



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2013

FOREWORD

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

The Forum's function is:

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

I am delighted to have been voted as Chairperson of the Regional Health Forum, South in June, 2013 succeeding Cllr. Jim Townsend.

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

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

I attach the Annual Report for 2013 which outlines the activities of the Forum to 31st December 2013.

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 2013.

Tim Lombard
Chairperson

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. Jim Townsend replaced by Cllr. Tim Lombard by in June 2013

Vice-Chairperson: Cllr. Mary Hanna Hourigan replaced by Cllr. Bobby O’Connell in June 2013

ACUTE HOSPITAL SERVICES AND POPULATION HEALTH COMMITTEE:

Chairperson: Cllr. Declan Doocey re-elected in October 2013

Vice-Chairperson: Cllr. Mary Hanna Hourigan replaced by Cllr. Timmy Collins in October 2013

PRIMARY, COMMUNITY AND CONTINUING CARE COMMITTEE:

Chairperson: Cllr. Denis Kennedy replaced by Cllr. Tom Maher in October 2013

Vice-Chairperson: Cllr. Pat Cody (RIP) replaced by Cllr. Frank O’Flynn in October 2013

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

Cllr. Wayne Fennell
Cllr. Arthur McDonald
Cllr. Jim Townsend

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr. John Buttimer
Cllr. Catherine Clancy
Cllr. Mary Shields
Cllr Ted Tynan

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr. Pat Burton
Cllr. Timmy Collins
Cllr. Danny Crowley
Cllr. Brendan Leahy
Cllr. Tim Lombard
Cllr. Barbara Murray
Cllr. Frank O’Flynn
Cllr. John O’Sullivan
Cllr. Jerry Sullivan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. John Joe Culloty
Cllr. Matt Griffin
Cllr. Breeda Moynihan-Cronin replaced by Cllr. Gillian Wharton-Slattery
Cllr. Bobby O’Connell
Cllr. Brendan Cronin

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr. John Coonan
Cllr. Dr. Patrick Crowley replaced by Cllr. Catherine Connery
Cllr. Tom Maher
Cllr. Michael O'Brien

MEMBERS REPRESENTING SOUTH TIPPERARY COUNTY COUNCIL

Cllr. Liam Ahearn
Cllr. Mary Hanna Hourigan
Cllr. Sean Lonergan
Cllr. Dr. Sean McCarthy

MEMBERS REPRESENTING WATERFORD CITY COUNCIL

Cllr. Laurence O'Neill
Cllr. Hilary Quinlan
Cllr. Seamus Ryan

MEMBERS REPRESENTING WATERFORD COUNTY COUNCIL

Cllr. John Carey
Cllr. Tom Cronin
Cllr. Declan Doocey

MEMBERS REPRESENTING WEXFORD COUNTY COUNCIL

Cllr. Pat Cody (RIP) replaced by Cllr. Martin Storey
Cllr. Denis Kennedy
Cllr. Michael Kinsella
Cllr. Tony Dempsey

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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, Waterford City Council and Wexford County Council. These Councils between them have appointed the 39 members of the Regional Health Forum, South.

The other 3 Regional Health Forums are:-

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

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

Regional Health Forum Meetings

The Forum meets 6 times in a full year. Meetings in 2013 were held on:

Thursday 28th February 2013

Thursday 11th April 2013

Thursday 16th May 2013

Thursday 20th June 2013

Thursday 19th September 2013

Thursday 14th November 2013

The HSE is represented at the meetings by the RDPI South, the Area Managers for the HSE South, the Functional Manager for Population Health, the Area Communications Manager, the Assistant National Director of HR, and the Assistant National Director of Finance.

Committee meetings

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

- (a)** Acute Hospital Services and Population Health Committee
- (b)** Primary, Community and Continuing Care Committee (PCCC)

These Committees meet 4 times a year, rotating between Cork and Kilkenny and furnish reports and recommendations to the Forum. The Committee meetings for 2013 were held on:

21st March, 2013
11th July, 2013
17th October, 2013
12th December, 2013

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. Tim Lombard as Chairperson and Cllr. Bobby O'Connell as Vice-Chairperson of the Forum at its AGM on 20th June, 2013.

The Acute Hospital Services and Population Health Committee meeting held on 17th October 2013 re elected Cllr. Declan Doocey as Chairperson and elected Cllr. Timmy Collins as Vice-Chairperson.

The Primary, Community and Continuing Care Committee at its meeting on 17th October 2013 elected Cllr. Tom Maher as Chairperson and Cllr. Frank O'Flynn as Vice-Chairperson.

Standing Orders

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

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

Notices of Motions

As per Standing Orders each Member can submit one Notice of Motion 10 clear days prior to a meeting. Motions are circulated with the agenda to each Member and debated at the meeting. In 2013, 21 Notice of 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 2013, Regional Health Forum South Members submitted 20 Questions.

Presentations

The following presentations were delivered to the Forum Members in 2013:-

- Presentation from HSE Management on Service Plan 2013
- Presentation from the Irish Expert Body on Fluorides and Health
- Presentation from Mr. Paddy Burke, PCRS on Medical Cards
- Presentation - Healthy Ireland – A Framework for Improved Health and Wellbeing delivered by Ronan Toomey, Assistant Principal Officer, Department of Health.
- Presentation - Update from National Ambulance Service

The following Update reports were delivered to the Forum Members in 2013:-

- Update Report on developments in Acute Hospitals – Emerald Project, St. Luke’s General Hospital, Kilkenny – Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary
- Update Report on Methadone Services in the South East – Mr. Richie Dooley, Area Manager, Waterford/Wexford
- Update Report on Helicopter Landing Pad at CUH from Mr. Ger Reaney, Area Manager, HSE, Cork

Schedule of Meetings for 2014

FORUM MEETINGS 2014

Thursday 20th February
Thursday 27th March
Thursday 8th May
Thursday 10th July
Thursday 18th September
Thursday 20th November

COMMITTEE MEETINGS 2014

Thursday 10th April **Kilkenny**
Thursday 19th June **Cork**
Thursday 16th October **Kilkenny**
Thursday 11th December **Cork**

Date

HSE Updates and Press Releases Sent/Circulated to Members in 2013

02/01/2013	X-PERT - Free Diabetes Education Programmes for West Cork
04/01/2013	Advice for the public on accessing the right health service this time of year
09/01/2013	"Pump School" for children with diabetes in Cork and Kerry
15/01/2013	X-PERT - Free Diabetes Education Programme for Dingle
08/02/2013	Proposed Change to the Ambulance Service West Cork
13/02/2013	HSE sets out Plan to Modernise the Ambulance Service in West Cork "Mind Your Head" DVD - A New Resource for Exploring Mental Health Issues with Young People
25/02/2013	HSE South Announces Key Palliative Care Developments in Cork
01/03/2013	HSE South Announces Key Palliative Care Developments in Kerry
01/03/2013	X-PERT - Free Diabetes Education Programme for the Kenmare/Sneem area
01/03/2013	Re-Organisation of Services at Mallow General Hospital
01/03/2013	Re-Organisation of Services at Bantry General Hospital
05/03/2013	Kerry Childrens Services Committee launches THINK - 'Teenage Health IN Kerry' Booklet
25/03/2013	HSE clarifies ambulance response times to tragic incident in Midleton Mallow Urgent Care Centre replaces Emergency Department at Mallow General Hospital
27/03/2013	Project Weightloss launched in Cork
27/03/2013	'Lighting the Way' – New information resource booklet for people bereaved through suicide
15/04/2013	Cumasú – The Wellness Bus hits the Roads of West Cork
27/05/2013	New Dementia Support Service in Mallow
28/05/2013	President of Ireland visits St. Columba's Hospital to officially open new Activities Room
04/06/2013	Kenmare Community Hospital Residents Move To Their New Home
11/06/2013	Construction begins on new 50 bed Mental Health In-Patient Unit at CUH
17/06/2013	Regional Health Forum of the HSE South Elects New Chairperson
21/06/2013	Corks Tone Zone Project - Shape Up in The Great Outdoors
25/06/2013	HSE announces healthcare equipment recycling collection in Cork city and surrounds - Fri 26th July & Sat 27th July 2013
17/07/2013	HSE Press Release: HSE publishes Elder Abuse Services report 2012
25/07/2013	HSE Press Release: Developments in Mental Health Services in Kerry
16/08/2013	Waterford Regional Hospital statement re HIQA Hygiene Report
19/08/2013	North Cork Heart Patient Praises Life Saving Efforts of the Local Emergency Services
21/08/2013	Visitor Restrictions at KGH due to Norovirus
28/08/2013	Strong Take Up of the HPV Cervical Cancer Vaccine
28/08/2013	HSE Statement On Proposed NCHD Action
03/09/2013	Opening Medical Assessment Unit in Mallow General Hospital today Sept 3rd 2013
04/09/2013	HSE Sets out Plan to Modernise the Ambulance Service in South Kerry
04/09/2013	Tackling suicide is a priority for the HSE in Cork
05/09/2013	Tackling suicide is a priority for the HSE in Kerry
05/09/2013	HSE's National Office for Suicide Prevention and the National Suicide Research Foundation launch Annual Reports for 2012
05/09/2013	HSE services available to help tackle suicide in the South East
06/09/2013	Expansion of HSE Mental Health Services in Mitchelstown
01/10/2013	European Antibiotic Awareness Day - Keeping antibiotics effective is everyone's responsibility
22/11/2013	

25/11/2013 Dance Movement Therapy Growing Popular in North Cork
04/12/2013 Mallow General Hospital Smoke Free Campus
11/12/2013 Bantry General Hospital – A Smoke Free Campus from Monday 6/1/14
13/12/2013 Management Arrangements in Cork and Kerry, HSE South
18/12/2013 New Endoscopy Suite Opens at Mallow General Hospital

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
11th April 2013**

NOTICES OF MOTION

Notice of Motion Item No. 4(a):

"To request the HSE to end the current practice of having male and female patients sharing the same hospital ward as it does not ensure the protection of patient dignity and can create embarrassing situations for patients, it is totally inappropriate for this practice to continue in multi-bed wards."

