



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2021

FOREWORD

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

The Forum's function is:

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

I 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 2021 which outlines the activities of the Forum to 31st December 2021.

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 2021.

**Cllr Declan Burgess
Chairperson**

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr Declan Burgess
Vice-Chairperson: Cllr Eileen Lynch

SOUTH EAST COMMITTEE:

Chairperson: Cllr Pat Dunphy was re elected
Vice-Chairperson: Cllr James Tobin was re elected

SOUTH WEST COMMITTEE:

Chairperson: Cllr Mike Kenneally was replaced by Cllr Mikey Sheehy
Vice-Chairperson: Cllr Eileen Lynch was replaced by Cllr Ann Marie Ahern

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 replaced by Cllr Ann Marie Ahern
Cllr Katie Murphy
Cllr Sean O'Donovan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr Michael Gleeson replaced by Cllr John O'Donoghue
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 replaced by Cllr Garry Laffan

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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 2019 were held on:

- Thursday 25th February 2021
- Thursday 25th March 2021
- Thursday 17th September 2021
- Thursday 19th November 2021
- Thursday 2nd of December 2021

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

- Chief Executive Officer of the South/South West Hospitals Group
- Chief Officer of the Cork Kerry Community Healthcare
- Chief Officer of the South East Community Healthcare
- Chief Operations Officer of the Ireland East Hospital Group

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 2021 were held on:

Tuesday 20 th April	South East	Virutal Webex
Thursday 22 nd April	South West	Virutal Webex
Tuesday 19 th October	South East	Hotel Kilkenny, Kilkenny
Thursday 21 st October	South West	Manor West Hotel, Tralee
Tuesday 7 th December	South East	Virutal Webex
Thursday 9 th December	South West	Virutal Webex

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 2021 24 Motions were adopted by Members and forwarded to the Office of the Chief Executive Officer, HSE.

Questions

As per the Standing Orders, one written Question per Member can be submitted to the Regional Health Office ten clear days before a Forum meeting. Written answers prepared by the appropriate service are circulated at the meeting. In 2021, Regional Health Forum South Members submitted 20 Questions.

Presentations

The following presentations were delivered to the Forum Members:-

- Updates on Covid 19 and Vaccine Roll outs were given at most meetings

MOTION AND QUESTION RESPONSES

FORUM MEETING
25th February 2021

No Motions/Questions at this meeting

MOTION AND QUESTION RESPONSES

FORUM MEETING
25th March 2021

MOTIONS

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

“That the HSE Forum South would inform if there is a HSE employed practicing Physiotherapist in the Killarney area to treat public clients and particularly Stroke victims some of whom have extreme difficulty accessing the service in Tralee because of distance and degree of disability?”

Cllr Michael Gleeson

The HSE currently employs 3.8 physiotherapists in the Killarney area who treat public clients, including stroke patients. Some clients referred post stroke, (including those from the Killarney area), require access to specialist assessment and treatment and are accordingly referred to the Physiotherapy Department in UHK where this specific expertise in Neurology/Care of the Elderly is available.

In addition to these services a Stroke day Service was established in 2018. This service is provided through collaboration between two voluntary organisations (Baile Mhuire and Ard Churam Day Centres), the Kerry Stroke support group and the HSE. The Stroke Day Service programme is facilitated by a multidisciplinary team including a physiotherapist and occupational therapist that assess all clients pre and post the programme. The programme incorporates a mixture of physical exercise and mental and social stimulation and an evaluation which was carried out by the Munster Technological University (Tralee) in 2019 has demonstrated the physical and psychological benefits of the programme. The service which currently operates from Tralee and Listowel is available to all clients in the county who have had a stroke. Transport to access the service in Tralee is available for clients when required. During COVID the programme has switched to an on-line version and plans are in place to return to a face to face service once public health guidelines allow and to also increase the awareness of this new and growing service.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“With HIQA demanding that the new 60 bed residential unit be operational at Saint Patrick’s Hospital, Cashel, by the end of 2021, and with time running out rapidly, this meeting be advised as to the progress to date, if any, and when a Planning application will be lodged?”

Cllr Declan Burgess

To ensure the safety of the older people living in St Patrick’s Cashel at the onset of the current Covid-19 public health emergency, in consultation with the independent

regulatory body (HIQA) to maximise infection control measures, arrangements were made for residents and staff of St Patrick's Cashel to move on an interim basis to accommodation and ancillary facilities established at nearby former Our Lady's Hospital building in Cashel. This building has now been registered for three years by HIQA since June 2020.

The proposed 60-bed unit planned for Cashel was at Stage 1 Design and Planning and that there was requirement for a cost benefit analysis as per planning policy.

It is understood that a plan for this Unit remains in place, however, at this time, the HSE Estates Service priority is to ensure efforts are being directed to ensure the provision of primary care and child care services in the vacated area of St Patrick's Hospital following their transfer from Our Lady's Cashel.

I can advise that this building remains on the HSE Capital Plan.

Kate Killeen White
Chief Officer
South East Community Healthcare

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

"That this forum supports my call for the South/South West Group to initiate a system for tele-consultations where a central, identifiable, phone number is used by consultants and other medical staff when contacting patients."

Cllr Mikey Sheehy

The South/South West Hospital Group can confirm that the HSE Office of the Chief Information Officer (OICO) have implemented a number of HSE nationally agreed telehealth preferred providers including; "TPRO" and "AttendAnywhere".

These are telehealth service web-based platforms which are designed to help health care providers offer video call / telephone call access to their patients.

It is recognised that these arrangements were implemented expeditiously and are new ways of work arising from the pandemic. There is also a longer term national procurement process which is underway through the Office of the OICO to agree future platforms. This feedback will be provided to them for inclusion in any future arrangements.

Hospitals within the South / South West Hospital Group are continuously reviewing the processes associated with scheduled care and ways to improve the patient experience. Your feedback will also be shared with the hospitals for their consideration.

Prof. Orla Healy
Interim Chief Operations Officer
South / South West Hospital Group

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

“That an update be received on Capital Works underway in Mallow General Hospital.”

Cllr Eileen Lynch

I refer to the Notice of Motion No. 4(d) in relation to capital works underway in Mallow General Hospital.

A capital project has been approved to deliver a 48-bedded inpatient unit at Mallow General Hospital. When the project is delivered, the resulting bed capacity for the site will increase the bed capacity to a total of 70 inpatient beds, which will be designated largely as medical beds.

The beds in the new extension will all be single occupancy, en-suite accommodation. The building will be manufactured in segments off site by ESS Modular, and transported to the site for assembly. It will consist of 4 floors in total with a sub-floor basement for plant machinery to support the facilities in the building.

It will connect to the West end of the existing main hospital. Two of the four floors will be fitted out for inpatient beds. The remaining two floors will be brought to a shelled finish to allow for future development of a 40-bed rehabilitation unit.

HBS Estates has engaged a Contract Administrator and a Project Manager to manage the build. An executive project board has been formed, chaired by the Operations Manager for CUH Group and will include Management, Nursing, Estates and Medical representation. This project board will provide assurances to the CUH Executive and the South/South-West Hospital Group on the progress of the project.

The Board will establish the progress of the building project and deal with exceptions, as well as provide a staffing plan, an equipping programme, and manage risks, issues and communication regarding the project.

Subject to finalising the building project plan, the estimated date of delivery for the project will be the end of Q1 2022.

Dr Gerard O’Callaghan
Interim Chief Executive Officer
CUH Group

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

"That the HSE give members an update on the return of the out of Hours Medical centre run by South Doc in Listowel."

Cllr Mike Kennelly

As the members will be aware, SouthDoc out of hours GP services were curtailed since the commencement of the Covid pandemic in March 2020. In the intervening period, and taking account of the requirements of public health measures, SouthDoc has gradually reinstated many of its services. The remaining services to be restored at this point in time include the re-opening of the Blackpool and Listowel centres.

Earlier this year the HSE was advised by SouthDoc that, following consideration of their position in relation to delivering services in the context of Covid activity, the Blackpool and Listowel treatment centres would reopen by appointment from January 18th 2021. The HSE was subsequently informed on January 15th 2021 that SouthDoc had changed its position and had decided not to resume service in these two centres in the context of the sharp increase in Covid numbers that were being experienced at that time.

While SouthDoc's position was appreciated in light of the changing pandemic situation, the HSE sought further information and assurance on the re instatement of the services as well as the need for closer consultation on such decisions which it had not been party to. While the HSE received a response from SouthDoc on the matter on February 2nd 2021, on consideration there was a need for further clarity. The HSE advised SouthDoc on a number of occasions that further information and assurances were required on the matter.

The HSE was subsequently advised on February 25th that the Board of Directors of SouthDoc would soon meet to plan the reopening of Blackpool and Listowel centres for scheduled appointments and that SouthDoc would revert after the Board meeting with an update, including the agreed reopening date. Upon receipt of this information the HSE immediately reiterated to SouthDoc the need to develop a pathway to fully restore service in Blackpool and Listowel once public health conditions allow it to do so.

I am now advised that the next meeting of the Board of SouthDoc is due to take place on March 30th. The HSE anticipate that the outcome of the Board meeting will provide clarity on a pathway to reopening of Blackpool and Listowel centres. I will revert to the Cork and Kerry members of the Forum with an update as soon as we have formally heard back from SouthDoc.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

QUESTIONS

Question No 6(a) on Agenda refers:

"In view of the isolation and prolonged loneliness that so many of our relatives and neighbours have endured for almost the past twelve months in Nursing Homes - public and private - that the Government, HSE and Local Authorities would formulate new and vibrant housing policies for the elderly whereby people would be enabled to live with reasonable freedom and independence in a collective setting of appropriate sized group housing and with appropriate supports. It is wholly unconscionable that the existing system would be accepted as the norm into the future."

Cllr Michael Gleeson

Discussion amongst Regional Health Forum Members

Question 5(b) on Agenda refers:

"Jigsaw the Youth Mental Health Centre delivery has been delayed yet again. Can management please give an update into the commencement of the Jigsaw project in Tipperary."

Cllr Declan Burgess

Jigsaw is a national early intervention, primary care service and provides a range of free mental health services and supports to young people.

Jigsaw in Tipperary crosses two health areas (HSE South East Community Healthcare and HSE Mid-West Community Healthcare) since the formation of the combined Local Authority. There is broad support for the opening of the Jigsaw youth mental health service in Tipperary. Jigsaw remains committed to bringing this service to the young people and the community in Tipperary as quickly as possible.

In early February 2021, Jigsaw signed a lease for a premises located in Thurles Technology Park. Progress towards securing the premises was delayed for a number of reasons and further complicated by the Covid-19 pandemic. Jigsaw has advised that this location will be a permanent home for the service.

As Jigsaw is publicly funded, there needs to be a transparent tendering process for the works that are needed on the premises to fit it out as a youth mental health service. That tender has now issued and, all going to schedule, it is understood that the intention is that the contract will be awarded and works commenced by mid to late April 2021. It is understood that the works themselves will take a further 6-8 weeks (approximately) to complete.

Upon signing the lease in early February, Jigsaw lodged the required Fire Safety Certificate and the Disabled Access Certificate applications with the Local Authority (both are required before works can commence). The Disability Access Certificate has been approved (as of 3rd March) and the Fire Safety Certificate is in progress.

recruitment of the team for Jigsaw in Tipperary is almost complete (one post left to fill). This team is made up of a Service Manager, a Clinical Manager, three clinicians from a range of mental health disciplines, a Service Administrator and a Youth & Community Engagement Worker. The first members of the team will begin to take up post in late April. The team induction has been organised to take place off site while works on the new premises are completed.

The Covid-19 pandemic has impacted on progress in relation to the establishment of Jigsaw in Tipperary - nonetheless work is continuing as best as possible.

Jigsaw has estimated that, if each component happens according to schedule, the premises will be ready during the month of June. It should be noted that there are a number of areas outside their control (statutory approvals, refurbishment and fit out process and works, etc.) - nonetheless Jigsaw will continue to work to this target date.

Jigsaw is very mindful of the size and geography of County Tipperary and accessibility has always been a central component of the approach to service delivery. The first priority, as always indicated, will be to establish and bed down the service in Thurles, but Jigsaw will also be ensuring through a variety of ways that young people from the breadth of the county can access services.

Outreach service delivery in Clonmel and Nenagh remains part of Jigsaw's plan in Tipperary as part of the range of options that they hope to bring to young people. While initial discussions on the nature of this accessible range of services had centred only on physical outreach locations in other parts of the county, the thinking and experience continues to evolve. This is primarily informed by young people - their needs must be their first priority - and will continue to be.

During 2020, Jigsaw added online options to its range of services. Feedback from young people, especially those located more remotely from the physical hubs, has been resoundingly positive about the additional accessibility the online options afford. Last year Jigsaw delivered over 50% of all individual therapeutic services to young people through online modalities (e.g. video sessions).

Jigsaw have stated that it is intended to bring together a group of young people from across County Tipperary to discuss what outreach will look like in a Tipperary context, and how Jigsaw can deliver its service in a way that is most accessible for them. As soon as these consultations have concluded, Jigsaw will share the findings with the relevant stakeholders. The voice of young people, the evidence and the Jigsaw experience as a trusted provider of mental health services to thousands of young people will be central in decision making about the nature of outreach.

Please note that a range of Jigsaw online services and supports (including a Live Chat service with trained clinicians) are already available to young people (aged 12-25) in Tipperary. In addition, mental health advice, information, supportive content and

resources for adults, teachers and other concerned adults are also available. All offerings are accessible through jigsaw.ie

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 5(c) on Agenda refers:

“Can we have an update on the timelines for the Cahersiveen Primary Care Centre and a description of the services that will be operating from there when opened?”

Cllr Norma Moriarty

As outlined in a number of policy documents (most recently the Sláinte Care Implementation Strategy) it is Government policy to transfer activity currently taking place in the acute setting to a more appropriate setting in Primary Care. The development of a primary care centre infrastructure to support such a transfer of activity is essential. The HSE’s commitment to the development of Primary Care Centres across the country is outlined in its Capital Development Plan. These centres aim to be a one stop shop providing a range of primary care team services such as GP’s, Community Nursing, Occupational Therapists, Physiotherapists, Speech Therapists, Dieticians, Counsellors and in some cases dental and mental health services. They are primarily developed as public private partnership builds or as long term operational leases. All applications to progress any of these arrangements require the approval of the HSE’s national property committee. The application process for such approval requires Cork Kerry Community Healthcare to identify the need for the development of such a facility in line with population health needs and the areas proximity to existing or planned primary care centres.

The stages involved in the development of a Primary Care Centre from inception to opening are as follows and the development of all primary care centres is subject to GP commitment and completion of the build to HSE specification.

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

We are currently at design stage of Cahersiveen Primary Care Centre and a Letter of Intent has issued to a developer. It is hoped that subject to the procurement process being completed satisfactorily and with no unforeseen delays, that a new Centre will be completed by the end of Q4 2022.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question 5(d) on Agenda refers:

“What are the short, medium and long term plans for the oncology unit and cancer services in Kerry considering the current proposed move of the service to the Bons Hospital in Tralee.”

Cllr Mikey Sheehy

I refer to the above question from Cllr. Mikey Sheehy in relation to the Oncology Unit and Cancer Services in Kerry.

In parallel, UHK is actively working on a number of capital developments, including the Oncology Unit capital project, which pre-dates the Covid-19 pandemic.

All options are currently being considered by UHK and HSE Estates with a view to progressing this development while ensuring minimum disruption to patient services.

We are mindful that we have used the palliative care facility at University Hospital Kerry (UHK) for far longer than we would have anticipated for our chemotherapy service. However, it has not been feasible to repatriate the service to any location in the hospital at this time. With that in mind, we intend to procure services in a suitable location off-site while a new facility is developed on the footprint of UHK.

University Hospital Kerry (UHK) can confirm that it has been working closely with the Bon Secours Hospital Tralee to continue essential patient services throughout the pandemic and we are grateful for the support we have received.

We continue to work in partnership with the Bon Secours Hospital Tralee, HSE Estates and Acute Hospital Division to progress short, medium and long term plans to meet patient needs.

All patients and stakeholders will be kept informed of any developments in this regard.

Fearghal Grimes
General Manager
University Hospital Kerry

Question 5(e) on Agenda refers:

"In regard to cancer survivors; are HSE medical professionals analysing the various vaccine trials data with a view to determine which vaccine may or may not be suited to their particular medical condition."

Cllr Pat Fitzgerald

It is not possible to give individual advice, this should be given by the patient's own doctor or specialist consultant if they are having specialist treatment. The public health department cannot advise on research that may be ongoing internationally on the side effects of various types of vaccine on cancer survivors.

In Ireland, the side effects of vaccination are monitored by [the Health Products Regulatory Authority \(hpra.ie\)](https://www.hpra.ie). Adverse reactions (side effects) can be reported to the HPRa by members of the public, carers or healthcare professionals. Details of relevant medical history can be included. Reporting adverse reactions (side effects) to the HPRa supports continuous monitoring of the safe and effective use of COVID-19 vaccines.

The evidence from available research including vaccine trials is examined by the [RCPI » National Immunisation Advisory Committee](https://www.rcpi.ie), (NIAC) and is reflected in the Irish immunisation guidance at [covid19.pdf \(hse.ie\)](https://www.hse.ie/covid19/pdf)

While severe illness and death from Covid19 have been reported at all ages, the risk of severe outcome of Covid19 infection increases with age, and for those with chronic medical conditions including cancer see full list at [covid19.pdf \(hse.ie\)](https://www.hse.ie/covid19/pdf)

For some people with cancer, the national immunisation guidelines recommend that they have an mRNA vaccine (e.g. Pfizer or Moderna) if available. This is because some high risk and very high risk medical conditions may be associated with a suboptimal response to vaccines and people with these conditions should be given an mRNA vaccine if practicable and timely. **However, if obtaining an mRNA vaccine will result in delayed vaccination for more than 3 weeks, any benefit of using a higher efficacy vaccine may be lost.**

The conditions associated with a sub-optimal response to vaccines include cancer patients actively receiving (and/or within 6 weeks of receiving) systemic therapy with cytotoxic chemotherapy, targeted therapy, monoclonal antibodies or immunotherapies and surgery or radical radiotherapy for lung or head and neck cancer, and all patients with advanced/ metastatic cancers.

It also includes people within one year of haematological cancer such as lymphoma. Other people with immune system disorders due to disease or treatment are also in this category.

People within 1 - 5 years of Haematological cancers such as lymphoma or leukaemia, or within one year of non-haematological cancer are still considered high risk but are not recommended the mRNA vaccines in preference to other vaccines. This also applies to people with all other cancers on non-hormonal treatment. This information is available online at [covid19.pdf \(hse.ie\)](https://www.hse.ie/covid19/pdf)

The HSE National Cancer Control Programme (NCCP) recommends that anyone with Cancer get the vaccine as soon as it is offered, regardless of the type of vaccine. If you are due to start any type of cancer treatment, or if already receiving cancer treatment, your healthcare team will advise on the best timing to receive the vaccine. The NCCP has produced a list of Frequently Asked Questions available at:

<https://www.hse.ie/eng/services/list/5/cancer/patient/leaflets/cancer%20patient%20faqs%20on%20covid-19%20vaccination.pdf>

**Dr Carmel Mullaney,
Director of Public Health HSE South East**

MOTION AND QUESTION RESPONSES

FORUM MEETING
16th of September 2021

MOTIONS

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

“Please provide an update on Primary Care Unit for the Youghal area, how far along are we on this?”

