



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Regional Health Forum Office,
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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2020

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".

Due to the Covid Pandemic in March 2020 I was requested to stay on as Chairperson of the Regional Health Forum, South until the Forum was in a position to hold elections in December of 2020 when Cllr Declan Burgess was then elected for the coming year 2021.

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 2020 which outlines the activities of the Forum to 31st December 2020.

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 2020.

**Cllr Arthur McDonald
Chairperson**

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr Arthur McDonald
Vice-Chairperson: Cllr Gearoid Murphy

SOUTH EAST COMMITTEE:

Chairperson: Cllr Arthur McDonald was replaced by Cllr Pat Dunphy
Vice-Chairperson: Cllr Declan Burgess was replaced by Cllr James Tobin

SOUTH WEST COMMITTEE:

Chairperson: Cllr Gearoid Murphy was replaced by Cllr Mike Kennelly
Vice-Chairperson: Cllr Norma Moriarty was replaced by Cllr Eileen Lynch

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 was replaced by Cllr Ann Marie Ahern
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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Regional Health Forum South

Background

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

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

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

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

The other 3 Regional Health Forums are:-

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

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

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2020 were held on:

- Thursday 20th February 2020
- Thursday 26th March 2020 – Cancelled due to Covid 19 Pandemic
- Thursday 21st May 2020 - Cancelled due to Covid 19 Pandemic
- Thursday 18th June 2020 – Cancelled due to Covid 19 Pandemic
- Thursday 17th September 2020
- Thursday 19th November 2020
- Wednesday 9th December 2020

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 2020 were held on:

Thursday 21st January **Kilkenny**

Thursday 30th January **Cork**

Thursday 21st April Cancelled due to Covid 19 Pandemic

Thursday 23rd April Cancelled due to Covid 19 Pandemic

Thursday 23rd July **Kilkenny**

Thursday 28th July **Conference Call**

Thursday 3rd November **Virtual Meeting**

Thursday 5th November **Virtual Meeting**

Thursday 1st December **Virtual Meeting**

Thursday 3rd December **Virtual Meeting**

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 2020, 19 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 2020, Regional Health Forum South Members submitted 20 Questions.

Presentations

The following presentations were delivered to the Forum Members:-

- Presentation on Fair Deal – Mr Ray Dwyer, Senior Executive Officer, Nursing Homes Support Office

- Updates were provided to members at 2020 meetings with regard to the Covid 19 Pandemic

MOTION AND QUESTION RESPONSES

FORUM MEETING
20th February 2020

MOTIONS

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

“Can The HSE give an update on the completion of the Primary Healthcare Centre in Listowel and to list all the services to be available and are these positions being advertised or indeed filled.”

Cllr Mike Kennelly

Government policy (including the Sláintecare Implementation Strategy) identifies the need to develop community healthcare services in response to demographic changes and to reduce dependence on acute hospital services. The development of appropriate Primary Care Centre infrastructure to support the transfer of activity currently taking place in the acute setting to a more appropriate setting in Primary Care 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 some cases dental and mental health services. Primary Care Centres are primarily developed as public private partnership builds or as long term operational leases. Under the operational lease model proposers are required to submit proposals to the HSE to deliver accommodation for Primary Care Centre for long term lease. The proposals must include a number of GPs operating from the centre. All applications to progress any of these arrangements require the approval of the HSE’s national property committee. The application process for such approval requires Cork Kerry Community Healthcare to identify the need for the development of such a facility in line with population health needs and the areas proximity to existing or planned primary care centres.

The development of the Listowel Primary Care Centre is nearing completion and it is anticipated that the developer will hand over the premises to the HSE by March 2020. Following the handover, it will then take approximately six months for the HSE to equip and commission the Centre. We have also recently commenced discussions with the developer regarding the delivery of extra accommodation in Listowel Primary Care Centre to support the rollout of the National Programme for Progressing Disability Services for children. If successfully agreed, this will lead to a further development on-site to be commissioned at a later stage.

The following HSE services will be delivered in the new Primary Care Centre in Listowel:

- Nursing
- Physiotherapy
- Occupational Therapy
- Speech & Language Therapy
- Dietetics
- Community Medicine
- Psychology
- Home Support Services

- Children's Disability Services
- Other HSE services will have access to bookable rooms

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

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

"That the HSE South calls on the HSE and the Department of Health to pay the salaries of the four Nurses employed by the Irish Motor Neuron Disease Association [IMNDA] as they are at present paid from money raised by means of voluntary donations to the IMNDA. These extremely dedicated Nurses cover extensive areas and save the State considerable expenditure by ensuring the sufferers can remain in their own homes for most of their illness."

Cllr. Michael Gleeson

I wish to advise you that the HSE currently funds 3 WTE Specialist Nurses (including 2 additional WTE in 2019) who are dedicated to the National MND centre in Beaumont. This provides a service to up to 80% of MND patients in the country and also provides an outreach service. The Multidisciplinary (MDT) team at Beaumont Hospital works closely with specialist nurses funded by the Irish Motor Neurone Disease Association (IMNDA) and has strong links with satellite clinics in Cork and Galway. We are not aware of any funding request from the IMNDA in this connection.

Carol Ivory
General Manager
Office of the National Director
Acute Operations

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

"Officially there are over 200 vacancies at University Hospital Waterford. In reality the situation is much more stark. UHW is the most under-staffed large hospital in the country according to HSE figures.

*. UHW is a 381 bed hospital with 2290 members of staff, serving a population in the South East of 520,000

*. Limerick University Hospital is a 455 bed hospital with 2814 staff members, serving a population of 400,000 in the Mid West.

UHW has 551 staff LESS than LUH although of comparable bed size but serving a greater population.

*. Cork University Hospital has 635 beds and 4051 staff — although 50% greater in bed size than UHW, but incredibly, 100% more staff.

Given the undisputed 2019 HSE figures above, clearly demonstrating the flagrant bias against UHW and the people of the South East, I call upon the South/South West Hospital Group to establish a working group without delay to correct the glaring imbalance in Medical Care afforded to the people of the South East. I anticipate that reasonable progress in this endeavour will be made in reasonable time and before the regional HSE reorganisation due in 2021.”

Cllr Jody Power

As of 5th February 2020 University Hospital Waterford has 381 inpatient beds (this includes 42 Paeds and Special care Baby unit beds, i.e. Total Adult Inpatient Beds is 339). As of January 2020 University Hospital Waterford has 1955 WTEs / 2290 staff members. This represents a growth in staff of 281WTE since December 2014. Cork University Hospital has 828 inpatient beds on its site.

Due to the dynamic nature of health services and the service demands which regularly fluctuate, the Health Service Executive has to work with a high degree of flexibility in order to ensure that appropriate services are delivered to our patients. Where staff may be absent due to sick leave, maternity leave etc. management make the necessary arrangements to ensure that an appropriate level of staffing is provided.

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

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

“What measures have been planned and put in force by this Health Group to mitigate against the potential risks and possible hospital disruptions posed by the current strain of Coronavirus which has originated in China and have public health contingencies been finalised in this regard.”

Cllr Mikey Sheehy

Quote from Mr Paul Reid, Chief Executive Officer, HSE :

“All hospitals within the HSE have plans in place to deal with any increase in demand due to a viral threat, including Covid-19 (Coronavirus). A lot of preparation work has been done and a range of options are being looked at to deal with all scenarios.”

Quotes from yesterday’s Statement from the **National Public Health Emergency Team** - Tuesday 18 February:

Chief Medical Officer of the Department of Health, Dr. Tony Holohan said:

"We are continuing to monitor the situation globally. "While the overwhelming majority of cases to date have been reported in China, we continue to advance preparedness plans here in Ireland. We remain in a Containment Phase, and our actions are in line with guidance from European Centre for Disease Prevention and Control and the World Health Organisation."

"Hospitals have designated leads for Covid-19 preparedness and isolation response requirements have been identified and are in place in order to deal appropriately with any suspected cases."

Dr Sarah Doyle, HSE Consultant in Public Health Medicine said:

"The HSE has plans in place to respond to cases of Covid-19 (Coronavirus) in Ireland. If it's possible that you have Covid-19 we want to know as soon as possible. This is so we can take the necessary public health measures to stop the virus from spreading in Ireland.

Update from Director of Public Health at the Department of Public Health HSE South

The committee would be aware that on 30th January 2020, the WHO Director-General declared that the outbreak of COVID-19 caused by SARS-CoV-2 virus (initially called the 2019-nCoV or novel coronavirus) constitutes a Public Health Emergency of International Concern.

The SARS-CoV-2 virus identified in China is a new strain of coronavirus that has not been previously identified in humans. Outbreaks of novel virus infections among people are always of public health concern, especially when there's little knowledge about the characteristics of the virus, how it spreads between people, how severe are the resulting infections and how to treat them.

In Ireland, the National Public Health Emergency Team (NPHE) chaired by the Chief Medical Officer is leading the health response.

The HSE continues to carefully monitor the situation in China, in partnership with WHO and ECDC.

There are no confirmed cases of novel coronavirus in Ireland to date. The risk to the public in Ireland remains low.

However the criteria (as defined by the WHO) which are used to decide whether a person has contracted coronavirus, combined with increased surveillance, will lead to some individuals being triaged and/or tested as necessary from time to time.

The HSE cannot comment on individual cases nor comment on speculation.

The HSE website has information for the public on Coronavirus and the Health Protection Surveillance Centre is updated daily at midday with the latest information about the novel coronavirus with guidance for professionals. Visit

<https://www2.hse.ie/conditions/coronavirus/coronavirus.html> or <https://www.hpsc.ie/>

The HSE has measures in place to respond and is well prepared in the event of a case in Ireland.

In the HSE South region, the HSE's Area Winter Action Team-Crisis Management Team (WAT-CMT) has convened and has been meeting frequently, following national guidance in preparedness, planning and response during the containment phase.

A national helpline has been established and people who have recently returned from travel in mainland China are asked to contact the HSE Live helpline on 1850 24 1850 if in the past 14 days you've been:

- to mainland China - this does not include if you have only been in Hong Kong or Macau
- in contact with a person who has coronavirus
- in a hospital or healthcare centre where people are being treated for coronavirus

The helpline HSELive is open Monday to Friday 8am - 8pm and 10am - 5pm on Saturday and Sunday

Update from Health Protection Surveillance Centre (HPSC) dated 19th February 2020:

International situation update – WHO

In summary, as of 06:00am (CET), 19th February 2020:

75,197 confirmed cases (of which 74,279 in China) have been reported by WHO including 2,009 deaths. Cases have been reported from 26 countries.

Further information (including cases by country) is available on the [WHO COVID-19 situation dashboard](#). The latest WHO situation report is available [here](#).

ECDC risk assessment:

On 19th February, ECDC published an updated report on the situation; [Current risk assessment on the novel coronavirus situation](#)

On the basis of the information currently available, ECDC considers that:

The risk of SARS-CoV-2 infection for the EU/EEA and UK population in Europe is currently **low**.

This assessment is based on the following factors:

- Since all cases reported in the EU/EEA have clearly established epidemiological links, the probability of transmission in the EU/EEA and the UK is considered to be **very low**.
- However, the impact of one or more infections resulting in sustained transmission in the EU/EEA would be **moderate to high**, especially for elderly populations with comorbidities, given that the reported case severity is **high** among these groups.

The risk for people from the EU/EEA and UK travelling/resident in areas with presumed community transmission is currently **high**.

This assessment is based on the following factors:

- The probability of infection for those travelling/resident in areas where ongoing sustained community transmission is considered **moderate to high**. The overall number of reported cases in areas with community transmission is **high** or increasing sharply. However, there are significant uncertainties regarding transmissibility and under-detection, particularly among mild or asymptomatic cases.
- For travellers/residents, the impact of one or more infections is considered **high**, especially for elderly populations with comorbidities, given that the reported case severity is **high** among these groups. The impact will also depend on the capacity and availability of healthcare during the epidemic.

KEY LINKS FOR FURTHER INFORMATION:

- Information on Coronavirus on **HSE website**:
<https://www2.hse.ie/conditions/coronavirus/coronavirus.html>
- Guidance for professionals from HPSC is available at:
<https://www.hpsc.ie/a-z/respiratory/coronavirus/novelcoronavirus/>
- The latest reported figures on COVID-19 including the number of confirmed cases by country and a detailed map of distribution of cases are available from the [World Health Organization \(WHO\)](#). WHO global situation reports are available [here](#). These information sources are updated daily.
- Further information on the COVID-19 outbreak situation is also available through the [European Centre for Disease Prevention and Control \(ECDC\)](#)
- [WHO updates on COVID-19](#) are also available, ([Chinese translation](#)).

Dr Augustine Pereira
MCRN: 421148
Director of Public Health & Medical Officer of Health
HSE South

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

“There are an estimated 9,000 to 11,000 AEDS nationally, so you would assume that if you were having a heart attack a working serviced AED would not be far away. This is not the case. When a local community or sports group buys and inputs an AED it is this volunteer group that is responsible for maintaining and servicing the AED. Volunteers come and go and AEDs are not being serviced and maintained properly, it is an oversight that needs to be addressed. It could be a life that could be at risk because a AED was not serviced or maintained. This is of great concern to people and we need to address the servicing and maintaining of our AEDs. The location could be addressed with an App! Inaccessibility to an AED is a factor with some locked in cabinets, who has the key! An AED battery needs to be replaced every 3 to 5 years, the electrode pads have a life shelf of 2 to 3 years. A potential asset we have in communities. Could one of the local Agencies have access and be involved in checking and maintaining them? Can we ask that question? As once AEDs

are installed no one organisation is responsible for them and someone should have that responsibility, after all it could be a life and death situation."