Cllr. Brendan Cronin

It is not practise to mix male and female patients in inpatient wards. However, while the situation is avoided where possible all hospitals must optimise the availability and occupancy of all bed spaces. As a result, there are extenuating circumstances where mixed wards can occur in EDs, AMAU, ICU and CCUs. In these situations best practices are in place to protect the privacy and dignity of patients. The ongoing improvements in ward accommodation and increase in single room accommodation aims to provide appropriate accommodation for all patients.

Michael Fitzgerald, Area Manager, HSE Kerry

Notice of Motion Item No. 4(b), Notice of Motion 4(c) and Notice of Motion 4(d):

Notice of Motion 4(b)

"That following the recent media reports that there was no suitable helicopter landing area in Cork University Hospital, that the HSE would put a suitable & adequate onsite helipad in place as a matter of urgency to ensure that the HSE can facilitate the transfer & landing of all patients straight to the hospital which is the major trauma centre for the region and give an up to date report on the reasons for the delays in this to date."

Cllr. Frank O'Flynn

Notice of Motion 4(c)

"That the HSE would publish an updated report of the status of the helicopter landing pad for CUH/CUMH Campus and that this report would set a date by which such a facility will be operational. The report should also state the class of helicopter being catered for and the range such helicopters can travel."

Cllr. John Buttimer

Notice of Motion 4(d)

"It is imperative that the HSE recognise the importance of providing a landing area for a 'Helipad' on the grounds of Cork University Hospital. The aforementioned is the largest Hospital in Ireland, currently housing 800 beds which will increase to 1,000 upon the opening of an €85m Cardiac unit.

It should be noted that CUH is the only level 1 Trauma Centre in the country specializing in over 40 different medical and surgical procedures on campus."

Cllr. Mary Shields

Patients who currently require urgent transfer to/from Cork University Hospital (CUH) by air ambulance are taken by land ambulance to/from Cork Airport. Ambulance Control receive prior notification of aeromedical transfers to the CUH and are on standby at Cork Airport to receive the patient, continue pre-hospital emergency care and facilitate prompt transfer to definitive care.

Patient care is at all times paramount and depending on the nature of the patient's condition, CUH may also dispatch a medical team to retrieve the patient from the helicopter at Cork Airport, or escort the patient from CUH directly to the receiving hospital.

An arrangement between Colaiste an Spioraid Naoimh & Highfield Rugby Club (both adjacent to CUH) is also in place to land helicopters if necessary.

The provision of helipad facilities at CUH is being advanced from 2 perspectives:

- 1) Consolidating the facilities in Highfield RFC to accommodate both the Irish Coastguard Sikorsky S91 and S92 helicopters, and the Irish Air Corps Augusta Westland 139 (AW139) and Eurocopter 135 (EC135) helicopters (which account for the majority of air transfers to CUH). The Highfield RFC helicopter landing site (HLS), once complete, will have a 24-hour operational capability both to receive critically ill/injured patients to CUH, and if necessary, transfer patients for specialist care in other centres (e.g. urgent specialist neonatal/paediatric care, complex spinal injuries etc). We are pleased to confirm that work on and around the Highfield RFC site is expected to be completed within the next 4 to 6 weeks. The site survey has been completed and some trials will take place towards the end of next week.
- 2) The development of a rooftop helipad on the existing Emergency Department will provide timely access for critically ill/injured patients to the diverse range of acute care specialties within the CUH and will offer 24/7 helicopter access to the Emergency Department. A study has been carried out to establish the structural capacity of the ED building to carry the loads arising from the landing of helicopters. This study has established the cost of achieving this installation is circa €2M and will be subject to normal planning permissions. Discussions have commenced with relevant agencies in this regard. This study is being reviewed in the context of helicopters currently in use i.e. Irish Coastguard and Irish Air Corps and the study involves both of these agencies who provide air ambulance services along with the National Ambulance Service. The City Council Planning authorities and An Garda Síochána have also been consulted as part of this process. A business case is being prepared seeking Capital Approval for this project. Once this work has concluded, the next step will be the appointment of a Design Team including an Aviation Planning Consultant to advance the design and seek the necessary statutory permissions for the Helipad landing facility. It is important to note that the helicopters in current use in the Irish Coast Guard are not type approved to land on a rooftop helipad. These helicopters will; however, be accommodated on the landing site at Highfield RFC site.

Ger Reaney, Area Manager, Cork

Notice of Motion Item No. 4(e):

“In light of the recent consumer Association survey findings of up to 200% price differential in some drug retail prices is there a need to change the supply mode to reduce expenditure in Drugs as a method of cost savings. This would enable funding for the provision of essential services.”

Cllr. John O’Sullivan

As members may be aware, the recent National Consumer Agency survey related to prices quoted by pharmacists for common prescription items for private patients as distinct from medical card patients and as such, this would be outside of the Health Service Executive’s remit. The power to effectively reduce prices in relation to prescription items for private patients is limited to ensuring that patients are made aware of the prices and have the choice to act accordingly

It should be noted that in relation to the State’s drug costs, in November 2012, the Irish Pharmaceutical Healthcare Association (IPHA), the HSE and the Department of Health concluded a new framework agreement reducing these costs. The Department of Health anticipates that legislation introducing a system of reference pricing and generic substitution will be enacted shortly. This will deliver further savings in the costs of medicines for the health service and private patient.

Anna-Marie Lanigan, Area Manager, HSE Carlow, Kilkenny and South Tipperary

Notice of Motion Item No. 4(f):

“In light of the ongoing increasing pressure on all our hospital and nursing home services, that a full review of the efficiency and effectiveness of home help and home support services be undertaken by HSE South.”

Cllr. John Coonan

Among the key priorities for the HSE-South in 2013 is to provide comprehensive home and community supports such as home help, home care packages, day and respite care for older persons to live independently in their own homes for as long as possible. In 2013, the HSE-South plans to deliver 3.62m hours of home help to a target of 15,000 people and support older people with complex needs through the provision of 2,400 Home Care Packages.

The delivery of the home help service and home support services is subject to an ongoing clinical and administrative review through the public health nursing service/home care package managers in conjunction with the home help/home support management structure. This helps to ensure that these services operate to their maximum capacity, in the most efficient and cost effective manner to meet in the best way possible, the assessed needs of those who require the service. The HSE South will continue to provide a flexible and responsive home help service for clients with the highest degree of need.

To support hospital discharges, an integrated approach is used between acute and community services through ongoing liaison between acute care discharge co-ordinators/clinicians and the key personnel in the community which includes public health nurses, the home support offices, placement co-ordinators and allied health care professionals. Discharge planning commences from a patient's entry into the acute sector to ensure an efficient and smooth transition from hospital to home or residential care setting.

Michael Fitzgerald, Area Manager, HSE Kerry

QUESTIONS

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

"What is the current waiting period in Kerry for a child that is diagnosed as requiring orthodontic treatment until treatment actually begins and how many Kerry patients are waiting for such treatment?"

Cllr. Brendan Cronin

The HSE South in the provision of all services including Orthodontics needs to maximise the available resources. In relation the Orthodontic Services in Kerry, this service is led by a Consultant Orthodontist and Specialist Orthodontists and the service is now a specialist provided service since 2009.

Initial assessments and reviews are carried out in Kerry (Moyderwell Dental Clinic, Moyderwell, Tralee) and the Dental Hospital in Cork University Hospital by the HSE Consultant Orthodontist. Cases are then prioritised according to the level of intervention required. Waiting lists have reduced from 8 years to 3 years for routine treatment since the Consultant took on the service, with priority patients seen for treatment within 1 year, and often shorter time frame can be achieved. The Waiting Lists are held in chronological order and those who are deemed priority or require growth functional appliances, are treated at the most appropriate age.

There are Quarterly Returns available from the Corporate Planning & Corporate Performance Department in Dr. Steeven's Hospital, Dublin regarding the number of patients on Treatment Waiting Lists both Priority, Routine and on the Assessment Waiting List. The last quarterly return available to us is December 2012 and this outlines that there are currently 1,511 on the treatment waiting list for HSE South Cork and Kerry. It is not possible at this time to break the waiting list into Cork/Kerry figures.

Deirdre Scully, Area Manager, Community Services - Cork

Question Item No. 5(b)

“To ask the HSE South in relation to the HSE Ambulance Re-configuration to outline the changes in the service due to relocation of the ambulance base Central Command to Central Location (Dublin), the Number of ambulances on call by day 8 a.m. to 8 p.m. and 8 p.m. to 8 a.m. in Cork City/County, the areas to which they are assigned and to comment on reports of queuing of ambulances at A&E locations across the city and the protocol for managing same?”

