over the last while in regard to UHK and this is affecting staff morale. He stated that there is no question of downgrading UHK, in fact it's quite the opposite, there has been a 10% increase in staffing over the past 3 years with 1,100 staff in UHK. There are 42 Consultant with 10 vacancies currently, all filled by Locums pending permanent filling. It is difficult to attract permanent Consultants to UHK and it takes 6 to 9 months to recruit and 6 to 12 months before the new Consultant is in post.

Dr O'Callaghan stated that there was a meeting with the Consultants a few weeks ago and the majority were satisfied with the meeting and they have agreed to meet again.

Dr O'Callaghan informed the forum that a lot of work has been going on in UHK over a number of years. There had been a shortage of nursing staff but this is now resolving. Radiographers are proving difficult to recruit, however, the SSWHG in collaboration with UCC are developing a Masters programme which may attract Radiographers to work within the Group.

On a Point of Order, Cllr Timmy Collins informed the forum that he felt it unfair that one particular issue was taking up so much time. Cllr Culloty responded that he made no apology for taking up speaking time on this issue.

Cllr John Francis Flynn asked if Dr Ger O'Callaghan would issue a statement regarding recruitment for UHK. Anecdotally he had heard that it costs €10,000 to recruit a nurse. Dr O'Callaghan advised that there were agency nurses recruited through an employment agency last year and a relocation package was in place to facilitate same, which involved relocation fees.

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

"Can we have an into date report on 24/7 Cardiac Care Services in UHW.  
Who makes the decision that the relocatable lab is diagnostic or PCT?  
Who authorised the relocatable Cath Lab to UHW?  
Who signed off on it? What is the cost of the relocatable lab?"

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

Cllr Gardner said that she was glad there was a meeting with the Minister, 24/7 service ought to be in place and they had been promised that.

Dr Ger O'Callaghan advised that this is the Governments position.

Cllr Pat Fitzgerald stated that he was glad the report was leaked as this was an internal report for HSE eyes only and stated that citizens deserve 24/7 Lab.

Cllr Sean Power said 24/7 Cath Lab was required but welcomes the 2<sup>nd</sup> Cath Lab.

Cllr Murphy, Chair of the Regional Health Forum wished to put on the record that the HSE met urgently last week in Committee to clarify the current situation with regard to the Lab. Ger O'Callaghan confirmed that he was at a meeting in Leinster House on Tuesday where the Minister asked the HSE to proceed with the Modular Lab and commence the Estimates process.

Cllr Murphy noted that it was not just the Independent parties that want a 24/7 service, this is what is wanted by people from all political parties

## **7. Date and time of next meeting**

The next meeting will be held on Thursday 22<sup>nd</sup> November 2018, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

## **MINUTES OF NOVEMBER 2018 MEETING**

### **MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 22<sup>nd</sup> November 2018 at 2pm  
COUNCIL CHAMBERS, COUNTY HALL, CORK**

#### **Present:**

Cllr. John Carey  
Cllr. Timmy Collins  
Cllr. Henry Cremin  
Cllr. John Joe Culloty  
Cllr. Davy Daniels  
Cllr. Michael Doyle  
Cllr. Pat Fitzgerald  
Cllr. John Francis Flynn  
Cllr. Breda Gardner  
Cllr. Willie Kavanagh  
Cllr. Mary Linehan Foley

Cllr. Michael McCarthy  
Cllr. Susan McCarthy  
Cllr. Arthur McDonald  
Cllr. Bernard Moynihan  
Cllr. Jason Murphy  
Cllr. Bobby O'Connell  
Cllr. Damian Quigg  
Cllr. John Sheehan  
Cllr. Mary Shields  
Cllr. Joe Sullivan  
Cllr. Tom Wood

#### **Apologies:**

Cllr. Denis Foley  
Cllr. Deirdre Forde  
Cllr. Imelda Goldsboro  
Cllr. Mary Hanna Hourigan  
Cllr. Louise McLoughlin

#### **In Attendance:**

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group  
Ms Pricilla Lynch, Head of Health And Wellbeing, Cork Kerry Community Healthcare  
Ms Anna Marie Lanigan Head of Primary Care, South East Community Healthcare  
Members of the HSE South Forum Office staff

**1. Adoption of the Minutes of the previous Meeting held on Thursday 20<sup>th</sup> September 2018**

On the proposal of Cllr. Joe Sullivan, seconded by Cllr. Willie Kavanagh, the Minutes of the Forum meeting held on Thursday, September 20<sup>th</sup> 2018 were approved and adopted by the members.

