REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2014
FOREWORD

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

The Forum’s function is:

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

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

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.

Local/county meetings are continuing to take place between Forum members and Area Managers and local Hospital Managers. These local meetings provide two-way communication between Managers and ourselves, allow discussion of local issues, concerns or follow up on Motions or Questions that have been put forward at Forum meetings.

I attach the Annual Report for 2014 which outlines the activities of the Forum to 31st December 2014.

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 2014.

John Buttimer
Chairperson
REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. Tim Lombard replaced by Cllr. John Buttmer in July 2014
Vice-Chairperson: Cllr. Bobby O’Connell replaced by Cllr. Denis Foley in July 2014

SOUTH EAST COMMITTEE:

Chairperson: Cllr. Joe Sullivan was elected in October 2014
Vice-Chairperson: Cllr. Joe Malone was elected in October 2014

SOUTH WEST COMMITTEE:

Chairperson: Cllr. Rachel McCarthy was elected in October 2014
Vice-Chairperson: Cllr. Timmy Collins was elected in October 2014

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Denis Foley
Cllr John Pender
Cllr William Quinn

MEMBERS REPRESENTING CORK CITY COUNCIL

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

MEMBERS REPRESENTING CORK COUNTY COUNCIL

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

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. John Joe Culloty
Cllr. Danny Healy Rae
Cllr. Mike Kennelly
Cllr. Bobby O’Connell
Cllr. Damian Quigg
MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

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

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

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

MEMBERS REPRESENTING WATERFORD CITY & COUNTY COUNCIL

Cllr Liam Brazil
Cllr Mary Butler
Cllr Davy Daniels
Cllr Pat Fitzgerald
Cllr Jason Murphy
Cllr Seanie Power

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr James Browne
Cllr George Lawlor
Cllr Frank Staples
Cllr Joe Sullivan
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Notice of Motions and Question Responses, Forum Meeting 10th July 2014

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Notice of Motions and Question Responses, Forum Meeting 20th November 2014

Minutes of Forum Meetings – January to December, 2014
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 RHFs comprise of representatives from the City and County Councils within the functional area of each Forum.

The establishment day for the Regional Health Forum, South was January 1st 2006. Its functional area is the administrative area of Carlow County Council, Cork City Council, Cork County Council, Kerry County Council, Kilkenny County Council, South Tipperary County Council, Waterford County Council, Waterford City 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 2014 were held on:
Thursday 20th February 2014
Thursday 27th March 2014
Thursday 8th May 2014
Thursday 10th July 2014
Thursday 18th September 2014
Thursday 20th November 2014

The HSE is represented at the meetings by the CEO of the South/South West Hospitals Group, the Chief Officer of Community Health Organisation Cork & Kerry – Area 4, Area Manager, South East Primary Community and Continuing Care Services, the Functional Manager for Population Health, the Area Communications Manager, the Assistant National Director of HR, and the Assistant National Director of Finance.
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 2014 were held on:

Thursday 10th April Kilkenny
Thursday 19th June Cork
Thursday 21st October Kerry
Thursday 23rd October Kilkenny
Thursday 11th December Cork
Thursday 16th December Kilkenny

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. John Buttimer as Chairperson and Cllr. Denis Foley as Vice-Chairperson of the Forum at its AGM on 10th July, 2014.

The South East Committee meeting held on 23rd October 2014 elected Cllr. Joe Sullivan as Chairperson and elected Cllr. Jason Murphy as Vice-Chairperson.

The South West Committee at its meeting on 21st October 2014 elected Cllr. Rachel McCarthy as Chairperson and Cllr. Timmy Collins as Vice-Chairperson.

Standing Orders

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

At the September meeting 2011 a Report on Proposed Revision of Standing Orders and Other Arrangements to Improve the Operation of the Regional Health Forum and its Committees was approved by members and agreed changes were implemented. This report was given following a meeting between the Mr Pat Healy, Regional Director of Operations, the Chairperson and Vice Chairperson of the Regional Health Forum and the Party Whips.

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 2014, 29 Motions were adopted by Members and forwarded to the Office of the Chief Executive Officer, HSE.
Questions
As per the Standing Orders, one written Question per Member can be submitted to the Regional Health Office ten clear days before a Forum meeting. Written answers prepared by the appropriate service are circulated at the meeting. In 2014, Regional Health Forum South Members submitted 25 Questions.

Presentations
The following presentations were delivered to the Forum Members in 2014:-

- Presentation on Regional Operational Plans 2014, February Regional Health Forum Meeting 2014
- Presentation from Mr Gerry Raleigh, Director of National Office for Suicide Prevention, April Committee Meeting 2014
- Presentation from Forum Manager for new Regional Health Forum Members, June Committee 2014
- Presentation on proposals for Committee Structures, July Regional Health Forum Meeting 2014

The following Update reports were delivered to the Forum Members in 2014:-

- Update Reports to members from Area Managers/Hospital Managers on their areas at each Committee Meeting
- Update Report on Helicopter Landing Pad at CUH, April 2014 Committee Meeting
- Update Report on where blockages are in the recruitment/appointment system, April 2014 Committee Meeting
- Update Report on MRI services across South East Area, April 2014 Committee Meeting

Schedule of Meetings for 2015

FORUM MEETINGS 2015

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

COMMITTEE MEETINGS 2015

Thursday 13th January – South West
Thursday 15th January – South East
Thursday 14th April – South West
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Arbour House Drug and Alcohol Services and Dialectical Behaviour Therapy Project

14/03/2014 All Ireland Award Winning Clinical Team Nurse-led Clinic for Wound Care Showing Improvements in Patient Treatment

14/03/2014 Opening Statement to Joint Committee on Health and Children by Mr Gerry Raleigh, Director of National Office for Suicide Prevention

31/03/2014 HSE Universal Newborn Hearing Screening Programme Screens the 100,000th baby. All newborn babies are offered a free hearing screen under the HSE Universal Newborn Hearing Screening Programme.

03/04/2014 Opening Statement by Mr. Tony O’Brien, Director General, Health Service to the Joint Committee on Health & Children.

07/04/2014 A new Community First Responder Group has been set up to help respond to and treat people with a medical emergency in the Doneraile, Buttevant and Mallow areas.

22/04/2014 Childhood vaccination rates in Ireland at highest ever levels

24/04/2014 Health Services announces ban on e-cigarettes in Hospitals and Health Facilities

29/04/2014 News Release - Public Listening Meetings - TELL US WHAT YOU THINK ABOUT MENTAL HEALTH SERVICES - Tralee and Killarney

30/04/2014 New Brand for CUH’s Sustainable Healthcare Programme Designed by CIT Students

18/06/2014 HSE PRESS STATEMENT ON MEDICAL CARDS

01/07/2014 BRIEFING DOCUMENT ON CHANGES TO MEDICAL CARDS FOR OIREACHTAS MEMBERS

18/08/2014 HSE Statement: Protection of Life During Pregnancy Act 2013

19/08/2014 GPs referring patients electronically to acute hospitals in Cork and Kerry

19/08/2014 Bantry General Hospital introduces electronic referral system for public outpatient appointments

19/08/2014 Kerry General Hospital introduces electronic referral system for public outpatient appointments

19/08/2014 GPs referring patients electronically to acute hospitals in Cork and Kerry

19/08/2014 Cork University Hospital Campus Joins Worldwide Green Health Care Campaign

19/08/2014 GPs referring patients electronically to acute hospitals in Cork and Kerry

01/09/2014 HPV cervical cancer vaccine uptake exceeds targets providing protection to over 42,000 girls - HPV moves to 2 dose schedule in
2014 - Men C booster introduced this year for first year girls and boys

01/09/2014  HSE publishes Review of Elder Abuse Services 2013

02/09/2014  New Voluntary Group Alliance (CESCA) Launched in Cork City

12/09/2014  Press Release: HSE Welcomes Appointment of incoming Secretary General to Department of Health


23/09/14  Cork University Maternity Hospital annual Service of Remembrance for anyone who has experienced pregnancy or infant loss (only Cork Members)

1/10/14  Appointment of new Hospital Group CEOs

8/10/14  HSE Launches National Community Healthcare Organisations Report 3

9/10/14  Flu causes severe illness and death in Ireland every year – get the flu vaccine now, it’s a life saver

9/10/14  HSE National Office for Suicide Prevention and the National Suicide Research Foundation launch Annual Reports for 2013

16/10/14  Speech by Minister for Health Leo Varadkar on Budget 2015 in Dail Eireann on Wednesday 15th October

20/10/14  #littlethings New mental health campaign from HSE National Office for Suicide and over 25 partner organisations

20/10/14  Radiology Department at Wexford General Hospital wins national award (only Wexford Members)

24/10/14  Opening Statement by Minister for Health Leo Varadkar to the Joint Committee on Health and Children Quarterly Meeting, Thursday 23rd October

24/10/14  Varadkar congratulates Mater for Ireland's 100th Lung Transplant

24/10/14  Statement by Minister for Health Leo Varadkar on the HSE’s Performance Assessment Report for August

05/11/14  Stroke Support Group launches in West Cork

05/11/14  Varadkar announces Private Health Insurance Package to address rising premiums

18/11/2014  Get Advice and Get Better with undertheweather.ie

28/11/2014  World’s First Green Flag Hospital Award goes to Cork University Hospital

03/12/2014  Model of Care for Pre-Admission Units Published

03/12/2014  HSE Welcomes the HIQA review of pre-hospital emergency care services

05/12/2014  HSE Launches New National Policy on the Protection of Vulnerable People from Abuse

10/12/2014  HSE announces a range of measures to prevent a recurrence of unacceptable practices that occurred in Unit 3, Aras Attracta

17/12/2015  Opening Statement by Ms Laverne McGuinness, Deputy Director General, Health Service to the Joint Committee on Health & Children
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
27th March 2014
NOTICES OF MOTION

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

“That the HSE South give an up to date progress report & timeframe on the much needed Primary Care Centre for Fermoy.”

Cllr. Frank O’Flynn

A letter of intent has been issued to the Developer in relation to the provision of a Primary care centre for Fermoy under the operational lease model. Local General Practitioners have indicated a willingness to the developer to provide GP services from the centre. The proposed site for the centre is on the Fermoy to Mallow Road adjacent to the Town Park. It is anticipated that the Primary Care Centre will include accommodation for

- Podiatry
- Bookable Clinic Rooms
- Dental services
- Home Help
- Community Nurses
- Occupational Therapy
- Physiotherapy
- Speech
- Mental health Services.

The target for the completion of an agreement for lease is Mid May, this will be followed by the planning and statutory approval processes which will take approximately 6 months followed by a 12 month construction period.

Ger Reaney, Area Manager, Community Services, HSE Cork

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

"In light of the major imposition being placed on West Cork Patients who are being made travel to Cork City for "Photo therapy" since the provision of the treatment was ceased at Bantry Hospital in May 2013. Can a commitment be given regarding the reintroduction of the service at Bantry General Hospital."

Cllr. John O’Sullivan

Phototherapy involves exposing the skin to ultraviolet light on a regular basis under medical supervision and is used in the treatment of psoriasis. A course of phototherapy usually takes 6-8 weeks and involves attending the hospital for a very short period of time 2-3 times weekly. In 2010 the Management of Bantry General Hospital in recognising the challenges being faced by individuals from West
Cork travelling to Cork for this treatment worked with Dr Michelle Murphy and Physiotherapy Department to support the delivery of phototherapy as an outreach service at the hospital. The Friends of Bantry General Hospital raised funding for the necessary equipment.

In 2012, the standards for the delivery of phototherapy changed. The revised standards advised that to ensure a safe dose was delivered an additional staff member was required. In August 2013 due to the limited number of staff available the service had to be suspended. Management at the hospital recognise the value of this service to the local population and have submitted a business case to increase the physiotherapy resource available to the hospital to allow the service to be reinstated.

Gerry O’Dwyer, Regional Director for Performance and Integration South

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

“That the HSE South would advise as a matter of public record the following details as they apply to Enable Ireland within this Regional Health Forum Area during 2013:
- The amount of HSE funding provided.
- The amount of charitable donations declared.
- The salary structure of the Management and Executive teams.
- The procedure for appointment of members to the board.”

Cllr. Matt Griffin

The amount of HSE funding provided:
Service Level Arrangements (SLA) between Enable Ireland and HSE South, in 2013, were contracted to the value of **€8,138,138**, for services in the counties of Kilkenny, Cork and Kerry. The specific SLA value for each county service is as follows:

Kilkenny:  **€1,046,186**
Cork:      **€5,981,496**
Kerry:     **€1,110,456**

The amount of charitable donations declared:
All charitable donations received by Enable Ireland are recorded, audited and declared.

In relation to HSE South, charitable donations, received and declared in 2013 amounted to **€426,687**. Specifically, this is broken down as follows:

Kilkenny:  **€112,359**
Cork:      **€231,769**
Kerry:     **€82,559**
The salary structure of the Management and Executive teams:

(a) National Position
The National Management Team consists of a Chief Executive post, funded by HSE, a Director of Finance and IT post, funded by HSE, a National Director of Services post, funded by Enable Ireland’s Commercial Division, a Director of HR & Corporate Affairs post, funded by Enable Ireland’s Commercial Division, five Directors of Services posts, four of these posts are funded by HSE and one post is funded by Enable Ireland’s Commercial Division, one IT Manager post, funded by HSE, one Finance Manager post, funded by HSE, one HR Manager post, funded by HSE, one Assistive Technology and Seating Services Manager post, funded by HSE, one post to manage Adult Services and Health & Safety, HIQA Compliance, funded by HSE.

The salary structure of these management posts, whether funded by HSE or Enable Ireland’s commercial income, is based on either HSE or Civil Service salary scales in line with public sector pay policy. The specific HSE consolidated salary scales applied are: one Functional Officer (formerly non-EHB) – HSE funded, two Grade VIII – HSE funded, one Assistant National Director (Finance) - HSE funded. The specific Civil Service salary scales applied are: one Deputy Secretary – HSE funded, two Assistant Secretary – Enable Ireland Commercial Division funded, one Principal Officer Higher – HSE funded, five Principal Officer – four HSE funded and one Enable Ireland Commercial Division funded. Though postholders are not public servants, and notwithstanding trade unions’ referral to the LRC and Labour Court, Enable Ireland implemented a salary pay cut for all management and staff with effect from 1st January 2010. This pay reduction was based on alignment with public sector pay scales and was reduced in accordance with the Financial Emergency Measures in the Public Interest (No. 2) Act 2009. Enable Ireland also implemented pay cuts in accordance with the Haddington Road Agreement with effect from 1st October 2013, again based on the alignment with public sector salary scales.

(b) HSE South Position
In relation to HSE South, Enable Ireland’s management and salary structure is as follows:

i. Kilkenny Services: The management structure consists of one post which is remunerated at Grade VIII HSE Consolidated Salary Scale, funded by HSE.

ii. Cork/Kerry Services: (a) The regional management is undertaken by a Director of Services, remunerated on Principal Officer Grade, formerly funded in full by HSE. (b) The Cork Services management structure consists of one Children’s Services Manager post, which is remunerated at Grade VIII, funded by HSE, and one Adult Services Manager post which is remunerated at Grade VIII, funded by HSE. (c) The Kerry Services management structure consists of one Children’s Services Manager post which is remunerated at Grade VIII, funded by HSE, and one Adult Services Manager post which is remunerated at Grade VII, funded by HSE.

The procedure for appointment of members to the board:
A non executive Board of 17 Directors is appointed, in accordance with the organisation’s Memorandum & Articles of Association and company law, to discharge the corporate responsibilities of Enable Ireland. Board members are volunteers and
donate freely of their time, skills and experience. They do not receive remuneration and expenses are reimbursed if incurred.

The Board of Directors of Enable Ireland, whilst all volunteers, presents a balanced combination of stakeholders, volunteers and non-executive, business and professional individuals. As stipulated under the Memorandum and Articles of Association the Board comprises of stakeholder representation which includes Directors drawn from the Adult Service Users’ Advocacy Group, parents groups and carers of service users in the four Health Service Executive regions.

In compliance with Enable Ireland’s Memorandum of Association Board members are appointed and rotate as follows:

- Directors appointed under Section 45 (a) of Enable Ireland Memorandum of Association, which refers to the two persons nominated by Adult Service Users’ Advocacy Group, are eligible to serve two three year terms, provided they are re-nominated after the initial three year term. After an interval of no less than three years they can then be nominated again for a further two three year terms.
- Directors appointed under section 45 (b), which refers to the four stakeholder directors representative of four HSE regions, may serve one three year term and may not be re-elected.
- All other Directors are appointed or co-opted by the Board for a three year period at the end of which they retire and, should they wish, are then eligible for re-election by the members for a further three year term.

In accordance with Article 45 of the Memorandum & Articles of Association, any person co-opted as a Director under this Article 45 serves for a period of three years commencing with the date of his or her appointment and terminating at the next Board meeting following the third anniversary thereof, at which time his or her replacement, nominated and co-opted in accordance with this Article, shall take his or her place on the Board. A Director nominated and co-opted by the Board pursuant to Article 45 (a) is eligible to serve only one further three year term if re-nominated but may be re-nominated again after an interval of not less than three years and again serve for up to two terms of three years. A Director nominated and co-opted by the Board pursuant to Article 45 (b) may serve only one three year term and may not be re-elected.

In accordance with Article 46 of the Memorandum & Articles of Association, the Directors, other than those appointed pursuant to Article 45, may be appointed or co-opted for a three year period. At the first Board Meeting of the Society following the adoption of these Articles those Directors who have been in office for a period in excess of three years, including the period prior to the adoption of these Articles, shall retire from office, and at the equivalent Board Meeting in each subsequent year, each Director (other than those appointed pursuant to Article 45) who has been in office for a period in excess of three years shall retire. A retiring Director shall be eligible for re-election by the members. In the event that a Director is co-opted to the Board by the Directors (other than pursuant to Article 45) after the Board Meeting held in each year at which Directors retire if due to do so, then the three year period during which such Director shall hold office shall not begin to run until the equivalent Board Meeting in the following year, provided that the appointment of such Director is confirmed by the Board at the said Board Meeting.
Notice of Motion No 4(d) on Agenda refers:

"Calls on the HSE South to replace the permanent Radiographer who retired in January at the X-ray Department in St Dymphna’s Hospital in Carlow with a permanent Radiographer to maintain a proper x-ray service for the people of Carlow which in turn reduces the pressure on the X-ray Department in St Lukes Hospital"

Cllr. Wayne Fennell

Radiography services for routine general x-rays have been provided by the HSE at St. Dymphna’s Hospital Carlow for a number of years to facilitate improved accessibility to diagnostic services for the Carlow population.

The GP radiography-referral process for Carlow and Kilkenny is centralized in the X-Ray Department, St. Luke’s General Hospital Kilkenny.

Following service re-organisation, radiography services in St. Dymphna’s Hospital for the last two years have been provided on 3-day per week basis with 20-30 patients being x-rayed on a daily basis. As part of the service re-organisation and in order to facilitate safer services for patients, all urgent x-ray referrals are now undertaken in St. Luke’s General Hospital Kilkenny (i.e. cases mostly requiring Emergency Department assessment) with non-urgent elective GP referrals are undertaken at St. Dymphna’s Hospital Carlow.

Through the use of the National Integrated Medical Imaging System (NIMIS), all x-rays undertaken at St. Dymphna’s site are transmitted electronically to St. Luke’s General Hospital Kilkenny where they are reported on by the Consultant Radiologist.

In 2013 the number of patients who attended the x-ray service in St. Dymphna’s Hospital Carlow on site was 2,971 and the total number of x-ray examinations carried out on these patients was 3,777.

The governance and leadership for the radiography service at St. Dymphna’s Hospital Carlow which includes equipment, radiation safety, standards and staffing is provided under the Radiography Services Manager in St. Luke’s General Hospital Kilkenny.

The permanent post holder working in the radiography service at St Dymphna’s Hospital retired in January 2014. This post has been identified locally as critical post for filling and a process to progress the backfilling is underway.

In the interim the radiography service at St. Dymphna’s Hospital is currently continuing to be provided 3 days per week through the radiography service at St. Luke’s Hospital Kilkenny.

Anna Marie Lanigan, Area Manager, South East Primary Community and Continuing Care Services & St. Luke’s Hospital Kilkenny, HSE South

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

“To again request the reinstatement of the second emergency ambulance for Killarney and surrounding areas”

Cllr. Brendan Cronin

Response:

The HSE National Ambulance Service (NAS) has set out and implemented plans to modernize the delivery of pre-hospital emergency care services in Cork and Kerry on a phased basis.

The elimination of ‘on call’ working is a key element of a broader range of changes planned across the entire country. The current ‘on call’ system sees crews available for work from their own homes (not working unless called in) predominantly for 999 emergency calls. The activation time from home to the Ambulance Station is, on average (across all Stations), 21 minutes.

The South Kerry area is serviced by three stations, one in Kenmare, one in Cahirciveen and the other in Killarney. The recent changes implemented in these areas has resulted in the following:-

- In both Kenmare and Cahirciveen, the previous service saw one Ambulance cover all duty shifts except for Monday to Thursday nights which were manned by an On-call crew at night time.

  Following the elimination of on-call the new roster sees one Ambulance on a 24 hour 7 day week basis in each station.

- In the Killarney area the previous service saw one Ambulance 24/7 and another Ambulance providing a service from 8am to 4pm Monday to Saturday.

  Following the elimination of on-call the new roster sees on Ambulance 24/7 with one Intermediate Care Vehicle (ICV) working 7 days a week. The ICV service is Monday to Friday 8am to 8pm and Saturday/Sunday for 9 hours per day.

The staffing compliment for the South Kerry Ambulance service was 456 rostered hours and with the changes as described above it is now 582 rostered hours.

Whilst I acknowledge that the use of ICV has changed the service profile in Killarney, I am satisfied that this is a more efficient use of resources and is a better match for the needs of the area. The intention is to review the services in the next number of weeks and as part of this review NAS will be doing a detailed analysis on the services in Killarney in the 3 months prior to the changes and the 3 months post changes. It is hoped to have this review completed within the next 3 months and I will be happy to attend a future Forum or Committee meeting to discuss my findings.

Meetings with key stakeholders such as General Practitioners, Public Representatives and Community Groups will take place to outline the change and discuss issues or concerns should they arise. The NAS has also agreed to meet with public and
community representatives to review the impact of the changes once a sufficient period of time has elapsed to allow a meaningful review to take place.

While there have been some concerns raised in relation to reduced levels of cover at certain ambulance stations, the NAS wishes to reassure the entire population of Kerry that this is not the case. The elimination of ‘on call’ will in fact greatly improve response times as emergency ambulances will be operated by ‘on duty’ crews. Where necessary, ambulances from adjacent stations will provide cover in a dynamic manner (move to areas where cover is required).

Dr. Cathal O’Donnell, Medical Director of the National Ambulance Service and Consultant in Emergency Medicine said, “The emphasis in a modern emergency service is on highly trained health professionals that can perform life saving interventions at the scene of an emergency. The NAS has invested significantly in recent years in training ambulance staff to very high standards in both paramedic (2 years training) and advanced paramedic (an additional 2 years training). Both paramedics and advanced paramedics can provide a very high level of medical assessment and medical treatment, in many cases potentially life-saving treatment. The elimination of ‘on call’ in the region now sees the availability of emergency resources in the Kerry area, 24 hours a day, seven days a week, ensuring people having equal and timely access to highly skilled paramedic and advanced paramedic staff day or night.“

Service Improvements

Traditionally the Ambulance Service has been responsible for providing ambulance and transport services to acute hospitals, and other medical and care facilities. The NAS has introduced an Intermediate Care Service in order to provide transport for patients between hospitals and other medical facilities in order to reduce the reliance on an emergency ambulance to ensure emergency ambulances are available to respond to emergency situations when they arise. This service has been operating in Mallow and Bantry. The NAS has placed additional Intermediate Care capacity in the Kerry/Cork area in the last two months as detailed above.

The NAS and the Department of Health have recently established with the Irish Air Corps a National Emergency Aeromedical Service. This service will greatly improve scene to hospital times where it would be preferable to fly the patient to hospital rather than undertake a road journey. The NAS has also a Memorandum of Understanding in place with the Irish Coast Guard to provide Aeromedical Support to the NAS.

Many Countries worldwide have separated the delivery of emergency care and patient transport services in order to ensure that emergency ambulances are best placed to respond to emergency situations as they arise. Countries such as the UK, Germany and all of the Scandinavian countries operate Emergency Medical Services and Patient Transport Services as separate entities. The provision of all services are however governed by a single statutory body to oversee areas such as training, legislative compliance and professional registration.

HIQA Standards

The NAS continues to modernise and reconfigure its services to ensure emergency pre hospital care is delivered in an appropriate and timely manner. A significant
factor in the broader reconfiguration plans are HIQA’s new Performance Standards, which are based on international evidence and experience for life threatening and potentially life threatening emergency calls. “Life threatening” emergency calls account for less than 2% of all 999 calls while “potentially life threatening” emergency calls account for approximately 37% of all 999 calls. Approximately 60% of all 999 calls made to the NAS are neither life threatening nor potentially life threatening. Approximately 10% of all 999 calls to the NAS are inappropriate for an emergency ambulance. These statistics are consistent with international experience.

The NAS has implemented an Advanced Medical Priority Dispatch System (AMPDS) in all of its Command and Control Centres across the country which utilises internationally recognised protocols and standards to ensure that life threatening situations receive an immediate and appropriate response which means less acute situations will be prioritised accordingly.

**William Merriman, Area Operations Manager, National Ambulance Service**

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

“To call on the HSE South to provide a permanent designated Dietitian to Kerry General Hospital, to work with people with diabetes.”

**Cllr. John Joe Culloty**

Response:

The diabetes service offered in Kerry is an integrated service across the Hospital and the Community. All of the staff involved including Podiatrists, Clinical Nurse Specialists, Dietitians, various therapists and doctors liaise closely with each other and rely on the ultimate clinical leadership of the Consultant Endocrinologist.

The National Clinical Lead for Diabetes visited Kerry General Hospital last year to discuss the Diabetes Clinical Programme in so far as it relates to the diabetes service offered across the community and hospital in Kerry.

At present the integrated approach in Kerry means there are three (one new post in 2013) Clinical Nurse Specialists, 3.7 Whole Time Equivalent (WTE) Dieticians and two Podiatrists working closely together with the Consultant Endocrinologist. In late 2013 an additional Clinical Nurse Specialist in Diabetes took up post to bring our compliment to three CNS. Dietitians in Community work closely with their Acute Hospital counterparts to ensure that our resources are best utilised. The CNSs run clinics in both Acute and Community settings and patients are prioritised based on agreed criteria ensuring those in need of a service receive it in a timely manner.

A Business case is being forwarded to increase the diabetes service for Kerry.

**TJ O’Connor, General Manager, Kerry General Hospital**
Notice of Motion No 4(g) on Agenda refers:

“That the HSE South would produce a report on safe staffing levels at CUH and would indicate if they are in compliance with national standards.”

Cllr. John Buttimer

Cork University Hospital CUH) and Cork University Maternity Hospital (CUMH) are committed to the providing of safe patient care in line with best International standards.

In line with the trend in other hospitals CUH is experiencing difficult in recruiting nurse to fill vacancies that have arisen via retirements and resignations. The following is the present position:

- Recruiting is on-going but progress is slow.
- Successful candidates have been received from the NRS and these are presently being contacted in relation to identifying a start date.
- Approval has also been received to recruit staff locally.
- Agreement has been reached with the RDPI to run four recruitment campaigns a year to maintain a staff panel.
- Once the candidates are called from the panel it takes 8-16 weeks before the staff can commence in post. This is due to the paperwork that has to be completed to include garda clearance, medicals and references etc.

Present Vacancies:

Cork University Hospital Maternity
9.5 WTE nursing vacancies
At present the current employed midwifery/ nurses in the CUMH is 388 WTE (This includes 3 WTE of agency neonatology nursing hours)

Current Active Recruitment includes 9.5 WTE (7.5 gynecological nursing posts and 2 Assistant Directors of Midwifery)

Cork University Hospital
76 WTE nursing vacancies. (This includes 26 resignations since January 2014.)

Currently we have 15 WTE on agency lines covering vacancies.

Recruitment process to recruit additional staff is on-going.

Tony McNamara, CEO, Cork University Hospital Group
**QUESTIONS**

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

“How much has been spent by the HSE South on the outsourcing of patients outpatient appointments to private hospitals in the Cork & Kerry area since January 2013.

Cllr. Matt Griffin

The total cost for the HSE south is in the region of €1 million.

Gerry O’Dwyer, Regional Director for Performance and Integration South

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

“What have the HSE South entered negotiations with Killarney Town Council regarding the sale/purchase of St Finians Hospital and adjoining lands?”

Cllr. Brendan Cronin

Construction will start at the end of March on the new Mental Health Residential Unit which is being built at Cherryfield, Coolgrane. It is expected that this unit will be fully commissioned by the end of 2015. In the intervening period the HSE will seek planning and valuation advise in relation to the potential of the property at St Finans. This process will be carried out in consultation with both Kerry County Council and Killarney Town Council.

The majority of the proceeds from the disposal of assets associated with the Mental Health Services is currently being reinvested in the provision of new mental health facilities and the services in the HSE South including the proposed Residential Unit in Killarney will benefit from this approach.

Pat McCarthy, Assistant National Director Estates, HSE South

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

“What is the delay in relation to providing the promised Podiatrist to Kerry General Hospital?”

Cllr. John Joe Culloty
Response:

The diabetes service offered in Kerry is an integrated service across the Hospital and the Community. All of the staff involved including Podiatrists, Clinical Nurse Specialists, various therapists and doctors liaise closely with each other and rely on the ultimate clinical leadership of the Consultant Endocrinologist.

The Podiatrist post for Kerry General Hospital was approved in 2012 but was subsequently caught up in the recruitment pause and the post was not filled as a result. However a business case is being forwarded to have the post approved as a priority for Kerry in the coming weeks.

TJ O’Connor, General Manager, Kerry General Hospital

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Question No 5(d) on Agenda refers:

“How many people in Carlow town and County are on the waiting list for Nursing Home Support in both public and private nursing homes?”

Cllr. Wayne Fennell

The introduction of the national Nursing Homes Support Scheme in October 2009 simplified the application process for applicants seeking support on the cost of long stay residential care. The legislation also provided a choice of care – public or private - to the applicant.

Funding for long-stay beds is now managed centrally and there is a waiting time (currently 3-4 weeks approximately) in operation for funding to be released through the Nursing Home Support Scheme (NHSS) application process.

As of the 26th March 2014 there are 40 applications for NHSS in progress for Carlow/Kilkenny. This includes people at various stages of financial or care needs assessment processes. There are eleven people awaiting NHSS funding in both Carlow and Kilkenny of which four are from Carlow town and county (26th March 2014). These people have their names on the waiting list for all of the nursing homes both public and private.

Anna Marie Lanigan, Area Manager, South East Primary Community & Continuing Care Services & St. Luke’s Hospital, Kilkenny, HSE South

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Question No 5(e) on Agenda refers:

“To ask the HSE what is the average waiting time for a public MRI and what strategies are in place to reduce this waiting time.”

Cllr. John Buttimer

Cork University Hospital
MRI scanning has been accepted throughout the world as an invaluable routine diagnostic tool and is now widely accepted among the medical community as means of tracking disease and planning the treatment of patients.

For example the public MRI scanning service in CUH is currently provided by Scancor Ltd, a private company who are under contract to deliver MRI services to CUH. Patients are referred for an MRI following review by their treating consultant and waiting time 9 months for a routine MRI.

MRI Capacity
In 2009 CUH had 45,700 inpatients, this number had risen to 52,200 in 2013, an additional 6,500. In 2009 CUH had 56,600 Emergency Department Attendances which in 2013 had increased to 64,900. In 2009 CUH had 200,000 OPD attendances which had risen to 220,000 in 2013, an additional 20,000.

The transfer of additional Acute Services into CUH, coupled with the closure of the Emergency Department in the South Infirmary Victoria University Hospital, has had a significant impact on the level of acute activity on the campus. The increase in the number of specialist Consultant appointments in CUH continues to lead to an increase in the demand for MRI imaging, particularly in the areas of Neurology, Cancer Tumour groups and the Symptomatic Breast Service. By 2015 it is estimated that the number of MRI referrals will have reached 5,000 and this would equate to 7,800 scans.

Cork University Hospital has purchased one 3 Tesla MRI unit and the commissioning of the service is presently being progressed. The public MRI component of the service will operate between 08.00 and 20.00 on a Monday to Friday basis and 08.00 to 13.00 on Saturday.

In addition CUH is presently developing a business case to support the purchase of a second unit which will be a 1.5 Tesla MRI. The provision of a second MRI unit will future proof the requirement for MRI diagnostic imaging in CUH for the foreseeable future. CUH had a significant number of public Patients waiting for an MRI scan and in December 2013 introduced a waiting list initiative to reduce both the number of Patients on the waiting list and the timeline for a Patient from the time of referral to when the MRI scan is performed. Three companies were contracted to support this initiative and each were given a range of specialty referrals. The companies validated the waiting list by contacting the Patients and confirming that they still required to have the MRI scan and then scheduling appointments to suit the Patient’s availability. As of 14th March 2014, a total of 1,590 extra Patients had an MRI scan and the initiative is set to continue until mid-April 2014, by which stage referrals received up to July 2013 will have been scanned, with an average waiting time of eight months for public Patients.
CUH receives an average of 82 referrals per week for public Patients and the current service is provided by a private contractor. The budget allocation for the provision of the MRI service facilitates the scanning of 70 public Patients per week and the excess demand over supply has created the waiting list. CUH has developed a strategy to deliver a publicly owned MRI service and has purchased a 3 Tesla MRI unit to support the provision of the service. The 3 Tesla unit has the capacity to deliver additional access to MRI scanning, within the current budget allocation and CUH is engaged in a tender process for a Managed Service solution to facilitate the provision of a publicly owned MRI service. This service will have the capacity to match the demand for MRI scans and therefore eliminate the waiting list by ensuring that all public Patient referrals are scanned within a number of weeks.

**Tony McNamara, CEO, Cork University Hospitals Group**

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NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
8th May 2014
NOTICES OF MOTION

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

“To request the HSE to reinstate the full services of speech therapists, physiotherapists, psychologists and social workers which were cut by approx 90% from the most vulnerable since last October in St Francis special school, Beaufort which caters for almost 100 special needs children.”

Cllr. Brendan Cronin

"That the HSE would immediately prioritise the allocation of extra health services, such as physio, speech and occupational therapy, at St. Francis's Special School, Beaufort, as the reconfiguration of health services in the Mid-Kerry area has left this school with far less services than it had previously and is having a detrimental impact on the well being of the students attending the school.”

Cllr. Bobby O’Connell

Reconfiguration of children’s services:
Children with disabilities require assessment and therapy from a multi-disciplinary team. While the individual needs of each child will differ, multi-disciplinary services to children with disabilities will normally comprise:

- Psychology
- Speech and Language Therapy
- Occupational Therapy
- Physiotherapy
- Social Work

The need for multi-disciplinary support is higher when children are younger, i.e. Early Intervention, and may reduce as children grow.