Cllr. John Buttimer

The National Ambulance Service (NAS) previously utilised 13 Regional Control and Dispatch Centres, each of which had varying degrees of IT capability. Modern Ambulance Control Centres worldwide require very sophisticated and expensive communications equipment. Reconfiguration of the Control and Command function allows two centres to facilitate the utilisation of the best communication systems available. The two new Control Centres will contain a modern Computer Aided Dispatch (CAD) System, Advanced Medical Priority Dispatch System (AMPDS), Vehicle Tracking Systems, Advanced Mapping Systems, and the latest radio (TETRA) and telephony systems. Essentially, all this technology enables a modern control centre to be able to identify the location of any of its emergency resources at any given time and ensure that the closest available resource is sent. This reconfiguration also breaks down county, area, and regional borders to ensure that each incident gets the closest available resource.

All resources for Cork City and County area, on a 24 hour basis, may be assigned to incidents based on their actual location at any given time. The resources assigned are as follows:-

Cork City & East Cork	08.00 – 20.00	6 Emergency Ambulances 1 Rapid Response Vehicle
	20.00 – 08.00	4 Emergency Ambulances 1 Rapid Response Vehicle
North Cork	08.00 – 20.00	4 Emergency Ambulances 1 Rapid Response Vehicle
	20.00 – 08.00	4 Emergency Ambulances 1 Rapid Response Vehicle
West Cork	08.00 – 20.00	4 Emergency Ambulance 1 Rapid Response Vehicle
	20.00 – 08.00	3 Emergency Ambulances 1 Advanced Paramedic Emergency Ambulance

The elimination of the “on call” work practice to an “on duty” work practice has brought National Ambulance Service operations in East Cork, North Cork and West Cork in line with the majority of the rest of the county.

Cork University Hospital and the Mercy University Hospital have experienced an increase in ED presentations including those who are brought to the A&E by ambulance. Inevitably, there are occasions where there are a number of ambulances

presenting at the same time and in this instance patient priority is determined by the Emergency Department triage system.

Nicky Glynn, Area Operations Manager South, National Ambulance Service

Question Item No. 5 (c)

“What was the expenditure on legal services for Child Care/Child Protection for Q4 in 2012 for HSE Carlow/Kilkenny?”

Cllr. Wayne Fennell

In 2011 the HSE moved to National Centralised Framework for the provision of Legal Services, and this is managed through a National Office. Payments for Legal Services are processed through this office and these include payments for Child Welfare and Protection Cases.

The HSE Child and Family Services is currently in the process of collating the breakdown of legal costs for Carlow/Kilkenny Quarter 4 2012 as requested by Cllr. Fennell and will forward this detail to him in the coming weeks.

Dermot Halpin, Regional Service Director Children and Family Services, HSE South

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Question Item No. 5 (d)

“What is the plan for elder care in the town of Bandon, in particular the need to future proof the future of Bandon Community Hospital.”

Cllr. John O’Sullivan

Bandon Community Hospital is a key component of the range of services delivered by the HSE in the area. The hospital is an integral part of Bandon community and will continue to play a major role in the care of older people for the town and its hinterland.

Bandon Community Hospital was built in the 1930’s and has been extended and refurbished over the intervening years. The hospital currently has 22 beds from which it provides continuing care, respite and palliative care. The development of a 17 bedded extension at the hospital, to include a new kitchen facility, was included as one of a number of projects in the HSE Capital Plan for 2006-2011. Funding from the indicative Capital allocation of €7m was provided to the HSE South in 2008 for the design of the extension to the hospital and approval was given to proceed to the planning stage of the project. Full planning permission was granted at the end of

2008. However, as the economic situation worsened, the HSE's capital allocation was reduced to the extent that by March 2009 this allocation was nearly halved. This meant that it was not possible to secure funding to move to the construction stage of the Bandon Hospital extension project.

Provision of residential services for older people continue to be delivered in the context of:-

- HIQA residential standards for residential services for older people
- Nursing Home Support Scheme (Fair Deal)

Capital Funding in the region of €300,000 was spent on refurbishments for Bandon Community Hospital over the past 5 years. During 2011 a comprehensive process of refurbishment was undertaken across HSE South to ensure its long stay units complied with fire safety issues. A further sum of €74,000 was spent in Bandon Community Hospital which allowed the hospital to receive a Fire Cert of Compliance in June 2012 to achieve registration with HIQA until 2015 as a 22 bedded facility.

To achieve registration from 2015 more exacting National quality standards for residential care settings for older people in Ireland will need to be complied with. In order to prepare for this work an analysis is being undertaken at national, regional and local level to conclude on the proposed programme of work and costs associated with this phase. The works required at Bandon Community Hospital will be considered in this process and when concluded will be considered by the HSE and the Department in the context of the overall resource available within the capital plan.

Bandon Community Hospital has a very high level of demand for service with limited bed provision (both public and private) locally. With an aging population and with no known plans for additional private provision in the area, it is envisaged that the demand for beds at the hospital will continue to grow. This will be a key determining factor in supporting the prioritisation of Bandon Community Hospital for capital works, should funding become available to complete Capital projects to bring community hospitals into compliance with the environmental requirements of the *'National Quality Standards for Residential Care Settings for Older people in Ireland'*

Deirdre Scully, Area Manager, Community Services - Cork

Question Item No. 5 (e)

"What is the up to date position of response to the HSE policy of contractual arrangement of employing recently qualified nurses to the service at the rate of 80% of basic salary."

Cllr. John Coonan

The Nurse Graduate Initiative is a rolling initiative and was launched in a number of Phases.

Phase 1 of the Nurse Graduate Initiative for General Nurses was launched in January 2013 which allows the appointment of nurse graduates from 2010, 2011 and 2012 to a two year rotational graduate scheme across the HSE and HSE funded sites.

Phase 2 of the initiative which covers Graduate General Nurses, Mental Health, Intellectual Disability and Graduate Midwife was launched in February 2013. Paediatrics will be launched at a later date.

The graduate nurses will be paid at a rate of 80% of the first point of the Staff Nurse Salary Scale.

The initiative provides job security for a 2 year period in a difficult labour market and exposure and substantial clinical experience in a wide variety of clinical settings in both the acute and community services.

These appointments are for the replacement of agency and overtime and will significantly reduce overtime and agency pay costs and are not to be used for the filling of vacancies.

The recruitment process is being managed by the HSE's National Recruitment Service (NRS). Those applications received for locations across the HSE South Area are currently being offered out to the candidates by NRS.

P.J. Hathaway, A/Assistant National Director HR, HSE South

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
16th MAY 2013**

NOTICES OF MOTION

Notice of Motion Item No. 4(a)

"That the HSE South and the National Ambulance Service give a commitment to meet and engage with all local groups and public representatives in South Kerry to discuss and hear the serious public concerns on proposed changes to ambulance cover for Killarney, Kenmare and Cahersiveen prior to any reduction to the current ambulance service being implemented."

Cllr. Brendan Cronin

You may be aware that the National Ambulance Service has already successfully completed a number of phases and addressed the issue of eliminating on call arrangements across County Cork. Phase 3 of the Plan was recently and successfully implemented in West Cork. Planning for Phase 4 (South Kerry) can now be progressed. South Kerry will include stations in Cahersiveen, Killarney and Kenmare. At this time, no dates have been identified to complete this work. North Kerry stations will be examined in Phase 5 at some future date and will include Dingle, Tralee and Listowel.

As in each Phase to date, any decisions to be made will have been preceded by detailed consideration of activity, geography, demographics, acute hospital services, supporting service availability and wider NAS developments as well as public, political and community leader engagement. Unique considerations will also be given to peninsular areas.

At this time, the HSE continues to consider the most appropriate model of service delivery for South Kerry to replace the current on call and static deployment model currently in place. In line with best practice, stations will be considered collaboratively rather than in isolation of each other. The HSE will be working in collaboration with wider healthcare colleagues and will not be in a position to finalise our deliberations regarding any final model until the following are known or completed:

- Outcome of public consultation
- Outcome of consultations with General Practitioners
- Learning from efficiency changes in other parts of NAS
- Potential benefits of new more effective work practices to be agreed under the PSA
- Industrial relations requirements regarding information and consultation obligations to staff Analysis of activity, demographics and geography
- Measures to support staff competency assurance given the low levels of activity and demand in some areas
- Potential benefits of Treat and Refer Clinical Practice Guidelines currently in development by the Pre Hospital Emergency Care Council
- Impact and potential benefits of the Emergency Aeromedical Service

Once these deliberations are completed, the final model will emerge. The HSE is committed to briefing Oireachtas Members, Public Representatives, General Practitioners and Community Leaders prior to the implementation of any final model. In the near future, Nicky Glynn, NAS Area Operations Manager will be working with

Michael Fitzgerald, Area Manager for Kerry to identify the best approach on final consultation. We will be better placed at that stage, to provide a more definitive picture of what is likely to emerge as the final model.

Nicky Glynn, Area Operations Manager South, National Ambulance Service

Notice of Motion Item No. 4(b)

"In light of the reported effects of Fluoride on human health and the reports of the discontinuation of fluoridation of drinking water in many parts of the world, that an overview of the effects of fluoride on human health be provided to allow for a debate at forum level and if felt appropriate a forum opinion be expressed"

Cllr. John O'Sullivan

Fluorides and Health

The Minister for Health and Children, Micheál Martin TD established the Irish Expert Body on Fluorides and Health in April 2004 as a result of the Report of the Forum on Fluoridation 2002. It has broad representation from the areas of dentistry, public health medicine, engineering, management, environment and the public, as identified within the Report of the Forum on Fluoridation. It has a strong consumer input in terms of members of the public and representatives of consumer interests, in addition to the necessary scientific, managerial and public health inputs.