Cllr Mary Linehan Foley

HSE Estates are advancing the feasibility assessment of HSE owned campus, St Raphaels, to ensure Cork Kerry Community Healthcare can deliver a number of services on this campus in an integrated manner including older person residential, older person day care and primary care.

In parallel with this, HSE have initiated discussions with an auctioneering firm locally representing GP’s in Youghal. This initial engagement has been positive, with GP’s confirming an interest in this proposed development on the St Raphael’s campus and a willingness to partner with the HSE in this regard.

The next steps will be to conclude the feasibility assessment and submit capital project seeking approval to include and fund this development from the HSE Capital Plan. Due to the disruptions caused by the recent cyber-attack on the HSE, it is expected that it will be a further three months before the feasibility assessment will be concluded.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“Why have people in Carlow to endure long delays to access the ambulances? The system has been changed and this current system is not working. Can we revert to a better system where such long delays are not occurring?”

Cllr Arthur McDonald

All ambulance calls are managed through our central National Emergency Operations Centre (NEOC), using the most up to date Ambulance Dispatch software available. This ensures all Ambulance resources are managed and allocated in a manner that ensures the most urgent calls get the highest priority response, regardless of the location of Ambulance vehicles or bases.

The National Ambulance Service (NAS) is facing a range of challenges which is impacting on our ability to deliver the level of service we aspire to provide to our patients. Our staff are currently under enormous pressure working to deliver both emergency and urgent ambulance services against a significant increase in demand

while also working to support the HSE's COVID response. Similar challenges facing acute hospitals can also mean we unable to secure the release of ambulances as quickly as we need them to respond to waiting calls. The background context to these challenges is that NAS has secured additional staff in recent years but does still does not have the level of staffing required to match ever growing demand.

NAS does review our performance against response times standards and this is normally reported publicly through the HSE's Performance Reports <https://www.hse.ie/eng/services/publications/performance-reports/> which has been impacted by the recent cyberattack. We are also recruiting additional staff this year whom are due to complete their educational component in November and December 2021.

NAS managers around the country are also taking a range of actions to maximise the availability of existing staff including the management of sickness absence and the reduction in training absences. Together, we expect this actions to support an improvement in service to our patients, however we still need more staff now and in the coming years and will be making appropriate submissions through the HSE estimates process.

In addition NAS is committed to revisiting and updating our Baseline Capacity Review which was last commissioned in 2015 this will set out future requirements against known and expected deficits based on recent demand trends.

Nicky Glynn
Chief Ambulance Officer
National Ambulance Service

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

"That the HSE, recognising the challenge of recruitment General Practitioners, especially in Rural Areas and would engage with the various stakeholders (GMS, HSE, Irish Medical Organisation etc.) to ensure that there are a variety of flexible solutions to meet local needs such as salary GPs, and other supports."

Cllr John Sheehan

Cork Kerry Community Healthcare

Currently in Cork Kerry Community Healthcare there is one GP GMS vacancy in Kerry, however this post is being filled on the interim basis pending the completion of the recruitment process to fill the post on a permanent basis.

In circumstances whereby we are notified of a pending retirement/resignation, in each of these cases, we work with the GP practice to ascertain the succession rights for the panel. Many GP's would have partnership arrangements in place.

The difficulties for the HSE recruitment relates mainly to single handed and smaller rural GP practices and particularly the following:

- Under the terms of the GMS contract the minimum notice period required to be given by GPs of their intention to resign is 3 months. As a result, there is a very challenging timeline to complete the recruitment process.
- There are challenges in attracting applicants for vacant GMS posts especially in rural areas.

The Cork Kerry Community Healthcare Primary Care Unit continues to be available to work with and provide maximum support to GP's in Cork and Kerry regarding any issues they may have. In addition, a recruitment campaign for GP Leads in the 14 Community Health Networks is underway, whereby a positive response has been received. GPs working in this new model of service delivery will coordinate with other GPs in the Community Health Networks; this role will be proactive in scoping pending retirements and thinking laterally on how we attract and recruit to meet the growing needs of general practice. Furthermore it is envisaged that a local forum will be established to look at initiatives in other areas/jurisdictions on how we can increase vacant post uptake rates e.g. potential for creating shared general practice/academic posts etc.

South East Community Healthcare

In South East Community Healthcare there are currently 3 GP GMS panels under recruitment namely:

- Cahir, Co. Tipperary
- Taghmon, Co. Wexford
- Gowran, Co. Kilkenny

There has been a number of retirement notifications received which will be effective by year end. In each of these cases, we work with the GP practice to ascertain the succession rights for the panel. Many GP's would have partnership arrangements in place.

The difficulties for the HSE recruitment relates mainly to single handed and smaller rural GP practices and particularly the following:

- Under the terms of the GMS contract the minimum notice period required to be given by GPs of their intention to resign is 3 months. As a result, there is a very challenging timeline to complete the recruitment process.
- Since June 2021, SECH has received 2 resignations and 10 retirement notices.
- As with other areas, there are challenges in attracting applicants for vacant GMS posts especially in rural areas.

The SECH Primary Care Unit continues to be available to work with and support GP's in the South East regarding any issues they may have.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Kate Killeen White
Chief Officer
South East Community Healthcare

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

“That we ensure a full examination of Ambulance Provision in the region as we are experiencing far too many delays, and inter county call outs which are exacerbated by log jams in hospital admissions. Dynamic Deployment as an approach it seems, is better suited to some geographical areas than others and if it is to be pursued, then more bases may very well be required to allow for sufficient coverage.”

Cllr Norma Moriarty

National Ambulance Services is committed to revisiting and updating our Baseline Capacity Review which was last commissioned in 2015 this will set out future requirements against known and expected deficits based on recent demand trends.

NAS acknowledges that a range of challenges which is impacting on our ability to deliver the level of service we aspire to provide to our patients. Our staff are currently under enormous pressure working to deliver both emergency and urgent ambulance services against a significant increase in demand while also working to support the HSE’s COVID response. Similar challenges facing acute hospitals can also mean we unable to secure the release of ambulances as quickly as we need them to respond to waiting calls. NAS have also setup a number of working groups with our staff representative partners to specifically address concerns staff have around dispatch areas, and continuous running on calls. This has proven to be a challenge for staff who have to work a dynamic deployment model.

**Nicky Glynn
Chief Ambulance Officer
National Ambulance Service**

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

“That SSWHG update and make operational forthwith the Helicopter Landing Pad at UHW in the interest of acute causality survivability and the expected operational infrastructure of a Level 4 Regional medical facility.”

Cllr Jody Power

The helipad at University Hospital Waterford [UHW] is operational on a 24/7 basis and accommodates AW139 i.e. Army Air Corp helicopters. Where medevacs involve the Irish Coastguard helicopters, landings and take off are in the Waterpark Rugby Club due to the size and clearance requirements of the Sikorsky S92. The Waterpark Rugby Club is adjacent to the hospital. HSE Estates have undertaken studies on

acute hospital sites including University Hospital Waterford with a view to providing helipads which may accommodate coastguard helicopters in the future.

Tess O'Donovan
Interim Chief Operations Officer
South/South West Hospital Group

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

“That the HSE would provide an update on the ongoing refurbishment and extension works to Macroom Hospital, to include any information regarding when the works will be completed”

Cllr Eileen Lynch

The refurbishment and extension of Macroom Community Hospital currently underway consists of the refurbishment of the existing 38-bed single-storey hospital block, including alterations to existing elevations, change of use of and refurbishment of the existing dental clinic block, and a single-storey new extension linking the 2 buildings. On completion, the building will provide 38 bed spaces in a refurbished hospital building, arranged around three courtyard gardens.

While there will be no change to the overall bed numbers at the hospital, when complete, the development will include the provision of 24 new single bedrooms and 1 double room in a single-storey extension. The existing building will comprise of 12 beds with 3 residents per ward. The communal spaces will include recreation, sitting and dining rooms. The kitchen facilities are being extended and the development will also include reception, offices, staff areas, stores, treatment rooms, sanitary facilities and plant rooms.

The contractor is currently progressing works on site, with areas commencing and being completed on a phased basis. This method of project delivery will ensure handover of completed areas on a phased basis also. At present, the contractors programme is showing completion of the project in Q3 2023.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“That this forum and the SSWG supports fully vaccinated partners of pregnant women by re introducing visiting rights to pre COVID19 pandemic access for the birth of their child, pre labour scans, consultations and post labour partner support.”

Cllr Mikey Sheehy

Visiting arrangements in the Ireland South Maternity Directorate, South/South West Hospital Group (SSWHG) is monitored on a continual basis and is closely aligned to the COVID-19 Guidance on Access to Acute Hospitals for Nominated Support Partners, Accompanying Persons, Visitors and External Service Providers updated on 3rd September 2021. Each of the 4 maternity sites across SSWHG are facilitating maternity visiting arrangements, the details of which are available to the public on the hospitals web sites and updated as required. Visiting restrictions that are in place are in the interest of patient and public safety and are the minimum required to manage infection prevention and control risks, are clearly explained and are applied with consideration for individual circumstances and needs.

The following summarises the current arrangements in place:

- Pregnancy scans – Early pregnancy scan, Booking scan(12 wks), Anatomy scan (21 &26wks)
- Established Labour – and post-delivery in the ward for 1 hour
- In patient visiting facilitated in all units and the time allowed is based on the infrastructure of the particular unit
- Unrestricted visiting in high dependency unit and neonatal unit for both parents

Some variations to the above in our maternity units are due to the current infrastructure of particular units, the requirements for social distancing, levels of COVID-19 infection in the hospital as well as in the community overall. If restrictions on nominated support partners in excess of those outlined in the guidance set out are considered essential, this is then based on a documented risk assessment, that is reviewed regularly and that is readily available to women and their support partners (for example on the hospital website).

Support for the mother is a priority for all our staff and most especially in circumstances that may be stressful and unanticipated. In such situations a compassionate and empathetic approach is adopted and any additional requests are accommodated.

Tess O’Donovan
Interim Chief Operations Officer,
South/South West Hospital Group

QUESTIONS

Question 5(a) on Agenda refers:

“To ask the HSE what are the total number of Hospital Consultants positions in Cork University Hospital and what number and percentage are either not currently filled or filled by locum Consultants.”

Cllr John Sheehan

The filling of staff vacancies within the South/South West Hospital Group (S/SWHG) is a dynamic situation which is managed by hospitals in conjunction with the S/SWHG Human Resource Function and the HSE National Recruitment Service (NRS).

Vacancies can arise due to retirements or resignations, and when the service is notified of these situations the permanent recruitment process is initiated to ensure the ongoing safe delivery of clinical services. A Locum Consultant appointment can be made while the recruitment of the permanent post is progressed.

Cork University Hospital Group Consultant Posts

- 20 New posts – recently approved by HSE/pending recruitment
- 6 Vacant posts currently filled with Locums
- 7 current vacancies – currently unfilled locum recruitment on-going

A number of new consultant posts approved recently are being expedited to get to the National advertising and recruitment stage, the search is on-going to fill these posts on a temporary basis. The unfilled consultant posts seem to be the result of a global shortage in specific specialties, partly due to Covid 19 as the worldwide search for specific specialties such as Infectious Diseases & Respiratory Medicine continues.

However, CUH have been very successful in securing numerous Locum Consultants that have made a huge contribution to services in the CUH Group. The increase in new Consultant posts is very positive news for all services across the South/South West Hospital Group and we will continue to progress with the recruitment process as quickly as possible.

Dr Gerard O’Callaghan
Chief Executive Officer
Cork University Hospital Group

Question 5(b) on Agenda refers:

“Is there a clear schedule for the re-opening of Day Care centres available and or steps or milestones that need to be met to allow for same?”

Cllr Norma Moriarty

In March 2020 a number of Public Health measures were introduced by the government to protect people from Covid 19. In line with Public Health recommendations, Day Services (both Day Care Centres and Social Centres) began to wind down their services from March 16th 2020. A national group was established to work on and review the resumption of Day Care Centre services and revised Public Health guidelines were issued to all centres. Each Day Care Centre had to complete individual unit plans to facilitate their phased safe reopening. Resumption of Day Care Centre services has been operating in line with the “*Guidance on re-opening of day services for older people in the context of COVID-19 vaccination programme*” guidelines, published on the 8th June and available to download at www.hpsc.ie.

CORK KERRY COMMUNITY HEALTHCARE

Within Cork Kerry Community Healthcare, engagement was undertaken with all centres to determine their status and whether they could re-open safely immediately (within Public Health guidelines) or could reopen safely only when further steps had been completed as determined by Public Health guidelines in relation to social distancing, staffing requirements and facility suitability. Each Day Care Centre had to complete individualised Risk Assessment documentation and vaccination of Health Care Workers in Older Persons Day services (HSE and non-HSE) also had to be completed.

Cork Kerry Community Healthcare recognises the considerable value of the service provided to clients and their families by Day Care Centres and consequently, resumption of Day Care Services within this area is a service priority and has been actively underway since June on a phased basis. This phasing has been implemented by gradually increasing numbers of days of service provision per week and numbers of people availing of the service per week up to full capacity, while constantly reviewing Public Health guidance, Infection Control guidelines and undertaking risk assessments.

Within the Cork Kerry Community Healthcare region, the timeline for reopening of Day Care Centres is as follows:

- June 2021 – 3 Day Care Centres reopened on a phased basis.
- July 2021 – 13 Day Care Centres reopened on a phased basis.
- August 2021 – 6 Day Care Centres reopened on a phased basis.
- September 2021 – 3 Day Care Centres have reopened on a phased basis with 1 further centre scheduled to reopen later this month.
- October 2021 – 5 Day Care Centres are scheduled to reopen on a phased basis.

Staffing and recruitment difficulties have impacted upon the planned reopening of a number of Day Care Centres. As the members will be aware, some Day Care Centre staff were redeployed to Covid Testing during centre closures and the current high level of testing is delaying their return to their substantive roles. Work on the

recruitment of additional staff for our Day Care Centres and for our testing centres is progressing as a priority. In addition, a programme of essential refurbishment works is still being completed in a small number of centres.

Cork Kerry Community Healthcare is committed to the safe restoration of Day Care services and will continue to progress reopening of Day Care Centres while stringently adhering to Public Health guidelines and recommendations.

SOUTH EAST COMMUNITY HEALTHCARE

SECH Older Persons Services recognise the need for day services and especially during these challenging times. HSE/SECH Older Persons Services in conjunction with the Infection Prevention Control Team and in line with Public Health guidelines have supported Day Care Centres across the South East to ensure that they can re-open safely by providing infection control advice and addressing issues including safety and risk assessments.

HSE/SECH Day Care Services commenced reopening from July 2021 followed by Section 39 funded Day Care Centres with all services operational since 28th August 2021.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Kate Killeen White
Chief Officer
South East Community Healthcare

Question 5(c) on Agenda refers:

“Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure.”

Cllr Jody Power

The Regional Cardiac Catheterisation Laboratory (Cath Lab) in University Hospital Waterford (UHW) provides service to a regional population of 511,070 (CSO 2016).

Performing in excess of 3000 procedures per annum, the current Cath Lab service is high volume and in this regard Diagnostic procedures are also undertaken in UPMC Whitfield 3 days each week via an SLA.

A second Cath Lab is currently under construction at UHW and is expected to be handed over in June 2022. Equipping and commissioning of this facility will take place thereafter and it is intended to be operational in Q3 2022.

Meantime discussions are underway with staff to progress extended working hours in the existing Cath Lab in University Hospital Waterford. Staffing is the primary challenge at the present time.

University Hospital Waterford currently has 5 funded Cardiologist posts with 3.6wtes in post, 1wte of which is a General Cardiologist, not an Interventional Cardiologist. The Interventional Cardiologist requirement for 24/7 service is 8wtes and additional Day and Ward beds are also required. Recruitment is ongoing.

Grace Rothwell
General Manager
University Hospital Waterford

Question 5(d) on Agenda refers:

“That the HSE would provide an update on the ongoing refurbishment and extension work to Millstreet Community Hospital, to include information regarding when the works will be completed:”

Cllr Eileen Lynch

Phase 1 of the refurbishment and extension work to Millstreet Community Hospital was completed in 2018. Phase 2 is currently underway and works include an extension to the back of the hospital consisting of 11 single rooms, a sitting room, staff changing areas, an equipment store and a physio/treatment room. Bed capacity will be increased from 22 beds to 26 beds, which includes a palliative care room and relatives room. Refurbishment in the new building will consist of new windows, heating system and flooring.

The kitchen will also be refurbished. There will be an enclosed courtyard in the centre, between the existing building and the new building which will be developed and furnished with thanks to the local community.

This extension and surrounds will further enhance the quality of life for current and future residents of Millstreet Community Hospital.

The contractor is currently progressing works on site, with areas commencing and being completed on a phased basis. This method of project delivery will ensure handover of completed areas on a phased basis also. At present, the contractors programme is showing completion of the project in Q1 2023.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question No 5(e) on Agenda refers:

“When will the vacant diabetic podiatrist position be filled at UHK and will the hospital commit to filling the post to the same professional standard as the recently retired podiatrist.”

Cllr Mikey Sheehy

University Hospital Kerry (UHK) Podiatry service has been interrupted due to the recent resignation of its Senior Podiatrist in July 2021 to take up a promotional opportunity.

UHK sought a replacement from the HBS National Panel who hold the list of successful candidates to fill this position unfortunately there was no response to same. Additionally, the hospital has approached all agencies regarding locum podiatrists but there are currently none available.

UHK has initiated a local recruitment campaign and interviews will take place the week of 27th of September 2021 for a Podiatrist for UHK.

An interim arrangement has been put in place to maintain service delivery until the appointment of a replacement podiatrist.

**Fearghal Grimes
General Manager
University Hospital Kerry**

MOTION AND QUESTION RESPONSES

FORUM MEETING
18th November 2021

MOTIONS

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

“That SSWHG update and make operational forthwith the Helicopter Landing Pad at UHW in the interest of acute causality survivability and the expected operational infrastructure of a Level 4 Regional medical facility.”

Cllr Jody Power

The helipad at University Hospital Waterford [UHW] is operational on a 24/7 basis and accommodates AW139 i.e. Army Air Corp helicopters.

Where medevacs involve the Irish Coastguard helicopters, landings and take off are in the Waterpark Rugby Club due to the size and clearance requirements of the Sikorsky S92. The Waterpark Rugby Club is adjacent to the hospital.

At a national level, HSE Estates have undertaken studies on acute hospital sites including University Hospital Waterford with a view to providing helipads which may accommodate coastguard helicopters in the future.

Tess O’Donovan
Interim Chief Operations Officer
South/South West Hospital Group

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

“We, as elected representatives of the East Cork Municipal District, request the HSE to directly assess the potential impact of the proposed closure of the Owenacurra Centre, Midleton on residents and families, and the broader cohort of service-users with similar needs in the region, examining, in particular:

How do each of these potential alternative long-stay / respite placements in Cork compare to the Owenacurra Centre in respect of the following:

- i) proximity to an urban centre and connectivity to an urban centre by footpath
- ii) availability of public transport - frequency of buses/trains
- iii) staff to client ratio
- iv) single-room occupancy vs shared-room accommodation (please specify numbers of residents per room for each possible alternative placement)
- v) proximity to Midleton for family contact and reconnection with friends and community activities
- vi) regulated / not regulated by the Mental Health Commission
- vii) most recent Mental Health Commission compliance ratings
- vii) most recent rating on Regulation 22 (Premises) of the Mental Health Commission inspection report
- viii) Room dimensions and how they compare with existing accommodation

What service plan is in place for people more generally under the care of the Midleton/Youghal and Cobh/Glenville Adult Mental Health Teams with severe and enduring mental illness who require long-stay or respite placement into the future in the event that the Owenacurra Centre is closed permanently? How does this service-plan match requirements by the HSE's policy on the community-based rehabilitation of this client group (the *Sharing the Vision* document, for example) and the Mental Health Commission's guidance on the rehabilitation and care of this client group."