Services for children with disabilities have traditionally been provided by either the HSE or voluntary agencies funded on behalf of the HSE to provide these services. Heretofore, individual service providers and teams have provided services for children with particular disabilities, e.g. intellectual disability, physical disability, visual disabilities, etc. This has often led to difficulties where a child has more than one disability or where it is not clear what the child’s disability is.

Multi-disciplinary supports have been assigned to agencies to address particular disabilities or for children attending particular schools or classes. However, this allocation of essential resources is relatively inflexible if needs change and the disabilities and needs of the population present differently. In addition, this method of allocation did not take into account increased numbers of children attending a wide range of mainstream schools.

The HSE has recognized the need to increase the level of consistency, standardization and equity in the way disability services are delivered for children requiring early intervention services and for those attending school. The HSE at a national level is currently engaged in a phased reorganization of existing therapy resources into geographic based teams for children (0-18 years).
A geographic children’s disability team provides for all the early intervention and school based supports required by all children with disabilities in that area. It can support children in either mainstream or special schools. Resources can be used in a flexible manner to address needs regardless of which type of disability is presenting with greatest needs. This model pools the expertise of a wide group of staff in HSE and voluntary agencies.

This project is organized at national, regional and local level and includes representatives from the health and education sectors, service providers (statutory and non-statutory) and parents working together to see how current services can best be reorganized. The HSE is working very closely with the education sector, which is fully involved in the development of the Programme, to ensure that, from the children’s and parents’ perspective, the services provided by each sector are fully integrated. Detailed Local Area action plans are being implemented with the following objectives:

- One clear pathway to services for all children with disabilities according to need
- Resources used to the greatest benefit for all children and families based on need and regardless of particular diagnoses or of educational provision.
- Health and education working together to support children to achieve their potential.

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

The national direction identified that services to children and young adults with complex needs needed to change from a ‘disability defined model, e.g. Significant physical Disability, Intellectual Disability aged 0-6 and 6-18, Autism, etc, to a more inclusive model delivered geographically and as locally as possible. As well as addressing the early years requirements of children, this new model ensures the service will be provided for children and young adults with complex needs who attend main stream schools and not specific disability defined services who previously may not have had access to services. From October 2013 in Kerry, the disability services for children with complex needs (0 – 18 years), were reconfigured to 4 geographically based teams as per the National Framework.

In Kerry fifty three WTE staff were available as follows:-

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Available</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologists</td>
<td>10</td>
</tr>
<tr>
<td>Social workers</td>
<td>5.3</td>
</tr>
<tr>
<td>Speech &amp; Language Therapists</td>
<td>11.3</td>
</tr>
</tbody>
</table>
The reconfigured services now called Kerry Intervention & Disability Services (KIDS) is a partnership between the H.S.E. South, Brothers of Charity, Enable Ireland and St. John of Gods Children Services. Kerry Intervention & Disability Services are committed to working in partnership with families to support the holistic development of children and young people with complex needs. Each team provides a range of multidisciplinary services including psychology, speech & language therapy, occupational therapy, physiotherapy, social work, preschool services and family support services. These new services are child & family centred, equitable, accessible, integrated & coordinated. Accountability ensures that these services are provided in an effective manner and are efficient in the use of resources.

St Francis’ Special School in Beaufort falls within the remit of the Kerry Intervention & Disability Services, the Mid-Kerry team provides services to 235 children which includes 52 children in St Francis school. This team includes the following:

- Team Manager 1.0wte
- Psychologists 2.8wte
- Speech & Language Therapists 3.3wte (0.5wte has been on long term sick leave)
- Occupational Therapists 2.3wte (1.0wte vacant post which has been recruited due to commence on 26th May 2014)
- Social Workers 1.1wte
- Physiotherapist 1.5wte (0.5wte now vacant due to reduction in hours but will be filled)
- Domiciliary Nurse 0.5wte
- Pre-School Therapists / Family Support 3.42wte (0.5wte long term sick leave)
- Administration Support Staff 2.02wte
- Paediatrician Sessions (monthly)

Prior to reconfiguration the children attending St Francis’ School had access to 1 psychologist, 0.5 speech & language therapist SLT, with 1 physiotherapist and 1 occupational therapist, both also providing services to the Listowel Nano Nagle School. The service has not had access to social work services for the past number of years following a retirement however this service is now available to children and families in the school through the Mid Kerry team.

The reconfiguration resulted in a significant change for service providers, service users, families and staff in working to the new model of service. In addition the issues in the mid Kerry team were further compounded by the temporary reduction in staffing levels due to prolonged sick leave for SLT and Physiotherapy and a vacant OT post. The return to work of the Physiotherapists in late April together with the recruitment of vacant posts i.e. Occupational Therapy (May ‘14), and Speech & Language Therapy (awaiting start date) will enhance services to all children in the Mid Kerry team including those attending St Francis Special School.
Following meetings between Parent representatives of St Francis school and HSE & Brothers of Charity management, it has been agreed that the SLT input to the school will be reviewed and a commitment given to fill vacant posts across all service providers ie BOC, SJOG & HSE. It was also agreed that no long term vacancies would be left without cover being provided in some format into the future and that the parents would meet with HSE Management and Disability services in late September to review the process at that time.

The team will continue to work with parents and school staff to strengthen their skills in assisting each child to reach their full potential. In addition, the options of providing a base for the mid Kerry team on the campus of St. Francis School will be explored and a review undertaken of the clinical nursing requirements for the school.

The HSE’s National Social Care Division has identified that 80 additional therapy posts will be allocated nationally in 2014. These new posts will be targeted at areas that have successfully reconfigured to geographical teams. As Kerry is one of these areas it is anticipated that a number of these posts will be allocated to Kerry. The allocation of these posts across the four teams will be based on the identified needs in the county.

Kerry HSE would encourage any parents who have specific queries in relation to the service being provided to their children in St Francis school to discuss these directly with the manager of the mid Kerry team or with the HSE’s children’s disability manager.

**Ger Reaney, Area Manager, Community Services, HSE Cork and Kerry**

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

“That HSE Forum South provide details of the medical doctor cover available to the Emergency Department of St. Luke’s Hospital, Kilkenny, on the night of 8 April 2014, in particular how many patients were waiting and for how long for inpatient admission or otherwise to the hospital during the whole night, if the circumstances that pertained on that date are replicated on other dates and if Medical Profession employed at the hospital is satisfied with the adequacy of senior medical cover for A+E patients there?”

**Cllr. Michael O’Brien**

St. Luke’s General Hospital provides emergency access for patients via the Emergency Department (ED) and the Acute Medical Assessment Unit (AMAU) on a 24/7 basis. In 2013 the total number of emergency presentations increased by 2.3% to 41,514 and the total number of emergency admissions increased to 15,528 which was a 6% increase in the inpatient activity when compared to 2012. For the first three months of 2014, emergency presentations are ahead of target by 6.1% up to the end of March 2014 when compared to the same period in 2013.
Emergency admissions are also 15% ahead of target (including same day admissions to the AMAU) up to the end of March 2014.

<table>
<thead>
<tr>
<th>ED Attendances / Presentations Breakdown</th>
<th>New ED Attendances</th>
<th>Return ED Attendances</th>
<th>Other Emergency Presentations</th>
<th>Emergency Care - All Emergency Presentations</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2014</td>
<td>Year To Date 2014</td>
<td>2014</td>
<td>Year To Date 2014</td>
</tr>
<tr>
<td></td>
<td>Feb-14</td>
<td>Feb-14</td>
<td>Mar-14</td>
<td>Mar-14</td>
</tr>
<tr>
<td></td>
<td>Reportd Actual YTD</td>
<td>Reportd Actual YTD</td>
<td>% Var YTD Actua IV Tgt/EA YTD</td>
<td>% Var YTD Actua IV Tgt/EA YTD</td>
</tr>
<tr>
<td></td>
<td>2.70</td>
<td>3.16</td>
<td>8,613</td>
<td>-1.9%</td>
</tr>
<tr>
<td></td>
<td>532</td>
<td>475</td>
<td>1,869</td>
<td>69.8%</td>
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<td>0</td>
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<td>0</td>
<td>#DIV/0!</td>
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<tr>
<td></td>
<td>3,237</td>
<td>3,643</td>
<td>10,482</td>
<td>6.1%</td>
</tr>
<tr>
<td>St Luke's Hospital Kilkenny</td>
<td>-</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
</tbody>
</table>

Every effort is being made by all staff to continue while the major capital building project progresses on the site with daily disruption.

<table>
<thead>
<tr>
<th>ED Patient Experience Time</th>
<th>Target/Expected Activity - All Patients Within 6 Hours</th>
<th>Target/Expected Activity - All Patients Within 9 Hours</th>
<th>Jan 2014 % All Patients Within 6 Hours</th>
<th>Jan 2014 % All Patients Within 9 Hours</th>
<th>Feb 2014 % All Patients Within 6 Hours</th>
<th>Feb 2014 % All Patients Within 9 Hours</th>
<th>Mar 2013 % All Patients Within 6 Hours</th>
<th>Mar 2013 % All Patients Within 9 Hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>St Luke's Hospital Kilkenny</td>
<td>95%</td>
<td>100%</td>
<td>85.5%</td>
<td>96.0%</td>
<td>84.6%</td>
<td>97.1%</td>
<td>86.9%</td>
<td>96.6%</td>
</tr>
</tbody>
</table>

The waiting times at St. Luke’s General Hospital are considered to be short when compared to other hospitals, and both staff and management try to ensure that those patients requiring very urgent critical treatment are not delayed. However this may result in some delay for those ill patients deemed to require less urgent treatment following triage.

The hospital had the normal out of hours emergency service personnel numbers on duty on the 8/4/2014 with ED, Medical and Surgical teams on call and led by the relevant Consultants on duty. Additional medical rounds were carried out over this busy period and patients, not deemed critical emergencies waiting in the ED overnight, were transferred to the AMAU the following morning at 8am for rapid assessment as necessary. Management at the hospital regret the distress caused to patients and their families for the longer waiting times experienced during this particularly busy period.

April 2014 was a particularly busy month in the Emergency Department and there were 10 days where patients had longer than usual waiting times due to a higher than usual demand of ED presentations as evidenced in the table below. In general up to April 2014, St. Luke’s General Hospital Emergency Department was within the established national waiting time monitored by the Special Delivery Unit. These figures show that 86.9% of patients who attended at St. Luke’s were seen and treated within 6 hours (national target is 95%) and 96.6% are seen within 9 hours (national target is 100%). All patients are assessed and triaged by the ED nursing
personnel and patients are seen by the doctors in order of clinical need based on this assessment.

St Luke’s General Hospital, Kilkenny
30 Day Moving Average Trolley Count

On the 8th April 2014 over 106 presentations were seen and treated in the ED and AMAU; the hospital was extremely busy having admitted over 30 acutely ill admissions during the same period. This continued into the night with very acutely ill patients on the wards and in the emergency department. Over 20% of patients were waiting up to 10 hours to be seen by medical personnel and patients were prioritised and seen on the night in order of priority clinical need. There were a number of extremely complex cases to be treated within the hospital, which contributed to a longer than usual delay in the AMAU/ED areas for patients that were deemed to require care that was non-critical.

With the new building underway the conditions in the waiting area will be fully addressed when the new ED and Acute Medical Assessment Unit opens in Quarter 1 2015. This will also facilitate improved work processes with the AMAU being adjacent to the ED thus facilitating improved patient access times and convenient waiting areas with appropriate facilities. Due to the capacity limitations, the old AMAU has increased its opening hours up to 10pm to facilitate the surge in demand from January to April. Outside of these hours all medical patients are triaged in the Emergency Department and reviewed by the Emergency/ Medical /Surgical teams accordingly. Additional medical rounds also take in the Emergency Department and
the AMAU to assist with patient flow and freeing up bed access on the wards for new emergency admissions at times of activity surges.

**Major Infrastructural Development:** The Capital Project, costing approximately €21million, is on schedule with expected completion in November 2014 followed by handover/commissioning; the opening date is planned during Q1 2015. The new building will include the Susie Long Day Services Unit, ED/AMAU, Hepatology Department, Oncology Unit, concourse and education facility.

The new Emergency Department will include a Waiting area, Triage Area, 3 bay Resuscitation area and separate Paediatric Resuscitation bay all with X ray facilities, an 8 cubicle Major Treatment and Examination area, a separate Paediatric Treatment area, a Minor Treatment area and a Bereaved Relatives room. Ancillary clinical support accommodation will also be provided. The ED will be at ground floor level and have separate entrances for ambulant and ambulance patients and will provide a state of the art environment for patients from the Carlow/Kilkenny area who attend for ED/AMAU services.

The new AMAU which has a briefed area of 290 m\(^2\) (10 bed unit) is located adjacent to the new Emergency Department so as to facilitate the effective operation of both departments. The principal areas of accommodation will be 2 four bay assessment areas, 2 isolation rooms, a treatment room and support accommodation. The AMAU will streamline the assessment of patients with emergency medical presentations while using shared facilities with the ED in line with the new Acute Medicine Programme.

**Anne Slattery, General Manager, St Lukes Hospital**

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

“To call on the HSE to re-instate the Community Allowance to Nurses who work in our Community”

**Cllr. John Joe Culloty**

At the request of the Government, a review of all allowances paid to public and civil servants was conducted by the Department of Public Expenditure and Reform in 2012.

As a result of this review the Community Allowance was abolished for new beneficiaries with effect from 1\(^{st}\) February 2012.

Please see attached memo from the Senior Management Team regarding the outcome of the DPER Review of Allowances which gives more details on same.

**Tess O’Donovan, National Assistant Director, HR, HSE South**

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Question No 5(a) on Agenda refers:

“When will people throughout the country with Haemochromatosis, be allowed donate blood, for blood donation purposes, as there is no reason why they should not be allowed to do so.”

Cllr. John Joe Culloty

Haemochromatosis is a hereditary condition in which excessive amounts of iron are absorbed from the diet. This iron is deposited in various organs, primarily in the liver. With this in mind, patients are generally treated by specialists in the Hepatology team or on occasions by specialists in Haematology. The treatment for haemochromatosis is regular venesections whereby blood is drawn off. The frequency of treatment depends on the iron levels in the blood.

The new clinic established at St Finbarrs IBTS from January 2014 will allow people with HH to donate blood if suitable. However the applied clinical criteria only allows for patients with Ferritin levels under 600, i.e. those patients in maintenance phase. It does not include a much larger group of patients having regular venesection (some once or twice a week for many months) whose Ferritin level is above 600. This pilot clinic is the first step in the provision of this service. IBTS have stated they will do their best to get similar clinics running in other areas however they will also need to assess costs to ensure such clinics are sustainable. Such decisions will be based on the experience of the clinics in Dublin and Cork. More information is available at www.giveblood.ie.

Tony McNamara, CEO, Cork University Hospital

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NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
10th July 2014
NOTICES OF MOTION

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

“That the new A & E Department be provided with a minimum of ten additional staff and two A & E Consultants to enable a full service be provided in the new Department.”

Cllr James Browne

The new €7.5m Emergency Department at Wexford General Hospital was officially opened last month (June ‘14). The new ED provides a total of 17 treatment spaces and two resuscitation rooms for emergency patients; an increase of 13 treatment spaces on the four previously available and an increase of one resuscitation room.

This significant expansion in capacity is leading to improved admission times for patients and a much enhanced environment for patients and for the staff working here. The most recent ED patient experience time (PET) statistics show that 93.8% of patients were seen within nine hours and 82.5% within six hours. Trolley waits have reduced at WGH from 1,095 in 2011 to 383 last year.

Attendances have increased at WGH ED with attendances numbering 33,693 in 2013 and 16,318 patients have been treated to date in 2014, which reflects similar attendances to previous year.

The unit opened with the existing staffing levels and is meeting demand with much improved patient experience times.

A comprehensive staffing review has been undertaken at WGH under the auspices of the office of the national midwifery panning development unit. A business case has been prepared and submitted based on initial findings. A further comparative piece of work will be undertaken by the office of the National Director for Nursing and Midwifery Planning Unit who undertook the workforce planning. Following these processes a meeting is scheduled with National Human Resources Office to address how the issue of staffing may be addressed in the current circumstances and to determine the most appropriate model to deliver best care to patients attending WGH.

Lily Byrnes, General Manager, Wexford General Hospital

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

“That the HSE will now take every step necessary to guarantee executive commitment to reducing the risk to patients of acquiring healthcare-associated infections in all hospitals, to facilitate and support staff in the necessary training and to report back to this Forum at the next meeting on what steps have been taken to ensure that the concerns raised in the HIQA Report in relation to Wexford General Hospital have been addressed.”

Cllr Joe Sullivan
The HSE is committed to providing and maintaining safe and high quality care within all our services. Raising and maintaining the quality and safety of care requires sustained commitment to continuous improvement from everyone involved in the healthcare system. The Regional Quality and Patient Safety Office supports the local arrangements in place for the approach to risk management in terms of the management structures and processes, and in the identification, assessment, mitigation and monitoring of clinical risk including hygiene standards. Our staff are key to achieving our hygiene standards and training is ongoing throughout the HSE for them.

Within Wexford General Hospital the Executive Management Board have executed the recommendations of HIQA through an action plan which includes the following:-

- Training and Monitoring Plan for all staff has been implemented;
- WGH has identified a programme of works for submission as minor capital and major capital to address deficits in infrastructure. These plans have been prepared for submission to be progressed through the National Capital Programme to address infrastructure that is no longer fit for purpose;
- WGH have responded to HIQA and to the National Director of Quality and Patient Safety to provide the necessary assurances and follow up.

Specifically the following action is in place:

- The Executive Committee has taken measures to ensure that 100% of staff are trained in hand hygiene. We have trained and re trained 600 staff to date (April-June) across all disciplines. We have robust processes in place to ensure these rates are maintained and sustained;
- Training is provided through direct teaching and eLearning in order to make it accessible to all staff groups. A process of assessment following training is in place. Compliance is captured through audit;
- Additional signage has been purchased and placed for awareness of staff and general public;
- We have introduced an Awareness Pamphlet for incoming patients pre-surgery though our pre-assessment service to increase public awareness;
- Patients are encouraged to ask their health care provider if they have clean hands;
- A Uniform Policy to assist compliance has been introduced;
- A hospital Hygiene Operational Team (HOT) has been established chaired by Deputy General Manager to monitor activity each week, to ensure environmental and hand hygiene audits are undertaken and corrective actions taken as required and in a timely manner;
- Non-compliant staff are made aware of inadequacies and failure to improve is progressed through the disciplinary process;
- Walkabouts to Clinical Areas by senior staff to monitor compliance with environmental hygiene and hand hygiene have commenced;
- Environmental audits are scheduled and completed to ensure cleanliness in all areas;
A plan of Environmental improvements is on-going which will address deficits identified where possible and will implement repair, replacements and upgrades to HIQA standards, i.e. wash-hand basins as part of the Life Safety Systems plan currently in progress;

A phased purchase plan is in place for clinical waste bins and linen;

A plan is prepared for submission to the National Capital Plan for replacement of buildings that are no longer fit for purpose, i.e. the Medical Unit for inclusion in National Capital Building Programme;

Documented evidence of audits undertaken in the clinical areas evidencing required improvements.

Lily Byrnes, General Manager, Wexford General Hospital

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

“To call on the HSE to ensure that services in St Francis Special School in Beaufort, Co Kerry, be restored in full and to give a commitment to the parents that they will work to improve the quality of service delivery in relation to speech and language therapy services and physiotherapy services and the other services that are required on a daily basis to give these children and there parents a better quality of life.”

Cllr Damian Quigg

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

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

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

The national direction identified that services to children and young adults with complex needs, needed to change from a disability defined model, e.g. significant Physical Disability, Intellectual Disability aged 0-6 and 6-18, Autism, etc., to a more inclusive model delivered geographically and as locally as possible. As well as addressing the early years requirements of children, this new model ensures the service will be provided for children and young adults with complex needs who attend main stream schools and not specific disability defined services, who previously may not have had access to services. From October 2013 in Kerry, the disability services for children with complex needs (0–18 years) reconfigured to 4 geographically based teams and as per the national framework all staff who were providing services for ‘disability specific’ groupings were reconfigured to the 4 geographical teams. In Kerry 53 WTE (whole time equivalent) staff were available as follows:

- 10WTE Psychologists
- 5.3WTE Social workers
- 11.3WTE Speech & Language Therapists
- 5.3WTE Physiotherapists
- 8.8WTE Occupational Therapists
- 2 WTE Domiciliary Nurses
- 10.19WTE Preschool / Family Support Staff

The reconfigured services, Kerry Intervention & Disability Services (KIDS), is a partnership between the H.S.E. South, Brothers of Charity, Enable Ireland and St. John of Gods Children Services. Kerry Intervention & Disability Services are committed to working in partnership with families to support the holistic development of children and young people with complex needs. Each team provides a range of multidisciplinary services including psychology, speech & language therapy, occupational therapy, physiotherapy, social work, preschool services and family support services. These new services are child & family centred, equitable, accessible, integrated and coordinated. Accountability ensures that these services are provided in an effective manner and are efficient in the use of resources.

St Francis’ Special School in Beaufort falls within the remit of the Kerry Intervention & Disability Services, Mid-Kerry team. This team provides services to 235 children which includes 52 children in St Francis School and includes the following:

- Team Manager 1.0 WTE
- Psychologists 3.0 WTE (incl 0.2 vacant)
- Speech & Language Therapists 3.3 WTE(0.5 WTE has been on long term sick leave)
- Occupational Therapists  2.3 WTE
- Social Workers 1.5 WTE (incl 0.4 vacant)
- Physiotherapist 1.5 WTE (0.5 WTE now vacant due to reduction in hours but will be filled)
- Domiciliary Nurse 0.5 WTE
- Pre-School Therapists / Family Support 3.42 WTE (0.5 WTE long term sick leave)
- Administration Support Staff 2.02 WTE
- Paediatrician Sessions (monthly)

Prior to reconfiguration the children attending St Francis’ School had access to 1 psychologist, 0.5 speech & language therapist SLT, with 1 physiotherapist and 1 occupational therapist both also providing services to the Listowel Nano Nagle School. The service has not had access to social work services for the past number of years following a retirement however this service is now available to children and families in the school through the Mid Kerry team.

The reconfiguration resulted in a significant change for service providers, service users, families and staff in working to the new model of service. In addition the issues in the mid Kerry team were further compounded by the temporary reduction in staffing levels due to prolonged sick leave and a vacant OT post. The return to work of the staff in late April together with the recruitment of vacant posts i.e. Occupational Therapy (May ’14), and Speech & Language Therapy (awaiting start date) will enhance services to all children in the Mid Kerry team, including those attending St. Francis’ Special School. Pending the commencement of the new SLT staff, 2 existing staff have been reassigned to provide a total of 4 days per week therapy into the school.

It was also agreed that no long term vacancies would be left without cover being provided in some format into the future, and that the parents would meet with HSE Management and Disability services in late September to review the process at that time.

The HSE’s National Social Care Division has identified that 80 additional therapy posts will be allocated nationally in 2014. These new posts will be targeted at areas that have successfully reconfigured to geographical teams. As Kerry is one of these areas, 4 new posts have been allocated to Kerry. The allocation of these posts across the four teams will be based on the identified needs in the county.

In addition, a review group was established between parents, the school principal, KIDS and led by the HSE. This review group will ensure that the deficits which arose due to vacancies following reconfiguration are addressed as quickly as possible and that there is good communication between the school, parents and the service providers.

**Ger Reaney, ISA Manager, Cork & Kerry.**
Notice of Motion No 4(d) on Agenda refers:

“Can the HSE explain why, when patients are seen by the Orthopaedic Department in the South Infirmary Victoria Hospital and recommended to be fitted with Orthotic support, that the Orthopaedic Surgeon then has to fill out a general 7 page request form that is common to all practitioners. This is leading to delay in patients receiving vital orthopaedic treatment and is wasteful and leading to unnecessary duplication of services when the patient has already seen the specialist service and being recommended for treatment.”

Cllr John Sheehan

Background

For several years, requests for orthotics and specialized footwear were received from a variety of sources without a standardised referral process or consistent information accompanying the referral. In 2012 a HSE South Orthotics and Prosthetics Group was convened at the request of then RDO, Mr. Pat Healy, to develop a standardised approach to the application process, clinical pathways and prioritisation of requests for funding for orthotic and prosthetic devices. The group, which included two representatives of the Consultant Orthopaedic Surgeons, concluded its work in May 2013 and its report was reviewed and approved for in September 2013.

The recommendations of that group have now been implemented in full. These recommendations include a requirement that all requests received are reviewed by the multi-disciplinary Resource Allocation Group. This is to ensure that there is a standardised approach to the allocation of the available budget and that the requests for those in greatest clinical need are prioritised.

The recommendations also require all orthotic applications to be submitted on the standard application form sample attached (2 pages). This ensures that the resource allocation group has the necessary information to reach a decision on the applications which number approximately 100 per month. The outcome of each meeting is communicated to the referrer. All communication with suppliers is through the referring clinician. Orders agreed at the Resource Allocation Group meeting are waitlisted for purchase with the most urgent processed first rather than the practice previously in place whereby ordering was based on chronological date.

The availability of the necessary information in the standardised format ensures a streamlined and responsive process to the benefit of service users and referring clinicians. There was an extensive consultation process in developing the new processes and every care was taken to keep the paperwork required to a minimum. In addition to improving transparency, the new processes were introduced to improve HSE South compliance with the HSE’s National Financial Regulations. These were prepared with the intention of ensuring that the financial controls in operation within the HSE are consistent with Irish and EU statutory requirements, achievement of best value for money, and presently available best practice.

Some teething issues were experienced in the initial few months such as applications not received on the correct form, applications received without a quotation attached, applications not signed by the prescribing clinicians and these were returned. In a few cases the clinical rationale for items requested is not sufficient or apparent and an alternative item might be suggested by the Resource Allocation Group. As
clinicians have became familiar with the new process the level of queries and requests for further information has diminished from 31.3% (Oct – Dec. 2013) to 9.7% (Jan – June, 2014).

Ger Reaney, Area Manager, HSE Cork & Kerry.

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

“That this Forum calls on the Minister for Health and the HSE to formulate a serious plan for the beneficial use of our Lady’s Hospital, Cashel as a major part of this purposely built 1940’s hospital lies in darkness now for close on 16 years.”

Cllr Tom Wood

With the aim of maintaining and developing the provision of Services for Older People in Cashel, the HSE South Regional Service Plan 2013 outlined the proposed transfer of beds (including rehabilitation beds) from St. Patrick’s Hospital in Cashel to the adjacent vacant facilities at Our Lady’s Campus, Cashel.

The proposal to re-organise services from St. Patrick’s Hospital to Our Lady’s Hospital Campus in Cashel is to progress the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards.

There are a number of vacant wards and offices at Our Lady’s Campus which have been refurbished to a very high standard to date that have the potential to provide high quality facilities for these services.

A Project Group has been established in relation to the re-organisation of services from St. Patrick’s Hospital Cashel to Our Lady’s Hospital Cashel. Currently it is planned to relocate the rehabilitation unit and high dependency clients from a number of wards. There is ongoing consultation with HIQA in relation to these planned developments. The Ground Floor of Our Lady’s Hospital will continue to provide Primary Care and secondary Disability Out-Patient services. In addition the process is underway for the modification and refurbishment of the Le Cairde Unit on the grounds of Our Lady’s Hospital Cashel with the aim of establishing a Dementia Specific Unit (12-bed).

The HSE remains committed to the provision of quality services for Older People in Cashel and to maximise the use of available resources including infrastructure. All relevant stakeholders are involved and consulted on an ongoing basis in relation to the planned and future developments for Our Lady’s Hospital Cashel.

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

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QUESTIONS

Question No 5(a) on Agenda refers:

“There is an urgent need to clarify the costs incurred by medical card patients for blood tests as many GP's are now charging patients €10 to take blood tests for ongoing treatment even though the Department of Health insists the cost of these blood tests are covered under the GP services, as paid by the HSE. Please clarify whether or not, under the current medical card scheme, GP's are allowed to charge patients for carrying out of blood tests.”

Cllr James Browne

The HSE has been receiving complaints from the general public which indicate that a number of General Practitioners with GMS contracts are charging medical card/GP visit card patients for routine phlebotomy services. It is understood that these are instances where blood samples are taken in the General Practitioners’ practice as part of the investigation and necessary treatment of patient’s symptoms or conditions.

The Primary Care Reimbursement Service has clarified that where the phlebotomy service forms part of the investigation and necessary treatment of a patient’s symptoms or conditions, the service should be provided free of charge where the patient is a Medical Card or GP Visit card holder. General Practitioners should not charge eligible patients for these phlebotomy services.

Any instances of either a Medical Card or GP visit card holder being charged for phlebotomy service should be reported to the Primary Care Unit, who will firstly make contact with the relevant General Practitioner and then also with the Primary Care Reimbursement Scheme. The HSE will investigate any reported incidents of eligible patients being charged for this service.

<table>
<thead>
<tr>
<th>Primary Care Unit Manager (Cork, Kerry)</th>
<th>Primary Care Unit Manager (South East – Carlow/Kilkenny, South Tipperary, Waterford, Wexford)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Floor 3, Block 15, St. Finbarr’s Hospital</td>
<td>HSE Offices, Lacken, Dublin Road, Kilkenny</td>
</tr>
<tr>
<td>Douglas Road, Cork</td>
<td></td>
</tr>
</tbody>
</table>

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

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Question No 5(b) on Agenda refers:

“To provide a breakdown of how many ambulances, rapid response vehicles and other emergency vehicles are based in Wexford, how many hours each type of vehicle is in use and whether there is any intention to increase the amount of vehicles and hours and if so when.”

Cllr Joe Sullivan
National Ambulance Service Response:

The National Ambulance Service (NAS) currently operates in the Wexford area:
- 8 Emergency Ambulances
- 1 Rapid Response Vehicle (RRV)
- 1 4x4 Vehicle
- 1 Officer Response Car

The RRV provides resilience in the area and is utilised as a contingency in the event of short term absence, or as back up with regard to fleet capacity. The 4 x 4 also provides resilience in the event of extreme weather conditions and/or extreme terrain.

The Officer Vehicle provides operational cover 35 hours per week.

A breakdown of the hours of emergency cover for Emergency Ambulances based on staffing rosters currently is as follows:

Wexford Town

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Hours in operation</th>
<th>Total number of hours per week</th>
</tr>
</thead>
</table>
| Monday to Sunday         | 8am to 8pm
                          | 8pm to 8am                | 168                           |
| Monday                   | 9am to 3pm
                          | 2pm to 8pm                | 13                            |
| Tuesday                  | 7am to 2pm
                          | 2pm to 8pm                | 13                            |
| Wednesday                | 9am to 3pm
                          | 2pm to 8pm                | 12                            |
| Thursday                 | 7am to 2pm
                          | 1pm to 8pm                | 14                            |
| Friday                   | 9am to 4pm
                          | 1pm to 8pm                | 14                            |
| **Total Number of Hours**|                         | **234**                     |

Enniscorthy, New Ross & Gorey (shifts rotate)

Two of the three bases listed above are covered 8am to 8pm and 8pm to 8am Mon-Sun. The third base will have a 10am-6pm or 10am to 7pm shift over the seven days. This rotates on a daily basis.

Please find below:

<table>
<thead>
<tr>
<th>Day of the week</th>
<th>Hours in operation</th>
<th>Total number of hours per week</th>
</tr>
</thead>
</table>
| Monday to Sunday         | 8am to 8pm in 2 Stations
                          | 8pm to 8am in 2 Stations    | 168                           |
| Monday                   | 10am to 6pm             | 8                             |
| Tuesday                  | 10am to 6pm             | 8                             |
| Wednesday                | 10am to 6pm             | 8                             |
The National Ambulance Service is presently in the process of realigning the service levels (operational response capacity) in County Wexford. This process is being conducted under the auspices of the "Public Services Stability Agreement 2013-2016" (Haddington Road Agreement).

This will ensure that all stations within Wexford County have 24 hour emergency ambulance cover available.

Within the process, there is also provision to adjust the Enniscorthy service levels and the Wexford service levels in order to provide a fourth emergency vehicle in County Wexford on Friday, Saturday and Sunday nights. This will also incorporate an adjustment to the cover in Wexford Town with the provision of 2 emergency ambulances i.e. 0800-2000 and 0900-1700. There is also the provision of an Intermediate Care Vehicle (ICV) to supplement the emergency response capacity.

Under the auspices of the Haddington Road Agreement 2012-2016, the NAS is currently providing staff with the opportunity to engage with NAS Management through the consultation process via their representatives.

It should also be noted that the NAS is also currently conducting a Capacity Review nationally which will identify the activity levels, the type of activity and the current level of resource in each area to meet that activity. This will enable the NAS to align its resources to the activity level as identified and also to match its capacity to the activity level in each of the areas, ensuring that the patient gets the right response, based on their clinical need, at the right time.

I trust the above provides the necessary information as requested.

Michael Norris, Operations Performance Manager, National Ambulance Service HSE South

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Question No 5(c) on Agenda refers:

“What are the intentions of the HSE regarding mental health services in South and West Kerry following the closure of local community based mental health facilities (e.g. Island View, Caherciveen) given that County Kerry has now the second highest suicide rate in Ireland, standing at 15.5 deaths per 100,000 population, National average 11.7) up from 11.5 deaths per 100,000 from 2004. Does the HSE believe that this closure was a positive step considering these statistics?”

Cllr. Damian Quigg

DEVELOPMENT OF MENTAL HEALTH SERVICES IN KERRY:

Overview
Over the past five years Kerry Mental Health Services (KMHS) has seen a significant cultural shift away from an institutional medical model to a more community based, person centred proactive approach to service delivery. This has enabled a comprehensive model of service delivery with a Recovery focus and an emphasis on clinical excellence. The closure of St Finan’s Hospital, Killarney in Sept 2012 marked the start of this cultural shift in how mental health services are to be delivered in Kerry into the future. Other fundamental improvements to the service are the recent appointment of the Executive Clinical Director (ECD), the development of Community Mental Health Teams (CMHT) (3), current recruitment of an Old Age Psychiatry team and two capital developments in the form of a 40 bed replacement unit in Killarney and a 4 bed High Observation Unit (HOU) in Tralee.

While all these developments are currently at various stages the cultural shift within the service is well under way.

Current Services
The Mental Health service is delivered through a combination of acute inpatient and community based facilities located in each CMHT area such as community day services, high support hostel accommodation, out-patient clinics shared with in-patient facilities for the county in the form of a 38 bed Approved Centre acute admission unit at Kerry General Hospital and 32 beds at The O’Connor Unit, Killarney. Community residences and group homes provide long term accommodation. In addition to the existing Specialist Rehabilitation Team it is envisaged that in Q3 2014 an Old Age Psychiatry Team will be developed on appointment of a Consultant Psychiatrist.

The Community Mental Health Teams (CMHT) are multi disciplinary teams consisting of a Consultant Psychiatrist, NCHD, Nurses, Community Mental Health Nurses, Crisis Intervention Nurse Specialists, Registered Psychiatry Nurses, Secretarial support, Social Worker & Occupational Therapists. Psychologists are currently shared between the areas. These CMHT’s are co aligned with the Primary Care Networks which further augment the service within the community and are based on a geographic population per team consistent with the Vision for Change (VfC) policy. A range of day services support people undergoing recovery and these newer services are interfacing with Primary Care with positive benefits for the service users.