**2. Chairperson's correspondence**

Members were reminded to switch off mobile phones.

**3. Committees**

The next Committee meetings will be held on:

- South East Committee Meeting 4<sup>th</sup> December 2018 in Kilkenny
- South West Committee Meeting 6<sup>th</sup> December in Cork

Details were noted by the members.

**4. Presentation HSE Live Ms Geraldine Charman**

Ms Geraldine Charman gave a presentation on HSELive system which provides information and signposting on health & health services for the public. HSELive is a multi-channel public information service, which still includes a phone line, but also a live chat facility on the website, email and Twitter. HSELive can answer questions about health services, entitlements and how to access public health and social care services. HSELive does not offer clinical or medical advice.

Cllr. Daniels asked whether HSELive would be able to respond to medical card queries. Ms. Charman stated that specific medical card queries are signposted to the Primary Care Reimbursement Service (PCRS). Cllr. Gardner asked if patient health records/information could be centrally held on HSELive. Ms. Charman clarified that this is not the role of HSELive. Cllr. John Sheehan welcomed this initiative; however he still has concerns in general for people with literacy/language problems accessing services. Cllr. John Buttimer asked whether the queries and concerns navigating the health system received by HSELive are logged as complaints. Ms. Charman advised that HSELive is not a complaints service; however they do give feedback to services. Cllr. Cremin commented that many members of the public want a lo-call telephone number and want to speak to a person directly. Cllr. Fitzpatrick asked whether information on cross-border initiatives could be provided via HSELive. In conclusion Cllr. Quigg asked about the costs of running HSELive - Ms. Charman will forward same.

**5. Notices of Motion**



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

"I call on the HSE, to urgently secure replacement of Histopathologist to University Hospital Kerry. Also, to confirm progress regarding recruitment of Consultant Cardiologist, Respiratory Physician, and full time Geriatric Consultant."

A written response from Dr. Ger O' Callaghan was circulated to members and noted. Cllr. Culloty noted that Consultant recruitment was a national issue. Cllr. Culloty asked whether the Histopathologist would be for both University Hospital Kerry and Cork University Hospital and also asked in relation to the advertisement of Cardiologist and Geriatrician posts. Cllr. Culloty asked also about the Respiratory Physician. Cllrs. Brendan Cronin and John Francis Flynn supported Cllr. Culloty's motion in terms of the need for recruitment of Consultants and the continuity of service provision in Kerry.

Dr. Ger O' Callaghan advised that there are significant challenges in terms of Consultant recruitment. There are ongoing efforts to recruit to permanent Consultant positions - 5 Paediatric Consultant posts have been recruited in Kerry and there is a process ongoing to permanently fill 3 Emergency Department Consultants. Following the resignation of the Histopathologist in Kerry University Hospital in December 2018 there is a need to implement an interim arrangement to ensure continuity of services from January 2019. There are particular difficulties with the recruitment of a single Histopathologist in Kerry and therefore to make the post more appealing to applicants efforts are ongoing to recruit across both Cork and Kerry services.

With regard to Cardiology posts, Dr. O' Callaghan advised that any new Consultant posts have to go through the national Consultant Approval Process. The Cork and Kerry Hospitals Cardiology services are linked with a locum in place. The Consultant Geriatrician post was advertised, unfortunately there were no applicants. In addition approval is currently being sought for a Respiratory Physician in Kerry. Cllr Culloty accepted the response from Dr. O'Callaghan. There are also specific challenges recruiting Rheumatology Consultants.

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

"Why is a Personal Care Assistant/Home Help within the HSE not paid for their time whilst travelling from one position to another."

