



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

**Regional Health Forum Office,
HSE - South, HSE Offices
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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2019

FOREWORD

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

The Forum's function is:

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

I am delighted to have been voted as Chairperson of the Regional Health Forum, South in June, 2019 succeeding Cllr. Jason Murphy.

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

I attach the Annual Report for 2019 which outlines the activities of the Forum to 31st December 2019.

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 2019.

**Cllr Arthur McDonald
Chairperson**

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr Jason Murphy replaced by Cllr Arthur McDonald in June 2019

Vice-Chairperson: Cllr Arthur McDonald was replaced by Cllr Gearóid Murphy in June 2019

SOUTH EAST COMMITTEE:

Chairperson: Cllr Arthur McDonald was elected in October 2019

Vice-Chairperson: Cllr Declan Burgess was elected in October 2019

SOUTH WEST COMMITTEE:

Chairperson: Cllr Mike Kennelly was elected in October 2019

Vice-Chairperson: Cllr Norma Moriarty was elected in October 2019

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr Arthur McDonald
Cllr John McDonald
Cllr Brian O'Donoghue

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr Joe Kavanagh
Cllr Ken O'Flynn
Cllr John Sheehan
Cllr Ted Tynan

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr Audrey Buckley
Cllr Danny Collins
Cllr Pat Hayes
Cllr Mary Lenihan Foley
Cllr Eileen Lynch
Cllr Susan McCarthy
Cllr Gearóid Murphy
Cllr Katie Murphy
Cllr Sean O'Donovan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr Michael Gleeson
Cllr Niall Kelleher
Cllr Mike Kennelly
Cllr Norma Moriarty
Cllr Mikey Sheehy

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr Peter Cleere
Cllr John Coonan
Cllr Pat Dunphy
Cllr Michael McCarthy

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr Declan Burgess
Cllr Mark Fitzgerald
Cllr Roger Kennedy
Cllr Richie Molloy

MEMBERS REPRESENTING WATERFORD CITY & COUNTY COUNCIL

Cllr Davy Daniels
Cllr Pat Fitzgerald
Cllr Damien Geoghegan
Cllr Conor McGuinness
Cllr Jody Power
Cllr James Tobin

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr Pat Barden
Cllr Willie Kavanagh
Cllr Donal Kennedy
Cllr Frank Staples

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Background

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

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

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

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

The other 3 Regional Health Forums are:-

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

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

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2019 were held on:

- Thursday 28th February 2019
- Thursday 28th March 2019
- Thursday 2nd May 2019
- Thursday 27th June 2019
- Thursday 19th September 2019
- Thursday 21st November 2019

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

- Chief Operations Officer of the South/South West Hospitals Group,
- Chief Officer of the Cork Kerry Community Healthcare,
- Chief Officer of the South East Community Healthcare.

Committee meetings

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

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

These Committees meet rotating between locations and furnishing reports and recommendations to the Forum. The Committee meetings for 2016 were held on:

Thursday 22 nd January	Kilkenny
Thursday 24 th January	Cork
Thursday 9 th April	Kilkenny
Thursday 11 th April	Tralee, Co, Kerry
Thursday 15 th September	Kilkenny
Thursday 17 th October	Tralee, Co Kerry
Thursday 3 th December	Kilkenny
Thursday 5 th December	Cork

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr Arthur McDonald as Chairperson and elected Cllr Gearóid Murphy as Vice-Chairperson of the Forum at its AGM on 27th June 2019.

The South East Committee meeting held on 15th October 2019 re-elected Cllr Arthur McDonald as Chairperson and elected Cllr Declan Burgess as Vice-Chairperson.

The South West Committee at its meeting on 17th October 2019 elected Cllr Gearóid Murphy as Chairperson and re-elected Cllr Norma Moriarty as Vice-Chairperson.

Standing Orders

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

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

Notices of Motions

As per Standing Orders each Member can submit one Notice of Motion 10 clear days prior to a meeting. Motions are circulated with the agenda to each Member and debated at the meeting. In 2019, 38 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 2019, Regional Health Forum South Members submitted 37 Questions.

Presentations

The following presentations were delivered to the Forum Members:-

- Presentation on Regional Operational Plans 2019 – March 2019 Regional Health Forum Meeting.
- Presentation on Health Promotion – Ms Sharon Parkinson – June 2019 Regional Health Forum Meeting.
- Presentation on Winter Plan – HSE Management, December 2019 Committee Meetings.

MOTION AND QUESTION RESPONSES

FORUM MEETING
28th February 2019

MOTIONS

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

"Meningitis B has been the most common cause of bacterial meningitis in Ireland. Vaccines are the only way to prevent meningitis and therefore we call on the HSE South to make the Meningitis B vaccinations universally available free of charge.

Cllr. Arthur McDonald

The vaccines and immunisation schedules provided in Ireland follow the recommendations of the National Immunisation Advisory Committee (NIAC) of the Royal College of Physicians of Ireland.

The NIAC comprises of representatives from a broad range of medical and healthcare organisations and works to promote effective, evidence-based policies on vaccines and immunisation in Ireland. It provides impartial guidance on immunisation to the Chief Medical Officer in the Department of Health.

Following a NIAC recommendation, Men B vaccine has been part of the Universal Primary Childhood Immunisation Programme for all children born on or after 1st October 2016. NIAC have not recommended a catch up Men B vaccine programme for older children.

Dr. Fiona M. Ryan
Consultant in Public Health Medicine,
Department of Public Health,
Health Service Executive South (Cork and Kerry)

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

"That this Forum, shall support this motion, requesting an outreach X Ray service for Ospidéal Pobal Chorca Dhuibhne (West Kerry Community Hospital). Parts of West Kerry are over 40 miles from UHK, Tralee A&E where the vast majority have to attend. At present unless they can afford to pay privately for X-Ray in Tralee they will have to wait for hours upon end for a service which could be available locally especially as West Kerry Community Hospital is underutilized at present."

Cllr. Damian Quigg

University Hospital Kerry (UHK) currently provides X-ray and other diagnostic services to the population in and around Tralee and West Kerry.

Increasing access to X-Rays and other diagnostics through GP referral (without being referred by a hospital consultant) is a priority for the HSE nationally and Cork Kerry Community Healthcare locally. GP access to radiology services has been developed as follows:

- Access to X-Rays, CT Scans and Ultrasound in Mercy University Hospital, Cork
- Access to X-Rays, CT Scans and Ultrasound in University Hospital Kerry
- Access to X-Rays and Ultrasound in Bantry General Hospital
- Access to X-Rays and Ultrasound in Mallow General Hospital
- Access to X-Rays, Dexa Scans and Ultrasound in the Living Health Primary Care Centre in Mitchelstown
- Access to ultrasound in Primary Care Centres in Cork city, Mallow, Kenmare and Ballyheigue
- Access to X-Rays in Caherciveen Community Hospital

Along with increasing direct GP referrals to X-Ray and other radiology diagnostics, Cork Kerry Community Healthcare wants to increase the level of diagnostics currently available in Primary Care and community settings. Many other jurisdictions have a far greater level of diagnostic cover and services available outside of acute hospitals.

There are no plans at present to provide an X-Ray outreach service to Ospidéal Pobal Chorca Dhuibhne. The costs of establishing such a service are considerable and include:

- upgrading of the infrastructure to provide such a service in a safe environment which meets all regulatory requirements;
- purchase of the X-Ray equipment itself;
- annual maintenance of equipment; and
- staffing costs to run the service.

In addition to the above costs, it should also be noted that there is a scarcity of Radiography staff and recruitment of such staff may also prove difficult, particularly in locations other than major urban areas.

Cork Kerry Community Healthcare is committed to working with the South / South West Hospital Group to increase access to diagnostics for GP referral and in community settings. However, the development of this service will require major investment in the face of competing demands for increased diagnostics in acute hospitals. These developments will need to be prioritised in light of limited funding and also limited access to skilled staff including Consultant Radiologists and Radiographers.

Identifying locations for community diagnostics will need to take cost effectiveness into account. Cork Kerry Community Healthcare will in 2019 prepare a plan for the development of community diagnostic facilities based on assessed need, increasing access, and best use of resources.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“Could I ask HIQA/HSE what plans are in place for two houses in Youghal, bearing in mind that these houses are being lived in at the moment but residents will soon be moving into alternative Accommodation. They are 2 fine houses which maybe could be used for Respite and other services which are needed in East Cork area.”

Cllr. Mary Lenihan Foley

Members will be aware from previous responses to this Forum of the considerable work that has been undertaken by the management and staff of St. Raphael’s Campus on the implementation of the Transforming Lives programme (VFM Policy Review) and “A Time to Move on From Congregated Settings”.

In 2015 there were 121 residents living across the service, 54 of whom lived in the Ground Floor on St. Raphaels Centre. The centre (Ground Floor) was configured across three units and residents slept in wards. In addition to Ground Floor there were also another four designated centres: Oakvale, Youghal Community Hostels, and Youghal Community Houses. Following a number of inspections by the Health Information and Quality Authority (HIQA) which identified substantial non-compliance with residential standards the order was given to close both the Ground Floor and Youghal Community Hostels

Subsequently, 23 residents who were suitable for nursing home care were supported to move to nursing homes. Since February 2016 Cork Kerry Community Healthcare has been working to transition the remaining residents from the Ground Floor in St. Raphaels Centre to a number of community residences.

The ground floor unit at St Raphael’s Centre closed on 30.10.18, the remaining residents having moved to nine houses in the community in the Youghal and West Waterford area.

The successful implementation of the above project has resulted in a number of buildings on campus becoming vacant. Cork Kerry Community Healthcare in association with the HSE’s Estates Dept has recently commenced a review process on the future use of the St. Raphael’s Campus. This will include a review of all service needs in the wider Youghal area. Cork Kerry Community Healthcare is very aware of the need to further develop respite services for both children and adults with disabilities and these needs will be taken into consideration as part of the review of services needs in the area.

The next phase of the Community Living Programme will see residents move from the Community Hostels, Seaview and Bayview. Seaview is on the grounds of St. Raphael’s Campus and Bayview is adjacent to Youghal Community Hospital. Work is ongoing on securing appropriate accommodation for these residents in community

settings and it is hoped that they will be able to move to their new houses in the last quarter of 2019.

It is unlikely that the buildings vacated would be suitable for the provision of respite as they do not meet the required regulatory standards. Both buildings have more than one floor and are not suitable for persons with mobility difficulties.

Respite services in Cork are currently provided by COPE, the Brothers of Charity, CoAction, St. Joseph's Foundation and Enable.

In 2018 the HSE received funding of €10 million to support respite services in 2018. This funding was subsequently allocated to each Community Health Organisation in the form of a Respite House and Alternative Respite Provision. Within Cork the funding allocated to Cork Kerry Community Healthcare has been utilised to progress the development of a respite house in West Cork. This house opened on a phased basis in December and will become fully operational quarter three of this year. The house is open to referrals for respite across County Cork.

In relation to alternative respite, Cork Kerry Community Healthcare received €220,000 in 2018 for full year services. Cork Kerry Community Healthcare Disability Services communicated with all service providers in relation to priorities for their area. Within Cork, this funding was used to support an After Work Programme run by the Brothers of Charity, Saturday Clubs run by Cope Foundation, equestrian sessions run by St Joseph's Foundation, and weekend and evening socialising respite provided by CoAction.

No additional funding have made available to date in 2019 for the provision of respite. Cork Kerry Community Healthcare Disability Services continues to work with the service providers to advocate for the further enhancement of respite services in the Cork and Kerry area. In this regard we have asked each service provider to keep proposals for respite services at the forefront should additional funding become available for same.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

"Can this HSE forum please issue a written report on the number of medical cards it has revoked in the southern region, from the last 2 years to date. This to include Breakdown per county, and also the reasons for the cancelling of medical cards."

Cllr. Danielle Twomey

Medical Card eligibility is primarily based on an assessment of means and is not granted on the basis of any particular condition, of itself, (except in limited cases: e.g. children under 18 years with a cancer diagnosis; persons affected by drug Thalidomide; Symphysiotomy survivors).

It should be noted that the recommendations of the Report of the Expert Panel on Medical Need for Medical Card Eligibility (Sep 2014), included the following:

- It is neither feasible nor desirable to list medical conditions in priority order for Medical Card eligibility
- In the context of finite resources, the current system is not without its merits for the great majority
- Financial hardship or means testing should remain the main criteria for eligibility

As part of the application process for Medical Card eligibility, applicants are invited to provide comprehensive information in relation to the costs associated with any illness and the care needs of the applicant and/or any dependants. In the event that an applicant's means are above the financial threshold for the grant of Medical Card eligibility, other factors outlined in the application in relation to the burden of illness are taken into consideration and eligibility may be granted where it is deemed appropriate to exercise discretion because of the undue burden on the applicant and /or any dependants.

It should be noted that the number of persons with Medical Card eligibility, granted on the basis of the exercise of discretion, increased from 36,702 (1st January 2017) to 46,231 (31st January 2019). Further breakdown by CHO area is detailed in the table below.

This represents an increase of 9,529 people that were granted Medical Card eligibility based on an assessment that, although the means of the applicant were above the relevant financial threshold for the individual or family application, the applicant would be unable, without undue hardship, to arrange general practitioner medical and surgical services for themselves and their dependants.

HSE South	CHO area	Cards granted on basis of Discretion as of 1 st January 2017	Cards granted on basis of Discretion as of 31 st January 2019
	Carlow/Kilkenny	3794	5091
	Cork – North Lee	7085	8498
	Cork – South Lee	4781	6062
	Kerry	4523	5732
	North Cork	3704	4400
	South Tipperary	3150	3912
	Waterford	3977	5029
	West Cork	1854	2337

	Wexford	3834	5170
	Total	36702	46231

The HSE is entirely satisfied that the assessment of eligibility in undertaken in accordance with the governing legislation and the National Medical Card Assessment Guidelines and that appropriate care and compassion is exercised in circumstances were medical or social circumstances are presented as part of the application for eligibility.

The following tables outline the number of Medical Card applications by Community Health Office Area which did not meet the criteria for the granting of eligibility for the years 2017 and 2018. The NMCU collates such data on a national and CHO basis; consequently detailed information at a more granular geographical (County) level is not maintained.

(Tables on the next page)

1. **HSE South - CHO Kerry**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
378	333	335	234	218	181	275	234	371	325	290	211

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
376	377	345	259	245	167	165	206	159	274	145	36

2. **HSE South - CHO Cork - South Lee**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
437	367	361	283	280	215	251	275	392	284	250	211

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
376	342	343	278	237	182	201	204	161	213	106	25

3. **HSE South - CHO North Cork**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
217	165	153	132	131	103	153	102	202	167	130	142

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
227	218	198	134	136	82	94	94	85	130	90	13

4. **HSE South - CHO South Tipperary**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
222	174	195	142	158	110	184	152	220	164	163	94

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
226	193	222	121	135	126	103	116	98	160	78	15

5. **HSE South - CHO Carlow/Kilkenny**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
373	380	337	253	266	201	261	286	409	296	285	205

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
388	380	399	261	205	182	196	211	174	238	164	31

6. **HSE South - CHO Wexford**

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
382	371	379	273	263	208	297	307	427	353	317	224

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
422	445	403	287	276	208	232	195	193	251	139	36

7. HSE South - CHO Cork - North Lee

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
554	444	479	337	374	237	344	295	502	379	321	239

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
446	448	138	308	317	237	262	260	201	292	163	31

8. HSE South - CHO West Cork

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
120	130	102	77	83	63	79	76	142	114	108	74

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
147	135	119	87	79	63	66	72	53	60	52	12

9. HSE South - CHO Waterford

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
317	316	267	225	193	178	253	224	371	280	245	200

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
324	305	272	203	186	167	133	163	162	221	142	20

8. HSE South - LHO West Cork

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
120	130	102	77	83	63	79	76	142	114	108	74

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
147	135	119	87	79	63	66	72	53	60	52	12

9. HSE South - LHO Waterford

201701	201702	201703	201704	201705	201706	201707	201708	201709	201710	201711	201712
317	316	267	225	193	178	253	224	371	280	245	200

201801	201802	201803	201804	201805	201806	201807	201808	201809	201810	201811	201812
324	305	272	203	186	167	133	163	162	221	142	20

**Ms Catherine Kane
Head of Customer Services, PCRS, HSE.**

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

“Can the HSE give any indication of when the replacement representative will be taking up their position on the Local Traveller Accommodation Consultative Committee that meet regularly in the city hall offices.”

Cllr Henry Cremin

The Local Traveller Accommodation Consultative Committee (LTACC) was established in each Local Authority area under the [Housing \(Traveller Accommodation\) Act 1998](#) which provides the statutory basis for the formation, remit, and membership of Local Traveller Accommodation Consultative Committees (LTACCs).

Under the Act an LTACC may:

- advise in relation to the preparation and implementation of any accommodation programme for the functional area of the appointing authority concerned
- advise on the management of accommodation for Travellers
- provide a liaison between Travellers and members and officials of the appointing authority concerned

Cork Kerry Community Healthcare (CKCH) plays a key role in Traveller Health Initiatives across Cork & Kerry through both the work of the Traveller Health Unit and through the funding provided by CKCH to Traveller organisations across the area including two groups in Cork City: Traveller Visibility Group and Cork Traveller Women’s Network.

The link with accommodation and health has been to the forefront of much of the work undertaken by the Traveller Health Unit and other CKCH services. CKCH was represented on the Cork City LTACC by Ms. Ronnie Dorney, Principal Community Worker, up until her recent retirement.

I am happy to confirm that Cork Kerry Community Healthcare is in the process of nominating a new representative to the LTACC in Cork City. This process will be completed shortly.

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

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

“Will HSE confirm that the significant excess expenditure on the National Children’s Hospital will not affect the commencement and completion of the new buildings replacing the present Saint Patrick’s Hospital in Cashel and due to be in place by the end of 2021 to meet HIQA conditions.”

Cllr. Tom Woods

South East Community Healthcare cannot comment on National Children's Hospital overspend and/or impact.

Please see local response recently provided to Cllr wood with regard to design team:

St Patrick's Hospital, Cashel, Co. Tipperary provides residential, rehabilitation and respite care to older adults in the South Tipperary area. The National Capital Plan includes the replacement of St Patrick's Hospital.

I am advised that the Architect and Quantity Surveyors have been appointed to the Design Team. The appointment of the Services Engineers and the Structural Engineers is underway and will be completed shortly.

The aim is to have the building to replace the existing St. Patrick's Hospital, Cashel completed by the end of 2021.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

Motion 4(h) on Agenda refers:

"As the HSE has previously stated that it intends to sell the majority of its land in Killarney, I ask for an update on any progress made in this process."

Cllr John Joe Culloty

The HSE intends to retain part of the main campus at St. Finan's to facilitate the development of a Community Nursing Unit. This is planned to be developed as part of a National Public Private Partnership (PPP) initiative.

In line with government policy on the interstate transfer of state property the remaining property has been offered to state agencies. Kerry Council have indicated that they wish to acquire 5.77 acres to the north of the Ring Road at Ballydribeen and the disposal of this element is being progressed with Kerry Council. The HSE is awaiting further details from Kerry County Council on concluding this transfer. In addition, the Institute of Technology Tralee, in conjunction with Kerry County Council, have expressed an interest in acquiring the remaining property at St. Finan's via the interstate transfer of state property process. The HSE has been advancing this process with IT Tralee/KCC and is currently awaiting final confirmation of their interest in acquiring the remaining property.

**Alan O'Connell,
Estate Manager (Cork & Kerry)
Estates Office HSE South**

QUESTIONS

Question No 6(a) on Agenda refers:

“Given that children with disabilities, intellectual or physical, often do not reach a meaningful maturity or level of independence at the age of 18, how can the state (HSE) justify the differentiation between a child of 17 who needs a particular service or therapy and an adult of 18?”

Cllr. Damian Quigg

Health Services for children and adults are delivered in the context of the relevant legislation and policy framework including:

- Child Care Act (1991)
- The Disability Act (2005)
- Health Acts (2004, 2007)
- Childrens First Act 2015: National Guidance for the protection and Welfare of Children
- HSE National Consent Policy (2013) and Data Protection legislation/ General Data Protection Rules (GDPR) May 2018
- Better outcomes, Brighter Futures: a National Policy Framework for Children and Young People (2014)
- United Nations Convention on the Rights of Persons with Disabilities
- Assisted Decision Making (Capacity) Act 2015
- Equality Acts

In addition Cork Kerry Community Healthcare delivers disability services in line with the following policies

- Transforming Lives Policy
- Time to Move On From Congregated Settings
- Progressing Disability Service for Children and Young People with a disability
- New Directions (Adult Day Services)
- Safer Better Healthcare Standards – HIQA
- Safeguarding Vulnerable Persons at Risk of Abuse (2014)
- National Disability Inclusion strategy

The model of service provision for children and adults with a disability has moved in recent years from an impairment model to a social care model of delivery. This model recognises that a person with a disability is not impacted solely by their disability but the extent to which everyday services and facilities are designed for people who do not have disabilities. Under the social care approach the emphasis moves from the impairment to how services and society can be better able to facilitate someone with a disability. The aim is to facilitate people with disabilities to participate in local communities with their peers who do not have disabilities. People

engage in communities usually in age appropriate ways and this needs to be expected and facilitated for people with disabilities.

Service providers including Cork Kerry Community Healthcare also need to consider that the training and education of healthcare professionals takes into account the physiological differences between different age groups. While children mature in an individual way and the age of 18 may be an arbitrary milestone, health services for children are different from those needed by adults. In addition certain legislation and policy, e.g. Children First, often prohibit accommodating children and adults in the same service e.g. respite or residential services.

In general context, when services for an individual are required, the process is that a range of assessments are done to establish the needs of the individual. One example of the difference between children and adult services is the process of providing services to school leavers with disabilities who need specialist training or day services. Cork Kerry Community Healthcare follows the approach being adopted across the HSE in relation to the School Leavers Process.

HSE Disability Services engages in a detailed and person centered process with a wide range of agencies every year to identify the most appropriate service provider and service to meet the individual needs of each school leaver. This process takes place over a number of months and is led by the needs of each individual school leaver. In addition HSE Disability Services has also engaged with individual school leaver families to listen to any concerns they may have regarding the process and work with both the families and agencies to seek an appropriate placement for the school leaver. HSE Disability Services are also engaged with the referring schools on an on-going basis and hold an annual information session with this group.