Funding & Resources:
The HSE in Kerry has benefited substantially from the Government’s National allocation of €35m in 2012 and an additional national €35m in 2013. One of key objectives from this funding was to develop community mental health teams (CMHTs) in line with “Vision for Change”.

In Kerry, the 2012 development funding of €655,000 was provided for 11 additional staff as follows:

- 4 Occupational Therapy Posts (in place)
- 3 Social Work posts (in place)
- 3 psychology posts (2 in place - The remaining 1 psychology post did not attract applicants. The HSE in Kerry are currently considering other options to address this deficit until the psychology posts have been successfully recruited through the HSE’s National Recruitment Service)
- 1 social care worker (in place - allocated to the Kerry Child and Adolescent Mental Health Services (CAMHS) team).

Also as part of the 2012 National Funding, a counselling service was made available to support primary care teams; this provides a free service to GMS holders and a low cost counselling service for others. In addition there are a number of direct counselling services already provided through the HSE by Primary Care Liaison nurses and Drug & Alcohol services and through organisations supported by the HSE e.g. Console, South West Counselling, Kerry Adolescent Counselling, and Cuan Counselling. Access to these types of counselling can often maintain clients in primary care and may not require referral to Community Mental Health Teams or Consultant Psychiatrists.

The main objectives under the National Service Plan 2013 was the development of mental health services and specifically in relation to those with a co-morbid mental illness, intellectual disabilities, older people with a mental illness, enhancing community adult and child and adolescent community mental health teams and suicide prevention initiatives. Funding of €1.1m was allocated from 2013 national funding and provided an additional 19.5 posts for Kerry. The following posts are in situ:

- 7 Nurses for the CMHTs
- 2 specific senior nursing posts based in the Emergency Dept KGH to support those presenting with Self Harm
- 1 social worker (allocated to the Kerry CAMHS team)
- 1 Clinical Nurse Manager (allocated to the Kerry CAMHS team)
- 1 Social Care Leader (allocated to the Kerry CAMHS team)
- 0.5 senior psychologist (allocated to the Kerry CAMHS team)

The HSE South is happy to confirm that a community mental health, multidisciplinary team for older people has also been sanctioned for development within the HSE Kerry Area from the 2013 funding allocation. By end Q3 2014, with the appointment of a Consultant Psychiatrist (Interviewed 31 March 2014; post accepted, presently awaiting clearance), this multidisciplinary team will consist of:

- 1 Consultant in old age Psychiatry
- 1 Occupational Therapist
- 1 Social Worker
- 3 Clinical Nurse Managers
- 1 Mental Health Support Worker.
All these posts will assist greatly in the establishment and enhancement of the Community Mental Health Teams, Child & Adolescent Mental Health Team and Psychiatry of Older Age Team for Kerry.

**ISLAND VIEW HIGH SUPPORT HOSTEL**

The HSE in Kerry, in line with Vision for Change and with an emphasis away from institutions and into community services and client centric accommodation, undertook a review of all clients in Mental Health residential care facilities, including High Support Hostels and Group Homes. This review included Island View Hostel. The aim of this review was to ascertain the clients’ residential care requirements and determine whether these were best met in independent living accommodation or in long term care older persons settings etc.

Island View High Support Hostel was located on the first floor of St. Anne’s Community Hospital, Caherciveen. The hostel was first developed in 1993 and provided accommodation for 13 clients discharged from St. Finan’s Hospital, Killarney. Each resident within the high support hostel in Caherciveen was reviewed and options were discussed with the resident and with their relatives with regard to more appropriate alternative accommodation to best meet their clinical need at that time. The needs of the residents were paramount in this review and their welfare and future welfare was addressed when considering transfer to alternative accommodation.

The closure of this unit (September 2013) facilitated the redeployment of staff to develop community Mental Health Services in the South Kerry area in the form of Home Treatment Team (HTT) which is in line with “Vision for Change”. The aim of the HTT is to work in partnership with service users and their families, to facilitate recovery and integration through the provision of accessible, comprehensive mental health services in appropriate settings which are primarily community-based. This service is available to the community 7 days a week staffed by those nurses redeployed from Island View.

Also a new 40 bed unit currently under construction in Killarney will provide a much enhanced environment for service users, staff and visitors. It will be bright, spacious with plenty of landscaped garden areas for service users to enjoy. It is to be built on one level designed to contain 4 x 10 bed residential households with a more domestic and modern style which should reduce any stigma that is usually associated with the older institutional centres.

**SUICIDE PREVENTION**

The HSE in Kerry works alongside a number of community and voluntary groups to provide a range of services in the area of suicide prevention as well as support in the aftermath of a suicide.

**Console**

HSE South and Console, the national charity for Suicide Prevention and Bereavement has developed a partnership to extend professional counselling, support and helpline services in the HSE South Region. Individuals, families or community groups and
organisations who have been affected by someone who has died by suicide can avail of the support. Console also manages and facilitates therapeutic support groups for those bereaved by suicide on behalf of the HSE South.

These support services are aimed at:
- People with active thoughts of suicide or of not wanting to continue with life
- Individuals who engage in acts of deliberate self-harm
- People whose thoughts have progressed to active planning for suicide
- People affected by others’ suicidal behaviour
- Those who have bereaved through suicide
- Others who may be in crisis, related to suicide.

Console also provides an outreach service in Killarney where the following services are provided:
- Individual, couple and family counselling/psychotherapy
- Child psychotherapy service
- Group work including a support group for those bereaved through suicide.

**Mental Health Resource Officer**

The HSE South Mental Health Resource Office works closely with the National Office for Suicide Prevention with its primary role being the co-ordination and implementation of the National Suicide Strategy (Reach Out) at local level. The office also advises, supports and provides training around the issue of suicide and works very closely with community groups and voluntary groups to raise the awareness of the issue of suicide and to promote services available. Some of the HSE South suicide prevention training initiatives include:

During 2013, the provision of an additional Suicide Resource Officer for Cork and Kerry was approved. This additional post will be based in Kerry and will support the development and implementation of local suicide prevention action plans within the area. He/she will support local advisory groups to develop a strategic response to priority areas identified within Kerry ISA area and will support the development and implementation of action plans for both Cork/Kerry. The resource officer will work closely with the HSE National Office for Suicide Prevention to ensure that local action plans are evidence based, in line with national programme goals and performance metrics. This post is currently being recruited through the HSE’s National Recruitment Service

**Jigsaw**

Jigsaw Kerry promotes and supports positive youth mental health within the communities of Kerry. As part of this service it provides a safe and confidential space where young people can access mental health supports free of charge. Located at Unit 1A, Edward Street, Tralee, opposite the train and bus station, the Jigsaw service works with young people aged from 12-25.

The Jigsaw programme was designed by Headstrong and its panel of youth advisors and is an evidence-based, integrated service designed to strengthen a community’s capacity to support young people’s mental health. It works on a partnership model of pulling together and aligning all existing resources and expertise in any given community.
The Jigsaw Kerry service was originally launched as a pilot project in late 2009. Following an in-depth review of its services in October and November 2012, the HSE is now the lead agency in conjunction with Headstrong - The National Centre for Youth Mental Health.

**Suicide Response Group**

Recent reports indicate that Kerry has the highest rate of suicide rate in Ireland at 15.5 between 2008-2010 (an increase from a rate of 9.9; 2005-2007). ESR recorded figures indicating a rate of approx 145 males & 179 females presented to hospital with deliberate self harm in 2011 (currently being addressed by 2 ED nurses from the 2013 development funding and commenced in March 2014).

In response to this high incidence of suicide in Kerry the senior management team have taken a proactive approach to addressing this trend by establishing the Kerry Suicide Response Forum (KSRF). The KSRF is an interagency group led by the HSE which was established in November 2011 and launched by Minister Kathleen Lynch in July 2013. The Kerry Suicide Response Forum is made up of 30 Statutory, Community & Voluntary Agencies in Kerry.

The purpose of the Kerry Suicide Response Forum is to offer immediate co-ordinated support and practical help to people and families affected by suicide. The forum has recognised the multi-layers of information that is required to raise awareness and to provide interventions such as helplines etc.

**safeTALK**: safeTALK aims to increase awareness of self harm and suicide. safeTALK is a training package that prepares anyone over the age of 18 to identify persons with thoughts of suicide and connect them to suicide first aid resources. By attending this 3½ hour course, participants are able to identify people who have thoughts of suicide and move beyond common tendencies to miss, dismiss or avoid suicide.

**ASIST**: Applied Suicide Intervention Skills Training (ASIST) is a two day community based training programme. ASIST aims to enable helpers (anyone in a position of trust) to become more willing, ready and able to recognise and intervene effectively to help persons at risk of suicide.

**STORM Project**: This training provides professionals that come into contact with people who engage in deliberate self harm with skills-based training in risk assessment and management of suicide and self-injury. The goal of this initiative is that workers in hospitals, residential and community based setting etc. would become skilled in appropriate training that would ensure best practice in working and helping people who self-injure.

**CAPITAL DEVELOPMENTS**

Further to the investment in additional mental health posts for Kerry, a significant number of capital developments are also taking place within Kerry Mental Health Services. Together with the new 40 bed unit in Killarney, a new 4 bed High Observation Unit in Kerry General Hospital’s Acute Unit will be completed by Q3
2014. The new facility will provide an appropriate and enhanced environment for patients while they are acutely unwell.

All of the above mentioned developments represent a very positive and important investment for Kerry’s mental health services. These new facilities along with additional resources will provide an appropriate therapeutic environment for clients of the service and, in conjunction with other additional national and local developments, will assist in the ongoing development of community based mental health services in line with Vision for Change, the national mental health strategy.

The Government has again re-committed to the continued development of our mental health services in the 2014 budget. €20m is being ring fenced for the further development of our mental health services in 2014. This means that, despite serious resource pressures overall, funding of €90m has been made available since 2012 up to end of 2014, which has been specifically ear-marked for mental health and suicide prevention.

**Ger Reaney, ISA Manager, Cork & Kerry.**

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

“What’s in store for Saint Patrick’s Hospital, Cashel, if the accredited and acclaimed rehabilitation Unit the heart of the caring establishment is transferred.

  **Cllr Tom Wood**

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

- 95 long term care
- 21 rehabilitation
- 18 respite

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

A proposal to reorganize the provision of services (including rehabilitation services) from St. Patrick’s Hospital to Our Lady’s Hospital Campus in Cashel was included in the HSE 2013 Service Plan. The main focus for undertaking the re-organization of services is to facilitate the refurbishment of facilities within St. Patrick’s Hospital to address environmental issues in the Health Information and Quality Authority (HIQA) Long Stay Residential Standards. Following the transfer of services to Our Lady’s Hospital campus, a development plan will be prepared for St. Patrick’s Hospital in order to support its ongoing registration with HIQA. The proposal is being progressed through consultation with the staff and other relevant stakeholders of St. Patrick’s Hospital.

In March 2013 a Project Group was convened to ensure the participation and involvement of all relevant stakeholders. St. Patrick’s Hospital Cashel will continue to
provide long term residential services in Cashel. While the current structure/facilities will not comply with HIQA Environmental regulations 2015, it is planned to develop a Community Nursing Unit which will provide long stay residential care.

It is important to note that the proposed transfer of service will improve the facilities and the environment for patients of both St Patrick’s Hospital and Our Lady’s Hospital. The proposed developments ensure the retention and ongoing development of the provision of public services for older people in St. Patrick’s Hospital and within the Cashel area.

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

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NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
18th September 2014
NOTICES OF MOTION

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

“That plans be drawn up for the proposed 40 bed community nursing unit at Saint Patricks Hospital, Cashel without further delay in order to ensure its provision as quickly as possible”

Cllr Tom Wood

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

- 95 long term care
- 21 rehabilitation
- 18 respite

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

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

The existing ‘Le Cairde ‘ Unit at Our Lady’s Hospital campus is currently being upgraded to HIQA Standards with the intention to relocate 11 Elderly Mental Infirm patients from St Patrick’s Hospital. A building contract is in place and work has commenced on same.

Plans have also been developed and planning permission received for the upgrade of the unused First and Second Floor areas in Our Lady’s Hospital Main Block. Subject to funding approval, the proposed works will tendered in Quarter 4 2014. If funding is approved, it is intended that these works can commence early 2015 with completion anticipated before the end 2015. This would enable a further 39 clients to be relocated from St Patrick’s Hospital.

The proposed transfer of service will improve the facilities and the environment for patients of St Patrick’s Hospital and Our Lady’s Hospital. These actions may also facilitate the possible development of a Community Nursing Unit on site at St Patrick’s Hospital, Cashel.

Work is ongoing across the South East on the planning and future development of quality services for older people – this includes consideration for residential services such as a Community Nursing Unit at St. Patrick’s Hospital Cashel.

Anna Marie Lanigan, Area Manager, South East Primary, Community & Continuing Care
Notice of Motion No 4(b) on Agenda refers:

“To ask this Forum, Why is it taking such a lengthly period of time for the renewal of Medical Cards and Medical Card Applications here in Kerry, this is leaving people who are very sick without cover for the said period.”

Cllr. Damian Quig

Question No 5(g) on Agenda refers:

“Is it possible that members of this committee could have more access to medical card applications, in order to inform their constituents directly of their current status, therefore relieving our TDs of some of the work load, and also assisting the Independent Councillors who would not have a link to any TDs without party affiliations?”

Cllr. Henry Cremin

The national Primary Care Reimbursement Service (PCRS) strives to ensure in excess of 90% of all New Medical Card Applications Forms and Eligibility Review Forms are processed within 15 days. This target was exceeded in the weekly PCRS Medical Card Processing Report dated 8th September 2014 which highlighted that 95.81% of all complete New Application Forms and Eligibility Review received were processed within 15 working days.

The following table highlights PCRS activity extracted from the weekly status report for August 2014.

<table>
<thead>
<tr>
<th>Status ending Friday</th>
<th>29th August</th>
<th>22nd August</th>
<th>15th August</th>
<th>8th August</th>
<th>1st August</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total App/Renewals received</td>
<td>11,189</td>
<td>8,319</td>
<td>8,123</td>
<td>7,430</td>
<td>17,652</td>
</tr>
<tr>
<td>No.(% Processed)</td>
<td>9,663 (86.36%)</td>
<td>7,853 (94.4%)</td>
<td>7,783 (95.81%)</td>
<td>7,144 (96.15%)</td>
<td>17,271 (97.84%)</td>
</tr>
<tr>
<td>No. in Progress</td>
<td>1,526</td>
<td>466</td>
<td>340</td>
<td>286</td>
<td>381</td>
</tr>
<tr>
<td>Apps missing important information</td>
<td>966</td>
<td>1,865</td>
<td>1,769</td>
<td>664</td>
<td>1,010</td>
</tr>
</tbody>
</table>

If the necessary supporting documentation, as outlined on the Forms, is not provided by the applicant the processing time to conclude the assessment of eligibility is therefore delayed until the necessary supporting documentation is furnished by the applicant.

It must be emphasised that Medical Card and GP Visit Card eligibility is granted on the basis of an assessment of financial means and not solely on the basis of an applicant’s medical condition.
The HSE may exercise discretion when deciding to grant Medical Card or GP Visit Card eligibility to a person whose income is in excess of the relevant guidelines.

If a person applying for a Medical Card has an income in excess of the relevant guidelines, the HSE routinely considers if refusing eligibility would result in undue hardship to that person and his/her dependents in accessing GP, medical and surgical services.

With reference to Question 5(g) on the Agenda, the HSE operates a dedicated contact channel for members of the Oireachtas to address queries relating to Medical Card and GP Visit Card matters.

Individuals may contact Lo-Call Number 1890 252 919 or clientregistration@hse.ie to receive assistance and information relating to Medical Cards and GP Visit Cards.

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

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

“That the HSE South would publish details on funding allocated to service providers in intellectual disability and/or autism to enable people to transition from congregated settings to community settings since 2012; that the report would include details on the number of people supported to transition in 2012, 2013 and 2014 and the number of people expected to be supported move from congregated to community settings in 2015 and 2016; the report might also comment on the relationship between the HSE, Department of Health and the Department of Environment, Community and Local Government with respect to meeting the housing need of people with disability in community settings.”

Cllr John Buttimer

Response:

In response to your query, returns from service providers for January 2012 to December 2013 demonstrate that, nationally, 511 individuals with disabilities (this includes intellectual disability, autism and physical & sensory disabilities) had actively engaged in the transition process. A total of 308 of these individuals had completed the transition process by the end of 2013 – 65 of whom were from the HSE South area.

The Social Care Operational Plan for 2014 sets a target for 150 individuals, including 40 from the HSE South, to transition to more socially inclusive community integrated services consistent with the 2011 report Time to Move on from Congregated Settings: A Strategy for Community Inclusion. The 40 people within the HSE South
will move moving from the following agencies: Brothers of Charity, St Patrick’s Kilkenny, St Vincent's, Cheshire and HSE Services (Grove House).

The numbers to transfer to community settings in 2015 and 2016 are under discussion with service providers, with the 2015 targets to be agreed in the coming weeks.

**National Housing Strategy for people with Disabilities**

The Housing Agency is leading on cross-sectoral collaboration to implement the National Housing Strategy for People with Disabilities (NHSPD). The Cork area was selected as one of the pilot areas for the implementation of the Strategy and on this basis a group was established in 2012 to bring together the stakeholders to develop a framework and the processes to deliver the Strategy to meet the needs of the local population. Currently Cork City Council, the Approved Housing Bodies, HSE, various service providers and the Housing Agency sit on the group. This group has continued to work on the development of a model to facilitate people with disabilities to access housing in line with the NHSPD and to implement the wider recommendations in the strategy. This work has included linking with the local authority housing dept, private rental market/estate agents, landlords and services to develop the processes to support the NHSPD and to identify and develop strategies to overcome any blockages. In other areas within the HSE South, local authorities are also engaging with the HSE and with service providers in process of supporting people to transition from congregated settings.

The transition of people with disability from congregated settings to community based settings is to be delivered on a resource neutral basis. However, in specific circumstances relating to the requirement to close existing institutions in a short period, transitional funding may be required. In this context €1m has been provided to COPE Foundation in 2013 and 2014 to facilitate assessment, planning and transfer of residents from Grove House to community based settings.

**Ger Reaney, Area Manager**

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

“To ask that more frontline staff be provided to Kerry General Hospital as they are understaffed?”

**Cllr Danny Healy-Rae**

Kerry General Hospital, like all hospitals, works within an allocated budget and with an allocated number of staff each year.

In relation to nursing posts, hospital management work to manage staffing levels in the hospital and liaise with staff representative organisations on an ongoing basis in this regard.

There are certain areas in KGH where maintaining nursing staffing levels has been a challenge due to retirements, sick leave and unfilled posts. However, every effort is made to fill approved posts as quickly as possible.
On occasion, it is necessary to open additional beds to cope with increased demand. When additional beds are opened every effort is made to provide the appropriate additional staffing through a variety of means including:

- staff redeployment from areas where activity or dependency is lower,
- additional shifts,
- overtime
- use of agency nurses and health care assistants.

Initiatives to support nursing staff have been underway throughout 2014 including:

- recruitment of additional health care assistants,
- sessional employment of aids to support one to one care
- on-going communication with the national recruitment service to fill vacancies as quickly as possible.

KGH acknowledges the dedication and commitment of its nursing and support staff and will continue to treat this issue as a priority. Hospital management continue to work to maintain staffing levels and ensure that approved vacant posts are filled as quickly as is possible.

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

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

“Can I have an explanation of the current system in place for weekend/bank holiday home helps?”

**Cllr. Henry Cremin**

Home support services, across the county of Cork, are delivered subject to needs identified as per clinical assessment and within the available budget. This assessment is, in the main, carried out by the public health nurse.

The home support service, as the name suggests, is a support to individuals and their carers to assist them maintain their loved ones/family members at home. In line with that philosophy, and in order to maximise the impact of the resources available, it is usual policy to ask that family members, or an informal care network, assist the person on weekends and bank holidays in as far as possible. In the event that a person does not have the support of family, friends or carers then a service will be provided via the HSE on weekends and bank holidays. A bank holiday service is usually restricted to essential duties and consequently may be scheduled for a shorter duration but is still designed to meet the assessed care needs.

In the event of unforeseen/unscheduled absence of employees the home support department endeavours to put a replacement service in place to ensure essential care is delivered.

**Ger Reaney, Area Manager**

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

“That this Forum and the HSE call on the Department of Health to recognise the unique needs of people suffering from Ichthyosis and supports the inclusion of those suffering from this genetic skin condition onto the long term illness scheme and requests the HSE to comment on the proposal and to explain its current exclusion.

Ichthyosis is an incurable lifelong genetic disorder affecting the skin. In its severe forms it can be both acute and chronic and requires daily monitoring, treatment and full time care. It is debilitating for both the sufferers and their carers.”

Cllr James Browne

People may apply to join the Long Term Illness Scheme (LTI) if they have certain long-term illnesses or disabilities.

The Long Term Illness book is issued to people who have applied and subsequently been approved under the LTI scheme to access drugs, medicines, and medical and surgical appliances directly related to the treatment of their illness, free of charge. It does not depend on income or other circumstances and is separate from the Medical Card Scheme and the GP Visit Card Scheme.

The Long Term Illnesses covered under the scheme are set down in legislation – Section 59 (3) of the Health Act 1970 and the relevant amendments as set out in the table below:

<table>
<thead>
<tr>
<th>Illness</th>
<th>Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parkinsonism</td>
<td>Health Services (Amendment) Regulations, 1975 S.I. No. 64/1975</td>
</tr>
<tr>
<td>Acute Leukaemia</td>
<td>Health Services (Amendment) Regulations, 1975 S.I. No. 64/1975</td>
</tr>
</tbody>
</table>
Any plans to extend the LTI scheme to include other illnesses would require new legislation.

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

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QUESTIONS

Question No 5(a) on Agenda refers:

“Is it possible to provide additional staff and facilitate longer opening hours at the registration offices for births deaths and marriages in Clonmel, Carrick-on Suir and Cashel?”

Cllr Tom Wood

The Civil Registration Service was formally established under the provisions of the Civil Registration Act, 2004. The Act provides for the reorganisation, modernization and naming of the system of registration of births, stillbirths, adoptions, marriages and deaths.

Responsibility for local registration services is assigned to the Health Service Executive (HSE) which is responsible for the appointment of Superintendent Registrars and Registrars in each registration area and for the provision of accommodation and support services. (These registration areas equate to the geographic areas covered by the former health boards).

The functions carried out by the HSE's Civil Registration Service include registration of births, stillbirths and deaths; late registration and re-registration of these events; ensuring that the legal preliminaries for valid marriages are complied with; solemnization of civil marriages; registration of all marriages; and issuing certificates of vital events.

Registration of civil partnerships was assigned to the Civil Registration Service under the provisions of the Civil Partnership and Certain Rights and Responsibilities of Cohabitants Act, 2010.

This service is provided in the South Tipperary Area at the following locations
<table>
<thead>
<tr>
<th>Office Location</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrick-on-Suir</td>
<td>10.00am – 12 noon</td>
<td></td>
<td></td>
<td></td>
<td>10.00am – 12 noon</td>
</tr>
<tr>
<td>051 645263</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cashel</td>
<td></td>
<td>2.30pm – 4.30pm</td>
<td>9.30am – 1.00pm</td>
<td></td>
<td>9.30am – 1.00pm</td>
</tr>
<tr>
<td>062 70477</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tipperary Town</td>
<td></td>
<td>10.00am – 12 noon</td>
<td></td>
<td>10.00am – 12 noon</td>
<td></td>
</tr>
<tr>
<td>062 82114</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clonmel</td>
<td>10.00am – 12 noon</td>
<td>10.00am – 12 noon</td>
<td>10.00am – 12 noon</td>
<td>10.00am – 12 noon</td>
<td></td>
</tr>
<tr>
<td>052 6177204</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>052 6177205</td>
<td></td>
<td></td>
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</tbody>
</table>

As a result of the National Public Service Recruitment Moratorium a number of staffing challenges have arisen at the Clonmel Civil Registration Office which has resulted in a curtailment of the opening hours as outlined above. Every effort is being made to address this issue and should there be any change in the current staffing levels the opening hours at this office will be reviewed accordingly.

It should be noted that certificates for registered Births, Deaths, Marriages and Civil Partnerships may also be ordered on line at: [www.certificates.ie](http://www.certificates.ie).

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

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Question No 5(b) on Agenda refers:

“With regard to the recent significant computer laboratory failure recently in Cork University Hospital can the HSE management please explain:

1. Why did the computer system fail to such a catastrophic extent?
2. Were there back-up systems and if so why did they fail?
3. What is being done to rectify the problem?
4. What systems are being put in place to make sure that this does not happen again?
5. Was the failure due to lack of investment in ICT structures?”

Cllr. John Sheehan
1. **Why did the computer system fail to such a catastrophic extent?**

Since January of this year we have had 4 failures of the Laboratory Information Management System (LIMS). There is a standard recovery procedure for such a failure, and this is further explained in response to question 2 below. The symptom of the failure is that we get corruption on the database which renders the system unusable. The root cause analysis has yet to identify the source of the problem. The reason it became such a catastrophic event is that the recovery procedure failed and this left the HSE with a number of very difficult choices in relation to how to proceed. A number of different recovery options were explored until a working recovery procedure was agreed on and executed. This has taken quite a bit of time and the elapsed time is longer than it should have been.

2. **Were there back-up systems and if so why did they fail?**

The system is backed up every day at 3am and between the backups, all database transactions are also written to a journal file. The backup scheduled for 3am on Sat 16\(^{th}\) August failed and the system was taken off line at 9am on Sat 16\(^{th}\). The recovery procedure involves the following steps;

1. Restore the system from the most recent good backup (which should be the one at 3am on Fri 15\(^{th}\))
2. Apply the transactions from the journal file(s) to re-create all of the data.
3. Users enter any data / transactions that occurred between the start of the down time and the end of the down time

There were two reasons why this failed, 1) the most recent relevant backup (3am on Fri 15\(^{th}\)) failed to restore, and 2) the journal files for Thu 14\(^{th}\) were corrupt. This situation was further compounded initially by 1) the use of a wrong journal file and 2) the lack of availability of senior experienced personnel on the on call rota of the vendor (particularly over the UK Bank Holiday weekend).

The initial recovery processes that were employed proved unsuccessful and were time consuming. The recovery process that was ultimately agreed and implemented was to restore the system from the backup of 3am on Thu 14\(^{th}\) August and to get the laboratories to re-process all data from that point forward.

3. **What is being done to rectify the problem?**

There is an incident management team in place who are co-ordinating both the recovery of the situation and the on-going provision of a limited laboratory service. The laboratory contingency plan has been engaged and has been operational for the duration of the incident. ICT services and the vendor have been working around the clock on the recovery process.

The recovery process culminated in laboratories coming back on line on the afternoon of Thu 28\(^{th}\) August – however, there is a significant volume of work to be caught up on before the service returns to normal.
4. What systems are being put in place to make sure that this does not happen again?

The absence of a specific root cause analysis makes individual future preventative measures difficult. For the last couple of months we have been working with the vendor and the HSE on a Business Case to replace the entire supporting infrastructure which will cost approx. €400,000. This has now been accelerated and approval has been given to proceed. This infrastructure replacement process will take a number of weeks to come to fruition and in the meantime, additional monitoring arrangements and additional backup arrangements have been put in place.

5. Was the failure due to lack of investment in ICT structures?

In 2012, on request from CUH, the HSE invested approx. €100,000 on equipment replacement to deal with performance and capacity issues. It was envisaged at that time that this investment would suffice in the medium term until the new national laboratory system was implemented locally in Q4 of 2017. This has not proven to be the case and the HSE are now investing a further €400,000 to ensure that the service continues to run until then. The HSE have invested as requested in this system.

Mr. J. A. McNamara, Chief Executive Officer, Cork University Hospital

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Question No 5(c) on Agenda refers:

“What is the current position with the hospital in Dingle regarding respite care, the building is not being used for the purpose of which it was built, it is now servicing primary health care resulting in no beds being made available for respite care when many families are in grave need of this service. It is my understanding that a full wing of the hospital was never opened.”

Cllr. Damian Quigg

Question No 5(e) on Agenda refers:

“Is it the HSE’s intention to move staff, currently in a rented building in Dingle, into bed spaces in Dingle Hospital? I am concerned that bed spaces are being taken up with office space in Dingle Hospital.”

Cllr. Danny Healy-Rae

The HSE, as part of Service Plan 2014, will continue to provide the existing level of service at West Kerry Community Hospital. The current level of service comprises of 46 residential care beds which is made up of 34 long stay beds and 12 short stay beds (9 assessment/convalescent beds, 2 respite beds and 1 palliative care bed). In addition, the hospital complex provides a range of primary care services such as...
physiotherapy, occupational therapy and speech and language therapy, as well as a mental health day care service.

In relation to the 3rd module in West Kerry Community Hospital, this module contains 22 beds and at present only a very small portion of this wing is utilised by Primary Care services. No additional funding was provided in the 2014 Service Plan for the opening of additional beds in West Kerry Community Hospital in 2014. However, the HSE is actively exploring how additional beds can be funded, particularly during the estimates process for the 2015 Service Plan. Should funding become available in the future, the HSE will consider opening beds on a phased basis. However, taking into account the restrictions on funding, current waiting lists, and the requirement for approval of the Health Information and Quality Authority, it is possible that the number of additional beds opened in the third module will be less than 22. Therefore, there is a strong possibility that should additional funding become available to open additional beds and agreement reached with HIQA, both primary care and residential services could operate from the unit.

Primary Care services being delivered in the 3rd module include:

- Drop in clinics
- HPV Clinic
- Child Development clinic
- Other primary care services e.g. XPERT (management programmed for Type 2 Diabetes) and Stress Management programmes
- Public Health Nursing clinics
- Community Mental Health Team sessions
- Community Ophthalmology clinics

This allows HSE staff to bring these services to the West Kerry community rather than people having to travel significant journeys to Tralee. In addition, the West Kerry area has a significant level of home help and home care package services which has increased in 2014 which maintains people in their own homes in accordance with the choice of the vast majority of older people.

Ger Reaney, Area Manager

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Question No 5(d) on Agenda refers:

“To ask the HSE South for a full and comprehensive report on plans to develop primary care centres in the South Lee area with particular reference to the Bishopstown, Togher, and Ballyphehane and if funding has been identified and ringfenced to allow a centre proceed if an agreed site is identified?”

Cllr. John Buttimer

Based on a national needs assessment, Bishopstown and Togher (including Ballyphehane, Greenmount and The Lough) have been identified as areas requiring the provision of new primary care centres based on the inadequacy of existing accommodation and the needs of the community served.
A letter of intent was issued to a developer in relation to the provision of a Primary Care Centre at Deanrock, Togher. The letter of intent issued was subject to general conditions but was also subject to the acquisition by the developer of the site at Deanrock from Cork City Council. The letter of intent was extended on a number of occasions to allow for negotiations between the developer and Cork City Council, however the final expiry date of the letter of intent was 30th September 2014. The developer has recently advised the HSE that he is not in a position to progress the centre.

No acceptable proposals for the provision of a primary care centre for Bishopstown have been received. However, some discussions have recently taken place with a voluntary service organisation to explore the possibility of the development of a Primary Care Centre in the lands owned by this organisation. The centre would be provided under an operational lease arrangement. This voluntary service provider is currently considering the development of facilities in the Bishopstown area for the delivery of health and social services,

Capital funding has not been allocated for the provision of either centre and it is intended that both centres would progress using the operational lease model. Proposals have been put forward for the re-advertising of Primary Centres to be provided under operational lease arrangements with the private sector. It is proposed that Bishopstown and Togher would be included in this advertisement. The proposed advertisement is currently under consideration by the Department of Health.

Ger Reaney, Area Manager

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Question No 5(e) on Agenda refers:

“Is it the HSE’s intention to move staff, currently in a rented building in Dingle, into bed spaces in Dingle Hospital? I am concerned that bed spaces are being taken up with office space in Dingle Hospital.”

Cllr. Danny Healy-Rae

See response to Question No 5(c)

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Question No 5(f) on Agenda refers:

“Are the HSE going to close the Health Centre at Camolin, Co Wexford? If this is the case, what arrangements are the HSE going to put in place for people with no transport, the elderly & children. The Camolin Health Centre is currently catering for a population of over 3000 in its catchment area.”

Cllr Joe Sullivan

Response:
The Camolin Health Centre building has been deemed not fit for purpose for a modern health facility by the HSE. Therefore it is planned to relocate current health service provision from Camolin Health Centre to more appropriate premises.

Currently only one service is provided from Camolin Health Centre - the Public Health Nurse (PHN) Service.

At present it is planned that the PHN will be co-located with other members of the Primary Care Team based at the Avenue Primary Care Centre, Gorey, in accordance with the model within the National Primary Care Strategy. The PHN will continue to provide a domiciliary service to the patients of the Camolin area. In respect of patients who require a centre based service, these will be provided at the Avenue Primary Care Centre.

Camolin is situated approximately 11km from Gorey town and there are good public transport links between Camolin and Gorey town.

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

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Question No 5(g) on Agenda refers:

“Is it possible that members of this committee could have more access to medical card applications, in order to inform their constituents directly of their current status, therefore relieving our TDs of some of the work load, and also assisting the Independent Councilors who would not have a link to any TDs without party affiliations?”

See response to Motion 4(b)

**********

Question No 5(h) on Agenda refers:

"There is an urgent need to clarify the HSE's intention towards St. Senan's Hospital in Enniscorthy. The former hospital sits on grounds of approximately 100 acres close to Enniscorthy town. Other hospitals under the HSE's remit in County Wexford such as the old St. John's Hospital in Enniscorthy and the old Wexford General Hospital in Wexford town have been allowed to become derelict and there is deep concern among the local community that St. Senan's hospital will be allowed to fall into disrepair also. What are the HSE's proposals for the building and if the HSE has no proposals for the hospital will it facilitate and support community based stakeholders to redevelop the building for community use such as an enterprise centre, artists centre, third level facilities and PLC courses.”
Cllr. James Browne

The HSE, in 2010, outlined a comprehensive plan based on the national Mental Health Strategy “Vision for Change” – for the further development of Mental Health Services in the Waterford and Wexford areas. This plan included a significant capital investment of €18.68 million to develop community and acute facilities within Mental Health Services across the Waterford/Wexford Area.

Key requirements under “Vision for Change” are the closure of outdated mental health facilities and the development of more community based mental health services. Over the last four years, the HSE has undertaken the process for the total closure of the long stay accommodation at St Senan’s Hospital, Enniscorthy which was completed in March 2013.

Service users utilising a remaining mental health respite facility on the grounds of St. Senan’s Hospital were transferred last month to the newly opened “An Tearmann” premises on the grounds of St. John’s Hospital, Enniscorthy.

Presently, St. Senan’s Hospital is being used for offices (including mental health, childcare and community services personnel), administration and storage.