Cllr Susan McCarthy
Cllr Mary Lenihan Foley
Cllr Anne-Marie Ahern

The priority of Cork Kerry Community Healthcare (CKCH) mental health services is to make sure that we identify the most suitable placement for every resident of the Owenacurra Centre based on their assessed needs, will and preferences. The process of finding the most appropriate alternative placements for the residents is currently underway and is likely to continue for several more months, so as to achieve our aim of finding the most appropriate placements possible and minimise disruption for each of our 18 residents. This process involves all key persons including the resident, him/herself their families and the multi-disciplinary clinical team, in order to ensure that the transfer of each individual resident is to the most appropriate setting for each individual. Meetings with family members and residents continue and families will be advised as placement opportunities arise.

At this stage, all of the residents have had their needs assessed. Without in any way identifying individuals or their preferences, it is clear that some people will require ongoing continuing care while others can be facilitated to live in lower support settings and with a plan for ongoing rehabilitative support and potentially a form of semi-independent living. As each placement is specific to the assessed needs and preferences of each of the 18 residents, all feasible options with regards to alternative placements are being explored.

In addition to the above, many of the factors raised in the question by the Forum representatives have been considered for each individual in the assessment process. These include the suitability of the new environments, preference regarding sharing of accommodation, transport issues, etc.

The HSE recognises fully the upset that this service change is causing to residents and families and while the building itself is no longer fit for purpose; it provided a valuable location proximitous to the services and community of Midleton.

The HSE continues to explore options to re-provide the day service in the town as soon as possible. We will also be entering into discussions with the local authority and housing bodies regarding the use of the site for the purposes of providing appropriate community housing with support to people from the community with mental health needs in the future.

In relation to the policy on the future of mental health services, the Forum representatives will be aware of the Department of Health '*Sharing the Vision*' Policy document which guides us to the development of a community based approach to meet the mental health challenges of the community. Cork Kerry Community Healthcare will continue to seek resources aligned to the proposed model of care as

outlined in the '*Sharing the Vision*' document and also aligning our existing resource to do so in as an effective manner as possible.

Many of the CHO's residential facilities across Cork in particular do not meet the Mental Health Commission regulations fully and the CHO is preparing a submission in line with the service requirements outlined in '*Sharing the Vision*' to develop new purpose built facilities to meet the population needs. Such development proposals will range from new acute mental health facilities to replacing some continuing care bed stock and the emphasis will be on a recovery model for mental health patients and supporting them in their own homes and communities and minimize the need for residential continuing care facilities as much as possible.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

"What are the steps to be taken, the maximum amount of hours given and also the timeframe involved for a person to receive Home Care Hours or Extra Home Care Hours, especially when their condition worsens. If a patient is being released from hospital how does one get the Extra Home Care Hours in order for them to live at home. I am aware that this is Government Policy as well as HSE Policy and which the public prefer also. It seems as if there is a delay in granting Extra Home Care Hours or New Home Care Hours. Most feel this should be in place as the person is being released from Hospital. Can you let us know why this is not the case currently."

Cllr Pat Dunphy

The following provides a response to the motion regarding, 'Home Care Hours' and referring to South East Community Healthcare Area, (SECH) Older Persons Community Services.

Where an individual requires the allocation of 'Home Care Hours' from this point forward referenced as 'Home Support Hours' the allocation is based on the presenting need of the person and an assessment of care needs. Within SECH, the assessment is carried out by a Public Health Nurse, (PHN).

Should an individual's care needs increase whilst they are living at home, a further assessment will be carried out by the PHN. The outcomes of this assessment are forwarded by the PHN to the Home Support Office for consideration. The Home Support Office will review the updated referral and allocate additional supports based on presenting prioritisation of need.

Where an individual is within an acute hospital setting and requires either a new or increased service for a safe transition home a preliminary assessment is carried out by the acute hospital and forwarded to the Home Support Office for further

consideration. An alternative and more accurate allocation of Home Support Hours occurs where a person is discharged from hospital and a follow up PHN assessment is completed within 48 hours of discharge home. The outcome of the assessment is forwarded by the PHN to the Home Support Office where supports are allocated based on presenting prioritisation of need.

The Older Persons Service within SECH are acutely aware that there are current waiting lists across the Community Care area. The most significant driving factor of these waiting lists is the lack of staff available to deliver the supports. It is acknowledged this creates an undesirable impact for the person seeking the supports and a number of initiatives are underway to alleviate this matter.

- 1) Within the Wexford Home Support Office, a review of the waiting list has commenced which is due to be completed within two weeks. Recommendations from the review and report will be made available to the Chief Officer. A subsequent an action plan will be delivered across the approved recommendations.
- 2) A recruitment campaign specific for Home Support staff occurred in June 2021 and again more recently. Interviews for Home Support will commence mid-November across more than 100 applicants. Successful candidates will progress through the onboarding process, receive the necessary training and commence work to provide home support to those currently on waiting lists.

Kate Killeen White
Chief Officer
South East Community Healthcare

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

“That a mental health nurse to co-ordinate wellness and wellbeing activities in South West Kerry on a par with the excellent work being facilitated through the provision of such a position in West Cork be provided.”

Cllr Norma Moriarty

Kerry Mental Health Services is committed to developing a collaborative approach to the provision of mental health services in Kerry in line with the approach recommended in *Sharing The Vision*. Concrete evidence of this commitment is demonstrated in support for events such as the Kerry Mental Health and Well-being Festival, organisations such as Kerry Peer Support Network and the establishment of the Kerry mental health fora and many years of collaboration work with Kerry Mental Health Association.

The development of 49 Street in West Cork is the result of the gradual evolution of community mental health projects and very much based on a collaborative approach of a wide range of shareholders. The Area Lead for Mental Health Engagement in

Cork and Kerry is happy to work with the South West Kerry community to explore the possible development of a similar service/space in the area. Kerry Mental Health Services would welcome and support any such initiative. In relation to a specific nursing resource to lead out on the service, the HSE will consider this proposal in the context of available funding next year through the on-going service plan process for 2022.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

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

“Based on the number of recent complaints received through Councillors, TDs and social media it’s obvious that the current Ambulance Service in Kerry is totally inadequate. What immediate measures can be implemented to improve the current service?”

Cllr Mike Kennelly

National Ambulance Services is committed to revisiting and updating our Baseline Capacity Review which was last commissioned in 2015 this will set out future requirements against known and expected deficits based on recent demand trends.

NAS acknowledges that a range of challenges which is impacting on our ability to deliver the level of service we aspire to provide to our patients. Our staff are currently under enormous pressure working to deliver both emergency and urgent ambulance services against a significant increase in demand while also working to support the HSE’s COVID response. Similar challenges facing acute hospitals can also mean we unable to secure the release of ambulances as quickly as we need them to respond to waiting calls. NAS have also setup a number of working groups with our staff representative partners to specifically address concerns staff have around dispatch areas, and continuous running on calls. This has proven to be a challenge for staff who have to work a dynamic deployment model.

We are however trying to progress service developments that will make a positive impact to NAS service delivery in the Kerry region. The NAS alternative pathways (APP Car) went operational on 8th November. This project which involves a specialist vehicle / Paramedic or EMT and an ED physician, will deploy in the Kerry region to support the delivery of community emergency medicine. We hope this project will support NAS services on the ground and enable treatment models to be delivered to ensure patients may not need to travel to ED Departments or Hospital.

Nicky Glynn
Chief Ambulance Officer
National Ambulance Service

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

“That the South/South West Hospital Group offers supports to elderly patients by the implementation of specific protocols to allow advocates of patients to be present or specifically communicated with at critical and decision making stages of care.”

Cllr Mikey Sheehy

Acute Hospitals Services

All hospitals within the South/South West Hospital Group (SSWHG) engage with the patient’s nominated Next of Kin (NoK) throughout their care journey and particularly at critical and decision-making stages of care. Hospital visiting unfortunately is restricted during periods of infection outbreak as an important control measure to protect patients from the spread of infection. Therefore when unable to engage with NOK in person, telephone conversations are arranged and held.

In circumstances where there is a greater need for patient and family support, such cases are being dealt with in a compassionate manner on a case by case basis. In all our hospitals, the needs of the patient are to the fore front of decision making.

Current HSE Antimicrobial Resistance Infection Control (AMRIC) Guidance document titled “**COVID-19 Guidance on Access to Acute Hospitals for Nominated Support Partners, Accompanying Persons, Visitors and External Service Providers**” makes provision for one Nominated Support Partner to access each in-patient within the general hospital.

Patient advocacy, outside of the patients’ families and our staff who are caring for patients, is being further enhanced across the hospital group with two new posts being recruited to support the provision of a Patient Advocacy Liaison Service. These posts are to be piloted in two hospitals Cork University Hospital and Tipperary University Hospital. If a Patient requests the presence of an independent advocacy service to be present at any stage (such as SAGE or National Advocacy Service) this request is considered on a case by case basis and within national guidelines as detailed above.

Cork/Kerry Community Healthcare Older Persons

Older Person’s residential services (Community Hospitals/Community Nursing Units) within Cork Kerry Community Healthcare have a robust system in place to promote and facilitate advocacy services in our units. Posters advertising these services are posted throughout the healthcare units and residents and their families are encouraged to access and avail of these services when required.

Disability Services

Cork Kerry Community Healthcare Disability Services can confirm that all Service Providers in the Cork and Kerry region provide an advocacy service for their clients.

Mental Health

Advocacy Services are available in each of our adult residential facilities and approved centres in Mental Health Services, Cork Kerry Community Healthcare. Residents are encouraged and entitled to bring an advocate to any of the community meetings that take place within these facilities.

South East Community Healthcare

The following provides a response to the motion regarding, 'Patient Advocate' and referring to South East Community Healthcare Area, (SECH) Older Persons Community Services.

It is of the upmost importance that throughout the delivery of services and supports that the 'will' and 'preference' of patients is integrated into the decision making process across their care journey.

Within SECH, the advocacy process is supported through; required legislative processes, National HSE Policy, access to independent advocacy services and standard operating procedures across SECH Residential Units.

Since 2014, Standard Operating Procedures of the Safeguarding Vulnerable Persons policy have been implemented across the HSE which requires that each resident is safeguarded from abuse and neglect, ensures that their safety and welfare is promoted and that the residential service has effective arrangements in place to manage risk and protect residents from the risk of harm. This will be further underpinned by through legislation of the Adult Safeguarding Bill (2017) currently at the third stage before Seanad Éireann. The Assisted Decision Making Act (2015) will also underpin further the requirement for 'will' and 'preference' to be incorporated into all decision making process regarding the care and treatment of a patient both within the hospital setting and community. The Act therefore promotes supporting decision-making and maximising a person's capacity to make decisions.

With regard to Patient Advocacy all residents in Community Nursing Units have access to independent supports, should they require it, from external agencies to facilitate the reporting of concerns and allegations of abuse i.e. SAGE Advocacy, the Patient Advocacy Service and support under the HSE's Trust in Care Policy, (2005).

The following processes are implemented across SECH to support the resident.

- Within Community Residential units the Clinical Nurse Managers/Assistant and Directors of Nursing meet with Residents or their representatives when critical decisions have to be made. The communication will always be with the Resident and advocate in the first instance supporting 'will' and 'preference'. Further meetings with family members will also occur.
- Each long stay residential unit is obliged to have a 'Residential Forum' where the resident representative can raise concerns/issues etc. in relation to care and supports. These meetings are minuted and are available for inspection by HIQA.
- Rehab Units engage and support "Family Meetings" when planning for a resident's transition back home in order that a safe discharge occurs.
- The Complaints Officer and details on how to make a complaint must be visible in each unit so that all Residents and their Representatives know how to make a complaint and whom they should go to make a complaint. This is also a requirement from a HIQA perspective

**Ms. Tess O'Donovan,
Interim Chief Operations Officer
South/South West Hospital Group**

**Mr. Michael Fitzgerald,
Chief Officer,
Cork/Kerry Community Healthcare**

**Ms. Kate Killeen White,
Chief Officer,
South East Community Healthcare**

QUESTIONS

**Question No 6(a) on Agenda refers:
Deferred from November Regional Health Forum Meeting:**

"Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure."

Cllr Jody Power

The Regional Cardiac Catherisation Laboratory (Cath Lab) in University Hospital Waterford (UHW) provides service to a regional population of 511,070 (CSO 2016).

Performing in excess of 3000 procedures per annum, the current Cath Lab service is high volume and in this regard Diagnostic procedures are also undertaken in UPMC Whitfield 3 days each week via an SLA.

A second Cath Lab is currently under construction at UHW and is expected to be handed over in June 2022. Equipping and commissioning of this facility will take place thereafter and it is intended to be operational in Q3 2022. The recruitment process for the staffing of the 2nd Cath Lab is currently underway.

Meanwhile discussions are continuing to progress extended working hours in the existing Cath Lab in University Hospital Waterford, however, due to the third wave of Covid-19 in early 2021 and the subsequent Cyber-attack and recovery process; these discussions were delayed until the latter part of 2021 and are still on-going.

**Tess O'Donovan
Interim Chief Operations Officer
South/South West Hospitals Group**

Question No 5(b) on Agenda refers:

"With HIQA's condition to have the new residential development for long stay residents at Saint Patricks Hospital, Cashel, operational by the end of 2021 not going to materialize despite all the promises and with the facility at Our Lady's Hospital Complex only licensed by HIQA for three years, could I have a detailed account of what, if anything, is planned for the long term care of senior residents in Cashel."

Cllr Declan Burgess

The following provides a response to the motion regarding, 'St Patrick's Cashel' and referring to South East Community Healthcare Area, (SECH) Older Persons Community Services.

Subsequent to an unannounced HIQA inspection in December 2018 a deadline for a new build to meet HIQA environmental standards was due for completion by year end 2021. A detailed and proactive process was implemented within SECH involving all stakeholders to design and approve a new build within the timeframe.

However, with the onset of the COVID-19 pandemic a number of factors superseded the development of the new build. It became acutely apparent that the close proximity of residents within St Patricks Cashel presented a significant COVID-19 transmission and infection risk. In order to ensure the residents safety, it was a priority to implement an effective Infection Prevention Control management plan to contain, as far as possible, any COVID-19 outbreaks. SECH Older Persons therefore identified and implemented a successful transition plan for residents to move from St Patricks, Cashel to Our Lady's facility in Cashel.

To ensure the facility at Our Lady's met HIQA registration and in advance of any transfer of residents, both the HSE and HIQA engaged collaboratively to identify the modifications necessary across room lay out and built environment, whilst also ensuring that a homely atmosphere and the dignity of each resident was maintained. HIQA completed an inspection for registration at Our Lady's on 1st June 2020 with the successful transfer of residents occurring on the 8th June 2020. Of note, HIQA register Designated Centres on a rolling 3-year cycle with periodic thematic inspections both announced and unannounced within the registration period.

It should be noted that new HIQA guidance under regulation 27, (September 2021) now requires all designated centres have compliance across detailed Infection Prevention Control measures. This incorporates the principles of person centred planning, staff training and adherence to an IPC environment. Whilst the new build for the Residential Unit, Cashel continues to remain on the National Capital Plan it will be prudent of the SECH stakeholder group to review the plans in order that they meet new HIQA regulations across IPC in light of the COVID-19 pandemic.

Kate Killeen White
Chief Officer
South East Community Healthcare

Question No 5(c) on Agenda refers:

“Can we please be provided with a specific report on the provision of South Doc services in the West Iveragh area (Kells to Castlecove) and details on what arrangements are and will be in place for that service. e.g. Numbers of locum doctors, durations of time they have committed to and any ongoing recruitment being carried out and issues that are hindering same?”

Cllr Norma Moriarty

SouthDoc works very closely with its partner Locum Agency to provide Locum GPs to the out of hours (OOH) service to work across a range of areas including the West Iveragh area to include Caherciveen which is the base for its Treatment Centre.

SouthDoc OOH Locum currently covers specific weekdays as well as providing cover for weekends. The local GPs cover the remainder of the weekdays.

At the moment, a GP is engaged until January 15th 2022, when a long standing Locum will return to the area for his established rotation. Therefore we can confirm that the Locum Doctor engagement is stable for the short to medium term future.

Both SouthDoc and its partner Locum Agency have jointly developed a robust Locum GP recruitment campaign for 2022 – in an on-going effort to attract highly skilled Doctors to work in SouthDoc OOH and particularly, in the remote locations.

There are numerous challenges which exist in locations such as Iveragh Peninsula, which impose further difficulties for Doctors to commit to on-going rotations. Some of the key challenges include the remote location, public transport deficits etc.

The HSE will also examine options to support GP practices in areas that are experiencing sustainability issues. The model of service focusing on specific groups such as those with chronic disease has been a recent addition to the GP contract for example. The on-going uncertainties relating to COVID-19 is also a challenge.

SouthDoc continues in its efforts and commitment to ensure the on-going out of hours service provision is maintained in all areas and in particular smaller and rural locations.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question 5(d) on Agenda refers:

“What is the update position on the development on all primary care centres in Kerry?”

Cllr Niall Kelleher

A key aspect of Sláintecare is moving care into the community and closer to a person’s home. There are currently five Primary Care Centres operational in Kerry.

Operational Primary Care Centres in Kerry	
Primary Care Team Name	Current Status / Comment
North Kerry 1	Fully operational
Kenmare / Sneem	Fully operational
West Kerry (Dingle)	Fully operational
Tralee	Fully operational
Listowel	Fully operational Plans and Schedule of Accommodation complete for the Paediatric Disability Services extension onto the PCC. Awaiting start date for the build.

There are currently a further four Primary Care Centres in progression in the Kerry area. The various stages involved in the progression of a Primary Care Centre from inception to opening are as follows:

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

Primary Care Centres in Progression in Kerry	
Primary Care Team Name	Current Status
Castleisland	Construction will be in two phases: Phase 1 start date delayed to end of November. Phase II to begin in April 2022.
Cahersiveen	Awaiting conclusion of Agreement for Lease. Layouts reviewed and complete. Planning submitted in Sept / Oct 2021
Killarney	HSE currently completing a scoping exercise within this area to meet the existing and future needs.
Rathmore	Ongoing discussions with key stakeholders to progress within this area.

The emergence of COVID-19 in Ireland in March 2020 severely disrupted the delivery of health services in Ireland, including the progression of Primary Care Centre developments, as resources were urgently redeployed to assist with the development / introduction of Covid19 related infrastructure.

In addition, similar to other industries, we are now experiencing delays with respect to supply of necessary building/equipping supplies as a consequence to both the

pandemic and implementation of Brexit. Notwithstanding these elements, all efforts are continual to bring these developments to an operational status as quickly as possible.

The development of Community Healthcare Networks and the positive model that is being progressed for community healthcare has resulted in the addition of multiple new development health and social care posts to meet public health needs. As a result of this, geographical alignment of health and social care teams requires accommodation to be available and this therefore will remain a priority for the HSE.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question No 5(e) on Agenda refers:

“What is the current staffing shortfall in the following areas at UHK presently:

- i) Nursing**
- ii) Administration**
- iii) Consultants**
- iii) Laboratory staff**

Cllr. Mikey Sheehy

University Hospital Kerry (UHK) similar to other Acute Hospitals and Healthcare settings across the state is facing significant workforce challenges arising from the Covid-19 pandemic.