Unfortunately as children progress to adult services in the context of a scenario where demand exceeds supply, it is not always possible to replicate the same level service that they had as children. Every effort is made to plan for children reaching adulthood and to ensure in as far as possible and within available resources, that each child and adult has access to a service appropriate to their needs and age.

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

Question No 5(b) on Agenda refers:

“Have the HSE carried out any exercise in relation to the particular transport mode that all the staff of CUH actually use every day coming to and from work.

How many public car spaces for visitors (paying) are there on the grounds of the CUH. How many car spaces (non paying) are there for staff members of the CUH and how many are occupied Monday to Friday. How many staff walk/cycle to work. How many staff use public transport to work.”

Cllr Henry Cremin

How many public car spaces for visitors (paying) are there on the grounds of the CUH?

541 Paying and 46 Special Needs (Free). There are also 106 public car spaces in the grounds of the Consultants Private Clinic but these are not within the remit of CUH.

How many car spaces (non paying) are there for staff members of the CUH and how many are occupied Monday to Friday

There are 998 parking spaces available to staff on the CUH campus of which 843 are free. The staff carparks are fully occupied during daytime Mon-Fri reducing to approx 30% occupancy overnight.

How many staff walk/cycle to work.

During a recent survey of staff, of which 984 replied 90 staff or 9.15% walk to work and 34 or 3.46% of staff cycle to work

How many staff use public transport to work

During a recent survey of staff, of which 984 replied 45 staff or 4.5% of staff use public Transport.

J. A. McNamara
Chief Executive Officer
Cork University Hospital Group

Question No 5(c) on Agenda refers:

“What is the capacity of, occupancy rate, and average length of stay where applicable for residents at the Rea Nua, Lorica and Carraig Oir Units on Our Lady’s Hospital Complex in Cashel?”

Cllr. Tom Wood

Re Nua - Disability Services

Re Nua is a HIQA registered designated centre in Cashel, Co. Tipperary. The HSE is the registered provider. The designated centre comprises of a large single story building that accommodates up to six residents who have intellectual disabilities. Four residents have their own en-suite bedroom and two residents have self-contained open plan apartments.

The occupancy rate for Re Nua is 100 percent. In this instance the length of stay is not applicable for Re Nua as it is a residential unit i.e. the client’s home.

Lorica - Mental Health Services

Lorica is a 9 bedded 24 hour nurse staffed residential unit under the remit of South Tipperary Mental Health Services. 7 beds are used to support service users with severe and enduring mental illness so that they can increase their living skills, integrate into the community and move to more independent accommodation. Length of stay for this group has varied from 3 month to 12 years, with the average length of stay being 5 years. Occupancy varies (currently 78%) as service users' transition to service users own accommodation and having staggered occupancy in both places e.g. 4 nights in Lorica 3 nights in own accommodation. 1 bed is for planned respite use by service users from any sector in South Tipperary mental health services. Respite periods varied from 2 to 7 nights at a time based on the need of the service user and their families. In 2018 12 service users availed of respite on a rotating basis. The final bed is for planned Respite and Rapid access by the Rehabilitation team. Occupancy varies from 50% to 100% dependant on mental health status. Use as a Rapid access bed diverts occupancy from the Crisis house in Clonmel and Department of Psychiatry in Kilkenny where deemed suitable and appropriate by risk assessment. In 2018, 8 rehabilitation Team service users used this bed for respite or rapid access.

Carrig Oir - Mental Health Services

Carraig Oir does not have any beds. It is a Community Mental Health Team base and day hospital for the Tipperary, Cashel catchment area.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(d) on Agenda refers:

"When will the post of retired Rheumatologist in St Luke's Hosp Kilkenny last October be replaced?"

ClIr Breda Gardner

Prof Fitzgerald, Consultant Rheumatologist provided an outreach outpatient Rheumatology Clinic on a monthly basis for four years from St Vincent's University Hospital until his retirement in October 2018. Management at St Luke's General Hospital is in discussion with St. Vincent's/Ireland East Hospital Group in relation to the ongoing provision of the outreach rheumatology service pending the permanent appointment of a replacement rheumatologist in St Vincent's University Hospital to continue the outreach service. In the interim GPs have been advised to refer patients from the Carlow/Kilkenny area to St Vincent's University Hospital Dublin (Ireland East Hospital Group) for rheumatology services as necessary.

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

Question No 5(e) on Agenda refers:

"As a submission for 31 additional acute beds for UHK was made early last year, what is the update on this submission?"

Cllr John Joe Culloty

Following a request for submissions made to all hospitals under the National Bed Capacity Review, University Hospital Kerry made a capital submission for 31 additional beds in 2018. However, no additional funding was received in respect of this submission in 2018. The South/South West Hospital Group will continue to seek additional capacity for University Hospital Kerry and other hospitals in the Group.

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

MOTION AND QUESTION RESPONSES

FORUM MEETING
28th March 2019

MOTIONS

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

“Could I ask HIQA/HSE what plans are in place for two houses in Youghal, bearing in mind that these houses are being lived in at the moment but residents will soon be moving into alternative Accommodation. They are 2 fine houses which maybe could be used for Respite and other services which are needed in East Cork area.”

Cllr. Mary Lenihan Foley

Members will be aware from previous responses to this Forum of the considerable work that has been undertaken by the management and staff of St. Raphael's Campus on the implementation of the Transforming Lives programme (VFM Policy Review) and “A Time to Move on From Congregated Settings”.

In 2015 there were 121 residents living across the service, 54 of whom lived in the Ground Floor on St. Raphaels Centre. The centre (Ground Floor) was configured across three units and residents slept in wards. In addition to Ground Floor there were also another four designated centres: Oakvale, Youghal Community Hostels, and Youghal Community Houses. Following a number of inspections by the Health Information and Quality Authority (HIQA) which identified substantial non-compliance with residential standards the order was given to close both the Ground Floor and Youghal Community Hostels

Subsequently, 23 residents who were suitable for nursing home care were supported to move to nursing homes. Since February 2016 Cork Kerry Community Healthcare has been working to transition the remaining residents from the Ground Floor in St. Raphaels Centre to a number of community residences.

The ground floor unit at St Raphael's Centre closed on 30.10.18, the remaining residents having moved to nine houses in the community in the Youghal and West Waterford area.

The successful implementation of the above project has resulted in a number of buildings on campus becoming vacant. Cork Kerry Community Healthcare in association with the HSE's Estates Dept has recently commenced a review process on the future use of the St. Raphael's Campus. This will include a review of all service needs in the wider Youghal area. Cork Kerry Community Healthcare is very aware of the need to further develop respite services for both children and adults with disabilities and these needs will be taken into consideration as part of the review of services needs in the area.

The next phase of the Community Living Programme will see residents move from the Community Hostels, Seaview and Bayview. Seaview is on the grounds of St. Raphael's Campus and Bayview is adjacent to Youghal Community Hospital. Work is ongoing on securing appropriate accommodation for these residents in community settings and it is hoped that they will be able to move to their new houses in the last quarter of 2019.

It is unlikely that the buildings vacated would be suitable for the provision of respite as they do not meet the required regulatory standards. Both buildings have more than one floor and are not suitable for persons with mobility difficulties.

Respite services in Cork are currently provided by COPE, the Brothers of Charity, CoAction, St. Joseph's Foundation and Enable.

In 2018 the HSE received funding of €10 million to support respite services in 2018. This funding was subsequently allocated to each Community Health Organisation in the form of a Respite House and Alternative Respite Provision. Within Cork the funding allocated to Cork Kerry Community Healthcare has been utilised to progress the development of a respite house in West Cork. This house opened on a phased basis in December and will become fully operational quarter three of this year. The house is open to referrals for respite across County Cork.

In relation to alternative respite, Cork Kerry Community Healthcare received €220,000 in 2018 for full year services. Cork Kerry Community Healthcare Disability Services communicated with all service providers in relation to priorities for their area. Within Cork, this funding was used to support an After Work Programme run by the Brothers of Charity, Saturday Clubs run by Cope Foundation, equestrian sessions run by St Joseph's Foundation, and weekend and evening socialising respite provided by CoAction.

No additional funding have made available to date in 2019 for the provision of respite. Cork Kerry Community Healthcare Disability Services continues to work with the service providers to advocate for the further enhancement of respite services in the Cork and Kerry area. In this regard we have asked each service provider to keep proposals for respite services at the forefront should additional funding become available for same.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“When will the Retired Consultant Cardiologist in University Hospital Kerry be replaced?”

Cllr. John Francis Flynn

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

“To ask the HSE, what progress has been made on the recruitment of Consultants in KUH, particularly in the areas of Cardiology, Respiratory, Haematology, Oncology, Geriatrics & ED.”

Cllr. John Joe Culloty

Recruitment of Consultant posts to University Hospital Kerry is ongoing. Individual posts are at various stages of the recruitment process much of which is handled by the National CAAC (ie Consultant Appointments Advisory Committee) and once approved by CAAC are then forwarded to the PAS (Public Appointments Service) for advertisement, short listing, interviewing etc. The replacement post for the retired Consultant Cardiologist post is currently with CAAC for approval before advertising.

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

Motion 4(d) on Agenda refers:

“That this Forum be informed of any programme for painting/cleaning works planned for this year to improve the exterior appearance of buildings at Our Ladys Hospital Complex in Cashel with special attention to 1. External and internal boundary walls. 2. Area in vicinity of the former main door to the hospital. 3. Unsightly roof top tanks on the main listed building. 4. Former residential lodge at main entrance.”

Cllr. Tom Wood

There is a HSE programme of maintenance in place for essential and statutory requirements which include fire alarms and emergency lighting and back-up power supplies.

HSE Estates has commenced a programme of condition surveying all HSE buildings - this will assist with the development of programme prioritising and scheduling

maintenance for buildings along with identifying budget and finance requirements to undertake such works.

The overall funding allocation (including minor capital), which is finite is currently prioritised to seek to maintain essential HSE operational facilities in clinical and residential use. Key criteria for prioritisation include patient safety/clinical risk, infrastructural risk and regulatory requirements.

Any programme of works at Our Lady's in relation to external appearance is subject to additional resources and prioritisation criteria.

There is no currently no plan to move the roof-top water tanks providing water supply to the building from their existing location.

The Gate Lodge, Cashel Health Campus was surveyed by an external property caretaking service in 2016 and given the condition of the building was deemed to be uninhabitable at the time. The need for the Health Service to provide living accommodation to its caretaker or other staff no longer exists. There is currently no identified need / use for this buildings.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

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

"That this Health Forum via the Chairperson writes to Minister Simon Harris, Minister Jim Daly and HSE executives as a matter of urgency to implement boards of Management to each hospital to ensure local accountability."

Cllr. Breda Gardner

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

As a result, the structure of the Health Boards were dissolved. There was no provision for a non-executive board in the health services governance structures at that time. However, the new organisational structure included the establishment of a Regional Health Forum for each of the four new HSE areas. These were to provide

each region with a forum for public representatives and health service managers to communicate and collaborate. The Regional Health Forum for the HSE South was established, under the remit of the Regional Development Officer at the time.

The approval and adoption by government of the Higgins Report in 2014 brought a further reconfiguration of the health services, with the establishment of the Hospital Groups. Concurrently, non-acute services were reformed into Community Healthcare Organisations.

The governance for these new acute hospital structures was to be provided through the establishment of non-executive boards for each Hospital Group. In 2015, we welcomed the appointment of a South/ South West Hospital Group Board Chairperson and in 2018 a further eight Board members were appointed.

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

Questions

Question 5(a) on Agenda refers:

"That a breakdown of the cost of running Kerry University Hospital be provided, the cost of administration, wages, the ratio of nurses to administration staff."

Cllr. John Francis Flynn

2018 Gross expenditure was € 106.43m

2018 Total Pay Cost was € 75.8m

2018 Admin cost € 6.1m

2018 Nursing WTE 466.09

2018 Admin WTE 145.32

Nursing to Admin Ratio 76:24

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

Question 5(b) on Agenda refers:

“Can the Forum members be advised on the provision of a Community Intervention Team for Winter 2019. County Wexford is without a CIT. This is completely unacceptable and placing great strain on services and service users within the county.”

Cllr. George Lawlor

South East Community Healthcare (SECH) is committed to the operation a Community Intervention Team (CIT) service in the Wexford area. A business case has been submitted and SECH are currently awaiting funding (approval) towards its establishment. CITs are specialist health professional teams which provide a rapid and integrated response to a patient with an acute episode of illness who requires enhanced services/acute intervention for a defined short period of time. As with the case in other areas where CITs have been operational, this care may be provided at home, in a residential setting or in the community as deemed appropriate (thereby avoiding acute hospital attendance or admission or facilitating early discharge). The CIT, through its nurse managed care, provides, for an agreed cohort of patients, a model of integrated patient care as an alternative from usual acute hospital care, and thus provides patient care at home or in the local community.

The work of the CIT involves supporting standard primary care services and working across the entire spectrum of health services in an integrated manner.

The CIT service is delivered by a team consisting of:

- CIT Nurse Manager
- Registered General Nurses
- 24/7 GP Support
- Clerical Administration Support

The further development and proposed extension of the Community Intervention Team Model (CIT) across Co. Wexford would support the acute hospital and provide direct access to GPs thus providing a higher level of care to people in the community and facilitating early discharge from hospital where possible. The Community Intervention Team would work collaboratively with all stakeholders in Wexford area including acute services, primary care and community services and services for older people. Prior to the establishment of the CIT and when funding has been confirmed, it will be necessary to complete a tender process which will establish the number of WTEs and associated cost.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(c) on Agenda refers:

“Can the HSE give a written report of how many children/young adults which have been diagnosed in the last 10 years with Type 1 Diabetes in the Cork Region and outline why is Dexcom still only available to certain children in Cork area. Also indicate what extra resources (financial and staffing) will be allocated this year to:

- (a) train families and support them when transitioning from conventional injection to Pump Technology and
- (b) train teachers and SNAs from the current unacceptable once a year in Cork and
- (c) Indicate the HSE intends to tackle the fact that it can be up to a year long wait for some of these children and their families to see a Child Physiologist.”

Cllr Deirdre Forde

The Model of Care for paediatric diabetes sets out how services should be delivered in regional multidisciplinary teams (with trained doctors, nurses, dieticians and psychology/social work).

- The total number in Cork Paediatric Diabetes and HSE South >360 children, on average 45-52 new children diagnosed per annum.
- No additional staffing or resources are planned for HSE South and Cork for this year. However, interviews are being held for a replacement Consultant post in April 2019.

No regional Paediatric MDT has dedicated psychology.

Dexcom CGM is available on an individual basis, case by case and discussed at an MDT forum.

J.A. McNamara
Chief Executive Officer
Cork University Hospital Group

Question 5(d) on Agenda refers:

“With Saint Patrick’s Hospital, Cashel, having to transport patients and residents to and from hospitals and other health centres on an almost daily basis, is there any

possibility that the existing unsatisfactory vehicle could be replaced with a user and wheelchair friendly one.”

Cllr. Tom Woods

In respect of the existing transport vehicle currently used to transport patients and residents in St Patricks Hospital Cashel, I wish to advise that the existing bus is used for limited transport in the grounds of St Patrick’s Hospital and outpatient clinics in South Tipperary General Hospital. Where necessary, Older Persons Services request ambulance transport for residents when required. There is no funding allocation for the purchase of a wheelchair accessible vehicle for St Patrick’s Hospital Cashel in 2019. The requirement for same will be considered in the 2020 estimates.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(e) on Agenda refers:

“Once the new cath lab is operational in University Hospital Waterford. Will the service be provided for 24/7 or 8 to 8 pm?”

Cllr. Breda Gardner

The Minister for Health approved the construction of a modular cath lab at University Hospital Waterford on the 10th of July 2018 and approval was received to appoint a design team for the project on the 28th of February 2019.

It is planned that when the new cath lab is operational that it will provide a service from 8 am to 8 pm on seven days per week.

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

MOTION AND QUESTION RESPONSES

FORUM MEETING
2nd May 2019

MOTIONS

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

"That serious consideration be given towards the establishment of a Minor Surgical Treatment Unit (elective minor surgery) at Our Lady's Hospital in Cashel as there is ample suitable accommodation and such a service would reduce the pressure on South Tipperary General Hospital in Clonmel."

The surgical service provided in South Tipperary currently would not be able to transfer to Our Lady's Hospital Cashel, as current resource would not facilitate the redeployment of surgical team. Elective minor surgery requires the backup of resuscitation teams, access to theatre in the event of an incident.

Please note that there is a Local Minor Injuries unit in Cashel and this provided minor emergency access.

Maria Barry
General Manager
South Tipperary General Hospital

Notice of Motion No 4(b) and Question 5(b) on Agenda refer:

Notice of Motion 4(b)

"To ask the HSE to explain why there is a constant smell of raw sewerage within the newly built €13.5 million Deer Lodge care facility in Killarney where its believed there is a major fault in the internal sewer network and also to clarify how many times since this building was opened have drain cleaning companies been brought in, and is it true that work had to been undertaken to repair fire doors not fitted properly and that parts for door handles and light fittings are extremely difficult to source in this country."

Cllr Brendan Cronin

Question 5(b)

"What was the cause of the foul smell in Deer Lodge? Has it been rectified?"

Cllr John Joe Culloty

Deer Lodge Recovery Mental Health Recovery Unit opened in July 2017 following the closure of the O'Connor Unit, St. Finan's Hospital. The 40-bed unit for adults has been built to a very standard and was designed to provide quality recovery

orientated care, integrated with health and personal care using a recovery model, in partnership with the Service User.

The building is in four individual households which are all connected through a central module that features a communal area, therapy areas, entrance, foyer, prayer room and other facilities. Each household has access to an internal landscaped garden area.

Since the opening of the unit, staff and service users have reported an unpleasant odour emanating from the drains on an intermittent basis in some parts of the building. It is incorrect to say that there is a constant smell of raw sewerage. Management in Kerry Mental Health Services, in conjunction with HSE Estates, have undertaken a number of independent assessments of the issue and progressed a number of remedial works in an attempt to eliminate the problem. These included the following:

- 15.01.2019 HSE Estates in conjunction with the HSE Fire & Safety Officer conducted an air monitoring test in response to reports of foul air in the unit. The tests concluded that the concentration of the contaminants in the working atmosphere was such as to present a nuisance odour but no significant health hazard.
- 29.01.2018 HSE Estates conducted a CCTV inspection of foul system which revealed a number of non-biodegradable items blocking the drains.
- 06.02.2018 KMS Plumbing conducted a survey of soil and vent pipes in the building and all were found to be in good repair.
- 29.03.2018 Irish Drains were called on site to inspect cause of odour and to clear blockage.
- 21.05.2018 Irish Drains were again called on site and again cleared a blockage and jetted the lines
- 28.11.2018 A trial schedule of flushing of taps and toilet's commenced following a report and recommendations from Irish Drains on the lack of water in the drainage system.
- 31.01.2019 Meeting was held with end users and contractors to try and solve the drain issue.
- 01.02.2019 A plan of the drainage system was issued to Killarney Mechanical Services (KMS) to facilitate the fitting of auto flush units.
- 04.03.2019 Following on from a report (26/02/19) from Irish Drains indicating that shower traps dried out, HSE Estates requested that KMS complete a check of all toilet seals at back of toilets.
- 28.03.2019 Progressed installation of auto flush units in two rooms, one in Mountain View and one in Riverview.
- 08.04.2019 Irish Drains carried out a further investigation of possible causes for odour and identified an odour from the wash-hand basin in a bedroom in

Lakeview. Staff were requested to check the seal in the wash hand basin in the bedroom and found it to be cracked and subsequently replaced it.

- 12.04.2019 to date – Management requested a full survey of seals in the unit. KMS are currently on site and are systematically checking the seals throughout the building. A number of cracked seals have been identified and replaced. We expect these works to be complete by 26th April 2019 and are optimistic that this will result in an end to the odour issue.

Management in Kerry Mental Health Services are committed to ensuring that Staff and Service Users are provided with a safe, comfortable environment and will work with our colleagues in HSE Estates to ensure that this issue is monitored and reviewed.

In relation to the Fire Doors HSE Estates have confirmed that that repair works have not been required as the Fire Doors were fitted correctly. I can confirm that the door handles and light fitting were special order items because of the anti-ligature requirement for these items and therefore have to be made to order.

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

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

“Calling on the HSE to establish and fund a drug detox centre here in Cork either as part of an already established facility or a new build.”

Cllr. Danielle Twomey

Cork Kerry Community Healthcare is in the process of planning the development of a step-up service in Cork City to support individuals who wish to access residential detoxification beds and other drug and alcohol services. The plan is that the proposed service will provide a number of beds for a medically supervised inpatient stabilisation programme with 24hr nursing and medical support for patients. The service would be for people who have a primary problem with:

- Opiate use
- Benzodiazepines
- Alcohol
- Polydrug use, relating to a combination of drugs and/or alcohol

This development would address both deficits in current services and new initiatives to allow the HSE achieve targets identified by action 2.1.13 of the National Drug and Alcohol Strategy 2018-2025, 'Reducing Harm, Supporting Recovery': 'Expand the availability and geographical spread of relevant quality drug and alcohol services and improve the range of services available based on identified need.' Other cross cutting

strategies include 'Connecting for Life' in relation to suicide prevention and Healthy Ireland in relation to expansion of services nationally for drug and alcohol problems.

The planning for this development is currently underway with a potential start date of early 2020. Further details will be made available when the development plans are finalised and when the 2020 budget details are available to Cork Kerry Community Healthcare.

In addition, Cork Kerry Community Healthcare has in 2019 provided funding for the opening of a step-down unit in Cork city. This service is provided by Cuan Mhuire and is a 16 bed service which has been working at full capacity since the end of March 2019.

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

QUESTIONS

Question 5(a) on Agenda refers:

"What progress has been made to date re new 90 bed facility to replace Saint Patrick's Hospital in Cashel and when can we expect a planning application to be lodged?"