The future use of the building, in addition to plans for the adjacent lands, is currently under review by the HSE.

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

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Question No 5(i) on Agenda refers:

“To ask the HSE to outline the procedures for prioritising patients on waiting lists, particularly in the area of the orthopaedic waiting list for University Hospital Waterford and how do they ensure that the most urgent patients are seen in the shortest time”.

Cllr Breda Gardner

In the South East the Regional Orthopaedic Service is delivered from University Hospital Waterford where the eight funded permanent Consultant Orthopaedic Surgeons are based. The Orthopaedic trauma service is delivered in University Hospital Waterford and the orthopaedic elective services (mainly hip and knee replacements) are delivered from Kilcreene Regional Orthopaedic Hospital Kilkenny which is managed as an integral part of University Hospital Waterford.

In 2014 based on figures to the end of July the overall orthopaedic service will deal with over 40,000 appointments as follows:-

- New elective 3,700
- Review elective 12,956
- New fractures 5,368
- Review fractures 20, 332

**Total 42,356**

1. **How patients are prioritised**

   Clinics have 10-12 new slots per session. These are normally allocated as follows:
   Routine patients – 8 slots and Urgent 2-4 slots.

   - Patients are triaged based on the information supplied on the referral letter from the Primary Care Team.
   - All Orthopaedic referral letters are currently sent to the Central Referrals office (CRO), where they are opened by the relevant Consultant's secretary.
   - The Central Referrals Office date stamps the referral and then forwards it to the Consultant for triaging. The SDU (Special Delivery Unit) recommends a triage system of Routine & Urgent.
   - If the referral is illegible it is returned to the G.P/Primary Care Team and they are asked to resubmit the referral.
   - On completion of triage the referrals are returned to the CRO and entered onto the IPMS (Patient Administration System). This system shows the total number of patients for each Consultant on the Out Patient waiting list.
   - The SDU recommends chronological scheduling for routine patients.
   - There are 8 permanent Consultant Orthopaedic posts. Two of these posts are currently filled by locums. Locum Consultant appointments do not sit elective orthopaedic clinics as there is a requirement for continuity of care and continuing of Consultant/patient relationship. It is expected that both locum positions will be filled on a permanent basis by the end of October 2014.

2. **If their condition deteriorates, what to do**

   - The G.P/ Primary Care Team may contact the relevant Consultant to explain the urgency.
   - A 2nd referral may be submitted with relevant details about changes in a patient’s condition

3. **Waiting list initiatives and validation processes i.e. the Physiotherapy clinics and Nurse Specialist clinics – any of the new procedures in place in University Hospital Waterford to manage the orthopaedic waiting lists:**

   **Musculoskeletal Orthopaedic Clinics (MSK0):** – These clinics deal with patients who have joint/back/muscular pain and can be dealt with other than by seeing the Orthopaedic Consultant. Physiotherapists triage the routine referrals based on locally agreed criteria, if they feel the patient needs further treatment they will refer on to the Consultant. Some patients are discharged from the system following the MSK appointment

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In 2013, almost 2,000 patients were seen in MSKO clinics.

- **Arthroplasty Nurse Clinic:** the Arthroplasty Nurse sees patients following Joint replacement procedures and this has reduced the number of review patients in the Consultant clinics and increases the number of new referrals which can be seen by the Orthopaedic Surgeons. In 2013, the Arthroplasty Nurse Clinic saw approximately 800 patients. The Arthroplasty Nurse can refer patients on if she feels they will benefit from further treatment.

- **Validation** - Validation occurs at CRO level. Removal from Out Patient Waiting List (OPWL) is effected in the following ways:
  - Failure to attend a clinic appointment
  - When a patient attends an outpatient appointment (including MSKO and Arthroplasty Nurse Clinic)
  - Following a validation exercise

- **Clinics** - Regional Fracture clinics: The Regional Orthopaedic Fracture Services sees approximately 5,000 new patients annually. The fracture clinics are organised as follows:
  - **Monday** - Wexford General Hospital
  - **Tuesday** - South Tipperary General Hospital, Clonmel, Co. Tipperary
  - **Friday** - Kilcreene Regional Orthopaedic Hospital, Kilkenny

**University Hospital Waterford**

**Fracture Clinics:**
Monday - AM/Tuesday - AM/Wednesday - AM/ Thursday - AM/ Thursday – PM/ Friday - AM.

**Elective clinics:**
Monday PM x 2/Tuesday PM x 2/Wednesday PM x1/Friday AM x 1.
FRI PM – Baby Hip clinic.

An elective clinic is also held in South Tipperary General Hospital on each Wednesday.

4. **Recommended waiting times:**

- **Out Patient Waiting List:**
  - the SDU recommends that patients should only have to wait a maximum of 12 months to be seen. Unfortunately with the number of referrals received in this unit, University Hospital Waterford currently has an 18 months wait from referral to routine appointment.
Current Out Patient Waiting List as of 05/09/2014:

<table>
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<tr>
<th></th>
<th>0-1 month</th>
<th>1-2 months</th>
<th>2-3 months</th>
<th>3-6 months</th>
<th>6-12 months</th>
<th>12-24 months</th>
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<td></td>
<td>422</td>
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<td>405</td>
<td>943</td>
<td>1689</td>
<td>1317</td>
<td>5138</td>
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</table>

- **Inpatient Waiting List** – the SDU recommends a maximum of 8 months from decision for surgery to completion.

The majority of patients seen in University Hospital Waterford for elective orthopaedics are operated on in Kilcreene (beds are protected) unless they:

- have co-morbidities
- are under 16
- require Spinal surgery

Patients whose names are placed on the Inpatient Waiting List for University Hospital Waterford may be waiting longer for surgery due to:

- Theatre access
- Volume & complexity of trauma
- Seasonal impact on beds.
- Bed capacity issues impacted by acute service at University Hospital Waterford

The In Patient Waiting List for Kilcreene Regional Orthopaedic Hospital Kilkenny as of 05/09/14:

<table>
<thead>
<tr>
<th></th>
<th>0-1 month</th>
<th>1-2 months</th>
<th>2-3 months</th>
<th>3-6 months</th>
<th>6-8 months</th>
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<td>63</td>
<td>96</td>
<td>47</td>
<td>72</td>
<td>40</td>
<td>28</td>
<td>346</td>
</tr>
</tbody>
</table>

Richard Dooley, General Manager, South East Acute Services
NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
20th November 2014
NOTICES OF MOTION

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

"To ask that more beds be made operational in our Community Hospitals in Kerry"

Cllr Danny Healy-Rae

Response:

There are currently six Community Hospitals/Community Nursing Units in Kerry with a total of 319 beds. 93 beds are short stay beds and there are 226 residential care beds in all.

As part of the Service Plan 2015, the Health Service Executive is exploring the possibility of adding a further compliment of beds to West Kerry Community Hospital and Kenmare Community Nursing Unit.

The Health Service Executive are currently in discussions with the Health Information and Quality Authority in relation to the opening of a further compliment of beds in West Kerry Community Hospital. When agreement has been reached with HIQA in relation to their requirements for registration of recommended compliment of beds, the HSE will, subject to funding, proceed to apply for formal registration and plan for the opening of these beds.

The HSE is also exploring the option of opening a further compliment of beds in Kenmare Community Nursing Unit. Similar discussions with the intention to seek registration for an extended service in Kenmare Community Nursing Unit will take place in 2015.

Ger Reaney, Area Manager

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

"That the HSE South outline their support for the "Blood Bike South" initiative who will provide a voluntary out of hours motorcycle rider service to transport blood and other medical materials between hospitals and other health facilities to help save lives and reduce costs to our hospitals".

Cllr. Mary Lenihan Foley

Information on Blood Bike South

Blood Bike South is a charitable organization operating primarily in the southern region of Ireland. Their mission is to assist hospitals and other medical facilities, by providing a voluntary motorcycle transport service of blood and other urgent medical materials on an out-of-hours basis
Blood Bike South is a charity run by a group of motorbike enthusiasts, to provide an out-of-hours FREE service to hospitals and clinics in the south.

In a manner similar to existing Blood Bike groups in Ireland & the UK, their mission will be to act as a Voluntary Rider Service aiming to help relieve sickness and protect health by the transportation of blood, blood products, patient records, drugs and other medical requirements between hospitals and blood transfusion banks, primarily but not exclusively in the Southern Region.

They hope to take some of the pressure off our local hospitals in relation to their rising costs in transporting these goods and hope that this saved money will be redirected into primary care areas such as staffing & facilities. They also aim to relieve the use of emergency vehicles in the transport of these items meaning that they are always available and ready to answer emergency calls.

Their services are provided by volunteers, who will have advanced training and undergo regular reviews of their skills. The volunteers give up their time to serve their communities and hospitals.

**Response to the Regional Health Forum**

The South/South West Hospital Group confirm that the CEO of the hospital group has recently met with representatives of Blood Bike South.

We would advise the Regional Forum that in principle we are supportive and interested in rolling out the services where appropriate to Cork Hospitals. Engagement has commenced with a number of Cork hospitals to explore the use of the service of the service where appropriate.

Cork University Hospital has confirmed that while they are interested in utilizing the services of Blood Banks they are constrained by contractual arrangements with other providers. The hospital is prepared to review the feasibility of their current arrangements. Should this be feasible, it is the intention of CUH management to review the category of items transported by their current taxi providers. This review will establish if there is any opportunity to engage with Blood Bike South in the future. Management at CUH confirms that it is their intention to revert in the first quarter of 2015 to the Regional Forum with the outcome of this review.

**Gerry O’Dwyer, CEO, South/South West Hospital Group**

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

“That this Forum calls for the abolition of the unfair rehabilitation and respite charges effecting people when they are most vulnerable and introduced without appropriate consultation with the relevant parties.”

*Cllr Tom Wood*
Directions to ensure the uniform application of the existing legislation on charges for in-patient respite care services across all HSE areas were circulated by the HSE at the end of March 2013 for implementation with immediate effect. This development brought areas that were not charging for in-patient respite care services into line with other areas that were already charging for such services. As a result, and in the interests of fairness and equity, in-patient respite care AND rehabilitation charges have now been implemented in all areas on a standard and consistent basis in accordance with the legislation which is in place since 2005.

Under these Regulations, the HSE must apply charges (subject to certain exemptions) to all those who receive in-patient services for longer than 30 days over a rolling 12 month period.

In accordance with these Health (Charges for In-Patient Services) Regulations 2005-2011, charges apply for in-patient services other than for acute hospital care and for long-term residential care services supported under the Nursing Home Support Scheme (Fair Deal), both of which are subject to separate charging regimes.

Charges apply whether or not the person has full or limited medical card eligibility.

The rate of the charges is based on individual income and cannot exceed 80% of the weekly non-contributory State pension. The Regulations currently provide for a maximum charge of €175 per week where in-patient care is provided in a setting with 24-hour nursing care or a maximum of €130 per week where in-patient care is provided in other settings.

Where a client has not availed of more than 30 days in-patient services in the relevant period no charge is levied for respite.

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

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Notice of Motion 4 (d) on Agenda refers:

“That funding be provided in the 2015 budget for the provision of the 24 hours cardiac cover at University Hospital Waterford”

Cllr. David Daniels

Cardiac Catheterisation Services

The Cardiac Catheterisation service at University Hospital Waterford provides cardiac procedures including diagnostic angiography, percutaneous intervention (stents), pacemaker and defibrillator implants, cardiac structural procedures, and many other procedures. Patients presenting with an acute myocardial infarction in the South-East can now receive emergency percutaneous coronary artery intervention (PCI) to
open the blocked artery immediately and limit the damage to the heart muscle. Currently the service is available within working hours Monday to Friday to patients, from the South East catchment area.

**Staffing**
The department is currently staffed by 3 Consultant Cardiologists. 1 new permanent Consultant commenced duty at University Hospital Waterford on 1st September 2014, and a 3rd Consultant commenced on a temporary basis in August 2014. This post will be filled on a permanent basis from the current panel. The department is also staffed by 1 Cardiac Physiologist, 1 Radiographer, 2 Nursing staff and 1 Admin Grade IV.

**Service Expansion**
A business case has been prepared and was forwarded to the HSE/Department of Health as part of the 2015 Estimates, for expansion to a twenty four hour service, seven days a week (24/7), and the associated requirement for a 2nd Catheterisation Laboratory. The required 24/7 PCI service can only be achieved when significant resources are available. Discussions will commence with the Clinical Programme, as it is essential that patients have 24/7 close access in line with the standards and timelines as set out in the Clinical Programme. This will ensure that patient care is in line with best practice and that optimal reperfusion is achieved with the best outcome for the patients within the South East.

The total Capital Costs for the 2nd Catheterisation Laboratory are €1.9m. The total Revenue Costs for the 24/7 expansion of services and the 2nd Catheterisation Laboratory are €2.7m.

To enable the Catheterisation Laboratory operate on a twenty four hour service, seven days a week it will require a staffing complement of 6 Consultant Interventional Cardiologists. There are currently 3 funded posts in place and University Hospital Waterford has sought funding to allow the recruitment of the 4th Consultant in 2015.

**Maintenance Closures**
The University Hospital Waterford Catheterisation Laboratory closed on 13th August for planned maintenance. This maintenance is completed 4 times per year. This maintenance is completed between 9am and 5pm as it is the least expensive option agreed under the annual preventative maintenance contract. This is the normal practice in other hospitals throughout the country. There was no interruption to services as additional sessions were put in place in the Cardiac Catheterisation Laboratory to ensure that patients were not disadvantaged.

**Conclusion**
The South/South West Hospitals Group is committed to the expansion of the existing cardiac service on a planned funded basis.

**Gerry O’Dwyer, CEO, South/South West Hospital Group**
Notice of Motion No 4(e) on Agenda refers:

“That the HSE would publish a full and comprehensive report on; HSE run programmes and initiatives to deal with the issue of suicide in Cork, the model of service provision and the outcomes of such initiatives; the voluntary sector bodies that the HSE supports in Cork through direct or indirect funding or the allocation of staff and other resources, that it would publish the names of these groups and would outline the activities undertaken of these groups, the model of service provision of these groups, what audit or review of efficacy is undertaken either internally or externally, and; measures to ensure equal provision across the county to support people who present with suicidal ideation.”

Cllr John Buttimer

Response:

1. **HSE INITIATIVES**

**HSE South Resource Office for Suicide Prevention**

This office co-ordinates all of the suicide prevention training initiatives in Cork and Kerry.

Since 2010 the HSE South Resource Office for Suicide Prevention has increased it’s efforts in the delivery of the suicide prevention training programmes SafeTALK and ASIST to members of the community. This was achieved with the Resource Office’s partnerships with the Mental Health Services, Community Work departments and it’s community partnerships with the Lions Clubs, Foroige, Breaking The Silence and Console. The total number of Suicide Prevention Training Programmes facilitated in the HSE South from 2010 to date is 410, with the total Number of Participants attending these Suicide Prevention Training Programmes during this period being 8,446.

**Training Programmes**

*SafeTALK* - a three hour workshop which helps participants to become more suicide alert to the signs of suicide in themselves and other people.

The *SafeTALK* suicide prevention skills training programme helps participants to become more empowered to not miss, dismiss or avoid signs of suicide in themselves or other people. It helps participants to become more alert to invitations for help from people who are having thoughts of suicide, and helps connect them to suicide first aid resources. Those attending *SafeTALK* programmes are a diverse mix of community based people and professionals.

*ASIST* (Applied Suicide Intervention Skills Training) a two-day intensive skills based training programme which helps participants to make a suicide first-aid intervention with someone who is at risk of taking their own life

The *ASIST* suicide prevention training programme aims to empower people with Intervention skills to keep people with thoughts of suicide safe, by preparing caregivers to identify people with thoughts of suicide, intervene appropriately to
increase safety, and develop a safe plan with the person to help keep themselves safe from suicide.

*SafeTALK* is a mandatory requirement to participate in *ASIST*

**Suicide Prevention Training Partnerships**

Cobh was a particular community that had been affected by suicide locally and in 2007 the voluntary Cobh-based group ‘Breaking the Silence’ was formed. In recognising that the immediate supportive responses are often strongest from within the community itself, the HSE South Suicide Resource Office sought to support this community group’s efforts in making their community more suicide safe.

This has been achieved since 2007 by the HSE South Resource Office for Suicide Prevention’s provision of indirect funding of €10,000 p.a. to ‘Breaking the Silence’ for the provision of training materials. And in partnership with the NOSP the HSE South ROFSP has also trained members of Breaking the Silence as trainers to deliver suicide prevention training in the following training packages:

- 6 trainers in *SafeTALK*
- 2 trainers in *ASIST*.
- 2 trainers in *STORM* training a skill based model of assessment and management of suicide and self-harm.
- 4 people in *Telephone Helpline Call Management* for those in distress or at risk of suicide.

The HSE South Resource Office for Suicide Prevention has also trained:

- 1 trainer in Console to deliver both *SafeTALK* and *ASIST* training
- 1 trainer from Foroige to deliver *safeTALK*.

In December 2014 a staff member from the Youth Health Service in Cork will be trained to deliver ‘Self-Harm Awareness Training’ to the public on behalf of the Resource Office for Suicide Prevention.

More information on the *Safe TALK* or *ASIST* programme is available on [www.livingworks.net](http://www.livingworks.net).

More information on the HSE South Suicide Prevention and Self-Harm Training programmes is available from [Agnes.cahill@hse.ie](mailto:Agnes.cahill@hse.ie) HSE South Suicide Resource office on 028-40402.

Trainers in the HSE South and those trained as suicide prevention trainers from the community i.e. Breaking the Silence, Console, Foroige and Youth Health Service will continue to work together to provide training in suicide prevention in this catchment area.

**2. HSE SOUTH PARTNERSHIP WITH CONSOLE**
Console’s Mission Statement

‘Console seeks to respond to the Spiritual, Emotional and Psychological needs of our Clients. Our Mission is to provide Professional Therapeutic Counselling, Support and Helpline Services to people in Suicidal Crisis and to those Bereaved through Suicide with Respect, Dignity and Compassion’.

Console was established in 2002 to provide a dedicated Suicide Prevention, Intervention and Postvention Service here in Ireland. Console has developed into a National Organisation supporting people in Suicidal Crisis and those Bereaved by Suicide through Professional Counselling, Support and Helpline Services. Console has Centres in Dublin, Cork, Galway, Limerick, Kerry, Athlone, Wexford, Mayo and Kildare. Console is also now located in London, United Kingdom.

The HSE South provides funding of €60,000 p.a. to Console for the provision of the following Services to the Cork and Kerry areas.

**HSE South Free-phone 24/7 Suicide Prevention & Bereavement Helplines**
Since 2012 Console Manages three of the HSE South Helpline services:

**HSE South Suicide Prevention Helpline**
1800 742 745 routed to Console 1800 201 890

**HSE South Farm and Rural Stress Helpline**
1800 742 645

**HSE South Bereavement Support Helpline**
087-7986944 routed to Console 1800 201 890

**HSE South Suicide Prevention Helpline** 1800 742 745 is under Console’s National Free-phone suicide prevention and intervention helpline called Console 1800 201 890. Formerly, a 4 hour 7 day week helpline service the HSE South Suicide Prevention Helpline is now a 24/7 service.

Callers have a choice and may ring the existing HSE South number of 1800 742 745 which is directly routed to Console 1800 742 745, getting essentially the same service as if they rang the Console number directly, the callers are advised via a pre-recorded helpline greeting that they are through to the Console service and that they have a choice to go directly to a Counsellor or to familiarize themselves with the helpline’s confidentiality policy.

The HSE South Suicide Prevention Helpline/Console service is available to anyone in crisis, considering suicide or concerned about a loved one. This service is also available by text message by texting ‘help’ to 51444 where a counsellor will respond.

**HSE South Farm & Rural Stress Helpline** Free-phone 24 hour service 1800 742 645. Formerly, a 4 hour 7 day week helpline service the HSE South Farm and Rural Stress helpline is now a 24/7 service for those in our rural community who are experiencing issues such as loneliness, isolation, financial issues or any form of distress.

**HSE South Suicide Bereavement Helpline** 087-7986944 number formerly a 4 hour 7 day week helpline service is now under the Console Free-phone 24 hour helpline (1800 201 890). This service is for anyone bereaved by suicide. Callers can use this
helpline for emotional support after the loss of someone close, practical advice and for access information to counselling services at a Console Centre

Counselling & Support

On behalf of the HSE South, Console provides counselling, psychotherapy, open peer support along with six 8 week grief and loss programmes for anyone affected by the loss of someone in their lives by suicide. This also includes facilitating Community Responses in the aftermath of Suicide or Critical Incidents i.e. Murder Suicide.

All of Console’s services are delivered by fully qualified and fully accredited Counsellors, Psychotherapists or Psychologists who operate to strict procedural and ethical guidelines and under strict clinical supervision.

Data citing these services levels for 2013 is cited below:

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<tr>
<th>Location</th>
<th>Service/Support</th>
<th>2013 Levels</th>
<th>Note</th>
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<td>Console House, Perrott Avenue, College Road, Cork</td>
<td>One-to-one Counselling or Psychotherapy sessions</td>
<td>3346</td>
<td>+11% on 2012</td>
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<td>Console House, Perrott Avenue, College Road, Cork</td>
<td>Child Psychotherapy sessions</td>
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<td>Console House, Perrott Avenue, College Road, Cork</td>
<td>Open peer Support Groups</td>
<td>All year</td>
<td>Level on 2012</td>
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<td>Console House, Perrott Avenue, College Road, Cork</td>
<td>8-week grief &amp; loss programmes</td>
<td>5 programmes</td>
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<td>North Cork City</td>
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<td>Console House, Balloonagh, Tralee, Kerry</td>
<td>Open peer support groups</td>
<td>All year</td>
<td>New in 2013</td>
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<td>8-week grief &amp; loss programmes</td>
<td>6 programmes</td>
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<td>HSE South Farm &amp; Rural Stress Helpline</td>
<td>24 hour, Freephone professional telephone counselling &amp; support</td>
<td>10,139 calls</td>
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<td>484 calls</td>
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<td>HSE South Suicide Prevention Helpline</td>
<td>24 hour, Freephone professional telephone counselling &amp; support</td>
<td>331 calls</td>
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</table>
General Trends

In 2013, there was an increase of +18% in referrals received to the Cork/Kerry region. Increasingly, referrals are coming to Console at an earlier stage in the bereavement process. In 2013, 27% of referrals came from people bereaved 0-1 months.

Community Responses, Critical Incidents

- In 2013, Console has taken a more participative role in responding to community needs after a suicide, or from a preventative viewpoint. The type of involvement varies and can involve;
  - The provision of information, literature or training
  - Participation in community planning and strategy
  - The provision of therapeutic counsellors to assist with trauma within groups or communities
  - The coordination of collaborative services or activities after a suicide or critical incident.

- Some examples of locations of such work in 2013 includes;
  - Beara community in Castletownbere (after a suicide loss)
  - Southwest Counselling Centre, Killarney
  - North East Kerry Development (TUS scheme participants, after a suicide loss)
  - Cobh Day Centre (after a suicide loss)
  - Ballyduff, North Kerry community
  - Ballydehob murder suicide
  - Kerry Travellers Health & Community Development Project (after a suicide loss)
  - Kerry Suicide Response Forum
  - Killarney Community College
  - IT Tralee (after a suicide loss)
  - An Garda Siochana, Bantry (after a suicide loss)
  - Ballyvolane/Dublin Hill community (after 2 suicide losses)
  - North Cork Drugs Initiative (after a suicide loss)
  - Douglas Village Shopping Centre staff (after a suicide loss)

The HSE South Resource Office for Suicide Prevention and the Mental Health Services Area Manager reviews and monitors the training and service provision by Console and this cited in the SLA that the HSE South with them.

3. HSE SOUTH PARTNERSHIP WITH PIETA HOUSE

Pieta House Mission
• To reduce the number of deaths by suicide
• To reduce the numbers engaging in self-harming behaviours

Pieta House provides a community based counselling service where self referral is accepted together with referrals from GP’s, Schools/Colleges, Mental Health Centres, ED Departments and Hospitals. Individuals presenting with mental health problems require different levels of support and service. Pieta House aims to give a high level of support which has been extremely effective with people who are reacting to challenging life events which may precipitate suicide and deliberate self-harm. There are an appropriate community based intervention service which complements the role of formal mental health service provision.

**Service provision**

Face to face counselling sessions are provided by appointment only and delivered by trained and accredited therapists. Counselling sessions are of one hour duration with a maximum of 15 sessions offered per client treatment in respect of counselling support, and a maximum of 10 sessions offered for family support. Services at Pieta House are provided completely free of charge.

Cork Mental Health Services provided funding of €35,000 to Pieta House, the purpose of the HSE funding was to support the capital expenditure required to establish a new Pieta House Centre in Bishopstown, Co. Cork. Pieta House Cork opened on Monday 16th December, 2013.

### 4. CORK SUICIDE PREVENTION & RESPONSE FORUM

The target of this initiative is focusing on reducing the levels of suicide in Cork City / County by the creation and implementation of a series of initiatives for the preservation of life, health and wellbeing for the people of Cork. This includes:

- mapping resources
- developing response to suicides
- developing service and signposting protocols at prevention, intervention and postvention stages
- supporting the implementation of the National Framework 2015.

The Cork Suicide Prevention & Response Forum is made up of representatives from within the HSE South, Tulsa and community partners.

### 5. COMMUNITY RESILIENCE INITIATIVES

The following community initiatives are being supported by the HSE South with once-off funding in 2014 from the National Office for Suicide Prevention and will be reviewed and monitored by the North Lee Community Work Department.

**Muintir na Tire**

Building resilience among older people
€2,000
Roll out of befriending project to isolated elderly across specific areas in Cork

**Foroige**
National youth organisation working with 12 – 18 year olds
€5,000
Provision of positive MH programmes across 10 settings prioritised in West/South Cork

**Lesbian, Bisexual in Ireland (LINC)**
Developing family guides: Community Education Programme: subsidised counselling €4,000
Recommended - ensure link in with GLEN / TENI to ensure lack of duplication and utilisation of existing resources

**Cork Gay CDP Ltd**
Target gay/bisexual men
€1,500
Whole town anti homophobia Project

**Cork Gay CDP Ltd**
Target gay/bisexual men
€4,000
Develop programmes targeting LGBT youth & families to minimise damage

**YMCA Ireland**
Working with early school leavers; families and youth
€2,000
Suicide Prevention through STEP (early school leavers); PAKT (families) & Youth Information

**Youth Work Ireland**
Targeting young disadvantaged people
€500
Developing a programme for yp referred by Community Garda

**Wallaroo**
Target group vulnerable Asylum seekers
€1,000
Try to develop a mechanism for asylum seekers inclusion in community initiatives

**Clonakilty Friends of Seekers**
Supporting Asylum seekers access MHS
€2,000
Support and increased knowledge amongst asylum seekers of mental health services and integrated MH projects

**Fermoy Community Health project**
Building resilience & coping mechanisms in the community
€500
Create a "lantern of Hope" using various art mediums

**North east social satellite Network**
Developing mental health supports for older people
€2,000
Developing supports for older people in the east part of North Cork
Look Out Mallow
Promoting mental wellness for 15-18 year old students
€1000
Mental Health Wellness Exhibition in November 2014. Evidence base affirming event is an effective model for community engagement

Cobh FRC
Deliver full day workshops around multiple topics such as stress, self care etc
€4,500
Collaborative approach between Shine; Cobh FRC & HSE South Community Psychiatric Team to deliver full day workshops & activities to 40 participants

West Cork
Extremely isolated communities
€4,000
Develop an integrated model to suicide prevention in the west Cork peninsular areas using existing resources and acknowledging specific area issues such as isolation

Inspire Ireland
Helping young people aged 12-25 through tough times
€4,300
Regionalising Reachout.com through local brand champions; local coordinators for population of 8000

Smashing Times Theatre Company
Drama workshops and follow up for young people
€5,000
4 participative drama workshops and 4 follow up workshops for yp with counsellor present

Ger Reaney, Area Manager

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

“As funding for respite and residential provision in South Kerry has been significantly and disproportionately reduced in the past 5 years, to call on the HSE to immediately increase funding to provide the people in this area with an essential service that they are entitled to.”

Cllr John Joe Culloty

There has been no reduction in funding for residential and respite services for children over the past 5 years in South Kerry. In fact, the HSE can confirm that funding has increased considerably in that period of time.

Respite services for children with disabilities in Kerry are available through the following facilities:
St John of God Services currently provides respite services for children from “The Arches” in South Kerry and “Abhaile” in North Kerry. Resilience Ireland is contracted to provide respite and residential services for children with complex needs and challenging behaviour.

In October 2013 there was a reorganisation of children’s respite and residential services in Co. Kerry. This reorganisation was agreed to maximise the capacity of the service from within the available resources. St. John of God Services are now using “The Arches” primarily as a children’s residential service. There are three full time residential beds and one respite bed. During the past number of months, St John of God Services have reported difficulties with the provision of respite at “The Arches”. The challenges presented by a resident have impacted significantly on this service. An alternative placement has been identified for this young person and a transition plan is currently being agreed. Additional supports have been put in place to manage the situation in the interim, however, only minimal respite services can be provided until the young person in question moves to the alternative facility. Once this move has taken place it is envisaged that there will be two respite beds available at “The Arches”. This will represent a very significant increase in respite services in South Kerry.

The HSE will continue to work in partnership with the service providers in South Kerry to ensure that there is a reasonable and equitable amount of respite available to families with children with complex needs.

In relation to residential needs the HSE, in partnership with service providers, responds to emerging needs on an individual basis taking into account the individual circumstances.

Ger Reaney, Area Manager

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

“That this Forum calls on the HSE to make the provision of a 24 hour 7 day a week acute psychiatric unit for the County of Wexford a priority.

Wexford has a population of 146,000 people and is growing. In addition it has approximately 50,000 additional people in the summer time who are medium term holiday makers. The population of Wexford justifies its own acute unit and this would have the added benefit of releasing the pressure on the services in Waterford.”

Cllr. James Browne

A Vision for Change (VFC) is the National Strategy for Mental Health published in 2006, which sets out how mental health services should be structured and delivered in Ireland. The delivery of Mental Health Services have been transformed from the traditional hospital based model towards one which is community based delivered by
Community Mental Health Teams. This transformation in line with Vision for Change has involved the closure of old long stay institutions and moved towards the development and provision of modern, quality and responsive community based services.

A key priority for the HSE has been to reconfigure acute inpatient services in line with the recommendations of A Vision for Change. Following a Closure Order from the Mental Health Commission (the independent regulatory body for Mental Health Services in Ireland) in 2010, the Acute Mental Health Unit in St. Senan’s Hospital, Enniscorthy, Co. Wexford was amalgamated with the Waterford Mental Health Services. Acute inpatient services for the Waterford/Wexford area are provided for in a 44 bed Acute Inpatient Mental Health Unit in University Hospital, Waterford. Furthermore arrangements are in place whereby people who live in North Wexford, who attend Tara House Mental Health Services in Gorey and require acute inpatient admission have access to 5 beds Newcastle Hospital, Greystones, Co. Wicklow. Therefore the number of acute inpatient beds for the Waterford Wexford area is in line with the recommendations of Vision for Change.

In addition to support the amalgamation of acute mental health services a comprehensive €18m capital investment programme was implemented with the main developments taking place in Co Wexford as follows;

- Tara House Community Mental Health Centre in Gorey,
- Tus Nua, Rehabilitation Unit in Enniscorthy.
- Havenview and Millview Intellectual Disability and Rehabilitation Units, Enniscorthy
- Farnogue Psychiatry of Later Life Unit and Team Headquarters, Wexford.
- Upgrade of Summerhill Community Mental Health Unit, Wexford

In July 2014 a new purpose built 10 bed Respite Unit, An Tearmann, opened to provide 10 respite beds for people who are referred through their mental health community team for respite care.

The amalgamation of Waterford/Wexford Mental Health Services together with the development of community Mental Health Services, and the Capital development programme, has facilitated a reduction (by approximately 40% from March 2011 to present) in the need for acute admission to the Acute Inpatient Mental Health Unit at University Hospital Waterford.

In the current 2014 Service Plan Waterford/Wexford Mental Health Services has prioritised the following developments;

- Specialist Liaison Services – Extension of nurse led liaison services at Waterford Regional Hospital from 5 day to 7 day service (this has already taken place at Wexford General Hospital)
- Day Hospital Services – Extension of the Day Hospital in Waterford from 5 day to 7 day service (this is already available at Wexford, Enniscorthy and Gorey)
- Child and Adolescent Services – Appointment of the 4th Child and Adolescent Post for Waterford and expansion of the CAMHs teams in Waterford and Wexford
- Suicide Crises Assessment Nurse – SCAN Nurse to commence services in Waterford (SCAN services were developed in Wexford and are now being rolled out nationally)
• Advancing the implementation of the National Clinical Care Programmes via support, training, governance, coordination and leadership. These target Early Intervention in Psychoses, Eating Disorders and Deliberate self Harm/Suicidality
• Review of supported accommodation by examining Models of Care and updating individual Assessments of Needs
• Improving and enhancing the Governance Structure via engagement of all members of the Mental Health Services including service users, carers and families. This involves the Waterford/Wexford Consumer Panel which has a representative on the Catchment Management Team
• Development of services in association with key aspects of the National Suicide Prevention Strategy including enhanced working relationships with Primary Care.

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

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QUESTIONS

Question No 5 (a) on Agenda refers:

“To ask for a full update on South Doc in East Cork area, since the South Doc Scheme has being rolled out we have had no updates on how it is working or not working, bearing in mind if you don't live in Midleton area you have to travel to see a doctor after hours or weekends, this entails a 20 minute or more journey for sick and young and elderly. We need this looked at as a matter of priority.”

Cllr. Mary Lenihan Foley

Background
Established in 2001, SouthDoc is an Out of Hours GP Co-Operative which has a Service Level Agreement (SLA) with the HSE South. This SLA covers the provision of a family doctor service for urgent medical needs outside of normal surgery hours to circa 625,000 people living in counties Cork and Kerry.

SouthDoc also provides a service to the 3.3 million annual visitors to the Cork/Kerry region.

SouthDoc currently has a GP membership of approx 500 GPs. All doctors, with the exception of a very small area in Co Kerry, have taken up the opportunity of membership.

SouthDoc Service & Centres
SouthDoc has 26 treatment centres throughout a region of 14,000 sq. km.; 19 of the centres are fully staffed by either receptionists and/or drivers. SouthDoc also manages a fleet of 22 cars fully equipped to deal with home visit situations. The central communications hub of the service lies within the Call Centre located in Killarney, Co. Kerry and which is also the Administrative Headquarters of the organisation. In 2013 the Call Centre
processed approximately 200,000 patient contacts; given this level of contact it is vital that all aspects of the service operate at the highest level of efficiency.

Year to date the following is a breakdown of patients to the SouthDoc service:

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Advice</td>
<td>19,948</td>
</tr>
<tr>
<td>Home Visit</td>
<td>15,999</td>
</tr>
<tr>
<td>Nurse Advice</td>
<td>18,901</td>
</tr>
<tr>
<td>Telephone Contact</td>
<td>103,255</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>158,103</strong></td>
</tr>
</tbody>
</table>

**East Cork**
The service in East Cork was established in 2005 with doctors based at treatment centres and in cars for home visits or at an alternative treatment centre as demand requires.