To date, the UHK staffing complement has increased by 150 staff since 2018, a total 1,247 Whole Time Equivalent at present. While the challenges of employing sufficient staff remains, the determination for the recruitment of these priority positions continues to be a priority for the UHK and the S/SWHG.

Vacancies arise due to a variety of factors including recruitment to the various statutory leaves and long and short-term sick leaves. The hospital has a very active recruitment campaign in operation across all disciplines and many posts identified in the figures below are working through this process. Where available staff work additional hours and UHK also utilizes agency/locum cover when it is available to support on-going frontline service delivery.

In November, 2021:

- Nursing (including Midwifery) - There are currently 16 (unfilled) WTE nursing vacancies which are in active recruitment and UHK in conjunction with the

S/SWHG HR function and the National Recruitment Service (NRS) continue to manage the filling of staff vacancies to ensure the on-going safe delivery of services at the hospital.

- Administration - UHK is currently in the process of appointing 33 clerical /administrative clinical support staff, 16 staff have been appointed and are in post and active recruitment is on-going for the remaining posts.
- Consultants - UHK approved Consultant posts have increased from 39 WTE in September 2017 to 52 WTE in September 2021. There is continued focus on expanding the availability of senior clinical expertise in UHK and the recruitment of vital consultant posts in UHK continues to be priority locally and regionally. Acquisition of locum and agency personnel is ongoing, with '8' locums currently, to ensure the required expertise.
- Laboratory staffing deficit is '7' WTEs, noting that there are particular difficulties in recruiting Med Lab Scientists across our hospitals and nationwide.

The data provided is based on manual records systems as the hospitals within the S/SWHG do not currently have a HR/IT system that captures this data. However, S/SWHG will be participating in the implementation of the National Integrated Staff Records & Pay Programme (NiSRP) in 2021 which will see the implementation of a national and integrated Staff Records and Payroll systems across the HSE. These systems will be fully integrated and will support the needs of a modern health system employer, enhancing available workforce information for managers.

Ms. Tess O'Donovan
Interim Chief Operations Officer
South/South West Hospital Group

Question No 5(f) on Agenda refers:

"Can the HSE advise as to when there will be a full return of adult disability day services in Cork County and advise as to how many adult disability centers in Cork County have resumed their services to full pre Covid levels."

Cllr Eileen Lynch

Cork Kerry Community Healthcare Disability Services are actively engaged with all service providers in Cork regarding the resumption of adult day services. This process has been guided by the HSE National Resumption of Day Services framework which has been circulated to all service providers. Service providers are resuming services on a phased basis and in line with public health guidelines. They actively engage with our department regarding the resumption of services and complete regular local reviews regarding the quantum of services being delivered.

At present, the framework for resumption of services recommends 100% return to services and the majority of the services providers have restored services to this level. If individual clients have specific queries regarding the quantum of service being provided, they should speak directly to the service provider to seek resolution in their personal case.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

MOTION AND QUESTION RESPONSES

FORUM MEETING
2nd December 2021

MOTIONS

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

“Based on the number of recent complaints received through Councillors, TDs and social media it’s obvious that the current Ambulance Service in Kerry is totally inadequate. What immediate measures can be implemented to improve the current service?”

Cllr Mike Kennelly

National Ambulance Services is committed to revisiting and updating our Baseline Capacity Review which was last commissioned in 2015 this will set out future requirements against known and expected deficits based on recent demand trends.

We expect this process to begin in Q1 2022

NAS acknowledges that a range of challenges which is impacting on our ability to deliver the level of service we aspire to provide to our patients. Our staff are currently under enormous pressure working to deliver both emergency and urgent ambulance services against a significant increase in demand while also working to support the HSE’s COVID response. Similar challenges facing acute hospitals can also mean we unable to secure the release of ambulances as quickly as we need them to respond to waiting calls. NAS have also setup a number of working groups with our staff representative partners to specifically address concerns staff have around dispatch areas, and continuous running on calls. This has proven to be a challenge for staff who have to work a dynamic deployment model.

We are however trying to progress service developments that will make a positive impact to NAS service delivery in the Kerry region. The NAS alternative pathways (APP Car) went operational on 8th November. This project which involves a specialist vehicle / Paramedic or EMT and an ED physician, will deploy in the Kerry region to support the delivery of community emergency medicine. We hope this project will support NAS services on the ground and enable treatment models to be delivered to ensure patients may not need to travel to ED Departments or Hospital. We also intend to enhance our Management and Governance in Q1 2022 with the introduction of an additional Ambulance Officer in Kerry.

Nicky Glynn
Chief Ambulance Officer
National Ambulance Service

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

“As there are only 4 ambulances in West Cork most of which are not even in the West Cork vicinity a lot of the time, does the HSE have any plans on providing better

ambulance service with extra paramedics to the area? If not so I am calling on the HSE to provide extra ambulances and paramedics to the area.”

Cllr Danny Collins

The National Ambulance Service is anxious to ensure it has appropriate and effective ambulance cover in West Cork. We will continue to build on progress and service developments that have been put in place in recent years. In addition to Ambulance Cover we are also supporting Helicopter Ambulance Services operating from Milstreet which is also deployed in West Cork. We also have Advanced Paramedic operating in Ambulances and a RRV in Bantry. Our intermediate Care service which operates from Bantry also provides Patient Transports services which enhance availability Of existing emergency ambulances. It is important that we continue to monitor demand against our capacity to deliver, and in that regard the NAS has committed to a new capacity review (Q1 2022), which will aid and evidence our requirements for additional resources.

**Nicky Glynn
Chief Ambulance Officer
National Ambulance Service**

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

“Can Management please advise if there is any plans to improve the derelict appearance of the former gate lodge at Our Lady’s Hospital Complex in Cashel? It's a protected structure in the heart of a heritage town and it needs some attention”.

Cllr Declan Burgess

The Gate Lodge, Cashel Health Campus was surveyed by an external property caretaking service in 2016 and given the condition of the building was deemed to be uninhabitable at the time. There is currently no identified clinical / healthcare use for this building.

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

Currently the focus of the minor capital programme primarily relates to Covid-19 requirements and additional infection prevention and control measures.

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

I can advise that HSE South East Community Healthcare Services for Older People are engaging with HSE Estates/Maintenance Services in relation to this issue having regard for ongoing service priorities and available funding.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

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

"As considerable confusion exists in the minds of the public, in relation to the entitlement or otherwise of Medical Centres to charge the over 70's for blood tests, that clarity be provided would be provided in relation to this?"

Cllr John O'Donoghue

I wish to advise that where the practice based phlebotomy service forms part of the investigation and necessary treatment of a patient's symptoms or conditions by the patient's GP, the service should be provided free of charge where the patient is a medical/GP visit cardholder.

It is the General Practitioner's contracted responsibility (outlined below) to provide proper and necessary treatment to eligible persons. If part of that proper and necessary includes phlebotomy, the GP must provide that service free of charge.

The HSE can confirm that the criteria attached to medical card holders who require blood tests is as follows:

Under the terms of the GMS contract, paragraph 11, GPs are required to provide eligible patients with "all proper and necessary treatment of a kind usually undertaken by a general practitioner and not requiring special skill or experience of a degree or kind which general practitioners cannot reasonably be expected to possess". Routine blood tests, which are deemed clinically necessary by the patient's GP are comprehended by this scope of service.
(See attached for further information)

Where a medical card holders is charged for bloods they can contact the Primary Care Unit seeking a refund in respect of these charges.

The SECH Primary Care Unit requests a copy of relevant receipts and seek consent to contact the patients GP directly seeking reimbursement on their behalf.

Where reimbursement is not provided by the GP, the Primary Care Unit forwards the receipts to Primary Care Reimbursement Service seeking a refund to the patient.

Ms Kate Killeen White
Chief Officer
South East Community Healthcare

**Mr Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare**

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

Discussion amongst the Regional Health Forum Members.

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

Deferred from November Regional Health Forum Meeting:

“That SSWHG update and make operational forthwith the Helicopter Landing Pad at UHW in the interest of acute causality survivability and the expected operational infrastructure of a Level 4 Regional medical facility.”

Cllr Jody Power

The helipad at University Hospital Waterford [UHW] is operational on a 24/7 basis and accommodates AW139 i.e. Army Air Corp helicopters. Where medevacs involve the Irish Coastguard helicopters, landings and take off are in the Waterpark Rugby Club due to the size and clearance requirements of the Sikorsky S92. The Waterpark Rugby Club is adjacent to the hospital.

HSE Estates have undertaken studies on acute hospital sites including University Hospital Waterford with a view to developing existing helipads to accommodate coastguard helicopters in the future.

**Tess O’Donovan
Interim Chief Operations Officer
South/South West Hospitals Group**

QUESTIONS

Question No 6(a) on Agenda refers:

"What is the average length of time that it takes this South/South West Hospital Group to employ a staff member from when the vacancy arises to the post being filled?"

Cllr Mikey Sheehy

The filling of staff vacancies within the South/ South West Hospital Group (S/SWHG) is a dynamic situation which is managed by hospitals in conjunction with the S/SWHG HR function and the HSE National Recruitment Service (NRS).

Vacancies can arise due to retirements or resignations, and when the service is notified of these situations the permanent recruitment process is initiated. To ensure the on-going safe delivery of clinical services the duties may be covered through redeployment, restructuring or reallocation, agency or overtime while the recruitment of the permanent post is progressed.

It is not possible, to give a definitive timeline for the filling of posts as figures for vacancies and information on vacant positions are not routinely collected in the manner sought.

Please be assured that every effort is made to ensure an efficient end to end recruitment cycle and S/SWHG endeavor to fill critical posts as a matter of priority, however on occasion delays can occur outside our control, in relation to Garda Vetting, Reference Checks or Occupational Health and varying periods of notice on the part of the employee.

Tess O'Donovan
Interim Chief Operations Officer
South/South West Hospitals Group

Question No 5(b) on Agenda refers:

"Can the HSE advise of the estimated time frame for when the new outpatient ophthalmology services for the South/South West area currently being developed in Ballincollig, County Cork will be fully operational."

Cllr. Eileen Lynch

Cork Kerry Community Healthcare, the South South West Hospital Group and the South Infirmary Victoria Hospital are currently working collaboratively to develop a Regional Eye Care Service based in the new Primary Community Care Centre located in Ballincollig, Co Cork. This new service will provide a designated specialised infrastructure where all community procedures related to Ophthalmology will be performed and incorporate Multidisciplinary Team Working between multiple grades of ophthalmology staff to deliver the best outcomes for both children and adults.

This proposal is in alignment with the strategic direction and recommendations of the Primary Care Eye Services Review Group report and the Model of Eye Care under the National Clinical Programme (NCP) for Ophthalmology.

The NCP for Ophthalmology recommends the integration of hospital and community care, with clinicians and care providers working in teams, as the best approach to deliver care for patients and to address the structural deficits in the current system. The efficient operation of the multidisciplinary team (MDT) is critical to the delivery of primary eye care. Implementing a more community based model will improve access to care and will help address the current adult and Paediatric waiting list crisis. A clear governance structure for the MDTs, with clinical audits, will ensure that the standards of clinical care are maintained.

Furthermore, this proposal is aligned to the following goals in the Sláintecare Implementation Strategy 2018

- Expand community-based care to bring care closer to home.
- Increase integration between the hospital sector and community based care.
- Develop new models of more effective and integrated care that drive value and maximise use of resources.

The building in which the Ophthalmology Unit will be located is on target to be ready by end of Q2 2022. Pending completion of the building works and approval of required funding to deliver the specialised eye care service, additional work will need to be completed on equipping, specialist ICT infrastructure, completion of memorandum of understand across services, and transfer of personnel from various services and completion of numerous recruitment campaigns. Hence the timeline for this project to be operational is Q4 2022.

Michael Fitzgerald
Chief Officer
Cork Kerry Community Healthcare

Question No 5(c) on Agenda refers:

“Can we have an update on the use of the “new Merck treatment ” for Covid-19 in any of the Hospitals in this region or any other trials in relation to treatment of Covid-19 ongoing at present.”

Cllr Roger Kennedy

There is currently an EU procurement process in motion of which Ireland will be part. When more information is available, it will be circulated to Regional Health Forum Members.

Dr Anne Sheahan
Director of Public Health
HSE South

Question 5(d) on Agenda refers:

“Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure.”

Cllr Jody Power

The Regional Cardiac Catherisation Laboratory (Cath Lab) in University Hospital Waterford (UHW) provides service to a regional population of 511,070 (CSO 2016).

Performing in excess of 3000 procedures per annum, the current Cath Lab service is high volume and in this regard Diagnostic procedures are also undertaken in UPMC Whitfield 3 days each week via an SLA.

A second Cath Lab is currently under construction at UHW and is expected to be handed over in June 2022. Equipping and commissioning of this facility will take place thereafter and it is intended to be operational in Q3 2022. The recruitment process for the staffing of the 2nd Cath Lab is currently underway.

Meanwhile discussions are continuing to progress extended working hours in the existing Cath Lab in University Hospital Waterford, however, due to the third wave of Covid-19 in early 2021 and the subsequent Cyber-attack and recovery process; these discussions were delayed until the latter part of 2021 and are still on-going.

Tess O’Donovan
Interim Chief Operations Officer
South/South West Hospitals Group

MINUTES OF MEETINGS 2021

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 25th February 2021 at 2pm
Webex Meeting**

Present:

Cllr Pat Barden
Cllr Declan Burgess
Cllr Peter Cleere
Cllr Danny Collins
Cllr John Coonan
Cllr Pat Dunphy
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Mike Kennelly

Cllr Donal Kenny
Cllr Garry Laffan
Cllr Michael McCarthy
Cllr Susan McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Norma Moriarty
Cllr John Sheehan
Cllr Mikey Sheehy

Apologies:

Cllr Davy Daniels
Cllr Mark Fitzgerald
Cllr Pat Fitzgerald
Cllr Mary Linehan Foley
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 Health Organisation
Dr Anne Sheehan, Director of Public Health, HSE South West
Dr Carmel Mullaney, Director of Public Health, HSE South East
Ms Bridie O'Sullivan, Chief Director of Nursing and Midwifery, South/South West Hospitals Group
Ms Priscilla Lynch, Head of Service, Health & Wellbeing, Cork-Kerry Community Healthcare
Ms Derval Howley, Head of Service, Health & Wellbeing, South East Community Healthcare
Members of the HSE South Forum Office staff

Cllr Burgess Chairperson welcomed everyone to the meeting.

At the outset the Chairperson proposed a vote of sympathy to Regional Health Forum Member Councillor James Tobin on his recent bereavements; his wife Anne who sadly passed away on the 21st December and his sister Nora Ahearn.

A vote of sympathy was also proposed for Cllr. Sean O'Donovan on the loss of his Father.

Members also passed a vote of sympathy to the Dr. Tony Holohan, Chief Medical Officer and his children and family following the sad loss of his wife Dr. Emer Feely. Members acknowledged the significant contribution Dr Feely (RIP) had made to Public Health in Ireland. Members also paid tribute to Dr Tony Holohan for his ongoing work throughout the pandemic at such a difficult time.

Ar dheis Dé go raibh a n-anamacha.

Cllr. Burgess Chairperson welcomed Cllr Garry Laffan as a new member to the Regional Health Forum. Cllr Laffan is replacing Cllr Willie Kavanagh (Wexford) who has stood down from the Forum. The Chairperson acknowledged Cllr Kavanagh's inputs to both the RHF South and South East Committee and wished him well.

1. Adoption of the Minutes of the previous Meeting held on Thursday 19th November 2020

On the proposal of Cllr Mike Kennelly, seconded by Cllr Pat Barden, the Minutes of the Forum meeting held on Thursday, 19th of November 2020 were approved and adopted by the members.

Directors of Public Health updates

2. The next Committee meetings will be held on:

- (a)** South East Committee Meeting held on 20th April 2021
- (b)** South West Committee Meeting held on 22nd April 2021

3. Director of Public Health Updates

In the South East, cases have reduced from up to 5,000 per week in early January to 377 over the last 7 days (to 23rd February 2021) which is broken down as follows: Carlow 43, Kilkenny 45, South Tipperary 90, Waterford 139, Wexford 60. The situation as it currently presents is on a par with figures from October 2020.

Sadly, the Department of Public Health South East has been notified of 362 Covid related deaths across the South East from the beginning of the pandemic to the present time. Of these deaths 130 were linked to residential care facilities and all nursing homes.

Dr. Mullaney outlined to members that half of these deaths took place during the first 6 weeks of 2021 thus highlighting the severity of this 'third wave'.

There are still outbreaks being reported in both public and private residential care facilities although thankfully not to the same extent and the benefits of the vaccination programme for residents and staff is apparent.

Outbreaks have occurred in all settings ranging from acute hospitals, nursing homes, meat plants, schools, workplaces of all kinds - public sector, private sector. Common factors associated with workplace outbreaks are lack of compliance with basic measures such as social distancing and wearing of face-coverings and people coming to work with symptoms of Covid.

Dr. Mullaney updated Members on the Covid mutations and that are now of concern including variants originally identified in Brazil and South Africa. To date no Variant of Concern (VOC) cases have been notified in the South East.

Dr. Anne Sheahan provided an update to Members on Cork and Kerry. The first case of Covid-19 was notified to the Department of Public Health on 5th March 2020 with a total of 25,268 cases notified between then and 21st February 2021. Since the onset of the pandemic there have been three distinct waves (April/October/December-January). As with the South East, there has been a substantial drop in the number of Covid-19 cases notified from 6,849 on week beginning 3rd January 2021 to 223 on week ending 20th February 2021.

There has been a significant reduction in the 14-day incidence rate across all age-groups in Kerry which is the lowest rate in the country and Cork the second lowest.

Community transmission accounts for a significant number of Covid-19 cases. It is critical to get the rate of community transmission down as this is a key to reducing overall numbers. One area of concern with high incidence rates is in the 19 -24 year old age group who are socialising and it is anticipated that there may be further cases as schools and colleges open up.

Questions and Answers:

Following their presentations, the Members asked a number of questions which were responded to by Directors of Public Health.

- Impact of Covid on Health Services
- Data availability for Members
- Procurement of Vaccination Centres
- Capacity of Public Health in terms of resources and future proofing for a potential 4th wave/future pandemics.

4. Covid Vaccination Leads Updates

The rollout of COVID-19 vaccines is underway and the HSE is offering the vaccine in accordance with the allocation strategy and provisional prioritisation list set out by the government (this is subject to revision). The first groups to be offered the vaccine are the groups most at risk of COVID-19 i.e. people aged 65 years and older who live in long-term care facilities, frontline healthcare workers.

Dr. Derval Howley Head of Health & Wellbeing/Covid Lead South East Community Healthcare provided an update on the roll-out of the Covid-19 vaccination programme in long term Residential Care Facilities (including Nursing Homes, Community Hospitals, over 65 years in mental health and disability facilities, social inclusion settings and congregated settings) across the South West and South East. To date a total of 41, 486 vaccinations have been administered in 283 facilities comprising 16,131 residents and 25,355 staff.

Dr. Howley acknowledged the support provided by Acute Hospitals with the vaccination roll-out in nursing homes. In some instances there were significant Covid-19 outbreaks within the long term care facilities so it was not possible to adhere to all of the initially scheduled dates for Dose 1. Where residents and/or staff were unable to receive their first or second dose due to their COVID19 status, additional arrangements were put in place to rearrange first and second doses to these individuals.