Cllr. Tom Wood

St Patrick's Hospital, Cashel, Co. Tipperary provides residential, rehabilitation and respite care to older adults in the South Tipperary area. The National Capital Plan includes the replacement of St Patrick's Hospital. The new build planned for St. Patrick's in Cashel is a 60 bed Unit which will include replacing the current St. Anne's and St. Bernadette's Ward and St. Benedict's Ward. In addition the existing Rehabilitation Unit and St. Clare's Ward will continue to provide services.

HSE Estates have advised of the following update in relation to the development.

- The Design Team have been appointed.
- A pre-planning meeting with Tipperary County Council was arranged.
- Members of the HSE and the Design Team have visited a number of sites as part of the process of agreeing the overall layout and design of the premises.

- Meetings between the Design Team and HSE Management are ongoing.
- Subject to no unforeseen issues arising, HSE Estates have advised that it is planned to submit for planning permission by August 2019.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(c) on Agenda refers:

“What measures are being put in place to tackle the understaffing issues at the CUMH?”

Cllr Danielle Twomey

There are many initiatives under way to ensure we are optimally staffed in all levels throughout the hospital:

- As part of the new South/Southwest Hospital Group Maternity Directorate we take a joint approach to recruitment; pooling resources and identifying opportunities for staff
- Recruitment drives in Europe and Asia have taken place in the last two years with some success in terms of numbers recruited and retained
- Education, further training and opportunity for upskilling are provided to ensure we recruit and retain clinical staff from newly qualified students to more experienced team members.

Since 2017, CUMH have embarked on a unique Gynaecology Waiting List Initiative cutting the waiting list by half in under two years. This initiative was instigated to create a sustainable Gynaecology service for the women of Cork and the region.

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

MOTION AND QUESTION RESPONSES

FORUM MEETING 27th June 2019

There were no Motions or Questions on the Agenda

MOTION AND QUESTION RESPONSES

FORUM MEETING
19th September 2019

MOTIONS

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

"I call on the HSE South to prioritise a Primary Care Unit for the Youghal area bearing in mind that the nearest Hospital is an hour away and after 6pm there is no doctor available in Youghal town with a population of approximately 12,000."

Cllr. Mary Lenihan Foley

Primary Care Centres are a valuable resource for communities, and are an important part of HSE and Government policy (including the Sláinte Care Implementation Strategy) to support the transfer of care where possible from acute settings to the community.

Primary Care Centres are primarily developed as public private partnership builds or as long term operational leases. The development of all such Primary Care Centres is subject to a minimum numbers of GPs being accommodated in the centre along with the commitment and completion of the build to HSE specification.

There are a number of stages which any Primary Care project will need to move through, outlined below:

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

There are now 11 Primary Care Centres operational across Cork and Kerry. There are nine in Cork (Blackrock, Carrigaline, Charleville, Gurranabraher, Kinsale, Macroom, Mallow, Mitchelstown, Schull) and two in Kerry (Kenmare and Ballyheigue). All of these centres have GP co-location with Cork Kerry Community Healthcare services.

We plan that 13 centres will open across Cork and Kerry in the next two years. Eight are due to open in Cork (Bantry, Carrigtwohill, Castletownbere, Cobh, Clonakilty, Fermoy, Kanturk and Newmarket) and five in Kerry (Caherciveen, Castleisland, Listowel, Rathmore and Tralee). All of these centres will have GPs co-located with CKCH services.

These centres aim to be a one stop shop providing a range of primary care team services such as GPs, Community Nursing, Occupational Therapists, Physiotherapists,

Speech Therapists, Dieticians, Counsellors and in some cases dental and mental health services.

Youghal has been identified as an area where a new Primary Care Centre is needed, based on a national needs assessment. The HSE is currently reviewing potential sites for such a centre. We previously advertised for expressions of interest for a Primary Care Centre for Youghal, but no suitable proposals came forward.

The options under consideration include the potential location of a Primary Care Centre on the site of St Raphael's Centre. However, no final decision has been made at this stage.

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

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

"That we progress as a matter of urgency the establishment of a Primary Care Centre in Caherciveen, Co Kerry. This is urgently needed given the fact it would serve the population of the Iveragh Peninsula a population once served by twice the number of GP's currently working in the area."

Cllr. Norma Moriarty

Primary Care Centres are a valuable resource for communities, and are an important part of HSE and Government policy (including the Sláinte Care Implementation Strategy) to support the transfer of care where possible from acute settings to the community.

Primary Care Centres are primarily developed as public private partnership builds or as long term operational leases. The development of all such Primary Care Centres is subject to a minimum numbers of GPs being accommodated in the centre along with the commitment and completion of the build to HSE specification.

There are a number of stages which any Primary Care project will need to move through, outlined below. Plans for a Primary Care Centre for Caherciveen are progressing through these stages.

All applications to progress any of these arrangements require the approval of the HSE's national property committee. To secure such approval, Cork Kerry Community Healthcare must identify the need for the development of a Primary Care Centre in

line with population health needs and the area's proximity to existing or planned primary care centres.

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

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

There are now 11 Primary Care Centres operational across Cork and Kerry. There are nine in Cork (Blackrock, Carrigaline, Charleville, Gurranabraher, Kinsale, Macroom, Mallow, Mitchelstown, Schull) and one in Kerry (Kenmare and Ballyheigue). All of these centres have GP co-location with Cork Kerry Community Healthcare services.

We plan that 13 centres will open across Cork and Kerry over the next two years. Eight are due to open in Cork (Bantry, Carrigtwohill, Castletownbere, Cobh, Clonakilty, Fermoy, Kanturk and Newmarket) and five in Kerry (Caherciveen, Castleisland, Listowel, Rathmore and Tralee). All of these centres will have GPs co-located with CKCH services.

These centres aim to be a one stop shop providing a range of primary care team services such as GPs, Community Nursing, Occupational Therapists, Physiotherapists, Speech Therapists, Dieticians, Counsellors and in some cases dental and mental health services.

Caherciveen has been identified as an area where a new Primary Care Centre is needed, based on a national needs assessment.

The HSE has engaged with a developer and is currently agreeing layouts with that developer and it is hoped that suitable layouts will be agreed in a reasonable timeframe. Once agreed, the HSE will be advancing legal discussions with the developer and their representatives to progress the development. The earliest project opening date for this centre is late 2020.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“To ask the Minister for Health to support the expansion of Chemotherapy and Cancer Services on the grounds of University Hospital Kerry given the huge increase in patient numbers since the unit opened in 2001.”

Cllr Mikey Sheehy

University Hospital Kerry (UHK) currently provides daycase chemotherapy and cancer services as part of the regional South/South West Hospital Group service. This 5-day service is provided by 3 visiting Consultant Oncologists from Cork University Hospital (CUH) and is provided in two settings in the hospital – outpatient rooms in the Palliative Care Day Centre and a 12 chair unit in the day ward on the 3rd floor of the hospital.

The service in UHK opened in 2001 and treated 831 patients but in line with international trends, patient numbers continue to grow with 4,762 patients treated in the day unit in 2018. There is a corresponding increase in Outpatients attendance with 3,231 patients being reviewed in 2018.

UHK management in consultation with the visiting CUH Oncologists have had several meetings recently regarding the future needs of the service. In conjunction with HSE Estates they are currently appraising capital development options that will future proof the service for the next 10 years approx. This will include separate Chemotherapy Day Unit and Outpatient facilities, Installation of Chemotherapy Compounding Unit, Isolations facilities and sufficient space to treat patients and their families in an environment conducive to providing respect and dignity.

UHK management and the CUH oncologists preferred option is a stand-alone new build adjacent to the front of the hospital linked by way of an enclosed corridor, similar to the recently built Inpatient Palliative Care Unit.

It is hoped to have this appraisal completed shortly and the next stage of the development process will commence directly thereafter.

**Fearghal Grimes
General Manager
University Hospital Kerry**

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

“That the HSE gives urgent consideration to the provision of step down beds at Our Lady’s Hospital, Cashel, as a means of relieving the accommodation pressure on South Tipperary General Hospital over the coming winter months.”

Cllr. Declan Burgess

The delivery of healthcare in South Tipperary in line with national priorities is particularly focused on maintaining as many individuals living independently at home as possible. This involves a strong emphasis on home care and other community support services and the development of more integrated sustainable model of care.

The building of what was Our Lady's Hospital no longer has acute hospital services but a range of diverse primary care and community orientated services to people of Cashel and surrounding areas. The current campus has a range of services from those operating on a 24 hour day, seven days a week basis to those that use the facility as a base to provide care in homes. The teams provide services across a number of care groups to the population of Cashel and surrounding areas which include the following:

Community Intervention Team

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

Integrated Care Programme for Older Persons South Tipperary “STEP” Team

The Integrated Care Programme for Older Persons South Tipperary “STEP” Team operates a clinic from Our Lady’s campus to frail individuals at risks of falls. The STEP team will also offer services to those with symptoms of delirium, from October. These services offered by the STEP team aim to allow for early discharge or prevention of admission to acute services.

Home Support Services

Home Help Co-ordinators manage the organisation and delivery of Home Support Services for the population of Cashel and the wider surrounding areas (including Ballyporeen, Tipperary, Cahir, Clogheen Dundrum, Emly). The provision of Home Support Packages (HSPs) is seen as both a hospital avoidance measure and a mechanism to facilitate discharge from acute to community settings.

Primary Care Team

The Cashel Primary Care Team based at OL building provides services to the population of the town of Cashel and the surrounding rural catchment

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

Minor Injuries Unit

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

Caredoc Out of Hours GP Service

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

Disability Services

Children's Disability services for the North Network are provided
Adult Disability Services, including a weekly services from the Irish Wheelchair Association is provided

Residential Care and Short Stay Provision

South East Community Healthcare continues to maintain residential care units and short-stay beds in South Tipperary. St Patrick's Hospital, Cashel, Co. Tipperary (which includes St Anthony's Unit Clonmel) provides residential, rehabilitation and respite care to older adults in the South Tipperary area. The National Capital Plan includes the replacement of St Patrick's Hospital.

The new build planned for St. Patrick's in Cashel is a 60 bed Unit which will include replacing the current St. Anne's and St. Bernadette's Ward and St. Benedict's Ward. In addition the existing Rehabilitation Unit (21 beds) and St. Clare's Ward (11 bed elderly care residential unit now located on OL campus) will continue to provide services. A new 50 bed unit is planned for the replacement of St Anthony's in Clonmel.

In addition short stay beds continue to be supported and in South Tipperary short stay beds provide palliative, respite and convalescence care in St Theresa's Hospital Clogheen (15 beds currently open) and St Brigid's Hospital Carrick-on-Suir (16 beds) 3 palliative care beds, 11 convalescent beds and 2 respite beds.

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.

Kate Killeen White
Chief Officer
South East Community Healthcare

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

“In a practical effort to reduce the waste of time and effort required of all parties in accessing personal medical records, the current practice, as outlined above, to be changed whereby the patient can access their private medical records by presenting himself in person, with proof of identification. Furthermore, the €20 fee charged for accessing personal information is excessive given that all health related HSE activities are already paid for in universal personal taxation.”

Cllr Jody Power

Accessing HSE Records

Freedom of Information Act 2014

Under the Freedom of Information Act 2014 individuals have the legal right to apply for access to both personal and non-personal records. Certain categories of applicants are eligible to apply for deceased persons records.

Key Points

Applications should be made in writing or by email, contain sufficient information to locate the records and be accompanied by photographic identification.

There is no application fee but applicants may be charged for photocopying (4c per page if records are voluminous), CD Rom (€10) and X-Rays (€6). There is also a search and retrieval fee of €20 per hour for non-personal records.

As per legislation, a decision will be issued within 20 working days of receipt of the request. If records are refused a clear explanation, referring to the appropriate sections of the Act, will be given.

Applicants have the right to request an Internal Review if they are dissatisfied with the decision. They may also request an External Review by the Office of the Information Commissioner if they are unhappy with the review decision

GDPR & the Data Protection Acts 1998-2014

GDPR & the Data Protection Acts provide similar rights of access as the FOI Acts. However, the legislation only applies to personal records of living individuals i.e. requests cannot be made for non-personal records or those of deceased individuals.

Key Points

Applications should be made in writing or by email, contain sufficient information to locate the records and be accompanied by photographic identification.

There is no application fee.

There are no internal review rights but applicants can make a complaint to the Data Protection Commission if they are dissatisfied with the initial response.

Administrative Access

Administrative Access is based on local policy rather than legislation and is intended as an easier way to access both personal records, where full access can be provided, and non-personal records that are readily available. Administrative Access does not apply to access deceased personal records.

Key Points

Applications should be made in writing or by email, contain sufficient information to locate the records and be accompanied by photographic identification.

There is no application fee but, as with FOI, applicants may be charged for photocopying, CD Roms and X-Rays.

Ideally records should be provided within 15 working days.

As administrative access is not a legal process there is no scope for exemptions/redactions. If it is found that some requested records cannot be provided the applicant should be advised that their request will be processed under either Freedom of Information or Data Protection legislation.

There are no internal or external review rights.

Ms Mary Deasy

**Regional Manager, Corporate Consumer Affairs; DDPO
HSE South**

QUESTIONS

Question No 5(a) on Agenda refers:

“Can the HSE South please provide an update on OT services in Youghal and East Cork Area”

Cllr. Mary Lenihan Foley

The Occupational Therapy Service in Youghal is delivered as part of the Cork North Community Services.

Currently it is predominantly a home visiting service, including assessment for Aids & Appliances, with a small clinic-based service. Pending the development of the Primary Care Centre in Youghal, plans are in place to develop a new clinic for the service on the grounds of St Raphael’s Youghal. This will provide the necessary clinic location for the Youghal region as the development of the service to date has been hampered by the lack of adequate infrastructure.

Occupational Therapy Services are provided for residents of Youghal Community Hospital on a referral basis.

There are also Occupational Therapy services in Midleton and Cobh.

A limited clinic service is delivered in these areas, and the planned construction of a new Primary Care Centre in Cobh will increase the availability of clinic space. The

new Primary Care Centre in Carrigtwohill will also provide space for the Occupational Therapy department, and this will be used as a base for the wider East Cork region.

There is currently a vacant Occupational Therapist post in the Midleton and Youghal area. We are absolutely committed to the provision of this valuable service, and we will work to recruit a replacement as soon as possible. In the meantime, service management are working to provide essential cover from the overall resources in North Lee.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question No 5(b) on Agenda refers:

"To ask the Minister for Health what is the current total capacity of Day Care Centres for dementia in the North Cork area, and whether there are any plans to increase capacity."

Cllr Gearóid Murphy

The National Dementia Strategy acknowledges that family carers play a central role in enabling people with dementia live in their own communities. Services such as day care and Day Centres assist family caregivers to continue to provide care to their loved ones. The strategy also promotes an integrated and multi-disciplinary response by community services, primary care and secondary care to support people with dementia and their carers. The strategy projects that the prospective ageing of the population will lead to an exponential increase in the number of people with dementia in the years ahead. It projects that numbers will increase from 47,894 in 2011 to 152,157 in 2046 based on CSO population projections leading to a corresponding increase in demand for support services in accordance with the goals of the strategy to support people within their own communities and family networks.

The HSE is currently undertaking a comprehensive review of Day Care Centres in Cork Kerry Community Healthcare. This includes making recommendations for future provision.

Cork Kerry Community Healthcare recognises the value of day care services and other community supports for those with dementia. There is an ongoing growth in demand for such services. Unfortunately in recent years additional funding available for the development of service for older people has been focused on residential care, including the nursing home support scheme, and providing increased level of home care.

I wish to advise that in North Cork, Day Care Centres for people with dementia are delivered in Mallow (five days per week), Mitchelstown (one day per week) and Conna (one day per week).

Other supports are available, such as Memory Resource Technology Rooms, cognitive rehabilitation, cognitive stimulation therapies and dementia psycho-education programmes. The website www.understandtogether.ie is a useful source of information for those suffering from dementia and their loved ones, including the supports available. These supports aim to enable and assist people with dementia, and their families, to live well with dementia building on their individual strengths and abilities.

We will continue to work to extend the supports available in the community.

If you require any further information please do not hesitate to contact me.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question No 5(c) on Agenda refers:

Can we please have a detailed explanation of the process with timelines involved in deciding on vacancies and the recruiting and hiring of staff for all health care positions. Essentially what I am seeking to ascertain is how are vacancies identified, who signs off on same, how advertising and recruiting is done and precisely what the process involved in having a person begin actually working in said position is."

Cllr. Norma Moriarty

The HSE is the largest employer in the state, with over 100,000 employees. More than 67,000 are direct employees; the remainder is employed by agencies funded by the HSE.

Cork Kerry Community Healthcare (CKCH), South East Community Healthcare (SECH) & South / South West Hospital Group (SSWHG) offer a wide range of challenging career opportunities across management /admin /nursing/ health and social care professionals, medical and dental that enable our staff to make an important contribution to the health services, to public service and to the lives of everyone living in Ireland.

While the following response documents the recruitment processes in place, as the CKCH, SECH & SSWHG currently do not have access to a HR business information system, it is not possible to provide detailed or accurate information on the timelines for recruitment of post and vacancies at this current time

Please note that the following response reflects current process in place within the CKCH, SECH & SSWHG.

CKCH provides healthcare services for Cork & Kerry and SECH provides healthcare services for Carlow, Kilkenny, South Tipperary, Waterford & Wexford including:

- Primary Care (Including Palliative Care and Social Inclusion)
- Mental Health Services (In-patient / Out-patient and Community Based services)
- Social Care (Older Persons and Intellectual Disability) Residential and in community setting

Please note that the following response reflects current process in place within the SSWGH Group and across the ten hospitals within the group;

- Cork University Hospital
- Cork University Maternity Hospital
- University Hospital Kerry
- University Hospital Waterford
- South Tipperary General Hospital
- Bantry General Hospital
- Mallow General Hospital
- Mercy University Hospital (Voluntary hospital undertake own recruitment)
- South Infirmary Victoria University Hospital (Voluntary hospital undertake own recruitment)
- Kilcreene Regional Orthopaedic Hospital

Controls:

The Recruitment process is informed by the following HSE internal controls processes;

- CKCH & SECH: Community Operations-Affordable planned growth in health service staffing levels during 2019
- SSWHG: Acute Operations-Affordable planned growth in health service staffing levels during 2019
- Employment Control Framework 2015 which gives delegated authority and approval mechanisms to
 - CKCH: Chief Officer, CKCH Community Healthcare Paybill Management Groups (membership is Head of Service Care Group, HR and Finance).
 - SECH: SECH Chief Officer, Hospital Group CEOs, South East Community Healthcare Paybill Management Groups (membership is Head of Service Care Group, HR and Finance).
 - SSWHG: Hospital Group CEO, local paybill monitoring group and Group AND of HR and Finance.

The Recruitment process is also informed by the following;

- [Recruitment Licence/Codes of Practice](#) -Recruitment in the HSE is subject to the provisions of the Public Service Management (Recruitment and Appointments) Act, 2004 and is regulated by the Commission for Public Service Appointments (CPSA). Appointments are subject to the Codes of Practice published by the CPSA.
- [Eligibility Criteria](#) - Under Section 22 of the Health Act, the HSE has responsibility for setting and approving qualifications for appointments to HSE posts.

Identification and approval of vacancies:

A vacancy may be generated when;

- CKCH / SECH: A current funded posts become vacant; following the identification of the vacant post at service level the Line Manager /Head of Discipline commences the process of replacing the post by completing the relevant HR form A or B and business case. The completed form is signed off by the General Manager and submitted to the Head of Service for that care group.
- SSWHG: A current funded posts become vacant; following the identification of the vacant post at local line manager/departmental head of service or hospital management generates the process of replacing the post commences with the relevant HR form A or B, the completed form is signed off at hospital management level and submitted from each hospital Human resources/management via email to SSWHG Human Resources,
- A new post is approved to support an approved or new Service Development posts/ and must include a confirmed budgetary funding source (attached to the business case).

Approval Process CKCH & SECH:

- Each post to progress must be signed off by at local level service level by the General Manager who is responsible for submitting the recruitment paperwork to their Head of Service for approval.
- All submitted posts are collated and reviewed by the Head of Service. The Head of Service submits all posts via a robust approval process under the governance of the SECH Paybill Management Group (PBMG). Each post is individually considered against the following measures including the Employment Control Framework and Community Operations-Affordable planned growth guidelines approved, and on confirmation that each post is within the affordable growth and WTE limit in the Care Group.
- Each individual post application is signed off by the Care Group Head of Service, Heads of Service HR and Finance and by the relevant Chief Officer, who has delegated authority
- CKCH / SECH is then required to submit posts to the National Director of Community Operations who will review the submission.
- Please note that National Director Community Operations post exemption approval is required in order to initiate the recruitment process. Once approval is obtained the advertising and recruitment of posts is transferred and managed centrally in the HSE through the Health Services Business Function (HBS).
- Please note that currently under the internal processes "Community Operations-Affordable planned growth in health service staffing levels during 2019" further approval is required should the post not be filled within 3 month time limit (exemption is granted for a period of 3 months).
- Consultant Posts - in the case of Consultants (Mental Health Services) all applications must be considered by the Consultant Appointment Committee, approved by the National Director for advertising by Public Appointment Service (PAS) (There is an except to this currently in SECH only as it is one of 3 pilot sites for recruiting permanent consultants and a competition is underway),

approval must be obtained as per the above protocols to progress any post through to recruitment process.

Approval Process SSWHG:

Each post is signed off at hospital management level by the Line Manger and Hospital Management then submitted from each hospital Human Resources/ Hospital management via email to Human Resources, at a hospital group level SSWHG for approval

All submitted posts are collated and reviewed from each hospital, via a robust approval process under the governance of the SSWHG Paybill Group, each post is considered against the following measures including the Employment Control Framework and Acute Operations-Affordable planned growth guidelines approved, and on confirmation that each post is within the affordable growth and WTE limit of the hospital group

Each individual post application is signed off by both the Chief Operations Officer and by the Chief Executive Officer, SSWHG who have delegated authority

The hospital group is then required to submit posts to the National Director of Acute Operations who will review the submission in consultation with Acute operations Performance and Contracting lead, Acute Operations Acute Lead, AND finance and HR Acute Operations.