Cllr Audrey Buckley

Discussion was held in Chambers

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

"When will an Audiologist be appointed in South Tipperary?"

Cllr Roger Kennedy

Audiology Services in the South East are provided as one tertiary level service for adults and children across the South East area with community outreach services provided in different locations.

I wish to confirm that there is no audiology post attached to South Tipperary.

However, there is an audiology service provided from the Waterford audiology service which was 2 days per week up to December 2018 and since January 2019 the South Tipperary audiology service increased to 3 days per week.

Prioritisation, following a referral to community audiology services, is designated by medical/clinical need of the client. Appointments are issued according to clinical priority and, in accordance with the date of receipt of referrals.

Kate Killeen White
Chief Officer
South East Community Care

QUESTIONS

Question 6(a) on Agenda refers:

"As a new community hospital is planned for Killarney, can the HSE South inform if there are plans prepared or in preparation for the future uses of the existing Saint Columbanus Home, the adjacent Community Hospital and adjoining lands?"

Cllr Michael Gleeson

Cork Kerry Community Healthcare currently has a number of services and offices operating from St. Columbanus Home in Killarney. These include staff working in the areas of Services for Older People, Primary Care and Mental Health. It is expected that the Services for Older People staff will transfer to the new Community Nursing

Unit which is currently being built. It is envisaged that the Primary Care and Mental Health staff will transfer in due course to a new Primary Care Centre in Killarney.

The HSE will review its accommodation and service needs within the Killarney area. This review will take account the development of the new Community Nursing Unit and the anticipated progression of a Primary Care Centre in the town. If following this review, the HSE is satisfied that it has no further requirements for St. Columbanus Home, then in accordance with the protocols for the transfer and sharing of state property assets, it is the HSE's intention to engage with other state agency's regarding the the future uses of the existing St. Columbanus Home, the adjacent Community Hospital/adjoining lands to determine if there is a future need by any other state agency for these properties.

The current projected construction completion date for the new Community Nursing Unit on the grounds of St. Finan's in Killarney is Q4 2022.

Ger Reaney
Chief Officer
Cork Kerry Community Healthcare

Question 6(b) on Agenda refers:

"Currently, there is a sporadic Cardiac Care facility at UHW due to the on-going maintenance programme now underway. The proposed 12 hour Cardiac Care facility is currently in a planning stage and not due on stream until Q1:2021. The required 24/7 Cardiac Care unit, much sought after and necessary, is but an unattainable aspiration at this stage.

Given the depressing state of Cardiac Care affairs in the South East at present, I request that you give urgent attention to Recommendation 3.4 of the Out-of-Hospital Cardiac Arrest report, to which the HSE is a party, and establish forthwith a strategy to allow the full-time Waterford Fire Service respond to Out-of-Hospital Cardiac Arrest emergencies exclusively. The required training and resources are at hand - all that's required is the leadership for its attainment. Your positive response to this request would be very much welcomed by all in the South East - 520,000 poorly served people."

Cllr Jody Power

Cardiac Services at University Hospital Waterford

2nd Cath Lab Development

- This project has received planning permission. There is currently a 3 week wait to the final grant, which is expected as once as there are no objections.
- A detailed design is underway and it is expected to go to tender in April.
- Construction is expected to commence in June 2020, subject to no delays in approvals or tender challenges etc.

- The construction programme is approximate 10-12 months, however it is noted that this is a difficult construction site so this timeline may need to be adjusted accordingly.

Upgrading work has now commenced on the current Cath Lab which should take approximately 12 weeks. In the meantime the Cath Lab in UPMC Whitfield will be providing the Primary PCI service.

Currently there are no plans to establish a strategy to allow the full-time Waterford Fire Service respond to Out-of-Hospital Cardiac Arrest emergencies exclusively.

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

Question 6(c) on Agenda refers:

"To ask this Forum to support paramedic staff working within the HSE who are essential to the delivery of frontline medical services. The service is now stretched to breaking point and staff from within need every support possible to continue to deliver this crucial service."

Cllr Mikey Sheehy

Discussion was held in Chambers

Question 6(d) on Agenda refers:

"When will the Lansdowne Road Agreement pay restoration for all Section 39 Agencies be funded and can the HSE give a commitment that HIQA requirements will be met financially by HSE for Section 39 Agencies?"

Cllr Roger Kennedy

When will the Lansdowne Road Agreement pay restoration for all Section 39 Agencies be funded?

Government policy is that employees of Section 39 organisations in the health sector, while very valued, are not public servants and are therefore not covered by the Public Service Stability Agreements. Staff in these organisations (Section 39) were not explicitly covered by the FEMPI legislation, which imposed pay reductions on public servants. As the employer, it is a matter for Section 39 organisations to negotiate salaries with their staff as part of their employment relationship and within the overall funding available for the delivery of agreed services. Pay of employees in a number of organisations funded under Section 39 of the Health Act was the subject

of a Workplace Relations Agreement in respect of 50 of the large Section 39 organisations.

Can the HSE give a commitment that HIQA requirements will be met financially by HSE for Section 39 Agencies?

Provider agencies should note that where HIQA Action Plans require additional funding to be sourced through the HSE, the HSE cannot commit to providing any additional funding unless there is a discussion and agreement with the Chief Officer of the relevant CHO area in advance of submission to HIQA. Any expenditure can only be within funding available to the HSE.

**Deborah Smullen
National Office Social Care
HSE**

**Kate Killeen White
Chief Officer
South East Community Healthcare**

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

MOTION AND QUESTION RESPONSES

FORUM MEETING
17th SEPTEMBER 2020

MOTIONS

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

"That the HSE would inform if the expertise to perform the sometimes vitally important acute intervention of a Thrombectomy is available to appropriate patients within the Stroke Unit in University Hospital Kerry."

Cllr. Michael Gleeson

Emergency Endovascular Thrombectomy is a highly specialized procedure performed by Interventional Neuroradiologists to remove a blood clot from an occluded intracranial vessel in a patient with an acute stroke, restoring blood supply to the affected brain tissue. In Ireland this procedure is performed in two hospital sites; Beaumont Hospital and Cork University Hospital (CUH).

Within the agreed clinical pathways University Hospital Kerry stabilizes appropriate patients with Acute Strokes and then rapidly transfers them to either CUH or Beaumont Hospital for Thrombectomy. These clinical pathways are well worked out and are functioning well. To date this year, a total of '4' patients underwent Thrombectomy, following a transfer from UHK, and in 2019 a total of '10' patients underwent the procedure.

It is important to recognise that only a minority of Stroke patients are in fact suitable for the procedure and UHK is confident that no patient in the last 18 months, who should have had a Thrombectomy, failed to get one.

**Fearghal Grimes
General Manager
University Hospital Kerry**

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

Motion deferred to November 2020 Meeting

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

"Can HSE give an update when the out of Hours South Doc Services are restored to Listowel as these Services to the Listowel area are urgently needed."

Cllr Mike Kennelly

South West Doctors on Call Limited is an Out of Hours Family Doctor service for urgent medical care in Counties Cork and Kerry with its administrative headquarters and call centre in Killarney. It has a membership of over 500 GPs and a network of 26 treatment centres of which eight are overnight and supported by a fleet of 21 vehicles which are fully equipped for home visit situations.

It provides a service to a population of approximately 694,000 plus the 3.3M visitors to the area, and dealt with over 222,000 patient contacts in 2019. Although a number of these patient contacts were deemed to be emergency related, it is important to point out that while SouthDoc works closely with the Emergency Services is not the primary emergency service provider.

When a patient makes contact with SouthDoc, an electronic medical record is created which documents the patient's details, clinical category and progression through the service.

The Board of Directors of SouthDoc initiated a consolidated service delivery model on March 14, 2020 in response to the challenges posed by the emerging pandemic. The decision was based on clinical criteria to ensure the safety and welfare of patients, staff and doctors. In the interim all calls for North Kerry are being dealt with in the normal way with the patient electronic record being sent to the Tralee Treatment Centre where the Listowel and Tralee doctors are based. All patients have been dealt with and no patient has been without medical attention or care.

In the interim, SouthDoc has been liaising with the GPs in the North Kerry area and take on board their views in relation to the safe delivery of the out of hours service.

Since March the SouthDoc Board of Directors have been reviewing the consolidated service delivery model and continue to do so. At this time it is deemed prudent and appropriate that the current model remains in place. However, this is under constant review.

SouthDoc continues to deliver the service in response to the patient needs in a manner which assures safety, ease and equity of access and does not have any plans to alter the service in any way that would diminish this ethos. All patients are dealt with in accordance with their clinical needs.

Máire Hussey
General Manager
South West Doctors-On-Call Company Limited by Guarantee,

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

"That the HSE clarify what plans are in place to manage COVID during the winter period regarding capacity and, more specifically, if COVID numbers increase, how will elective services be managed in conjunction with emergency demands with regard to OPD waiting lists which increased due to curtailment during lockdown."

Cllr. Mikey Sheehy

Question No 5(f) on Agenda refers:

“Do the HSE have plans to utilise the private sector to alleviate OPD waiting lists which have increased due to COVID19?”

Cllr. Mikey Sheehy

The following is a joint response to Questions No. 4(d) and No. 5(f) above. The S/SWHG has put in place a comprehensive suite of measures to address existing and projected deficits in our acute services as a result of COVID-19. An integrated Winter Plan has been submitted for national approval. The plan involves increased acute hospital capacity, recruitment of additional staff across all disciplines and also new and innovative ways of working which will:

- eliminate overcrowding in our Emergency Departments/ED Trolley waits;
- create additional capacity;
- maintain access and egress across our hospital sites;
- maintain the elective and emergency caseload in our hospitals

Thus far the Hospital Group has maintained essential services, with particular attention to urgent and time critical Cancer treatments. The Hospital Group’s performance in this regard has been acknowledged by the National Cancer Control Programme (NCCP).

In addition to the Winter Plan and capital projects which will immediately address acute hospital capacity requirements, the S/SWHG is working with private hospital providers to maintain elective activity. This builds on work undertaken with partners in the private hospital sector during the Covid-19 lockdown when the S/SWHG achieved high utilization rates across our private hospitals.

In 2019 the South/South West arranged for 10,560 patients to be seen in either internal extra clinics or by private providers with NTPF funding prioritizing patients with long wait times.

Gerry O’Dwyer
Chief Executive Officer
South/South West Hospital Group

Notice of Motion 4(e) on Agenda refers:

“That we ensure that an out of hours wound care/ wound dressing provision is in place in Iveragh as soon as possible.”

Cllr. Norma Moriarty

Cork Kerry Community Healthcare Public Health Nursing Service provides the following wound care clinics:

Location	Monday	Tuesday	Wednesday	Thursday	Friday	Weekend
Waterville*	√					Essential
Caherciveen	√			√	√	Nursing
Killorglin	√		√		√	Care
Glenbeigh	√				√	
Milltown		√			√	

*Appointments are scheduled on other days as needs arise.

In addition to clinics provided Monday to Friday, the nursing teams undertake an assessment of essential nursing care that needs to be scheduled over a weekend.

The available resource is generally adequate to meet the wound care needs of those requiring this essential service. However, as with all services, the presence of Covid 19 in Ireland places substantial additional demands on the community nursing service.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“Despite assurances given that all Covid-19 testing would be completed within 48 hours at our last South East Committee meeting in Kilkenny, St Carthage’s Nursing home in Lismore Co. Waterford was left waiting for over 5 days for results. This caused added distress for the staff, residents and anxious relatives of the nursing home which required a lock-down situation to be re-imposed for this extended period. In this light, I request that the HSE present this meeting with the actual statistics for test completed within the targeted 48 hour over the last 2 months and the complete picture of time taken for all test results completed over this period.”

Cllr Jody Power

St. Carthage’s Lismore

St. Carthage’s Lismore is one of ten Supported Care Homes in HSE/South East Community Healthcare Organisation which provide accommodation and support services to older people with low to medium dependency levels. The residents cannot be maintained independently at home but do not as yet require nursing home care. The HSE acknowledges the roles provided by the Supported Care Homes in enabling older people to remain in the community, to prevent unnecessary admission to acute hospital; and also to reduce inappropriate admission to long stay residential care. The HSE provides Section 39 funding annually towards the operation costs of the Supported Care Homes.

Covid-19 and Testing

Since the onset of the Covid-19 pandemic, the HSE has worked tirelessly to develop a testing and tracing infrastructure with the aim of monitoring and reducing the transmission rate of Covid-19 in order to protect public health. There have been many complexities and challenges to the infrastructure that have needed to be considered and overcome. The process involved more than simply taking swabs; there are multiple layers to the process that impact on the end result.

Residential Settings

Residential / Congregated settings by virtue of their physical nature and the susceptibility of those living there are recognised by the World Health Organisation (WHO) and the European Centre for Disease Prevention and Control (ECDC) as involving higher risk of infection. In addition to ongoing infection control and prevention measures regular testing is also essential, ideally followed where necessary by contact tracing and effective isolation.

Serial Testing and Notification of Results

A national proactive programme of serial testing in residential services is being implemented across the country with a number of testing cycles completed to date.

- If an individual has tested positive for coronavirus (Covid-19), a member of the public health team will phone with the result.
- If the results are negative, testing results are notified back by text directly to the individual.
- With regard to serial testing, failed text messages may arise when the mobile phone number provided by the Health Care Worker is either an incorrect number or the mobile phone is switched off when the text attempt is made.
- In terms of notification process, once a text message fails to be delivered, it is then passed, within 24 hours to the secondary processing team who carry out a comprehensive finding exercise on each failed message over a number of days, culminating if necessary in a letter being sent to the address of the Health Care Worker with the result of the test. Typically it is expected that this process would take between 1 and 4 days to complete and issue the letter.
- Failed text messages may then have an impact on turnaround times for Covid-19 testing.