The Irish Expert Body on Fluorides and Health position statement on water fluoridation is attached. In relation to health issues it states the following:

"A number of claims have been made for many years in various media in relation to water fluoridation and potential health issues. The Forum on Fluoridation Report (2002) considered these issues and found there was no valid evidence at that time of any negative health effects. "The best available and most reliable scientific evidence indicates, that at the maximum permitted level of fluoride in drinking water at 1 part per million, human health is not adversely affected" (Forum on Fluoridation, 2002).

Similar reviews have been conducted in many countries including the United Kingdom (York Review 2000, MRC 2002), Australia (2008), Canada (2010), and United States (2006). None of these reports have established any basis for considering that artificially fluoridated water poses any systemic health risks. The EU Scientific Committee on Health and Environmental Risks (SCHER), published its 'Opinion on critical review of any new evidence on the hazard profile, health effects, and human exposure to fluoride and the fluoridating agents of drinking water' – 16 May 2011. The SCHER report concluded that there are no known health implications from fluoridating water at levels used in the EU. It also considered the possibility of wider environmental damage and concluded that the evidence did not demonstrate any untoward effects from fluoridation.

Fluoride which is not excreted by the body tends to be retained primarily by calcified tissue, much of the research has focused on potential effects on bone, particularly

regarding skeletal fluorosis, bone fractures and bone cancer. As the SCHER report notes *'the occurrence of endemic skeletal fluorosis has not been reported in the EU general population'*. On the basis of the best available evidence to date regarding fluoride levels in drinking water at levels aimed at controlling dental decay, SCHER further states *'there is not sufficient evidence linking fluoride in the drinking water to the development of osteosarcoma'*. Similarly the York Review states that no evidence is associated with increased risk of any other kind of bone cancer in humans or of an increased bone fracture risk for people consuming optimally fluoridated water.

Some claims have been made concerning other potential health effects, largely on the basis of laboratory experiments rather than human epidemiological studies. The Expert Body notes the view of the American Council on Science and Health (ACSH) which stated *'The arguments that tie water fluoridation to a whole host of health risks have little substance. Most of the studies that these arguments are based on involve either human exposure to much higher levels of fluoride than the U.S. standards, or animal studies in which the lab animals received extremely high doses of fluoride – neither of which is representative of the how the U.S. population will respond to our low levels of fluoride in water'* Similarly, the York Review team stated *"Exposure in vitro (laboratory studies) is very different to those in vivo (real life situations).*

The New and Emerging Issues Committee of the Expert Body reviews new studies concerning fluoride as they are published. The Committee has found no studies which cast serious doubt on the safety of water fluoridation.

The Expert Body is of the opinion that there continues to be overwhelming evidence that water fluoridation significantly benefits dental health. The Expert Body is satisfied, having studied current peer reviewed scientific evidence worldwide, that water fluoridation, at the optimal level, does not cause any ill effects and continues to be safe and effective in protecting the oral health of all age groups. These views are supported by reputable international agencies and valid scientific articles and reviews."

The references for the above studies are in the attachment.

I have spoken to the secretariat for the Expert Body and they have indicated that if they were to receive an invitation, a delegation of the Expert Body would be willing to meet with the regional health forum members in committee. Therefore it may be advisable if the forum were to wait to consider whether a forum opinion should be expressed until after such a meeting is held.

Mary Keane, Regional Chief Environmental Health Officer South

Notice of Motion Item No. 4(c)

"As the number of people suffering from Alzheimer's disease is set to increase, and as there is no adequate facility available for these people in Kerry, that the HSE

South would look at making such a facility available on the grounds of St. Finan's Hospital, Killarney."

Cllr. John Joe Culloty

At present, the HSE provides a specific dementia unit within the Killarney Community Hospitals complex which provides the appropriate long stay care for this specific client group. In addition, a significant number of people with dementia live at home with the support of family and the local community as well as receiving services from the HSE and other HSE funded and voluntary organisations. There are also private nursing homes in the county providing facilities for older people with challenging behaviour and as part of the Fair Deal Scheme, patients and families have a choice as to where they wish to receive their care.

The HSE is currently in the process of finalising plans to be submitted for planning for a purpose built 40 bed unit on the grounds of the old Cherryfield site in Killarney. This unit will have a specific area designed to meet the needs of older patients with challenging behaviour dementia conditions.

In the longer term, the HSE is undertaking a review of existing HSE older person residential care facilities to ensure their ongoing compliance from an environmental aspect, with HIQA Residential Care Standards. This review is likely to require a range of new builds for some units and an extension/refurbishment of others, and will consider the requirements for older people with challenging behaviour, as appropriate.

In addition, as part of the 2013 Government initiative for mental health services, a specific Psychiatry of Old Age Team has been approved for Kerry. This will be the first such team in the county and will be a very welcome additional resource to meet the needs of older people complimentary to the existing team of consultant geriatricians at Kerry General hospital who provide an extensive outreach service to community hospitals and primary care services.

Michael Fitzgerald, Area Manager, HSE Kerry

QUESTIONS

Question Item No. 5(a)

"Please outline the full details of all payments made by the HSE to the SouthDoc service for the period from January 1st 2012 to December 31st 2012 including any rental charges for HSE owned properties used by SouthDoc."

Cllr. Brendan Cronin

Southdoc Out of Hours GP medical service was established as a limited 'not for profit' company in 2001, covering Cork and Kerry. This coincided with the overall development of GP co-operatives across the health system at the time and was undertaken to ensure the provision of high quality easily accessibly contact service

for patients requiring a family doctor for urgent medical problems outside of normal working hours. The other co-operative in the region is Caredoc which covers Waterfod Wexford, Carlow, Kilkenny and South Tipperary. This model of service has worked well and has continued to develop over the years taking account of policy changes relating to Primary Care Teams & Social Care Networks as well as the reorganization of the Acute Hospital Sector.

The HSE South does not have a direct operational role in the day to day management of Southdoc which employs its own staff. It has its own Governance arrangements including Board of Directors and Medical Directors which ensures both Clinical and Corporate governance. The Out of Hours service is funded by the HSE for GMS patients and the quantum of service is agreed as part of an annual service level agreement which is monitored by a Joint Liaison Committee made up of HSE and Southdoc personnel.

Services to patients are provided through a network of 26 Treatment Centres located throughout Cork and Kerry with the central call centre presently located in St Finan's Hospital Killarney. In establishing the network of centres & call centre, suitable locations were identified within publicly owned facilities in the first instance and thereafter some locations were rented to take account of accessibility and other local issues. Some of these facilities will be used by the HSE during the day with the GP co-operative working by night, similarly if the centres are located in rented accommodation the health Service has access to such accommodation when the facility is not being used for co-op purposes. The service agreement and funding period covers the totality of costs involved both for service and accommodation.

The budget for the period January to December 2012 was €7,434,600 and distributed across the 26 Treatment Centres located throughout Cork and Kerry. The budget covers all areas of expenditure for the services in Cork and Kerry and the approximate breakdown is 80% pay and 20% non pay. It was paid in equal monthly instalments of €619,550 on the first Friday of each month. The annual budget is agreed by the HSE and Southdoc has received annual reductions in line with Cost Reduction Measure underway in the Health Service since 2007. The overall reduction during this period amounts to 24% while services have been maintained and indeed expanded during that period which reflects very good value for money during the period.

There is very good cooperation between the HSE and Southdoc in the provision and sharing of accommodation where feasible. The HSE using the accommodation for the day and Southdoc having use of the facility from 6pm when HSE services are finished. This ensures maximum use of buildings and provides efficient use. It also fits the vision of Primary Care services which encompasses all first level services for patients both GP and HSE. Where this cooperation occurs neither the HSE nor Southdoc make a charge to each other for the use of accommodation. Southdoc also facilitate HSE by providing accommodation for many Outreach Clinics from the acute sector in vicinities which they lease, with no charge to the HSE.

Deirdre Scully, Area Manager, Community Services – Cork

Question Item No. 5(b)

“Are the HSE lands at Kelvin Grove still up for sale and if so has a purchaser been identified and what is the reserve on these lands?”

Cllr. Wayne Fennell

It is the intention of the HSE to sell the lands at the now vacant site at Kelvin Grove Carlow.

These lands had been previously put up for Public Auction on 28th October 2010. However, they failed to meet the Reserve/Open Market Valuation as set by the HSE. A number of enquiries and offers have been received since the public auction, none of which met the valuation.

In 2012, a new Carlow Graiguecullen Urban Area Plan 2012-2018 was adopted by Carlow County Council. The zoning covering the Kelvin Grove site has been amended and allows for a wider range of development opportunities than the previous zoning.

The HSE has also engaged a Conservation Architect to review the Kelvin Grove Building. As a consequence of his report the HSE is applying to have the protected status that currently applies to the building, removed. When this process is completed and taken together with the revised zoning, it is expected that the HSE will have a more commercially attractive and saleable property.

In 2013 the HSE will review its options of when to go again to market with a view to realising the maximum value for this surplus land.

Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary

Pat McCarthy, Assistant National Director Estates, HSE South

Question Item No 5(c)

“Can the HSE South confirm that Bowel Cancer Surgery will continue to be carried out at Kerry General Hospital into the future?”

Cllr. John Joe Culloty

Members will be aware that the policy in relation to centralisation of major cancer services in Ireland into eight designated cancer centres, is well established and is being implemented through the National Cancer Control Programme (NCCP). In terms of the Cork & Kerry area the designated cancer centre is in CUH and the programme of implementation is well advanced.