Please note that National Director Acute Operations approval is required in order to initiate the recruitment process. Once approval is obtained the advertising and recruitment of posts is transferred and managed centrally in the HSE through the Health Services Business Function (HBS).

Please note that currently under the internal processes "Acute Operations-Affordable planned growth in health service staffing levels during 2019" further approval is required also at the following stages of the recruitment stage from the National Director.

- When the post is formally initiated/offered to the prospective candidate.
- To confirm the start date of the employee
- Commence the new employee on HSE payroll

Hospital Consultants; in the case of Hospital Consultants all applications must be considered Consultant Appointment Committee, approved by the National Director for advertising by Public Appointment Service (PAS), approval must now also be obtained as per the above protocols, to progress any post for advertising and recruitment process. Please note that approval is required for recruitment:

- When the post is formally initiated/offered to the prospective candidate.
- To confirm the start date of the employee

Commence the new employee on HSE payroll

Recruitment processing HBS

Centrally HBS place approximately 2,600 appointments per year and process 21,000 Garda vetting applications.

All permanent positions in the HSE are advertised on the HSE Website www.hse.ie. In 2009, all recruitment was been centralised to the HSE National Recruitment Service (NRS), Arás Sláinte Chluainín, Manorhamilton, Co. Leitrim, however some temporary recruitment is held locally. The Public Appointments Service (PAS) conducts some recruitment campaigns on behalf of the HSE. If this is the case, the job advertisement will contain a link to the Public Appointments Service.

When applying via the website the applicant must use the Application Form particular to the post advertised. Applications may be downloaded; details typed in and returned by email or alternatively, may print off the form, fill in by hand and return by post. Most application forms are [competency based](#) and will contain guidelines on how to complete. Prospective candidates may access the following links [job search](#) or [talent pool](#) to search for possible vacancies

Completed application forms must be returned to the designated address no later than the time and date specified in the advertisement for the post. Application forms received after the closing date will not be accepted.

Candidates must ensure that applications are posted/e-mailed in sufficient time to guarantee arrival not later than the latest time stipulated for acceptance.

The acceptance of an application form from a person desiring to be a candidate, or an invitation to attend for interview or any other selection method is not an admission by the organisation that the applicant possesses the prescribed qualifications or is not disqualified by law from holding the post.

It is the policy of the HSE to form panels from which future vacancies will be filled.

While in some instances of local advertising and recruitment undertaken of temporary vacancies are conducted under delegated authority to local HR/management areas. Recruitment also occurs under provisions of the provisions of the Public Service Management (Recruitment and Appointments) Act, 2004 and is regulated by the Commission for Public Service Appointments (CPSA). Appointments are subject to the Codes of Practice published by the CPSA.

HBS have extensive knowledge and experience recruiting health professionals from both generic and bespoke competitions across medical, clerical, therapy and technical / vocational grades.

The HBS Recruitment section supports the following stages of the recruitment process including

- Job specification right up to placement stage,
- Building job descriptions,
- Form interview panels,
- Manage the interview process

- Carry out pre-employment checks prior to placement e.g. Garda vetting, professional qualification etc.

As advised in terms of timelines for the recruitment of each post and grade category is subject to variability and while every effort is made to expedite and progress recruitment through the various stages of the recruitment cycle in as efficient a manner as is allowable the timelines may range from 6 months to a year and a half depending on individual post and candidate availability and compliance with the employment controls and procedure in place.

Kate Killeen White
Chief Officer
Cork Kerry Community Healthcare

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

Question No 5(d) on Agenda refers:

“What is the time frame for the processing and approval of fair deal applications in Kerry, and in the situation whereby delays occur what processes are in place to get patients from acute beds into community hospitals in order to maximum our already stressed hospital bed situation.”

Cllr. Mikey Sheehy

The process of approval for support under the Nursing Home Support Scheme (NHSS) is in fact a dual assessment, an assessment of care needs and of financial means. The applicant must be found to require long-term care following a medical assessment and this finding is approved at the local multi-disciplinary forum. In addition a financial assessment of the applicant's income, cash and non-cash assets is carried out in order to determine the applicant's weekly contribution to care. In other words, once applicants fill out an application form, they are applying for both a care needs assessment and for financial support. The care needs assessment is generally completed within a short period. The financial assessment requires

supporting documentation in respect of all income and assets and where there are delays in submitting such information then the decision process can be delayed.

The national average processing time for an application to the Nursing Home Support Scheme (NHSS) is 38 days. In respect of Cork Kerry Community Healthcare the average processing time is 28 days. Both these figures are extracted from the NHSS National Activity Report, July 2019.

Once an applicant is approved for long-term care and their contribution to care has been determined then the applicant is placed on the national waiting list for funding. The release of funding by the National Nursing Home Support Scheme Office is dependent on the availability of resources in the statutory scheme budget. The waiting time for funding approval has recently been reduced to an average of four weeks, however, the time can vary according to the availability of budget to the national office.

Forms to apply for the scheme are available at www.hse.ie/nhss. The process of filling out the application form can be a difficult one, and both the local Nursing Home Support Office and the HSELive service (1850 24 1850 or 041 685 03 00) can provide support.

An applicant in an acute setting who has been approved for Nursing Home Support and is on the National Waiting list for funding can be granted Transition Funding so as to discharge to a bed in a private nursing home while awaiting funding release. In addition Cork Kerry Community Healthcare has designated Transitional Care beds in Clonakilty, Youghal and in Mallow together with Short Stay Beds across our Community Hospitals and Nursing Units in Cork and Kerry which can be accessed to facilitate discharges from the acute sector for applicants awaiting funding release.

In addition, once an applicant has been placed on the national Waiting List for funding they can discharge to a Public Nursing Home of their choice immediately awaiting funding release. We work with our colleagues in the acute hospitals, including University Hospital Kerry, to ensure the most efficient flow possible of patients from acute settings to community settings.

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

Question 5(e) on Agenda refers:

“Is the HSE prepared to take any steps to improve the derelict appearance of the former gate lodge at Our Lady’s Hospital Complex in Cashel?”

Cllr Declan Burges

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

was uninhabitable at the time. The need for the Health Service to provide living accommodation to its caretaker or other staff no longer exists. There is currently no identified clinical / healthcare use for this building.

There is a HSE programme of maintenance in place for essential and statutory requirements which include fire alarms and emergency lighting and back-up power supplies.

The overall capital funding allocation (including minor capital), which is finite is currently prioritised to seek to maintain essential HSE operational facilities in clinical and residential use. Key criteria for prioritisation include patient safety/clinical risk, infrastructural risk and regulatory requirements.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 5(f) on Agenda refers:

"In light of the recent HIQA reports as published on 3 September 2019 arising from unannounced inspections of designated centers for older people, in relation to the failings highlighted in the report of Macroom Community Hospital (Centre ID: OSV-0000578) and in particular, the quality and safety of care being provided, can the HSE outline the action plan and timeline involved in bringing the hospital to compliance with standards provided by the current Health Acts and addressing the failings identified in the HIQA report."

Cllr. Eileen Lynch

Cork Kerry Community Healthcare acknowledges and accepts the report by HIQA on Macroom Community Hospital. We would like to reassure residents, their families and the wider community that work is underway to address all the issues raised by HIQA.

Many of the issues raised by HIQA relate to the limitations of the current building and the challenges presented by the age and layout of the hospital. We can confirm that plans are now well advanced for a significant new-build extension which will also see the existing building reconfigured. This large project will transform Macroom Community Hospital, and will include 24 single rooms, as well as one double room. All existing wards will become three-bedroom rooms. The design for this project is complete and an application for planning permission was lodged with Cork County Council on September 12th. We look forward to moving ahead with the project so that we can provide quality care to the people of the Macroom area in an appropriate

setting. Subject to confirmation of the availability of capital funding, it is expected this project will be completed before the end of 2021.

In the interim, works are taking place at Macroom Community Hospital to improve the environment for residents while they await the new build and refurbishment. This work includes refurbishing the day room; the creation of a new sitting room and quiet area; the provision of new furniture in the dining area.

Extensive staff training has taken place in recent months and will continue in the months ahead, while work has also been undertaken to address HIQA's concerns about fire safety.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

MOTION AND QUESTION RESPONSES

FORUM MEETING
21st November 2019

MOTIONS

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

“What is the update position with the primary healthcare centre in Rathmore?”

Cllr. Niall Kelleher

As outlined in a number of policy documents (most recently the Sláintecare Implementation Strategy), it is Government policy to transfer activity currently taking place in the acute setting to a more appropriate setting in Primary Care. The development of a Primary Care Centre infrastructure to support such a transfer of activity is essential. The HSE’s commitment to the development of Primary Care Centres across the country is outlined in its Capital Development Plan. These centres aim to be a one stop shop providing a range of Primary Care Team services such as GP’s, Community Nursing, Occupational Therapists, Physiotherapists, Speech Therapists, Dieticians, Counsellors and in many cases children’s disability teams, Child and Adolescent Mental Health Services or Community Mental Health Services, and Dental Services. The most common funding model is through long term leases for centres built under the Public Private Partnership arrangement and which are designed and constructed to meet the Primary Care Team needs and which include a number of General Practice Services.

All applications to progress any of these arrangements require the approval of the HSE’s National Property Committee. The application process for such approval requires Cork Kerry Community Healthcare (CKCH) to identify the need for the development of such a facility in line with population health needs and the areas proximity to existing or planned primary care centres.

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

- 1 Expressions of interest sought from developers.
- 2 Applications assessed by HSE Estates/CKCH.
- 3 Application to Property Committee for approval based on agreed size and cost.
- 4 Letter of intent to proceed issued.
- 5 Planning Permission sought by developer.
- 6 Legal agreements finalised.
- 7 Consultation with staff re final design and layout.
- 8 Build commences.
- 9 Handover to HSE.
- 10 Commissioning- i.e. equipping, services telephone, IT etc.
- 11 Phased opening.

The development of all Primary Care Centres is subject to GP commitment and completion of the build to the HSE specification.

The HSE is currently working with the Developer in Rathmore and has issued a standard agreement for lease document. A meeting with the developer will be scheduled to discuss any issues raised and it is hoped that the HSE can then enter into an agreement for lease with the Developer to allow the centre to progress to the next stage.

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

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

“That HSE South would state that if, following the 2017 survey of services both actual and needed [as per response from HSE South to Notice of Motion to Killarney Municipal District meeting], it accepts that there is need for a dedicated Alzheimers Day Unit in the immediate Killarney area, thus augmenting the already wonderful Unit at Rockmount, Kilgarvan.”

Cllr Michael Gleeson

The survey of service mentioned above is part of a broader review of Day Services. This review is nearing completion and will look at the both existing services and gaps in service across the two counties of Cork and Kerry. It covers both generic Day Services and Dementia Specific Services.

The review identifies the number of places per Day Care Centre and the number of places and services specifically for adults with dementia. The review will inform how Day Services will be provided within Cork Kerry Community Healthcare going forward ensuring that resources are used efficiently, directed at those at those most in need and identifying any gaps in service that may exist. However, it must also be noted that the provision of any new Day Care Centres will be subject to the availability of additional funding being made to available Cork Kerry Community Healthcare.

Studies indicate that, based on the 2016 census, there are an estimated 811 people in the South Kerry area living dementia, including those with early onset dementia. Approximately 63% (511) of these people are living in the community. The number of people with dementia is expected to grow at an average rate of 3.6 per cent per year over the next thirty years. By 2046 the number the number of people with dementia in the country will have almost trebled to over 157,000. While this figure is just an estimate, the increasing prevalence of dementia in the population will have implications for the health service and the provision of additional services and supports.

Day Services are currently provided along a continuum from peer support type active retired groups to Social Clubs & Centres and then Full Day Care Services. All provide some level of engagement for Older People in terms of social engagement across the continuum to full day care with nursing and personal care. It is not unusual for people with dementia to attend any or all of these services.

In terms of dementia specific Day Centres, there are three specific sites in Kerry. Rockmount Day Care in Kilgarvan is open 6 days a week and offers a dementia specific service; the Alzheimer's Society of Ireland operates a Day Service in Balloonagh in Tralee 5 days a week; and there is a service run by volunteers in Listowel in the Family Resource Centre. Árd Churam Day Care Centre turned the sod for a new dementia specific Centre on the grounds of Listowel Community Hospital a few weeks ago and this is expected to be operational in about 18 months. All of these services are operated by local voluntary groups who are grant aided by the HSE through the Community Work Department.

The HSE currently is operating two Memory Technology Rooms in Kerry, one based in Baile Mhuire in Tralee and one based in St Columbanus Hospital in Killarney. These facilities allow people with memory difficulties, dementia, their families and friends to see and try a range of products to make independent living easier.

Cork Kerry Community Healthcare provides a broad range of services for older people in our community, including step down and convalescent care, day services, rehabilitation, community services, home care and home helps. Services for people with dementia are provided by a range of people, health professionals and organisations across the Health Services, including GPs, Pharmacists, Hospital Groups and Community Health Organisations, Public Health Nurses, and a range of voluntary and community organisations.

Dementia: Understand Together is a national campaign to raise awareness and increase understanding of dementia across Ireland. As part of this campaign Cork Kerry Community Healthcare will continue to work with the Volunteer Community Activation Champions who have signed-up to support the campaign within the Cork and Kerry area, as well as the many national organisations who have partnered with the campaign. Further information on the campaign and on the services available for people with dementia is available on www.understandtogether.ie

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

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

"That the HSE would increase internship places in Irish hospitals to allow doctors educated in Ireland access to an internship place, in light of the ongoing difficulties in doctor recruitment."

ClIr Eileen Lynch

With regard to doctor recruitment in Ireland there has been a steady increase in number of NCHD posts in Ireland over the last five years as can be seen below:

NCHD Grade	September, 2014	September, 2019	% Increase
Registrar/Senior House Officer	4079	6055	48%
Intern	684	734	7%

There are currently 734 hospital intern places in Ireland. Applicants who accept a place in an Irish medical school through the CAO system are prioritised over other applicants.

The number of intern posts is linked to the numbers of training posts available in specialist training programmes, the next step in the training pathway following completion of an internship. At basic specialist training, the intake into training programmes is approximately 700 annually, while at higher specialist training, the intake is approximately 450. At specialist level (consultant), there are approximately 175 new appointments annually. Therefore, the number of available intern posts cannot be increased without consideration of, and subsequent consequence for, the specialist training pathway and the overall medical workforce figures.

National Doctors Training and Planning

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

"Can the members of HSE South be advised of the proposed changes Minister Harris is proposing to make to health services management structure in HSE South. Also can the members be provided with a documented copy of these proposed changes and timelines"

Cllr John Coonan

Sláintecare

The Oireachtas Committee on the Future of Healthcare was established to devise cross-party agreement on a single, long-term vision for health and social care and the direction of health policy in Ireland. The committee produced the [Sláintecare Report](#), which was adopted by the government and published in May 2017. In

response to the Sláintecare Report, the government approved the [Sláintecare Implementation Strategy](#) on 17th July 2018. It sets out the actions to be taken in the first three years of the Sláintecare implementation process. The Sláintecare Programme Implementation Office was established in September 2018 with the initial task of reviewing and refining the strategy into a more detailed [Action Plan for 2019](#).

Regional Integrated Care Areas

The population-based approach to delivering healthcare was set out in Sláintecare, the ten-year programme to transform our health and social care services. As part of the implementation of Sláintecare and improving health service, in July 2019 the Government announced the planning of six new health regions for Ireland. The regions will be developed as part of implementing Sláintecare and improving our health service.

The ideal health service is one where people are able to get the health services they need, as close to home as possible, with the majority of care delivered in the community and not in acute hospitals. At present, whilst there is integrative working, community healthcare and hospital care are delivered separately with separate budgets.

The proposed new divisions are:

Area A - North Dublin, Meath, Louth, Cavan and Monaghan.

Area B - Longford, Westmeath, Offaly, Laois, Kildare and parts of Dublin and Wicklow.

Area C - Tipperary South, Waterford, Kilkenny, Carlow, Wexford, Wicklow and part of South Dublin.

Area D - Kerry and Cork.

Area E - Limerick and Tipperary and Clare.

Area F - Donegal, Sligo, Leitrim, Roscommon, Mayo and Galway.

The new health regions are an important step in enabling us to plan and provide better healthcare, with a shared budget to care for the people living in each region. By aligning services geographically, it means health service staff can plan hospital and community services together, and this helps provide more integrated care at both regional and local level. Once established, these six regional bodies will be enabled to plan, fund, manage and deliver integrated care for people in their region.

Partnership Approach

Detailed work on designing the new regional bodies will involve consultation with staff, patients and stakeholders into mid-2020, working to design how the new

health regions will operate. There will be a clear plan developed in that time, so that any changes to people's ways of working will be outlined well in advance.

While that work is ongoing, our team and services will continue in the current structures, focused on the job at hand - ensuring our health service is working for people and striving to be better.

Plans for any proposed changes in the management structures have not been announced yet for the South or South East of the HSE.

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

Mr Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

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

"To ask this forum to support expediting foreign General Practitioners VISA applications, especially those from South Africa. This is at a time when A&E departments and acute hospital beds are under recording breaking pressure and out of hours GP services are at the behest of VISA application waiting times."

CIlr Mikey Sheehy

Medical staff from outside EU/EAA countries who are qualified and willing to work as medical practitioners in Ireland usually request employment visas under the Atypical Working Scheme. The Atypical Working Scheme (AWS) is managed, monitored and administered by the Irish Naturalisation and Immigration Service (INIS) within the Department of Justice and Equality. INIS is bound to abide by the current AWS permit rules and permissions of travel. The current terms applying to this scheme have been in place since 2015. The Health Service Executive have recently become aware of challenges faced by the agency recruitment agencies who provide temporary medical staffing to General Practitioner Services, particularly Out of Hours GP Services, with regard to recruitment and retention of suitable locum General Practitioners from abroad. These agencies would identify that the current terms of the Atypical Working Scheme are a significant factor in these challenges. The HSE

acknowledges the significant Out of Hours GP services play in the provision of community primary care services.

There is a need to obtain agreement on the travel patterns, regulations/ permissions and AWS permit allowances in relation to GP Doctors working in Primary Care in Ireland. In this regard the HSE is in discussion with INIS who are keen to work with all involved in Primary Care to ensure that both Out Of Hours and day-time GP Practices have access to appropriate staffing. These discussions are at an advanced stage and nearing completion and the HSE is confident that a positive outcome will be reached in relation to the terms of the Atypical Working Scheme. This matter has been prioritised by HSE management for resolution, however the final decision lies with INIS and the Department of Justice and Equality.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“That the Board and Management of HSE South/South West Hospitals Group immediately petition the Minister and HSE HQ for the necessary funds required to eliminate the hardships and deprivations caused to patients and their families at Uni. Hospital Waterford (UHW) by:

- * Putting into service forthwith the new Dunmore Wing of UHW, now completed and lying idle, by providing the €10m per year funding required.
- * Actively engage in staff recruitment to fill the 200 staff vacancies at UHW.
- * That the Regional Health Forum recognise the impact on patients and their families in Waterford and the South East due to the prolonged neglect and gross underfunding of UHW and the significant distress and misery caused.”

Cllr Jody Power

The South East Palliative Care Centre has been built as part of the overall five story “Dunmore Wing” integrated project on the grounds of University Hospital Waterford (UHW). It spans 2 of the 5 floors of the Dunmore Wing. This specialist service is the first inpatient and day service specialist palliative care unit for the region covering the counties of Carlow, Kilkenny, South Tipperary, Waterford and Wexford.

Equipping and commissioning of the Palliative Care Unit is now complete. The existing integrated Consultant led Specialist Palliative service is currently relocating to the unit. It is anticipated that the Community Specialist Palliative Care Team, namely Waterford Hospice Movement will also relocate in the coming weeks.

Assurances have been provided by the Minister for Health that funding will be in place to commence opening of the Inpatient beds in early 2020.

The upper ground floor of the five storey building at UHW will feature a centre for day services in palliative medicine. When fully operational, there will also be 20 inpatient bedrooms (with individual patio gardens) on the lower ground floor for clients requiring the expertise of a specialist palliative care multidisciplinary team.

The Centre will be the hub for palliative care in the South East and will build on the existing Consultant led integrated model of care in place across acute hospitals and community healthcare.

Staff based at the Centre will support the Community Specialist Palliative Care Teams and Primary Care Teams across counties Carlow, Kilkenny, South Tipperary, Waterford and Wexford in providing appropriate care pathways for palliative clients.

Work is ongoing to commence occupation of the top 3 Floors of the Dunmore Wing which total 72 single ensuite rooms for patients.

University Hospital Waterford intends to commence occupation of the building on a phased basis with phase 1 being occupation of the Top Floor on Monday 9th of December.

Staffing is challenging, recruitment is ongoing to fill vacancies.

The South/South West Hospital Group (SSWHG) is committed to the on-going development of services at University Hospital Waterford. The Hospital Group aims to ensure that the experience of patients attending the hospital is of the highest standard and continues to work closely with the hospital management team and our community and primary care partners. UHW as one of our two Model 4 hospitals plays a vital role in the delivery of Cancer Services to the people of the South East and in the provision of Breast, Prostate and Lung Cancer Services in the region.

The S/SWHG since its establishment has incrementally invested in priority service developments in UHW. This has stabilised key services, improved the quality of care and reduced associated risk. Important developments include the opening of a second Orthopaedic trauma theatre thereby reducing wait times, the opening of a 24 hour emergency theatre to generate optimal access for emergency patients and the development of urology services, oncology services and dermatology services.

UHW has an allocated net budget of €195.586m in 2019 which represents an increase of 42.47% since 2013. UHW have also performed positively under the 2018 ABF benchmarking exercise resulting in a positive adjustment of €0.200m in its 2019 allocation.

In addition there has been an increase in staff of 277 whole time equivalents (wte) from 2014 -2019, which includes 80wte (24 of these are new Consultant posts) for new services developments at a value of €6.5m.

There are a number of capital developments that are also underway in UHW . These include:

- New Dunmore Wing – 72 Bedded single rooms
- Fire Alarm & Emergency Lighting upgrade

- Cath Lab – upgrade of existing lab equipment and the construction of a new Cath Lab
- New Mortuary being constructed.