The HSE/South East Community Healthcare does not comment on individual circumstances / service providers in the interests of confidentiality for the individuals concerned.

The HSE continue to remain agile in our approach to testing, driving continuous improvement and striving to be as proactive as possible in our response.

Kate Killeen White
Chief Officer
South East Community Healthcare

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

“Can the HSE South please outline as to whether all Adult Disability Day Services in Cork have resumed as planned and as to what level of service they are currently Providing in comparison to pre-Covid levels of support, and when it is expected that full service will resume.”

Cllr Eileen Lynch

Disability Services, such as Day Services, for people with an Intellectual Disability or ASD are managed and delivered by external service providers via a service arrangement agreement. There are over 200 day services locations across Cork with 14 service providers.

Regrettably, due to Covid 19 crisis, Day Services and Rehabilitative Training Courses across Cork were severely impacted and resulted in either services ceasing operations on a temporary basis or services being offered in an alternative way to endeavour to support clients and families presenting with the highest risk. In the absence of a person’s day service, outreach support for the person was facilitated either in the home environment where staff would offer a person a choice of activities and support in line with his/her personal preferences or through group community support.

It is important to note that the COVID-19 crisis has impacted on the way in which services are currently delivered. The Disability Services have been working with our service providers to ensure the safe delivery of services as they resume, taking account of public health and infection control requirements. We have planned for reinstatement of services in line with the government roadmap on reopening the country along with the guidance from public health and infection control. The reinstatement required extensive planning and had to factor in the complexities and vulnerabilities of the people we support. This guidance requires services to be delivered differently to support people’s needs taking account of the maximum capacity achievable within day services to allow for continued social distancing measures to be observed within the challenges and restrictions arising from the presence of Covid 19 in Ireland. Furthermore, our service providers have been working to provide alternative supports and services which facilitate and maintain services that could be delivered safely; providing outreach and telehealth solutions, using technology where possible to meet the greatest needs and phone contacts and physical attendance to day service locations in priority cases. The Disability Services and service providers will continue to engage with service users and their families to plan for these changes as services continue to resume.

As Service Providers vary significantly in terms of size, quantum of people supported, building capacity and staffing resources, it is not possible to fully predict when traditional models of services will resume to their pre-covid levels. All agencies have advised Disability Services, Cork Kerry Community Healthcare that their day services are open 5 days a week but are operating on a reduced capacity to comply with social distancing and public health advice, and it is anticipated that this will be the case for the duration of COVID. Each agency is working to provide a level of service to all individuals who previously attended day service locations. The majority of service users are being supported at a minimum of 1-2 Days on site, with the remainder of their services being offered through a combination of services as indicated above. In regard to the 2020 School leavers and those commencing

Rehabilitation Training courses, the majority of these service users have commenced their services and the remainder will start in late September/ early October.

Additional resources of €1.5 million nationally have been provided for the provision of increased technology to enhance communications and engagement between services and attendees and it is anticipated that the Cork service providers and service users will benefit from this provision.

In these times of such uncertainty, it was imperative that the vulnerable members of our community remained supported by Disability Services and the Service Providers.

Disability Services is acutely aware that the Covid pandemic and cancellation of services has resulted in significant stressors being placed on families and individuals with disabilities across Cork Kerry Community Healthcare. We continue to engage with our Service Providers to ensure that the maximum possible service level is resumed and maintained, based on prioritising those with the greatest needs. Additionally, a new national portal has launched in recent days and can be found at www.hse.ie/newdirections. Information is available on the services opening in each Community Healthcare Organisation (CHO) by location and details the number of service users that will use the location on a daily basis. This will provide further clarification for people with disabilities and their families.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

QUESTIONS

Question No 5(a) on Agenda refers:

"As Arthritis in any of its various forms can be a very debilitating and expensive condition for individuals of any age category, to ask the HSE Forum South if an individual sufferer, is automatically entitled to a full Medical Card?"

Cllr. Michael Gleeson

Medical Card eligibility is primarily based on an assessment of means and is not granted on the basis of any particular medical condition, of itself, (except in limited cases).

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.

**Kieran Healy,
Head of Customer Service
Primary Care Eligibility & Reimbursement Service (PCERS),**

Question No 5(b) on Agenda refers:

"Can I please get an update on the HSE's Capital Plan to construct a new 60 bed Residential Centre (to replace the St. Anne's/St. Bernadette's/St. Benedict's wards) on a site adjacent to St. Patrick's Hospital in Cashel"

Cllr Declan Burgess

St. Patrick's Hospital in Cashel (and its associated facility at St. Anthony's Unit in Clonmel) is a South East Community Healthcare residential centre for older people and provides long stay, respite, dementia and rehabilitation services for South Tipperary. The planned new build 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.

To ensure the safety of the older people of South Tipperary that were living in St Patrick's Hospital Cashel during the current Covid-19 public health emergency, in consultation with the independent regulatory body the Health Information and Quality Authority (HIQA), to maximise infection control measures, arrangements were made for residents and staff of St. Patrick's Hospital to move on an interim basis to accommodation and ancillary facilities established at the nearby former Our Lady's Hospital building in Cashel. On 8th June 2020 South East Community

Healthcare completed the planned transfer of 49 residents from St. Patrick's Hospital to new facilities prepared at the former Our Lady's Hospital building in Cashel.

The present (21 bed) Rehabilitation Unit and Day Hospital on site at St. Patrick's Hospital and the (11 bed) St. Claire's Ward already located on the grounds of Our Lady's Hospital are not affected by the transfer.

With regard to the planned St Patrick's new build, HSE Estates have stated that this was discussed at the most recent Capital Review meeting where it was advised that St Patrick's remains on the HSE Capital Plan given the long term requirement for same.

In light of the recent move across to Our Lady's Cashel and the immediate need to provide replacement accommodation to Disability and Primary Care Services, the emphasis for the next year at least is to fit out the vacated part of St Patrick's building.

HSE Estates have advised that detailed design work for the upgrade / fit-out of the vacated buildings for Disabilities and Primary Care Services is currently ongoing.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question Item No. 5(c) on Agenda refers:

"Given the importance of a strong coordinated unified health service especially during the Covid 19 Pandemic, can the HSE outline what plans are in place with regard to the development of the Primary Care Units? Are they to be continued and if so how is their role to be defined?"

Cllr John Sheehan

Both Cork Kerry Community Healthcare and South East Community Healthcare have a Primary Care Unit. The role of these units is to cover all aspects of the provision and management of contracts for medical and allied services in the community. The PCUS also contribute to the strategic and operational management of primary care services in the CHO and this includes the development and implementation of the Community Health Network Model.

The role out of Community Healthcare Networks (CHN's), across 9 learning sites, includes the role of a GP Lead. The learning from the networks will inform the future configuration of liaison / engagement between the HSE and GP's as CHN's are rolled out across the country.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(d) on Agenda refers:

Question deferred to November 2020 meeting

Question 5(e) on Agenda refers:

“When will the New Primary Care Centre in Listowel be Officially opened to the Public and will all services be available.”

Cllr Mike Kennelly

The construction phase of the development of the Primary Care Centre (PCC) in Listowel is complete and has been handed over to the HSE. The commissioning and equipping stage of the development is progressing and once completed services will commence moving in to the PCC on a phased basis.

The following HSE services will be delivered in the new PCC in Listowel: Nursing; Physiotherapy; OT; SLT; Dietetics; Community medicine and Home Support Services. Other HSE services will have access to bookable rooms. It is anticipated that all of these services will have transfer into the PCC by the end of the 2020.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question No 5(f) on Agenda refers:

Taken with Notice of Motion 4(d) above

Question No 5(g) on Agenda refers:

“Can we have an update on a reopening date for Day services for the elderly at Caherciveen Community Hospital and that the required staff be approved and sourced if necessary to provide this vital service.”

Cllr Norma Moriarty

The spread of COVID-19 throughout our communities has posed significant challenges for many areas of our Older Person’s Services, particularly Day Care Services which ceased on the basis of Public Health advice at the outset of the Pandemic.

In Cork and Kerry preparatory work is on-going in advance of the reopening of Day Care Centres. A Framework for the resumption of Day Care Services for Older People has been issued with guidance relating to the safe reopening of day services for older people. A risk assessment of services is underway locally with a view to allowing day services to resume when it is deemed safe to do so and public health guidance can be maintained, regarding infection control and social distancing.

Dates have not been finalised for the reopening of Day Care Centres as Public Health advice is that it is not appropriate to do so at this time. However, engagement with Day Care attendees continues to ensure that their essential needs are addressed through other forms of Home and Community Supports.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question No 5(h) on Agenda refers:

“Can the HSE advise as to when Breast Check Services will resume and as to whether extra tests and necessary resources will be made available to compensate for the fact that tests have been stopped since March.”

Cllr Eileen Lynch

The population-based screening programme BreastCheck (routine screening of non-symptomatic clients within the population) has been paused on public health advice since 16 March 2020, due to the COVID-19 pandemic. BreastCheck have since been providing and supporting symptomatic breast services on behalf of our host hospitals, providing care, diagnostics, treatment and surgery for patients referred to the symptomatic service. This work is increasing capacity for screening participants to access treatment pathways when screening resumes and has also ensured that women with symptoms/higher risk categories have been prioritised to reduce the backlog of appointments for the symptomatic services that occurred due to Covid-19.

In addition to the above work BreastCheck has carried out, the HSE temporarily redeployed many BreastCheck clinical and administrative staff and resources in the response to COVID-19. These are now returning back to their original roles.

BreastCheck is in the final stages of planning necessary to resume screening on a phased basis in September/October. This includes:

- a new and more structured approach to scheduling appointments
- a new process, which includes the use of new technology, for notifying women of their appointments during COVID-19
- priority invites issued to those waiting longest
- reduction in capacity for screening due to social distancing and potential staff limitations due to COVID-19
- upgrades required in static units to ensure they adequately meet any infection control requirements and physical distancing guidelines
- upgrades to mobile screening units to ensure they adequately meet any infection control requirements and physical distancing guidelines
- developing key communication material around resumption

There is no international standard for the frequency of screening e.g. BreastCheck in Ireland screens more frequently than many European countries; in the UK screening is every three years. The pause in screening, combined with COVID-19 restrictions, means that it will take us some months to catch up.

As screening restarts, we are ensuring all parts of the system have sufficient capacity to process each part of the patient pathway. We are taking safety measures to protect both patients and staff, such as social distancing measures and face coverings. This can mean that appointments may take longer and that it may also take longer to get an appointment. We will continue to follow Public Health guidelines. The health and safety of our patients and staff is priority.

BreastCheck is a service for women without symptoms and we continue as always to urge all women who have any concerns or symptoms concerning their breasts to contact or attend their GP as soon as possible to ensure that they are given the appropriate advice regarding referral regarding to a symptomatic clinic for breast symptoms as symptomatic services are fully operational.

Dr. Alissa Connors
Clinical Director
BreastCheck

MOTION AND QUESTION RESPONSES

FORUM MEETING
19th November 2020

MOTIONS

Notice of Motion 4(a) on Agenda refers:

“Patients in Dungarvan and its surrounding districts may be referred to hospitals in Waterford, Clonmel or Cork, and may come under the care of consultants and teams in one of several hospitals. This can present a difficulty for patients attending clinics at one hospital, who in an emergency are taken by ambulance to another hospital due to National Ambulance Service protocols. This can interrupt continuity of care and may often result in a patient being transferred from their emergency destination hospital to the hospital at which they have been receiving treatment.

What are the protocols with respect to identifying destination hospital for emergency ambulance calls?

Is the closest hospital with an emergency department indicated in all cases?

Can a patient or a patient’s next-of-kin choose the destination hospital based on ongoing treatment at a particular hospital?

Is it possible for a GP or consultant to stipulate the preferred destination hospital for their patient in the event of an emergency?

Is there scope for flexibility and for informed decision making in the best interests of the patient, especially in situations where the difference in travel time between hospitals is a matter of minutes?

ClIr Conor D. McGuinness

The National Ambulance Service (NAS) is the statutory Pre-Hospital emergency and intermediate care provider for the State. The NAS will generally bring emergency patients (112/999 calls) to the nearest Emergency Department, unless the patient meets the criteria for specific clinical bypass pathways. For example, seriously injured patients will be brought to hospitals that are designated trauma receiving hospitals. In addition, children will only be transported to hospitals with on-site paediatrics and maternity patients will only be brought to hospitals with on-site obstetrics.

It is important to note that when patients attend a certain hospital for specific reasons, that this hospital may not be the most appropriate for the patient’s current clinical condition when the NAS are treating them. In addition, some hospitals may not be available to take patients for an agreed time line and may have made arrangements with a neighbouring hospital to take some or all of the patients it would normally review/admit.

In these circumstances the NAS would be advised of this arrangement by the hospitals themselves. A hospital may also have to introduce additional by-pass protocols of their own hospital due to a sudden unexpected incident such as an electricity outage etc.

The clinical advice of General Practitioners (GPs) at an emergency scene will always be taken into consideration. However, if it differs from existing NAS protocols as described above, then it may not be followed.

In addition, a GP can request a patient to be brought to a particular hospital destination in a non-emergency situation, provided the GP has made pre-arrangements with the destination hospital's Consultant and staff for this particular patient. Even when these arrangements are fully confirmed and made prior to the arrival of the NAS, if the patient's condition deteriorates while en-route to the agreed hospital then the Ambulance Crew may decide to bring the patient to the nearest appropriate hospital to stabilise the patient.