For East Cork, the following referrals to Southdoc were responded to by local doctors (Nurse Advice filtered out)

<table>
<thead>
<tr>
<th>Service</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Doctor Advice</td>
<td>2,171</td>
</tr>
<tr>
<td>Home Visit</td>
<td>1,349</td>
</tr>
<tr>
<td>Telephone contact</td>
<td>11,540</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td><strong>15,060</strong></td>
</tr>
</tbody>
</table>

**Nature of Out of Hours Service**
SouthDoc is an appointment based out of hours family doctor service for urgent medical needs. Whether a patient receives a home visit or is asked to come to a treatment centre is determined by the clinical condition of that patient. When a patient makes contact with the service their details are taken by a receptionist. A Triage nurse then makes contact with the patient for an initial consultation/ assessment

There are five potential outcomes to the triage consultation.

1. Advice by the Nurse
2. Advice by the Doctor
3. Consultation at a Treatment Centre
4. Home Visit by a Doctor
5. Engage the emergency services.

Based on the consultation the patient may receive specific advice from either the Nurse or a Doctor. If appropriate a patient will be called for a consultation at a Treatment Centre or a home visit will be arranged; if necessary a decision will be made to engage the emergency services.

This structured and holistic approach to the out-of hours GP Services in the region provides a much more efficient and effective service than the various ad-hoc services that were available before the introduction of SouthDoc, whereby G.P.s were responsible for their own on-call service. At times this resulted in there being delays in response and risks to patient care and also a greater reliance on the Emergency Department in the Acute Sector.

The people of Midleton and surrounding areas can always be assured when they make initial contact with the Call Centre that their calls are dealt with based on their medical requirements by the highly trained and professional staff of SouthDoc.
The high utilisation of the SouthDoc service in the Midleton area indicates the confidence the patients have in the service and in particular the Doctors as outlined in the figures above.

In conclusion it is standard practice across the service that each call is dealt with on its own merits and it is the clinical condition of the patient that will dictate the type of medical intervention required and the place of consultation that is most appropriate. As all consultations are by appointment this makes for a more effective model of service delivery. Following a consultation with SouthDoc each patient’s record is sent to his/ her own GP and is available first thing the following morning thereby ensuring continuity of care for that patient.

If there is any issue in relation to the SouthDoc service this can be communicated directly to the General Manager, SouthDoc Service, Killarney, Co. Kerry who will address these in a timely manner and on an individual basis.

Ger Reaney, Area Manager

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Question No 5(b) on Agenda refers:

“Will step-down beds be available at Our Lady’s Hospital complex, Cashel over the coming months to relieve overcrowding at South Tipperary General Hospital, Clonmel?”

Cllr. Tom Wood

The HSE National Social Care Operational Plan 2014 outlines the priorities for Services for Older People. This involves a strong emphasis on home care and other community support services to enable older persons to live independently in their own homes for as long as possible and develop a more integrated sustainable model of care based on the principles of ‘money follows the patient’.

To support these priorities the HSE have aimed to maintain the existing level of home help services of 3.6m hours and to ensure that 2,425 people will continue to benefit from Home Care Packages in the HSE South.

Throughout 2014, the HSE has also maintained the current number of residential care units and beds. In South Tipperary, St. Patrick’s Hospital Cashel (which includes St. Anthony’s Unit, Clonmel) has a total complement of 134 beds (95 long term care, 21 rehabilitation, 18 respite beds).

Short stay beds will continue to be supported through using €10m available nationally to maintain the current level of short stay public bed provision. In South Tipperary short stay beds continue to provide palliative, respite and convalescence care in St Theresa’s Hospital Clogheen (18 beds currently open) and St Bridget’s Hospital Carrick-on-Suir (16 beds).
In shifting the emphasis of the model of care to home and community supports, €23m of funding from the Nursing Homes Support Scheme will be used to maintain additional people at home. There will be increased options available to support older people to remain at home including those with dementia who are at risk of admission to residential care. A service improvement process is also being rolled out as part of the 2014 Operational Plan to ensure that existing resources are maximised, are used in the best possible manner and to bring a renewed focus in the development of more integrated model of care between acute and community services.

The process above aims to help address delayed discharges in acute hospitals by ensuring all available resources are maximised and used in the most efficient manner.

To meet the increasing demand for health care and to deliver better quality care, management and clinical personnel from Acute and Community Services continue to actively work together in an integrated manner to resolve the issue of delayed discharges by identifying the most appropriate solutions within the available resources.

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

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Question No 5(c) on Agenda refers:

“Can the Chief Executive Officer, Cork University Hospital (CUH) provide assurance that the quality of the Laboratory services provided by CUH meet the highest clinical standards and best practice in quality control?”

Cllr John Sheehan

Overview
The CUH Laboratory service consists of 6 fully Accredited Multidisciplinary Diagnostic Departments that cater for a workload throughput of 10 million tests / annum. (8.5 million for Blood Sciences) and has a staff complement of 220. It is the support laboratory for HSE laboratories at Kerry General Hospital, Mallow General Hospital, Bantry General Hospital and also the voluntary hospital laboratory services at the Mercy University Hospital and the South Infirmary Victoria University Hospital. The Laboratory provides service for 24 different community based hospitals and clinics and provides for 80% of General Practice requirements in the HSE South West catchment area. In addition it supports strong academic and research and development links through UCC and CIT.

Laboratories at CUH have for many years been accredited by CPA an internationally recognised accreditation process and in 2014 were audited by INAB the new statutory regulatory and accrediting body for accreditation. The laboratories, with the exception of the Blood Bank which is already INAB accredited, were inspected in October and the inspectors have recommended full accreditation for the laboratories.
This represents an outstanding achievement for the laboratories and is an indication of the professionalism and resilience of the CUH laboratory staff and an acknowledgement of the excellent work done over many years and through many accreditation processes.

The process to achieve accreditation and to provide the highest standards of quality for patients is extremely detailed and set out in the appendix attached is a breakdown of the process in place in each of the laboratories that govern this process. The Executive Management Board of the Hospital is satisfied that this externally validated assessment and subsequent accreditation of the laboratories provides assurance as to the quality of work performed therein.

Gerry O’Dwyer, CEO, South/South West Hospital Group

Appendix 1 – CUH Laboratory Service

1. **CUH Laboratory Structure**

2.1 Laboratory Medicine
Laboratory Medicine at Cork University Hospital is situated on the ground floor of the main Cork University Hospital building and can be accessed via the ground floor of the main hospital building.

*The laboratory service is committed to the pursuit of excellence in all its activities and is committed to providing the highest quality of patient care.*

2.2 Service Users
Service users include the CUH Group; Cork University Hospital (CUH), Cork University Maternity Hospital (CUMH), Mallow General Hospital (MGH) Bantry General Hospital (BGH). Bantry and Mallow hospitals conduct testing for routine haematology, biochemistry and blood transfusion. Complex blood work, microbiological samples and tissue pathology samples are sent to CUH Laboratory Medicine for testing.

In addition to serving hospitals within the CUH group; other hospitals in Cork city refer tests to CUH. These are the Mercy University Hospital (MUH), St Finbarr’s Hospital and the South Infirmary Victoria Hospital (SIVUH). The Mercy University Hospital (refers some blood tests and all cytology and tissue pathology tests). The South Infirmary Victoria Hospital refers the majority of haematology (warfarin and some urgent FBC testing remains on site), all biochemistry, out-of-hours Microbiology and all cyto and tissue pathology.

Some complex blood tests and all Cytopathology samples are referred to CUH from Kerry General Hospital (KGH) for reporting. KGH has a large laboratory that processes the majority of its own work independently from CUH but with linkages and plans for further reconfiguration. All Mycology and Virology work from KGH is processed in CUH Microbiology.
General practitioners refer samples to CUH Laboratory Medicine. This work accounts for approximately 50% of blood work by volume.

Breakdown of samples by source approximate annual number of samples:

<table>
<thead>
<tr>
<th>Source</th>
<th>Haematology</th>
<th>Biochemistry</th>
<th>Pathology</th>
<th>Microbiology</th>
</tr>
</thead>
<tbody>
<tr>
<td>CUH</td>
<td>360137</td>
<td>233148</td>
<td>19,697</td>
<td>171,071</td>
</tr>
<tr>
<td>CUMH</td>
<td>32597</td>
<td>15549</td>
<td>679</td>
<td>19,200</td>
</tr>
<tr>
<td>MUH</td>
<td>6,669</td>
<td>5532</td>
<td>18,573</td>
<td>2,582</td>
</tr>
<tr>
<td>SIVUH</td>
<td>11,354</td>
<td>23458</td>
<td>16,185</td>
<td>1,195</td>
</tr>
<tr>
<td>BGH</td>
<td>11,261</td>
<td>5034</td>
<td>4,234</td>
<td>9,780</td>
</tr>
<tr>
<td>MGH</td>
<td>6,732</td>
<td>5275</td>
<td>3,312</td>
<td>8,092</td>
</tr>
<tr>
<td>KGH</td>
<td>1,340</td>
<td>306</td>
<td>144</td>
<td>27,030</td>
</tr>
<tr>
<td>GP</td>
<td>768,501</td>
<td>457028</td>
<td>3191</td>
<td>154,821</td>
</tr>
</tbody>
</table>

2. **Laboratory Departments**

There are 5 Departments within CUH Laboratory Medicine whose main activities are described below.

**Department of Blood Transfusion**

The department is involved in collection, testing, processing, storage, and distribution of human blood and blood components. CUH Blood transfusion laboratory is currently compliant and accredited by INAB to the ISO15189:2007 standards since 9th September, 2008.

2.2 **Department of Clinical Biochemistry**

Clinical Biochemistry is a consultant led service that provides a diagnostic, analytical and interpretative service for a large range of analytes in body fluids. Clinical Biochemistry deals with the biochemical basis of disease and the use of biochemical tests for its diagnosis, prognosis, screening and management. The laboratory provides a reliable analytical service and advice on the management of patients with metabolic disturbances. Tests provided include:

a. Routine Clinical Biochemistry e.g. liver, renal, cardiac, bone, glucose
b. Lipids, e.g. cholesterol, triglycerides, lipoproteins
c. Endocrinology, e.g. thyroid function, infertility testing, pituitary disorders
d. Specific proteins, e.g. immunoglobulins, allergies, acute phase proteins
e. Therapeutic drugs
f. Cardiac markers
g. Toxicology
h. Molecular Genetics/Haemochromatosis

As well as routine diagnostic work, the Department is actively involved in teaching students of medical science, science, and medicine. The Department has research and teaching links with the Departments of Medicine and Pathology of UCC and with Cork
Institute of Technology Biological Sciences Department. The Laboratory is involved in collaborative research with clinical colleagues, international collaborators in the EU IST framework and postgraduate research is also carried out. Staff members contribute as lecturers and project mentors to the UCC/CIT MSc. in Biomedical Sciences. The Royal College of Pathologists recognises the department for higher specialist training in Clinical Biochemistry.

2.3 Department of Clinical Microbiology
Clinical Microbiology is a consultant delivered service that offers a comprehensive range of diagnostic services in routine Bacteriology, Mycobacteriology, Mycology, Parasitology, Serology, Virology and Molecular Diagnostics as well as consultation in microbiology, infectious diseases and antibiotic utilisation and provision of statistical and cumulative data for infectious disease monitoring. The medical team is available at all times for consultation on any aspect of microbiology and infection control.

In addition to diagnostic services, education and training are an integral part of the daily routine of the department, with established links to the Medical and Science Faculties at University College Cork and the Biological Sciences department of the Cork Institute of Technology. The laboratory is also involved in teaching both medical and biomedical science students and is involved in collaborative research work with clinical colleagues. The Department is accredited by the Royal College of Pathologists for specialist training in Clinical Microbiology.

2.4 Department of Haematology and Coagulation
The Haematology Department is a consultant led service that provides a comprehensive range of laboratory tests and clinical support for the management of haematological disorders. Services provided include:

a. Haematology: Consisting of FBC and differential, Reticulocyte Counts and NRBCs used in the investigation of anaemias, infections, thrombocytosis, thrombocytopenia, leukaemia and other malignant disorders and malaria screening and identification.
b. Coagulation: Coagulation investigations include those for inherited and acquired bleeding and thrombotic disorders as well as monitoring of anticoagulation therapy and some platelet abnormalities.
c. Flow Cytometry-Immunophenotyping: Investigations are performed on mononuclear cell populations to determine the immune status of patients. Malignant white cells are investigated in Leukaemia/ Lymphoma detection and classification.
d. Bone Marrow Investigations: Bone marrow investigations are undertaken when investigating patients for Leukaemia, Lymphoma, Myelodysplasia, Myeloma, Myelofibrosis and Platelet abnormalities.
e. Haematinsics: For the investigation of nutritional anaemias including the analysis of Vitamin B12, Folate, Ferritin and Intrinsic Factor antibodies.
f. Haemoglobinopathy Screening to investigate Thalassaemia, Sickle cell anaemia and Haemoglobin Variants and Glycosylated Haemoglobin for diabetic monitoring.
Haematology is a regional laboratory service. In addition to stat and urgent service provision to the theatres, day services, cancer care and accident and emergency departments of CUH/CUMH. The laboratory accepts samples from Cork Dental Hospital, other citywide hospitals which have no laboratory facility (e.g. St. Finbarr’s Hospital) and General Practitioners. The Haematology laboratory is the referral laboratory for other HSE-South hospitals Bantry and Mallow and Kerry General Hospital, in which full range of testing is not available. The laboratory serves a catchment area of just over 450,000 for non-routine testing.

In addition to the diagnostic services provided, education and training are an integral part of the daily routine within the laboratory with established links to the Medical and Science faculties at UCC and the Biological Sciences department of the Cork Institute of Technology (CIT). Members of staff regularly teach at both institutions. In addition an Irish Committee of Higher Medical Training/Royal College of Pathologists approved structured training programme for Non Consultant Hospital Doctors (NCHDs) is well established within the laboratory as are trainee medical scientist programmes approved by the Academy of Medical Laboratory Science. The laboratory is also involved in both intradepartmental and collaborative research.

2.5 Department of Pathology
Pathology is a consultant led service that provides a comprehensive, range of services which includes Diagnostic Histopathology, Immunocytochemistry, Direct Immunofluorescence, Electron Microscopy, Diagnostic Cytopathology, Neuropathology Perinatal and Post mortem service.

In 2009 the combined NCCP Symptomatic / BreastCheck Pathology Service opened at the Histopathology Laboratory CUH to coincide with the opening of the designated Cancer Centre South at the hospital. This was in line with the National Cancer Control Strategy.

In 2010 under the HSE-South Reconfiguration Plan for Cork and Kerry, the laboratory merged with the Histopathology laboratory at the MUH with all services transferred to the existing site at CUH thus creating the largest Histopathology laboratory in the Republic of Ireland.

Neuropathology provides a comprehensive, range of services which includes Diagnostic Neuropathology, Immunocytochemistry, Direct Immunofluorescence, Electron Microscopy and a Post Mortem service.

Cytopathology provides a rapid service for a wide range of exfoliative and aspirate samples and offers FNA service for aspiration of palpable lumps. This clinic is open to GP access.

In addition to the diagnostic services provided, education and training are an integral part of the daily routine within the laboratory with established links to the Medical and Science faculties at UCC and the Biological Sciences department of the Cork Institute of
Technology (CIT). An Irish Committee of Higher Medical Training/Royal College of Pathologists approved structured training programme for NCHDs is well established within the laboratory as are trainee medical scientist programmes approved by the Academy of Medical Laboratory Science. Lean Methodology is being introduced within the Department. The laboratory is also involved in both intradepartmental and collaborative research.

3. Laboratory Quality Programme
The laboratory service at CUH is committed to meeting the needs and requirements of our service users by providing a diagnostic and consultative service that meets the highest standards of good professional practice. The laboratory provides blood transfusion, clinical biochemistry, cytopathology, haematology, histopathology, immunology, microbiology and neuropathology services.

3.1 Quality Policy
Our Quality Policy is geared towards meeting our service user's expectations in full. While meeting this primary policy objective, we will also endeavour to ensure that operations are conducted economically and effectively. The Quality Policy is established by the senior management and is approved by the Clinical Director.

The main role of the quality policy is to:
- Communicate the organisation’s commitments and aspirations with regard to quality, and to define principal objectives for the quality management system.
- The quality policy is considered appropriate to, and consistent with, the purpose of the organisation.
- The quality policy provides a framework for establishing specific quality objectives, and provides direction for continual improvement.
- It is the established policy of the laboratory service to operate a Quality Management System in compliance with the requirements of ISO 15189.

3.2 Quality Management System
Through the creation of a quality manual laboratory management provides documentary evidence of the existence of a quality management system. Laboratory management implements, maintains and continuously improves the effectiveness of this quality management system in accordance with the requirements of International Standard ISO 15189:2012.

The quality management system is designed as a series of interrelated processes. A description of the interaction between all processes required to fulfil the quality
management system’s quality policy and objectives and meet the needs and requirements of the users is provided in Figure 1.

**Figure 1: Process-based laboratory quality management system**

The model shown in Figure 1 can be described as follows:

- The service user has requirements that are formulated in consultation with laboratory management (the request) and the laboratory responds by carrying out pre-examination, examination and post-examination processes to produce a report for the user.
- The clinician then uses the service’s output (results and interpretive comments etc) to make diagnostic and treatment decisions for the patient.
- The laboratory management creates a quality system (organisation and quality management system) and uses resources, staff, equipment etc. (resource management) to carry out pre-examination, examination and post-examination processes to fulfil the requirements of the user.
- All aspects of the quality system are continually evaluated and improvements made as appropriate (evaluation and continual improvement).

### 3.3 Continual Improvement

Management system, including the pre-examination, examination and post-examination processes, through the use of the Quality Policy, quality objectives, audit results, analysis of data, Corrective Action and Preventive Actions (CAPA) and management reviews.

The procedure for continual improvement, PPG-CUH-PAT-1707, defines the process ensuring that:
a) improvement activities are directed at areas of highest priority based on risk assessments;
b) action plans for improvement are developed, documented and implemented, as appropriate;
c) the effectiveness of the actions taken is determined through a focused review or audit of the area concerned (see also 4.14.5);
d) improvement plans and related goals are communicated to staff improvement plans and related goals.

3.4 Control of Records
The laboratory has established and maintains a Control of Records procedure, PPG-CUH-PAT-15, for the identification, collection, indexing, access, storage, maintenance, amendment and safe disposal of quality and technical records.

Quality Records include reports from supplier selection and performance, internal and external audit reports, complaints and actions taken, records of management reviews, minutes of meetings that record decisions made, nonconformities identified as well as subsequent corrective and preventive actions etc.

Technical records include staff records, request forms, records of sample receipt, reagent records, instrument printouts, maintenance records, quality control records, EQA results, examination reports etc. The records for each examination contain sufficient information to establish an audit trail.

Observations, data and calculations that affect the quality of the examination are recorded at the time they are made and are identifiable to a specific examination.

Amendments to records are made so as not to obscure or delete the previous data entry. All alterations are signed or initialled by the person making the correction with the date and, where relevant, the time of the amendment (see 5.9.3). In the case of records stored electronically, equivalent measures are taken to avoid loss or change of original data.

Retention times for records are established and followed. Senior management defines the time period that various records pertaining to the quality management system, including pre-examination, examination and post-examination processes are to be retained. The retention times for storage of records are consonant with current legislation, regulations and guidelines.

All records are legible and retained in such a way that they are readily retrievable in facilities that provide a suitable environment to prevent damage, deterioration or loss. All records are held securely to prevent unauthorised access (see 5.2.6).
4. **Evaluation and Audits**

4.1 **General**
Laboratory management recognises the ongoing evaluation and audits are essential to demonstrate that the service provided consistently meets the needs and requirements of users, to ensure conformity to the quality management system and to continually improve the effectiveness of the quality management system.

The procedures outlined below are established to allow evaluation and audit of the quality of service provided. The results of evaluation and improvement activities are included in the input to the management review:

**Review input**
Inputs to management reviews include information from the results of evaluations of the following:

a) The periodic review of requests, and suitability of procedures and sample requirements
b) assessment of user feedback
c) staff suggestions
d) internal audits
e) risk management
f) use of quality indicators
g) reviews by external organisations

h) results of participation in interlaboratory comparison programmes
i) monitoring and resolution of complaints (see 4.8);
j) performance of suppliers

k) identification and control of nonconformities results of continual improvement including current status of corrective actions and preventive actions follow-up actions from previous management reviews;
l) changes in the volume and scope of work, personnel, and premises that could affect the quality management system;
m) recommendations for improvement

4.2 **Periodic Review of requests, and suitability of procedures and sample requirements**
Authorised personnel periodically review the examinations provided by the laboratory to ensure that they are clinically appropriate for the requests received. The laboratory periodically reviews its sample volume, collection device and preservative requirements to ensure that neither insufficient nor excessive amounts of sample are collected and the sample is properly collected to preserve the measurand.

4.3 **Assessment of User Feedback**
As an integral measure of quality, the laboratory monitors information relating to users’ perception as to whether the service provided meets their needs and requirements. The
laboratory conducts annual user satisfaction surveys. Survey results are compiled and analysed and records are kept of information collected and actions taken. Conclusions are presented and discussed at management review meetings.

4.4 Staff suggestions
All staff are encouraged to make suggestions for the improvement of any aspect of the laboratory service. All staff suggestions are raised though Q-Pulse in accordance with the Change Control procedure, PPG-CUH-PAT-2. Suggestions are evaluated, implemented as appropriate and feedback provided to the staff. Records of suggestions and action taken by the management are maintained.

4.5 Internal Audit
The laboratory conducts internal audits at planned intervals to determine whether all activities in the quality management system, including pre-examination, examination, and post-examination:
  a) conform to the requirements of this International Standard and to requirements established by the laboratory, and
  b) are implemented, effective, and maintained.

The internal auditing cycle is one calendar year. Internal audits are conducted according to a preset schedule which is recorded on Q-Pulse. The schedule is set so that it is not necessary to cover in depth all elements of the quality laboratory system as the laboratory may decide to focus on a particular activity without completely neglecting the others. Selected activities may be audited more frequently, depending on their importance and quality performance history.

The audit programme takes into account the status and importance of the processes and technical and management areas to be audited, as well as the results of previous audits. The audit criteria, scope, frequency and methods are defined and documented.

All auditors are trained prior to performing audits. The selection of auditors ensures the objectivity and impartiality of the audit process. Audits are, whenever resources permit, carried out by personnel who are independent of the activity to be audited.

The laboratory has established and implements a procedure for Internal Audits, PPG-CUH-PAT-5, that defines the responsibilities and requirements for planning and conducting audits, and for reporting results and maintaining records (see 4.13).

Audit findings are brought to the attention of the responsible manager for the area or activity. The responsible manager ensures that appropriate action is promptly undertaken when nonconformities are identified. Corrective action is taken without undue delay to eliminate the causes of the detected nonconformities (see 4.10).
4.6 Quality Indicators
The laboratory has established quality indicators to monitor and evaluate performance throughout critical aspects of pre-examination, examination and post-examination processes. Examples include turnaround times, sample reject rates and the reporting of significant unexpected findings. In addition, quality indicators are established to monitor non-examination procedures to provide valuable management insights, e.g. monitoring the effectiveness of the document control system.

The quality indicator programme is planned, in accordance with the Quality Indicator procedure, PPG-CUH-PAT-19, which includes establishing the objectives, methodology, interpretation, limits, action plan and duration of measurement. When appropriate, trends are monitored over time to evaluate any deviation from the baseline. To ensure their continued appropriateness, Quality Indicators are reviewed as part of the management review process.

The laboratory, in consultation with the users, establishes turnaround times for each of its examinations that reflect clinical needs. The turnaround times for each examination are provided in the Laboratory Medicine User Handbook, PPG-CUH-PAT-31. Test turnaround times are monitored, recorded and reviewed by each Department. When necessary, corrective action is taken to address any problems identified.

4.7 Reviews by External Organisations
The laboratory has established and maintains a procedure for Review by External Organisations, PPG-CUH-PAT-20. When reviews by external organisations indicate the laboratory has nonconformities or potential nonconformities, the laboratory takes appropriate immediate actions and, as appropriate, corrective action or preventive action to ensure continuing compliance with the requirements of this International Standard (see section 4.9 and 4.10). Records are kept on Q-Pulse of the reviews and of the corrective actions and preventive actions taken.

n) results of continual improvement (see 4.12) including current status of corrective actions (see 4.10) and preventive actions (see 4.11);

o) follow-up actions from previous management reviews;

p) changes in the volume and scope of work, personnel, and premises that could affect the quality management system;

q) recommendations for improvement

The above list is not to be considered limiting; management will use whatever informational resources are relevant and available for Quality Management System review purposes.

4.8 Review activities
The review analyses the input information for causes of nonconformities, trends and patterns that indicate process problems.
This review includes assessing these opportunities for improvement and the need for changes to the quality management system, including the quality policy and quality objectives. The quality and appropriateness of the laboratory's contribution to patient care is, to the extent possible, also objectively evaluated.

Review output
Outputs from the management review are incorporated into a management review report that documents any decisions made and actions taken related to:

a) improvement of the effectiveness of the quality management system and its processes;
b) improvement of services to users;
c) resource needs.

Findings and actions arising from management reviews are recorded and reported to laboratory staff. Management ensures that actions arising from management review are completed within an appropriate and defined timeframe.

4.9 Training
The laboratory service has a documented and comprehensive training programme to ensure that individuals have the knowledge, skills and abilities needed to perform examinations in each Department.

All personnel participate in the training programme in order to maintain a high level of competency. Laboratory management formulate goals with respect to training of laboratory personnel. The training required for each position is defined by individual roles, responsibilities and job descriptions. The management also identifies training needs and provides such training as required. Approved training plans are appropriate for the examinations performed and are as required by laboratory management. The following elements are included in the training plan;

a. the quality management system,
b. assigned work processes and procedures,
c. the applicable laboratory information system,
d. health and safety, including the prevention or containment of the effects of adverse incidents,
e. ethics
f. confidentiality of patient information.

The effectiveness of the training programme is periodically reviewed for relevance to the present and anticipated tasks. The effectiveness of the training is evaluated by completion of competency testing and/or feedback from students.
Question No 5(d) on Agenda refers:

“To ask the HSE what medical and surgical provision is made for children in the HSE South (and Cork in particular) for children who suffer with spinal disorders such as Scoliosis or curvature of the spine, the number of children presenting with such conditions, the number and locations of available consultants, the number of children awaiting surgery, the average length of time waiting for surgery and what measures are being taken to ensure that children waitlisted for surgery in Our Lady’s Children’s Hospital Crumlin are seen in a timely and efficient manner and if there are any plans to introduce surgery for such conditions in Cork?”

Cllr John Buttimer

Scoliosis is a deformity of the spine usually having its onset in childhood or adolescence. Neurofibromatosis is just one of a number of causes of this spinal curvature.

Scoliosis and deformity surgery (Paediatric and young adult) in general is not provided on a regional basis. These patients are referred to the spine service in Dublin. (OLH, Crumlin or Temple Street).

The issue regarding waiting times for deformity surgery for children and young adults has been highlighted frequently by the Orthopedic Surgeons in Crumlin and is presently the subject of discussion at national level and for inclusion in the National Service plan for 2015.

We have been in discussion with the National Paediatric Hospital following local representations. One of our consultants from the South/South West Hospital Group is part of the group that is involved in the development the National Model of Care for Spine Surgery services into the future. This document is still at a draft stage and will be finalised early in the new year. It is envisaged that because of the nature and complexity of this type of surgery that it will continue to be provided only at the national centers in Dublin.

Gerry O’Dwyer, CEO, South/South West Hospital Group

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Question No 5(e) on Agenda refers:

“As there is an embargo in recruitment in the HSE South have there been any promotions, pay increases or bonuses given to management staff in the past two years?”

Cllr. John Joe Culloty

Following on from discussions and subsequent understandings between the HSE and the various trade unions and staff representative bodies which took place under the auspices
of the Haddington Road talks, the Haddington Road Agreement allowed for a mechanism to stabilise the workforce and eliminate acting arrangements.

HSE HR Circular 017/2013 refers to the regularisation of acting posts in that any post which a staff member was acting-up on a continuous basis for at least 2 years as at 31st December 2012 was regularised in the post on a cost and wte neutral basis. This process encompassed all grades.

The provisions of Circular 10/71 or other preferential arrangements for starting pay on promotion did not apply in respect of any posts filled under this initiative. Any post filled from this process had a starting pay determined by way of the value of any allowance received added to the basic rate and rounded to the nearest point not below on the new scale. No retrospection was considered and no incremental credit was given for the period spent acting where the individuals processed on the higher scale during the course of their acting.

There are also instances of staff who applied for competitions advertised through the National Recruitment Services and who were successful following interview for posts at a higher grade.

Salaries are paid in compliance with the Department of Health Consolidated Salary Scales and increments are applicable under the normal organisational arrangements.

The payment of bonuses does not apply in the HSE.

Tess O’Donovan, Assistant National Director of HR, HSE South

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Question No 5(f) on Agenda refers:

“To ask the HSE how many HSE orthodontists are based in the County of Wexford. How many of these are permanent. Are there currently any vacant posts and if so when will these be filled. How many people resident in Wexford are currently on the waiting list for treatment from an orthodontist: how many of these are on the waiting list for over 1 year, 2 years and 3 years. How long has the person who is currently the longest waiting on the list been waiting.”

Cllr. James Browne

In the South East Area, the HSE provides a Regional Orthodontic Service which is Consultant led and based at University Hospital Waterford to cover orthodontic services for Waterford, Wexford, Carlow/Kilkenny and South Tipperary.

Following the retirement of the South East Regional Consultant Orthodontist, and the ensuing national recruitment process, a new permanent Consultant Orthodontist was appointed and commenced duty on 18th November 2013.

Patients are referred for orthodontic assessment by the Primary Dental Care Service. The orthodontic assessment is carried out by an Orthodontist and eligibility for a public orthodontic treatment place is determined against a set of national clinical guidelines issued by the Department of Health and Children. Children are classified by severity of
need and patients with greatest needs are given priority. Given the nature of orthodontic care, immediate treatment is not always desirable and a number of cases have to wait for further growth to take place before treatment can commence.

As with other health service areas there has been increased demand for dental and orthodontic services throughout the South East.

The Consultant Orthodontist has been working with the Orthodontic Specialists/Staff to reduce the backlog of patients in the South East waiting for assessment. Overall activity in the Orthodontic service has increased significantly in 2014 compared to 2013. However this does have an impact elsewhere in the service, as with increased assessments, greater numbers are being added to the treatment waiting lists leading to increased numbers of those patients assessed as Grades 4 and 5 waiting for treatment. This is likely to continue to increase as the Consultant Orthodontist concentrates on the throughput of the assessment clinics.

The waiting list for routine Orthodontic treatment is 44 months in the South East region. Every effort is and will continue to be made to reduce waiting times for treatment in the South East Regional Orthodontic Service. The Consultant Orthodontist works in association with all staff to maximize their clinical time so that the target for patients undergoing active treatment may improve.

**Orthodontic Services in Wexford**

There is one Orthodontic Clinician at Senior Dental Surgeon level based in Wexford for 4.5 days per week with supervision support from the Consultant Orthodontist. There is also a Specialist Orthodontist providing services to Wexford patients 1 day per week. The Consultant Orthodontist also provides services in Wexford 1 day per week.

Both the Consultant Orthodontist and Senior Dental Surgeon are permanent, whilst the Specialist Orthodontist is employed on a sessional basis. At present there are no vacant posts within the Orthodontic Services in the South East (including Wexford).

**Wexford - Waiting List for Orthodontic Treatment**

The total number of patients in Wexford currently waiting for treatment is 408 and the breakdown of the waiting times are outlined in the following table:

<table>
<thead>
<tr>
<th>Waiting Time</th>
<th>Number of Patients</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 year</td>
<td>181</td>
</tr>
<tr>
<td>1 to 2 years</td>
<td>48</td>
</tr>
<tr>
<td>2-3 years</td>
<td>115</td>
</tr>
<tr>
<td>3 years plus</td>
<td>64</td>
</tr>
</tbody>
</table>

The longest waiting time is January 2011.

The HSE continues to monitor this situation on an ongoing basis and will explore all possible options within resources available in order to try and improve service provision.

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

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MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2014
MINUTES OF FEBRUARY 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 20th February 2014 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn - Chairperson                 Cllr. Tom Maher
Cllr. Pat Burton                                   Cllr. Martin Murphy
Cllr. John Buttimer                                Cllr. Barbara Murray
Cllr. John Carey                                   Cllr. Dr. Sean McCarthy
Cllr. Timmy Collins                                Cllr. Arthur McDonald
Cllr. Catherine Connery                            Cllr. Bobby O’Connell
Cllr. Tom Cronin                                   Cllr. Frank O’Flynn
Cllr. John Joe Culloty                             Cllr. Laurence (Cha) O’Neill
Cllr. Tony Dempsey                                 Cllr. John O’Sullivan
Cllr. Declan Doocey                                Cllr. Hilary Quinlan
Cllr. Wayne Fennell                                Cllr. Mary Shields
Cllr. Matt Griffin                                 Cllr. Jerry Sullivan
Cllr. Mary Hanna Hourigan                          Cllr. Martin Storey
Cllr. Denis Kennedy                                Cllr. Jim Townsend
Cllr. Michael Kinsella                             Cllr. Gillian Wharton-Slattery
Cllr. Tim Lombard – Chairperson                    Cllr. Sean Lonergan
Cllr. Sean Lonergan

Apologies:
Cllr. Brendan Cronin
Cllr. Seamus Ryan

In Attendance:

- Mr. Gerry O’Dwyer, Regional Director of Performance and Integration (RDPI)- South
- Mr. Richie Dooley, General Manager, South East Acute Services
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Eithne McAuliffe, Manager, Kerry Community Services
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Tess O’Donovan Assistant National Director (AND) HR, HSE South
- Ms. Angie O’Brien, Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff
1. **Adoption of the Minutes of meeting held on 14th November 2013**

The Minutes of the Forum meeting held on Thursday 14th November 2013 were approved by Cllr. Tom Maher and seconded by Cllr. Gerry O’Sullivan.

2. **Chairperson’s Correspondence**

Cllr. Tim Lombard, Chairperson, welcomed members and managers to the meeting. Members were asked to turn off their mobile phones as these interfere with the Audio system in the Chambers.

Mr. Gerry O’Dwyer, RDPI, HSE South, gave a brief report on the pending changes in the HSE Organisational Structure and advised members that they would be briefed regularly as changes are being made. He reassured members that the Area Managers were remaining in post and still remain their links for communication on all matters relevant to their area.

Mr. O’Dwyer also updated members on the Influenza outbreak at CUH and advised of the restrictions that are currently in place to prevent a spread of the virus. He stated that a media briefing had been prepared and this would be circulated to members for their information. Mr. O’Dwyer reassured members that the seasonal flu injection protects against the H1N1 virus and that appropriate precautions are being taken in all areas.