An additional 18 inpatient beds were opened in January 2018

Kate Killeen White
Chief Officer
South East Community Healthcare

Ger O’Callaghan
Chief Operations Officer
South/South West Hospital Group

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

"That the HSE provide a meeting room for the families and carers of Alzheimers/Dementia sufferers in Mallow which would serve the North Cork region. This facility would allow them meet once a week. At present they have nowhere to meet."

Cllr Pat Hayes

The Cork Kerry Community Healthcare Community Work Dept in North Cork is following up with the carer’s group in question to discuss their requirement for a meeting room and to outline what options may be available to them that will best meet their needs.

Member may also be interested to know that the following service is available in Mallow and North Cork for the families and carers of Alzheimer’s/Dementia sufferers. The Crystal Project is an award winning community dementia project. Led by the HSE North Cork Occupational Therapy department, it involves collaboration between the HSE, The Alzheimer Society of Ireland, Families Carers Ireland, families affected by dementia, UCC, local community groups and GPs.

The Crystal Project is based in Mallow Primary Healthcare Centre. Support and services are offered to people affected by dementia living in North Cork. The Crystal Project is funded by the HSE and previously received grants from Genio, the Alzheimer Society of Ireland and the European Foundations Initiative on Dementia.

The aims of The Crystal Project are to:

- Support people with dementia
- Support families
- Promote awareness of dementia

The base for the project is the Memory Resource Room in Mallow Primary Healthcare Centre. Those diagnosed with dementia and their families can access advice and information in a supportive environment.

There are several options for families/carers being facilitated by the Crystal Project including:

- Monthly support meetings, held in Mallow Primary Healthcare Centre (MPHC). (Of note both morning and evening sessions were piloted but due to the poor attendance in the evenings, morning sessions are only held)
- Six week mindfulness groups for carers of people with dementia - these are held in six week blocks in MPHC and are facilitated three times a year
- Six week information sessions for carers of people with dementia – these are held in six weeks blocks, twice a year. They are normally held in MPHC but were recently facilitated in Mitchelstown.
- Six week blocks of one to one emotional support, facilitated by our Family Support Worker (qualified psychotherapist) in MPHC

Other services that carers can avail of are:

- Attend social club outings (approx. every two months)
- Meet Senior Occupational Therapist in Memory Resource Room in MPHC for information, support and access to wide range of memory resources
- Attend weekly Singing for the Brain sessions held in MPHC, Fermoy and Mitchelstown
- Meet the Dementia Advisor (Alzheimer Society of Ireland) for support and signposting to services
- Attend the monthly Memory Café in Daily Grind, Kanturk (facilitated by Kevin and Helena Quaid)
- Be added to the Crystal Project email or postal mailing list for on-going information on services and support.

The Crystal Project can be contacted at the following:

Crystal Project Lead, Cork Kerry Community Healthcare, HSE, Memory Resource Room, Floor 2, Mallow Primary Healthcare Centre, Gouldshill, Mallow, Co. Cork. Eircode: P51Y8EC.

Tel. 022/58700 or Mobile 086 787 1818

E-mail: sheena.cadoo@hse.ie or www.crystalproject.ie

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

“In light of the endemic nature of drug misuse amongst our young people and indeed many of the older age groups can we establish detailed awareness and education campaigns to change a perceived acceptance of drug use that seems to have permeated our society.”

Cllr. Norma Moriarty

As far back as February 2000 the Cork Local Drugs Task Force were involved in funding a piece of research on the subject of Drugs Education and Prevention with two established academics in the region Dr Liz Kiely and Liz Egan. A link to this piece of work is set out below:

https://www.drugsandalcohol.ie/3470/1/Cork_LDTF_Drug_education.pdf

This research set the parameters by which the Drug and Alcohol Task Forces in this region would plan and implement education and prevention work.

There have been many other valuable contributions in more recent times on this subject by Prof Joe Barry, Prof Shane Butler, Prof Mark Morgan and Dr Ann Hope to name but a few (a large number of research papers and documentation on the subject by these authors are available online).

Cork Kerry Community Healthcare follows an evidence based approach to both drug and alcohol education and prevention initiatives in Cork and Kerry. One of the most significant developments in recent times has been the passing of the Public Health Alcohol Act 2018 and the impact this is likely to have on future generations, again following an evidence based approach to what is effective and what is likely to change people’s behaviour. Ask About Alcohol is a campaign developed and launched by the HSE in 2018 with the aim of ensuring that the public have access appropriate information on the subject of Alcohol. There are other platforms that provide valuable advice and information to people in terms of alcohol and drugs such as www.drugs.ie, www.corkdrugandalcohol.ie, www.spunout.ie and many others.

The Strengthening Families Programme (SFP) is a very important part of the education / prevention approach to drug and alcohol issues adopted in Cork and Kerry for over 10 years. SFP is a 14 session, evidence based family skills programme developed by Dr. Karol L. Kumpfer and Associates in 1982. The programme for the 'whole family' has been run in various parts of Ireland, starting in Cork in 2007, and has been proven to help build communication skills, address and decrease risk factors in families, and promote protective factors.

The programme is designed to give parents and their children the opportunity to learn new, healthy skills that create positive relationships within the family. The families attending the programme gain improved family relationships, enhanced parenting and communication skills, along with skills to manage stress, anger and pressure. It has been found that by improving parenting protective factors, family relationships and resilience, it will lead to reduced problem behaviour/criminal

behaviour, improved school performance, and reduced alcohol and drug use in young people as they grow older.

The programme is comprised of 3 life skills courses, taught together over a 14 week period. The 3 life skills courses include: Parent Skills, Child Skills and Family Skills. The next Programme will take place in the greater Caherciveen / Kenmare area in the coming weeks. Information on SFP can be found on <http://sfpcouncilireland.ie>

Other programmes are delivered through primary and secondary schools across the State. These are part of the Social, Personal and Health Education (SPHE) programme specifically addressing drug and alcohol concerns – the Walk Tall Programme for primary schools and the On My Own Two Feet Programme for secondary schools. Some of the most significant challenges regarding these programmes concern issues regarding implementation and some of the authors cited above have written extensively on this subject.

While some schools are good at implementing the education prevention programmes and there is fidelity to the content of the programmes, other schools do not implement the programmes as specified and use once off talks about drug and alcohol education and prevention. The research is very clear on this approach as ineffective and maybe even counter productive.

The Health and Wellbeing Division of the HSE has been very proactive in Cork and Kerry in supporting the Drug and Alcohol Task Forces and the work of Drug and Alcohol Services through a range of initiatives. The Cork Local Drug and Alcohol Task Force were instrumental in setting up a project called the School Support Project. One significant piece of work completed by this project was the development of Drug and Alcohol Policies in the school setting. It recommended a number of steps in developing effective policies and outlined how to involve a wide number of stakeholders. This became the Department of Education's guideline on how to develop Drug and Alcohol Policies in Schools in Ireland.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

QUESTIONS

Question No 6(a) on Agenda refers:

"Can the HSE look at financially supporting the Kerry/cork cancer bus."

Cllr. Niall Kelleher

The Cancer Bus is supplied by "Kerry Cancer Support Group".

This group receives no funding from any Government Agency including the HSE.

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

Question No 6(b) on Agenda refers:

"What is the updated position with the Primary Healthcare Centre in Tullow, Co Carlow?"

Cllr. John McDonald

Tullow has been identified as one of the areas for the development of a new Primary Care Centre which will also serve the local communities in Hacketstown and Rathvilly. The new centre will provide a single point of access to a broad range of services including General Practitioner services, Public Health Nursing, Dental, Speech Therapy, Occupational Therapy, Chiropody and Mental Health services. There will also be capacity for visiting clinicians to hold sessional services i.e. Psychology, Dietetics, etc.

Expressions of interest from developers were recently received for the development of a Primary Care Centre in this area and the next stage of the development is currently being managed by the HSE Estates Department. Contact will be made with developers to identify a suitable site for the development.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 6(c) on Agenda refers:

“Has the H.S.E South, in consultation with other interested parties, determined any positive and productive use[s] for the former Saint Finan's building, Killarney and for the attached lands which are surplus to requirements for the proposed new Community Hospital?”

Cllr Michael Gleeson

The HSE will retain part of the main campus at St. Finan’s to facilitate the development of a Community Nursing Unit. This is currently being developed as part of a national Public Private Partnership (PPP) initiative and a planning application for this proposed development has been submitted to Kerry County Council.

The remaining property was offered to state agencies in line with policy on the disposal of property in public ownership. Kerry County Council have confirmed that they wish to acquire 5.77 acres to the north of the Ring Road at Ballydribeen and the disposal of this element is being progressed with Kerry County Council.

There has been no further interest in the former Saint Finan's building and surrounding lands to date, and so it is the HSE’s intention to dispose of the remainder of this property, via public sale, in the near future.

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

**Mark Kane
Assistant National Director,
Estates, HSE South**

Question No 6(d) on Agenda refers:

“To ask for update on the proposed new Residential Unit at St Patrick’s Hospital Cashel and to ascertain if it is on target to comply with legislation requiring compliance by 2021?”

Cllr Roger Kennedy

St Patrick's Hospital, Cashel, Co. Tipperary provides residential, rehabilitation and respite care to older adults in the South Tipperary area. The National Capital Plan includes the replacement of St Patrick’s Hospital. The new build planned for St. Patrick’s in Cashel is a 60 bedded Unit replacing the current 26 bedded St. Anne’s and St. Bernadette’s Ward and St. Benedict’s 23 bedded Ward.

The Rehabilitation Unit and St Clare's Unit (on grounds of Our Lady's Campus) will remain.

HSE Estates have advised of the following update.

- The Design Team have been appointed and are working on various planning stages. Stage 1 report now completed and issued for consideration by HSE.
- Stage 2a/b (Detailed Design and Planning application) currently under way.
- It is understood that planning would be submitted in late 2019, however this is now planned for Quarter 1 2020. This delay is due to complicated Site Investigations of a historic location and difficult access to some restricted areas.
- Detailed Equipping lists with costings are now being compiled for approval.
- A number of pre planning meetings have been held with the Planning Dept. Tipperary County Council to discuss/agree on the extent of use of the existing structures on the site and on a future use for the buildings, this is on-going.
- The Design Team and HSE Management continue to meet on regular basis.
- HSE Estates have advised that it is aimed to complete building works by end 2021 timeline (subject to no additional / unintended delays arising in process).
- There are ongoing engagements between the Department of Health and the HSE on the Community Nursing Unit Programme.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 6(e) on Agenda refers:

"How is Home Help hours determined? What is the Criteria used? Who is involved in making the decision? How many Home Help Hours have been granted this year to date and in each of the last 5 years. How many requests have been refused this year to date and an each of the last 5 years."

Cllr. Pat Dunphy

Details Supplied: South Kilkenny (HSE Waterford area)

Home Support Services are an important component of the provision of service to older people with assessed needs and to support them in their choice of living in their own home and community. The HSE, working within its available resources, has sought to maintain and when possible to expand the range and volume of services available to support people to remain in their own homes, to prevent early admission to long term residential care and to support people to return to their homes following an acute hospital admission.

The Home Support Service is funded by Government to deliver a volume of service each year as approved in the HSE National Service Plan. It is a non-statutory service and access to the current service is based on assessment of the person's needs by the HSE, having regard to the available resources and the competing demands for the services from those people with assessed needs. Home Support services for older people, are provided either by directly employed HSE staff or by voluntary and private providers who have formal tender arrangements with the HSE to deliver the services.

The SECH Operational Service Plan 2019 provides for implementation of the revised 2018 contract for HSE Home Support staff. This includes the cost of travel time from one client to another which is provided from within the existing funding allocation and rostered working hours.

WATERFORD (includes South Kilkenny)

Then following is the available data on Home Support Services from the Waterford area (which includes South Kilkenny).

- There are currently 1,423 clients in receipt of home support hours in Waterford
- 31,036 home support hours are delivered in Waterford on a monthly basis.
- The 2019 total funding allocation for Waterford is €8,849,945.

Home support services are provided by referral system through the Public Health Nurse following clinical assessment. The allocation goes through multi-disciplinary team membership of which includes the Home Help Co-ordinator who organises the service and communicates with the client/family.

Despite the significant level of service provision, the demand for Home Support continues to grow and waiting lists are in operation. As the numbers in the over 65-years age group are increasing, demand for new home supports increases and, as those already in receipt of services become more dependent, demand for additional supports for existing clients also increases.

The level of home support provision is subject to an increase or decrease depending on an individual's care needs following review by the local Public Health Nurse.

The level of activity and associated costs in relation to home support in SECH is monitored on an on-going basis by South East Community Healthcare Head of Social Care and the General Manager of Services for Older People to ensure that those with the greatest needs are supported and that the overall expenditure on home support services by the HSE does not exceed the available funding.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 6(f) on Agenda refers:

"To ask the HSE to provide the break down by hospital of all consultants, or doctors acting up in a consultant role, who are not on the Medical Council Specialist register in the South/South West Hospital Group and to outline the actions being taken to address this."

Cllr Eileen Lynch

HSE-National Doctors Training Planning (NDTP) and South/South West Hospital Group (S/SWHG) Response:

For your information the following is noted in relation to Specialist Registration

Doctors with specialist registration may practice independently, without supervision and may represent themselves as specialists. Doctors apply to the Irish Medical Council to be included on the specialist register. The process is explained in detail on the Irish Medical Council website and can be accessed at <https://www.medicalcouncil.ie/>.

Prior to 2008 there was no requirement for Consultants employed by the Health Service to be members of the specialists division of the register maintained by the Medical Council; the contract at that time did not outline this as a requirement. Since 2008 all new appointees to consultant posts must be either eligible for entry in the Register of Medical Specialists or be already entered in that Register.

As of November 2019, there are 31 consultants currently employed across the S/SWHG who are not on the Specialist Division of the Register of which 17 were appointed pre-2008. The non-SDR consultants are across specialties but most prevalent in Medicine, Surgery, Emergency Medicine and Anaesthesia (Table 1).

Actions being taken:

1. To examine the issue of consultants not on the Specialist Division of the Register (SDR), National Doctors Training and Planning Unit (NDTP) established a Tripartite Group in May 2018 with representatives from the Medical Council, the Forum of Postgraduate Medical Training Bodies, and from various arms of the HSE, including the Acute Hospitals Division, Mental Health and Corporate HR.
2. An enhanced Clinical Governance framework for non-SDR consultants has been established and initiated around non-SDR consultants to assure that patient safety issues are monitored and addressed if they occur.
3. NDTP are working with the Medical Council to address the issues of assessment for inclusion in the Specialist Division of the Register, in particular for consultants appointed prior to the 2008 directive.

4. NDTP organized a Workshop on 9th September for the post-2008 non-SDR consultants to support them in the process of application to the Medical Council for SDR.

Non SDR numbers as of 8th November 2019

Pre '08	Post '08	Total
17	14	31

SSWHG total numbers and percentages of Consultant registration status as of September 2019

Hospital group	Specialty	General Registration Non- SDR Consultants (Number)	% of non-SDR of Total	Specialist Registration Consultants (Number)	% of Specialist Registered Consultants of Total	Total number of all Consultants
South / South West Hospitals Group	Anaesthesia	6	9%	59	91%	65
	Emergency Medicine	5	33%	10	67%	15
	Medicine	10	8%	122	92%	132
	Obstetrics & Gynaecology	4	15%	22	85%	26
	Paediatrics		0%	30	100%	30
	Pathology		0%	40	100%	40
	Psychiatry		0%	1	100%	1
	Radiology	4	8%	49	92%	53
	Surgery	6	6%	88	94%	94
South / South West Hospitals Group Total		35*	8%	421	92%	456

**Please note that since the above table was published that the numbers of Non SDR Consultants has reduced to 31*

National Doctors Training and Planning (NDTP) and South/South West Hospital Group (S/SWHG)

Question No 6(g) on Agenda refers:

"The HSE South take immediate steps to deal with the critical overcrowding present in the acute psychiatric admission and service units in Kilkenny and Waterford.

The continued failure to fill the many vacancies existing in nursing throughout psychiatric services"

Cllr. John Coonan

The 44-bed Department of Psychiatry (DOP) University Hospital Waterford is the designated approved centre for acute inpatient services for the counties of Waterford and Wexford. Referrals to the Department of Psychiatry are assessed by a Consultant Psychiatrist who will make the clinical decision to admit based on the level of acute presentation/need.

It is acknowledged that there can at times be issues of overcapacity in the Department of Psychiatry. This was particularly the case over the October Bank Holiday weekend where the unit had to deal with an unusually high number of involuntary admissions. In such instances of overcapacity additional measures including increased staffing and alternative external placement are applied and these measures have been deployed to the fullest extent possible in recent days.

In cases where the number of patients in urgent need of a bed exceeds 44 the priority is to ensure that any additional patients are accommodated in a safe environment while awaiting a bed. In some cases patients will need to wait overnight for a bed in the unit and in such cases every effort will be made to make them as comfortable as possible. In circumstances where there is no bed in the Department of Psychiatry Waterford every effort is made to locate a suitable bed in an alternative psychiatric unit both public and private.

Where a bed is not available in an alternative unit and admission is deemed necessary patients may be offered reclining chairs and blankets. Patients are advised that they will be given a bed as soon as a bed becomes available.

All overcapacity is notified to the Mental Health Commission as Regulator of the Department of Psychiatry. As referenced above the Consultant Psychiatrist will make the decision to admit based on the level of acuity and need. Further to Mental Health Commission rules and regulations, the unit is not permitted to put up additional beds beyond the 44 beds for which the DOP at UHW is currently licenced.

In relation to staffing where it has not been possible to fill vacant posts rosters are filled by sourcing agency staff. In instances when there is over occupancy in the unit, additional staff are brought in. Safe levels of nursing are always adhered too.

There are recruitment challenges across all grades including psychiatric nursing and medicine both locally and nationally. There is ongoing commitment to recruit and retain nurses in South East Community Healthcare Services. Along with other areas across the country, South East Mental Health Services are experiencing delays in recruiting psychiatric nurses to vacancies.

All nurse graduates expressing an interest to remain in SE Mental Health Services were offered contracts in September 2019. This is in line with the national process for Graduate Nursing Recruitment 2017 which is outlined as follows:

“Nurse and Midwife graduates will be offered permanent contracts having regard to service need and subject to the usual satisfactory recruitment process, i.e. recruitment competition, reference checks, occupational health clearance, Garda clearance, copy of qualifications checks, etc.

SECH MHS are currently progressing filling of a number of nursing posts through the National Panel and through local recruitment of student nurses.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 6(h) on Agenda refers:

“How many Radiographer posts are vacant at University Hospital Kerry and have these vacant posts been advertised.”

Cllr Mikey Sheehy

Currently there are 1.5 temp vacancies in University Hospital Kerry, 1.0 of which will be resolved by January 2020 and 3.0 perm vacancies, 1.0 will be filled by 02.12.19. The remaining two will hopefully be filled by mid January 2020. Should any of the candidates decline we will be re advertising these posts in early 2020.

Fearghal Grimes
General Manager
University Hospital Kerry

Question No 6(i) on Agenda refers:

“What provision has HSE South/South West Hospital Group made to fund and acquire the replacement machinery and items necessary to support Hospital activities at University Hospital Waterford now that Steam Boilers, Steam Laundry, Steam Cookers, Steam autoclaves and sterilizes, cold storage units, MRI and other medical equipment are at End-of-life and that the hospital is 30 years old, co-incident with

the expected serviceable life of the machinery listed above. How many support staff vacancies are there currently for the servicing and maintenance of this equipment?"

Cllr Jody Power

National Equipment Replacement Program

In order to capture the immediate risk to patient care, each calendar year corporate estates issues an equipment replacement request template to each of the Acute services accompanied with the HSE 'Prioritising Medical Device Equipment Replacement -Guidance for Services' document. (PMDERGS). The management team of each hospital liaises with their clinical colleagues in order to identify the priority equipment replacement needs of their service.

Each hospital populates and returns the completed template identifying the hospitals equipment replacement priorities according to the risk to the Patient and to the service in the event of the medical equipment's failure.

Corporate estates evaluates the returned equipment replacement request documents in conjunction with the national medical equipment database and the radiology reliability data in order to validate age profile, EOL & EOS, etc to ensure that the replacement of ageing unreliable critical equipment requirements are identified and prioritised for replacement. A multi- year rolling replacement programme is then formulated in order to plan the equipment replacements over a period of 3 years. This multi- year replacement programme is refreshed each subsequent year in order to continually align the programme to the replacement priorities of the service

Medical Equipment Replacement funding is then allocated according to the capital budget provision for that calendar year. The limited funding is utilised in a manner that maximises the number of critical equipment pieces replaced that best supports continuity of safe patient care.

In the event of a catastrophic failure of high cost items of critical medical equipment outside of the annual approved equipment list, the hospital (through the lead consultant) provides a report of the failure and the effects on the clinical services to Corporate Estates in an effort to secure emergency funding. Each case is then evaluated by corporate estates in the context of risk and availability of funding.

Ger Flynn
National Clinical Head of Medical Devices

Question No 6(j) on Agenda refers:

"Requesting an update on the long-awaited re-development of Midleton Community Hospital. Expected timelines for tendering, construction and completion date would be most welcome."

Cllr Susan McCarthy

Midleton Community hospital is a 53 bed facility predominantly to provide residential care for older people. However, the facility is registered to care for any person over the age of 18 years, both male and female. Of the 53 beds, 45 are for continuing care, 1 is for chronic young sick, 5 are respite beds and 2 are for community support (convalescent beds). The hospital provides 24 hour care provided by a team of Clinical nurse Managers, Staff Nurses, Multitask attendants, administration staff, allied healthcare professionals, housekeeping and catering. At present there are 7 beds closed in the hospital due to short term renovations.

The replacement of Midleton Community Hospital (on the existing grounds) is included as part of the Public Private Partnership (PPP) group of projects for the delivery of a number of Community Nursing Units across the country. The Technical Advisory team has issued the planning application for this development and this is currently in progress with Cork County Council. Pending a successful statutory approvals process, PPP Tender process, etc. the projected earliest construction start date is Q1 2021 with construction completed in 2022.