With regard to Consultants, a request would need to be submitted via correspondence by the treating Consultant (not by an NCHD {Senior Registrar, Registrar or Senior House Doctor etc.} or any other member of the Consultant's team). On receipt of such a request, the NAS Clinical Director would then consider it in the light of the clinical issues identified. When a Paramedic Crew arrive at an emergency scene, they immediately seek a history of the current incident, provide Pre-Hospital treatment and care to the patient and transport them to hospital. Depending on the severity of the condition/injuries to the patient the Crew.

Martin Dunne
Director
National Ambulance Service

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

"Despite assurances given that all Covid-19 testing would be completed within 48 hours at our last South East Committee meeting in Kilkenny, St Carthage's Nursing home in Lismore Co. Waterford was left waiting for over 5 days for results. This caused added distress for the staff, residents and anxious relatives of the nursing home which required a lock-down situation to be re-imposed for this extended period. In this light, I request that the HSE present this meeting with the actual statistics for test completed within the targeted 48 hour over the last 2 months and the complete picture of time taken for all test results completed over this period."

Cllr Jody Power

St. Carthage's Lismore

St. Carthage's Lismore is one of ten Supported Care Homes in HSE/South East Community Healthcare Organisation which provide accommodation and support services to older people with low to medium dependency levels. The residents cannot be maintained independently at home but do not as yet require nursing home care. The HSE acknowledges the roles provided by the Supported Care Homes in enabling older people to remain in the community, to prevent unnecessary admission to acute hospital; and also to reduce inappropriate admission to long stay residential care. The HSE provides Section 39 funding annually towards the operation costs of the Supported Care Homes.

At the time of update, residential care settings are completing their 5th cycle of serial testing.

Covid-19 and Testing

Since the onset of the Covid-19 pandemic, the HSE has worked tirelessly to develop a testing and tracing infrastructure with the aim of monitoring and reducing the transmission rate of Covid-19 in order to protect public health. There have been many complexities and challenges to the infrastructure that have needed to be considered and overcome. The process involved more than simply taking swabs; there are multiple layers to the process that impact on the end result.

Residential Settings

Residential / Congregated settings by virtue of their physical nature and the susceptibility of those living there are recognised by the World Health Organisation (WHO) and the European Centre for Disease Prevention and Control (ECDC) as involving higher risk of infection. In addition to ongoing infection control and prevention measures regular testing is also essential, ideally followed where necessary by contact tracing and effective isolation.

Serial Testing and Notification of Results

A national proactive programme of fortnightly serial testing in residential services is being implemented across the country with a number of testing cycles completed to date.

- All results are now delivered by text to the individual (positive or negative) - October 2020
- In general (assuming all information submitted is correct) the turnaround time for serial testing is approximately 24-48 hours.
- If an individual has tested positive for coronavirus (Covid-19), national contact tracing make contact with the individual.
- With regard to serial testing, failed text messages may arise when the mobile phone number provided by the Health Care Worker is either an incorrect number or the mobile phone is switched off when the text attempt is made.
- In terms of notification process, once a text message fails to be delivered, it is then passed, within 24 hours to the secondary processing team who carry out a comprehensive finding exercise on each failed message over the following 24 hours, culminating if necessary in a letter being sent to the address of the Health Care Worker with the result of the test. Typically it is expected that this process would take between 1 and 4 days to complete and issue the letter.
- Failed text messages may then have an impact on turnaround times for Covid-19 testing.
- Incorrect test labelling/packaging by the specific nursing home will also impact on test processing.

The HSE/South East Community Healthcare does not comment on individual circumstances / service providers in the interests of confidentiality for the individuals concerned.

The HSE continue to remain agile in our approach to testing, driving continuous improvement and striving to be as proactive as possible in our response.

Updated November 2020

Kate Killeen White
Chief Officer
South East Community Healthcare

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

“That HSE Forum South would give an update on the Dental service in County Kerry and clarify if it has returned to providing a full service to schools and to entitled members of the public. That the Forum would further inform the members of the extent of the waiting lists for both levels of this very vital service.”

Cllr Michael Gleeson

Since the onset of the Covid pandemic activity levels within Dental Services have been reduced as additional health & safety and infection controls measures were required to be put in place in order to safely manage staff and patients during the pandemic. Since late October, all dental clinic locations have re-opened and all re-deployed staff have returned to their substantive posts within our Dental Services. The October Key Performance Indicators suggest that the service is currently operating at 50% of normal levels.

For Emergency care, there is no waiting list. Patients are seen on the day, or early the following morning if they make contact late in the day.

The School Screening Service (6th class and 2nd class students) expects to run 12 months behind target due to clinics being suspended from mid-March to June 2020 due to the lock down restrictions implemented as part of the nation’s response to the Covid pandemic.

The Inhalation Service (Relative Analgesia) via Dental in OPD at UHK is on target, providing a regular service, with 15 children on the waiting list.

The General Anaesthetic (GA) wait list at UHK, for extractions, has 126 children. The waiting period for some children, is 18-24 months and prioritisation criteria are in place.

For Special needs patients there are currently 41 children/young adults on the wait list. These clients need to be treated in a hospital setting and this was delayed in 2020 due to delay in access to hospital theatre, however services resumed in September 2020 with access to theatre in Mallow General Hospital.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“To ask the HSE to give a timeline for the provision of the 30 additional beds for acute care in St Michael’s unit at South Tipperary General Hospital.”

Cllr Roger Kennedy

South Tipperary General Hospital Management can advise the following in relation to the former St. Michael’s Unit on the campus of South Tipperary General Hospital. In conjunction with acute services, HSE Estates are undertaking refurbishment of this Unit to make it appropriate for delivery of inpatient acute medical/surgical care within the demands of the service created by the COVID-19 pandemic. Work remains ongoing at present to ensure it complies with the necessary standards to provide such care, currently there is extensive external works required and this is expected to take 12 weeks approximately, also there are internal refurbishments to be undertaken.

Recruitment is ongoing at present, it is not possible at this stage to identify the timeline but it is expected that the unit will be operational in Q2 2021.

Maria Barry
General Manager
South Tipperary General Manager

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

“That this forum supports my call for the South/South West hospital group and the HSE to address the extremely worrying 'routine' waiting list at UHK for rheumatology as a matter of urgency. This waiting list is one of many OPD lists that have expanded and increased over time with the COVID19 pandemic adding to the strain on current resources. All supports and resources that can be possibly be utilised should be explored.”

Cllr Mikey Sheehy

COVID 19 has indeed place additional constraints and challenges upon all services offered at University Hospital Kerry. Particularly and as is the case across all acute hospitals, outpatient wait times have been impacted upon. The initial reduction/postponement of many of these clinics has had a direct impact of increasing all waiting lists by between 10 and 20%. Acknowledging this and specifically in relation to the Rheumatology service, University Hospital Kerry (UHK), is currently in close

liaison with the NTPF and the South/South West Hospital Group (S\SWHG) to ensure those longest waiting are seen sooner than they otherwise might be. In relation to the rheumatology clinical team, UHK has indeed bolstered this over the last two years.

The consultant support has increased from 0.5 to 1.0 WTE and we are currently processing an additional nurse to support this team. We acknowledge that there is increasing demands for these services here in UHK and we are currently working with our colleagues in the SSWHG and Cork Kerry Community Healthcare to plan and resource services to meet this demand in the years ahead, in line with the 'Model of Care' document.

With regard to physical infrastructure, we are pleased to advise that in order to decongest the existing footprint of UHK, plans are well underway to acquire additional campus at 'Centre Point' in Tralee for specific services. Rheumatology is amongst those services which are under consideration to relocate at Outpatient level to Centre Point over the coming months. Such a proposal would allow for dedicated 'rheumatology' clinical and support rooms sufficient to meet current and future demands, either in the town centre development or in the vacated space here in UHK.

The Regional Health Forum members can be assured of the support and resolve of UHK in ensuring that the local service is resourced appropriately and expediently to provide this essential service to the population of Kerry.

Fearghal Grimes
General Manager
University Hospital Kerry

Notice of Motion 4(f) -Paediatric Physiotherapy Appointments

"Can the HSE advise as to when public health Paediatric Physiotherapy appointments in the Cork Kerry Region will resume having ceased at the commencement of Level 5 due to redeployment of service providers without notice to services users."

Cllr Eileen Lynch

Response:

Cork Kerry Community Healthcare (CKCH) continues to redeploy various staff grades to deal with population needs, through testing facilities, during this on-going pandemic. A national recruitment campaign was initiated in September 2020 to achieve a bespoke sustainable workforce to enable full return of Health and Social Care Professionals, including physiotherapy staff, to core duties. In addition to the national recruitment campaign, CKCH also recruited some supplementary staffing in a local campaign.

The national and local recruitment campaigns delivered an initial cohort of swabbers who took up post in early October. Unfortunately, this coincided with an increase in

testing demand which culminated in current level 5 restrictions being implemented. This, in combination with the pace of recruitment, has meant that CKCH is only now in a position to begin a prioritised release of staffing.

The release of staff to return to their core roles is taking place on a prioritised basis. The initial prioritisation of the staff release schedule is focussed on facilitating hospital discharge and admission prevention, and thereafter on paediatric services.

CKCH will continue to release staff accordingly in proportion to the rate of new recruitment and completed induction contingent on emerging Covid demand.

The Physiotherapy services continue to provide services through a number of channels i.e. Telehealth and clinic appointments.

Cork Kerry Community Healthcare is fortunate to have a workforce that is prepared to move and change to meet the needs of the communities they serve.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

QUESTIONS

Question 5(a) on Agenda refers:

“Many full-time and retained firefighters have undertaken first responder training. Will the HSE engage with local authority fire services with regard to the latter providing First Responder services in their locality? Could local authority fire services be covered under the National First Responder Network scheme for training, deployment and insurance purposes?”

Cllr Conor D. McGuinness

All firefighters and their efforts to continually support the NAS in providing patient centred care. The NAS currently operates under a national command structure while each respective fire service operates on a local authority basis. To this end, deployment of fire services is solely the responsibility of the respective Chief Fire Officer. The NAS continually engages with fire service personnel across a multitude of counties through the divisionally appointed Community Engagement Officers (CEOs).

The NAS maintains strong working relationships with multiple statutory agencies including local fire authorities whom currently provide 'Fire Service First Responder' support roles in attending Out-Of-Hospital Cardiac Arrest (OHCA) events in their respective localities. The NAS greatly appreciates these units and provides supports when requested to do so under the auspice of a dedicated policy – 'NASCG008 Fire Service First Responder Schemes'.

<http://www.nationalambulance.ie/Clinical%20Care/Clinical-Directives-Advisories/NASCG008-Fire-Services-First-Responder-Schemes-Policy.pdf>

This policy is currently under review for update in December 2020 and outlines the current roles and responsibilities of each respective service. The policy also outlines the possibility of gaining training support should it be required – Section 6.1.3 Roles & Responsibilities of the NAS, Section 7.4 Training.

Deployment of fire services to attend certain types of incidents is demonstrably effective in a number of areas across the country however agreement and on-going support from Chief Fire Officers or Designate other, is required.

In respect of Insurance cover, all authorised NAS Community First Responder personnel maintain clinical liability protections from the State Claims Agency in respect of clinical scope of practise and treatments rendered.

Martin Dunne
Director
National Ambulance Service

Question 5(b) on Agenda refers:

“Would the HSE please inform if it has given any further consideration to my request at the February 2020 Forum meeting to accept responsibility for the payment of the Salaries of the two [2] additional Motor Neuron Nurses who are at present funded from money raised by charitable pursuits? Raising money in such a manner has of course now become almost impossible because of Corona Virus restrictions.”

Cllr Michael Gleeson

Further to the question from Cllr Michael Gleeson, Kerry County Council on the November 2020 Regional Health Forum, I can confirm that the HSE continues to fund 3 WTE Specialist Nurses (including 2 additional WTE in 2019) who are dedicated to the National MND centre in Beaumont which provides a services to up to 80% of MND patients in the country and also provides an outreach service. The Multidisciplinary (MDT) team at Beaumont Hospital works closely with specialist nurses funded by the Irish Motor Neurone Disease Association (IMNDA) and has strong links with satellite clinics in Cork and Galway. We are not aware of any funding request from the IMNDA in this connection.

Carol Ivory
Office of the National Director,
Acute Operations,
HSE

Question 5(c) on Agenda refers:

“Can the HSE please provide an update on the Jigsaw project commencement and establishment in Tipperary?”

Cllr Declan Burgess

Jigsaw is an early intervention, primary care service and provides a range of free mental health services and supports to young people. The Jigsaw youth mental health service model provides mental health supports to the following:

- Young people aged between 12 and 25 years.
- Parent/guardian/concerned adult looking for mental health support or advice for a young person
- A health professional looking for mental health support or advice for a young person

I am aware of the interest in Jigsaw in Tipperary which as you know crosses two health areas (HSE South East Community Healthcare and HSE Mid-West Community Healthcare) since the formation of the combined Local Authority.

In 2018, an independent evaluation of the Jigsaw Service model (commissioned by the HSE) was completed, concluding that “the Jigsaw youth mental health service model is focused and robust, delivering evidence informed approaches”, and that “a plan for future development/ expansion of the Jigsaw model should be considered”. Following on from the publication of this report, Jigsaw and the HSE national office examined the options for further development of the Jigsaw network, against clear criteria. In 2019 additional funding was allocated nationally for the development of a new Jigsaw service to assist in responding to youth mental health needs. With this in mind HSE Mental Health Services commenced the process for development of new Jigsaw services in the Tipperary area.