As with all aspects of the vaccination programme, progress must be considered in line with the arrival of vaccine stocks into the country.

Ms Bridie O'Sullivan Chief Director of Nursing and Midwifery for the South/South West Hospitals Group (S/SWHG) / Covid-19 Lead provided an update in relation to the vaccination of healthcare workers. Cork University Hospital was initially selected as the first of 4 Hospitals in S/SWHG to roll-out this workstream to healthcare workers. To date 14 sites have been stood as part of this process with a total of 71, 404 vaccinations administered (i.e. Dose 1 plus Dose 2). The vaccination of staff will be in accordance with the specific national guidance issued in relation to the sequencing of vaccinations of frontline healthcare workers. Ms O'Sullivan advised Members that with regard to this particular work stream, 5 sites will remain active and for S/SWHG including South Infirmary (central hub), Mallow HC, Tralee Institute Technology, South Tipperary General Hospital and University Hospital Waterford and Ireland East Hospital Group, Wexford General Hospital and St. Luke's Hospital, Kilkenny. This has been a very successful programme and the response from staff has been tremendous. We are only hindered by the amount of vaccine supplies available which is a national and international issue. Waterford.

Ms Priscilla Lynch, Head of Health & Wellbeing Services Covid-19 Lead Cork Kerry Healthcare provided an update on the GP Vaccination Rollout and also the roll-out of public vaccination centres.

Ms Lynch also advised Members of the ongoing work with General Practitioners and their Teams to deliver Covid-19 vaccines to those patients aged over 70 years. The core principle of this programme is to ensure that the oldest and most vulnerable are vaccinated first in line with the age cohorts as set out by NIAC (on a sequential basis commencing with the over 85 years cohort) in in line with available vaccine.

While vaccines are now being administered in healthcare settings by GPs and Practice Nurses, it is expected that members of the public will be also be offered vaccinations in the new public vaccination centres. This work stream is a joint venture between acute hospital and community services. The centres vary in size and operating hours and were selected based on population density, ease of access, transport, and parking availability. It is planned that there will be 7 vaccination

centres in the South West and 5 in the South East. Unfortunately at this time it is not possible to operate vaccination centres in every town. It is intended that each centre will offer a number of booths whereby individuals with appointments only can be vaccinated at the same time. There are ongoing final preparations in terms of staffing and equipping these locations. When these centres are operational, it is anticipated that people should be able to electronically book their appointment. The IT system will be critical for this. It is envisaged that there will be community supports for people who may not have access to IT or indeed be able to use IT. There are no definite service commencement dates as yet - this is very much dependent on vaccine supplies. It is also critical that in addition to the vaccination programme that people also adhere to public health guidance. The HSE is engaging with community partners in relation to arrangements for transport for those with mobility problems.

The HSE is also currently working on plans for the vaccination of bedbound elderly people at home - this will involve close working with GPs and Public Health Nursing in order to identify this cohort.

It is intended that these vaccination work streams will run concurrently subject to vaccine supply. It should be highlighted that this is the first time in our history that a national vaccination programme has been stood up for the country - it is acknowledged that there will be learnings which we will apply as we progress with the vaccination roll-out.

Questions and Answers:

Following their presentations, the Members asked a number of questions which were responded to by the Covid Leads and HSE Management.

- Acknowledgement of work to date on staff vaccination programme in UHK
- Queries re Public Vaccinations Centres
 - Locations of Vaccination Centres and requests for additional locations
 - Hours of Operation of vaccination centres
 - Numbers of Booths and operational throughput.
 - Supports to people who may not be familiar with booking their appointments online.
 - Staffing of Vaccination Centres - retired nurses and registration fees
- Vaccines for Other Healthcare Workers e.g. Physiotherapists, Pharmacists
- Vaccination for those living in Direct Provision accommodation
- Queries re GP Vaccination Programme
 - Process and arrangements for Vaccine Supplies/Delivery to GPs for those aged over 70 years cohort commencing with 85 years plus cohort.
 - Concerns regarding variances in deliveries throughout the Region.
- Arrangements for vaccination of elderly bedbound cohort at home.
- Arrangements for vaccination of those who work closely with children with special needs who have been significantly negatively impacted by the pandemic. These key workers include Bus Drivers, Special Needs Assistants and also close family members living with children with special needs. It was agreed that the RHF would written to the Minister for Health on this issue.
- Arrangements for vaccination of those living with Chronic Conditions
- Will there be a choice of vaccine offered?

- Arrangements for Older People scheduled for vaccination by their GP but who have been admitted to hospital in the meantime.
- Arrangements for vaccination of people transferring from acute hospitals to nursing homes.

7. Date and Time of next meeting - 25th March 2021, at 2pm.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 25th March 2021 at 2pm
Webex Meeting**

Present:

Cllr Pat Barden
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Danny Collins
Cllr John Coonan
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Michael Gleeson
Cllr Pat Hayes
Cllr Niall Kelleher
Cllr Mike Kennelly
Cllr Mary Linehan Foley

Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy
Cllr John McDonald
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr Katie Murphy
Cllr Brian O'Donoghue
Cllr Ken O'Flynn
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy
Cllr James Tobin

Apologies:

Cllr Mark Fitzgerald
Cllr Sean O'Donovan

In Attendance:

Dr Orla Healy, A/ Chief Operations Officer, South/South West Hospitals Group
Mr Priscilla Lynch, Head of Service, Health and Wellbeing, Cork Kerry Community Healthcare
Ms Derval Howley, Head of Service, Health and Wellbeing, South East Community Healthcare
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 25th of February 2021

On the proposal of Cllr Michael Gleeson seconded by Cllr Pat Hayes, the Minutes of the Forum meeting held on Thursday, 25th of February 2021 were approved and adopted by the members.

2. Chairperson's correspondence

3. Committees

The next Committee meetings will be held on:

- (c) South East Committee Meeting held on 20th of April 2021
- (d) South West Committee Meeting held on 22nd of April 2021

5. Notices of Motion

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

"That the HSE Forum South would inform if there is a HSE employed practicing Physiotherapist in the Killarney area to treat public clients and particularly Stroke victims some of whom have extreme difficulty accessing the service in Tralee because of distance and degree of disability."

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 written reply. He highlighted a case of a constituent recovering from stroke and requires physiotherapy and is living 40 km from Tralee. Ms Priscilla Lynch in response advised that there are 4 Physiotherapists available in the Killarney Service. However at times depending on an individual's assessed need post stroke, it may be in their best interests to attend the specialist physiotherapy service located in Tralee. Ms Lynch advised that there are some transport supports available if the Cllr needs to make direct contact in their regard. A person may avail of the services in Killarney, if they are deemed suitable for same.

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

"With HIQA demanding that the new 60 bed residential unit be operational at Saint Patrick's Hospital, Cashel, by the end of 2021, and with time running out rapidly, this meeting be advised as to the progress to date, if any, and when a Planning application will be lodged?"

A written response from Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr. Burgess acknowledged the written reply. Derval Howley outlined that with the pandemic, in consultation with the HIQA, residents had successfully transferred to Our Lady's building. She also stated that HSE Estates continue to be very focussed on priority Covid-19 upgrade works. The next step will be a cost benefit analysis. Cllr Burgess thanked Dr Howley and requested to be kept informed of any updates.

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

“That this forum supports my call for the South/South West Group to initiate a system for tele-consultations where a central, identifiable, phone number is used by consultants and other medical staff when contacting patients.”

A written response from Dr Orla Healy, Interim Chief Operations Officer, South/South West Hospital Group was circulated to members and noted.

Cllr Sheehy stated that there are cases whereby Consultants are ringing patients from mobile numbers with no caller identification showing. This can frighten older people in particular who are wary of answering calls where the caller identification is withheld. It is not possible for the patient to try and return the call without a number to ring back. Cllr Sheehy appreciated the written reply and in particular that an identifiable number will be used by hospital Consultant staff.

Dr Orla Healy advised that as part of the emergency response to the pandemic, it has been necessary to decrease the footfall in our hospitals. There are electronic web-based platforms for telehealth being implemented such as “Attend Anywhere”. Dr Healy also advised that as part of the hospital appointment system there are call and recall systems in place. With regard to the recall system, Cllr Sheehy advised that one patient managed to get in contact with the Consultant whilst another was discharged to the General Practitioner as opposed to being rescheduled. Dr Healy noted these concerns and advised that issues raised in Cllr Sheehy’s correspondence will be taken on board and shared with the hospital.

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

“That an update be received on Capital Works underway in Mallow General Hospital.”

A written response from Dr Gerard O’Callaghan, CEO, CUH Group was circulated to members and noted.

Cllr Lynch thanked Management for this comprehensive reply. She had further queries in relation to the top two floors (inpatient and rehabilitation) coming on stream at the same time and an update on the appointment of Contract Administrator/Project Manager. Dr Healy responded advised that it would be unlikely that rehabilitation would be available at the same time as inpatient beds. It is understood that a Business Case is currently being developed in this regard. Dr Healy confirmed that HSE Estates have engaged a Contract Administrator/Project Manager to oversee the build. Preparatory groundworks are ongoing onsite at present. Ms Lynch indicated that she would revert with update on Contractor when available.

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

“That the HSE give members an update on the return of the out of Hours Medical centre run by South Doc in Listowel.”

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

Cllr Kennelly outlined his frustration with this matter as there seems to be no real update at this time. He noted that the reply advised of an anticipated meeting with Southdoc on 30th March 2021. Cllr Kennelly stated that the Out of Hours GP Service in Listowel is closed at this time and this is a serious issue for the people of Listowel and North Kerry. At this time, the lowest number of Covid cases is in Kerry – so the pandemic cannot be used as a reason for continued closure. Cllr Kennelly stated that he is seeking a decision on this matter as he has been continuously pushing for a re-opening of the service which has not happened to date. Ms Priscilla Lynch advised that the HSE are seeking to follow due process and have written to Southdoc in relation to service resumption and a meeting is scheduled for 30th March 2021. Ms Lynch stated that she would arrange for the HSE to revert to Cllr Kennelly following this meeting. Ms Lynch also indicated to Members that there are other mechanisms available if anyone needs to access out of hours emergency services.

6. Questions

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

"In view of the isolation and prolonged loneliness that so many of our relatives and neighbours have endured for almost the past twelve months in Nursing Homes - public and private - that the Government, HSE and Local Authorities would formulate new and vibrant housing policies for the elderly whereby people would be enabled to live with reasonable freedom and independence in a collective setting of appropriate sized group housing and with appropriate supports. It is wholly unconscionable that the existing system would be accepted as the norm into the future."

Cllr Gleeson stated that he was aware that Public Housing is not the direct remit of Health. However the welfare of older people is a concern for the HSE and particularly during this pandemic, where for instance many living in nursing homes have been isolated from their families and endured significant loneliness. It is incumbent on government, Local Authorities, HSE to respect older people who are entitled to live in communities rather than nursing homes. Cllr Gleeson cited as an example the positive example Cluid Housing in Killarney which affords people the opportunity to live with dignity and privacy.

In addition Ms Lynch advised Members that she was pleased to note in line with national guidance visits to nursing homes will recommence. In addition the HSE including Health & Well-being are involved in ongoing work to support well-being in older age through different initiatives and approaches such as Community Call, working with Local Authorities and voluntary agencies and the roll-out of HSE Living Well Self-Management Support Programmes.

Derval Howley advised Members of the work of the Positive Ageing Group, the Older People's Council and the ongoing work with ALONE. Dr Howley also referenced work in relation to Enhancing Digital Accessibility for Older People.

A discussion was held among the members and the following was decided to write to the Department of Housing and Planning on this issue of concern. Members fully supported Cllr Gleeson on this important issue. It was also agreed to invite a representative from ALONE to present an update on their services to the RHF South.

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

"Jigsaw the Youth Mental Health Centre delivery has been delayed yet again. Can management please give an update into the commencement of the Jigsaw project 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 Management for the very detailed written reply and welcome that the location had been signed off along with ongoing recruitment. Dr Derval Howley advised that the Jigsaw have advised that there will be consultation with young people themselves on how they envision what any outreach service will like in terms of meeting their needs. With regard to outreach Cllr Burgess mentioned the consultation with Irish Second Level Student Unions would be beneficial. It was agreed that Dr Howley would arrange to revert further to Cllr Burgess with any further Jigsaw update on recruitment and outreach when available.

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

"Can we have an update on the timelines for the Cahersiveen Primary Care Centre and a description of the services that will be operating from there when opened?"

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

Cllr Moriarty thanked Management for the reply and asked for clarification on whether this project is on point 4 of an 11 point action plan and on the intended opening dates.

Cllr Moriarty advised Members that there is considerable work ongoing in the Cahersiveen area at present which is very positive in terms of rural regeneration. There are significant opportunities for the HSE and Local Authority to link together on the location of services and other related matters. In this regard Cllr Moriarty will provide the HSE with details of the relevant Local Authority contact person.

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

"What are the short, medium and long term plans for the oncology unit and cancer services in Kerry considering the current proposed move of the service to the Bons Hospital in Tralee."

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

Cllr Sheehy acknowledged the written response from Mr Grimes. Whilst Cllr Sheehy welcomed the proactive work undertaken by HSE Management in University Hospital Kerry who ensured that a vulnerable cohort of chemotherapy day patients were safely relocated as part of the emergency response to the ongoing pandemic, he did not think it appropriate to relocate to a palliative care unit. Cllr Sheehy sought clarity on the following:

- Was it solely the Chemotherapy Day Services (Infusion Unit) that relocated or did this move included the Consultants and Oncology Nurses too?

- Where will Oncology Consultations take place?
- Where will scans/biopsies take place?
- Where will patient files be stored and how will they be accessed?
- Will a proposal for a new unit be included as part of a capital approval submission?

Dr Orla Healy responded to these questions and advised that from the outset a decision needed to be quickly made to safely accommodate these services (primarily infusions) on an interim basis at short notice with the onset of the pandemic. There has been significant work to date on a submission to build a dedicated facility on the UHK footprint. Dr Healy advised that Diagnostic Services will largely remain in UHK. A project team has been established to oversee logistical arrangements including files/patient charts and will take account of GDPR requirements. There have been patients transferring between hospitals over the course of the pandemic and sufficient clinical information follows with transfers. The Project Team will also work through issues such as location of outpatient consultations.

(e) Cllr Pat Fitzgerald put forward the following question:

In regard to cancer survivors; are HSE medical professionals analysing the various vaccine trials data with a view to determine which vaccine may or may not be suited to their particular medical condition.”

A written response from Dr Carmel Mullaney, Director of Public Health, South East was circulated to members and noted.

Cllr Fitzgerald acknowledged the written reply. He had submitted the question following contact from a constituent who was a cancer survivor and was concerned whether the vaccine had been tested on cancer survivors was there ongoing research to determine which vaccine is best for particular groups/individuals. The HSE is acutely aware of the challenges that the COVID-19 pandemic has presented for cancer patients, and their families/carers. The pandemic has caused a great deal of stress and anxiety for people living with cancer. With regard to vaccination, it is acknowledged that there are individual concerns particularly amongst vulnerable groups.

Cllr Fitzgerald stated that cancer survivors including those members of Cancer Support Groups such as Solas have concerns in relation to vaccine type and where can they go for advice and assistance.

Dr Orla Healy advised that Oncology Medical Community is well versed on the vaccine. In general, **patients with cancer diagnosis will be advised to avail of the COVID-19 vaccine when it is offered to them, unless they are advised otherwise by their hospital medical team.**

7. Date and Time of next meeting – 20th May 2021, at 2pm.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 16th September 2021 at 2pm
Webex Meeting**

Present:

Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Danny Collins
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Pat Hayes
Cllr Niall Kelleher
Cllr Garry Laffan
Cllr Mary Linehan Foley
Cllr Eileen Lynch
Cllr Arthur McDonald

Cllr John McDonald
Cllr Conor McGuinness
Cllr Norma Moriarty
Cllr John O'Donoghue
Cllr Sean O'Donovan
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy
Cllr Frank Staples
Cllr James Tobin

Apologies:

Cllr John Coonan

In Attendance:

Mr Gerry O'Dwyer, Chief Executive Officer, South/South West Hospitals Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Catherine Neary, Head of Human Resources, South East Community Healthcare
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 25th of February 2021

On the proposal of Cllr Mikey Sheehy seconded by Cllr Pat Dunphy, the minutes of the Forum meeting held on Thursday, 25th of February 2021 were approved and adopted by the members.

Cllr John O' Donoghue was welcomed to the Regional Health Forum as a new member following the recent retirement of Cllr Michael Gleeson. Both HSE Management and Forum Members expressed their sincere thanks and appreciation to Cllr Gleeson for his significant contribution to the Forum.

2. Chairperson's Correspondence

3. Committees

The next Committee meetings will be held on:

- (a) South East Committee Meeting held on 19th of October 2021
- (b) South West Committee Meeting held on 22nd of October 2021

4. Notices of Motion

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

"Please provide an update on Primary Care Unit for Youghal area, how far along are we on this?"

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Foley thanked HSE Management and welcomed this overall positive reply. She requested that she be kept updated in progress over the upcoming months. Mr Michael Fitzgerald agreed that they would provide updates and also indicated that as with many other projects progress had slowed down due to the ongoing Covid-19 pandemic.

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

"Why have people in Carlow to endure long delays to access the ambulances? The system has been changed and this current system is not working. Can we revert to a better system where such long delays are not occurring?"

A written response from Mr Nicky Glynn, Chief Ambulance Officer, National Ambulance Service was circulated to members and noted. Cllr McDonald advised that as far as he is aware there are 3 ambulances in the Ambulance Station at St Dymphna's Hospital Carlow at any one time and yet it takes hours for patients in Carlow to get an ambulance. Cllr McDonald stated that Carlow as a central county should have a service. Mr. Nicky Glynn responded stating that he had raised this issue with the Ambulance Service nationally. It is acknowledged that there is a difficulty with the central location in Carlow. There are service enhancements but

these are being drawn into other areas which are not historically part of the catchment area. It has been agreed at national level to update the spatial review which was completed in 2015 - this will include a review of activity levels. Mr Glynn advised that there are ongoing discussions with national ambulance centre in relation to deployment of available resources and it is acknowledged that there needs to be additional resources on the ground and to bring them into the Carlow area. Mr Glynn continued stating that there is a separate process underway with a number of staff across the South East and South West in relation to long response to ambulance calls. Mr. Glynn advised Members that he would come back and provide verbal and written updates to them.

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

“That the HSE, recognising the challenge of recruitment General Practitioners, especially in Rural Areas would engage with the various stakeholders (GMS, HSE, Irish Medical Organisation etc.) to ensure that there are a variety of flexible solutions to meet local needs such as salary GPs , and other supports.”

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare and Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr Sheehan thanked HSE Managers for their reply. He stated that this question was more directed nationally and particularly at the present as he felt the GP Contract is ‘a one-size fits all’ which can be problematic. Initiatives such as GP Practices linking with larger practices and GP mentoring early on in careers are positive developments. Mr Michael Fitzgerald agreed that this issue in relation to GP vacancies is a very pertinent point and that there are ongoing challenges in recruitment and vulnerabilities with certain types of practices. It is very much a changing world for GPs which has been accelerated by the Covid-19 pandemic. The HSE is working hard to try and attract new GP recruits. This is a national issue and the public should be aware of the challenges. Michael Fitzgerald agreed to raise this matter at a national level with Mr. Pat Healy, National Director, Community Strategy and Planning. Ms Catherine Neary concurred with Mr Fitzgerald advising that that are difficulties filling GP posts in some locations and we need to consider how best this is managed into the future. In the South East there are three GP Panels ongoing at present.