3. **Presentations on National Service Plan**

Standing Orders were suspended for this meeting with the agreement of the Chairman to facilitate discussion on the Service Plans for 2014. Cllr. Lombard advised that Mr. O’Dwyer would commence with a presentation an overview of the National Service Plan and Divisional Operation Plan with the Area Managers presenting on the specifics of the Division Operational Plan for their own area.

- **Presentation by Mr. Gerry O’Dwyer, RDPI, on National Service Plan (NSP) and Divisional Operation Plans:**

Mr. O’Dwyer commenced by advising members that the National Health Service Budget is €12,583.650m with a national workforce of approximately 98,000 staff. Services are now organised by Division as follows:- Mental Health led by Mr. Stephen Mulvanney, Primary Care led by Mr. John Hennessy, Acute Hospitals led by Dr. Ian Carter, Health & Wellbeing led by Dr. Stephanie O’Keeffe and Social Care led by Mr. Pat Healy. The themes embedded in each Operation Plan include Quality and Patient Safety, Health Ireland – A framework for Improved Health and Wellbeing 2013-2025, Promoting staff as a valuable resource and building on expertise, Performance Management culture and ensuring the delivery of sustainable health services.

The transition of services to the new model of management is underway with the 1st March 2014 as a key date for the establishment of the HSE Directorate and Divisions. The key messages for the transition period include maintaining service levels, quality and patient safety; work with Clinical Directorates and renewed focus on access to services.
The total budget for the HSE South for 2014 is €1,635.512m with details provided of the breakdown between Care Group, Hospital and Integrated Service Area (ISA). There were a number of budget adjustments including Haddington Road Agreement (HRA) and other pay cuts, Income Legislation Targets and others. The employment ceiling at December 2013 for the HSE South is 19,977 staff.

- **Presentation by Ms. Tess O’Donovan, AND, HR, HSE South**

Ms. O’Donovan advised members of Government policy to reduce public service numbers and the implications for the HSE South will be a nett reduction of 2,600 Whole Time Equivalents (WTE) staff members during 2014 across the HSE nationally to meet our target. These reductions will be in addition to the overall reductions of 12,505 WTEs since September 2007. Ms. O’Donovan stated the Haddington Road Agreement (HRA) is the key enabler to further reduce the cost of labour, deliver cost reductions and payroll savings and to continue to manage the change agenda in 2014. She added that HRA must be carefully and tightly managed to ensure delivery of services within budget and WTE allocations whilst also maintaining front-line services.

- **Presentation by Mr. Ger Reaney, Area Manager, Cork Community Services**

Mr. Reaney stated that the total budget for Cork PCCC is €443.28m, broken down between the different Care Groups. In the area of Mental Health there has been significant enhancement of services in the last two years with a large number of additional development posts in 2012 and further posts in 2013. These posts come about from the implementation of Vision for Change and will facilitate a move from treatment in acute centres to Home-based Treatment Teams and Day hospitals operating a 7 day service. There are significant plans in the area of Suicide Prevent including the rollout of programmes e.g. Assist and SafeTALK courses; the development of a Suicide Resource Forum, appointment of a Suicide Crisis Assessment Nurse and the appointment of addition Self Harm Consultant along with two Clinical Nurse Specialists (CNS).

In the Primary Care setting, the enhancement of Primary Care Teams (PCT) will continue with additional posts being approved, new Primary Care Centres opening in Kinsale and Carrigtwohill and GP access to diagnostics in Mitchelstown Primary Care Centre. Mr. Reaney confirmed that all of Cork and Kerry are now covered by the SouthDoc Out of Hours GP services.

Mallow Primary Care Centre is the nominated pilot site for the National Standards for Safer Better Healthcare development initiative with a number of other Primary Care Centres participating in a Community Health Needs Assessment as part of the Healthy Ireland programme. Mr. Reaney updated members on Social Inclusion initiatives and service priorities for Health & Wellbeing in 2014. With regard to Social Care, the key message for Older People’s Services is that Home Help Services will be maintained at their current level. There is a similar message for Residential Services for Older People with beds being maintained at current levels. The HSE will be working with HIQA to ensure there are plans in place for all Community Hospitals to meet the required standards in 2015.

With regard to Disability Services, Mr. Reaney confirmed that 23 clients are to move from institutional care settings to community places to ensure the delivery of a more person-centred care programme. The Assessment of Needs (AON) under the
Disability Act continues to be a challenge as Cork has the highest referral rate in the country at present. The levels of Personal Assistant (PA) and Home Support Hours will be maintained at their current level.

- **Presentation by Ms. Eithne McAuliffe, Manager, Kerry Community Services**

Ms. McAuliffe informed members that the total budget for the Kerry Community Services area is €152,961 giving details of the breakdown between Care Groups. The service priorities for Social Care are to maintain the existing levels of services in the area of Home Help, Personal Assistant and Home Support. The management will continue to consolidate the Children’s Network Disability Teams in their new geographic model of service and focus will be maintained on meeting the requirements under the Disability Act regarding Assessment of Need.

In the area of Mental Health, Ms. McAuliffe outlined the how the Development Funding was spent with a number of additional posts being approved since 2012 and the continued development of services including the establishment of a Home Treatment Team in South Kerry, an Old Age Psychiatry Team and the implementation of Clinical Care programmes across a number of services.

- **Presentation by Ms. Anna Marie Lanigan, Area Manager, Carlow/Kilkenny, South Tipperary, Wexford and Waterford PCCC and St. Luke’s Hospital, Kilkenny**

Ms. Lanigan provided members with the breakdown of the budget per Care Group in each of the Community Services areas with the total budgets being:

- Carlow/Kilkenny €118,034
- South Tipperary €71,304
- Waterford €94,882
- Wexford €76,763

The focus of development of Primary Care services in 2014 will include the implementation of the Quality & Safety Framework; the further development of ICT within Primary Care; the appointment of Primary Care Development Staff; continued work on Mental Health and Primary Care Joint Initiatives; the rollout of the X-Pert Diabetes Programme and the development of Audiology Services as per national care pathways.

With regard to individual PCCC areas, Ms. Lanigan detailed the following:

- Carlow/Kilkenny/South Tipperary – the development of an e-Health Ecosystem with the national pilot site based here; the further development of Community Intervention Teams; the implementation of Community Health Needs Assessments; the implementation of Chronic Disease Management programmes in Primary Care Teams; the further expansion of Primary Care Initiatives including Parenting Programmes, Obesity Management.
- Waterford/Wexford – the implementation of Community Health Needs Assessments in 4 Primary Care Teams, filling the Integrated Care Diabetes Nurse Specialist Role and the continued development of the Disability Services Children and Young People 0-18 Programme
Health and Wellbeing Services will continue to extend the Tobacco Free Campus initiative across all HSE facilities; continued focus on Child Health Screening and Development and Governance and Immunisation Services; 10 schools in Kilkenny taking part in Bone Health Promotion Initiative. The focus for Social Inclusion includes continuing to improve health outcomes for people with addictions; the further development of the Homeless Action Teams; Enhance the Care and Case Management of Homeless Persons and work to continue to improve health outcomes for members of the Traveller Community in accordance with the All-Ireland Traveller Health Study.

Under the Social Care heading, work will be undertaken to realign the model of care in Home Care and Community Support Services. This will include the introduction of Intensive Home Care Packages with a national allocation of €10m; the development of Transitional Care and Rehabilitation with a national allocation of €3m and work to maintain the current level of short stay beds with a national allocation of €10m. For each of the national allocations, bids have been submitted to secure some of the national funding.

The key focus of Older Persons Services will be to maintain the existing Home Help hours and Home Care Packages and the continued deliver of Respite Services in the Home in the Carlow/Kilkenny area. The Single Assessment Tool (SAT) which is a comprehensive IT Health and Social Care Needs Assessment Tool, will be rolled out in the Waterford area with up to 50 staff receiving training. Work continues with the Estates department in preparation for the HIQA Environmental Standards 2015 and the Design Team have been appointed to commence working on the Community Nursing Unit at St. Patrick’s Hospital. There will be continued focus on Keeping Older People Well with the implementation of “Protecting our Future – Report on the Working Group on Elder Abuse”. The governance arrangements in Community Hospitals is changing with a clustering arrangement being rolled out, this means that one Manager will be responsible for a number of Community Hospitals.

With regard to the Disability Services and “Time to Move on from Congregated Sessions” Report, work will continue with the move of a number of Service Users in the south east area. Efforts continue to ensure that all School Leavers are placed in appropriate services with additional funds allocated nationally to support this work. Services in the south east are currently in the consultation phase to reconfigure Disability Services for Children and Young People with a Local Implementation Group being appointed. There will be no reduction in the level of Home Support and PA hours and the standardised Assessment of Needs process will continue.

In the Mental Health services, work will continue on the development of the Community Mental Health Teams with the appointment of a number of additional posts. There will be further development of the Suicide Prevention Services with local Action Plans being implemented; the appointment of a Suicide Crisis Assessment Nurse; roll out of annual Training Plan on Suicide Prevention and the extension of the Child and Adolescent Bereavement Support Service.

Ms. Lanigan update members on St. Luke’s Hospital Kilkenny (SLK) advising that the 2014 budget is €49.776m with a WTE ceiling of 787 and details of 2013 Activity were also discussed. SLK will continue to focus on implementation of the National Standards for Safe, Better Health Care with the implementation of NEWS and MEWS; implementation of all recent Audit and Report recommendations; continued
education in Hygiene and Infection Control Standards; Antimicrobial Usage monitoring and the rollout of the HSE Disclosure Policy. Work will continue on the rollout and implementation of the Clinical Programmes and the Capital Programme continues with a completion date of December 2014.

- **Presentation by Mr. Richard Dooley, Manager, Waterford Regional Hospital, South Tipperary General Hospital and Wexford General Hospital**

Mr. Dooley confirmed to members the budget per hospital and the Whole Time Equivalent (WTE) staff ceiling as at December 2013 as follows:-

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Budget</th>
<th>WTE Ceiling Dec 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Waterford Regional Hospital (WRH)</td>
<td>€130,286,289</td>
<td>1,633</td>
</tr>
<tr>
<td>Wexford General Hospital (WGH)</td>
<td>€46,226,850</td>
<td>773</td>
</tr>
<tr>
<td>South Tipperary General Hospital (STGH)</td>
<td>€43,627,761</td>
<td>658</td>
</tr>
<tr>
<td>Kilcreene Orthopaedic Hospital</td>
<td>€5,212,181</td>
<td>66.39</td>
</tr>
</tbody>
</table>

Mr. Dooley provided Activity information for the 2013 period relating to Emergency Department (ED) attendances, discharges and outpatient attendances advising that figures for ED and Inpatient Discharges were lower than the Activity in 2012. He advised that projected activity for 2014 is generally in line with 2013 figures with some increased in the use to Day Case beds.

The key priorities for the hospitals includes continued focus on Patient Safety including the implementation of recommendations from relevant reports; continued focus on Patient Access to services and the integration of care through structural change. Mr. Dooley confirmed that STGH and WRH will be under the governance structure of the South/South West Hospital Group and he is looking forward to working with colleagues in the Cork and Kerry areas. Each hospital will continue with the implementation of the Clinical Care Programmes to improve average length of stay and ensure standards are monitored.

One of the key areas of focus for 2014 will be on Patient Access; this includes waiting lists for inpatient, day case and outpatient appointments, ED, Palliative Care and Colonoscopy. This will be done by monitoring waiting lists and ensuring rigorous management processes are in place to ensure timely access as per key performance targets. There will be continued emphasis on implementing the Standards for Safer and Better Healthcare (HIQA Standards) with implementations plans in place in each hospital. A detailed self assessment process is underway and once this is completed in June 2014, Quality Improvement Plans will be developed and implemented to ensure continuous quality improvement. Implementation is also underway of the National Early Warning Score (NEWS) and the Irish Maternity Early Warning Score (MEWS) in line with recommendations from recent reports.

Mr. Dooley updated members on the roll out of the new Hospital Information Management System and also provided an overview of the Capital Developments that would continue in 2014.

- **Presentation by Mr. Gerry O’Dwyer, RDPI, Cork & Kerry Acute Services**
Mr. O’Dwyer confirmed to members the budget per hospital and WTE staff ceiling as at December 2013 as follows:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Budget €m</th>
<th>WTE Ceiling Dec 2013</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cork University Hospital Group (CUHG)</td>
<td>€273.225</td>
<td>3,391</td>
</tr>
<tr>
<td>Bantry General Hospital (BGH)</td>
<td>€16.462</td>
<td>225</td>
</tr>
<tr>
<td>Mercy University Hospital (MUH)</td>
<td>€55.313</td>
<td>882</td>
</tr>
<tr>
<td>South Infirmary Victoria University Hospital (SIVUH)</td>
<td>€40.537</td>
<td>690</td>
</tr>
<tr>
<td>Kerry General Hospital (KGH)</td>
<td>€69.603</td>
<td>868</td>
</tr>
</tbody>
</table>

Mr. O’Dwyer provided the activity outturn for 2013 including data on inpatient discharges, Day Cases, Emergency presentations and Outpatients. He detailed for members the projected activity for 2014 which is in line with 2013 figures. The key priorities for 2014 includes continued focus on patient safety and quality; continued focus on access to services; reconfiguration of services with the integration of WRH and STGH into the South/South West Hospital Group and the implementation of Money Follows the Patient (MFTP). The key performance targets include renewed emphasis on patient waiting times in the areas of Inpatient, Day Case, Outpatients, ED, Colonoscopy and Palliative Care.

There will be continued emphasis on implementing the Standards for Safer and Better Healthcare (HIQA Standards) with implementations plans in place in each hospital. A detailed self assessment process is underway and once this is completed in June 2014, Quality Improvement Plans will be developed and implemented to ensure continuous quality improvement. Implementation is also underway of the National Early Warning Score (NEWS) and the Irish Maternity Early Warning Score (MEWS) in line with recommendations from recent reports. CUHG will continue to work with the Special Delivery Unit (SDU) on demand verses capacity, admission conversion rates and Lean process of patient pathways. Mr. O’Dwyer updated members on the Capital Projects to continue into 2014 including the new helipad and the upgrading and reorganisation of ward facilities.

With regard to MUH, Mr. O’Dwyer confirmed the appointment of the Design Team for the Regional Centre for Gastroenterology; the plans to commission the relocated Outpatient Departments and expand the National Electronic Referral Programme; the appointment of a new Consultant Radiologist; the implementation of Phase 2 of the Regional Rehabilitation Service; the opening of the new CT Suite (2 new scanners) and the expansion of the Bowel Screen Programme.

The actions for SIVUH for 2014 include the implementation of NEWS; the extension of the Productive Ward initiative; roll-out of Elective Surgery Programme; work the SDU to address inpatient and outpatient waiting lists; consolidation of Endocrinology (Diabetic day care services) and Ophthalmology services to SIVUH in accordance with Reconfiguration Roadmap.

Mr. O’Dwyer outlined the actions for 2014 for Bantry General Hospital including closer integration with CUH including becoming part of the Clinical Directors programme for Clinical Governance; development of Active Day Surgery Services, extension of MAU hours to 12/7 (resource dependent); establishment of BGH as a
satellite of Cork hospitals for Radiology services and to continue to progress the Productive Theatre in line with Smaller Hospitals Framework.

The list of actions for KGH in 2014 include the implementation of NEWS and MEWS; the introduction of Dexascanning service; the introduction of the Trauma, Orthopaedic and Hip Fracture databases, commencement of Anaesthesia model of surgery pre-assessment clinic and the commencement NCSS bowel screening. The capital projects for KGH include the commissioning of the two-roomed Endoscopy Suite and the development of an onsite Education Centre.

Mr. O’Dwyer confirmed that Palliative Care services for the Cork/Kerry areas would continue to progress with the opening of additional Specialist Palliative Care beds at Marymount University Hospital and Hospice and the progression of the 15-bed Specialist Inpatient Palliative Care Unit at KGH.

Cllr. Lombard thanked the RDPI and Area Managers for their informative presentations and invited questions from the members. Below are details of the questions posed by members, all of which were responded to by the Management Team at the meeting:-

- Concern was raised with regard to Community and Voluntary Nursing Homes meeting the HIQA licensing standards
- A number of Councillors welcomed the action plans on Suicide prevention and queried whether it would be targeted at young people. It was agreed following discussions to invite a representative from the National Suicide Prevention Office to a future meeting.
- The number of clients in the Disability Services to be moved from congregated settings
- Concerns expressed with regard to the quality of services provided by some voluntary agencies in the area of suicide prevention and whether there were plans for a national register
- Questions were answered in relation to the plans for a helipad at CUH
- Interest was expressed in members hearing more about the plans for the roll out of Money Follows the Patient with a request for a presentation at a future Committee meeting
- Members queried the agencies in receipt of the Section 38/39 funding and requested information about compliance with review currently underway
- With regard to Ambulance Services in Cashel, it was queried whether there were plans to change the service provisions in the area
- Members commented on the Primary Care Teams being established and sought updates on specific areas
- Questions with regard to the funding levels for 2014 compared with 2013 and service levels being maintained.

Date and Time of next meeting – Thursday 27th March, 2014 at 2pm, Council Chambers, County Hall, Cork
MINUTES OF MARCH 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 27th of March, 2014 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:
Cllr. Liam Ahearn
Cllr. John Buttimer
Cllr. John Carey
Cllr. Timmy Collins
Cllr. John Coonan
Cllr. Catherine Connery
Cllr. Brendan Cronin
Cllr. Tom Cronin
Cllr. John Joe Culloty
Cllr. Tony Dempsey
Cllr. Wayne Fennell
Cllr. Matt Griffin
Cllr. Mary Hanna Hourigan
Cllr. Denis Kennedy
Cllr. Michael Kinsella
Cllr. Tim Lombard – Chairperson
Cllr. Sean Lonergan

Cllr. Tom Maher
Cllr. Dr. Sean McCarthy
Cllr. Arthur McDonald
Cllr. Michael O’Brien
Cllr. Bobby O’Connell
Cllr. Frank O’Flynn
Cllr. Laurence (Cha) O’Neill
Cllr. John O’Sullivan
Cllr. Hilary Quinlan
Cllr. Seamus Ryan
Cllr. Mary Shields
Cllr. Jerry Sullivan
Cllr. Martin Storey
Cllr. Jim Townsend
Cllr. Ted Tynan

Apologies:
Cllr. Gillian Wharton Slattery

In Attendance:

- Mr. Gerry O’Dwyer, Regional Director for Performance and Integration (RDPI) - South
- Mr. Richie Dooley, General Manager, South East Acute Services
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Tony McNamara, CEO, Cork Hospital Group
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Angie O’Brien, Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff
1. **Adoption of the Minutes of the previous Meeting held on Thursday 20\textsuperscript{th} February, 2014**

The Minutes of the Forum Meeting held on Thursday the 20\textsuperscript{th} of February, 2014 were approved by Cllr. Bobby O’Connell and seconded by Cllr. Michael O’Brien.

2. **Chairperson’s Correspondence**

Cllr. Tim Lombard, Chairperson, welcomed the Members and Managers to the meeting. Members were asked to turn off their mobile phones as these interfere with the Audio system in the Chambers.

Adoption of Forum’s Annual Report 2013 was required and this was proposed by Cllr. Tom Maher and seconded by Cllr. John O’Sullivan.

Mr. Gerry O’Dwyer, Regional Director for Performance and Integration (RDPI), HSE South, gave a brief update on the changes in the HSE Organisational Structure. He advised the Members that Mr. Ger Reaney is now responsible for Kerry Community Services in addition to his role in Cork and will respond to issues relating to non-acute services for the Cork/Kerry area going forward. He also advised that Mr. Tony McNamara, in his role as CEO of the Cork Hospitals Group, would now also take over responsibility for Bantry General Hospital.

3. **Reports by Chairpersons of**

(a) Acute Hospitals Services and Population Health Committee
(b) PCCC Committee
both held Thursday 12\textsuperscript{th} of December 2013

Synopses of the Reports from the Chairpersons of the previous Committee Meetings held in Cork on the 12\textsuperscript{th} of December, 2013, were taken as read. The reports were proposed by Cllr. Tom Maher and seconded by Cllr. Liam Ahearne.

4. **Notices of Motion**

4(a) Cllr. Frank O’Flynn moved the following Notice of Motion standing in his name:

“That the HSE South give an up to date progress report & timeframe on the much needed Primary Care Centre for Fermoy.”

A written response from Mr. Ger Reaney, Area Manager, was circulated and referred to. Cllr. O’Flynn thanked Mr. Reaney for his response. He advised that he was very happy with the timeframes set out for the project. He noted the success of the Primary Care Centres in Mallow and Mitchelstown along with the implementation of their Primary Care Teams. Cllr O’Flynn queried the future plans for St. Francis Home.

Mr. Ger Reaney, Area Manager, stated that he was very happy with the progress made to date with the Primary Care Team in Fermoy and said that it was very encouraging. He did issue a word of caution by pointing out that progress was dependent on the Developer meeting the conditions of the proposed lease. He told Cllr. O’Flynn that he would revert to him in the coming weeks with an update in relation to St. Francis Home.
4(b) Cllr. John O’Sullivan moved the following Notice of Motion standing in his name:

"In light of the major imposition being placed on West Cork Patients who are being made travel to Cork City for Phototherapy since the provision of the treatment was ceased at Bantry General Hospital in May 2013. Can a commitment be given regarding the reintroduction of the service at Bantry General Hospital."

A written response from Mr. Gerry O’Dwyer, Regional Director for Performance and Integration was circulated and referred to. Cllr. John O’Sullivan thanked Mr. O’Dwyer for his response to his Notice of Motion but said that he was disappointed that he did not receive a specific response on the commitment to reintroduce the phototherapy service in Bantry General Hospital. He confirmed that the Friends of Bantry General Hospital provided funding for this service and said that it was unacceptable the service was no longer available at the hospital.

Cllr. O’Sullivan advised that if a person undertakes phototherapy services for their condition it can reduces their reliance on medication. He has been advised that people have opted for taking the medication rather than undertaking the journey to CUH. He pointed out that travel time to CUH could be in the region of two hours fifteen minutes. A number of other members voiced their support of Cllr. O’Sullivan’s motion.

Mr. Gerry O’Dwyer agreed to provide an update to Cllr. O’Sullivan on the provision of phototherapy services in Bantry General Hospital at the end of May following a review of staffing requirements.

4(c) Cllr. Matt Griffin moved the following Motion standing in his name:

“That the HSE South would advise as a matter of public record the following details as they apply to Enable Ireland within this Regional Health Forum Area during 2013

- The amount of HSE funding provided.
- The amount of charitable donations declared.
- The salary structure of the Management and Executive teams.
- The procedure for appointment of members to the board.”

A written response from Mr. Ger Reaney, Area Manager, was circulated and referred to. Cllr. Matt Griffin thanked Mr. Reaney for his detailed response to his Motion. He suggested that this information should be provided on an annual basis. He said that it was vital that a transparent process should be in place regarding appointments to the Board and that all charitable donations should be declared.

4(d) Cllr. Wayne Fennell moved the following Motion standing in his name:

"Calls on the HSE South to replace the permanent Radiographer who retired in January at the X-ray Department in St Dympna’s Hospital in Carlow with a permanent Radiographer to maintain a proper x-ray service for the people of Carlow which in turn reduces the pressure on the X-ray Department in St Lukes Hospital."
A written response from Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to. Cllr. Wayne Fennel advised Members that the issue of x-ray provision at St. Dempna’s Hospital has been raised at the last two County Council Meetings. He said that the provision of x-ray services in St. Dempna’s was very important as it alleviates the pressure on the X-Ray Department in St. Lukes Hospital and it also reduces the travel time for people in the area should they require an x-ray. He asked for a commitment to be given that the three day service would continue and queried if a five day service could be provided. He complemented the service that was provided in Waterford. Cllr. Arthur McDonald supported Cllr. Fennell in his Motion.

Ms. Anna Marie Lanigan acknowledged the points made by Cllr. Fennell. She advised that it was on her agenda to take routine x-rays out of the acute setting where possible. She told the Members that the post of Radiographer for St. Dympna’s Hospital has been identified as a critical one and that the process to backfill this post was underway. Ms. Lanigan confirmed that the three day service will continue to be provided in St. Dympna’s. She said that the provision of a five day service would be something to consider but there was no guarantees in relation to this. Ms. Lanigan said that there were no plans to move the x-ray service from Carlow at this time.

4(e) Cllr. Brendan Cronin moved the following Motion standing in his name:

“To again request the reinstatement of the second emergency ambulance for Killarney and surrounding areas.”

A written response from Mr. Willie Merriman, Area Operations Manager, National Ambulance Service, was circulated and referred to. Cllr. Brendan Cronin referred to the response received and commenced by saying that he was confident of the expertise held by ambulance personnel. The issues he was concerned with were a) the response times of ambulances, b) the accuracy of directions provided to ambulance crews, c) the release time for ambulances at Emergency Departments and d) the duration of training received by staff in the on-call service. He said that he was advised that staff in the on-call service received only three to four hours of training. In terms of the accuracy of directions he advised that mistakes were being made in relation to locations with similar sounding names i.e. Listowel/Lispole. Cllr. Cronin pointed out that if the Killarney ambulance is in service with a patient and another one is required it could take up to forty/forty five minutes for a dispatched ambulance from Kenmare or Cahirciveen to get to Killarney. He asked the question “who was accountable”. Cllr Cronin also said that he wanted to put on record his dissatisfaction with the level of ambulance cover for Killarney and the serious concerns he had around the implications of this.

A number of other members voiced their concerns about the level of Ambulance cover in their areas and supported Cllr. Cronin’s motion.

Mr. O’Dwyer, Regional Director for Performance and Integration, HSE South, advised the Members that Mr. Willie Merriman, Area Operations Manager, National Ambulance Service, was unable to attend the Forum Meeting and had sent his apologies. He confirmed that Mr. Merriman was committed to meeting with the Stakeholders in the next number of weeks. Mr. O’Dwyer said that his office and the office of Mr. Ger Reaney, Area Manager, would work with Mr. Merriman to organise this meeting. Mr. O’Dwyer advised that a meeting will be organised concerning the
Ambulance Service in South Tipperary and he will be liaising with Ms. Anna-Marie Lanigan on this matter.

Cllr. Cronin thanked Mr. O’Dwyer. He asked that all key stakeholders should be invited to the Meeting in Killarney.

Cllr. Cronin noted the response to Question 5(b) at this point in proceedings.

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

“To call on the HSE South to provide a permanent designated Dietician to Kerry General Hospital, to work with people with diabetes.”

A written response from Mr. TJ. O’Connor was circulated and referred to. Cllr. John Joe Culloty informed the Members that there are over 8,000 people in Kerry with diabetes and that it was vital that these people would have access to a designated Dietician in Kerry General Hospital. He advised that, in addition to educating people about their diet, it was also the role of the Dietician to demonstrate how to use insulin pumps.

Mr. Gerry O’Dwyer, Regional Director for Performance and Integration, informed Cllr. Culloty that a Business case to increase the Diabetes Service for Kerry has been formulated and this will be forwarded as part of the estimates process and that he will keep Cllr. Culloty updated on progress.

4(g) Cllr. John Buttimer moved the following Motion standing in his name:

“That the HSE South would produce a report on safe staffing levels at CUH and would indicate if they are in compliance with national standards.”

A written response from Mr. Tony McNamara, CEO, Cork University Hospital Group, was circulated and referred to. Cllr. Buttimer thanked Mr. McNamara for the response received. He advised that he set down this Motion because a number of CUH staff had raised this issue with him. He said that he understood that younger/less experienced staff were working in areas where their level of experience was a concern to them and to others. Cllr. Buttimer acknowledged at this point that there was less reliance on agency staff but that this has impacted on the staffing situation in CUH. Garda clearance is another area which has an influence on the staffing situation. He said that he was aware that Garda clearance takes six to eight weeks and some potential staff had emigrated before their clearance came through.

Cllr. Buttimer suggested that panel of successful candidates should be created in future nursing recruitment campaigns so that CUH has a pool of nurses to cover vacant posts. He asked for a comment on whether the HSE felt that the current level of staffing was safe.

Cllr. Tim Lombard, Chairperson, welcomed the response given. He advised that when CUMH opened the staffing levels put in place for the projected 8,000 births was three hundred and seventy five whole time equivalents. He queried where the present staffing levels stood and what number of births they were dealing with.

Mr. Tony McNamara advised the Members that a review was undertaken on the staffing levels in CUH and the outcome of that review was that CUMH was safely
staffed. The 2013 number of births was 8,300. He advised that skills mix was an important factor too when considering the staffing of a Hospital. He said that one of the Recommendations arising from the Galway case was that a national review of staffing levels should be undertaken and that the terms of reference for this review had now been finalised.

Mr. McNamara agreed that Garda Clearance could be an impediment to the speedy recruitment of Staff. He informed the Members that there are 135 nurses currently on a panel and it could take up to six months from the nurse being placed on a panel to translate to a nurse working on the wards. He confirmed that CUH were actively trying to speed up this process. They are currently supplementing staffing levels with Agency Staff but this does not provide for continuity of service.

Cllr. John Buttimer suggested a letter be written to the Minister for Justice and the Minister for Health outlining the concerns of the Regional Health Forum South in relation to the length of time it can take to get Garda Clearance for prospective staff and how this impacts on the delivery of services. Cllr. Michael O’Brien advised the Forum that this issue was raised at a Kilkenny Policing Committee. The Gardai advised the Committee that there was no undue delay on behalf of the Gardai in processing Garda Clearance and, in fact, there was a more streamlined system in place and this had speeded up the process.

Mr. Gerry O’Dwyer advised the Members that HSE South was undertaking an exercise to review the whole process. He suggested that a hold be placed on writing to the Ministers pending the outcome of this exercise and that the HSE would report back to the Forum Members once it was completed which should be no later than early June. Cllr Tim Lombard, Chairperson, requested that this matter would be placed as an Agenda Item for an upcoming committee meeting.

5. **Questions**

5(a) Cllr. Matt Griffin put forward the following Question:

“How much has been spent by the HSE South on the outsourcing of patients’ outpatient appointments to private hospitals in the Cork & Kerry area since January 2013.”

A written response from Mr. Gerry O’Dwyer, Regional Director for Performance and Integration, was circulated and referred to.

Cllr. Mattie Griffin asked if a patient’s appointment was outsourced to a private provider and a treatment plan was developed would the treatment plan be delivered by the public system or by the private system.

Mr. O’Dwyer advised that outsourcing of patient appointments to private hospital occurred under the national waiting list initiative, the National Treatment Purchase Fund. Patients waiting longer than eight months for an appointment could have their initial appointment outsourced to the private system. Mr. O’Dwyer confirmed that treatment would be provided through the public system.

5(b) Cllr. Brendan Cronin put forward the following Question:
“Have the HSE South entered negotiations with Killarney Town Council regarding the sale/purchase of St Finan’s Hospital and adjoining lands?”

Cllr. Brendan Cronin noted the Response to his Questions.

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

“What is the delay in relation to providing the promised Podiatrist to Kerry General Hospital?”

A written response from Mr. T.J. O’Connor, General Manager, Kerry General Hospital, was circulated and referred to.

Cllr. John Joe Culloty advised that the existing Podiatrists in the service are under extreme pressure in Kerry. He said that he hoped the Business Case to have the post approved proved successful.

Mr. Gerry O’Dwyer, Regional Director for Performance and Integration, advised that the HSE South were currently in negotiations to deliver this extra podiatry post. He informed the Members that the post would be funded from the hospital but shared between the community and the hospital. He advised Members that it was the HSE view that people should be treated in the community where they live when possible. Mr. O’Dwyer said that integration of services is working well between the hospital and community in Kerry and that it was an accepted practice by the hospital staff and primary community and continuing care staff. He advised that treatment would be provided in the community but that if a Podiatrist was required to see a patient in Kerry General Hospital then the Podiatrist would attend to the patient in hospital.

5(d) Cllr. Wayne Fennell put forward the following Question:

“How many people in Carlow town and County are on the waiting list for Nursing Home Support in both public and private nursing homes?”

A written Response by Ms Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. Fennell advised that he had read the response received and wanted to query whether the forty applications in progress were approved for funding or were they waiting approval.

Ms. Anna Marie Lanigan confirmed that the forty applications were in the various stages of the financial and medical assessment process. She advised that eleven other applicants have been through that process and were approved but were waiting on available beds.

5(e) “To ask the HSE what is the average waiting time for a public MRI and what strategies are in place to reduce this waiting time.”

A written Response by Mr. Tony McNamara, CEO, Cork Hospital Group, was circulated and referred to.
Cllr. Buttimer advised that he had been approached by a number of people who were waiting between twelve and eighteen months for a public MRI scan and that prompted him to set down this Question. He thanked the HSE for the response received and acknowledged the programme to reduce the waiting list was a positive endeavour and queried whether this initiative could be extended to reduce the waiting list to three to six months.

Cllr. Michael O’Brien said this issue of long waiting lists for public MRI scans was pertinent to Carlow/Kilkenny also.

Mr. Richie Dooley, General Manager, South East Acute Services, said the waiting list for an MRI scan in Waterford Regional Hospital is similar to that of Cork. The medium term plan for Waterford Regional Hospital was to put another MRI scanner into commission. Fundraising was ongoing to progress this goal.

Ms. Anna Marie Lanigan advised the Members that people from the Kilkenny area are referred to Dublin or Waterford Regional Hospital for an MRI scan should they require one.

Cllr. Seamus Ryan asked for a report on the waiting times and numbers waiting an MRI scan in Waterford Regional Hospital. It was agreed that Mr. Richie Dooley would provide this report to Cllr. Ryan.

Mr. Tony McNamara, CEO, Cork Hospital Group, advised the Members that the demand on the MRI service was huge and that was evident in the figures provided to them. He said that CUH had developed a strategy to deliver a publicly owned MRI service and had purchased a 3 Tesla MRI Unit to support the provision of the service. He advised that the 3 Tesla had the capacity to deliver additional access to MRI scanning within the current budget allocation and that CUH was engaged in a tender process for a Managed Service solution to facilitate the provision of a publicly owned MRI Service. He confirmed that the tender will be awarded in the next two months.

Cllr. Buttimer thanked Mr. McNamara for the additional information provided at the Meeting and requested that this additional information be forwarded to him. He asked if the 3 Tesla and the 1½ Tesla would replace the current private services. Mr. McNamara confirmed that it would.

Mr. Gerry O’Dwyer confirmed to the Members that a Report on MRI services across the South East would be provided at the next Committee Meeting to be held in Kilkenny on the 10th of April, 2014.

At this point Cllr. Michael O’Brien referred to the Minutes of the Committee Meetings held in Cork on the 12th of December, 2013 and the subject of clustering in Continuing Care. He also asked for an update on the outcome of the Business Case made to the Social Care Directorate for transitional beds.

Ms. Anna Marie Lanigan confirmed that the clustering reference was in relation to how the services are managed and said that this will not affect the services on the ground. She advised that one Director of Nursing could be responsible for a number of Hospitals. In terms of the business case for transitional beds she advised that they were waiting a response on this and on receipt of the response she would revert to Cllr. O’Brien.
Cllr. Coonan asked about Dermatology Service in Waterford Regional Hospital. He said that he had concerns about its capacity to meet the demands being placed on it.