I am advised that Jigsaw remains committed to establishing its service in County Tipperary. In this regard, it is understood that Jigsaw is pursuing specific premises in Thurles Co. Tipperary and hope to secure this in the near future. The Covid-19 emergency has hampered the process somewhat in recent months. As is normally the case in such situations, there are commercial sensitivities around such negotiations (exact location, rents, et cetera) that need to be protected.

Local engagement, commitment and encouragement of a collaborative model for young people is essential to the successful development of Jigsaw. The HSE welcome the Jigsaw initiative and will continue to engage with national and local partners as necessary.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(d) on Agenda refers:

“Can you please provide an update on site of Tullow Primary Care Centre”

Cllr John McDonald

Tullow Co. Carlow 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, Physiotherapy, Dental, Speech and Language Therapy, Occupational Therapy, and Dietetics.

There will also be capacity for visiting clinicians to hold sessional services i.e. Psychology, Chiropractic, Counselling, Area Medical Officer, Chronic Disease Management, et cetera.

The HSE have commenced the process of the development of the Primary Care Centre in Tullow, Co. Carlow.

To date, the HSE has received a number of Expressions of Interest from developers and the Schedule of Accommodation is currently being drawn up. It is hoped to commence construction in Quarter 1, 2021.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 5(e) on Agenda refers:

“To request that the members be given a date when St Brigid’s Hospital Carrick on Suir will reopen, now that Covid-19 numbers are in decline. This hospital provided much needed step down facilities and palliative care beds and was a vital service for Carrick on Suir and its hinterland.”

Cllr Roger Kennedy

In the current Covid-19 pandemic public health emergency, St. Brigid’s Hospital was designated as a Covid-19 step down facility to support flow from the acute hospitals in the region. As the demand for Covid-19 step down beds was not required to the level as predicted during the initial Covid-19 pandemic, SECH utilised the staffing

resource from St. Brigid's to meet competing demands and priorities in the South Tipperary area. These arrangements have been kept under review - there remains a critical requirement for staff elsewhere in community healthcare services at this time. South East Community Healthcare appreciates the commitment of the excellent team of staff associated with St. Brigid's in taking up redeployment in Covid-19 related roles in community healthcare services.

Arrangements are in place for patients requiring convalescent, emergency respite and palliative care to be accommodated elsewhere in the HSE's community healthcare services in the South Tipperary area.

As services resume, prevailing public health guidance and social distancing requirements will have an impact on service capacity across the system and particularly in our residential and short stay inpatient units. There is an absolute requirement to ensure that strict infection prevention and control measures are implemented across services and that services are delivered in appropriate physical environments that enable adequate social distancing measures at all times, in line with Public Health recommendations.

I wish to advise you that SECH is therefore assessing and reviewing all services and the physical environments that those services are operating in, to determine what actions are required, if any, to enable the safe resumption of services, in line with current guidance.

With regret, SECH is not currently in a position to advise as to when services will resume at St. Bridget's as service resumption is dependent on the management of Covid related activity within the region along with the need to be assured that services at St. Brigid's can safely resume in a manner which is compliant with prevailing public health guidance and Infection, Prevention and Control guidance.

I wish to re-assure you that patients who require convalescent, respite and/or palliative care services continue to be supported in alternative settings at this time.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(f) on Agenda refers:

"Have management at UHK initiated an independent exit questionnaire across all hospital services for staff leaving the HSE, transferring within the HSE and retiring? If UHK management have not initiated such an independent review will they do so now?"

Clr Mikey Sheehy

Currently exit interviews are conducted at departmental level for all staff leaving. I as Hospital Manger, monitor staff turnover in all departments. Plans are in place to expand our HR department at which stage a formal process whereby all those leaving posts are interviewed by HR, will be put in place.

Fearghal Grimes
General Manager
University Hospital Kerry

Question Item No 5(g) on Agenda refers:

“Can the HSE please provide clarification and timeline as to when a new GP will be allocated to Macroom town, Co Cork. There are currently four surgeries in the town which are serviced by 6 GP’s. Since the retirement of one GP in September 2019, one of those four surgeries has been ran continuously by locum/agency GP’s without a permanent GP being appointed. Can the HSE outline what measures are currently being taken to appoint a permanent GP. This has led to a situation whereby no surgery in the town is currently taking on patients and with the construction of upwards of 100 Social Houses to be completed in the town in the first quarter of 2021; there are no medical services available to any new residents.”

Cllr Eileen Lynch

the HSE has provided a GP locum for the practice to ensure continuity of service for GMS patients since the Single handed GP retired from their practice on the 16th September 2019.

The same doctor has provided the locum service throughout that period of time (apart from annual leave cover). All other practice staff remained in place. The practice has therefore been maintained by the HSE and it continued to provide services to the GMS patients on the retired GPs list. This will continue until a new GP takes up the contract.

The post was advertised nationally and internationally on four occasions, the most recent being in June 2020. Due to challenges in the availability of GPs, this has been a difficult contract to attract GPs to. However, a successful candidate has been offered the position and the HSE are in regular engagement with the candidate with the aim to progress successfully to contract stage.

It is not possible to amend the terms and conditions of GMS post. The capitation fees etc. which are payable are nationally agreed and governed by legislation. As you are aware, the revised GP agreement came into effect from the 1st July 2019 and in time it is hoped this will attract and retain GPs. To make the contract more attractive, the HSE also work on an on-going basis with SouthDoc to ensure sustainable Out of Hours supports are in place for GPs in Macroom.

Outlined below is the number of GP's operating in the following catchment areas- Millstreet, Macroom, Coachford, Ballyvourney & Cloughduv 2014 v's 2019.

2014 - 2019 GMS GP's		
	2014	2019
Millstreet	2	3
Macroom	6*	6
Coachford	1	1
Ballyvourney	1	1
Cloughduv	1	1

*One GP retired in September 2014.

All GPs as independent contractors have autonomy when deciding to accept or not accept patients (public or private) on to their panel.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question 5(h) on Agenda refers:

"That HSE SSWHG instigate forthwith a communication protocol in all hospitals to ensure that when a patient test results are produced that they are recorded at the hospital and communicated to all professionals in that patients care plan, in a reasonable timeframe. The communication process must include check and fail-safe process to ensure full and timely compliance."

Cllr. Jody Power

Whilst recognising that this is an area of potential risk to the organisation, the South/South West Hospital Group can confirm that within our Acute Hospitals, there are processes and protocols in place to ensure the effective communication of clinical information including patient tests and results.

These processes and protocols include both internal stakeholders and external care providers including General Practitioners. They are in place to ensure that we co-ordinate with other organisations that may be involved in the patient's care, thereby, ensuring that the patient's treatment is timely, safe and effective.

The sharing of clinical information which is collected by a doctor or other healthcare professional or staff member authorised to process data, is passed on to others within the HSE or externally in line with the relevant legislation including GDPR

guidance, i.e. once the clinical information is considered necessary for the health or social care needs of a patient.

**Dr. Orla Healy,
Group Chief Operations Officer,
South / South West Hospital Group**

MOTION AND QUESTION RESPONSES
(There were none at this meeting as it was an AGM only)

FORUM MEETING
9th of December 2020

MINUTES OF MEETINGS HELD IN 2020

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 20th February 2020 at 2pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr Pat Barden
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Peter Cleere
Cllr John Coonan
Cllr Davy Daniels
Cllr Pat Dunphy
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Willie Kavanagh
Cllr Niall Kelleher
Cllr Roger Kennedy
Cllr Mike Kennelly

Cllr Donal Kenny
Cllr Mary Lenihan Foley
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Conor McGuinness
Cllr Richie Molloy
Cllr Norma Moriarty
Cllr Katie Murphy
Cllr Sean O'Donovan
Cllr Jody Power
Cllr Mikey Sheehy
Cllr Ted Tynan

Apologies:

Cllr Danny Collins
Cllr Mark Fitzgerald
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 Health Organisation
Mr Nicky Glynn, Chief Ambulance Officer, NAS
Dr Augustine Periere, Director of Public Health, HSE South
Members of the HSE South Forum Office staff

Cllr Ted Tynan through the Chairperson Cllr Arthur McDonald requested a to discuss a "Matter of Urgent Importance" in relation to a serious assault on a patient at Cork University Hospital and as it had arisen since the Regional Health Forum deadline for receipt of Notice Of Motion/Questions. Cllr. Tynan was advised that a written reply could be provided to him and he could raise at the next Forum meeting.

1. Adoption of the Minutes of the previous Meeting held on Thursday 21st November 2019

On the proposal of Cllr Roger Kennedy, seconded by Cllr Davy Daniels, the Minutes of the Forum meeting held on Thursday, 21st November 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:

- (a) South East Committee Meeting held on 21st April 2020 in Kilkenny
- (a) South West Committee Meeting held on 23rd April 2020 in Tralee

4. Presentation on Nursing Home Support Scheme (Fair Deal).

5. Notices of Motion

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

"Can The HSE give an update on the completion of the Primary Healthcare Centre in Listowel and to list all the services to be available and are these positions being advertised or indeed filled."

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

Cllr. Kennelly thanked Mr. Reaney for his written reply and noted the positive reply. Mr. Ger Reaney acknowledged that the building will be important for the provision of both current and future services and one where staff can work together in a more integrated manner. Such developments are aligned to Slaintecare and the National Service Plan 2020. There was a query in relation to the role of community medical doctors which was clarified by Mr. Reaney - these community based medical practitioners mostly work in the area of child health, school immunization programmes and public health. Cllr. Kennelly asked about the provision of Child and Adolescent Mental Health Services (CAMHS) Mr. Reaney outlined the provision of CAMHS Services in Kerry and highlighted the challenges in recruiting CAMHS

Consultants both locally and nationally. Mr. Reaney stated that CAMHS are multi-disciplinary teams comprising a range of disciplines and that their work will continue. He advised that Cork Kerry Healthcare continue to prioritise children within available resources.

(b) Cllr Michael Gleeson moved the following Motion, standing in his name:

"That the HSE South calls on the HSE and the Department of Health to pay the salaries of the four Nurses employed by the Irish Motor Neurone Disease Association [IMNDA] as they are at present paid from money raised by means of voluntary donations to the IMNDA. These extremely dedicated Nurses cover extensive areas and save the State considerable expenditure by ensuring the sufferers can remain in their own homes for most of their illness."

A written response from Mr Ger Reaney, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Gleeson thanked Mr Reaney - he then highlighted that there were 360 people in Ireland living with Motor Neurone disease in the County of Kerry. This is a horrific condition affecting a person's brain and nerves that gets worse over time. Cllr. Gleeson stated that the recruitment of 4 Nurses had been achieved through significant community fundraising efforts which included the ice-bucket challenge, through Fr. Tony Coote (RIP), raffles and the IMDA. Cllr Gleeson requested that the HSE meet with a deputation in relation to a funding application on behalf of IMDA. Cllr John Coonan stated that the Forum should give their unanimous support and fully endorse this request by Cllr Gleeson.

(c) Cllr Jody Power moved the following motion, standing in his name:

"Officially there are over 200 vacancies at University Hospital Waterford. In reality the situation is much more stark. UHW is the most under-staffed large hospital in the country according to HSE figures.

*. UHW is a 381 bed hospital with 2290 members of staff, serving a population in the South East of 520,000

*. Limerick University Hospital is a 455 bed hospital with 2814 staff members, serving a population of 400,000 in the Mid West.

UHW has 551 staff LESS than LUH although of comparable bed size but serving a greater population.

*. Cork University Hospital has 635 beds and 4051 staff — although 50% greater in bed size than UHW, but incredibly, 100% more staff.

Given the undisputed 2019 HSE figures above, clearly demonstrating the flagrant bias against UHW and the people of the South East, I call upon the South/South West Hospital Group to establish a working group without delay to correct the glaring imbalance in Medical Care afforded to the people of the South East. I anticipate that reasonable progress in this endeavour will be made in reasonable time and before the regional HSE reorganisation due in 2021."

A written response from Dr Ger O'Callaghan, Mr Ger Reaney and Ms Kate Killeen White was circulated to members and noted. Cllr Power stated that the people of Waterford are very supportive of their hospital and want to ensure that there are sufficient resources in terms of staffing and service provision. Cllr Power highlighted

the ongoing campaigns for service provision including the Hand on Heart Campaign (Hurling) and 24/7 Cardiac Care which partnered with Waterford F.C.

Cllr Daniels supported Cllr. Power's motion and also raised queries in relation to downgrading of University Hospital Waterford following the establishment of the Hospital Groups structure. He asked about plans for recruitment and for funding the CatLab. Cllr Conor McGuinness also supported this motion stating that services provided by staff at UHW are second to none and concerns in relation to recruitment and retention and the impact on waiting lists for patients across the South East. Other members to support this motion included Cllr John Coonan who highlighted vacancies across the country and concerns in relation the recruitment process and Cllr Pat Dunphy who also raised issues in relation to waiting lists.

Dr. Ger O'Callaghan responded by advising Cllr Power that the staffing figures outlined in his motion did not appear to accurate and comparable. He advised that there has been increase in both staff and budget allocation since the establishment of the Hospital Group in 2014. Dr. O'Callaghan acknowledged that the recruitment process is slow. Cllr Power he would review the figures he included in the Motion and revert.

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

"What measures have been planned and put in force by this Health Group to mitigate against the potential risks and possible hospital disruptions posed by the current strain of Coronavirus which has originated in China and have public health contingencies been finalised in this regard."

A written response from Dr Augustine Pereira, Director of Public Health was circulated to members and noted.