Cllr. Moriarty supported the Motion, stating that in South West Kerry this will be an issue. Communities and GPs themselves are open to innovative solutions. Cllr Mikey Sheehy asked about contact between the HSE and Department of Justice particularly in relation to South African working visa for prospective GP recruits. Mr Fitzgerald advised Cllr Sheehy that he could not respond on the specifics of this matter at this time but would endeavour to follow up as appropriate.

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

“That we ensure a full examination of Ambulance Provision in the region as we are experiencing far too many delays, and inter county call outs which are exacerbated by log jams in hospital admissions. Dynamic Deployment as an approach it seems, is better suited to some geographical areas than others and if it is to be pursued, then more bases may very well be required to allow for sufficient coverage.”

A written response from Mr Nicky Glynn, Chief Ambulance Officer, National Ambulance Service was circulated to members and noted. Cllr Moriarty outlined her concerns in relation to Ambulance Service located in the Kenmare Iveragh area and the issue of staff burnout. For a significant proportion of time there are no ambulances available in the area - they are elsewhere on calls. This is further compounded by the Covid-19 pandemic where some GPs may not be seeing patients with a resulting impact on the ambulance service and overall waiting times in hospitals for patients awaiting admission. Cllr Moriarty stated that the lack of ambulance call triaging often results in an ambulance being used as a taxi. There is also a fear of litigation in relation to the ambulance service and emergency 999 calls. Cllr Moriarty stated that while she acknowledges the written reply but it is critical that we find solutions. Mr. Nicky Glynn responded stating that he fully recognises matters that staff are raising about services. He also advised that Ambulance staff feel that a number of the calls they go to are unnecessary and there is a high level of concerns in relation to these particular calls. Issues in relation to the ambulance services are always emotive and the overall dynamic situation over the last 18 months with the Covid pandemic has had a significant impact on the service and frontline staff. This evolving situation is ongoing and the aim to return to normal whilst desirable is not necessarily achievable given the huge unknowns with Covid-19 and variants. Mr Glynn advised members of paramedic and intermediate care and also regarding the ambulance helicopter which is used for the most urgent cases. The National Ambulance Control Centre in Dublin is looking at different models of working in response to calls. For instance, in Cork/Kerry area, as part of a pilot project, a Doctor and Paramedic would go out in a car to triage a call prior to any transfer into hospital.

Mr Glynn also outlined that the Ambulance Service was examining the spatial strategy across the South West and the South East with the aim of developing responses to problems arising. It is not simply a matter of providing additional resources only without looking at how best to address issues. Mr Glynn advised of an initiative which is being tested at present whereby Doctors are present in the Control Centre and available to triage calls received. This is proving useful in terms of unnecessary hospital admissions.

Mr Glynn also explained to Members that at times when someone calls 999, the Ambulance Service needs to prioritise removing the patient from the environment they are in as opposed to an Emergency Admission to hospital. Cllr Moriarty asked whether for example an inebriated patient could be transferred by car as opposed to ambulance vehicle - Mr Glynn replied that cars by their nature are single person and that in such instances ambulance vehicles may be preferable given need to have multiple staff on board.

Cllr Mikey Sheehy thanked Mr Glynn and noted that it was a very different environment for ambulance staff and that he would have concerns for their welfare and well-being. Mr Glynn concluded advising Members that he would come back before the Regional Health Forum to provide an update on initiatives as required.

(e) Cllr Jody Power moved the following Motion, standing in his name:

"That SSWHG update and make operational forthwith the Helicopter Landing Pad at UHW in the interest of acute casualty survivability and the expected operational infrastructure of a Level 4 Regional medical facility."

A written response from Ms Tess O'Donovan, Interim Chief Operations Officer, South\South West Hospital Group was circulated to members and noted.

As requested by Cllr Power, this Motion was deferred to the November meeting.

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

"That the HSE would provide an update on the ongoing refurbishment and extension works to Macroom Hospital, to include any information regarding when the works will be completed."

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Lynch thanked HSE Management for their reply which is welcome. She asked for confirmation of a contractor and for an estimated completion timeframe and also on the impact on current services. Mr Michael Fitzgerald advised that he would arrange to revert to Cllr Lynch in relation to the contractor. Mr Fitzgerald agreed that this was positive news. It is planned that the extension would be built first and then to undertake the refurbishment of existing setting so it may feel like a phased development but in reality it is not. There is a resulting impact on the overall bed stock by approximately 20 beds whilst development works are ongoing and to ensure compliance with infection control and safety requirements. Once the works are completed it is planned that the overall bed stock will increase.

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

"That this forum and the SSWHG supports fully vaccinated partners of pregnant women by re introducing visiting rights to pre COVID19 pandemic access for the birth of their child, pre labour scans, consultations and post labour partner support."

A written response from Ms Tess O'Donovan, Interim Chief Operations Officer, South\South West Hospital Group was circulated to members and noted. Cllr Sheehy thanked HSE Management for the written reply. Whilst he fully acknowledged the need to proceed with caution, he indicated that the HSE must consider the needs of pregnant women and their partners in relation to attendance at scans, during birth and post-natal appointments. It is a stressful time for women concerned and the support from partners is critical. Mr Gerry O'Dwyer acknowledged the concerns raised by Cllr Sheehy.

Mr O'Dwyer highlighted to Members that since the commencement of the Covid-19 pandemic, maternity services have been committed to ensuring that the impact of Covid-19 on services and the pregnancy experience for every mother and their partner is kept to a minimum. He explained that the HSE prioritises the health and safety of its service users and its staff. Managing the risk of infection has to take account of the fact that many maternity hospitals work within sites with infrastructural challenges. Taking these challenges into account it was necessary for the HSE to develop guidance on visiting in maternity hospitals that seeks to balance the competing requirements for partners to be present to support women but also giving priority to the safety, welfare and privacy of all women and infants that use the service, in a sympathetic way and its staff.

Mr O'Dwyer advised Members that it is necessary to remain vigilant to the ongoing challenges presenting with Covid-19. There are currently 66 persons with Covid-19 in hospitals across the South/South West Hospital Group and a number of these patients are in ICU. Whilst guidance may be reviewed we need to continue to prioritise the safety of all women and infants that use maternity services and our staff.

6. Questions

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

"To ask the HSE what are the total number of Hospital Consultants positions in Cork University Hospital and what number and percentage are either not currently filled or filled by locum Consultants."

A written response from Dr Gerard O'Callaghan, Chief Executive Officer, Cork University Hospital was circulated to members and noted. Cllr Sheehan thanked HSE Management for the written reply and welcomed the positive developments and new Consultant posts coming on-stream in the Hospital Group whilst noting that there are a number of upcoming retirements.

Mr Gerry O'Dwyer outlined that with Covid-19 acute hospital services and indeed the entire healthcare system are in a different arena – there is ongoing reform of services to try and prevent (where clinically indicated) admissions to acute hospitals and to provide services closer to home. The core objective is to shift the emphasis of providing care from the acute hospitals to the community. For instance as part of the Integrated Care Programme for Chronic Disease, the focus is on supporting people living with chronic diseases including respiratory, cardiovascular and diabetes. Many Consultant posts will be split between acute hospital and community services provision. The Integrated Programme for Older People on the development of an end to end pathway to support older people many with multiple co-morbidities and frailty.

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

"Is there a clear schedule for the re-opening of Day Care centres available and or steps or milestones that need to be met to allow for same?"

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare and Ms Kate Killeen White, Chief Officer, South East Community Healthcare was circulated to members and noted. Cllr Moriarty thanked HSE Management for the reply and outlined that her query was specifically relating to Cahirciveen Day Hospital/Day Care Centre and an actual re-opening date. Mr Fitzgerald stated that whilst he does not currently have specific re-opening dates for all centres, work is ongoing for the safe phased reopening of day centres for older people in communities across the Cork Kerry Healthcare area. He accepted that there was a need and demand for the re-opening of day centres particularly given the impact of Covid-19 on many older people over the last 18 months. The HSE is working through a process to support Day Care Centres to resume services which

include risk assessments in relation to environment and staffing, infection control measures and adaptation works.

Ms Catherine Neary advised Members that similar work had taken place across the South East to support the safe re-opening of Day Centres for Older People and she thanked the staff involvement for their ongoing dedication and commitment for this.

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

"Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure."

A written response from Ms Grace Rothwell, General Manager, University Hospital Waterford was circulated to members and noted.

As requested by Cllr Power, this Motion was deferred to the November meeting.

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

"That the HSE would provide an update on the ongoing refurbishment and extension work to Millstreet Community Hospital, to include information regarding when the works will be completed."

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

Cllr Lynch thanked HSE Management for their reply and asked for confirmation in relation to the handover of the completed work, whether this would be a phased development and the impact on current services. In response Mr Fitzgerald advised that there would be phased opening – this is a live service and we are currently down a number of beds at this time. Bed numbers had previously been reduced as part of a compliance issue with independent regulatory body HIQA. With the phased opening, it is planned to move residents to the new area when complete and work will then commence on the refurbishment of the older section. This will be a complex process and will require careful planning and organisation to ensure the safe transfer of residents.

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

"When will the vacant diabetic podiatrist position be filled at UHK and will the hospital commit to filling the post to the same professional standard as the recently retired podiatrist."

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

Cllr Mikey Sheehy thanked Mr Grimes for his written reply. Cllr Sheehy outlined his concerns for the Diabetic Service. Mr Gerry O'Dwyer assured Cllr Sheehy that he would keep him updated on developments.

7. Date and Time of next meeting - 18th November 2021. Forum Members also agreed for an additional RHF South Meeting to be scheduled in December 2021.

**MINUTES
MEETING OF REGIONAL HEALTH FORUM SOUTH**

**Thursday 18th November 2021 at 2pm
Webex Meeting**

Present:

Cllr Ann Marie Ahern
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr John Coonan
Cllr Davy Daniels
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Pat Hayes
Cllr Joe Kavanagh
Cllr Niall Kelleher
Cllr Garry Laffan
Cllr Mary Linehan Foley
Cllr Eileen Lynch

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

Apologies:

Cllr Danny Collins
Cllr Mark Fitzgerald
Cllr Sean O'Donovan
Cllr Jody Power
Cllr Ted Tynan

In Attendance:

Ms Tess O'Donovan, Chief Operations Officer, South/South West Hospitals Group
Mr Ken Fitzgibbon, Interim Chief Executive Officer, Ireland East Hospital Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen White, Chief Officer, South East Community Healthcare
Members of the HSE South Forum Office staff

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The next Committee meetings will be held on:

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How do each of these potential alternative long-stay / respite placements in Cork compare to the Owenacurra Centre in respect of the following:

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Cllr Susan McCarthy felt that the response did not adequately address the queries raised. She expressed her disappointment at the lack of information being provided on the plans being put in place for long term care residents of the centre and on the plans for the replacement of the day centre. Cllr McCarthy raised concerns about the suggestion that some residents may be moved to Cork city or North Cork. She also questioned whether the HSE will be able to source suitable accommodation in the community at a time when there is a shortage of housing in the region. Cllr McCarthy stated that any solution put in place by the HSE needs to be in the best interests of the residents and would need to be sustainable. She acknowledged that Owenacurra Centre has been deemed to be not fit for purpose but she emphasised the need that the East Cork area does not lose access to the services which it provides, in particular the 21 residential beds.

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the site and to develop health services on the site. That may include a number of smaller residential houses which would allow residents to live in a supported environment within the community. The emphasis on service delivery must continue to move towards providing care and treatment and support to people in the community in their own homes where possible. Mr. Fitzgerald said that there is a Home Based Treatment Team and Community Mental Health Teams in place in East Cork to support this model of care and the HSE is always looking to further develop and enhance these services and seek resources to develop them.

Mr. Fitzgerald concluded by saying that the HSE is conscious of the fact that a number of other residential units within mental health services in Cork are also not fit for purpose and said that local management are working on a strategic plan to develop proposals for redevelopment in line with government policy.

Cllrs McCarthy, Ahern and Lenihan Foley thanked Mr. Fitzgerald for his response.

Cllr Burgess said he would move on with the Agenda after wishing the councillors well in their upcoming briefing on the matter.

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

Cllr Dunphy asked about the timeframe around providing home support hours for those who wish to remain in their own home, some very elderly with no family. He said he knew of quiet a lot of people approved which is good but they have not received it to date. He would like if the HSE could speed up the process.

Ms Kate Killeen White spoke to the importance of Home Support and stated that the HSE are constantly looking to recruit Home Support Workers to all their care groups in the South East. The pool of Home Support Workers available to work has however reduced and all attempts are being made to recruit into the sector. She explained that SECH had carried out three separate recruitment drives in the 2021. Kate Killeen White reiterated that the main risk presenting is not approval of the hours but the availability of home support staff. Ms Killeen White stated that SECH were constantly recruiting, constantly reviewing the service, constantly prioritising those with greatest need to receive hours required. Ms Killeen White advised that SECH know that people wish to stay at home and are doing their very best to deliver the service to all of those in need of it but it remains a significant risk and waitlists are growing.

Cllr Dunphy thanked Ms Killeen White for her update and asked that the timeframes of the more recent recruitment campaign be provided at the next Forum Meeting.

Cllr Coonan supported Cllr Dunphy in his motion and offered his support to Ms Kate Killeen White as a county councillor. Cllr Burgess, Chairperson, agreed with this and offered support to SECH in terms of supporting communication of any information to constituents if this would assist the service. Ms. Kate Killeen White thanked the forum for their ongoing support and dedication.

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

“That a mental health nurse to co-ordinate wellness and wellbeing activities in South West Kerry on a par with the excellent work being facilitated through the provision of such a position in West Cork be provided.”

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 positive response. She stated that there are a lot of good things happening in the area and a pool of people willing to help. What is needed now is someone to co-ordinate these efforts and resources. Mr. Fitzgerald agreed to forward the name and contact details of the Mental Health Engagement Lead for the region to Cllr. Moriarty.

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

“Based on the number of recent complaints received through Councillors, TDs and social media it’s obvious that the current Ambulance Service in Kerry is totally inadequate. What immediate measures can be implemented to improve the current service?”

Cllr Mike Kennelly

This motion was deferred to the December meeting on the request of Cllr Kennelly.

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

“That the South/South West Hospital Group offers supports to elderly patients by the implementation of specific protocols to allow advocates of patients to be present or specifically communicated with at critical and decision making stages of care.”

A written response from Ms Tess O’Donovan, Chief Officer, South/South West Hospitals Group was circulated to members and noted. Cllr Sheehy said he appreciated the response and understands that we are in the middle of a pandemic and care and access to care is difficult and that restrictions are in place in acute settings. He thought it was an important issue to raise especially when vulnerable patients get access to services that sometimes through no fault of the carers or staff, ~~that~~ there is a breakdown in communications with patients.

Ms Tess O’Donovan stated that the points that Cllr Sheehy raised are very important as they form part of how to support people through all stages of their hospital

experience. Hospitals work closely with patients and their families, however, Covid-19 has made this very challenging in terms of access to hospitals for families of patients and S/SWHG are very aware of this challenge. A compassionate approach is used as much as possible and noted that the psychological support that a patient receives from family is very important to recovery and the needs of the patient are always kept to the forefront of decision making. Ms O'Donovan advised members that a Patient Advocacy Liaison Service (PALS) is being piloted in the Group and this service will be implemented in Tipperary University Hospital and Cork University Hospital initially to support the work currently being carried out in these hospitals and increase patient advocacy on the ground. S/SWHG welcomes various groups such as SAGE that engage on behalf of the patients. Ms O'Donovan reassured members that patient advocacy is a top priority for the Group especially with the surges of Covid-19 in the community which is putting more pressure on our health system. Ms O'Donovan advised that S/SWHG will work to ensure that patient supports to include family access to patients where appropriate are maximised.

Mr Michael Fitzgerald agreed with Ms O'Donovan's points and also added that forthcoming legislation on Assisted Decision Making will require the HSE to review its processes thoroughly. Service users and their families need to be at the centre of the decision making process and their rights and wishes are paramount.

Ms Killeen White agreed with Mr Fitzgerald's points around the Assisted Decision Making Act. She said it is a very important piece of legislation and will further underpin the requirement of all to look at the will and the preference of the individual. This may require a cultural shift in order to put the individual's preference first and their capacity to make these decisions at the centre of all we do. As Ms O'Donovan mentioned Ms Killeen White very much welcomed Advocacy Groups and their engagement across all of the care groups including SAGE so that people have the support they require to make decisions.

Cllr Sheehy asked which hospitals were being piloted with the patient Advocacy Liaison Service. Ms O'Donovan explained that two hospitals were being piloted currently Tipperary University Hospital and Cork University Hospital. Two hospitals with very different requirements which should lead to an outcome where all requirements would be covered in the pilot.

6. Questions

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

"Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure."

This motion was deferred to the December meeting on the request of Cllr Power.

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

"With HIQA's condition to have the new residential development for long stay residents at Saint Patricks Hospital, Cashel, operational by the end of 2021 not going to materialize despite all the promises. With the facility at Our Lady's Hospital

Complex only licensed by HIQA for three years, could I have a detailed account of what, if anything, is planned for the long term care of senior residents in Cashel.”

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

Cllr Burgesses reminded members that he has raised St Patrick’s Hospital, Cashel numerous times in his term on the Regional Health Forum. St Patricks provides excellent care in Cashel and is a wonderful model and he asked to thank both the staff and management who run it for this excellent service. The long waited Capital Building development is very much on his agenda, the communities agenda and the staff’s agenda. He appreciated the comprehensive response from Ms Killeen White. He stated that it is still on the Capital plan and is happy it remains on the Capital plan going forward and hopefully we will see progress in the new year. He requested to kept up to date with any progress going forward. It is of great importance to the community.

Ms Killeen White stated that is remains on the Capital Plan with all plans being reviewed continually with all of the changing regulations and guidelines. She said she would keep Cllr Burgess updated of progress on the project.

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

“Can we please be provided with a specific report on the provision of South Doc services in the West Iveragh area (Kells to Castlecove) and details on what arrangements are and will be in place for that service. e.g Numbers of locum doctors, durations of time they have committed to and any ongoing recruitment being carried out and issues that are hindering same?”

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

Cllr Moriarty welcomed the arrangements which have been put in place and she urged the HSE to continue to do all it can to ensure there is adequate locum support in place for the already overburdened GPs. Cllr Moriarty highlighted the need for future planning to protect our GP services.

Mr. Micheal Fitzgerald stated that the HSE is keen to work with GPs and with SouthDoc to secure the long term future of GPs services in Cork and Kerry. He stated that the age profile of GPs is increasing and the demographics of the population they serve are also changing rapidly. There is a growing concern around the sustainability of GP services in some rural areas. Mr. Fitzgerald pointed out that it is in everyone’s interest that we maintain and develop our GP in hours and out of hours services. GP practices need to be a viable business if we are to continue to attract new GPs. We also need to consider new models of service delivery and look at the skill mix within GP practices and if other professionals can contribute more on a safe and sustainable basis to meet the needs of the public. He stated that the HSE will continue to try and ensure that we put sufficient support and services in place to support GPs and consider all options that work to suit the community.

(d) Cllr Niall Kelleher put forward the following question:

“What is the update position on the development on all primary care centres in Kerry?”