This new build will ensure compliance with the Residential Care Standards for Older Persons, will assist us in adhering to the Community Infection Control and Prevention policies/guidelines. The new build will facilitate an enhanced environment for the residents in our care. The en-suite facilities will enhance the privacy and dignity of residents and the enhanced social spaces will facilitate an enhanced living experience for the residents, and their loved ones.

In the interim a refurbishment programme has been carried out in the hospital. This programme has included the following works:

- St. Anthony's
 - refurbishment of room to accommodate 6 residents
 - provision of a shower room
 - the procurement of new furniture following consultation with residents and families is ongoing
- St. Mary's
 - a 7 bed room has been converted into 1 x 3 bed room and 1 x 4 bed room
 - the kitchen has been refurbished
 - corridor area converted to wet room
- The cleaners room converted to accessible toilets and the store room has been converted to cleaners room and the staff living room has been converted to a residents sitting room
- The garden and footpaths in the communal space in the back building have been upgraded and alteration works will soon commence to form 2 dining rooms and a sitting room.

- St. Catherine's
 - The refurbishment of the multi-occupancy room to accommodate 6 residents and on converting a 1 bed room to a 2 bed room is being progressed.

The impact of the above changes is to reduce the number of patients in multi-occupancy rooms, to improve access to toilet and shower facilities, and to increase access to dining rooms, sitting rooms and garden space.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Mark Kane
Assistant National Director,
Estates, HSE South

Question No 6(k) on Agenda refers:

“Has the HSE any plans to reopen the accident and emergency department at Mallow General Hospital?”

Cllr Pat Hayes

There is current no plan to re-open an Emergency Department at Mallow Hospital. The Local Injury Unit and Medical Assessment Unit will continue to operate as they are currently structured.

As part of the reorganisation of services at Mallow General Hospital (MGH), the Emergency Department (ED) at MGH has been replaced by the **Mallow Urgent Care Centre** on the 27th March 2013.

The Mallow Urgent Care Centre is open seven days a week from 8.00am to 8.00pm and is made up of a **Local Injury Unit** and a **Medical Assessment Unit** with patients being streamlined to attend the Unit that best meets their healthcare needs.

Local Injury Unit: Open seven days a week from 8am to 8pm

The Local Injury Unit treats adult patients and children aged over five with minor injuries such as **suspected broken bones, sprains and strains, facial injuries, minor scalds and burns** . The Unit is led by a Consultant in Emergency Medicine and staffed by registrars, nurses, radiographers, assistants to clinical staff such as multi-task attendants, pharmacists and clerical staff. Staff at the Unit can take x-rays and apply plaster casts and stitches. People can self present to the Local Injury Unit or be referred by their GP / Southdoc. Patients, particularly those with a more serious injury, such as a suspected broken bone should be referred or present themselves to the Unit with sufficient time to carry out the necessary procedures and allow for the appropriate clinical treatment with the units opening hours. Those requiring treatment outside of the opening hours (previously, approximately six

people weekly attended the ED by night) should seek treatment from their nearest ED, Southdoc/GP. Those with minor injuries may also wait to attend the Local Injury Unit the following morning.

The Local Injury Unit **can** treat:

- Suspected broken bones to legs (from knees to toes)
- Suspected broken bones to arms (from collar bone to finger tips)
- All sprains and strains
- Minor facial injuries (including oral, dental and nasal injuries)
- Minor scalds and burns
- Wounds, bites, cuts, grazes and scalp lacerations (cuts)
- Small abscesses (swellings) and boils
- Splinters and fish hooks
- Foreign bodies such as dust, food or sand in eyes, ears or nose
- Minor head injury (fully conscious patients, who did not experience loss of consciousness or vomit after the head injury)

The Local Injury Unit **cannot** treat:

- Children younger than five years of age
- Conditions due to "medical" illness such as fever, seizures and headache
- Injuries following a fall from a height or a road traffic accident
- Serious head injury
- Chest pain
- Respiratory (breathing) conditions
- Abdominal (stomach) pain
- Neck or back pain
- Gynaecological problems
- Pregnancy related conditions
- Pelvis or hip fractures
- Children aged five years or older with non-use of a limb or a non-traumatic limp (a limp which has not been caused as a result of an injury or an accident)

In an emergency people should attend their nearest Emergency Department or call an ambulance on 999 or 112.

Medical Assessment Unit (MAU): Open seven days a week from 8am to 8pm

The Medical Assessment Unit (MAU) treats patients, referred by their GP/Southdoc, who are suffering from a recent onset of symptoms such as breathlessness, chest pain or blackouts. Patients referred to the MAU will be seen by a senior doctor within an hour of arrival with ready access to diagnostics such as x-

rays, blood tests, scans, etc. This facilitates early diagnosis and initiation of appropriate treatment, which results in patients being discharged earlier, reduces the volume of medical admissions and shortens the length of time patients spend in hospital. Southdoc / GPs can also admit medical patients directly to the Hospital outside the opening times of the MAU.

A new Medical Assessment Unit (MAU), at a cost of €4.5m, is currently being built at the Hospital and is expected to be completed in July 2013. In the interim, the MAU will open in a temporary facility.

The commencement of the Mallow Urgent Care Centre is part of the planned reorganisation of services at Mallow General Hospital which focus mainly on surgical and emergency services. These changes secure the future of the Hospital ensuring that it remains a vibrant, busy, modern hospital and guarantees its sustainable, central role in healthcare delivery for the region. The services it will provide are appropriate for the hospital and for the local population, delivering non-complex care as close as possible to patients' homes.

The vast majority (more than 85%) of patients currently attending Mallow General Hospital will continue to receive treatment in the Local Injury Unit, the Medical Assessment Unit or by direct admission to the medical ward. Overall patient attendances at Mallow General Hospital will rise with the planned increase in day surgery and outpatient services. Patients should only have to travel to Cork city hospitals for complex services and emergency care. Emergency and complex surgical services will therefore transfer to Cork University Hospital (CUH) and the Mercy University Hospital (MUH). However, a range of day surgeries will transfer from the city hospitals to MGH, resulting in overall larger volumes of surgical activity at the hospital. There will be no change to medical patients attending the hospital.

Dr Ger O'Callaghan
Interim Chief Executive Officer
Cork University Hospital Group

Question No 6(i) on Agenda refers:

"Can we have a detailed update on Brexit preparedness in relation to drugs and medicines that would normally be imported via and from the UK. What contingencies are in place for a no deal or agreed Brexit?"

Cllr Norma Moriarty

A HSE Brexit planning group has been in place since 2017 and has been working closely with the Department of Health on a wide range of Brexit contingency planning and mitigating actions. The focus of this work has been on Brexit implications across a number of key work-streams, including continuity of supply of medicines.

A joint working group between the HSE, Department of Health and the Health Products Regulatory Authority (HPRA) has been engaged in intensive work involving a review of the supply arrangements for medicines.

There is no need for patients, pharmacists or hospitals to order extra medicines. This could disrupt stocks and reduce the supply of medicines for other patients.

The joint working group has identified suppliers of critical medicines to obtain assurances in relation to their continued intention and capacity to supply the Irish Market post-Brexit, and assurances have been received from all relevant companies in this regard. Assurances have also been sought in relation to existing supply routes. In cases where supply routes are from or via the UK, the joint working group has liaised with suppliers in relation to contingencies they have put in place to ensure continuous supply of medicines to Irish patients. While assurances regarding the supply of medicines have been provided (including confirmation that customs requirements have been considered where applicable), there remains a potential for delays and disruptions to supply routes (for example due to delays in transiting the UK land bridge or at UK airports).

It is important to ensure that there are sufficient stocks of medicines in Ireland so that access to medicines would not be significantly affected by temporary delays during transportation. There are already extra stocks of medicines built into the Irish medicine supply chain, which will facilitate the management of short-term disruptions to the supply of medicines. Furthermore, the HSE and HPRA have liaised with pharmaceutical companies to obtain assurances regarding stock levels of the medicines they supply.

The key supply chain challenges in the short or immediate term are likely to be related to medicines with a short shelf life, refrigerated supply chains, compounded products and time critical logistics. A strong focus has been put in place to mitigate these challenges, which include planning alternative supply arrangements, working with suppliers to increase stock in certain vulnerable areas, and putting arrangements in place with Revenue to fast-track vulnerable product lines through customs.

With regard to vaccines, stock levels of 2-3 months are held in the HSE National Cold Chain Service which, with the stock held by companies in Ireland, gives approximately six months' supply to ensure the continuation of service delivery. None of our vaccines are sourced from the UK.

Medicine shortages are happening more often worldwide. These shortages have nothing to do with Brexit. In 2018, the HPRA launched the Medicine Shortages Framework to help prevent potential shortages occurring and to reduce the impact of shortages on patients by coordinating the management of potential or actual shortages as they arise. In relation to Brexit, the HSE has not identified any major issues with the availability of specific medicines. The HSE will work with the HPRA to identify alternative products if specific issues are identified.

Despite the mitigation measures underway, the risk of a 'no-deal' Brexit on 31 January 2020 still has the potential to cause disruption to health services. Working closely with the Department of Health, the HPRA and Industry, the HSE is focused on finding positive and practical solutions for our patients, stakeholders and staff.

Further information on HSE Brexit preparedness in relation to medicines is available at:

<https://www.hse.ie/brexit/medicines/>

**Suzanne Doyle, Customer Relations Management
Primary Care Reimbursement Service (PCRS)**

**MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2019**

MINUTES OF FEBRUARY 2019 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 28th February 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Breda Gardner
Cllr. Damien Geoghegan
Cllr. Mary Hanna Hourigan
Cllr. Willie Kavanagh
Cllr. Joe Malone

Cllr. Michael McCarthy
Cllr. Arthur McDonald
Cllr. Jason Murphy
Cllr. Bobby O'Connell
Cllr. Michael O'Ryan
Cllr. Seanie Power
Cllr. Damian Quigg
Cllr. Joe Sullivan
Cllr. Danielle Twomey
Cllr. Tom Wood

Apologies:

Cllr. Deirdre Forde
Cllr. Mary Linehan Foley
Cllr. Brian O'Donoghue
Cllr. John Sheehan
Cllr. Mary Shields
Cllr. Frank Staples

In Attendance:

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

1. Adoption of the Minutes of the previous Meeting held on Thursday 22nd November 2018

On the proposal of Cllr. John Joe Culloty seconded by Cllr. Michael McCarthy, the Minutes of the Forum meeting held on Thursday, 22nd November, 2018 were approved and adopted by the members.

Cllr. Damian Geoghegan was welcomed as a new member to the Regional Health Forum.

Cllr. Joe Malone requested a separate meeting between Carlow/Kilkenny/South Tipperary Regional Health Forum Members in relation to Mental Health Services. This request was supported by Cllr. Breda Gardener and Cllr. Denis Foley. Ms. Anna Marie Lanigan agreed to follow-up on this matter.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3. Reports by Chairpersons of Committees

Reports by Chairpersons of:

- (a) South East Committee Meeting held on 29.01.2019 in Kilkenny
- (b) South West Committee Meeting held on 07.02.2019 in Cork

The reports of both meetings were taken at the March 2019 Meeting.

4. Notices of Motion

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

"Meningitis B has been the most common cause of bacterial meningitis in Ireland. Vaccines are the only way to prevent meningitis and therefore we call on the HSE South to make the Meningitis B vaccinations universally available free of charge."

A written response from Dr Fiona Ryan, Director of Public Health, HSE South was circulated to members and noted.

Cllr. McDonald acknowledged that the Men B vaccine is part of the Universal Primary Childhood Immunisation Programme for all children born on or after 1st October 2016, he was disappointed that NIAC have not recommended a catch up Men B vaccine programme for older children.

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

"That this Forum, shall support this motion, requesting an outreach X Ray service for Ospidéal Pobal Chorca Dhuibhne (West Kerry Community Hospital). Parts of West Kerry are over 40 miles from UHK, Tralee A&E where the vast majority have to attend. At present unless they can afford to pay privately for X ray in Tralee they will have to wait for hours upon end for a service which could be available locally especially as West Kerry Community Hospital is underutilized at present."

Cllr. Damian Quigg

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

Cllr. Quigg was disappointed to note that there were no plans at this time particularly given the influx of tourists to the Dingle area. Mr. Ger Reaney acknowledged that diagnostic services need to be built up in the community to support General Practitioners and decrease travel distances for service users. However there are insufficient Radiographers for current service locations at present. There is presently a focus on trying to address access and volume of activity to maintain existing facilities for instance in South Kerry. Cllr. Quigg stated that he felt the Dingle area is different given the tourist population. Mr Ger Reaney advised that a plan to expand access to radiography in Community facilities will be developed by Cork Kerry Community Healthcare in 2019 but that proposals must be needs assessed.

(c) Cllr. Mary Lenihan Foley moved the following Motion, standing in his name:

"Could I ask HIQA/HSE what plans are in place for two houses in Youghal, bearing in mind that these houses are being lived in at the moment but residents will soon be moving into alternative Accommodation. They are 2 fine houses which maybe could be used for Respite and other services which are needed in East Cork area."

This item was deferred to the March 2019 meeting.

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

"Can the HSE please issue a written report on the number of medical cards it has revoked in the southern region, from the last 2 years to date. This should include breakdown per county, and also the reasons for the cancelling of medical cards."

A written response from Ms Catherine Kane, Head of Customer Services, PCRS, HSE, was circulated to members and noted.

Cllr. Twomey was disappointed that there was no representative present from PCRS and outlined her frustration with the medical card process. Cllr. Twomey was specifically concerned with medical card renewal and issues arising.

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

"Can the HSE give any indication of when the replacement representative will be taking up their position on the Local Traveller Accommodation Consultative Committee that meet regularly in the city hall offices."

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

Cllr. Cremin acknowledged the written reply and urged that this important representative be filled as soon as possible.

(f) Cllr Tom Woods moved the following Motion, standing in his name:

"Will HSE confirm that the significant excess expenditure on the National Children's Hospital will not affect the commencement and completion of the new buildings replacing the present Saint Patrick's Hospital in Cashel and due to be in place by the end of 2021 to meet HIQA conditions."

A written response from Mr Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr. Wood acknowledged the response and stated his concern regarding the cost overrun with the National Children's Hospital and the potential impact on planned capital developments such as replacement beds at St. Patrick's Cashel. Cllr. Wood stated that he would expect that further savings would be required from the HSE in the next few years as a result of this cost overrun. Cllr. Wood said that he would also expect progress to continue in relation to St. Patrick's.

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

"That the Chair of Regional Health Forum South writes to Minister Simon Harris and Minister Pascal Donoghue to support the Nurses in their pay parity and provide safe staffing conditions to protect both the nurse and patient as a matter of urgency."

Cllr. Gardner outlined concerns regarding staff ratios and staffing levels. Her proposal was supported by a number of Forum Members present, Cllr. Wood, Cllr. Malone. The Chairperson Cllr. Jason Murphy agreed to fully support this motion.

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

"As the HSE has previously stated that it intends to sell the majority of its land in Killarney, I ask for an update on any progress made in this process."

A written response from Mr Alan O'Connell, Estates Dept, HSE South was circulated to members and noted.

Cllr. John Joe Culloty stated that it is important that this matter is progressed as he did not want to see Saint Finian's building fall into a state of disrepair or indeed create a health safety risk. Mr. Ger Reaney stated that a further to the

written reply provided that he had received a more recent update stating the IT Tralee has not confirmed that I was no longer interested in purchasing the site/property. Mr. Reaney stated that Kerry County council had committed to purchase 6 acres and the remainder of the site would now be moved on to the next stage for disposal given that the process of offering the property to state agencies was now exhausted.

5. Questions

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

“Given that children with disabilities, intellectual or physical, often do not reach a meaningful maturity or level of independence at the age of 18, how can the state (HSE) justify the differentiation between a child of 17 who needs a particular service or therapy and an adult of 18?”

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

Cllr. Quigg stated that he was not satisfied with the response and that he is specifically putting this forward this question as it was known that service availability is greater for children than adults. Cllr Quigg asked whether Children First and associated legislation could be re-visited in light of this matter. Cllr. Quigg also requested that Minister Harris be requested to attend the next Forum meeting to put this and other issues to him.

Mr. Ger Reaney in reply advised that the generality of the response was because the question posed not specific. However given Cllr. Quigg’s clarification on the issue, Mr Reaney stated that the cause of the problem was funding for Disability Services for people across all of Ireland has not kept up with demographic pressures and changing demands.

Mr. Reaney advised that the rationale for the current focus on developing services for children is because of the importance of Early Intervention and potential positive impact of services provided to children on the ability to function in the future including functioning as adults. Mr. Reaney also outlined service provision such as Rehabilitative Training and Day Services and while there may be occasional delays in entry, these are in general services where capacity exists to meet need. There are, however significant challenges in the provision of respite and residential services. Mr. Reaney stated that he would suggest that a review of Children First would not address this issue of services. Mr Reaney spoke of the need for multi-annual planning for people of all ages in disability services and in relation to respite and residential services. Mr Quigg agreed that a multi-annual plan for Residential and Respite Services, for people with disabilities was what was required and he again expressed his frustration that the Minister had not agreed to meet the Forum.

(b) Cllr Henry Cremin put forward the following question:

"Have the HSE carried out any exercise in relation to the particular transport mode that all the staff of CUH actually use every day coming to and from work. How many public car spaces for visitors (paying) are there on the grounds of the CUH. How many car spaces (non paying) are there for staff members of the CUH and how many are occupied Monday to Friday. How many staff walk/cycle to work. How many staff use public transport to work."

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

Cllr. Cremin asked about the possibility of developing initiatives such as a Park n' Ride facility for CUH. Mr. Ger O'Callaghan whilst acknowledging the challenges with accessing parking at CUH advised that a park n' ride system / public transports may not always be possible given the different work shifts of staff.

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

"What is the capacity of, occupancy rate, and average length of stay where applicable for residents at the Rea Nua, Lorica and Carraig Oir Units on Our Lady's Hospital Complex in Cashel?"

A written response from Mr Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted.

Cllr. Wood noted the response in relation to occupancy levels. He clarified that his query related more to plans for people with mental health problems. In response Ms. Anna Marie Lanigan stated that the function of units such as Lorica was very different from acute inpatient units. Cllr. Wood highlighted his concern in relation to the lack of acute mental health inpatient beds in South Tipperary. Ms Lanigan stated that she would bring these concerns back to Senior Mental Health Management in South East Community Healthcare.

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

"When will the post of retired Rheumatologist in St Luke's Hospital Kilkenny last October be replaced?"

A written response from Mr Anne Slattery, General Manager, St Luke's Hospital was circulated to members and noted. The reply outlined Rheumatology Service provision including an outreach Consultant service; however Cllr. Gardner was concerned that there was no Rheumatologist based in the South East. Mr. Ger O'Callaghan clarified that this written response was in relation to St. Luke's Hospital Kilkenny which is part of the Ireland East Hospital Group. He advised that there was Rheumatologists in University Hospital Waterford.

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

"As a submission for 31 additional acute beds for UHK was made early last year, what is the update on this submission?"

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

Cllr. Culloty noted this response. Dr. Ger O'Callaghan advised there was no additional funding approval for this proposal, however the Stroke Unit in Kerry was open and additional beds were opened for Clinical Winter. Dr. O'Callaghan acknowledged the deficit in Kerry and advised that the Hospital Group would continue working with Kerry University Hospital on this matter.

There was no confirmation as to when the National Capital Plan would be finalised.

7. Date and time of next meeting

The next meeting will be held on Thursday 28th March 2019, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF MARCH 2019 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 28th March 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Henry Cremin
Cllr. John Joe Culloty
Cllr. Davy Daniels
Cllr. Pat Fitzgerald
Cllr. John Francis Flynn
Cllr. Denis Foley
Cllr. Deirdre Forde
Cllr. Breda Gardner
Cllr. Mary Hanna Hourigan
Cllr. Michael McCarthy
Cllr. Arthur McDonald

Cllr. Jason Murphy
Cllr. Bobby O'Connell
Cllr. Brian O'Donoghue
Cllr. Michael O'Ryan
Cllr. Damian Quigg
Cllr. John Sheehan
Cllr. Danielle Twomey
Cllr. Tom Wood

Apologies:

Cllr. Timmy Collins
Cllr. Mary Linehan Foley
Cllr. Susan McCarthy
Cllr. Louise McLoughlin
Cllr. Frank Staples
Cllr. Mary Shields

In Attendance:

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen-White, Chief Officer, South East Community Healthcare
Members of the HSE South Forum Office staff

1. **Adoption of the Minutes of the previous Meeting held on Thursday 28th February 2019**

Prior to proceeding with the scheduled agenda Cllr. Cremin proposed a vote of sympathy for the Downey family on the tragic passing of Marie Downey and her new born son.

On the proposal of Cllr. Hanna Hourigan, seconded by Cllr. Quigg, the Minutes of the Forum meeting held on Thursday, 28th February, 2019 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3 (a) Committees

Reports of Committee meetings held on:

- South East Committee Meeting held on 29th January 2019 in Kilkenny
- South West Committee Meeting held on 7th February 2019 in Cork

The reports of both Committees were taken as read.

The next Committee meetings will be held on:

- South East Committee Meeting held on 09.04.2019 in Kilkenny
- South West Committee Meeting held on 11.04.2019 in Tralee

3 (b) Presentation of Community Operational Plan 2019

The Cork/Kerry Community Healthcare Plan was presented by Mr. Ger Reaney, Chief Officer. Mr. Reaney also provided a general overview of the national position in relation to funding and staffing levels (staffing levels can only grow to the level they are funded). The South East Community Healthcare Plan was presented by Ms. Kate Killeen White Chief Officer.

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

- With population changes, the health and social care services are targeting services/available resources to certain age-groups or areas where there has been significant population growth.
- Reduction in prevalence of smoking but concerns raised by a number of members in relation to the increase in obesity levels and alcohol binge drinking. Immediate impact of alcohol and longer term impact of obesity. Members commented on the relatively low price of alcohol in supermarkets.
- What Health & Well-being initiatives in place to target obesity and binge drinking? Could additional funding be provided to address issues relating to binge drinking and young people.
- Will the Cork Kerry Community Healthcare Organisation try to address recruitment of additional CAMHS Consultants for Cork and Kerry areas?
- Could additional resources be provided to address CAMHS assessment waiting lists. Are there plans for the provision of additional counsellors?