Cllr. Sheehy asked about the capacity of the public healthcare system (from hospital to general practice) to be able to respond to Coronavirus and also our level of preparedness for this. He also asked if there a sufficient supply of PPE in the service; How will the COVID patients be triaged; Is there sufficient lab capacity for testing; Is the lack of a respiratory specialist at UHK a concern considering COVID predominantly affects the respiratory system and finally he asked there sufficient ICU capacity. Dr Pereira outlined work at national level by the National Public Health Emergency Team, National Crisis Management Team and Regional Teams including the Winter Action Teams. He advised of ongoing work including the development of testing capability throughout the country. Cllr Power asked about cases that need to isolate and the capacity of the hospital.

Dr. Pereira advised that to date over 85 suspected cases have been tested and that we will continue to develop testing. Cllr Tynan asked about the need for PPE and whether there would be sufficient supplies for the health service to be able to deliver.

Dr. Ger O'Callaghan gave an update on the Hospitals i.e. there are 7 suspected cases in Cork University Hospital and 1 each in South Tipperary General Hospital and University Hospital Waterford. Public Health has been notified of suspected cases. He advised members of arrangements in place included decontamination room and facilities in CUH. Dr O'Callaghan stated that the Ambulance Service is well placed and that Respiratory Consultant and Infectious Disease Consultant are involved.

Ms. Killeen White advised members that there are currently no cases across community. From a management perspective there is ongoing work across the system in relation to Coronavirus.

(e) Cllr Audrey Buckley moved the following motion, standing in her name:

"There are an estimated 9,000 to 11,000 AEDs nationally, so you would assume that if you were having a heart attack a working serviced AED would not be far away. This is not the case. When a local community or sports group buys and inputs an AED it is this volunteer group that is responsible for maintaining and servicing the AED. Volunteers come and go and AEDs are not being serviced and maintained properly, it is an oversight that needs to be addressed. It could be a life that could be at risk because an AED was not serviced or maintained. This is of great concern to people and we need to address the servicing and maintaining of our AEDs. The location could be addressed with an App! Inaccessibility to an AED is a factor with some locked in cabinets, who has the key! An AED battery needs to be replaced every 3 to 5 years, the electrode pads have a life shelf of 2 to 3 years. A potential asset we have in communities. Could one of the local Agencies have access and be involved in checking and maintaining them? Can we ask that question? As once AEDs are installed no one organisation is responsible for them and someone should have that responsibility, after all it could be a life and death situation."

A discussion was held in the Chambers. Cllr. Buckley advocated for a standard national system. Mr Nicky Glynn National Ambulance Service advised that there were currently 1500 registered defibrillators on the system. He advised that he was unsure whether any one person could take responsibility for all AEDs and that community involvement is key.

(f) Cllr Roger Kennedy moved the following motion, standing in his name:

"When will an Audiologist be appointed in South Tipperary?"

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

Cllr Kennedy asked about waiting lists and the number of HSE Audiologists in the South East. Ms Killeen White replied that this is Regional Service and that clients are firstly prioritised by clinical need and then by date of referral. Ms. Killeen White advised that she would arrange for further information to be sent to Cllr Kennedy.

6. Questions

(a) Cllr. Michael Gleeson put forward the following question:

"As a new community hospital is planned for Killarney, can the HSE South inform if there are plans prepared or in preparation for the future uses of the existing Saint Columbanus Home, the adjacent Community Hospital and adjoining lands?"

A written response from Mr Ger Reaney was circulated to members and noted. Cllr Gleeson thanked Mr Reaney for his reply and asked him to confirm the date and

interaction with other agencies. The Community Nursing Unit will replace the District Hospital and the residential part of St. Columbanus. It is understood that a decision in relation to the planning permission is expected shortly.

(b) Cllr. Jody Power put forward the following question:

"Currently, there is a sporadic Cardiac Care facility at UHW due to the on-going maintenance programme now underway. The proposed 12 hour Cardiac Care facility is currently in a planning stage and not due on stream until Q1:2021. The required 24/7 Cardiac Care unit, much sought after and necessary, is but an unattainable aspiration at this stage.

Given the depressing state of Cardiac Care affairs in the South East at present, I request that you give urgent attention to Recommendation 3.4 of the Out-of-Hospital Cardiac Arrest report, to which the HSE is a party, and establish forthwith a strategy to allow the full-time Waterford Fire Service respond to Out-of-Hospital Cardiac Arrest emergencies exclusively. The required training and resources are at hand - all that's required is the leadership for its attainment. Your positive response to this request would be very much welcomed by all in the South East - 520,000 poorly served people."

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

Cllr Power indicated that he was not satisfied with the reply and why could the Fire Service in Waterford not be able to respond to cardiac arrests? Dr Ger O'Callaghan explained further that the Fire Service is within the remit of Waterford Local Authority.

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

"To ask this Forum to support paramedic staff working within the HSE who are essential to the delivery of frontline medical services. The service is now stretched to breaking point and staff from within need every support possible to continue to deliver this crucial service."

A discussion was held in the chambers. Mr. Nicky Glynn outlined how the model for Ambulance Services has changed with on-call being replaced by a full-time service across the South. He highlighted key elements of a modern ambulance service including staff, vehicles, central control, clinical governance. He outlined development in relation to staff education towards advanced paramedic roles. For the 5 years the Ambulance Service has recruited to capacity i.e. 110 per year. The service is strategically moving towards a Mobile Medical Service. With regard to Cllr Sheehy's query, Mr. Glynn advised that having a Central Control which knows where all vehicles are ensures that the nearest available resource is utilised in emergencies. Mr Glynn stated that increased clinical skills and governance levels have developed across the Ambulance Service. Performance will be monitored as part of the 2020 Service Plan. Cllr Niall Kelleher raised his concerns in relation to the availability and accessibility of ambulances for rural communities and the need for additional resources. Mr. Glynn replied stating that the current model is very dynamic deployment model and that the Control Centre is responsible for strategically placing vehicles. There will always be challenges where there are a number of service demands. Mr. Glynn advised of the training schedule for call centre staff and particularly in relation to categorisation of calls.

(d) Cllr. Roger Kennedy put forward the following question:

“When will the Landsdowne Road Agreement pay restoration for all Section 39 Agencies be funded and can the HSE give a commitment that HIQA requirements will be met financially by HSE for Section 39 Agencies?”

A written response from Ms Deborah Smullen, Ms Kate Killeen White and Mr Ger Reaney was circulated to members and noted. Cllr Kennedy asked why Section 39 agencies received cuts to funding as they were not part of FEMPI legislation.

Mr. Ger Reaney replied explaining that in line with government policy in relation to funding - Section 39 agencies are not considered public sector employees. By that nature commitments cannot be given outside government public pay policy. Ms Killeen White agreed stating that public pay agreements cannot be contradicted. Management advised that following the economic crash and the impact on public finances, it was necessary to apply savings across the healthcare system.

Ms Killeen White also outlined how some Section 39 agencies are also facing additional costs with HIQA requirements and that those agencies should continue to engage with the HSE.

7. Date and Time of next meeting – 26th March 2020 at 2pm in Council Chambers, County Hall, Cork.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 17th September 2020 at 2pm
Webex Meeting**

Present:

Cllr Pat Barden
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr John Coonan
Cllr Pat Dunphy
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Willie Kavanagh
Cllr Niall Kelleher
Cllr Roger Kennedy
Cllr Mike Kennelly
Cllr Donal Kenny

Cllr Eileen Lynch
Cllr Susan McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Conor McGuinness
Cllr Richie Molloy
Cllr Norma Moriarty
Cllr Brian O'Donoghue
Cllr John Sheehan
Cllr Mikey Sheehy
Cllr Ted Tynan

Apologies:

Cllr Pat Fitzgerald
Cllr Mary Linehan Foley
Cllr Michael McCarthy
Cllr Conor McGuinness
Cllr Jody Power
Cllr James Tobin

In Attendance:

Mr Gerry O'Dwyer, Chief Executive Officer, South/South West Hospitals Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen White, Chief Officer, South East Community Healthcare
Dr Anne Sheehan, Director of Public Health, HSE South West
Dr Carmel Mullaney, Director of Public Health, HSE South East
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 20th February 2020

On the proposal of Cllr John Coonan, seconded by Cllr Niall Kelleher, the Minutes of the Forum meeting held on Thursday, 20th February 2020 were approved and adopted by the members.

The Directors of Public Health (Dr Anne Sheehan for the South West and Dr Carmel Mullaney for the South East) provided public health updates on Covid-19 to Forum members. Both Directors outlined details for their respective areas in relation to Covid-19 cases, outbreaks, community testing and serial testing in residential settings and the expected increased Covid-19 activity over the Autumn and Winter months.

There were a number of questions from Regional Health Forum members. Cllr Mikey Sheehy asked about testing turnaround times and numbers of Covid patients in ICU in the hospital groups at present. Cllr John Coonan outlined the importance of local media to get messages across to people and communities. Cllr Niall Kelleher outlined the need for increased testing in the coming months with both Covid-19 and flu season.

In response to these queries, Mr. Michael Fitzgerald Chief Officer Cork Kerry Community Healthcare outlined the measures taking in the South West in relation to improved testing turnaround time and staff redeployment to testing.

Ms Kate Killeen White Chief Officer South East Community Healthcare also outlined to members the key response measures including scaling up of community testing to meet increased demand and winter proofing testing centres. Ms Killeen White advised on the ongoing serial testing activity and of pop-up test centres in response to specific needs. There is also a national recruitment campaign ongoing for community swabbing staff with the aim of facilitating staff returning to their substantive roles in line with service recovery planning. Both Mr. Fitzgerald and Ms. Killeen White expressed their gratitude to all staff involved in meeting testing demands. Cllr Michael Gleeson asked about the seasonal flu vaccine being made available free of charge. Michael Fitzgerald advised that a national announcement in relation to the overall flu vaccine initiative is expected shortly.

Mr. Gerry O'Dwyer CEO South/South West Hospital Group stated that the HSE Winter Plan and Covid-19 were very much present in media at this time. There were some specific queries in relation to the re-opening of schools and suspected cases which the Director of Public Health answered.

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 20th of October 2020

(a) South West Committee Meeting held on 22nd of October 2020

5. Notices of Motion

(a) Cllr. Michael Gleeson moved the following Motion, standing in his name:

“That the HSE would inform if the expertise to perform the sometimes vitally important acute intervention of a Thrombectomy is available to appropriate patients within the Stroke Unit in University Hospital Kerry.”

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

Cllr. Gleeson thanked HSE Management for this reply. He stated that there has been a long standing campaign for a stroke unit in University Hospital Kerry. With regard to stroke patients who require immediate care and are transferred from Kerry to specialist units, Cllr Gleeson hoped that these transfers take place promptly. Mr. O’Dwyer advised that stroke thrombectomy (the ability to remove a blood clot causing a stroke) is delivered in 2 sites nationally both of whom have the backup of neurosurgery services. To date all hospitals in South / South East have used Cork University Hospital or Beaumont Hospital who have excellent dedicated teams delivering these services. The Irish Examiner Book “Let’s Talk Stroke Awareness” was also referenced a copy will be sent to Regional Health Forum Members.

(b) Cllr Conor McGuinness moved the following Motion, standing in his name:

“Patients in Dungarvan and its surrounding districts may be referred to hospitals in Waterford, Clonmel or Cork, and may come under the care of consultants and teams in one of several hospitals. This can present a difficulty for patients attending clinics at one hospital, who in an emergency are taken by ambulance to another hospital due to National Ambulance Service protocols. This can interrupt continuity of care and may often result in a patient being transferred from their emergency destination hospital to the hospital at which they have been receiving treatment.

What are the protocols with respect to identifying destination hospital for emergency ambulance calls?

Is the closest hospital with an emergency department indicated in all cases?

Can a patient or a patient’s next-of-kin choose the destination hospital based on ongoing treatment at a particular hospital?

Is it possible for a GP or consultant to stipulate the preferred destination hospital for their patient in the event of an emergency?

Is there scope for flexibility and for informed decision making in the best interests of the patient, especially in situations where the difference in travel time between hospitals is a matter of minutes?” **Cllr Conor D. McGuinness**

This Motion has been deferred to the November 2020 Regional Health Forum Meeting.

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

“Can HSE give an update when the out of Hours South Doc Services are restored to Listowel as these Services to the Listowel area are urgently needed.”

A written response from Máire Hussey, General Manager, South Doc was circulated to members and noted. Cllr Kennelly was not entirely satisfied with the reply and stated that he still had queries on the matter. Michael Fitzgerald advised Cllr Kennelly that he will follow up on his particular queries and will arrange for a reply to issue to him.

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

“That the HSE clarify what plans are in place to manage COVID during the winter period regarding capacity and, more specifically, if COVID numbers increase, how will elective services be managed in conjunction with emergency demands with regard to OPD waiting lists which increased due to curtailment during lockdown.”

And

Q5 (f) Cllr Mikey Sheehy put forward the following Question:

“Do the HSE have plans to utilise the private sector to alleviate OPD waiting lists which have increased due to COVID19?”

A written response from Mr Gerry O’Dwyer, Chief Executive Officer, South/South West Hospitals Group was circulated to members and noted.

Cllr Sheehy thanked Mr O’Dwyer for his written reply. His concerns relate to the significant impact Covid-19 is having on outpatient appointments and elective surgeries and whether there were any plans to recruit additional staff and utilise private sector, national treatment purchase fund. Cllr Kennelly acknowledged the work undertaken in UHK in moving cancer patients as a protective measure.

Mr. O’Dwyer in response outlined the suite of measures and actions underway to improve acute hospital capacity. He outlined that there are plans to move a number of outpatient clinics off-site to other locations with the overall aim of decongesting hospitals. A consistent approach to the management of outpatient services is being taken across the Hospital Group. In some instances outpatient services are being relocated to primary care settings and other HSE Centres across the South West and South East.