The centralisation of cancer services was fully incorporated into the Road Map for the reorganisation of acute hospital services across Cork & Kerry the implementation of which is progressing very well.

It has been the intention at all times that Kerry General Hospital will retain its full range of ED, medical, surgical, maternity and paediatric services because of its geographic location. The governance provided through the Acute Hospital

Management Group, comprising of senior managers and clinical directors across the hospitals in Cork and Kerry and under the remit of the Regional Director of Operations and Regional Management Team has guided the reorganisation and I can confirm that there has been no change in our plans for Kerry General Hospital.

With regards to the provision of surgical services at Kerry General Hospital, and in the context of the above, it is intended to continue to provide such services in line with the direction of the surgical clinical programme and the NCCP. Currently, refurbishment is taking place at Kerry General Hospital with regards to the provision of appropriate accommodation and equipment to provide endoscopy services, as well as to pursue with the National Cancer Screening Services the provision of bowel cancer screening services for the area. Currently Kerry General Hospital remains as a candidate site for the screening service. The development will be completed later this year.

In line with the NCCP policy it is intended that rectal cancer surgery, which is currently being undertaken in Kerry General Hospital, will transfer to Cork University Hospital. The patient pathway with regards to the specific intervention remains to be finalized and no date has been set for this to take place at this time. However, as mentioned above we will be proceeding with the cancer screening programme in Kerry General Hospital when the significant refurbishment work has been concluded later this year as outlined in the Regional Service Plan 2013.

Michael Fitzgerald, Area Manager, HSE Kerry

Question Item No. 5(d)

"In light of recent events in Maternity Services, is the HSE South satisfied that sufficient Risk Management Processes are in place across all Maternity Services and that there is a sharing of learning from experiences?"

Cllr. Dr. Patrick Crowley

The HSE is committed to the provision of safe, high quality health service. Raising and maintaining the quality and safety of care requires sustained commitment to continuous improvement from everyone involved in the health and personal social care system.

In that respect our staff are key to achieving our standards and training in ongoing throughout the HSE South for them, their line managers and their senior personnel within the Hospitals and at corporate levels.

The focus as emphasized in Service Plan 2013 is on the development and implementation of safe quality healthcare, where all service users attending our services receive high quality care and treatment at all times, are treated as individuals with respect and dignity, are involved in decisions about their own care, have their individual needs taken into account, are kept fully informed, have their concerns addressed, and are treated/cared for in a safe environment based on best international practice.

In June 2012, The National Standards for Safer Better Healthcare were launched. Standards help to set public, provider and professional expectations and enable

everyone involved in healthcare to play a vital part in safeguarding patients, and deliver continuous improvement in the quality of care provided.

The Quality and Patient Safety Directorate will seek assurance that standards and recommended policies/guidelines developed by the HSE are implemented. We are focusing on achieving these standards in an environment that is safe for our staff.

The Quality and Patient Safety Directorate will continue to work with the Department of Health on approving national clinical guidelines through the National Clinical Effectiveness Committee. To support the services, at this time of significant change in structures and practices within the organization, the work on implementing best practice clinical governance across all services in the HSE South will continue in 2013. This will embed structures and processes that guarantee leadership at all levels of the organisation in progressing quality and patient safety and is accountable for it. The Quality and Patient Safety Directorate is committed to continuing stakeholder engagement through the Regional Quality and Patient Safety Department.

The HSE priorities for 2013 include the following:-

- Build leadership capacity for quality improvement in the healthcare system throughout the HSE South.
- Develop a strong system of integrated corporate and clinical governance, including a programme to support Clinical Directors to achieve maximum effectiveness in their roles.
- Support implementation of the National Standards for Safer Better Healthcare within the HSE South community and acute services.
- Strengthen patient and service user input and advocacy through Quality and Patient Safety Audits.
- Promote risk management as everyday practice across all services and enhance the way we manage and learn from incidents.
- Monitor and analyse data to provide intelligence to support the quality improvement process, learning, and provide evidence based information to aid decision making for services.

As part of performance improvement in the 2013 Service Plan priority area the actions include:-

Commence a cycle of re-audit and audit of QPSA report recommendations, to promote a culture of accountability and best practice through the Quality and Risk Managers Forum

Increase service user involvement, employing best practice processes to incorporate patient/client input into Quality and Patient Safety Audits.

Rollout of the updated incident management policy, guidelines and complaints management;

- Training on Risk assessment and maintaining a Risk Register
- Incident management training
- Systems Analysis training

Area QPS Committees to send bimonthly risk register reports to Regional QPS Committee for assurance, analysis, audit and shared learning.

Support quality initiatives arising from the HSE Achievement Awards.

Risk and management support provided to HSE South Areas:-

- Standards for regional risk structure and processes, with ICT support to include the progression of the IIMS module of the QPS to the point of incident occurrence at hospital and primary care sites.
- Including the capability to facilitate mandatory incident reporting to external agencies; and capability for support and quality assure incident management work

Quality assure HSE South risk and incident management

Share learning from risk and incident management through the Quality and Risk Managers Forum.

Across all acute sites HSE South there are extensive risk management processes in place to meet national requirements.

The Hospitals concerned have an internal Obstetric and Neo Natal Governance Group, a Maternity Governance Board and each publishes an annual report.

All risks including near misses or an incident are reported, reviewed, monitored or escalated as appropriate. The Starsweb system is the key to reporting and tracking all cases and learning is shared in a structured manner across the HSE South.

Deirdre O’Keeffe, Regional General Manager HSE South, Quality and Patient Safety

Richard Dooley, Area Manager, HSE Waterford/Wexford

NOTICE OF MOTIONS AND QUESTION
RESPONSES

FORUM MEETING
20th JUNE 2013

NOTICES OF MOTION

Notice of Motion Item No. 4(a)

"That the HSE provide parents with the findings from inspections carried out in Creches, and that these findings be made available on the HSE website."

Cllr. John Joe Culloty

The main provisions of the Child Care Act 1991, in so far as pre-school services are concerned, are set out in Part VII of the Act. A pre-school child is defined as a child under 6 years of age who is not attending a national school or equivalent. Services covered include pre-schools, playgroups, crèches, day nurseries, montessori pre-schools, naoinraí, notifiable childminders which cater for children in the 0-6 age bracket.

These services are now more commonly collectively known as Early Years Services.

The act provides for the making of regulations and the relevant regulations are the Child Care (Pre-School Services)(2) Regulations 2006.

The Regulations provide for a notification process to the Health Services Executive by a person(s) proposing to carry on a pre-school service and provides for the supervision and inspection by the Health Service Executive of notified services.

Pre-School Inspections

- There are over 100,000 children currently in 4,758 (2012) notified child care centres in Ireland i.e. crèches, nurseries, part-time services, childminder(s), playgroups and Montessori's.
- In 2012 the HSE Children and Family Services undertook 2,644 routine inspections, 478 review inspections and 243 complaint investigations.
- The vast majority of the services inspected are found to have dedicated staff committed to providing a safe and nurturing environment for young children.
- Childcare services receive a visit from an inspector on average every 18-24 months. This compares favorably with other jurisdictions where visits take place, in the UK for example, every 3-4 years.

Planned reform programme

- A registration system is to be introduced where all new services will be required to comply with the regulations prior to opening. Currently, service providers are inspected after the facility has opened.
- The roll out and implementation of a suite of seven Standard Operating Procedures, which are designed to assist early years personnel in undertaking their work. The Procedures include: Early Years Garda Vetting, Complaints, Notification of Changes.
- Garda Vetting is required on all staff working in child care services. Pending commencement of the Garda Vetting Bureau (Children and

Vulnerable Persons) Act 2012 the HSE has developed a process to assist service providers to ensure all staff in services are vetted.

- The National Pre-School Standards for full day services which were developed by the Department of Children and Youth Affairs with all stakeholders across the sector are published. The HSE is awaiting the publication of the National Standards for Part time, sessional & childminders and are ready to commence Implementation this year. The DCYA have indicated they will be published later this year.
- A commitment to publish all Inspection reports online in the near future.
 - Arrangements to publish Inspection reports arising from July '13 will be published online.
 - Arrangements to publish the most recent inspection report for each service is planned for the coming months.
- A review is being undertaken on the findings and outcomes of inspections undertaken in the period Jan 2012 –June 2013.

The objectives of this analysis include;

- Describes the extent to which the early years services overall are in compliance with the Regulations.
- Quantify individual areas where compliance/non compliance with the regulations have been found by inspectors.
- Describe differences, commonalities and consistencies in the reporting process.
- Assess the threshold of evidence being applied in the report

When choosing an early years service for a child, or if they have any concerns regarding the standard of the service provided in a childcare service, parents can ask the early years service for a copy of the most recent Inspection report.

Dermot Halpin, Regional Service Director for Children and Family Services, HSE South

QUESTIONS

Question Item No. 5(a)

“How many unannounced inspections did the HSE South carry out in Creches in Kerry in the last 2 years? What were the findings, and how many Creches in Kerry is the HSE responsible for?”

Cllr. John Joe Culloty

HSE South has been notified of 1,093 Early Years Services currently operating in the region. 338 of these operate a Full Day Service. These are broken down by local area team in the Table below.