- Commencement of Specialist Peri-natal Psychiatrist commencing in March 2019 in Cork and Kerry to work with Mental Health and Obstetrics and Maternity Services.
- Could additional funding be provided to develop model of care such as smaller residential units for people with dementia i.e. Dementia Village Netherlands.
- Increases in numbers of older people in the population - increase further the number of additional beds for older persons in Kerry?
- What is the basis for the differential funding levels in Palliative Care between Cork/Kerry Community Healthcare and South East Community Healthcare?
- What are the HSE plans to address concerns arising for people with Downs Syndrome who are required to submit documentation in relation to any changes in their condition for their medical card review process?
- Will additional funding be allocated to the provision of Disability Respite Service provision?
- Has the Capital Expenditure programme been finalised for 2019?
- Given the increases in population what are the plans to address the ongoing trolley crisis across hospital and community services?
- What are the plans to address Cataracts Lists in Cork/Kerry area?
- What are the plans for Kilcreene Hospital Kilkenny and will orthopaedic services provided there be moved to UHW?
- When will Cardiac Cath Lab be completed in Waterford and what are the plans to extend service provision?

4. Notices of Motion

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

“Could I ask HIQA/HSE what plans are in place for two houses in Youghal, bearing in mind that these houses are being lived in at the moment but residents will soon be moving into alternative Accommodation. They are 2 fine houses which maybe could be used for Respite and other services which are needed in East Cork area.”

Cllr. Mary Lenihan Foley had sent apologies and requested the response was sent to her. A written response from Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted.

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

“When will the Retired Consultant Cardiologist in University Hospital Kerry be replaced?”

And

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

“To ask the HSE, what progress has been made on the recruitment of Consultants in UHK, particularly in the areas of Cardiology, Respiratory, Haematology, Oncology, Geriatrics & ED.”

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

Cllr. John Joe Culloty noted the response, advised that he had sought specific details on various posts and asked whether it was the intention to reduce cardiology services in Kerry.

Dr. Ger O'Callaghan explained that it was not the intention to do so, rather it was planned to work CUH and KUH together in order to build services up. He advised of Locum Consultant in situ in Kerry 2 days per week. He also acknowledged that a very eminent reputable Cardiologist was providing assistance to the acute services. A second post will be submitted to the Consultant Appointment Commission shortly.

Dr. O'Callaghan also provided an update in relation to the Respiratory Consultant (new post) Haematology Services, Oncology and the Consultant Geriatrician post which is for re-advertisement. He also updated members on the Emergency Medicine Consultant posts.

With regard to the replacement of the Histopathologist who recently retired, Dr. O'Callaghan explained that due to recruitment difficulties, interim measures are currently in place to ensure service continuity. He also identified the problems recruiting lone /single practitioners and the risks with this and stated that it was better practice to have them linked into a team. Dr. O'Callaghan agreed to prepare a Consultant Recruitment status report for Cllr Culloty.

(c) Cllr. Bernard Moynihan moved the following Motion, standing in his name:

"That a detailed account be given on time frame for the above works on Extension/Upgrade of Kanturk Community Hospital to be carried out."

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

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

"That this Forum be informed of any programme for painting/cleaning works planned for this year to improve the exterior appearance of buildings at Our Lady's Hospital Complex in Cashel with special attention to 1. External and internal boundary walls. 2. Area in vicinity of the former main door to the hospital. 3. Unsightly roof top tanks on the main listed building. 4. Former residential lodge at main entrance."

A written response from Ms. Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr. Wood expressed his disappointment with the response, noting that external appearance was important and that protected structures should not be allowed fall into disrepair. Ms. Killeen White acknowledged these concerns, however within existing funding the focus is on meeting regulatory requirements.

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

"That this Health Forum via the Chairperson writes to Minister Simon Harris, Minister Jim Daly and HSE executives as a matter of urgency to implement boards of Management to each hospital to ensure local accountability."

A written response from Dr. Ger O'Callaghan was circulated to members and noted. Cllr. Gardner stated that a Board of Management for each hospital would bring better accountability.

5. Questions

(a) Cllr. John Francis Flynn put forward the following question:

"That a breakdown of the cost of running University Hospital Kerry be provided, the cost of administration, wages, the ratio of nurses to administration staff."

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

Cllr. Flynn noted the response, and stated that he is seeking the full financial statement for 2018. Following this clarification, Dr. O'Callaghan agreed that the acute hospital services would provide this statement to Cllr. Flynn.

(b) Cllr. George Lawlor put forward the following question:

"Can the Forum members be advised on the provision of a Community Intervention Team for Winter 2019. County Wexford is without a CIT. This is completely unacceptable and placing great strain on services and service users within the county."

A written response from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted.

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

"Can the HSE give a written report of how many children/young adults which have been diagnosed in the last 10 years with Type 1 Diabetes in the Cork Region and outline why is Dexcom still only available to certain children in Cork area. Also indicate what extra resources (financial and staffing) will be allocated this year to:

(a) train families and support them when transitioning from conventional injection to Pump Technology and

(b) for training teachers and SNAs from the current unacceptable once a year in Cork and

(c) Indicate the HSE intends to tackle the fact that it can be up to a year long wait for some of these children and their families to see a Child Physiologist.”

A written response from Mr Tony McNamara, CEO, CUH Group was circulated to members and noted. Cllr. Forde whilst noting the response expressed her dissatisfaction with it. She reiterated her concerns in relation to a number of issues in this regard for children with diabetes which include access to the Dexcom Pump in Cork, lengthy waiting times as SNAs await training and the need for psychological supports on diagnosis.

Dr. O’Callaghan noted Cllr. Forde’s concern in relation to ready access to such pumps in the Leinster area. It was his understanding that in Cork, the multidisciplinary team meet and review cases on an individual basis in relation to suitability for the pump.

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

“With Saint Patrick’s Hospital, Cashel, having to transport patients and residents to and from hospitals and other health centres on an almost daily basis, is there any possibility that the existing unsatisfactory vehicle could be replaced with a user and wheelchair friendly one”

A written response from Ms. Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members. In reply, Cllr. Wood stated that a new vehicle fit for wheelchairs should be provided for older people in this residential unit, for their appointments and for social activities.

Ms. Kate Killeen White reiterated her response as per the written reply and advised that this funding request was not currently possible from within the existing budget allocation.

7. Date and time of next meeting

The next meeting will be held on Thursday 2nd May 2019, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF MAY 2019 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 2nd May 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Timmy Collins
Cllr. Henry Cremin
Cllr. Brendan Cronin
Cllr. John Joe Culloty
Cllr. Pat Fitzgerald
Cllr. Denis Foley
Cllr. Breda Gardner
Cllr. Michael McCarthy

Cllr. Arthur McDonald
Cllr. Jason Murphy
Cllr. Bobby O'Connell
Cllr. Michael O'Ryan
Cllr. Mary Shields
Cllr. Joe Sullivan
Cllr. Danielle Twomey
Cllr. Tom Wood

Apologies:

Cllr. Mary Rose Desmond
Cllr. Michael Doyle
Cllr. Deirdre Forde
Cllr. Damien Geoghegan
Cllr. Mary Hanna Hourigan
Cllr. Willie Kavanagh
Cllr. Joe Malone
Cllr. John Sheehan

In Attendance:

Dr Ger O' Callaghan, Chief Operations Officer, South/South West Hospitals Group
Mr. Ger Reaney, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen White, Chief Officer, South East Community Healthcare
Members of the HSE South Forum Office staff

1. **Adoption of the Minutes of the previous Meeting held on Thursday 28th March 2019**

On the proposal of Cllr. Pat Fitzgerald, seconded by Cllr. John Joe Culloty, the Minutes of the Forum meeting held on Thursday, 28th March, 2019 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3. Reports by Chairpersons of Committees

Reports by Chairpersons of:

- (a) South East Committee Meeting held on 09.04.2019 in Kilkenny
- (b) South West Committee Meeting held on 11.04.2019 in Mallow

The reports of both meetings were taken as read.

4. Notices of Motion

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

"That serious consideration be given towards the establishment of a Minor Surgical Treatment Unit (elective minor surgery) at Our Lady's Hospital in Cashel as there is ample suitable accommodation and such a service would reduce the pressure on South Tipperary General Hospital in Clonmel."

A written response from Ms. Kate Killeen White, Chief Officer was circulated to members and noted. Cllr. Wood appreciated the response and advised that the query came from acute hospital staff and was to look into developing a minor surgical unit similar to the minor injury unit that is currently operational in Cashel.

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

"To ask the HSE to explain why there is a constant smell of raw sewerage within the newly built €13.5 million Deer Lodge care facility in Killarney where its believed there is a major fault in the internal sewer network and also to clarify how many times since this building was opened have drain cleaning companies been brought in, and is it true that work had to been undertaken to repair fire doors not fitted properly and that parts for door handles and light fittings are extremely difficult to source in this country."

Cllr Brendan Cronin

Also

Q 5(b) Cllr. John Joe Culloty put forward the following question:

"What was the cause of the foul smell in Deerlodge? Has it been rectified?"

Cllr John Joe Culloty

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

Cllr. Brendan Cronin stated that this matter is of concern particularly as a working environment and queried whether it had been fully addressed. Mr. Reaney responded stating that his response was based on the most recent information provided to him. He also advised that the Management Team have met with staff and at no stage was this issue raised. Mr. Reaney stated that there are quality assurance policies and processes in place to raise any issue of concern.

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

There was no written response instead a discussion between the members took place in the Chambers and it was proposed and seconded to support the Motion and write to the Minister for Health requesting him to seek to have the minimum age for the purchase of alcohol to be increased from 18 to 21 years. Cllr. Culloty and other Forum Members outlined their concerns with 'binge drinking culture' and its impact on young people. It was highlighted that society should be taking actions.

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

"Calling on the HSE to establish and fund a drug detox centre here in Cork either as part of an already established facility or a new build."

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

Cllr. Twomey stated that drug issues were very prevalent in Cork and that there was a need for more detox beds. The HSE needs to prioritise funding for drug treatment and the methadone programme needs greater regulation. Cllr. Henry Cremin asked about Cuan Mhuire funding going forward. Mr. Reaney responded advised that funding for organisations such as Cuan Mhuire is on a year to year basis.

Cllr. Michael O'Ryan then raised the matter of the mortuary at University Hospital Waterford. Dr Gerard O'Callaghan update the meeting on the progress of this project.

5. Questions

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

"What progress has been made to date regarding new 90 bed facility to replace Saint Patrick's Hospital in Cashel and when can we expect a planning application to be lodged?"

A written response from Ms. Kate Killeen White was circulated to members and noted.

Cllr. Wood noted the contents of the reply.

(c) Cllr. Danielle Twomey put forward the following question:

“What measures are being put in place to tackle the understaffing issues at the CUMH?”

A written response from Prof John Higgins, Professor of Obstetrics and Gynaecology Clinical Director Maternity Directorate, South/Southwest Hospital Group was circulated to members and noted.

Cllr. Mary Sheilds put forward an additional query in relation to the progress towards a new helipad. This was a matter of importance for instance in transporting patients with acute stroke to hospital quickly. Mr. O’Callaghan advised that a planning application has been submitted. Cllr. Sheils urged CUH Management to do their utmost to prioritise this matter. She thanked HSE members of the Regional Health Forum for their courtesy and co-operation over the years.

7. Date and time of next meeting

The next meeting will be held on Thursday 27th June 2019, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF JUNE 2019 MEETING

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 27th June 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Pat Dunphy
Cllr Mark Fitzgerald
Cllr Pat Fitzgerald
Cllr Mark Fitzgerald
Cllr Damian Geoghegan
Cllr Michael Gleeson
Cllr Joe Hayes
Cllr Willie Kavanagh
Cllr Niall Kelleher
Cllr Mike Kennelly
Cllr Donal Kenny
Cllr Mary Lenihan Foley

Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Gearóid Murphy
Cllr Katie Murphy
Cllr Brian O'Donoghue
Cllr Sean O'Donovan
Cllr Ken O'Flynn
Cllr John Sheehan
Cllr James Tobin
Cllr Ted Tynan

Apologies:

Cllr Peter Cleere
Cllr Danny Collins
Cllr John Coonan
Cllr Davy Daniels
Cllr Pat Hayes
Cllr Joe Kavanagh
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr Mikey Sheehy

In Attendance:

Ms Bridie O'Sullivan, Group Chief DON & Midwifery, South/South West Hospitals Group
Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare
Ms Anna Marie Lanigan, Head of Service, Primary Care, South East Community Health Organisation
Members of the HSE South Forum Office staff

As this was the first Meeting of the Regional Health Forum South to be held after the May 2019 Local Elections there was no sitting Chairperson. Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare opened the meeting.

1. Adoption of the Minutes of the previous Meeting held on Thursday 2nd May 2019

On the proposal of Cllr Mary Lenihan Foley, seconded by Cllr Pat Fitzgerald, the minutes of the Forum meeting held on Thursday, 2nd May, 2019 were approved and adopted by the members.

2. Chairperson's correspondence

Election of Chairperson:

The June meeting is the Annual General Meeting of the Regional Health Forum South and elections of Chairperson and Vice Chairperson were to take place. Mr Reaney invited nominees from the floor for the position of Chairperson.

Cllr. Arthur McDonald was proposed by Cllr. Willie Kavanagh and seconded by Cllr. John McDonald. As there were no other nominations, Cllr. Arthur McDonald was elected. On assuming the Chair, Cllr. McDonald thanked his proposer, seconder and the members for electing him as Chairperson for the coming year.

Election of Vice Chairperson:

Cllr. Gearóid Murphy was proposed by Cllr. Audrey Buckley and seconded by Cllr. John Sheehan. As there were no other nominations, Cllr. Murphy was deemed elected.

Cllr McDonald read out a summary of Standing Orders. A discussion took place on the possibility of written answers to questions made available in advance of the meeting to members of the Forum. Mr Reaney suggested this be discussed with the Whips prior to the next meeting in September.

3. Committees

The Chairperson informed members that the next Committee meetings will be held on:

- (a) South East Committee Meeting held on 15.10.2019 in Kilkenny
- (a) South West Committee Meeting held on 17.10.2019 in Tralee

4. Presentation on Health Promotion

Senior Health Promotion Officer for HSE South Sharon Parkinson made the presentation on Health Promotion to members. The presentation included the following:

- Preventative health messages.
- Making health promotion the easy choice and creating an environment to support that.
- In order for people to be healthy that policies must be healthy.
- Investment in promoting health and preventing ill health.
- Strengthening community action.

Cllr. John Sheehan said that Health Promotion was very important especially in supporting disadvantaged groups. Cllr James Tobin voiced his concerns over mobile phones and ill health in children as a result, what structures or plans could be put in place to address this within Health Promotion.

7. Date and time of next meeting

There was a short discussion on starting of times of meetings, Cllr Lenihan Foley suggested that any change in the time of meetings should be submitted as a motion at the September meeting and discussed with all members in the chamber as it affected all members. This was supported by Cllr Pat Fitzgerald. Date and time of next meeting remained as proposed.

The next meeting will be held on Thursday 19th September 2019, at 2pm in Council Chambers, County Hall, Cork.

The Chairman asked members to note the foregoing arrangements.

MINUTES OF SEPTEMBER 2019 MEETING

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 19th September 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr Pat Barden
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Peter Cleere
Cllr Danny Collins
Cllr Davy Daniels
Cllr Pat Dunphy
Cllr Mark Fitzgerald
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Joe Kavanagh
Cllr Niall Kelleher
Cllr Mike Kennelly
Cllr Donal Kenny

Cllr Mary Lenihan Foley
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr Gearóid Murphy
Cllr Sean O'Donovan
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy
Cllr James Tobin
Cllr Ted Tynan

Apologies:

Cllr John Coonan
Cllr Willie Kavanagh
Cllr Roger Kennedy
Cllr Arthur McDonald
Cllr John McDonald

Cllr Richie Molloy
Cllr Katie Murphy
Cllr Ken O'Flynn

In Attendance:

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

Cllr Mary Lenihan Foley through the Acting Chairperson Cllr Gearóid Murphy requested a to discuss a "Matter of Urgent Importance" in relation to Castlemartyr Health Centre as it had arisen since the Regional Health Forum deadline for receipt of Notice Of Motion/Questions. Cllr. Lenihan Foley had been made aware initially via the media that Castlemartyr Health Centre was closing for the foreseeable future and was very concerned about the impact of this for local people. Cllr Lenihan Foley had subsequently received a written response from Majella Daly HSE Primary Care which clarified the matter. Cllr Susan McCarthy supported Cllr Lenihan Foley on this matter and asked whether there were plans for an upgraded facility at this centre. Mr. Ger Reaney apologised for any failure in communications and stated it was not Cork Kerry Community Healthcare policy to communicate with public representatives through the media. Mr. Reaney also confirmed that health staff continue to be based in Castlemartyr - there is no reduction in service at present. However in over the past number of years, services have been transferred to other locations including Midleton Community Hospital. He also advised that the cost of refurbishment is in excess of €300k and at this time this funding is not available in the context of other service priorities. Mr. Reaney also advised that while it is not possible to confirm services will recommence or indeed continue in the health centre, however he would seek to provide an update to Cllr. Lenihan Foley. Cllr Lenihan Foley and Cllr S McCarthy thanked Mr. Reaney for his reply.

1. Adoption of the Minutes of the previous Meeting held on Thursday 27th June 2019

On the proposal of Cllr John Sheehan seconded by Cllr Michael Gleeson, the Minutes of the Forum meeting held on Thursday, 27th June, 2019 were approved and adopted by the members.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3. Committees

The next Committee meetings will be held on:

- (b) South East Committee Meeting held on 15.10.2019 in Kilkenny
- (b) South West Committee Meeting held on 17.10.2019 in Tralee

4. Notices of Motion

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

"I call on the HSE South to prioritise a Primary Care Centre for the Youghal area bearing in mind that the nearest Hospital is an hour away and after 6pm there is no doctor available in Youghal town with a population of approximately 12,000."

A written response from Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Lenihan Foley thanked Mr Reaney for his reply stating that she was pleased to note that Youghal has been included as an area for Primary Care based on the national needs assessment. She noted that Youghal is still 45 minutes from the nearest Accident and Emergency Department. Cllr Conor McGuinness was supportive of Cllr Lenihan Foley also highlighted similar issues for people living in his area of West Waterford. Cllr John Sheehan supported this motion and also noted the different roles and functions of Accident and Emergency Departments and Primary Care Centres. Primary Care Centres are no substitute for Accident and Emergency Departments. He raised the matter of GP recruitment and retention as a national issue and particularly for Out of Hours GP Services which for Youghal are provided at night through Midleton.

(b) Cllr Norma Moriarty moved the following Motion, standing in her name:

"That we progress as a matter of urgency the establishment of a Primary Care Centre in Caherciveen, Co Kerry. This is urgently needed given the fact it would serve the population of the Iveragh Peninsula a population once served by twice the number of GP's currently working in the area."

Cllr Norma Moriarty

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Norma Moriarty thanked Mr. Ger Reaney for his detailed reply and also raised the lack of female GPs in the area with people having to travel considerable distances to see one. Cllr Niall Kelleher supported Cllr Moriarty's statement and the difficulties getting GPs in rural areas. Mr. Ger Reaney outlined some planned Primary Care Centre developments in the Kerry area.

(c) Cllr Audrey Buckley moved the following Motion, standing in her name:

"The average secondary school bag weights 6.5kg, as the new school year has just started, again we are left addressing the weight of our children's school bags. We have been told by the department of education it is up to the parents to engage with the school around these issues. Across the country we again are listening on social media and the radio to the amount of books these children are carrying on their backs each day. We all want our children to have a healthy lifestyle balance, but because of the weight of their school bags a large percent of children need to be dropped and picked up at the school because they physically cannot carry their school bag. children complaining of shoulder and back pain is unnecessary and needs to be addressed."

A discussion took place in the chambers with many members supporting Cllr Buckley. It was decided that the Regional Health Forum would write to the Minister of Education on this issue.

(d) Cllr Mikey Sheehy moved the following Motion, standing in his name:

"To ask the Minister for Health to support the expansion of Chemotherapy and Cancer Services on the grounds of University Hospital Kerry given the huge increase in patient numbers since the unit opened in 2001."

A written response from Mr Fearghal Grimes, General Manager, University Hospital Kerry was circulated to members and noted. Cllr Michael Sheehy thanked Hospital Management for the reply although with increasing demands for these services there needs to be developments to facilitate greater numbers of patients. Cllr Michael Gleeson was strongly supportive of the Motion having visited the Palliative care Unit in Tralee and advocated for a new cancer unit. Dr Ger O' Callaghan advised that S/SW Hospital Group were working closely with Fearghal Grimes on this and are seeking to get a proposal developed and included as part of the capital programme.

(e) Cllr Declan Burgess moved the following Motion, standing in his name:

"That the HSE gives urgent consideration to the provision of step down beds at Our Lady's Hospital, Cashel, as a means of relieving the accommodation pressure on South Tipperary General Hospital over the coming winter months."

A written response from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr Burgess stated that his had put forward this motion as he felt members of the public were disillusioned with the HSE over the current use of Our Lady's in Cashel. Ms Killeen White acknowledged Cllr Burgess's reply, and advised that there are a number of teams based at Our Lady's providing services on site and also to the population in the surrounding area supporting people in their own homes. Cllr Mark Fitzgerald agreed with Cllr Burgess and also acknowledged the good facilities and services at Our Lady's as stated that member of the public are not always aware of such services. With the Winter months approaching he hoped there would be plans in place. Ms Killeen White advised that the community and hospitals were working again this year on Winter Planning and that they could present further information on this at another Forum meeting.

(f) Cllr Jody Power moved the following Motion, standing in her name:

"In a practical effort to reduce the waste of time and effort required of all parties in accessing personal medical records, the current practice, as outlined above, to be changed whereby the patient can access their private medical records by presenting himself in person, with proof of identification. Furthermore, the €20 fee charged for accessing personal information is excessive given that all health related HSE activities are already paid for in universal personal taxation."