Mr. O’Dwyer stated that the HSE is very mindful of those people waiting a long period of time and as a result are using both private hospitals and NTPF to seek to address this matter. He stated that the health service is working in a new environment and innovative approaches such as telemedicine are being expanded rapidly. Recruitment is ongoing to fill vacant posts and to improve services such as microbiology, disease management and infection control in hospitals.

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

“That we ensure that an out of hours wound care/ wound dressing provision is in place in Iveragh as soon as possible.”

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

Cllr. Moriarty thanked Mr. Fitzgerald for his detailed reply. She explained that the issue which led to her motion was a result of concern for an individual that took place over a weekend in relation to her wound and out of hours GP services and hospital accident and emergency services. Michael Fitzgerald requested that Cllr Moriarty submit further specific details on this case to him and he will follow up as appropriate. He advised that there are processes in place within the community for ‘planned known cases’. If this was a new case then the right thing to do at the time was to seek medical attention. Cllr Niall Kelleher stated that he also knew of another case where a patient was a late discharge from hospital on a Friday evening and required a dressing over the weekend. Mr. Fitzgerald advised that there are arrangements in situ between hospital and community to facilitate discharge but at times there may be a timing issue with same. Mr. Fitzgerald also asked Cllr Kelleher to forward these specific details and he will look into the matter further.

(f) Cllr Jody Power moved the following motion, standing in his name:

“Despite assurances given that all Covid-19 testing would be completed within 48 hours at our last South East Committee meeting in Kilkenny, St Carthage’s Nursing home in Lismore Co. Waterford was left waiting for over 5 days for results. This caused added distress for the staff, residents and anxious relatives of the nursing home which required a lock-down situation to be re-imposed for this extended period. In this light, I request that the HSE present this meeting with the actual statistics for test completed within the targeted 48 hour over the last 2 months and the complete picture of time taken for all test results completed over this period.”

This Motion has been deferred to the November 2020 Regional Health Forum Meeting.

(g) Cllr Eileen Lynch moved the following Motion, standing in her name:

“Can the HSE South please outline as to whether all Adult Disability Day Services in Cork have resumed as planned and as to what level of service they are currently providing in comparison to pre-Covid levels of support, and when it is expected that full service will resume.”

A written response from Mr Michael Fitzgerald was circulated to members and noted.

Cllr Lynch thanked Mr. Fitzgerald for his reply. She was pleased to see that some services had recommenced since August and stated that it was a matter of priority for all day services to resume. She asked whether the re-opening of day service is under continuous review and whether there would be additional funding (other than €1.5m allocated nationally for Computer, Technology Communications) allocated to assist day service providers with actions required in relation to Covid-19? Mr. Fitzgerald stated that the phased recommencement of day services was challenging

in the context of Covid-19. For the safety of service users and our staff that support them, the resumption of day service supports should be approached with extreme caution and must be underpinned by continued national guidance. The HSE is very concerned about loss of services to individuals. The HSE is continuing to review day service provision on a regular basis and is actively engaged with service providers and particularly in supporting them to utilise resources to maximise service user supports. The overall aim is to try and get as many day services operational in a safe manner.

6. Questions

(a) Cllr. Michael Gleeson put forward the following question:

"As Arthritis in any of its various forms can be a very debilitating and expensive condition for individuals of any age category, to ask the HSE Forum South if an individual sufferer is automatically entitled to a full Medical Card?"

A written response from Kieran Healy, Head of Customer Service, Primary Care Eligibility & Reimbursement Service (PCERS) was circulated to members and noted.

Cllr. Gleeson outlined that he had met with someone who had chronic arthritis who was unable to get a medical card. Mr. Fitzgerald advised that local community services do not decide on or approve medical card applications. This is managed centrally by the National Primary Care Reimbursement Service. There is a standard application process for medical cards with explicit criteria in relation to an individual's income and expenses. Although a chronic condition the diagnosis of arthritis does mean a person is automatically entitled to a medical card per se.

(b) Cllr. Declan Burgess put forward the following question:

"Can I please get an update on the HSE's Capital Plan to construct a new 60 bed Residential Centre (to replace the St. Anne's/St. Bernadette's/St. Benedict's wards) on a site adjacent to St. Patrick's Hospital in Cashel"

A written response from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr. Burgess thanked Ms. Killeen White for her reply and stated that he hoped that the planning issues can be progressed. He advised that he would keep this matter on the agenda.

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

"Given the importance of a strong co-ordinated unified health service especially during the Covid 19 Pandemic, can the HSE outline what plans are in place with regard to the development of the Primary Care Units? Are they to be continued and if so how is their role to be defined?" A discussion was held in the chambers.

A written response from Mr Michael Fitzgerald and Ms Kate Killeen White was circulated to members and noted. Cllr. Sheehan thanked HSE Management for their reply and also congratulated Mr. Fitzgerald on his new role as Chief Officer for Cork Kerry Community Healthcare. Mr. Fitzgerald advised members on the importance of GPs in relation to the Community Health Networks and population health.

(d) Cllr. Conor McGuinness put forward the following question:

“Many full-time and retained firefighters have undertaken first responder training. Will the HSE engage with local authority fire services with regard to the latter providing First Responder services in their locality? Could local authority fire services be covered under the National First Responder Network scheme for training, deployment and insurance purposes?”

This Motion has been deferred to the November 2020 Regional Health Forum Meeting.

(e) Cllr. Mike Kennelly put forward the following question:

“When will the New Primary Care Centre in Listowel be officially opened to the Public and will all services be available.”

A written response from Mr Michael Fitzgerald was circulated to members and noted.

Cllr. Kennelly asked for a specific timeline for the new Primary Care Centre to be opened and particularly in relation to Winter 2020. Mr. Fitzgerald responded stating that unfortunately he cannot give a definite guarantee at this time but confirmed that the Unit is progressing in a planned manner.

(g) Cllr. Norma Moriarty put forward the following question:

“Can we have an update on a reopening date for day services for the elderly at Cahersiveen Community Hospital and that the required staff be approved and sourced if necessary to provide this vital service.”

A written response from Mr Michael Fitzgerald was circulated to members and noted.

Cllr. Moriarty thanked Mr. Fitzgerald for the reply. She stated that the lack of day services was having a significant impact on service users and their families. People are deteriorating and families are under pressure. Cllr Moriarty asked when the review of day services would be completed and what timeframe can we expect services to recommence. Mr. Fitzgerald replied stating that the review is in relation to the readiness of day centres to re-open and what they specifically need to do to facilitate that re-opening. Mr. Fitzgerald re-iterated that any planned service resumption for Day Services for Older People will be completely dependent on Covid-19 activity and taking account of prevailing public health and infection control guidance. The key priority must be the safety of our service users, their families and our staff. Ms. Kate Killeen White agreed with Mr. Fitzgerald stating that Services for Older People are working really hard to ensure safe service delivery. We are risk assessing our services and must ensure that any action in relation to service resumption does in itself not generate further risks.

(h) Cllr. Eileen Lynch put forward the following question:

"Can the HSE advise as to when Breast Check Services will resume and as to whether extra tests and necessary resources will be made available to compensate for the fact that tests have been stopped since March."

A written response from Dr. Alissa Connors, Clinical Director, BreastCheck was circulated to members and noted. Cllr Lynch thanked HSE Management for this comprehensive reply and whilst she fully acknowledged the difficulties in service resumption, it would be critical for them to do so as soon as possible.

7. Date and Time of next meeting – 19th of November 2020, at 2pm.

The members thanked the HSE Managers in Community and Acute for their contributions to the Forum and for their continued hard work under such exceptionally difficult circumstances. The members also expressed their gratitude to Annette O'Connell for her continued supports with the Regional Health Forum.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 19th November 2020 at 2pm
Webex Meeting**

Present:

Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Peter Cleere
Cllr Danny Collins
Cllr John Coonan
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Roger Kennedy
Cllr Mike Kennelly
Cllr Donal Kenny
Cllr Eileen Lynch
Cllr Michael McCarthy

Cllr Susan McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Conor McGuinness
Cllr Richie Molloy
Cllr Norma Moriarty
Cllr Brian O'Donoghue
Cllr Ken O'Flynn
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy
Cllr James Tobin

Apologies:

Cllr Mary Linehan Foley

In Attendance:

Mr Gerry O'Dwyer, Chief Executive Officer, South/South West Hospitals Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen White, Chief Officer, South East Community Health Organisation
Dr Orla Healy, A/ Chief Operations Officer, South/South West Hospitals Group
Mr Nicky Glynn, Area Operations Manager, National Ambulance Service
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 17th September 2020

On the proposal of Cllr John Coonan, seconded by Cllr Danny Collins, the minutes of the Forum meeting held on Thursday, 17th of September 2020 were approved and adopted by the members.

2. Chairperson's correspondence

Discussion on AGMs

3. Committees

The next Committee meetings will be held on:

- (c) South East Committee Meeting held on 1st of December 2020
- (b) South West Committee Meeting held on 3rd of December 2020

5. Notices of Motion

(a) Cllr Conor McGuinness moved the following Motion, standing in his name:

"Patients in Dungarvan and its surrounding districts may be referred to hospitals in Waterford, Clonmel or Cork, and may come under the care of consultants and teams in one of several hospitals. This can present a difficulty for patients attending clinics at one hospital, who in an emergency are taken by ambulance to another hospital due to National Ambulance Service protocols. This can interrupt continuity of care and may often result in a patient being transferred from their emergency destination hospital to the hospital at which they have been receiving treatment.

What are the protocols with respect to identifying destination hospital for emergency ambulance calls?

Is the closest hospital with an emergency department indicated in all cases?

Can a patient or a patient's next-of-kin choose the destination hospital based on ongoing treatment at a particular hospital?

Is it possible for a GP or consultant to stipulate the preferred destination hospital for their patient in the event of an emergency?

Is there scope for flexibility and for informed decision making in the best interests of the patient, especially in situations where the difference in travel time between hospitals is a matter of minutes?"

A written response from Mr Martin Dunne, Director, National Ambulance Service was circulated to members and noted.

In addition Mr Nicky Glynn Area Operations Manager, National Ambulance Service who was in attendance advised that in general ambulances operate on 999 time critical basis and will always go to nearest appropriate Emergency Department (ED). It does not matter whether the patient may already be under the care of a Consultant in a different hospital - the ambulance will be directed towards the nearest appropriate ED. At times if certain required diagnostics are not available

nearby, it may then be necessary for the ambulance to bypass the nearest ED and head towards a specialist centre.

(b) Cllr Jody Power moved the following motion, standing in his name:

"Despite assurances given that all Covid-19 testing would be completed within 48 hours at our last South East Committee meeting in Kilkenny, St Carthage's Nursing home in Lismore Co. Waterford was left waiting for over 5 days for results. This caused added distress for the staff, residents and anxious relatives of the nursing home which required a lock-down situation to be re-imposed for this extended period. In this light, I request that the HSE present this meeting with the actual statistics for test completed within the targeted 48 hour over the last 2 months and the complete picture of time taken for all test results completed over this period."

A written response was provided by Ms Kate Killeen White, Chief Officer, South East Committee Healthcare who advised that it was not appropriate to comment on individual cases, she did outline in general the process in relation to serial testing and notification of results including factors which may impact on turnaround times.

Cllr James Tobin advised the members that he is the Chairperson of the Board of Management of St Carthage's Supported Care Home. He had checked Cllr Power's query with the Director of Nursing who confirmed to him that this was not true.

Cllr Power replied stating that he would write directly to Cllr Tobin in relation to the matter with further information on this issue.

(c) Cllr. Michael Gleeson moved the following Motion, standing in his name:

"That HSE Forum South would give an update on the Dental service in County Kerry and clarify if it has returned to providing a full service to schools and to entitled members of the public. That the Forum would further inform the members of the extent of the waiting lists for both levels of this very vital service."

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted

Cllr Gleeson thanked Mr Fitzgerald for this reply. He asked why the service was still operating at reduced capacity if all staff members had returned to their substantive roles. Mr. Fitzgerald clarified that not all dental staff members have returned to their roles as yet. Cork Kerry Community Healthcare similar to other areas are in the process of recruiting Community Testing Swabbers who once recruited and trained would facilitate the return of redeployed staff to their roles. Mr. Fitzgerald also stated that with the Covid-19 public health emergency, there have been increased demands for testing in residential services and there is a requirement to ensure appropriate measures are in place as a priority to respond accordingly - this in turn has implications for redeployed staff. Mr. Fitzgerald stated that with staff returning to their substantive roles and planning for service recovery, there will also be a waiting list initiative implemented to focus on dental waiting lists.

(d) Cllr Roger Kennedy moved the following Motion, standing in his name:

"To ask the HSE to give timeline for the provision of the 30 additional beds for acute care in St Michael's unit at South Tipperary General Hospital."

A written response from Ms Maria Barry, General Manager, South Tipperary General Hospital was circulated to members and noted. Cllr. Kennedy asked whether the contract has been awarded for external works and if the contractor was employed for internal works. Dr Orla Healy responded to the query in relation to the timeline advising that she had liaised with HSE Estates who have advised that it is expected that these beds should be open between April and June 2021.

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

"That this Forum supports my call for the South/South West hospital group and the HSE to address the extremely worrying 'routine' waiting list at UHK for rheumatology as a matter of urgency. This waiting list is one of many OPD lists that have expanded and increased over time with the COVID19 pandemic adding to the strain on current resources. All supports and resources that can be possibly be utilised should be explored."