HSE South	The number of Early years Services in the administrative area that have notified the HSE and are currently operating an Early Years Service at the end of the reporting period March 2013	Of the number of Early years Services in the administrative area that have notified the HSE and are currently operating an Early Years Service how many are providing a <u>FULL DAY Service</u> at the end of the reporting period March 2013
North Lee	168	41
South Lee	165	53
North Cork	89	21
West Cork	56	10
Kerry	135	47
South Tipperary	80	24
Carlow Kilkenny	134	53
Waterford	122	33
Wexford	144	56
Totals	1093	338

The total number of inspections carried out in the last two years, in 2011 there was a total of 745 First and Annual Inspections carried out in HSE South in 2011, 612 in 2012 and from Jan-Mar 2013 a total of 138.

The general practice is that for existing services all inspections are unannounced except first inspections in relation to new services notified to the HSE. Numbers of first and annual inspections, including the number that were announced first inspections are set out as follows:

HSE South	No of operational Early Years Services centres in the Operating Area that had an 1 st or Annual Inspection in 2011	Of the total number of 1 st & annual Inspections carried out, the number of Announced Inspections 2011	No of operational Early Years Services centres in the Operating Area that had a 1 st or Annual Inspection during 2012	Of the total number of 1 st & annual Inspections carried out, the number of Announced Inspections 2012	The number of operational Early Years Services centres in the administrative area that had a 1 st or Annual Inspection during Q1 2013	Of the total number of 1 st & annual Inspections carried out, the number of Announced Inspections Q1 2013
North Lee	162	16	142	7	31	3
South Lee	85	6	62	11	17	1
North Cork	54	8	70	6	18	1
West Cork	25	3	32	1	1	0
Kerry	76	14	62	4	13	4
South Tipperary	74	3	38	5	13	0
Carlow Kilkenny	80	0	27	0	7	0
Waterford	44	44	39	2	6	0
Wexford	145	5	140	4	32	0
Totals	745	99	612	40	138	9

*In Waterford practice up to 2011 was to give one weeks notice to new services and 1 days verbal notice to existing services

Further to First and Annual Inspections carried out, review and follow up visits also take place, all of which are unannounced.

Review/Follow Up Visits

HSE South	No.of operational Early Years Services centres in the Operating Area that had a Review Visit/Follow up Visit during 2011 Total 2011	No.of operational Early Years Services centres in the Operating Area that had a Review Visit/Follow up Visit during 2012 Total 2012	The number of Early years Services centres in the administrative area that had a Review Visit or Follow Up Visit during the reporting period Q1 2013
North Lee	14	17	5
South Lee	14	9	6
North Cork	15	3	3
West Cork	0	4	0
Kerry	19	18	4
South Tipperary	28	10	4
Carlow Kilkenny	23	22	1
Waterford	32	31	3
Wexford	9	8	2
Totals	154	122	28

In addition to these inspections, advisory visits also take place and would be announced.

Advisory Visits

HSE South	No.of Advisory Visits to existing and potential Early Years Services providers in the Operating Area during 2011 Total 2011	No.of Advisory Visits to existing and potential Early Years Services providers in the Operating Area during 2012 Total 2012	The number of Advisory Visits to existing and potential Early years Services providers in the administrative area during the reporting period Q1 2013
North Lee	30	26	5
South Lee	36	39	12
North Cork	14	18	2
West Cork	8	4	4
Kerry	15	29	3
South Tipperary	52	70	10
Carlow Kilkenny	18	11	0
Waterford	28	28	10
Wexford	56	38	7
Totals	257	263	53

Kerry Area

At end March 2013 there was 135 Services notified to the HSE. In relation first & annual inspections in Kerry the Inspectorate carried out 76 inspections in 2011 of which 14 were announced, 62 in 2012 of which 4 were announced and 13 in Quarter 1 2013 of which 4 were announced.

Findings from these inspections vary for each premises however non-compliances are primarily due to:

Part II Regulations primarily dealing with health common welfare and development of the child; management and staffing and behaviour and behaviour management
Part IV deals primarily with records and information to parents and fire safety measures.

Part V deals with premises, facilities and equipment, food and drink

Following the Inspection, a written response is requested within a timeframe, detailing the action that the provider will take to address the non-compliances

outlined in the inspection outcome report. Referrals to other agencies are made as appropriate.

On receipt of the written response to the Inspection Outcome Report, from the provider, the inspection team reviews it and reverts back to the provider. The inspection team liaise with the relevant line managers regarding ongoing/serious non-compliances and appropriate action can be taken. A Follow up inspection is scheduled subject to the level of non-compliances identified, to review actions taken by the provider to address the non-compliances. These inspections are unannounced.

There were no prosecutions on foot of inspections in Kerry in 2011, 2012 or to date in 2013.

**Dermot Halpin, Regional Service Director for Children and Family Services,
HSE South**

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
19th SEPTEMBER 2013**

NOTICES OF MOTION

Notice of Motion Item No. 5(a)

"As patient care is of paramount importance and time is of the essence when dealing with emergency medical trauma situations I am very concerned that for 10 years now there is no helicopter landing pad at CUH -the largest hospital in Ireland, currently housing 800 beds, which will increase to 1000 upon the opening of the 85 million euro cardiac unit and also the fact that CUH is the only Level 1 Trauma Centre in this country dealing with over 40 different medical and surgical procedures. I am requesting that the HSE South publish an updated report on the current situation, also outlining the plans in place for an up to date, effective helicopter landing pad within the campus of Cork University Hospital giving dates for the effective delivery of this essential service."

Cllr. Mary Shields

Members will recall that the report to the Forum meeting in April of this year outlined the current arrangements in place for patients who require urgent transfer to/from Cork University Hospital (CUH) by air ambulance. To briefly recap, patients requiring urgent transfer to/from Cork University Hospital (CUH) by air ambulance are taken by land ambulance to/from Cork Airport. Ambulance Control receive prior notification of aeromedical transfers to the CUH and are on standby at Cork Airport to receive the patient, continue pre-hospital emergency care and facilitate prompt transfer to CUH care. Depending on the nature of the patient's condition, a medical team may be dispatched from the hospital to retrieve the patient at Cork Airport. An arrangement between Colaiste an Spioraid Naoimh & Highfield Rugby Club (both adjacent to CUH) is also in place to land helicopters if necessary.

At that meeting I also advised the members on the ongoing efforts to provide helipad facilities on the CUH campus. I would now like to this opportunity to update the members on these efforts.

The over-arching goal (of this project) is to provide a safe, sustainable helicopter landing site on campus offering 24/7, 365 operational capability. This will facilitate the timely transfer of critically ill or injured patients to the hospital, or indeed from the hospital to other centres (e.g. urgent neonatal and paediatric transfers, or complex spinal injuries to Dublin).

As a result, the Executive Management Board of CUH has identified the need for a Helipad as a priority for the hospital.

With the above in mind, the provision of helipad facilities at CUH is being advanced from 2 perspectives:

- 1) Consolidating the facilities in Highfield Rugby Club. As outlined in the previous report, this will accommodate both the Irish Coastguard Sikorsky S61 and S92 helicopters, and the Irish Air Corps Augusta Westland 139 (AW139) and Eurocopter 135 (EC135) helicopters. The Highfield RFC helicopter landing site (HLS), once complete, will have a 24-hour operational capability both to receive critically ill/injured patients to CUH, and if necessary, transfer patients for specialist care in other centres (e.g. urgent specialist neonatal/paediatric care, complex spinal injuries etc). However this

will still involve the presence of an ambulance to transfer the patient to the Hospital. The previous report indicated that we had expected this work to be completed by the end of May/early June. Trials were carried out in April which confirmed the sustainability of the site for both air ambulance services. However, the work to put in place 24/7 operational capacity directly linked to the CUH site has taken longer than originally expected. From next month, helicopters will be able to land on the Highfield site on a 24/7 basis. Procurement of a contractor for the remaining work has commenced with the intention to complete the works by the end of the year. The Highfield landing site will then have direct access on to the CUH campus, reducing the travel time for ambulances connecting to/from the air ambulance. In the medium term, this facility will be superseded by the on-site helipad, as outlined below. However, the Highfield site will then provide a reserve for the on site facility.

- 2) The development of an on-site helipad will provide 24/7 helicopter access to the Emergency Department. The previous report gave details of the feasibility study being carried out on locating a rooftop helipad on the roof of the existing ED department. This study was in the context of the Outline Development Control Plan, completed in 2010 for CUH. The ODCP identified three locations on-site:
 - a. Rooftop of existing Emergency Department
 - b. Rooftop of planned Radiation Oncology Unit (NPRO) (projected completion of NPRO project 2017)
 - c. Rooftop of planned Critical Care Unit / ward block (long term plan)

Subsequent to the conclusion of the ODCP, it has been confirmed that the provision of a co-located hospital on the CUH site is no longer being progressed. This has given rise to another potential helipad location on-site (i.e. existing staff car-park on the Northern boundary of the campus). This site could possibly be served with a direct link corridor from helipad to ED.

The ODCP Design Team has been re-engaged to review the viability of the ED rooftop location and the staff car-park location. This review will also take into account planned multi-storey developments on-site (e.g. National Plan for Radiation Oncology, possible ED extension) to confirm the operational implications, if any, to the helipad in these alternate locations during the construction of these developments.

This review is due to conclude within the next month with the results assisting in the final determination of the appropriate on-site location. This will enable the HSE appoint the necessary Design Team, including the Aviation Planning Consultant, to advance the provision of an on site helipad at CUH and ensure the necessary statutory permissions for the facility are in place.

A business case for an on-site helipad has been submitted for capital approval and indicative funding has been identified to progress the project in 2014, subject to the completion of the review by the ODCP design team and securing relevant planning permission.