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

Cllr Niall Kelleher welcomed the progression of the Primary Care Centres in Castleisland and Caherciveen. He asked for further clarity on the proposed centre for Killarney stating the response provided was somewhat at odds with a recent statement issued by Kerry County Council on the status of the project. Cllr Kelleher also asked further detail on the status of discussions on the Rathmore centre. He stated that the building currently in use in Rathmore is in very poor condition.

Mr. Fitzgerald stated the development of a Primary Care Centre in Killarney has been a priority for the HSE for some time but that a number of previous proposed developments failed to come to fruition. He added the HSE also has a number of other critical accommodation requirements in the Killarney area. Mr. Fitzgerald agreed to revert to the Kerry members of the Forum with an update on the status of the proposed development under discussion with Kerry County Council, and also with an update on the current status of the ongoing discussions around the Rathmore development.

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

“What is the current staffing shortfall in the following areas at UHK presently; i) Nursing
ii) Administration; iii) Consultants; iii) Laboratory staff?”

A written response from Tess O’Donovan, Chief Officer, South/South West Hospitals Group was circulated to members and noted.

Cllr Mikey Sheehy thanked Ms O’Donovan for her response. Cllr Sheehy said that the recruitment of staff and staff retention was a very relevant topic at the moment. He understood it was an incredibly difficult environment to be recruiting staff through a Pandemic. He had an additional query on the number of nurses in the response and if the figure included a number of newly recruited nurses discussed at the South West Committee Meeting in October or are the new recruited nurses going to fill the vacancies that are there?

Ms O’Donovan explained to members that the difficulties being experienced in UHK with regard to recruitment has been highly publicised and she acknowledged that it is a cause of worry among people of Kerry. Ms O’Donovan explained that recruitment drives have been very positive in terms of the current Nursing deficit. Today’s figures showed a 16 WTE deficit in nursing staff and noted that in addition to vacancies, staff can also be on sick leave, isolating due to Covid-19, maternity leave, etc. It was noted that this figure is a significant improvement on two months ago. This is as a result of the Nurse graduate programme, overseas recruitment and the on-going recruitment process in UHK. Ms O’Donovan emphasised that recruitment needs to be on-going to keep up Nursing staffing levels.

With regard to Administration staff, Ms O'Donovan outlined '33' clerical administrative staff posts were currently being processed. These clerical administration positions would provide support for clinics and consultants and is very welcome progress and will make a huge difference to a very difficult work load that staff are facing at UHK. Ms O' Donovan highlighted to Members the increase in Consultant posts at UHK and noted that there are 8 locum posts at the moment, noting that the recruitment of Consultants is a slower process and is managed nationally. UHK are in a queue similar to all hospitals with locums filling in posts during that process. With regard to Medical Laboratory Scientists, UHK have a deficit of '7' WTEs but flagged that there are particular difficulties in recruiting Medical Laboratory Scientists nationwide. UHK do use Medical Laboratory Aids when difficulties arise in getting Med Lab Scientists. Ms O'Donovan committed to continue to update councillors on recruitment at UHK on a regular basis.

Cllr Sheehy had one other follow on question from reading the response which he said made much more promising reading than recent reports in the media. He asked about Med Lab Scientists enquiring if the main reason behind this nationwide difficulty to recruit to these posts is as a result of large pharmaceutical companies hiring the available staff.

Ms O'Donovan explained that when you look at the numbers graduating this could be the case. Ms. O'Donovan updated that when Med Lab Scientists are doing their graduate programme, the graduates are on placement in hospitals which can then possibly allow the hospitals to have the first choice while working within the consolidated salary scale. Lab Aids allow the Laboratories run while filling these posts.

(f) Cllr Eileen Lynch put forward the following Question:

"Can the HSE advise as to when there will be a full return of adult disability day services in Cork County and advise as to how many adult disability centres in Cork County have resumed their services to full pre Covid levels."

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

Cllr Lynch stated that she felt the response received was not satisfactory. She said that full services had not resumed and far too many service users were being left without any service. Cllr. Lynch also pointed to a lack of communication from service providers with families and said that too often it appeared to be the case that it was those who shouted loudest received a service rather than those most in need.

Mr. Fitzgerald asked that Cllr Lynch revert to him with details of any service user or group which was having an issue with a service provider and he would arrange for the matter to be followed up with that provider. He stated that Covid is still having an effect on service delivery and both the HSE and service providers have an obligation to ensure that services can be provided in a safe manner. Mr. Fitzgerald said that recruitment and staffing difficulties are also impacting upon service delivery and these difficulties are being encountered by both the HSE and service providers.

Cllr Declan Burgess thanked all members and HSE Management for their attendance at the meeting and reminded them that Covid 19 and Vaccines Roll out would be on the Agenda for the upcoming December Regional Health Forum Members.

Cllr Coonan expressed his appreciation to all those involved in the HSE during the Covid Pandemic and welcomed the discussion Covid 19. He had concerns over the adherence to the basic guidelines of hand sanitizing and mask wearing in recent weeks and was trying to send this message of going back to basics and following these guidelines to the public.

Mr Michael Fitzgerald welcomed Cllr Coonan's support and that of all the Councillors. He stated that as public representatives they are in the best position to provide information to people on the ground. The vaccination campaign is ongoing and the administration of the booster vaccine has commenced. Mr Fitzgerald asked that the members would continue to encourage the public to get vaccinated, particularly those who have not been vaccinated to date. Public Health have indicated that the current Covid trajectory will impact on the workload of the Community and Acute Hospital services and he stressed the importance of protecting our ICU beds. Mr. Fitzgerald stated that Community and Acute Hospital services are working very hard together to get through this latest phase of the pandemic and will do all they can to support and protect the public and our staff. He reminded the members that the normal pressures of the Winter season will also need to be dealt with by our services. He concluded by saying that the coming weeks are of great importance and he asked for the members assistance in urging people to continue to adhere to public health guidelines, to wash their hands, wear their masks and maintain social distancing.

Ms Tess O'Donovan agreed with Mr Fitzgerald's words and also thanked Cllr Coonan for raising the topic. Ms. O'Donovan explained that the difference in this wave of Covid to other waves was that services stopped during earlier waves and advised that the HSE cannot do this again noting the current issues with waiting lists. Ms O'Donovan advised that before this latest wave of Covid-19, additional work had begun to reduce waiting lists. Ms O'Donovan also noted that HSE staff are tired and continue to be asked to work very hard. Vaccine boosters are being rolled out to HSE staff in both the Hospitals and the Community and all efforts are being made to expedite the booster vaccine rollout to staff and the population within the specified age brackets. The major challenge is the Winter season ahead which will bring with it the usual respiratory issues, limited bed capacity issues and concern over waiting lists along with a peak in this Covid wave.

Ms Kate Killeen White echoed Mr Fitzgerald and Ms O'Donovan and thanked Cllr Coonan saying that the basics around Covid had not changed during the entire pandemic, hand washing, keeping your distance, mask wearing and reducing contacts are the main measures that will break the chains of transmission. The growing outbreaks within different areas that the HSE have to deal with is really significant and challenging together with the numbers of staff on sick leave or just being tired nearly exhausted. She said that the staff are so resilient and are aware that we are in the throes of another peak, there is huge personal responsibility on every member of the public to try and stem this surge. Ms Killeen White also said for councillors and the public to urge those unvaccinated for whatever reason to come forward now and get vaccinated. It's never too late.

Cllr Arthur McDonald raised the issue the question with regard to Antigen Testing and people who have been moving freely after a positive result on these tests. He asked what can be done to ensure that these people self-isolate. Cllr McDonald was advised that positive encouragement to the public to follow the guidelines would be advised and It then becomes a matter of personal responsibility if people chose to take or ignore this advice. Public Health will be able to advise further on this at the meeting to take place on 2nd of December 2021.

7. Date and Time of next meeting – 2nd of December 2021 at 2pm.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 18th November 2021 at 2pm
Webex Meeting**

Present:

Cllr Ann Marie Ahern
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr John Coonan
Cllr Davy Daniels
Cllr Pat Dunphy
Cllr Pat Fitzgerald
Cllr Pat Hayes
Cllr Joe Kavanagh
Cllr Niall Kelleher
Cllr Garry Laffan
Cllr Mary Linehan Foley
Cllr Eileen Lynch

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

Apologies:

Cllr Danny Collins
Cllr Mark Fitzgerald
Cllr Sean O'Donovan
Cllr Jody Power
Cllr Ted Tynan

In Attendance:

Ms Tess O'Donovan, Chief Operations Officer, South/South West Hospitals Group
Mr Ken Fitzgibbon, Interim Chief Executive Officer, Ireland East Hospital Group
Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare
Ms Kate Killeen White, Chief Officer, South East Community Healthcare
Members of the HSE South Forum Office staff

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"What are the steps to be taken, the maximum amount of hours given and also the timeframe involved for a person to receive Home Care Hours or Extra Home Care Hours, especially when their condition worsens. If a patient is being released from hospital how does one get the Extra Home Care Hours in order for them to live at home. I am aware that this is Government Policy as well as HSE Policy and which the public prefer also. It seems as if there is a delay in granting Extra Home Care Hours or New Home Care Hours. Most feel this should be in place as the person is being released from Hospital. Can you let us know why this is not the case currently."

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

Cllr Dunphy asked about the timeframe around providing home support hours for those who wish to remain in their own home, some very elderly with no family. He said he knew of quiet a lot of people approved which is good but they have not received it to date. He would like if the HSE could speed up the process.

Ms Kate Killeen White spoke to the importance of Home Support and stated that the HSE are constantly looking to recruit Home Support Workers to all their care groups in the South East. The pool of Home Support Workers available to work has however reduced and all attempts are being made to recruit into the sector. She explained that SECH had carried out three separate recruitment drives in the 2021. Kate Killeen White reiterated that the main risk presenting is not approval of the hours but the availability of home support staff. Ms Killeen White stated that SECH were constantly recruiting, constantly reviewing the service, constantly prioritising those with greatest need to receive hours required. Ms Killeen White advised that SECH know that people wish to stay at home and are doing their very best to deliver the

service to all of those in need of it but it remains a significant risk and waitlists are growing.

Cllr Dunphy thanked Ms Killeen White for her update and asked that the timeframes of the more recent recruitment campaign be provided at the next Forum Meeting.

Cllr Coonan supported Cllr Dunphy in his motion and offered his support to Ms Kate Killeen White as a county councillor. Cllr Burgess, Chairperson, agreed with this and offered support to SECH in terms of supporting communication of any information to constituents if this would assist the service. Ms. Kate Killeen White thanked the forum for their ongoing support and dedication.

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

“That a mental health nurse to co-ordinate wellness and wellbeing activities in South West Kerry on a par with the excellent work being facilitated through the provision of such a position in West Cork be provided.”

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 positive response. She stated that there are a lot of good things happening in the area and a pool of people willing to help. What is needed now is someone to co-ordinate these efforts and resources. Mr. Fitzgerald agreed to forward the name and contact details of the Mental Health Engagement Lead for the region to Cllr. Moriarty.

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

“Based on the number of recent complaints received through Councillors, TDs and social media it’s obvious that the current Ambulance Service in Kerry is totally inadequate. What immediate measures can be implemented to improve the current service?”

Cllr Mike Kennelly

This motion was deferred to the December meeting on the request of Cllr Kennelly.

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

“That the South/South West Hospital Group offers supports to elderly patients by the implementation of specific protocols to allow advocates of patients to be present or specifically communicated with at critical and decision making stages of care.”

A written response from Ms Tess O’Donovan, Chief Officer, South/South West Hospitals Group was circulated to members and noted. Cllr Sheehy said he appreciated the response and understands that we are in the middle of a pandemic and care and access to care is difficult and that restrictions are in place in acute settings. He thought it was an important issue to raise especially when vulnerable

patients get access to services that sometimes through no fault of the carers or staff, ~~that~~ there is a breakdown in communications with patients.

Ms Tess O'Donovan stated that the points that Cllr Sheehy raised are very important as they form part of how to support people through all stages of their hospital experience. Hospitals work closely with patients and their families, however, Covid-19 has made this very challenging in terms of access to hospitals for families of patients and S/SWHG are very aware of this challenge. A compassionate approach is used as much as possible and noted that the psychological support that a patient receives from family is very important to recovery and the needs of the patient are always kept to the forefront of decision making. Ms O'Donovan advised members that a Patient Advocacy Liaison Service (PALS) is being piloted in the Group and this service will be implemented in Tipperary University Hospital and Cork University Hospital initially to support the work currently being carried out in these hospitals and increase patient advocacy on the ground. S/SWHG welcomes various groups such as SAGE that engage on behalf of the patients. Ms O'Donovan reassured members that patient advocacy is a top priority for the Group especially with the surges of Covid-19 in the community which is putting more pressure on our health system. Ms O'Donovan advised that S/SWHG will work to ensure that patient supports to include family access to patients where appropriate are maximised.

Mr Michael Fitzgerald agreed with Ms O'Donovan's points and also added that forthcoming legislation on Assisted Decision Making will require the HSE to review its processes thoroughly. Service users and their families need to be at the centre of the decision making process and their rights and wishes are paramount.

Ms Killeen White agreed with Mr Fitzgerald's points around the Assisted Decision Making Act. She said it is a very important piece of legislation and will further underpin the requirement of all to look at the will and the preference of the individual. This may require a cultural shift in order to put the individual's preference first and their capacity to make these decisions at the centre of all we do. As Ms O'Donovan mentioned Ms Killeen White very much welcomed Advocacy Groups and their engagement across all of the care groups including SAGE so that people have the support they require to make decisions.

Cllr Sheehy asked which hospitals were being piloted with the patient Advocacy Liaison Service. Ms O'Donovan explained that two hospitals were being piloted currently Tipperary University Hospital and Cork University Hospital. Two hospitals with very different requirements which should lead to an outcome where all requirements would be covered in the pilot.

6. Questions

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

"Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure."

This motion was deferred to the December meeting on the request of Cllr Power.

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

“With HIQA’s condition to have the new residential development for long stay residents at Saint Patricks Hospital, Cashel, operational by the end of 2021 not going to materialize despite all the promises. With the facility at Our Lady’s Hospital Complex only licensed by HIQA for three years, could I have a detailed account of what, if anything, is planned for the long term care of senior residents in Cashel.”

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

Cllr Burgesses reminded members that he has raised St Patrick’s Hospital, Cashel numerous times in his term on the Regional Health Forum. St Patricks provides excellent care in Cashel and is a wonderful model and he asked to thank both the staff and management who run it for this excellent service. The long waited Capital Building development is very much on his agenda, the communities agenda and the staff’s agenda. He appreciated the comprehensive response from Ms Killeen White. He stated that it is still on the Capital plan and is happy it remains on the Capital plan going forward and hopefully we will see progress in the new year. He requested to kept up to date with any progress going forward. It is of great importance to the community.

Ms Killeen White stated that is remains on the Capital Plan with all plans being reviewed continually with all of the changing regulations and guidelines. She said she would keep Cllr Burgess updated of progress on the project.

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

“Can we please be provided with a specific report on the provision of South Doc services in the West Iveragh area (Kells to Castlecove) and details on what arrangements are and will be in place for that service. e.g Numbers of locum doctors, durations of time they have committed to and any ongoing recruitment being carried out and issues that are hindering same?”

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

Cllr Moriarty welcomed the arrangements which have been put in place and she urged the HSE to continue to do all it can to ensure there is adequate locum support in place for the already overburdened GPs. Cllr Moriarty highlighted the need for future planning to protect our GP services.

Mr. Micheal Fitzgerald stated that the HSE is keen to work with GPs and with SouthDoc to secure the long term future of GPs services in Cork and Kerry. He stated that the age profile of GPs is increasing and the demographics of the population they serve are also changing rapidly. There is a growing concern around the sustainability of GP services in some rural areas. Mr. Fitzgerald pointed out that it is in everyone’s interest that we maintain and develop our GP in hours and out of hours services. GP practices need to be a viable business if we are to continue to attract new GPs. We also need to consider new models of service delivery and look at the skill mix within GP practices and if other professionals can contribute more on

a safe and sustainable basis to meet the needs of the public. He stated that the HSE will continue to try and ensure that we put sufficient support and services in place to support GPs and consider all options that work to suit the community.

(d) Cllr Niall Kelleher put forward the following question:

“What is the update position on the development on all primary care centres in Kerry?”

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

Cllr Niall Kelleher welcomed the progression of the Primary Care Centres in Castleisland and Caherciveen. He asked for further clarity on the proposed centre for Killarney stating the response provided was somewhat at odds with a recent statement issued by Kerry County Council on the status of the project. Cllr Kelleher also asked further detail on the status of discussions on the Rathmore centre. He stated that the building currently in use in Rathmore is in very poor condition.

Mr. Fitzgerald stated the development of a Primary Care Centre in Killarney has been a priority for the HSE for some time but that a number of previous proposed developments failed to come to fruition. He added the HSE also has a number of other critical accommodation requirements in the Killarney area. Mr. Fitzgerald agreed to revert to the Kerry members of the Forum with an update on the status of the proposed development under discussion with Kerry County Council, and also with an update on the current status of the ongoing discussions around the Rathmore development.

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

“What is the current staffing shortfall in the following areas at UHK presently; i) Nursing ii) Administration; iii) Consultants; iii) Laboratory staff?”

A written response from Tess O’Donovan, Chief Officer, South/South West Hospitals Group was circulated to members and noted.

Cllr Mikey Sheehy thanked Ms O’Donovan for her response. Cllr Sheehy said that the recruitment of staff and staff retention was a very relevant topic at the moment. He understood it was an incredibly difficult environment to be recruiting staff through a Pandemic. He had an additional query on the number of nurses in the response and if the figure included a number of newly recruited nurses discussed at the South West Committee Meeting in October or are the new recruited nurses going to fill the vacancies that are there?

Ms O’Donovan explained to members that the difficulties being experienced in UHK with regard to recruitment has been highly publicised and she acknowledged that it is a cause of worry among people of Kerry. Ms O’Donovan explained that recruitment drives have been very positive in terms of the current Nursing deficit. Today’s figures showed a 16 WTE deficit in nursing staff and noted that in addition to vacancies, staff can also be on sick leave, isolating due to Covid-19, maternity leave, etc. It was noted that this figure is a significant improvement on two months ago. This is as a result of the Nurse graduate programme, overseas recruitment and the

on-going recruitment process in UHK. Ms O'Donovan emphasised that recruitment needs to be on-going to keep up Nursing staffing levels.

With regard to Administration staff, Ms O'Donovan outlined '33' clerical administrative staff posts were currently being processed. These clerical administration positions would provide support for clinics and consultants and is very welcome progress and will make a huge difference to a very difficult work load that staff are facing at UHK. Ms O' Donovan highlighted to Members the increase in Consultant posts at UHK and noted that there are 8 locum posts at the moment, noting that the recruitment of Consultants is a slower process and is managed nationally. UHK are in a queue similar to all hospitals with locums filling in posts during that process. With regard to Medical Laboratory Scientists, UHK have a deficit of '7' WTEs but flagged that there are particular difficulties in recruiting Medical Laboratory Scientists nationwide. UHK do use Medical Laboratory Aids when difficulties arise in getting Med Lab Scientists. Ms O'Donovan committed to continue to update councillors on recruitment at UHK on a regular basis.

Cllr Sheehy had one other follow on question from reading the response which he said made much more promising reading than recent reports in the media. He asked about Med Lab Scientists enquiring if the main reason behind this nationwide difficulty to recruit to these posts is as a result of large pharmaceutical companies hiring the available staff.

Ms O'Donovan explained that when you look at the numbers graduating this could be the case. Ms. O'Donovan updated that when Med Lab Scientists are doing their graduate programme, the graduates are on placement in hospitals which can then possibly allow the hospitals to have the first choice while working within the consolidated salary scale. Lab Aids allow the Laboratories run while filling these posts.