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

Both Cllr Sheehy and then Cllr Moriarty raised questions in relation to this matter. Cllr Sheehy asked about where in the recruitment process was the additional staff nurse post - had it progressed to interview stage? It was understood that the current Consultant is intending on leaving in January 2021. Cllr Sheehy was concerned as what was hoped to be an expanded service is now apparently at a standstill. Cllr Moriarty supported Cllr Sheehy stating that measures were needed which required all relevant personnel co-ordinating efforts to recruit the necessary staff.

Dr Orla Healy stated that all waiting lists in all services are being significantly impacted by Covid-19. Measures are being implemented with the aim of addressing the build-up of waiting lists including virtual clinics, outsourcing to private providers via National Treatment Purchase Fund. With regard to the posts as referenced in the Motion, Dr Healy advised that the HSE Recruitment is progressing these appointments and we are not privy to the outcome of interviews at this time. The Advanced Nurse Practitioner Post is currently with the National Recruitment Service at this time. With regard to the resignation of the Locum Consultant, the HSE has already been in contact with recruitment service to commence the recruitment of a replacement post which is standard process. In the meantime the HSE will continue to support the service as best as possible.

(f) Cllr Eileen Lynch moved the following Motion, standing in her name:

"Can the HSE advise as to when public health Paediatric Physiotherapy appointments in the Cork Kerry Region will resume having ceased at the commencement of Level 5 due to redeployment of service providers without notice to services users."

A written response from Mr Michael Fitzgerald was circulated to members and noted.

Cllr. Lynch thanked Mr Fitzgerald for his reply, and asked further in terms of a timeframe for service resumption. Mr Fitzgerald responded stating that the services have not completely stopped at any stage and continues to use a number of measures including telehealth where appropriate and where face to face contact may not be possible. We very much want and support a return to full service resumption. At this time service resumption is around 80% of pre-covid activity levels. Assuming that the current level of swabbing is required, taking into account Covid activity levels and staff recruitment, it is hoped to restore services fully in the near future. However, that said, Mr Fitzgerald stated that we must be cognisant that there are caveats and barriers to service resumption and particularly given the uncertainty around Covid-19.

Cllr Lynch asked Mr Fitzgerald what he meant when he referenced pre-covid activity – he clarified that this referred to pre-March 2020.

Cllr Mikey Sheehy also indicated his support for this Motion.

6. Questions

(a) Cllr. Conor McGuinness put forward the following question:

“Many full-time and retained firefighters have undertaken first responder training. Will the HSE engage with local authority fire services with regard to the latter providing First Responder services in their locality? Could local authority fire services be covered under the National First Responder Network scheme for training, deployment and insurance purposes?”

A written response from Mr Martin Dunne, Director, National Ambulance Service was circulated to members and noted.

In addition Mr Nicky Glynn Area Operations Manager, National Ambulance Service who was in attendance responded to Cllr Lenihan and stated that the ambulance service would be supportive of any community based first responder programme.

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

“Would the HSE please inform if it has given any further consideration to my request at the February 2020 Forum meeting to accept responsibility for the payment of the Salaries of the two [2] additional Motor Neuron Nurses who are at present funded from money raised by charitable pursuits? Raising money in such a manner has of course now become almost impossible because of Corona Virus restrictions.”

A written response from Ms Carol Ivory, Office of the National Director, Acute Operations, HSE was circulated to members and noted.

Cllr Gleeson requested a vote of sympathy for a constituent’s son who passed away the previous day. Dr Orla Healy outlined that Beaumont Hospital is outside the jurisdiction of the Hospital Group. She stated that funding had been provided towards 2 Motor Neuron Nurses last year with no further requests received thereafter. Cllr Gleeson advised he would follow up on a formal funding request report which will be considered by the HSE once received.

(c) Cllr. Declan Burgess put forward the following question:

“Can the HSE please provide an update on the Jigsaw project commencement and establishment in Tipperary?”

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

Cllr Burgess thanked Ms Killeen White for the reply. He noted that the Jigsaw Project was recently raised in the Dail. Cllr Burgess asked Ms Killeen White whether she had any further information on the service commencement timeline and the exact location of the premises for the new Jigsaw Project in Tipperary. Ms Killeen White welcomed the development of a Jigsaw Project for Tipperary. She outlined that with commercial sensitivities and that it may not be possible to provide this specific information at this time. However Ms Killeen White indicated that she would revert to Cllr Burgess with an update once available.

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

Can you please provide an update on the site for the Primary Care Centre, Tullow.”

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

Cllr McDonald acknowledged the reply and asked whether the HSE has confirmed the location of the site as yet. Ms Killeen White advised that she would arrange to revert to Cllr McDonald with an update once the formal Expression of Interest process had been completed.

(e) Cllr. Roger Kennedy put forward the following question:

To request that the members be given a date when St Brigid’s Hospital Carrick on Suir will reopen, now that Covid-19 numbers are in decline. This hospital provided much needed step down facilities and palliative care beds and was a vital service for Carrick on Suir and its hinterland.”

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

Cllr Kennedy noted the reply and thanked Ms Killeen White whilst noting there was no assurance given that services would resume at St. Brigid’s Hospital.

Ms Killeen White advised that the HSE is engaged in service recovery and as part of this must consider all services including Services for Older People in this emerging Covid environment. The HSE is required to implement and support infection, prevention and control measures in order to manage this highly infectious disease and maintain our services as safe places. Public health and infection control guidance along with social distancing requirements are impacting on how we deliver services, particularly in both short stay and residential services. Ms Killeen White gave examples of necessary measures in Waterford Residential Care Unit and the transfer

of residents from St Patrick's Hospital Cashel to Our Lady's Building. The HSE / SECH has utilised the staffing resource from St. Brigid's to meet demands these locations and in community healthcare services.

Cllr Kennedy asked when St Brigid's staff would return to their roles as he was concerned if the hospital continues to remain unused at this time. Ms Killeen **White replied stating that** that staff would be informed first and foremost regarding developments with St. Brigid's and that it is important to preserve the integrity of staff engagement.

(f) Cllr Mikey Sheehy put forward the following Question:

"Have management at UHK initiated an independent exit questionnaire across all hospital services for staff leaving the HSE, transferring within the HSE and retiring? If UHK management have not initiated such an independent review will they do so now?"

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

Cllr Sheehy stated he was not satisfied with the written reply. He acknowledged that it is accepted that there would be a turnover of staff at any big hospital. However he was particularly concerned with the Consultant Rheumatologist post and levels of staff turnover and staff resignation. Dr Orla Healy in reply stated that at times there can be a self-defeating narrative with negative messaging in the public domain. Dr Healy has looked at nursing turnover – it is normal for a number of reasons including young nurses may leave to go travelling, people may leave for promotion purposes and retirements. Dr Healy also stated that Oireachtas members have been critical of the HSE hiring outside private agencies including private Human Resources companies.

The Rheumatology Consultant was a locum position and the position holder will be given an opportunity to provide feedback as he exits the post. Cllr Sheehy stated that standard practice in this regard by the HSE was not best practice in his view. He urged a review of this with a view to out sourcing the function of exit interviews to external HR companies for absolute honesty and annomimimity from exiting staff all with a view to improving the retention rates within the service.

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

"Can the HSE please provide clarification and timeline as to when a new GP will be allocated to Macroom town, Co Cork. There are currently four surgeries in the town which are serviced by 6 GP's. Since the retirement of one GP in September 2019, one of those four surgeries has been ran continuously by locum/agency GP's without a permanent GP being appointed. Can the HSE outline what measures are currently being taken to appoint a permanent GP. This has led to a situation whereby no surgery in the town is currently taking on patients and with the construction of upwards of 100 Social Houses to be completed in the town in the first quarter of 2021; there are no medical services available to any new residents."

A written response from Mr Michael Fitzgerald was circulated to members and noted.

Cllr Lynch thanked Mr Fitzgerald for the reply - she outlined her concerns regarding GP recruitment and particularly the apparent reactive approach by the HSE in relation to the recruitment and retention of GPs.

Mr Fitzgerald agreed that the recruitment of GPs (who are outside contractors) is a broader issue experienced by the HSE in general and that it is a concern. The HSE continues to work nationally on a number of initiatives including the new GP contract, which considers changes in the way GPs are working. The current Covid arrangements and screening with GPs may continue in a post Covid environment.

Cllr McDonald asked whether it is possible to increase the number of GP practices? Mr Fitzgerald replied stating that work is ongoing to consolidate GP practices as opposed to the development of individual single handed practices. There are benefits to team practices working in partnership including IT and administration arrangements. Single handed practices will find it increasingly difficult to operate a model into the future. The HSE will continue to work with the relevant stakeholders to increase recruitment and retention of GPs.

(h) Cllr. Jody Power put forward the following question:

“That HSE SSWHG instigate forthwith a communication protocol in all hospitals to ensure that when a patient test results are produced that they are recorded at the hospital and communicated to all professionals in that patients care plan, in a reasonable timeframe. The communication process must include check and fail-safe process to ensure full and timely compliance”

A written response from Dr Orla Healy, A/Chief Operations Officer was circulated to members and noted.

Cllr Power stated that he was not satisfied with this reply and quoted a case from the newspaper to highlight his issues. Dr Healy stated that the written response stands and that it would not be appropriate to discuss individual cases in this Forum. Dr Healy confirmed that there are processes in place for communications to GPs following hospital discharge. Cllr Power stated that the case he quoted outlined evidence provided in a Public Court. Dr Healy reiterated that she was not in a position to discuss individual cases in this Forum and to reply further to this.

7. Date and Time of next meeting – 25th February 2021, at 2pm.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

Wednesday 9th of December 2020 at 12.30pm
Webex Meeting

Present:

Cllr Pat Barden
Cllr Declan Burgess
Cllr Peter Cleere
Cllr John Coonan
Cllr Pat Dunphy
Cllr Mark Fitzgerald
Cllr Michael Gleeson
Cllr Niall Kelleher
Cllr Roger Kennedy

Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr Katie Murphy

Apologies:

Cllr Audrey Buckley
Cllr Mary Linehan Foley
Cllr James Tobin

In Attendance:

Mr Gerry O'Dwyer, Chief Executive Officer, South/South West Hospitals Group
Members of the HSE South Forum Office staff

1. Chairperson's address

Cllr. Arthur McDonald, Chairperson, Regional Health Forum South, addressed the members present by thanking the HSE Management that he had worked with throughout his Chairmanship. He thanked Mr Gerry O'Dwyer, CEO, South/South West Hospital Group; he thanked Dr Orla Healy, Acting Chief Operations Officer who is standing in for Dr Gerard O'Callaghan and Dr O'Callaghan for his work and support he provided. He thanked Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare and Ms Kate Killeen White, Chief Officer, South East Community Health Care for their ongoing support. He thanked Ms Annette O'Connell in the Regional Health Forum Office for her help throughout his time as Chairperson.

Cllr McDonald thanked all of the Regional Health Forum members their support and said he found each one courteous and cordial and have been very good in their job and leaders in their Communities. The people they represent should be very proud of all of them. He explained to the members that it had been a difficult year with new obstacles to overcome to hold these meetings and but was happy to have been Chairperson to a Health Forum in the year of a pandemic. He finished by saying we would look to the future and to 2021 and the election of a new Chairperson.

2. Election of Chairperson

Due to the COVID 19 Pandemic this year the December 2020 meeting of the Forum is the Annual General Meeting of the Regional Health Forum South and elections of Chairperson and Vice Chairperson were to take place. Cllr Arthur McDonald invited nominees from the floor for the position of Chairperson.

Cllr. Declan Burgess was proposed by Cllr. Pat Dunphy and seconded by Cllr. Eileen Lynch as there were no other nominations Cllr. Burgess was elected. On assuming the Chair Cllr. Burgess thanked his proposer, seconder and the members for electing him as Chairperson for the coming year. He said he was looking forward to his role as Chair and as one of the youngest members of the Forum he would maybe rely on the members guidance from time to time. He hoped to ensure the maximum benefit to the members during the coming year of the Forum. If members needed anything or any particular information on the Agenda, do not hesitate to contact himself or Annette O'Connell to follow through on this.

3. Election of Vice Chairperson

Cllr. Eileen Lynch was proposed by Cllr. Mike Kenneally and seconded by Cllr. Susan McCarthy as Vice Chairperson of the Regional Health Forum, as there were no other nominations, Cllr. Lynch was deemed elected.

A number of members thanked Cllr McDonald and welcomed Cllr Burgess and Cllr Lynch. Cllr Pat Dunphy, Chairperson of the South East Committee wished James Tobin and his family the best at this difficult time, the Chairperson and outgoing Chairperson also gave best wishes to the Tobin family.

Mr Gerry O'Dwyer thanked the outgoing Chairperson, Cllr McDonald, for his support and ongoing work during the year and with the Pandemic in particular. He offered congratulations to Cllr Declan Burgess as the new Chairperson and Cllr Eileen Lynch as the new Vice Chairperson of the Regional Health Forum South. He thanked all of the Regional Health Forum Members on behalf of HSE Executive for the dignity and respect shown over the past year and he was sure that will continue. He assured members that he wanted to work closely with the Forum within the framework provided and wanted to acknowledge all of the issues raised by members in connection with their own communities. He acknowledged how difficult a year it has been for all councillors to practice as councillors right throughout the region and that is acknowledged, he hoped that the Executive have helped in every possible way. Finally Mr O'Dwyer gave his best wishes to the Tobin Family at this difficult time.

Again a number of members thanked the outgoing Chairperson for a fair, formal Chairmanship in a very difficult year. They welcomed Cllr Declan Burgess as the new Chair and wished him well.

4. Date and time of next meeting

Members were informed that next meeting of the Regional Health Forum South would be held on Thursday 25th February 2021 at 2pm. Virtual meeting.