Ger Reaney, Area Manager Cork, HSE South

Notice of Motion Item No. 5(b)

“That the HSE revise the current unacceptable practice of refusing to take vulnerable patients residing in public nursing homes by ambulance for vitally important medical test, where the patient because of the medical urgency is forced to make private appointments due to long delays in the public system. I am specially referring to patients that are confined to bed and can only travel on a stretcher and by ambulance.”

Cllr. Brendan Cronin

The HSE wishes to state that any resident of a public, residential care facility requiring an urgent and/or vital medical diagnosis are prioritised to access appropriate care and treatment. Each public facility has access to the services of a medical officer, and arrangements will be made with the public acute hospital system to access the required diagnostics to the degree of urgency as assessed by the medical officer. Where there is a need for transport by ambulance this is arranged through the National Ambulance Service (NAS).

A new development in Kerry has seen, in the past week, the deployment of an Intermediate Care Vehicle (ICV) for the purpose of supporting non-emergency transport requirements. A second ICV will be deployed by the end of 2013. Each ICV can accommodate two stretchers plus a number of seated patients and will cater for planned appointments and transfers etc.

With regards to the provision of non-emergency transport to private facilities, NAS is not involved in making such arrangements and its concentration is in ensuring that patients can access the public service as outlined. However, the matter raised will be considered by the National Ambulance Service as it is the intention of the service to provide as comprehensive a service as possible to meet all patients’ needs.

Nicky Glynn, Area Manager, National Ambulance Service

Notice of Motion Item No. 5(c)

“That the HSE South, Regional Health Forum, recognises the unique needs of children with Down Syndrome and supports the issuing of medical cards to these children as a right.”

Cllr. John Buttimer

Who is entitled to a Medical Card?

Entitlement to a Medical Card is governed by legislation. In assessing eligibility for a

Medical Card the HSE will have due regard for the Legislation, Regulations and Relevant Circulars from the Department of Health.

Any person who is considered by the Health Service Executive to be "ordinarily resident" in the State is entitled to have their eligibility for Medical Card considered.

There are three main categories of people entitled to a Medical Card:

- 1.** Applicants (and their dependants) whose assessable income is within the relevant Income Guidelines
- 2.** Applicants (and their dependants) whose assessable income is in excess of the Income Guidelines but where the HSE considers that to refuse a Medical Card would cause undue hardship.
- 3.** The following applicants are exempt from a means test : -

A person with EU entitlement.

Under EU Regulation people moving from one Member State to another Member State within the European Union "retain the rights and advantages acquired" through social insurance contribution made in their home country and this includes access to health services.

A person with retention entitlement under Government Schemes.

In certain circumstances people who have been in receipt of Social Welfare payments for specified times and who return to work or avail of Government approved schemes are allowed retain their Medical Card for specified periods.

A Person affected by the drug Thalidomide.

People who have been affected by the drug Thalidomide are eligible for a Medical Card regardless of their level of income/means.

A person affected by Symphysiotomy.

Survivors of Symphysiotomy are eligible for a Medical Card regardless of their level of income/means.

Entitlement for people aged 70 years and over:

From 1st January 2009 a scheme was put in place for the assessment of eligibility for people aged 70 years and over. In this regard legislation has been enacted and other guidelines (Medical Card National Assessment Guidelines for people aged 70 years and over) are available. If an applicant does not qualify under the 'Over 70s Scheme' s/he may request that their eligibility be assessed for a Medical Card / GP Visit Card under the general schemes.

Hepatitis C/HIV

People who contracted Hepatitis C/HIV from the use of Human Immunoglobulin anti D blood products qualify for a Health Amendment Act Card that entitles them to the following services, free of charge:

- General practitioner services.
- Prescribed drugs and medicines and medical and surgical aids and appliances.
- Home nursing and home help services.
- Dental, ophthalmic and aural services and appliances.
- Physiotherapy services.

- Counselling services for both sufferer and family and
- Such other services as may be prescribed by the Minister for Health.

Who is entitled to a GP Visit Card?

Entitlement to a GP Visit Card is governed by legislation. In assessing eligibility for a GP Visit Card the HSE will have due regard for the Legislation, Regulations and relevant Circulars from the Department of Health. A person will qualify for a GP Visit Card if his/her assessed means are within the GP Visit Card Income Guidelines and if s/he satisfies the criteria for being 'ordinarily resident' in the State. (see attached) Where the assessed means of the applicant are in excess of the GP Visit Card Income Guidelines, the HSE will issue a GP Visit Card where it is satisfied it would be unduly burdensome to arrange GP Services for the applicant and his/her dependents.

With reference to children with Down Syndrome and outside of the above exemptions, medical cards can be provided on discretionary basis in certain circumstances where an applicant's income is in excess of the guidelines. In these cases social and medical issues are considered when determining whether or not undue hardship exists for an individual in accessing GP or other medical services.

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

Notice of Motion Item No. 5(d)

"That the HSE South endorses the view that a letter be written to the Minister for Health requesting procedures to be put in place to enable Health as a curriculum subject be prepared, developed and introduced as a matter of important priority to our educational system."

Cllr. John Coonan

Health, as Social, Personal and Health Education (SPHE) is a curriculum subject at both primary and post-primary education in Ireland.

This reflects the complex nature of health education. Health, in the holistic sense, cannot be defined as one single entity and therefore the SPHE curriculum encompasses all aspects of health. The SPHE curriculum is designed to support young people to gain knowledge and skills to enable them to make positive health choices. Both Primary and Junior Cycle SPHE are currently mandatory subjects.

A whole school approach to health is encouraged in both primary and post-primary schools (Education Act, 1998 www.irishstatutebook.ie/pdf/1998/en.act.1998.0051.pdf), as well as the HSE Health Promoting School model (Appendix 2).

Primary school curriculum is available on-line at http://www.ncca.ie/uploadedfiles/Curriculum/SPHE_Curr.pdf (1999) - http://www.ncca.ie/uploadedfiles/Curriculum/SPHE_Curr.pdf

[Social, Personal and Health Education, Teacher Guidelines \(1999\) -
http://www.curriculumonline.ie/en/Primary_School_Curriculum/Social,_Personal_and_Health_Education_SPHE_/Social,_Personal_and_Health_Education_SPHE_Teacher_Guidelines/](http://www.curriculumonline.ie/en/Primary_School_Curriculum/Social,_Personal_and_Health_Education_SPHE_/Social,_Personal_and_Health_Education_SPHE_Teacher_Guidelines/)

Post-Primary school curriculum is available on-line at

Junior Cycle

[Social, Personal and Health Education, Junior Cycle Syllabus -
http://www.sphe.ie/downloads/RESOURCES/SPHE%20JUNIOR%20CYCLE%20SYLLABUS.pdf](http://www.sphe.ie/downloads/RESOURCES/SPHE%20JUNIOR%20CYCLE%20SYLLABUS.pdf)

[Social, Personal and Health Education, Junior Cycle Teacher Guidelines -
http://www.sphe.ie/downloads/RESOURCES/SPHE%20TEACHER%20GUIDELINES.pdf](http://www.sphe.ie/downloads/RESOURCES/SPHE%20TEACHER%20GUIDELINES.pdf)

Senior Cycle

[Social, Personal and Health Education, Senior Cycle Curriculum Framework -
http://www.ncca.ie/en/Curriculum_and_Assessment/Post-Primary_Education/Senior_Cycle/SPHE_framework/SPHE_Framework.pdf](http://www.ncca.ie/en/Curriculum_and_Assessment/Post-Primary_Education/Senior_Cycle/SPHE_framework/SPHE_Framework.pdf)

1. Social Personal Health Education (SPHE)

The introduction of the Revised Primary School Curriculum (1999) and the SPHE curriculum up to Junior Certificate level, heralded the inclusion of SPHE into the formal curriculum of Irish schools. Prior to that, the 1971 curriculum did not identify SPHE as a discrete subject but rather placed Health Education as part of the Physical Education curriculum. The Report of the Review Body on the Primary Curriculum (1990) stated that Health Education should be integrated with all sections of the curriculum. (NCCA. 1990, *Report of the Review Body on the Primary Curriculum*. NCCA Dublin. 1990)

The SPHE curriculum at primary level is delineated into three strands: Myself, Myself and Others, and Myself and the Wider World. These strands are further grouped into strand units, ten in total. The curriculum guidelines specify that SPHE is to be delivered in schools:

- In the context of a positive school climate and atmosphere
- As a discrete subject in its own right
- Integrated across the curriculum.

[Primary School Curriculum, SPHE Guidelines, DES, 1999-see below for link]

The primary curriculum gives equal weighting to what the child learns and to the process by which s/he learns. The principles of learning espoused in the primary curriculum are child-centered and advocate that the child should be an active agent in learning. Teaching and learning have implications for personal and social development and the curriculum emphasizes that the child's social and emotional development significantly influence success in learning. A positive school climate and atmosphere are essential therefore for the effective implementation of a health promoting school. Active learning is the principal methodology advocated for the teaching of SPHE.

Social, Personal and Health Education in Post-Primary schools is a programme for students in the Junior Cycle and builds on the experience of all children at Primary level. Social, Personal and Health Education, as part of the Junior Cycle curriculum, supports the personal development, health and well-being of young people and helps

them create and maintain supportive relationships. The recommended time allocation for SPHE is one class period per week or equivalent. Through participating in the SPHE programme the young person will encounter a wide range of issues through a variety of learning experiences. These issues will be addressed in ten modules, each of which appears in each year of the three-year cycle. The emphasis will be on building skills, understanding, attitudes and values important in all these areas. The ten modules are:

• Belonging and integrating	• Self-management
• Communication skills	• Physical health
• Friendship	• Relationships & sexuality
• Emotional health	• Influences and decisions
• Substance use	• Personal safety

Appendix 1 outlines in detail Social, Personal and Health Education in the Curriculum.