A written response from Mary Deasy Regional Manager Consumer Affairs was circulated to members and noted. Cllr Power outlined difficulties experienced by a patient trying to access their medical records. Cllr Pat Fitzgerald in support highlighted challenges accessing medical records and costs with same. Ger O'Callaghan advised that if there were any particular issues relating to an individual case they could write to the Freedom of Information Unit.

5. Questions

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

"Can the HSE South please provide an update on OT services in Youghal and East Cork Area"

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

Cllr Lenihan Foley was satisfied with the reply in that the HSE were trying to source Occupational Therapists and use of St Raphael's Building in Youghal. Ger Reaney indicated that this was a temporary approach whilst the HSE was seeking the development (subject to funding) of a new Primary Care Centre.

Cllr Pat Fitzgerald asked about the Old Dispensary Clinic and whether there were any Primary Care Centres marked for Cheekpoint / Passage East Co. Waterford in the future. Ms Killeen White advised that this could be discussed at the upcoming South East Committee meeting with the Head of Service for Primary Care.

(b) Cllr Gearóid Murphy put forward the following question:

"To ask the Minister for Health what is the current total capacity of Day Care Centres for dementia in the North Cork area, and whether there are any plans to increase capacity."

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Murphy was thankful for this reply but requested further detail on the provision of Day Care Centres in Cork/Kerry both specifically for people living with dementia and also for older people in general. The concept of dementia friendly community was also discussed along with a request regarding any plans for increased Dementia specific Day Care capacity and funding. Mr Reaney noted that he was pleased that public representatives were supportive of the importance of Day Care Centres.

(c) Cllr Norma Moriarty put forward the following question:

"Can we please have a detailed explanation of the process with timelines involved in deciding on vacancies and the recruiting and hiring of staff for all health care positions. Essentially what I am seeking to ascertain is how are vacancies identified, who signs off on same, how advertising and recruiting is done and precisely what the process involved in having a person begin actually working in said position is."

A written response from Dr Ger O'Callaghan, Mr Ger Reaney and Ms Kate Killeen White was circulated to members and noted.

Cllr Moriarty thanked the HSE Management for their detailed response to her question. Her query had been prompted by staffing retirement in Cahirciveen Community Hospital and specifically the HSE response to planned/known

retirements. She acknowledged the HSE reply in relation to panels. Cllr Moriarty also highlighted the difficulties of an Occupational Therapist working in the UK and wanted to relocate to rural Kerry and the length of time it took for the Professional Registration to be completed. Cllr Moriarty stated that there appears to be significant roadblocks in the system in terms of recruitment of staff and filling vacant posts. Mr Ger Reaney in response noted that these were two different situations presented by Cllr Moriarty. Mr Reaney is familiar with Cahirciveen issue which was exacerbated by the current recruitment controls which were implemented. He also stated that recruitment to rural areas is challenging and local services area always planning to replace forthcoming vacancies. There is a scarcity of nurses and many do not need to wait on recruitment panels. With regard to the Occupational Therapist case, Mr. Reaney stated that he would need further information on this before he could reply. Mr Reaney also explained to the members that the HSE Recruitment unit was centralised in Manorhamilton.

(d) Cllr Mikey Sheehy put forward the following question:

“What is the time frame for the processing and approval of fair deal applications in Kerry and Cork, and in the situation whereby delays occur what processes are in place to get patients from acute beds into community hospitals in order to maximum our already stressed hospital bed situation.”

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Sheehy was concerned regarding delays in processing of Nursing Home Subvention (Fair Deal) applications. Mr Reaney advised that this process involves both a care needs assessment and a financial assessment. There are frequently delays in the availability and submission of the requested financial information from applicants/their families. The current timeframe to complete assessments is approximately 28 days and which is positive. Once completed and approved applicants are then placed on the national waiting list for funding. This is managed centrally and in strict chronological order. With regard to getting people who are medically fit out of acute hospitals, Mr Reaney advised that there are a number of short stay beds in Community/District Hospitals providing that someone is medically stable and clinically fit. Mr Reaney also outlined Transitional Care Funding available to facilitate discharge from acute hospital. Community Services are actively working with Acute Services with the aim of addressing delayed discharges throughout the year and also particularly more so in winter months.

(e) Cllr Declan Burges put forward the following question:

“Is the HSE prepared to take any steps to improve the derelict appearance of the former gate lodge at Our Lady’s Hospital Complex in Cashel?”

A written response from Ms Kate Killeen White was circulated to members and noted. Cllr Burgess thanked Ms Killeen White for her reply; however as part of the Tidy Towns I Cashel he was hopeful that something could be done re the appearance of the Gate Lodge. Ms Killeen White acknowledged Cllr Burgess – however she stated that given the demands for finite minor capital funding the priorities is on HSE clinical risk and patient safety.

(d) Cllr Eileen Lynch put forward the following question:

"In light of the recent HIQA reports as published on 3 September 2019 arising from unannounced inspections of designated centres for older people, in relation to the failings highlighted in the report of Macroom Community Hospital (Centre ID: OSV-0000578) and in particular, the quality and safety of care being provided, can the HSE outline the action plan and timeline involved in bringing the hospital to compliance with standards provided by the current Health Acts and addressing the failings identified in the HIQA report."

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

Cllr Lynch thanked management for the reply and asked whether a planning permission application had been submitted. She also asked about the HSE Action Plan for compliance and the target dates set. Cllr Lynch also inquired about dates of future HIQA

(Independent Regulatory Body) inspections.

Mr Ger Reaney advised that the plan for the development of the Hospital included additional accommodation which would be single rooms and Energy assessments which led to higher cost than originally anticipated. Ger Reaney in response to Cllr Lynch stated that that corrective action plans were developed in line with approaches successfully used in other units/hospitals. He had no further information on future HIQA inspections. Mr Reaney concluded that he anticipated there would be improvements shown following the next inspection at Macroom.

7. Date and time of next meeting

The next meeting will be held on Thursday 21st November 2019, at 2pm in Council Chambers, County Hall, Cork.

MINUTES OF NOVEMBER 2019 MEETING

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 21st November 2019 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr Pat Barden
Cllr Audrey Buckley
Cllr Peter Cleere
Cllr Danny Collins
Cllr John Coonan
Cllr Davy Daniels
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Willie Kavanagh
Cllr Niall Kelleher
Cllr Roger Kennedy
Cllr Donal Kenny
Cllr Mike Kennelly

Cllr Michael McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr Gearóid Murphy
Cllr Sean O'Donovan
Cllr Jody Power
Cllr Mikey Sheehy
Cllr James Tobin

Apologies:

Cllr Mary Lenihan Foley
Cllr Susan McCarthy
Cllr Richie Molloy

In Attendance:

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

1. Adoption of the Minutes of the previous Meeting held on Thursday 27th June 2019

On the proposal of Cllr. Davy Daniels, seconded by Cllr Mike Kennelly, the Minutes of the Forum meeting held on Thursday, 19th September, 2019 were approved and adopted by the members following a clarification from Cllr. Buckley to amend the record to reflect her attendance.

2. Chairperson's correspondence

Members were reminded to switch off mobile phones.

3. Committees

The next Committee meetings will be held on:

- (c) South East Committee Meeting held on 3.12.2019 in Kilkenny
- (c) South West Committee Meeting held on 5.12.2019 in Tralee

4. Presentation on Winter Planning was deferred to December Committee Meetings.

5. Notices of Motion

(a) Cllr. Niall Kelleher moved the following Motion, standing in his name:

“What is the update position with the primary healthcare centre in Rathmore?”

A written response from Mr. Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr. Kelleher advised that he was aware of another developer who would be interested. Mr. Reaney advised Cllr. Kelleher that he would arrange to discuss this matter with him. Cllr. Kelleher thanked him for same.

(b) Cllr. Michael Gleeson moved the following Motion, standing in his name:

“That H.S.E. South would state if, following the 2017 survey of services both actual and needed [As per response from H.S.E. South to Notice of Motion to Killarney Municipal District meeting], it accepts that there is need for a dedicated Alzheimer's Day Unit in the immediate Killarney area, thus augmenting the already wonderful Unit at Rockmount, Kilgarvan.”

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

Alzheimer's Day raised awareness of this disease and that in his own immediate circle there were 5 people showing signs of Alzheimer's / dementia to varying degrees. Giving the increasing prevalence of Alzheimer's, the East Kerry area with a population of 37,000 has a need for another facility similar to Rockmount with a focus on day services to be located near Killarney.

Mr. Ger Reaney in response agreed with the sentiments expressed by Cllr. Gleeson in relation to the benefit and value of day services. He outlined that there were 581 day places in Kerry with 122 day places specifically for people with dementia - it should be noted that this is better than average provision. The ongoing challenge is to source funding streams to address gaps across Cork and Kerry for day services.

Mr. Reaney also outlined to Forum Members that there are other services and ancillary supports available to people with dementia including home support services. Cllr. Gleeson thanked Mr. Reaney for his reply and concluded stating how we treat our elderly population is a reflection on our society as a whole.

(c) Cllr. Eileen Lynch moved the following motion, standing in her name:

"That the HSE would increase internship places in Irish hospitals to allow doctors educated in Ireland access to an internship place, in light of the ongoing difficulties in doctor recruitment."

The National Doctors Training and Planning was circulated to members and noted. Cllr. Lynch queried further the number of internship places available in Irish hospitals (which are linked to number of training places available) vis a vis the higher number of applications for these internship places.

Dr. Gerard O'Callaghan clarified that there have been ongoing discussions at a national level with the National Bodies and Universities - the latter who make the case for additional places for specialties.

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

"Can the members of HSE South be advised of the proposed changes Minister Harris is proposing to make to health services management structure in HSE South. Also can the members be provided with a documented copy of these proposed changes and timelines"

A written response from Dr Ger O'Callaghan, Mr Ger Reaney and Ms Kate Killeen White was circulated to members and noted.

Cllr. Coonan thanked the HSE management for their reply. He noted that it was important for Forum Members to be appraised and to understand the cross party Slaintecare Strategy and the planned healthcare changes at national, regional and local level.

Cllr. Coonan stated that it is important for the proposed structural and organisational change to be integrated and effective. He requested that further information be provided to the Regional Health Forum Members and the respective local committees. Ms. Neary whilst acknowledging the need for such briefings, outlined

that this would be a little premature at this stage as this would pre-empt the planned consultation and co-design phase which is to take place. Mr. Ger Reaney was in agreement with Ms. Neary in relation to the unknown specifics at this stage. Mr. Reaney highlighted that there are two concurrent change processes (i) Department of Health and (ii) Laura Magahy as National Director of Slaintecare who is working on developing a plan for each Regional over the coming months. It was agreed that an update when available would be provided at the earliest opportunity to Forum Members.

(e) Cllr. Mikey Sheehy moved the following motion, standing in his name:

“To ask this forum to support expediting foreign General Practitioner VISA applications, especially those from South Africa. This is at a time when A&E departments and acute hospital beds are under recording breaking pressure and out of hours GP services are at the behest of VISA application waiting times.”

A written response from Mr. Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr. Sheehy thanked Mr. Reaney for this positive reply and stated it was critical that relevant agencies were working together to optimise the critical skills visa process to enable GP recruitment and ensure service continuity. Cllr. John McDonald raised the issue of GP Services in the Carlow area. Mr. Reaney also informed Members of the revised IMO GP Contract and increased number of GP Training Places nationally. In the future trends indicate a move away from small GP practices to larger practices.

(f) Cllr. Jody Power moved the following motion, standing in his name:

“That the Board and Management of HSE South/South West Hospitals Group immediately petition the Minister and HSE HQ for the necessary funds required to eliminate the hardships and deprivations caused to patients and their families at University Hospital Waterford (UHW) by:

- * Putting into service forthwith the new Dunmore Wing of UHW, now completed and lying idle, by providing the €10m per year funding required.
- * Actively engage in staff recruitment to fill the 200 staff vacancies at UHW.
- * For the C/Ex and deputy C/Ex of the South/South West Hospitals Group to consider their position for their failings to patients and their families in Waterford and the South East due to the prolonged neglect and gross underfunding of UHW and the significant distress and misery caused.”

A written response from Dr Ger O’Callaghan was circulated to members and noted. Cllr. Power acknowledged the reply and stated that he remains dissatisfied with the level of service provision at University Hospital Waterford - there were too many issues arising in UHW as highlighted in the media. Dr. O’Callaghan sought to address the separate queries raised by Cllr. Power and also provided an update in terms of funding and capital developments in relation to the mortuary and Cat Lab. He also reiterated that there are staff vacancies across all hospitals and that University Hospital Waterford is not treated differently to other hospitals.

Cllr. Pat Fitzgerald supported the motion with a caveat and put forward a proposed a change to the wording of the motion as follows;

"That the HSE recognise impact on patients and their families in Waterford and the South East due to the prolonged neglect and gross underfunding of UHW and the significant distress and misery caused."

Whilst acknowledging that there are concerns in relation to hospital services, this proposed amendment was seconded by Cllr. Davy Daniels. Cllr. Lenihan stated that resources were an issue particularly in relation to overall hospital staffing and issue of overcrowding in the Department of Psychiatry which has been prominent in the media.

Cllr Lenihan supported the proposed wording amendment.

Ms. Neary advised that South East Community Healthcare Mental Health Services were working closely with the Mental Health Commission with regard to overcapacity and concerns raised. Efforts continue to recruit Consultants both nationally and overseas - this is a national issue. In addition there is ongoing work with staff and service users to seek to improve service provision across mental health services. Ms. Neary advised that there has been no over-occupancy reported in the DOP at University Hospital Waterford in recent weeks.

The proposed amendment in wording was accepted by Cllr. Jody Power.

(g) Cllr Pat Hayes moved the following motion, standing in his name:

"That the HSE provide a meeting room for the Families and carers of Alzheimer's/Dementia sufferers in Mallow which would serve the North Cork region. This facility would allow them meet once a week. At present they have nowhere to meet."

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

Cllr. Hayes thanked Mr. Reaney for the reply. Cllr. Geróid Murphy also expressed his support for this motion and requested that the number of Alzheimer's/dementia day places in North Cork are provided by HSE Management.

(h) Cllr Norma Moriarty moved the following Motion, standing in her name:

"In light of the endemic nature of drug misuse amongst our young people and indeed many of the older age groups can we establish detailed awareness and education campaigns to change a perceived acceptance of drug use that seems to have permeated our society."

A written response from Dr. Ger O'Callaghan, Mr. Ger Reaney and Ms. Kate Killeen White was circulated to members and noted.

Cllr. Moriarty acknowledged the reply and stated that it was essential to engage and work with young people on this issue. She also noted the increased trend in the use of recreational drugs from a fitness and sporting performance perspective. A number of Forum Members spoke out in support of this motion. Cllr. Michael Gleeson spoke of the need for education and prevention among children and young people. Cllr. Buckley supported the motion and outlined concerns in relation to increasing occurrences of young teenagers drinking. It is understood that there are waiting lists

for people to access supports. There also needs to be changes to local by-laws. Cllr. McGuinness stated that drug misuse awareness and education needs to include alcohol and the importance of age appropriate information programmes. Cllr. Coonan also endorsed the motion and that there was no such thing as 'innocent' illegal drugs. He also stated that health should be included as a full curriculum subject in the education system.

Mr. Ger Reaney acknowledged the interest and contributions of members and Cllr. Moriarty's Motion and stated that this is an overall societal issue of which the health agency is one component. There is a need for cultural and attitudinal change in Irish society towards alcohol.

6. Questions

(a) Cllr. Niall Kelleher put forward the following question:

"Can the HSE look at financially supporting the Kerry/cork cancer bus."

A written response from Dr. Ger O'Callaghan was circulated to members and noted. Cllr. Kelleher asked HSE Management whether they consider funding the cancer bus. Dr O'Callaghan acknowledged the value of this service, however funding remains an ongoing issue. In line with guidance the priority is transport for patients attending for dialysis. Cllr Collins supported the question and Cllr. McDonald asked whether transport can be provided for resident in nursing homes to attend hospital appointments. It was agreed to provide information at future meeting.

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

"What is the updated position with the Primary Healthcare Centre in Tullow, Co Carlow?"

A written response from Ms. Kate Killeen White was circulated to members and noted. Cllr. McDonald asked whether there were any further specific details at this stage and Ms. Neary advised that this is the current update as provided by HSE Estates.

(c) Cllr. Michael Gleeson put forward the following question:

"Can we please have a detailed explanation of the process with timelines involved in deciding on vacancies and the recruiting and hiring of staff for all health care positions. Essentially what I am seeking to ascertain is how are vacancies identified, who signs off on same, how advertising and recruiting is done and precisely what the process involved in having a person begin actually working in said position is."

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

(d) Cllr. Roger Kennedy put forward the following question:

"To ask for update on the proposed new Residential Unit at St Patrick's Hospital Cashel and to ascertain if it is on target to comply with legislation requiring compliance by 2021?"

A written response from Ms. Kate Killeen White was circulated to members and noted. Cllr. Kennedy thanked HSE Management for the reply and asked whether there were any staffing issues at St. Patrick's Hospital. Ms. Neary stated she would follow-up and revert to Cllr. Kennedy on this.

(e) Cllr. Pat Dunphy put forward the following question:

"How is Home Help hours determined? What is the Criteria used? Who is involved in making the decision? How many Home Help Hours have been granted this year to date and in each of the last 5 years? How many requests have been refused this year to date and an each of the last 5 years".

A written response from Ms. Kate Killeen White was circulated to members and noted.

Cllr. Dunphy stated that he had specifically requested information on number of people who are refused home help hours. Ms. Catherine Neary stated that she would follow up with the South East Community Healthcare General Manager Services for Older People and will arrange for a reply to issue directly to Cllr. Dunphy.

(f) Cllr. Eileen Lynch put forward the following question:

"To ask the HSE to provide the break down by hospital of all consultants, or doctors acting up in a consultant role, who are not on the Medical Council Specialist register in the South/South West Hospital Group and to outline the actions being taken to address this."

A written response from Dr. Ger O'Callaghan was circulated to members and noted. Cllr. Lynch thanked stated that she had requested a breakdown of this information by hospital and she also asked in relation to numbers hired since 2008. Dr. Ger O'Callaghan in reply stated that before 2008 people did not automatically go on the specialist registrar and had to go through a formal application process to be included on it. He acknowledged that the situation is not ideal, however since 2008 there is a process in place to enable people get on the specialist registrar and that they aim not to take on people not on the registrar.

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

"The HSE South take immediate steps to deal with the critical overcrowding present in the acute psychiatric admission and service units in Kilkenny and Waterford.

The continued failure to fill the many vacancies existing in nursing throughout psychiatric services"

A written response from Ms. Kate Killeen White was circulated to members and noted.

Cllr. Coonan acknowledged that much of this had been already discussed in the previous Motion - he accepted the reply at the same time noting that as a retired CNM in Mental Health Services that more needs to be done in relation to recruitment and retention of staff. Ms. Neary stated that there are ongoing national challenges in relation to recruitment and particularly of medical and nursing staff. She explained to Members that the HSE is bound by national grade and wage agreements. Ms. Neary agreed that there needs to be more effort on staff retention as evidenced through the Mental Health Commission and staffing.

(h) Cllr. Mikey Sheehy put forward the following question:

"How many Radiographer posts are vacant at University Hospital Kerry and have these vacant posts been advertised."

A written response from Mr. Fearghal Grimes, General Manager, UHK was circulated to members and noted. Cllr. Sheehy noted that University Hospital Kerry was looking outside the box in terms of staffing. He queried the number of vacancies. Dr. Ger O'Callaghan advised that it is 1.5 WTE vacancies and also stated that once that a review is ongoing in the Radiography Dept. in Kerry and the outcome of same is awaited.

(i) Cllr. Jody Power put forward the following question:

"What provision has HSE South/South West Hospital Group made to fund and acquire the replacement machinery and items necessary to support Hospital activities at University Hospital Waterford now that Steam Boilers, Steam Laundry, Steam Cookers, Steam autoclaves and sterilizes, cold storage units, MRI and other medical equipment are at End-of-life and that the hospital is 30 years old, co-incident with the expected serviceable life of the machinery listed above. How many support staff vacancies are there currently for the servicing and maintenance of this equipment?"

A written response from Mr. Ger Flynn, National Clinical Head of Medical Devices was circulated to members and noted.

Cllr. Power asked about understaffing in the maintenance department in University Hospital Waterford. It was explained that this service comes under HSE Regional Estates and not UHW per se and that detail would be sourced for next meeting.

(j) Cllr. Susan McCarthy put forward the following question:

“Requesting an update on the long-awaited re-development of Midleton Community Hospital. Expected timelines for tendering, construction and completion date would be most welcome”

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

(k) Cllr. Pat Hayes put forward the following question:

“Has the HSE any plans to reopen the accident and emergency department at Mallow General Hospital?”

A written response from Dr. Ger O’Callaghan was circulated to members and noted. Cllr. Hayes thanked Dr. O’Callaghan for the reply – he stated that given the 50,000 population in Mallow and across the rural hinterland, it would be welcome if the A&E was re-opened. At present people need to travel to Cork to attend A&E. Mallow is a good location for an A&E and is easily accessible. Dr Ger O’Callaghan stated that no one would dispute that in an emergency situation it is preferable to come to centre of excellence. Dr. O’Callaghan also advised members that there is an Injury Unit at Mallow.

(l) Cllr. Norma Moriarty put forward the following question:

“Can we have a detailed update on Brexit preparedness in relation to drugs and medicines that would normally be imported via and from the UK. What contingencies are in place for a no deal or agreed Brexit?”

A written response from Ms Suzanne Doyle, Customer Relations Management, PCRS, was circulated to members and noted. Cllr. Moriarty acknowledged the detailed reply provided and cited particular case of a constituent experiencing delay in getting medicines. Mr. Ger Reaney stated that although planning is ongoing, there is still much unknown with Brexit and no guarantees can be given. Mr. Reaney asked the Councillor to give further details so that the individual case could be examined as appropriate.

7. Date and Time of next meeting – 27th February 2020, at 2pm in Council Chambers, County Hall, Cork.