Mr. Richie Dooley advised Cllr. Coonan that up until last year there was only one Dermatologist in Waterford Regional Hospital. He said there are now two Consultant Dermatologists in post and there were plans for a third but that this would take time. He confirmed that there was a backlog of letters waiting to be typed and sent to GP’s in the South East. The letters concerned were discharge letters and letters confirming that the patient was undergoing further treatment. He said that all of these letters were considered routine and that any letters considered urgent had been sent and dealt with. Mr. Dooley confirmed that additional resources had been put in place to clear the backlog and committed to the backlog being cleared by the 11th of April, 2014.

6. Date and Time of Next Meeting

The next meeting of the Regional Health Forum South, will be held on the 8th of May, 2014, at 11am, Council Chambers, County Hall, Cork.
MINUTES OF MAY 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 8th of May, 2014 @ 11am
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present

Cllr. Liam Ahearn
Cllr. John Buttimer
Cllr. Timmy Collins
Cllr. Catherine Connery
Cllr. Brendan Cronin
Cllr. John Joe Culloty
Cllr. Tony Dempsey
Cllr. Declan Doocene
Cllr. Wayne Fennell
Cllr. Matt Griffin
Cllr. Mary Hanna Hourigan
Cllr. Denis Kennedy
Cllr. Tim Lombard- Chairperson
Cllr. Sean Lonergan
Cllr. Tom Maher
Cllr. Dr. Sean McCarthy
Cllr. Arthur McDonald
Cllr. Barbara Murray
Cllr. Michael O’Brien
Cllr. Bobby O’Connell
Cllr. Frank O’Flynn
Cllr. Laurence (Cha) O’Neill
Cllr. Mary Shields
Cllr. Jerry Sullivan
Cllr. Martin Storey
Cllr. Jim Townsend
Cllr. Gillian Wharton Slattery


In Attendance:

- Mr. Gerry O’Dwyer, Interim Group CEO, Cork Hospital Group
- Ms. Tess O’Donovan, Assistant National Director, HR
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Tony McNamara, CEO, Cork Hospital Group
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Angie O’Brien, Area Communications Manager, HSE South
- Ms. Anne Slattery, General Manager, St. Luke’s Hospital
- Mr. Brendan Crowley, Operations Performance Manager, National Ambulance Service
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff
1. **Adoption of the Minutes of the previous Meeting held on Thursday 27th of March, 2014**

The Minutes of the Forum Meeting held on Thursday the 27th of March, 2014, were approved by Cllr. John Buttimer and seconded by Cllr. Tom Maher.

Cllr. Mary Hannah Hourigan advised that she had a matter she would like to raise arising from the Minutes of the Forum Meeting of the 27th of March. This matter related to the retention of the second ambulance in Cashel/St. Tiperrary.

Mr. Gerry O’Dwyer, Interim CEO, Cork Hospital Group, informed the Members that Mr. Brendan Crowley of the National Ambulance Service was delayed by traffic caused by a crash on the Link Road and he would be in attendance as soon as was possible. He confirmed that Mr. Crowley would deal with Cllr. Hourigan’s query after the Agenda items.

Other Councillors also raised concerns they had about ambulance services in their constituencies.

Mr. Ger Reaney, Area Manager, confirmed that he attended a three hour meeting with representatives from the National Ambulance Service the previous week and had requested that they respond to queries directed to them in relation to individual incidents concerning ambulances.

Cllr. John Buttimer requested an update on the number of beds that are currently open in the Community Nursing Unit in Farranlea Road. He queried when the Unit would have 100 beds open, the number the HSE had committed to opening.

Mr. Ger Reaney, Area Manager, confirmed that there is a recruitment process underway to recruit additional nurses. Once the extra nurses are in place the number of long stay beds would increase to 75. In addition, the number of beds open for the young chronic sick would increase to 15. Mr. Reaney confirmed that he would provide a written update to Cllr. Buttimer.

Mr. Gerry O’Dwyer, on behalf of the staff of the Forum Office, thanked the Councillors for their commitment to the Regional Health Forum South. He wished the Councillors well in their election campaigns and wished those Members who were not seeking re-election the best in their future endeavours.

2. **Chairperson’s Correspondence**

Cllr. Tim Lombard, Chairperson, welcomed the Members and Managers to the meeting. Members were asked to turn off their mobile phones as these interfere with the Audio system in the Chambers.

On behalf of the Members of the Regional Health Forum South and the HSE Management, the Chairperson extended a vote of sympathy to Cllr. John Carey on the tragic death of his grandson. Thereafter a minute silence was observed as a mark of respect.

3. **Reports by Chairpersons of**

(a) Acute Hospitals Services and Population Health Committee
(b) PCCC Committee  
both held Thursday 10th of April, 2014

Synopses of the Reports from the Chairpersons of the previous Committee Meetings held in Kilkenny on the 10th of April, 2014, were taken as read. The reports were proposed by Cllr. Brendan Cronin and seconded by Cllr. Michael O’Brien.

Cllr. Tom Maher, Chairperson of the PCCC Committee, advised the Members that he was not seeking re-election in the forthcoming local elections and therefore this would be his last Meeting. He said it that it has been a pleasure to work with all who served with him on the PCCC Committee and also the other Forum Members. He wished everyone the best of luck in their campaigns.

4. Notices of Motion

The Chairperson advised the Members that Notice of Motions 4(a) and 4(b) would be taken together as they related to the same subject matter.

4(a) Cllr. Brendan Cronin moved the following Notice of Motion standing in his name:

“To request the HSE to reinstate the full services of speech therapists, physiotherapists, psychologists and social workers which were cut by approx 90% from the most vulnerable since last October in St Francis special school, Beaufort which caters for almost 100 special needs children.”

4(b) Cllr. Bobby O’Connell moved the following Notice of Motion standing in his name:

“That the HSE would immediately prioritise the allocation of extra health services, such as physio, speech and occupational therapy, at St. Francis’s Special School, Beaufort, as the reconfiguration of health services in the Mid-Kerry area has left this school with far less services than it had previously and is having a detrimental impact on the well being of the students attending the school.”

A written Response from Mr. Ger Reaney, Area Manager, Community Services, was circulated and referred to.

Cllr. Brendan Cronin advised the Members that St. Francis Special School in Beaufort, Co. Kerry, currently caters for 52 children, many of who have complex disabilities. He said that he attended a public meeting organised by the families of the children attending the School and at that meeting the parents outlined in great detail the effect the reconfiguration of the services had on their children. He advised that in all his years as a public representative attending meetings he had never witnessed such hurt, anger and upset as was expressed by the parents of the children at that meeting.

He told the Members that the parents informed him that Speech and Language Therapy hours had been cut from 20 hours to 6 hours, Occupational Therapy hours were reduced from 25 hours to 5 hours and that Physiotherapy hours were reduced to 9 hours. He said that families no longer had access to a Social Worker. He said that these changes have had a huge detrimental effect on the children and they were
suffering because of these changes. Cllr Cronin strongly urged the HSE to reverse the changes made due to the reconfiguration of Children’s Disability Service.

Cllr. Bobby O’Connell informed the Members that he also attended the public meeting the previous week. Cllr. O’Connell said that he wanted to compliment the work being undertaken by Ms. Eithne McAuliffe and her staff and acknowledged the limited resources they had access to. He said that it was his view that the services provided to children with disabilities prior to the reconfiguration were skeletal but they did work. He called for these services to be reinstated to the children.

Other Councillors supported the Motions set down by Cllr. Brendan Cronin and Cllr. Bobby O’Connell.

Mr. Ger Reaney, Area Manager Community Services, informed the Members that the HSE, along with the Voluntary Organisations, the Education Service and parents are working together to support children to achieve their potential. He said that reconfiguration of the services is concerned with using resources in a flexible manner to ensure services are integrated and that children with the greatest needs have access to services irrespective of the type of disability they have or where they attend school.

He confirmed that representatives from the HSE had met with parents and listened to what they had to say. Mr. Reaney said that the reduction in services had occurred as speech and language therapy services and physiotherapy services had been impacted by long term sick leave. He confirmed that in the future no long term vacancy would be left without some replacement cover. A vacant occupational therapy post will be filled in May 2014 and the successful speech and language therapy candidate is awaiting a start date. These additional resources will enhance service provision for these therapies. Mr. Reaney said that he understood that two physiotherapists will be back to work in late April and this too will have a positive impact on the services provided to all children in the Mid Kerry team and St. Francis Special School. He confirmed that a social work service is now available to children and families in the school through the Mid Kerry Team.

Mr. Reaney confirmed that the issue of poor communication between the Mid Kerry services and families was raised at the Meeting and he assured Councillors that this was being addressed. He advised that representatives from the HSE will be attending the forthcoming meeting on Saturday the 12th of May and that there would be further meetings with the parents as required. He said that the Manager of the Mid Kerry Team and the HSE’s Childrens’ Disability Managers were also available to answer and discuss any queries/questions that parents may have.

Mr. Reaney told the Members that he took on board the comments made and acknowledged that there was room for improvement. He said that the HSE were committed to using the resources available to them to the greatest benefit possible for all children and families based on their needs irrespective of a particular diagnosis or education provision.

Cllr. Brendan Cronin said that he had listened to what Mr. Reaney had to say about physiotherapy, speech and language therapy and occupational therapy services in St. Francis School. He said that on behalf of the parents and families he wanted it on record that the number of hours for these therapies had been greatly reduced for these children. Cllr. Cronin asked that these specialist services be reinstated to their
pre- October 2013 levels. He clarified that parents had been talking to the HSE but they were not listened to.

4(c) Cllr. Michael O’Brien moved the following Notice of Motion standing in his name:

“That HSE Forum South provide details of the medical doctor cover available to the Emergency Department of St. Luke’s Hospital, Kilkenny, on the night of 8 April 2014, in particular how many patients were waiting and for how long for inpatient admission or otherwise to the hospital during the whole night, if the circumstances that pertained on that date are replicated on other dates and if Medical Profession employed at the hospital is satisfied with the adequacy of senior medical cover for A+E patients there?”

A written response from Ms. Anne Slattery, General Manager, St. Lukes Hospital, was circulated and referred to.

Cllr. Michael O’Brien advised that he recently had reason to attend the Emergency Department in St. Luke’s Hospital with a constituent who was unwell. He said that it was a negative experience, more particularly for his constituent. He said that refreshments were only available from vending machines and patients found it difficult to access change/coins for these machines. He advised that he spoke to hospital staff on the night regarding a number of issues. Cllr. O’Brien said it his view that there should have been a decision maker on duty who would determine the course of treatment for a presenting patient and whether to admit or discharge them.

He confirmed that he reported this episode to the Hospital Manager and to the Hospital Clinical Director. Cllr. O’Brien requested that HIQA undertake an investigation into this issue.

Ms. Anne Slattery, General Manager, St. Luke’s Hospital, extended her apologies to any person who had to wait the night in question in the Emergency Department. She confirmed that the physical environment in the waiting area would be improved after the construction works have been completed. She confirmed that there was full medical, surgical and obstetric cover on duty the night in question. Ms. Slattery advised that there were over thirty acutely ill admissions made during the course of that day and that the doctors were detained on the wards treating these patients. She said that she was aware that this in turn contributed to the longer than usual waiting times for patients who presented at the AMAU and ED Departments and were deemed to require care that was non-critical.

Ms. Slattery advised that the Hospital continuously reviews their available resources. She said that there were hoping to increase Consultant cover in the Emergency Department to two over the next year. In terms of Non Consultant Hospital Doctors, she confirmed that there was a full staff compliment of this cohort of staff on the night in question.

The Hospital Manager advised that St. Luke’s Hospital has an excellent record in meeting ED waiting time targets. She also said it was one of the Managements’ priorities to clear people on trolleys off the corridors and to either admit the patient
to a bed or to discharge them. Ms. Slattery advised that the introduction of two Advanced Nurse Practitioners will also have a positive impact on waiting times within the Emergency Department.

The construction work is on schedule and the timeline for the completed works to be handed over to the Hospital is Quarter 1, 2015. Ms. Slattery informed the Members that the new AMAU will be located adjacent to the new Emergency Department and this co-location will facilitate staff working between both Departments.

Ms. Slattery concluded by saying that on behalf of the staff and management of St. Luke’s Hospital she was very sorry this had happened. She said that St. Luke’s Hospital is constantly striving for St. Luke’s to be the best in terms of the quality of the service it provides.

Mr. Gerry O’Dwyer, Interim Group CEO, said that he fully supported all that Ms. Slattery had said. He confirmed that Hospital Clinical Director and the Hospital Management Team are more than happy to meet Cllr. O’Brien and his colleagues about this episode as this is something they would like to address. Mr. O’Dwyer pointed out that the HSE were dealing with the Motion set down by Cllr. O’Brien and the Motion had not requested a HIQA investigation. Mr. O’Dwyer informed the Members that St. Luke’s Hospital is one of the best performing Hospitals in terms of Trolleygar.

Mr. O’Dwyer acknowledged that there was some disruption due to the construction work and the HSE was appreciative of the support of the local community with the interim arrangements. He said that facilities in the hospital will be significantly improved when the works are completed.

Cllr. O’Brien thanked Ms. Slattery and Mr. O’Dwyer for their respective responses. Thereafter a number of Councillors contributed to the discussion.

The Chairperson set out that it was the consensus of the Forum that a meeting should take place between Hospital Management, Medical Personnel and Local Public Representatives. If the Representatives are still unhappy after the meeting has taken place then a request can be lodged with HIQA to undertake an Inspection. Cllr. O’Brien confirmed that he would attend the Meeting.

Mr. Gerry O’Dwyer, Interim CEO, reiterated that the HSE were committed to resolving this issue.

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

“To call on the HSE to re-instate the Community Allowance to Nurses who work in Our Community.”

A written response from Ms. Tess O’Donovan, Assistant National Director, HR, Resources, was circulated and referred to.
Cllr. John Joe Culloty advised the Members that newly recruited nurses who work in the community do not receive the Community Allowance. He asked Ms. O’Donovan nurses in other HSE areas who work in the community receive this allowance.

Ms. O’Donovan, Assistant National Director HR, confirmed that the allowance was abolished for new recruits across the country and that existing staff retain the allowance. She confirmed that there were alternative allowances available to new recruits and that these were outlined in the Response circulated to Members.

5. **Questions**

5(a) **Cllr. John Joe Culloty** put forward the following Question:

“When will people throughout the country with Haemochromatosis, be allowed to donate blood, for blood donation purposes, as there is no reason why they should not be allowed to do so?”

A written Response by Mr. Tony McNamara, CEO, Cork Hospital Group, was circulated and referred to.

Cllr. Culloty advised those present that a considerable amount of blood is being taken from haemochromatosis suffers on a monthly basis and this blood is being disposed of and this has a significant cost implication. He queried whether it would be possible for haemochromatosis sufferers to get their blood tested by their GP and once they receive the results of the test the GP could provide them with a statement of where their Ferritin levels stood. If the person’s levels were within the required range he suggested that this statement could stand for six months. This would then negate the need for their blood to be disposed as frequently.

The Chairperson, Cllr Tim Lombard, acknowledged Cllr. Culloty’s interest in this subject and also acknowledged that he put forward a number of Questions concerning blood donations from people with haemochromatosis. He suggested that a representative from the Blood Transfusion Service might be asked to attend a future Committee Meeting.

Mr. Tony McNamara confirmed that he would pass on Cllr. Culloty’s suggestion to the Blood Transfusion Service in St. Finbarr’s Hospital.

Mr. Gerry O’Dwyer informed the Members that he just received confirmation that the Minister for Health, Mr. James Reilly, was unwell and would not be in a position to attend his scheduled appointments in Waterford in the afternoon. He confirmed that the HSE would notify the Councillors if the Minister’s scheduled arrangements in Cork and Kerry on Friday and Saturday would go ahead as planned.

Cllr. Tim Lombard wished all Councillors success in the Local Elections.

Cllr. Mary Hannah Hourigan said that it was promised that a meeting would be organised which the National Ambulance Service, HSE and the local committee (which was founded to protect the current level of ambulance cover in the Cashel/Tipperary town area) could attend to discuss this topic. She said that she
received an e-mail yesterday from Anna Marie Lanigan’s office advising that the meeting was organised for the end of the May. However, she said that she heard through the media in the previous week that the 2nd ambulance was being redirected elsewhere. Cllr. Hourigan said that she was extremely upset that she was not contacted directly prior to the news being released to the media. She stated that she had raised this issue a number of times at previous Forum Meetings. She requested that the meeting be brought forward in light of the current circumstances.

Mr. Brendan Crowley, Operations Performance Manager, National Ambulance Service, advised Ms. Hourigan that the decision to change the service was made some time ago and the Ambulance Service has engaged in a long industrial relations process in relation to this issue. He confirmed that staff had been served with notice of the change in rostering arrangements as and from the 19th of May, 2014.

Mr. Crowley informed Ms. Hourigan that decisions relating to the Ambulance Service are made based on regional statistics. He stated that historically one of the ambulances based in Cashel were used for inter-hospital transfers and now an Intermediate Care Vehicle (ICV) will take responsibility for this type of service and the remaining ambulances will be redistributed to focus on emergency cover.

Ms. Anna Marie Lanigan advised that she will do her best to bring forward the date of the proposed meeting. She said that fixing a date for the initial meeting had proved difficult as the attendees had busy schedules and it took some time to settle on a date that would enable all to attend.

Cllr. Arthur McDonald referred to an issue which he raised at the Committee Meeting in Kilkenny in March 2014 in relation to gas supply that may be affecting houses in Bagnelstown, Co. Carlow. Ms. Anna Marie Lanigan confirmed that she would follow up with Cllr. McDonald in relation to this matter.


6. **Date and Time of Next Meeting**

The next Meeting of the Regional Health Forum South, will be held at 2pm on the 10th of July, 2014, at Council Chambers, County Hall, Cork.
MINUTES OF JULY 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 10th of July, 2014 @ 1pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Brazil  
Cllr. James Brown  
Cllr. Mary Butler  
Cllr. John Buttimer  
Cllr. John A. Collins  
Cllr. Henry Cremin  
Cllr. John Joe Culloty  
Cllr. Mary Rose Desmond  
Cllr. Michael Doyle  
Cllr. Pat Fitzgerald  
Cllr. Denise Foley  
Cllr. Deirdre Forde  
Cllr. Breda Gardner  
Cllr. Imelda Goldsboro  
Cllr. Joe Harris  
Cllr. Danny Healy-Rae  
Cllr. Mary Hanna Hourigan

Cllr. Mike Kennelly  
Cllr. Mary Linehan Foley  
Cllr. Joe Malone  
Cllr. Michael McCarthy  
Cllr. Rachel McCarthy  
Cllr. Louise McLoughlin  
Cllr. Jason Murphy  
Cllr. Bobby O’Connell  
Cllr. Aaron O’Sullivan  
Cllr. John Pender  
Cllr. Seanie Power  
Cllr. Damian Quigg  
Cllr. William Quinn  
Cllr. John Sheehan  
Cllr. Joe Sullivan  
Cllr. Tom Woods

Apologies:

Cllr. Frank Staples

In Attendance:

Mr. Brian Kirwan, Regional Director for Performance and Integration South  
Mr. Gerry O’Dwyer, Interim Group CEO, Cork Hospital Group  
Mr. Ger Reaney, Area Manager, HSE Cork  
Mr. Tony McNamara, CEO, Cork Hospital Group  
Ms. Anna-Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services,  
Ms. Angie O’Brien, Area Communications Manager, HSE South  
Mr. Michael Norris, Operations Performance Manager, National Ambulance Service  
Ms. Sinéad Byrne, Manager, Regional Health Forum, South  
Ms. Rebecca Loughry, Executive Lead Performance and Integration Regional Health Forum Office staff
1. **Adoption of the Minutes of the previous Meeting held on 8th of May, 2014**

At the proposal of Cllr. Bobby O’Connell, seconded by Cllr. John Buttimer, the Minutes of the Forum Meeting held on Thursday the 8th of May, 2014 were approved and adopted by Members.

2. **Chairperson’s Correspondence**

Cllr. Mary Hanna Hourigan was asked by the Regional Health Forum Office to Chair the meeting until such time as the Chairperson was elected. Cllr. Hourigan welcomed all the Members and HSE Managers to the first meeting of the new Forum. She requested that all mobile phones be turned off as these interfere with the audio system in the Chambers. Cllr. Hourigan requested that all Councillors display their name plate and requested that they identify themselves by name when contributing to discussions.

**Election of Chairperson**

Voting for the roles of Chairperson and Vice Chairperson was by way of show of hands.

Cllr. Hourigan advised that the first matter for consideration was the election of the Chairperson. Cllr. Breda Gardner requested that, prior to a vote taking place, consideration and discussion should take place around expertise, geography and gender balance in terms of the role of the Chairperson and Vice Chairperson.

Cllr. Gardner requested an adjournment to discuss her proposal and a vote was taken by a show of hands. The majority of members voted that there would be no adjournment and voting for the Chairperson’s role proceeded.

Cllr. Mary Hannah requested nominations for the position of Chairperson of the Regional Health Forum South. Cllr. John Buttimer was proposed by Cllr. John Collins and was seconded by Cllr. Deirdre Forde. Cllr. Pat Fitzgerald proposed Cllr. Breda Gardner and Cllr. Rachel McCarthy seconded this proposal. As there were two candidates nominated, the members voted for each Councillor by a show of hands; Cllr. John Buttimer was elected as Chairperson by a majority vote.

Cllr. John Buttimer took the Chair and thanked Members for their vote of confidence in him and said that he looked forward to working with all parties and the HSE in a bipartisan way. He advised that the work of the Forum is governed by the Standing Orders and that these would be recirculated to Members.

**Election of Vice-Chairperson**

Nominations were sought for the position of Vice-Chairperson.

Cllr. Denis Foley was proposed by Cllr. Bobby O’Connell and seconded by Cllr. Liam Brazil. Cllr. Pat Sheehan proposed Cllr. Henry Cremin and this proposal was seconded by Cllr. Rachel McCarthy. As there were two candidates nominated, the members voted for each Councillor by a show of hands; Cllr. Denis Foley was elected by a majority vote. Cllr. Foley thanked the Members for their support.
3. **Discussion on Options for Regional Health Forum Committees**

Reports of Committee Meetings
(a) Acute Hospitals Services and Population Health Committee
(b) PCCC Committee

held on Thursday 10th of April and Thursday 19th of June, 2014

The Reports of the Committee Meetings were taken as read.

Ms. Sinead Byrne, Regional Health Forum Manager, outlined the three options to be considered for decision for the Regional Health Forum Committees going forward which were as follows:

Option 1:

Two Committees made up of 2 areas per Committee, South East Committee (Carlow, Kilkenny, South Tipperary, Waterford and Wexford) and South West Committee (Cork and Kerry). Each Committee then discusses the business of the area to include both Acute and PCCC Services. This would facilitate meetings in alternate venues e.g. Cork for two meetings, Kerry for the other two in the South West with Kilkenny for two meetings and Waterford for the other two in the South East.

Option 2:

Remain as is with 2 Committees, one PCCC and one Acute, alternating between Cork and Kilkenny venues; Acute Services meeting in the morning and PCCC in the afternoon. Members decide which Committee they wish to participate with and the relevant Managers attend updating Members on the relevant services across the HSE South.

Option 3:

Have one Committee of all 39 members that meets 4 times per year alternating venues between Cork and Kilkenny.

The following questions were asked and were responded to:

- Could consideration be given to dates of Council Meeting when arranging Forum Meetings to ensure that there is no conflict?
- Will a decision on these options for the Committee Meetings have an impact on the Forum Meetings?
- Could Regional Health Forum Meetings be held in the evening?

An adjournment of ten minutes took place to facilitate discussion between Members and Parties on the options for decision. The meeting reconvened and each Member in turn identified their preferred option. Option 1 was carried by all present. This option allows for geographical breakdown of membership – one Committee with
representatives from Cork and Kerry and the other Committee to be made up from Members in Carlow, Kilkenny, South Tipperary, Waterford and Wexford. Meetings will be scheduled simultaneously on 4 dates throughout the year and the relevant Acute and PCCC Managers for the areas will attend to discuss the local issues.

On behalf of the Members of the Regional Health Forum South and the HSE Management, the Chairperson extended a vote of sympathy to Cllr. Seanie Power on the death of his Father.

The Chairperson advised that the Meeting would proceed with the Notices of Motion and Questions. He explained that each Member could submit one Notice of Motion per meetings and that it would not be open to any Member to propose a similar Motion within a six month period. In terms of Questions each Member can put down one Question per Meeting and that one supplementary Question may be asked by the Questioner but that there is no debate on Questions.

4(a) Cllr. James Browne moved the following Notice of Motion standing in his name:

“That the new A & E Department be provided with a minimum of ten additional staff and two A & E Consultants to enable a full service be provided in the new Department.”

A written response from Ms. Lily Byrnes, General Manager, Wexford General Hospital was circulated and referred to.

Cllr Browne welcomed the opening of the new Accident & Emergency Department at Wexford General Hospitals. He said that the Paediatric Department and part of the A & E Department remained closed and he called for these to be opened as soon as possible. Cllr. Browne said that there was a staff shortfall and that this staff shortage should be addressed as a matter of urgency.

Mr. Gerry O’Dwyer, Interim Group CEO, confirmed that there was a working group in place to address these issues. He also confirmed that there was a recruitment process in train for paediatric nurses, midwives and general nurses.

Cllr. Browne queried whether there would be additional Consultant posts allocated to the A & E Department in Wexford General Hospital. Mr. O’Dwyer advised that discussions with the Clinical Programmes were ongoing and that he would update Members on progress at the next Committee Meeting.

4(b) Cllr. Joe Sullivan moved the following Notice of Motion standing in his name

“That the HSE will now take every step necessary to guarantee executive commitment to reducing the risk to patients of acquiring healthcare-associated infections in all hospitals, to facilitate and support staff in the necessary training and to report back to this Forum at the next meeting on what steps have been taken to ensure that the concerns raised in the HIQA Report in relation to Wexford General Hospital have been addressed.”

A written response from Ms. Lily Byrne, General Manager, Wexford General Hospital was circulated and referred to.
Cllr. Sullivan informed Members that he submitted this Motion as a result of a recent HIQA inspection and subsequent report wherein hygiene issues were cited and HIQA concluded that there was a risk to patients of acquiring healthcare associated infections.

Mr. Gerry O'Dwyer referred to the comprehensive action plan that was adopted by the Executive Management Board of the Hospital on foot of the HIQA Inspection. Mr. O'Dwyer assured Cllr. Sullivan that the HSE were committed to implementing all of the HIQA Recommendations in relation to their inspection of Wexford General Hospital and indeed all Recommendations made by HIQA in relation to other inspections undertaken. He confirmed that hygiene is at the top of the HSE’s agenda.

4(c) Cllr. Damian Quigg moved the following Notice of Motion standing in his name:

“To call on the HSE to ensure that services in St Francis Special School in Beaufort, Co Kerry, be restored in full and to give a commitment to the parents that they will work to improve the quality of service delivery in relation to speech and language therapy services and physiotherapy services and the other services that are required on a daily basis to give these children and there parents a better quality of life.”

A written response from Mr. Ger Reaney, ISA Manager Cork and Kerry, was circulated and referred to.

Cllr. Quigg confirmed that he read through the Response received but disagreed with some of its contents. He said that it was vital that the therapies should be reinstated as soon as possible and that the lack of these services is having a detrimental affect on the children in need of them. Cllr. Quigg was supported in his Motion by a number of other Councillors.

Mr. Ger Reaney said that he fully understood the concerns of Cllr. Quigg and his fellow Councillors. He confirmed that he had met the families concerned and local management in Kerry had met the parents on a number of occasions and were working to address their concerns.

Mr. Reaney set out the background to the reconfiguration of services for children with disabilities, for children requiring early intervention services and for those attending School within the Kerry Region. He acknowledged that this resulted in significant change for all concerned and that this change was compounded by the temporary reduction in staffing levels. Mr. Reaney accepted that the vacancies within St. Francis Special School should have been addressed more quickly. He referred to the response issued wherein information was provided on the filling on the various posts and also said that he was happy to confirm that the Speech & Language Therapist was in situ since last week.

Mr. Reaney advised that a Review Group was established between parents, the school principal, KIDS and the HSE to ensure that the deficits are being addressed and that the children and their families have the service they require based on their identified needs. He said that this group will continue with its work until these issues have been fully resolved.
Cllr. Quigg said that he hoped that services/therapies would not be reduced by the HSE in this manner again.

4(d)  Cllr. John Sheehan moved the following Notice of Motion standing in his name:

**Can the HSE explain why, when patients are seen by the Orthopaedic Department in the South Infirmary Victoria Hospital and recommended to be fitted with Orthotic support, that the Orthopaedic Surgeon then has to fill out a general 7 page request form that is common to all practitioners. This is leading to delay in patients receiving vital orthopaedic treatment and is wasteful and leading to unnecessary duplication of services when the patient has already seen the specialist service and being recommended for treatment.**

A written response from Mr. Ger Reaney, ISA Manager Cork and Kerry was circulated and referred to.

Cllr. Sheehan advised that he had set down this Motion on foot on concerns raised by Consultant Orthopaedic Surgeons in the South Infirmary Victoria Hospital in relation to delays that ensued for patients for whom they had recommended orthotics. He said that the Consultants are Specialist in this area and that the standard form that they are presently required to complete on behalf of their patients is cumbersome and causing unnecessary delays.

Mr. Ger Reaney advised that a standardised approach to the application and referral process for Orthotics and Prosthetics was developed in 2013 by the HSE South Orthotics and Prosthetics Group whose membership included two Consultant Orthopaedic Surgeons. Applications from every source for orthotics are now submitted to a Resource Allocation Group whose role is to review the requests and ensure that those with the greatest clinical need are prioritised within the available budget. Mr. Reaney advised that a copy of the form itself was included with the Response and that the data required to complete the form was basic. He confirmed that he was happy to speak to the Consultants in question.

The Chairperson advised that Notice of Motion 4(e) and Question 5(d) would be taken together as they related to the same subject matter.

4(e)  Cllr. Tom Wood moved the following Notice of Motion standing in his name

“**That this Forum calls on the Minister for Health and the HSE to formulate a serious plan for the beneficial use of our Lady’s Hospital, Cashel as a major part of this purposely built 1940’s hospital lies in darkness now for close on 16 years.**”

5(d)  Cllr. Tom Wood put forward the following Question

“**What’s in store for Saint Patricks Hospital, Cashel, if the accredited and acclaimed Rehabilitation Unit, the heart of the caring establishment, is transferred.**”

Ms. Anna Marie Lanigan’s written Responses to the Notice of Motion and Question were circulated and referred to.
Cllr. Wood thanked Ms. Lanigan for her Responses. He informed Members that there was a detailed plan agreed for the Cashel hospitals in 1996 and a commitment to St. Patrick’s Hospital retaining its services was an integral part of that agreement. He said that it was his view that the transferring of services from St. Patrick’s Hospital to Our Lady’s Hospital signalled the beginning of the closure of St. Patrick’s Hospital. He referred to the line in Ms. Lanigan’s Response to Question 5 (d) wherein it states that a development plan would be prepared after the transfer of services to Our Lady’s Hospital. Cllr. Wood said that he had significant concerns around this as he felt that there should be a plan in place now and he called on the HSE to put a plan in place as soon as possible.

Ms. Lanigan confirmed that the HSE was committed to developing sustainable high quality services for older people in Cashel. She advised that plans were underway to transfer the Rehabilitation Unit and high dependency clients from St. Patrick’s Hospital to Our Lady’s Hospital Cashel. This transfer is being undertaken to allow for refurbishment work to be undertaken in St. Patrick’s Hospital in order to address the environmental issues identified in the HIQA report into the Hospital. She informed Members that HIQA had visited Our Lady’s Hospital and that they have acknowledged the high standards in place there. Ms. Lanigan advised that, in the longer term, it is planned that a Community Nursing Unit, which will provide long stay residential care, will be developed in St. Patrick’s Hospital Cashel. Ms. Lanigan assured the Members that there are no plans to reduce the services being provided and that the staffing challenges within St. Patrick’s Hospital were being addressed.

In terms of Our Lady’s Hospital, she confirmed that the ground floor of Our Lady’s Hospital will continue to provide Primary Care and secondary Disability Out-Patient Services. In addition, the Le Cairde Unit on the grounds of the hospital will be modified and refurbished with the aim of establishing a 12 bedded Dementia Specific Unit.

5. Questions

5(a) Cllr. James Browne put forward the following Question:

“The urgent need to clarify the costs incurred by medical card patients for blood tests as many GP’s are now charging patients €10 to take blood tests for ongoing treatment even though the Department of Health insists the cost of these blood tests are covered under the GP services, as paid by the HSE. Please clarify whether or not, under the current medical card scheme, GP’s are allowed to charge patients for carrying out of blood tests.”

A written Response by Ms. Anna Marie Lanigan, Area Manager, South East Primary Community and Continuing Care Services, was circulated and referred to.

Cllr. Browne thanked Ms. Lanigan for her comprehensive Response. He said that some GP’s are charging medical card holders for sending blood samples to Laboratories.

Ms. Lanigan advised that she had liaised with the PCRS who confirmed to her that no costs should be incurred by medical card holder for tests relating to the investigation and treatment of their symptoms. She further advised that any medical card holder
who has been charged in the circumstances as set out should make a complaint to their local Primary Care Unit.

On a point of Information Cllr. John Sheehan informed Members that there is no provision under the GMS Contract for chronic disease management and that GP’s can charge medical card holders for treatment under this heading.

5(b)  Cllr. Joe Sullivan put forward the following Question:

“To provide a breakdown of how many ambulances, rapid response vehicles and other emergency vehicles are based in Wexford, how many hours each type of vehicle is in use and whether there is any intention to increase the amount of vehicles and hours and if so when.”

A written Response by Mr. Michael Norris, Operations Performance Manager, National Ambulance Service HSE South, was circulated and referred to.

Cllr. Joe Sullivan advised that it was his understanding that two ambulances cover the New Ross, Enniscorthy and Gorey areas at night time. He informed Members that the population in these areas experience a significant surge during the summer months. He asked if the NAS had any plans to increase this number to three for the duration of the summer.

Mr. Michael Norris advised that the National Ambulance Service was at an advanced stage of reaching agreement with staff in relation to the realignment of service levels in County Wexford. He said that part of this process provided for the provision of a fourth emergency vehicle in County Wexford on Friday, Saturday and Sunday nights. He said that he hoped agreement would be reached by year end 2014 and that this agreement would ensure that the three areas identified would have access to 24 hour emergency ambulance cover.

5(c)  Cllr. Damian Quigg put forward the following Question

“What are the intentions of the HSE regarding mental health services in South and West Kerry following the closure of local community based mental health facilities (e.g. Island View, Cahirciveen given that County Kerry has now the second highest suicide rate in Ireland, standing at 15.5 deaths per 100,000 population (National average 11.7) up from 11.5 deaths per 100,000 from 2004. Does the HSE believe that this closure was a positive step considering these statistics?”