A written response from Mr TJ Dunford Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr. McDonald accepted this reply.

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

"With the Gate Lodge at Our Lady's Hospital Complex, Cashel, a sad reflection of unnecessary neglect and the Lodge at Saint Patrick's Hospital, Cashel (a former comfortable family residence for decades) standing idle for the past few years, this Forum calls on the relevant section of the HSE to actively pursue a plan to utilize both structures."

A written response from Mr TJ Dunford was circulated to members and noted. Cllr Wood stated that the Order of Malta was interested in the Gate Lodge. The Gate Lodge is located in a prominent position. Cllr. Wood then asked about the Lodge at St Patrick's in relation to the new replacement capital build and whether a design team had been appointed to the project. Ms. Anna Marie Lanigan stated that she would refer this request to HSE Estates and revert to Cllr. Wood.

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

"To ask the HSE to explain why the €428,635.83 which is owed to St Aidan's Day Care Services, Millands, Gorey, Co Wexford, some of it dating back to 2016 has not been paid and to exhort the HSE to pay this money with immediate effect so as this facility which is giving excellent care and providing an essential service to the community of North Wexford and surrounding areas can continue to serve the people in the excellent manner it has to date."

Cllr. Sullivan noted the response and stated that it was important that matters were progressing in this regard.

(e) Cllr. Danielle Twomey moved the following Motion, standing in her name:

"That the HSE invest heavily in Early Intervention Services in Cork County with a view to putting in place a plan, to aggressively cut the huge waiting lists for access to these services."

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Twomey referenced the current psychology posts unfilled; Ms Priscilla Lynch Head of Health & Wellbeing advised that there were on-going difficulties with respect to recruiting Psychologists. Cork Kerry Community Healthcare continue to maximise on all efforts to fill these vacancies. A number of vacancies have arisen due to maternity leave, such vacancies are actively being managed with a view to replacement. Ms Lynch stated that in line with national policy the service focus is on Early Intervention Services and waiting list reduction. Cllr Mary Lenihan Foley outlined her support for Cllr Twomey in this motion asked whether people with ASD can be seen in other areas. Ms. Lynch responded stating that a specific piece of work has commenced in an effort to address the current wait lists for ASD services in the region. The HSE and the service providers are working collaboratively to look at standardising the ASD assessment process. Currently there are variations taken in the time to assess each child. It is envisaged that standardising the process will increase the numbers seen.

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

"That Minister Simon Harris, Dept. of Health and HSE will fund in its Capital Budget for the MRI scanner that was allocated and approved to The Friends of St Luke's Hospital. Where is the project at? And can the MRI be up and running in first half of 2019? "

A written response from Ms. Anne Slattery, General Manager, St Luke's General Hospital was circulated to members and noted.

Cllr. Gardner raised the issue as the Friends of St. Luke's Hospital had raised €250k for and was disappointed to read in the response of a delay in capital funding.

## **6. Questions**

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

"What is the current situation, regarding the proposed facility, which will replace the two existing hospitals in Killarney?"

A written response from Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Culloty requested that dementia units should be included in any new community hospital build given the increasing numbers of people with the condition.

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

"For how long more does the HSE expect Saint Patrick's Hospital in Cashel to operate with present staffing levels before HIQA will call into question the safety of patients and all involved?"

A written response from Mr TJ Dunford was circulated to members and noted. Cllr Wood highlighted that the HIQA report for St. Patrick's only considered one unit in relation to staffing levels and commented on low staff morale across the hospital. In response Ms Anna Marie Lanigan noted his comments and stated that there were difficulties attracting staff to long stay hospitals.

(c) Cllr Danielle Twomey put forward the following questions:

"Does the HSE have a date for the opening of the outreach clinic for juvenile arthritis patients in Cork, and progress to date on this?"

A written response from Mr Tony McNamara, Chief Executive Officer, Cork University Hospital Group was circulated to members and noted. In addition Dr. Ger O'Callaghan confirmed that funding approval was required for this service and that it has been included as part of the estimates process.

## **7. Date and time of next meeting**

The next meeting will be held on Thursday 28<sup>st</sup> February 2019, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.