(f) Cllr Eileen Lynch put forward the following Question:

"Can the HSE advise as to when there will be a full return of adult disability day services in Cork County and advise as to how many adult disability centres in Cork County have resumed their services to full pre Covid levels."

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

Cllr Lynch stated that she felt the response received was not satisfactory. She said that full services had not resumed and far too many service users were being left without any service. Cllr. Lynch also pointed to a lack of communication from service providers with families and said that too often it appeared to be the case that it was those who shouted loudest received a service rather than those most in need.

Mr. Fitzgerald asked that Cllr Lynch revert to him with details of any service user or group which was having an issue with a service provider and he would arrange for the matter to be followed up with that provider. He stated that Covid is still having an effect on service delivery and both the HSE and service providers have an obligation to ensure that services can be provided in a safe manner. Mr. Fitzgerald said that recruitment and staffing difficulties are also impacting upon service delivery and these difficulties are being encountered by both the HSE and service providers.

Cllr Declan Burgess thanked all members and HSE Management for their attendance at the meeting and reminded them that Covid 19 and Vaccines Roll out would be on the Agenda for the upcoming December Regional Health Forum Members.

Cllr Coonan expressed his appreciation to all those involved in the HSE during the Covid Pandemic and welcomed the discussion Covid 19. He had concerns over the adherence to the basic guidelines of hand sanitizing and mask wearing in recent weeks and was trying to send this message of going back to basics and following these guidelines to the public.

Mr Michael Fitzgerald welcomed Cllr Coonan's support and that of all the Councillors. He stated that as public representatives they are in the best position to provide information to people on the ground. The vaccination campaign is ongoing and the administration of the booster vaccine has commenced. Mr Fitzgerald asked that the members would continue to encourage the public to get vaccinated, particularly those who have not been vaccinated to date. Public Health have indicated that the current Covid trajectory will impact on the workload of the Community and Acute Hospital services and he stressed the importance of protecting our ICU beds. Mr. Fitzgerald stated that Community and Acute Hospital services are working very hard together to get through this latest phase of the pandemic and will do all they can to support and protect the public and our staff. He reminded the members that the normal pressures of the Winter season will also need to be dealt with by our services. He concluded by saying that the coming weeks are of great importance and he asked for the members assistance in urging people to continue to adhere to public health guidelines, to wash their hands, wear their masks and maintain social distancing.

Ms Tess O'Donovan agreed with Mr Fitzgerald's words and also thanked Cllr Coonan for raising the topic. Ms. O'Donovan explained that the difference in this wave of Covid to other waves was that services stopped during earlier waves and advised that the HSE cannot do this again noting the current issues with waiting lists. Ms O'Donovan advised that before this latest wave of Covid-19, additional work had begun to reduce waiting lists. Ms O'Donovan also noted that HSE staff are tired and continue to be asked to work very hard. Vaccine boosters are being rolled out to HSE staff in both the Hospitals and the Community and all efforts are being made to expedite the booster vaccine rollout to staff and the population within the specified age brackets. The major challenge is the Winter season ahead which will bring with it the usual respiratory issues, limited bed capacity issues and concern over waiting lists along with a peak in this Covid wave.

Ms Kate Killeen White echoed Mr Fitzgerald and Ms O'Donovan and thanked Cllr Coonan saying that the basics around Covid had not changed during the entire pandemic, hand washing, keeping your distance, mask wearing and reducing contacts are the main measures that will break the chains of transmission. The growing outbreaks within different areas that the HSE have to deal with is really significant and challenging together with the numbers of staff on sick leave or just being tired nearly exhausted. She said that the staff are so resilient and are aware that we are in the throes of another peak, there is huge personal responsibility on every member of the public to try and stem this surge. Ms Killeen White also said for councillors and the public to urge those unvaccinated for whatever reason to come forward now and get vaccinated. It's never too late.

Cllr Arthur McDonald raised the issue the question with regard to Antigen Testing and people who have been moving freely after a positive result on these tests. He asked what can be done to ensure that these people self-isolate. Cllr McDonald was advised that positive encouragement to the public to follow the guidelines would be advised and It then becomes a matter of personal responsibility if people chose to take or ignore this advice. Public Health will be able to advise further on this at the meeting to take place on 2nd of December 2021.

7. Date and Time of next meeting – 2nd of December 2021 at 2pm.

MINUTES

MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 2nd December 2021 at 2pm
Webex Meeting**

Present:

Cllr Ann Marie Ahern
Cllr Audrey Buckley
Cllr Declan Burgess
Cllr Peter Cleere
Cllr Danny Collins
Cllr John Coonan
Cllr Pat Dunphy
Cllr Damien Geoghegan
Cllr Joe Kavanagh
Cllr Niall Kelleher
Cllr Roger Kennedy
Cllr Mike Kennelly

Cllr Donal Kenny
Cllr Garry Laffan
Cllr Eileen Lynch
Cllr Michael McCarthy
Cllr Susan McCarthy
Cllr Arthur McDonald
Cllr John McDonald
Cllr Norma Moriarty
Cllr John O'Donoghue
Cllr Jody Power
Cllr John Sheehan
Cllr Mikey Sheehy

Apologies:

Cllr Pat Fitzgerald
Cllr Conor McGuinness
Cllr Frank Staples

In Attendance:

Ms Tess O'Donovan, Chief Operations 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 Carmel Mullaney, Director of Public Health, HSE South East
Ms Bridie O'Sullivan, Direct of Nursing, South/South West Hospital Group
Ms Gabriele O'Keefe, Head of Health and Wellbeing, Cork Kerry Community Healthcare
Dr Derval Howley, Head of Health and Wellbeing, South East Community Healthcare
Mr Nicky Glynn, Ambulance Officer, National Ambulance Service
Members of the HSE South Forum Office staff

1. Adoption of the Minutes of the previous Meeting held on Thursday 18th of November 2021

On the proposal of Cllr Roger Kennedy seconded by Cllr Mikey Sheehy, the minutes of the Forum meeting held on Thursday, 18th of November 2021 were approved and adopted by the members.

2. Chairperson's Correspondence

3. Committees

The next Committee meetings will be held on:

- (e)** South East Committee Meeting held on 7th of December 2021
- (f)** South West Committee Meeting held on 9th of December 2021

4. Covid Update and Vaccine update

An integrated update was shared by Public Health, Community Services and Acute Services with RHF Members providing information on Covid and Vaccination across the South East and South West.

Dr Carmel Mullaney, Director of Public Health South East provided an update on Covid across the South East firstly in relation to the increasing numbers of covid positive cases over recent weeks. There were 12,500 cases notified across the South East which is equal to if not above the positive cases last January 2021. Dr Mullaney outlined to Members that there is a serious fourth wave ongoing and at this time we are continuing to monitor how / if these positive cases translate into hospital cases and deaths.

Dr Mullaney cautioned Members advising that current data presented was subject to correction and validation. She advised Members trends show increased numbers in younger children cohort i.e. aged 5-12 years. These rates dropped off for teenagers and those in the early 20s given the high rates of vaccination achieved in these cohorts. The high rate of vaccinated adults in conjunction with the ongoing vaccine booster campaign for the older age group is proving successful.

Dr Mullaney highlighted the high rate of transmission in the community and there are a number of outbreaks Nursing Homes and Long Term Residential Care facilities. It is positive to note that the outcomes are not as severe compared to previously.

Mr Michael Fitzgerald Chief Officer Cork Kerry Healthcare gave apologies from Dr Anne Sheehan, A/Director of Public Health in the South West. He advised that trends in the South West mirror the South East with approximately 600/650 cases notified daily across Cork and Kerry. Mr Fitzgerald advised of outbreaks in nursing homes and other long term residential facilities noting that there seems to be a lesser impact on residents as a result of vaccination.

Ms Bridie O'Sullivan Chief Director of Nursing and Midwifery for the South/South West Hospitals Group (SSWHG) provided an update on vaccination across the South West and highlighted the ongoing collaborative work with colleagues in community services. There are 5 vaccination centres under the integrated governance of the Hospital Group and community i.e. Tralee, City Hall Cork, Bantry, WIT Waterford and

Clonmel. Pop up vaccination centres have opened as required managing surges in demand. There are a number of concurrent vaccination work streams in operation ranging from booster campaign for healthcare workers and those aged 60-69 years, additional doses for the immunocompromised, the continued provision of primary vaccinations i.e. Dose 1 and Dose2, outreach vaccination to residential centres and housebound and pop-up clinics. The HSE is currently planning the booster roll-out to those aged over 50 years and those identified as high risk to commence in the second week of December. Two vaccines are currently being offered i.e. Pfizer and Moderna. With regard to vaccination and younger children (5 - 12 years) it is anticipated that there will be guidance from NIAC regarding this cohort in the coming weeks.

Ms Gabrielle O’Keeffe Head of Health Wellbeing & Strategy, Cork Kerry Community Healthcare provided an update to Members on Covid testing in the South West area. There are currently 4 testing sites in operation, 3 of which are permanent. Ms O’Keeffe advised Members of the extremely high level of demand for testing.

Dr Derval Howley provided Members with an update from the South East and advised of the various testing work streams in operation including the resumption of serial testing in long term residential care facilities over a 4 week period. As with the South West demand for testing is high and over 72,000 tests were completed in November – a significant increase compared to previously. Derval Howley acknowledged the significant supports provided by the National Ambulance Service, Defence Forces and the Civil Defence. Given the surge in demand, testing centres are operating on a 7 day basis. A pop up testing Centre was established in Carlow Youth Service in response to demand.

Appointment slots are also being held for General Practitioners and Public Health. With regard to vaccination, Dr Howley highlighted the high levels of vaccination uptake in the South East across all the vaccine programme work streams as referenced earlier. It was very welcome to note the decrease in notified cases amongst the older cohort who had received their booster dose. Dr Howley advised that the HSE/South East Community Healthcare are continuing to work in partnership with local authorities and An Garda Síochána as part of the Emergency Management structures and this continues to be critical for the overall response and public health messaging.

Ms Kate Killeen White Chief Officer South East Community Healthcare highlighted to Members the exceptional demands on health services and particularly with the current surge which is seeing significant surges in testing along with the delivery of the vaccination programme and regular health service provision. Ms Killeen White thanked staff and partners across the system for their extraordinary efforts during challenging times. She acknowledged Dr Mullaney and Public Health staff and the National Ambulance Service, Defence Forces and other key stakeholders. Ms Killeen White thanked RHF Members for their continued support and reiterated the key public health messages of mask wearing, hand sanitising and social distancing.

Questions

Councillors thanked HSE Management for their informative update and there following a question and answer session:

- Interval between positive Covid test and booster appointment
- Surge and HSE Surge capacity query
- Process to cancel a booster appointment received by text for an individual who

- already has received their booster.
- Pop Up Testing Centres in Kerry
 - Testing turnaround times
 - Antigen Testing - use of antigen tests and availability
 - Death Certificates and Covid
 - Booster Work streams - clarification on process required
 - Booster Vaccine for travel purposes
 - Numbers Vaccinated and Unvaccinated in Intensive Care Units
 - Thanks to health staff for their immense efforts to keep the population safe.

5. Notices of Motion

(a) Cllr Mike Kennelly moved the following Motion, standing in his name (Deferred from November Regional Health Forum Meeting):

“Based on the number of recent complaints received through Councillors, TDs and social media it’s obvious that the current Ambulance Service in Kerry is totally inadequate. What immediate measures can be implemented to improve the current service?”

A written response from Mr Nicky Glynn, Operations Officer Chief Officer, National Ambulance Service was circulated to members and noted.

Cllr Kennelly broadly welcomed this written reply - nonetheless he remained very concerned about the adequacy of ambulance service provision in Kerry. Cllr Kennelly cited increased waiting times for ambulance services in the county and the low level of ambulance vehicles which under the current system could be called as far away as Limerick. The old system worked better. Cllr Kennelly also stated that the increased waiting times cannot be solely as a result of Covid. Whilst he welcomed the additional ambulance officer in Kerry, Cllr Kennelly more needed to be done in order to provide adequate service. Cllr Norma Moriarty supported this Motion. Mr Nicky Glynn National Ambulance Service acknowledged that is very unfortunate that people have to wait for emergency ambulances - neither increased service demands nor Covid can be used to justify waits. Mr Glynn advised that the NAS are actively trying to effectively manage the service in the area and whilst accepting that Dynamic Deployment model has deficits it should not be cast aside. Since 2013 the deployment of all ambulances has been from NEOC Control Centre Dublin and this can bring challenges as highlighted by Councillors. The Ambulance Capacity Review should examine this issue and highlight where best to put available resources. It may also be worthwhile to consider other patient transfer services across the area. The additional Ambulance Officer for Kerry Cork and the South East with good local managers on the ground should ensure better local service accountability. Mr Glynn outlined to Members that there are complexities in the management of ambulance services.

Mr Glynn also spoke to Members on the Pathfinder Project which will be operated from NEOC Dublin with a cohort of doctors triaging calls. In some instances what may be initially assumed as an emergency call may not be the case. Mr Glynn offered to provide a project updates to Members at a future Forum meeting. Cllr Kennelly welcomed the Pathfinder initiative and asked when the outcome of the ongoing Capacity Review will be available. Mr Glynn responded advising that the Review Company should be in place in January and their role will be to review all

technical information available in NEOC. It is positive that there is a single quantifiable data source to provide information on the service demands.

(b) Cllr Danny Collins moved the following Motion, standing in his name:

"As there are only 4 ambulances in West Cork most of which are not even in the West Cork vicinity a lot of the time, does the HSE have any plans on providing better ambulance service with extra paramedics to the area? If not so I am calling on the HSE to provide extra ambulances and paramedics to the area."

A written response from Mr Nicky Glynn, Operations Officer Chief Officer, National Ambulance Service was circulated to members and noted.

Cllr Collins thanked Mr Glynn for his reply and noted that his Motion was very similar in nature to Cllr Kennelly's one. Cllr Collins outlined his concerns in relation to ambulance provision in the West Cork area and provided a number of examples in relation to individuals and incidents where ambulances were not available. Cllr Collins felt that under the old system there was always a good chance of having an ambulance in the area. Whilst Cllr Collins welcomed the Capacity Review, he requested that they pay attention to services on the ground. Mr Glynn in response advised Cllr Collins that if there are individuals with concerns / negative experiences about the ambulance service they should submit formally through the complaints Your Service Your Say feedback process. Mr Glynn stated that he fully accepted staff concerns and confirmed that there is an internal staffing review ongoing in NEOC.

In conclusion Mr Glynn advised Members that across the South East and South West the ambulance service expect to close out 80,000 emergency calls this year covering over 8 million kilometres.

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

"Can management please advise if there is any plans to improve the derelict appearance of the former gate lodge at Our Lady's Hospital Complex in Cashel? It's a protected structure in the heart of a heritage town and it needs some attention".

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 written reply. He highlighted that the Gate Lodge was a protected structure in the heart of the heritage town of Cashel. Its shabby appearance is currently not in keeping with the efforts to maintain the town. Ms Killeen White in response confirmed that the Gate Lodge is not suitable for clinical services. Nonetheless HSE/SECH would take as an action to progress work on the Gate Lodge appearance.

(d) Cllr John O'Donoghue moved the following Motion, standing in his name:

"As considerable confusion exists in the minds of the public, in relation to the entitlement or otherwise of Medical Centres to charge the over 70's for blood tests, that clarity be provided would be provided in relation to this?"

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

Cllr O'Donoghue thanked Management for this response. He outlined that this is an issue of concern for patients. In response Mr Fitzgerald stated that the HSE is aware that some GPs are charging GMS patients for phlebotomy services in some circumstances. This is an ongoing matter of concern and needs resolution. Mr Fitzgerald advised if a patient who holds a medical card or GP visit card believes he or she has been incorrectly charged for routine phlebotomy services by his or her GP, then that patient should contact their HSE Local Community Services/Primary Care Unit and apply for a refund.

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

"That this forum invites Minister Stephen Donnelly to visit University Hospital Kerry as a matter of urgency."

A discussion was held in the Chambers.

(f) Cllr Jody Power moved the following Motion, standing in his name (Deferred from November Regional Health Forum Meeting):

"That SSWHG update and make operational forthwith the Helicopter Landing Pad at UHW in the interest of acute casualty survivability and the expected operational infrastructure of a Level 4 Regional medical facility."

A written response from Ms Tess O'Donovan, Interim Chief Operations Officer, South/South West Hospital Group was circulated to members and noted.

Cllr Power thanked Management for their written reply and outlined that the Coastguard based at Waterford Airport requires the landing pad to be upgraded and as part of the Capital Projects agenda. Ms O'Donovan responded advising that the Hospital is working closely with HSE Estates Colleagues to progress this matter, noting that there are aviation authority requirements to enable a larger helipad on site.

6. Questions

(a) Cllr. Mikey Sheehy put forward the following question:

"What is the average length of time that it takes this South/South West Hospital Group to employ a staff member from when the vacancy arises to the post being filled?"

A written response from Ms Tess O'Donovan, Interim Chief Operations Officer, South/South West Hospital Group was circulated to members and noted.

Cllr Sheehy acknowledged the response, however he outlined his concerns in relation to the length of time taken to fill vacant posts. Cllr Sheehy asked whether there is any regular review in relation to staff recruitment.

Ms O'Donovan responded stating that work is on-going across the Hospital Group to expedite recruitment. Ms. O'Donovan acknowledged that Consultant recruitment can be slow in some circumstances, however, this is due to the demand outweighing the supply and a similar trend can be seen both nationally and internationally. Once approval to recruit is complete the HSE then proceeds to fill the posts. There can also at times be delays with candidates submitting paperwork and also with garda vetting checks.

Cllr Sheehy questioned delays in the recruitment process itself. Ms O'Donovan advised that Consultant posts require approval nationally by the Consultant Applications Advisory Committee (CAAC) who meet on a monthly basis. Once a permanent post is approved and whilst recruitment efforts are ongoing, it is possible to employ a Locum Consultant in the interim. Work is on-going to progress recruitment processes and to improve employee retention.

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

"Can the HSE advise of the estimated time frame for when the new outpatient ophthalmology services for the South/South West area currently being developed in Ballincollig, County Cork will be fully operational."

A written response from Mr Michael Fitzgerald, Chief Officer, Cork Kerry Community Healthcare was circulated to members and noted. Cllr Lynch thanked Mr Fitzgerald for his reply and had further queries in relation to the building tender process and whether the service will be integrated between hospital and community. Mr Fitzgerald responded advising that the ophthalmology service will be provided in line with national report for eye care. It will have joint governance arrangements across hospital and community.

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

"Can we have an update on the use of the "new Merck treatment " for Covid-19 in any of the Hospitals in this region or any other trials in relation to treatment of Covid-19 ongoing at present."

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

(d) Cllr Jody Power put forward the following question (Deferred from November Regional Health Forum Meeting):

"Acknowledging the demand for 24/7 Cardiac Care in the South East region, with a hinterland population of over 500,000, what initiatives are currently in train to realise this critical medical infrastructure."

A written response from Ms Tess O'Donovan, Interim Chief Operations Officer, South/South West Hospital Group was circulated to members and noted. Ms O'Donovan provided an update advising that the construction work on the 2nd Cat Lab is expected to be handed over in June 2022 and, following the equipping and commissioning phase, is expected to be operational in Q3 2022.

7. Date and Time of next meeting - 24th February 2022 at 2pm.