A written Response by Mr. Ger Reaney, ISA Manager, Cork & Kerry was circulated and referred to.

Cllr. Quigg asked what plans the Mental Health Services in Kerry had to tackle suicide. He said that he had submitted the Question because Kerry had the second highest rate of suicide in the Country. Cllr. Quigg told the Members that it was critical than an education programme on this subject should be delivered with the school system.

Mr. Ger Reaney told Members that suicide prevention is an area of concern to all working in the HSE, including the staff of the Mental Health Services in Kerry. He confirmed that considerable work has been done in this area and he also
acknowledged that more needs to be done. He advised that his Response to Cllr. Quigg’s Question sets out in detail the approach being adopted to tackle suicide by the Kerry Mental Health Services. The information provided in the Response includes details of services provided by the Mental Health Resource Officer, Console and the Jigsaw Programme.

Mr. Reaney told Members that the Kerry Suicide Response Forum was set up in response to the high incidence of suicide in Kerry. The Forum was established by the HSE and brings together a range of statutory, community and voluntary agencies in Kerry. These organisations are working with the HSE to offer immediate co-ordinated support and practical help to people and families affected by suicide through the provision of helplines and specific training programmes.

The Members were advised that Kerry Mental Health Services was moving away from an institutional medical model to a more community based, person centred approach to delivering it services. Mr. Reaney said that this was in line with “A Vision for Change” and is the stated preference of service users, their families and staff. As part of this re-orientation of the service a review was undertaken in Island View Support Hostel to determine if the residents’ needs were being best met in independent living accommodation or in a long term older persons setting. Mr. Reaney said that options were discussed with the residents and their families and the decisions made on appropriate alternative accommodation were based on the individual’s needs and welfare.

Mr. Reaney explained that the staff of Island View Support Hostel were redeployed to work with the Home Treatment Teams who work in partnership with the service users and their families to facilitate recovery in settings which are primarily community based and available seven days a week.

6. Date and Time of next meeting – Thursday 18th of September at 2pm, Council Chambers, County Hall, Cork
MINUTES OF SEPTEMBER 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 18th of September, 2014 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Brazil
Cllr. James Brown
Cllr. Mary Butler
Cllr. John Buttimer
Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Breda Gardner
Cllr. Imelda Goldsboro
Cllr. Joe Harris
Cllr. Danny Healy-Rae
Cllr. Mary Hanna Hourigan
Cllr. Mike Kennelly
Cllr. Mary Linehan Foley
Cllr. Joe Malone
Cllr. Michael McCarthy
Cllr. Rachel McCarthy
Cllr. Louise McLoughlin
Cllr. Jason Murphy
Cllr. Bobby O’Connell
Cllr. Aaron O’Sullivan
Cllr. John Pender
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. William Quinn
Cllr. Bob Ryan
Cllr. John Sheehan
Cllr. Frank Staples
Cllr. Joe Sullivan
Cllr. Tom Wood

Apologies:

Cllr. Deirdre Forde

In Attendance:

Mr. Gerry O’Dwyer, CEO, South/South West Hospital Groups
Mr. Ger Reaney, Area Manager, HSE, Cork and Kerry Primary, Community and Continuing Care Services,
Mr. Tony McNamara, CEO, Cork Hospital Group
Ms. Anna-Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services,
Ms. Angie O’Brien, Area Communications Manager, HSE South
Mr. Michael Norris, Operations Performance Manager, National Ambulance Service
Ms. Sinéad Byrne, Manager, Regional Health Forum, South
1. **Adoption of the Minutes of the previous Meeting held on 10th of July, 2014**

At the proposal of Cllr. Bobby O’Connell, seconded by Cllr. Liam Brazil, the Minutes of the Forum Meeting held on Thursday the 10th of July, 2014 were approved and adopted by Members.

2. **Chairperson’s Correspondence**

Cllr. John Buttimer, Chairperson, welcomed the Members and Managers to the meeting. Members were asked to turn off their mobile phones as these interfere with the Audio System in the Chambers.

Cllr. Buttimer advised that the next meeting of the South West Committee which comprises of Cork and Kerry Members will be held on Tuesday 21st October 2014 in Tralee. The meeting of South East Committee, whose membership is made up of Forum Members from Carlow, Kilkenny, South Tipperary, Wexford and Waterford, will be held on Thursday 23rd October. He advised that the venues for both meetings will be circulated to Members shortly.

In terms of Emergency Motions, Cllr. Buttimer advised that these Motions need to be raised firstly through the Party Whip and then by the Whip directly with the Chair. He confirmed that the Chair will make a decision on whether the Emergency Motion is accepted and added to the Agenda.

The Chairperson asked Mr. Gerry O’Dwyer, Group CEO, South/South West Hospital Groups, if he would like to update Members on the Integrated Service Area Review Report that is due to be published shortly.

Mr. Gerry O’Dwyer advised that ISA Review Report is due to be published imminently. It has been forwarded to Department of Health and HSE Management Team and it is likely to be released next week; the Regional Health Forum office will notify Members in due course. Mr. O’Dwyer updated members on the transition from RDO to RDPI following announcement of new structures and he confirmed that the RDPI role will be phased out. Mr. O’Dwyer confirmed he has the Lead for the Regional Health Forum in the HSE South and that Mr. Ger Reaney, Area Manager, together with Ms. Anna Marie Lanigan, Area Manager will continue to work with Members on the Forum.

The Chairperson thanked Mr. O’Dwyer for his update and introduced Ms. Anna Marie Lanigan, Area Manager, as she wished to inform Members of the upcoming Health Management Institute Awards.

Ms. Lanigan updated members on the National Awards and advised that future Committees would receive presentations by the Groups involved.

Ms. Lanigan also raised the very tragic incident at St. Otteran’s Hospital in recent days; Ms. Lanigan advised that staffing levels were not at issue and that there are no concerns in relation to the safety of all other residents. She confirmed that there is a full review underway and members would be informed of the outcome of this review.
Cllr. John Buttimer offered his congratulations to Mr. Gerry O’Dwyer on his appointment as President of the European Hospital Managers Association.

Mr. Gerry O’Dwyer wished to allay members concerns over the continued services at Emergency Departments in the Region. He confirmed that the Emergency Departments in the South/South West Group which include Kerry General Hospital, Cork University Hospital, University Hospital Waterford, Wexford General Hospital, St. Luke’s Hospital Kilkenny and St. Tipperary Hospital are open 24 hours a day and there are no plans to reduce services. He confirmed that Bantry, Mallow and St. Mary’s Orthopaedic will continue to provide Local Injuries Unit services as is currently the position.

Cllr. Buttimer advised that he wished to make a declaration under the Standards in Public Office; he is a member of the COPE staff and member of Board of Mercy University Hospital.

The Chairperson reminded Members that there is no debate on Questions and that it is only the Member who asked the Question may speak to it.

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

“That plans be drawn up for the proposed 40 bed Community Nursing Unit at Saint Patrick’s Hospital, Cashel without further delay in order to ensure its provision as quickly as possible”

A written response from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services, was circulated and referred to.

Cllr. Tom Wood queried the possible development of Community Nursing Unit in Cashel; he stated it was not clear in the Response that issued. Cllr. Wood asked if Ms. Lanigan would come to Cashel to address issues to patients and staff advocates. He said he did not want to see the Rehabilitation Unit moved as it is the heart of St. Patrick’s Hospital.

Ms. Anna Marie Lanigan acknowledged the work and services in St. Patrick’s Hospital were of a very high standard. She confirmed that she is a regular visitor to Cashel and has met staff there on a number of occasions including last week. The group she met recently included members of staff and various other stakeholders and Ms. Lanigan stated that she was more than happy to address any issue. The Elderly Mentally Infirm Unit is a new development for Cashel and will be an improvement on the current services provided there. There is ongoing consultation with the HSE Estates Department and a commitment for funding is required before a date can be given as to the commencement of the project. Ms. Lanigan stated that all work will be done in consultation with HIQA with a view to continuing to improve services to the elderly in Cashel.

The Chairperson advised that as Notice of Motion 4 (b) and Question 5 (g) related to the same subject matter they would be taken together.

4(b) Cllr. Damian Quigg moved the following Notice of Motion standing in his name:
“To ask this Forum, why is it taking such a lengthy period of time for the renewal of Medical Cards and Medical Card Applications here in Kerry, this is leaving people who are very sick without cover for the said period.”

5 (g) Cllr. Henry Cremin put forward the following Question:

“Is it possible that members of this Forum could have more access to medical card applications, in order to inform their constituents directly of their current status, therefore relieving our TDs of some of the work load, and also assisting the Independent Councillors who would not have a link to any TDs without party affiliations?”

The combined written response to the above 4(b) Notice of Motion and 5 (g) Question from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Service was circulated and referred to.

Cllr. Damian Quigg raised his concerns with regard to medical card applicants in the Kerry area and specifically cases where patients suffering from terminal cancer were waiting from 6-8 months for a medical card. He raised the issue of patients with MS and seriously ill children on medications not covered on Drug Refund Scheme. Cllr. Quigg advised that personal pleas had been made to Minister and no action had yet resulted.

Cllr Hilary Cremin seconded Cllr. Quigg’s submission and sought support for his own motion.

Ms. Anna Marie Lanigan responded to members concerns; she acknowledged the challenges and frustrations and stated that there has been an improvement in the performance of PCRS. She advised that she will relay all information back to PCRS from this meeting. Ms. Lanigan added that in most cases information missing from application was what causes delays. Ms. Lanigan asked names from specific cases to be given to her and she will follow up on each case. She advised that this is no dedicated number for the Regional Health Forum members to call with queries. She will however issue an invitation to PCRS to attend a future Committee Meeting to discuss these issues further.

Cllr. John Buttimer stated that there is a clear consensus in relation to a dedicated contact number for Forum Members; he suggested that a letter should be sent to the Minister for Health and PCRS in this regard.

4(c) Cllr. John Buttimer moved the following Notice of Motion standing in his name:

“That the HSE South would publish details on funding allocated to service providers in intellectual disability and/or autism to enable people to transition from congregated settings to community settings since 2012; that the report would include details on the number of people supported to transition in 2012, 2013 and 2014 and the number of people expected to be supported move from congregated to community settings in 2015 and 2016; the report might also comment on the relationship between the HSE, Department of Health and the Department of Environment, Community and Local Government with respect to meeting the housing need of people with disability in community settings.”
A written response from Mr Ger Reaney, Area Manager, Cork and Kerry Primary, Community and Continuing Care Services, was circulated and referred to.

Cllr. Buttmer thanked Mr. Reaney for his response and confirmed that he is happy with same.

4(d) Cllr. Danny Healy-Rae moved the following Notice of Motion standing in his name:

“To ask that more frontline staff be provided to Kerry General Hospital as they are understaffed”

A written response from Mr T.J. O’Connor, General Manager, Kerry General Hospital, was circulated and referred to.

Cllr. Danny Healy-Rae informed Members that patients from other areas are being treated in Kerry General Hospital and this is resulting in more pressure on frontline staff. He called for the moratorium on recruitment to be relaxed due to the unprecedented overcrowding in Kerry General Hospital.

Mr. Gerry O’Dwyer, CEO, South/South West Hospital Group outlined that a recruitment process has commenced for medical and nursing staff in the HSE South.

4(e) Cllr. Henry Cremin moved the following Notice of Motion standing in his name:

“Can I have an explanation of the current system in place for weekend/bank holiday home helps?”

A written response from Mr Ger Reaney, Area Manager, Cork and Kerry Primary, Community and Continuing Care Services, was circulated and referred to.

Cllr Henry Cremin questioned what the HSE policy is in relation to the replacement for Home Helps when they take leave.

Mr. Ger Reaney advised that it is practise that clients are assessed individually based on their need and if a replacement Home Help is required every effort made to replace them.

4(f) Cllr. James Browne moved the following Notice of Motion standing in his name:

“That this Forum and the HSE call on the Department of Health to recognise the unique needs of people suffering from Ichthyosis and supports the inclusion of those suffering from this genetic skin condition onto the Long Term Illness Scheme and requests the HSE to comment on the proposal and to explain its current exclusion.

Ichthyosis is an incurable lifelong genetic disorder affecting the skin. In its severe forms it can be both acute and chronic and requires daily monitoring, treatment and full time care. It is debilitating for both the suffers and their carers’.”

A written response from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services, was circulated and referred to.
Cllr James Browne referred to his motion and said he was calling on the Minister to include Ichthyosis under the Long Term Illness Scheme. It was agreed that a letter would issue to the Minister in this regard.

5. Questions

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

“Is it possible to provide additional staff and facilitate and longer opening hours at the Registration Offices for Births Deaths and Marriages in Clonmel, Carrick-on Suir and Cashel?”

A written response from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services, was circulated and referred to.

Cllr Tom Wood noted the response of Ms. Lanigan.

5(b) Cllr. John Sheehan put forward the following Question:

“With regard to the significant computer laboratory failure recently in Cork University Hospital can the HSE management please explain:

1. Why did the computer system fail to such a catastrophic extent?
2. Were there back-up systems and if so why did they fail?
3. What is being done to rectify the problem?
4. What systems are being put in place to make sure that this does not happen again?
5. Was the failure due to lack of investment in ICT structures?”

A written response from Mr. J.A. McNamara, Chief Executive Officer, Cork University Hospital, was circulated and referred to.

Mr. McNamara said there was a significant failure in the system and work is ongoing to resolve the issue. He acknowledged the support of General Practitioners to reduce the number of tests. There is a new IT equipment ordered and should be delivered in the coming weeks.

Cllr. John Sheehan acknowledged the work of Laboratory Staff and questioned whether the exact cause had been identified.

Mr. McNamara advised that a group was established to conduct a root cause analysis to determine the exact cause of the failure. He advised that any learning from this review will be shared.

The Chairperson advised that as Question 5(c) and 5(e) related to the same subject matter they would be dealt with together.

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

“What is the current position with the hospital in Dingle regarding respite care, the building is not being used for the purpose of which it was built, it
is now servicing primary health care resulting in no beds being made available for respite care when many families are in grave need of this service. It is my understanding that a full wing of the hospital was never opened.”

5 (e) Cllr. Danny Healy-Rae put forward the following Question:

“Is it the HSE’s intention to move staff, currently in a rented building in Dingle, into bed spaces in Dingle Hospital? I am concerned that bed spaces are being taken up with office space in Dingle Hospital.”

A combined written response from Mr. Ger Reaney, Area Manager, Cork and Kerry Primary, Community and Continuing Care Services, to the above Question 5(c) and Question 5(e) was circulated and referred to.

Cllr. Damian Quigg asked why patients are waiting on Respite Care and he questioned what action is being taken to improve the situation.

Cllr. Danny Healy-Rae expressed his concern that space originally designed to accommodate patients was now being used as offices; he requested an update on this matter.

Mr. Ger Reaney confirmed that there are 12 beds for short-term/respite use which compares well with the level available in other hospitals and communities. The HSE would like to have all of the vacant 22 such beds open, particularly for long term care. However, this is unlikely due to the new HIQA requirements. A submission will be made in the Service Plan to see if funding can be accessed to open whatever level of beds are approved by HIQA.

5 (d) Cllr. John Buttimer put forward the following Question:

“To ask the HSE South for a full and comprehensive report on plans to develop primary care centres in the South Lee area with particular reference to the Bishopstown, Togher, and Ballyphehane and if funding has been identified and ringfenced to allow a centre proceed if an agreed site is identified?”

A written response from Mr. Ger Reaney, Area Manager, Cork and Kerry Primary, Community and Continuing Care Services, was circulated and referred to.

Cllr. John Buttimer noted the response of Mr. Reaney.

5 (e) Cllr. Danny Healy-Rae put forward the following Question:

“Is it the HSE’s intention to move staff, currently in a rented building in Dingle, into bed spaces in Dingle Hospital? I am concerned that bed spaces are being taken up with office space in Dingle Hospital.”

See 5(C) above.

5 (f) Cllr. Joe Sullivan put forward the following Question:
“Are the HSE going to close the Health Centre at Camolin, Co Wexford? If this is the case, what arrangements are the HSE going to put in place for people with no transport, the elderly & children. The Camolin Health Centre is currently catering for a population of over 3000 in its catchment area.”

A written response from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services, was circulated and referred to.

Ms Anna Marie Lanigan advised members that Camolin Health Centre was deemed by the Estates Department as not fit for purpose. It is therefore intended to transfer PHN service to Gorey and Domiciliary Services will continue to be delivered to people at home. It is planned to develop Primary Care Centre in the Ferns area in the longer-term.

5 (g) Cllr. Henry Cremin put forward the following Question:

“Is it possible that members of this Forum could have more access to medical card applications, in order to inform their constituents directly of their current status, therefore relieving our TDs of some of the work load, and also assisting the Independent Councillors who would not have a link to any TDs without party affiliations?”

See 4 (b) above

5 (h) Cllr. James Browne put forward the following Question:

“There is an urgent need to clarify the HSE’s intention towards St. Senan’s Hospital in Enniscorthy. The former hospital sits on grounds of approximately 100 acres close to Enniscorthy town. Other hospitals under the HSE’s remit in County Wexford such as the old St. John's Hospital in Enniscorthy and the old Wexford General Hospital in Wexford town have been allowed to become derelict and there is deep concern among the local community that St. Senan's hospital will be allowed to fall into disrepair also. What are the HSE's proposals for the building and if the HSE has no proposals for the hospital will it facilitate and support community based stakeholders to redevelop the building for community use such as an enterprise centre, artists centre, third level facilities and PLC courses.”

A written response from Ms. Anna Marie Lanigan, Area Manager, South East Primary, Community and Continuing Care Services, was circulated and referred to.

Ms. Anna Marie Lanigan confirmed that a review of the buildings at St. Senan’s Hospital is currently underway and she will report back to members once this review is complete.

5 (i) Cllr. Breda Gardner put forward the following Question:

“To ask the HSE to outline the procedures for prioritising patients on waiting lists, particularly in the area of the orthopaedic waiting list for University Hospital Waterford and how do they ensure that the most urgent patients are seen in the shortest time”.

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A written response from Mr. Richard Dooley, General Manager, University Hospital Waterford South East Acute Services, was circulated and referred to.

Mr. Gerry O’Dwyer informed members that the group of hospitals will be working very closely with the Consultant Orthopaedic Surgeons and the national clinical programmes over the next year.

6. **Date and Time of next meeting – Thursday 20th of November, 2014 at 2pm, Council Chambers, County Hall, Cork**
MINUTES OF NOVEMBER 2014 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 20th November 2014 @ 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr James Browne
Cllr John Buttimer Chairperson
Cllr John A Collins
Cllr Timmy Collins
Cllr Henry Cremin
Cllr John Joe Culloty
Cllr Davy Daniels
Cllr Michael Doyle
Cllr Denis Foley
Cllr Deirdre Forde
Cllr Breda Gardner
Cllr Imelda Goldsboro
Cllr Joe Harris
Cllr Danny Healy-Rae
Cllr Mary Hanna Hourigan
Cllr Joe Malone

Cllr Michael McCarthy
Cllr Rachel McCarthy
Cllr Louise McLoughlin
Cllr Jason Murphy
Cllr Bobby O’Connell
Cllr Aaron O’Sullivan
Cllr John Pender
Cllr Seanie Power
Cllr Damian Quigg
Cllr William Quinn
Cllr Bob Ryan
Cllr John Sheehan
Cllr Mary Shields
Cllr Frank Staples
Cllr Joe Sullivan
Cllr Tom Wood

Apologies:

Cllr Liam Brazil
Cllr Mary Butler
Cllr Mary Rose Desmond
Cllr Pat Fitzgerald

Cllr Jason Murphy
Cllr Mary Shields
Cllr Joe Sullivan

In Attendance:

Mr. Gerry O’Dwyer, CEO, South/South West Hospitals Group
Mr. Ger Reaney, Area Manager, HSE Cork & Kerry Primary Community and Continuing Care Services
Mr. Tony McNamara, CEO, Cork Hospital Group
Mr. Chris Monahan, General Manager, Carlow, Kilkenny, South Tipperary Primary, Community and Continuing Care Services
Ms. Angie O’Brien, Area Communications Manager, HSE South
Ms. Sinead Byrne, Manager, Regional Health Forum, South
1. **Adoption of the Minutes of the previous Meeting held on 18\textsuperscript{th} of September 2014**

On the proposal of Cllr. Bobby O’ Connell and seconded by Cllr. John Joe Cullotty, the Minutes of the Forum Meeting held on Thursday the 18\textsuperscript{th} of September 2014, were adopted and approved by the members.

2. **Chairperson’s Correspondence**

A) Mr. Gerry O’ Dwyer confirmed that following discussion of the Notices of Motion from Cllr. Damian Quigg, 4(b) and Cllr. Henry Cremin 5(g) at the September meeting, a letter had been written to the Minister for Health and the PCRS regarding difficulties encountered in the renewal of Medical Cards and problems for Forum members in trying to establish current status. An acknowledgement has been received from the Minister’s office and Ms. Anna-Marie Lanigan has also issued an invitation to the PCRS to discuss the matter at an upcoming Committee meeting.

B) Mr. Gerry O’ Dwyer advised that expressions of interest had been sought in respect of the provision of Primary Care infrastructure in the HSE South Area and details had been emailed to members today.

3. **Committees**

**Reports by Chairpersons of the**

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

Meetings were held on the 21\textsuperscript{st} and 23\textsuperscript{rd} of October 2014

The Chairperson of the HSE South Forum, having congratulated the recently elected Chairs of the two committees, asked if the reports of the meetings could be taken as read and this was agreed. The Chairperson noted that the next committee meetings are scheduled for December 11\textsuperscript{th} (South West) and December 16\textsuperscript{th} (South East).

4. **Notices of Motion**

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

“**To ask that more beds be made operational in our Community Hospitals in Kerry**”

A written response from Mr. Ger Reaney, Area Manager HSE Cork was circulated and considered. Mr. Reaney advised that the beds available are broadly in line with national norms but there are some issues in rural areas. The possibility of increasing the number of beds in West Kerry and Kenmare is being considered, subject to HIQA approval and availability of funding.
Cllr. Healy Rae pointed out that more community beds in Kenmare and Dingle would relieve pressure on Kerry General Hospital’s acute beds and that both towns serve a large catchment area and are a long way from Tralee. He appealed to the HSE to help vulnerable and sick people by increasing the beds available in Dingle and Kenmare. He pointed out that a site had been donated in Dingle for this purpose.

Mr. Reaney advised that Killarney may be considered at a later date, that Kenmare is relatively straightforward as its accommodation meets HIQA standards, but that discussions will be necessary with HIQA in respect of additional beds in West Kerry. Such decisions will also be subject to funding being available.

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

“That the HSE South outline their support for the “Blood Bike South” initiative who will provide a voluntary out of hours motorcycle rider service to transport blood and other medical materials between hospitals and other health facilities to help save lives and reduce costs to our hospitals”

A written reply from Mr. Gerry O’ Dwyer, CEO South/South West Hospitals Group, was circulated and noted by the members. He confirmed that the HSE supports the project and there is ongoing discussion with the ‘Blood Bike South’ organisation and that further meetings will be held in 2015. At present some hospitals are tied to contractual arrangements. Mr O’ Dwyer will arrange for a presentation on this service at a Committee meeting in 2015. Cllr. Lenihan–Foley confirmed her support for this initiative and expressed her satisfaction with the reply provided.

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

“That this Forum calls for the abolition of the unfair rehabilitation and respite charges affecting people when they are most vulnerable and introduced without appropriate consultation with the relevant parties.”

A written reply from Ms. Anna-Marie Lanigan was circulated and considered.

Cllr. Wood expressed his disappointment that the rehabilitation and respite charges are now being applied. He felt that these charges were unfair to elderly vulnerable people, that there wasn’t an awareness of their introduction and that there is no appeal system to challenge liability. He called on the HSE to abolish the charges.

In response Mr. Chris Monahan confirmed that the charges are levied in accordance with HSE directions from March 2013 under the Health (Charges for In-Patient Services) Regulations 2005-2011. When a particular case was raised he further advised that discharge plans are agreed in all cases between the Acute and PCCC service and Mr. Reaney detailed the range of services available to people who are convalescing. The Chairman confirmed to
Cllr. Wood that all Notices of Motion from Forum meetings are sent to the Director General of the HSE and the Minister for Health.

(d) Cllr. David Daniels moved the following Notice of Motion standing in his name:

“That funding be provided in the 2015 budget for the provision of the 24 hour cardiac cover at University Hospital Waterford”.

A written response from Mr. Gerry O’Dwyer was circulated and discussed. Mr. O’Dwyer emphasised that the HSE would need 6/7 Consultants to operate a 24/7 Cardiac service at UHW. This service is being linked with the National Programme and he confirmed the HSE commitment to developing the service over the next two years, subject to funding being provided in the respective Service Plans. He will liaise with the National Clinical Programmes on this Service.

Cllr. Daniels thanked Mr. O’Dwyer for his reply and advised that Waterford City & County Council has recently passed a Notice of Motion calling for the necessary funding to be provided. He highlighted the local concerns after 5 pm and called on HSE management to provide the service.

(e) Cllr. John Buttimer moved the following Notice of Motion standing in his name:

“That the HSE would publish a full and comprehensive report on; HSE run programmes and initiatives to deal with the issue of suicide in Cork, the model of service provision and the outcomes of such initiatives: the voluntary sector bodies that the HSE supports in Cork through direct or indirect funding or the allocation of staff and other resources, that it would publish the names of these groups and would outline the activities undertaken of these groups, the model of service provision of these groups, what audit or review of efficacy is undertaken either internally or externally, and; measures to ensure equal provision across the county to support people who present with suicidal ideation.”

A written response from Mr. Ger Reaney was circulated and considered. Cllr. Buttimer thanked Mr. Reaney for the comprehensive report and acknowledged the range and access of support services. Following some discussion Mr. Reaney summarised that there are no geographical black spots in terms of access to services or supports, the effectiveness of certain response are driven by a high level of interest from community groups. Broadly speaking, these services were working well and there was a level of satisfaction with what was being provided. He noted that while there hasn’t been a significant reduction in the number of suicides in the past few years, community groups are trying to address the problem in their own areas. The support provided is bringing the HSE and Voluntary Agencies together in a collaborative approach. The cross training and ongoing engagement are proving very effective. The subject of suicide is now being made more comfortable for everyone to discuss and any further education initiatives led by the Dept. of Education would be supported by the HSE. Ms. Sinead Byrne will contact the Regional
Suicide Resource Office to secure statistics on suicides in the area in recent years.

In conclusion, the Chairperson Cllr. Buttmer, acknowledged that the HSE is the lead partner in community areas and that it has been running proactive programmes throughout the HSE South catchment area. He expressed satisfaction at the quality and availability of the service and was encouraged by the variety of groups which receive funding from the HSE. He stressed the importance of reviewing the effectiveness of all service providers.

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

“As funding for respite and residential provision in South Kerry has been significantly and disproportionately reduced in the past 5 years, to call on the HSE to immediately increase funding to provide the people in this area with an essential service that they are entitled to.”

A written response from Mr. Ger Reaney was circulated and considered. Mr. Reaney advised that an issue had arisen with one client requiring fulltime care who was placed in a respite bed; this resulted in a decrease in the respite beds available. He advised that the matter would be resolved in the coming weeks and then 2 respite beds would be available to the clients in that area. Cllr. Culloty acknowledged the report but was concerned that 2 extra beds would not make a significant improvement. He advised of cases of concern and asked if people concerned could meet with Mr. Reaney to discuss their concerns.

In response Mr. Reaney explained some of the problems which had arisen which could not be resolved immediately by the HSE. In respect of St. Francis School he confirmed that each family was offered a meeting after the Multi Disciplinary Team assessment of the children and the feedback was generally positive. A Review Group has been established which includes a Senior HSE Manager in Kerry, who meets with representatives of the service provider, the school and parents. The majority of families are happy with progress but a small number have some outstanding requirements.

Cllr. Culloty emphasised the value of respite services for a family providing support to a son or daughter with a disability. He asked that the HSE would ensure the concerns of all families would be listened to. Mr. Reaney advised that the respite solution will be in place in approximately two weeks time and emphasised that the availability of these 2 beds will benefit a significant number of children and their families. He asked for details of the adult respite case which was highlighted by Cllr. Culloty for review and response.

(g) Cllr James Browne moved the following Notice of Motion standing in his name:

“That this Forum calls on the HSE to make the provision of a 24 hour 7 day a week acute psychiatric unit for the County of Wexford a priority. Wexford has a population of 146,000 people and is growing.
In addition it has approximately 50,000 additional people in the summer time who are medium term holiday makers. The population of Wexford justifies its own acute unit and this would have the added benefit of releasing the pressure on the services in Waterford”.

A written response from Ms. Anna-Maria Lanigan was circulated and considered. Cllr. Browne highlighted the rising Wexford population of 150,000 normally with a seasonal influx of 50,000 visitors and the need for a locally based Psychiatrist to be available on a 24 hour, 7 day basis with reference to the high suicide rates in the county. He felt the present arrangements are unsatisfactory and it is unfair on people who must travel to Wicklow or Waterford if they need to see a Consultant Psychiatrist outside normal working hours.

In response, Mr. Monahan advised of the work done by the liaison staff at Wexford General Hospital when a psychiatric referral is made out of hours. A further report will be compiled for Cllr. Browne by Ms. Anna Maria Lanigan.

5. Questions

(a) Cllr. Mary Lenihan–Foley put forward the following Question:

“To ask for a full update on South Doc in East Cork area, since the South Doc Scheme has been rolled out we have had no updates on how it is working or not working, bearing in mind if you don’t live in Midleton area you have to travel to see a doctor after hours or weekends, this entails a 20 minute or more journey for the sick, young and elderly. We need this looked at as a matter of urgency.’’

A written response from Mr. Ger Reaney was circulated and considered. Cllr. Lenihan–Foley thanked Mr. Reaney for the information but insisted that there are some problems in the Youghal area which need to be addressed. She noted that a drive from Youghal to Midleton could take 20 to 25 minutes and this is not satisfactory. In response, Mr. Reaney detailed the benefits of the SouthDoc initiative and noted that it is particularly well utilised between 6 pm and 11 pm. He said that a 20 minute drive is not unusual in other out of hours GP services and explained the constraints on the extent to which GPs can provide the service in Youghal out of hours, with reference to their on call rosters and the numbers participating. He agreed to arrange a meeting with Forum members and SouthDoc for those who wish to discuss the East Cork service.

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

“Will step down beds be available at Our Lady’s Hospital complex Cashel, over the coming months to relieve overcrowding at South Tipperary General Hospital, Clonmel ?”

A written response from Ms. Anna Marie Lanigan was circulated to the members. Cllr. Wood was not satisfied with the answer and it was agreed
that Ms. Lanigan (who had tried unsuccessfully to contact Cllr. Wood by telephone today) would discuss the issue directly with Cllr. Wood as soon as possible.

(c) Cllr. John Sheehan put forward the following Question:

"Can the Chief Executive Officer, Cork University Hospital (CUH) provide assurance that the quality of the Laboratory services provided by CUH meet the highest clinical standards and best practice in quality control?"

A lengthy written response from Mr. Tony McNamara, CEO, Cork Hospital Group, was circulated. He highlighted some key points to Cllr. Sheehan and praised all of the CUH team who were involved in earning INAB accreditation following an arduous process, which included a six person inspection last month. CUH Laboratories handle 2 million samples per annum and the Laboratory Quality Management System was detailed in a diagram in his report to members.

Cllr. Sheehan thanked Mr. McNamara for his report and offered congratulations to the staff, who had worked so hard to achieve accreditation. The Chairperson associated himself with the thanks and good wishes. Mr. McNamara agreed to make Laboratory Accreditation Reports available to the Forum members.

(d) Cllr. John Buttimer put forward the following Question:

“To ask the HSE what medical and surgical provision is made for children in the HSE South (and Cork in particular) for children who suffer with spinal disorders such as Scoliosis or curvature of the spine, the number of children presenting with such conditions, the number and locations of available consultants, the number of children awaiting surgery, the average length of time waiting for surgery and what measures are being taken to ensure that children waitlisted for surgery in Our Lady’s Children’s Hospital Crumlin are seen in a timely and efficient manner and if there are any plans to introduce a surgery for such conditions in Cork?”

A written response from Mr. Gerry O’Dwyer, CEO, South/South West Hospitals Group was circulated and considered. Mr. O’Dwyer noted that there are 181 children on the waiting list at present and that the national decision was to centralise the service in one Dublin based location. He has been making representations about the children from the HSE South area and is hopeful that additional resources will be provided, in the 2015 Service Plan, to clear the backlog. Cllr. Buttimer advised of parental difficulties about establishing dates for surgery or current waiting list position and the affect on their quality of life. In conclusion Mr. O’Dwyer undertook to continue his discussions with the National Childrens Hospital with a view to having HSE South based children seen as soon as possible. He will advise the Chairperson of progress.
(e) Cllr. John Joe Culloty put forward the following Question:

“As there is an embargo in recruitment in the HSE South have there been any promotions, pay increases or bonuses given to management staff in the past two years?”

A written response from Ms. Tess O’ Donovan, Assistant National Director, Human Resources, HSE South was circulated. Mr. O’ Dwyer advised that recruitment of nursing staff including specialists is ongoing and these posts are advertised by the National Recruitment Service. There are also some vacancies at CUH which are being filled at present. No bonuses were paid to HSE South management or staff and all were remunerated in accordance with approved pay scales. Mr. O’ Dwyer confirmed that the respective staff associations are aware of the situation. Cllr. Culloty noted the contents of the reply.

(f) Cllr. James Browne put forward the following Question:

“To ask the HSE how many HSE Orthodontists are based in the County of Wexford? How many of these are permanent? Are there currently any vacant posts and if so when will these be filled? How many people resident in Wexford are currently on the waiting list for treatment from an Orthodontist: how many of these are on the waiting list for over 1 year, 2 years and 3 years? How long has the person who is currently the longest waiting on the list been waiting?”

A written response from Ms. Anna Marie Lanigan was circulated to members. It was noted that the longest waiting patient is from January 2011. Mr Chris Monahan acknowledged these pressures and concentration on assessment. Cllr. Browne noted that there are no current vacancies and wondered if psychological issues are considered in the assessment process. Mr. Reaney advised that the objective is to establish the deviation in fitting, with significant correction and minor correction, being the two classifications for treatment. He further advised that psychological issues were taking into account generally in the assessment process.

6. Other Business

In response to Cllr. John Joe Culloty’s request, it was agreed that a presentation on Haemachromatosis would be arranged for a Committee meeting in 2015.

7. Date and time of next meeting

February 2015 (date to be confirmed) at 2pm, in Council Chambers, County Hall, Cork.

The Chairperson advised that the date of this meeting is dependant on the approval of the National Service Plan 2015; Members will be notified as soon as the date is confirmed.
The Chairperson clarified that 6 Forum meetings are held per annum, with the February session reserved for the Service Plan. There will be no Notices of Motion or Questions taken at this meeting.

Following the February Forum meeting, local briefings will be held for Oireachtas and Forum members.

Four committee meetings will be held annually and the 2015 meetings will begin on January 13th (South West) and January 15th (South East).