2. Overview of the History of the Health Promoting School in Ireland

Health promotion in schools can be defined as *any activity undertaken to improve and/or protect the health of all school users*. It is therefore a broader concept than health education and it includes provision and activities relating to: healthy school policies, the physical and social environment of the school, curriculum and learning, partnerships.

Schools have long been viewed as important settings for the socialisation of children, and thereby influencing their health and social development. Educational outcomes are a recognised determinant of both child and adult health and schools have both an immediate and longer-term influence on children’s wellbeing. In recognition of this role, the concept of the Health Promoting School (HPS) was first proposed.

With the help of the World Health Organisation, the European Commission and the Council of Europe, the European Network of Health Promoting Schools (ENHPS) was established. The ENHPS introduced new ideas and approaches to school health promotion. It provided a framework for building these into school health in a systematic and coherent way. Ireland joined the ENHPS in 1992.

In 2010 a national HPS framework for primary and post primary was developed in partnership between the Department of Health and Children (DoHC) and the Department of Education and Skills (DES). This partnership process emphasises the importance of participation by key stakeholders at the various stages of HPS development. The HPS framework sets out the context within which HPS are placed and describes the criteria required to become an HPS. It specifically looks at criteria in the context of Key Action Areas for an HPS. These are:

- Environment
- Curriculum and Learning
- Policy
- Partnership

At the school level the HPS framework advocates a whole school approach to the implementation of HPS. A whole school approach implies:

- Systematic processes for planning and reviewing policies
- An inclusive and involved school community

- A teamwork approach to HPS

Appendix 2 outlines in detail what a health promoting school is and what it aims to achieve.

Andy Walker, A/Health Promotion Manager, HSE South

Notice of Motion Item No. 5(e)

“That the HSE South contact all General Practitioners and provide them with the precise contact details of the Managers of each Local Health Office, as this person has access to dedicated contacts in the Primary Care Reimbursement Service. It is most important that this information be provided, as it is vital for people who are terminally ill, and in receipt of Palliative Care, to acquire an Emergency Medical Card.”

Cllr. John Joe Culloty

The HSE have guidelines in place in relation to the provision of Emergency Medical Cards to patients that are terminally ill, or are seriously ill, and in urgent need of medical care that they cannot afford.

Emergency Medical Cards are issued within 24 hours of receipt of the required patient details and letter of confirmation of condition from a doctor or consultant.

Emergency Medical Cards are generally requested by a Manager in a Local Health Office or a Social Worker.

An Emergency Medical Card can be requested from the central office in respect of:

- 1) A person in palliative care, who is terminally ill
- 2) A homeless person in need of urgent or ongoing medical care
- 3) A person with a serious medical condition in need of urgent or ongoing medical care –
- 4) A foster child in need of urgent or ongoing medical care
- 5) An asylum seeker with a serious medical condition in need of urgent or ongoing medical care

An Emergency Medical Card can only be issued to a named individual, i.e. no dependants will be included unless a case is made separately for any other member of the family on medical emergency grounds.

With the exception of terminally ill patients all Emergency Cards are issued on the basis that the patient is eligible for a medical card on the basis of means or undue hardship, and will follow up with a full application within a number of weeks of receiving the Emergency Card.

Details of the direct Local Health Office contacts for the South have been circulated to all GPs in the area. An updated list will be circulated to all GPs in the HSE South in the near future.

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

Notice of Motion Item No. 5(f)

"Calls on the HSE South to fully outline the implications of the 2014 Regulations by HIQA in order for all public nursing homes to comply with, in the Carlow/Kilkenny area and that capital funds are put in place to ensure compliance."

Cllr. Wayne Fennell

All public residential care units in HSE South including those in the Carlow/Kilkenny area are currently registered with HIQA for the period of 2012 to 2015. In HSE South, there has been a considerable level of capital work undertaken with the aim of improving infrastructure within a large number of facilities and achieving registration. These include the provision of additional shower and toilet facilities, provision of sitting rooms, private facilities, and reduction in occupancy levels and identification through a risk assessment process in relation to fire and health and safety compliance. In 2015, each Unit will require to have their registration renewed for the period 2015-2018.

In 2012/2013, a comprehensive analysis was undertaken by HSE Estates personnel to determine the level of compliance with the HIQA Residential Care Standards for Older People and the Care and Welfare Regulations for the period 2015-2018. Following the analysis, a plan to deal with any non-compliance issues and the costs associated with it was prepared. This was submitted to the National Office for Services for Older People to form part of a National Viability Study for Residential Care Services. The Viability Plan has been submitted to the Department of Health for their consideration and a capital programme is currently being prepared by the HSE in association with the Department of Health.

With the increasing numbers of older people, the intention is to maintain the existing number of beds through the planned refurbishment, extension or full replacement of units which will require a significant capital investment. A prioritisation process based on capital investment becoming available is ongoing between the HSE and the Department of Health to ensure that both requirements for additional capacity and compliance with HIQA standards are met.

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

Notice of Motion Item No. 5(g)

“Arising from the unacceptable situation in St. Luke’s Hospital, Kilkenny, where access to acute beds is being impeded by delayed discharges of dependant elderly patients, because insufficient provision is made available for such patients in St. Columba’s Hospital Thomastown, and the District Hospital, Castlecomer. Given this clear evidence of shortfall in current need and future age profile increase in our elderly populations, the undersigned calls on the HSE Forum South to insist that the HSE reopen beds early next year in both Community Hospitals where accommodation is readily available, as a sustainable means of preventing a continuing care beds emergency in County Kilkenny.”

Cllr Michael O’Brien

The provision of a safe and quality service to our elderly population remains a key priority for the HSE. As members are aware, the EMERALD Initiative (Elderly Medicine Early Review and Liaison for Discharge) is implemented within St Luke’s Hospital. The EMERALD Initiative ensures that proactive discharge planning occurs on admission. EMERALD provides high quality, evidence based assessment and management of identified groups of older in-patients, from age 85 years. This service screens all acute admissions (excluding Acute Surgical Unit, Coronary Care Unit, Intensive Care Unit, Day Ward Oncology) to the hospital on Day 2; for the:

- a) Need for comprehensive geriatric assessment
- b) Increased risk profiles for length of stay and discharge problems

In the Carlow/Kilkenny area there is proactive management of delayed discharges for persons over 65 years of age. Daily liaison occurs between the Discharge Planner and all short stay and long stay elderly care units. The Consultant Geriatricians and relevant hospital and community staff facilitate a weekly multi-disciplinary discharge planning meeting for relevant patients. In addition the discharge planner also attends the fortnightly placement forum meetings for long stay placement approvals.

The introduction of the Nursing Home Support Scheme (NHSS) in October 2009 simplified the application process for accessing funding for applicants seeking support on the cost of residential care. The legislation also provided a choice of care i.e. public, private or voluntary to the applicant, however, this has the potential to attribute to delays being experienced for instances where the demand is high for particular residential care providers. In the event a Multi Disciplinary Team assessment indicating that Nursing Home Care may be required on discharge, an immediate discussion is undertaken with relevant family members re the completion of the necessary required documentation. From the initial application for funding there is a 3- 4 week timeframe for funding to be released through the NHSS application process. Private nursing homes will not accept patients without funding approval unless the patient is willing to self fund in the interim. As funding for long stay care beds is now managed centrally, public residential units now have to operate in similar principles to that of their private counterparts.

The HSE is committed to ensuring that all measures are taken in the management of delayed discharges. In this regard a delayed discharge list is issued from St Luke’s Hospital on a weekly basis. This is analysed against the available bed stock in both long and short stay elderly care units. Patients who are deemed suitable are transferred to interim bed arrangements. In addition to these measures, the provisions of Home Care Packages for patients being discharged from St Luke’s

Hospital are prioritised to prevent delays. Respite beds in the District Hospitals may be used where required up to their maximum funded capacity. Currently there is no waiting list for long stay residential beds within the Carlow/Kilkenny Area.

The CIT (Community Intervention Team) is an excellent example of a successful, strong and robust operational integration between clinical personnel within St Luke's Hospital and their community colleagues. The main focus of the CIT is to facilitate early hospital discharge and avoidance of acute hospital admissions.

The International recommended standard is that 4.5% of the over 65 population require long stay residential care. In line with this Recommendation, the Carlow/Kilkenny Area has sufficient bed stock within the public and private healthcare system to meet these requirements.

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

QUESTIONS

Question Item No. 6(a)

"To clarify the specific medical conditions, illness and diagnoses which are currently covered by the Medical Card."

Cllr. Brendan Cronin

Who is entitled to a Medical Card?

Entitlement to a Medical Card is governed by legislation. In assessing eligibility for a Medical Card the HSE will have due regard for the Legislation, Regulations and relevant Circulars from the Department of Health.

Any person who is considered by the Health Service Executive to be "ordinarily resident" in the State is entitled to have their eligibility for Medical Card considered.

There are three main categories of people entitled to a Medical Card:

- 1.** Applicants (and their dependants) whose assessable income is within the relevant Income Guidelines
- 2.** Applicants (and their dependants) whose assessable income is in excess of the Income Guidelines but where the HSE considers that to refuse a Medical Card would cause undue hardship.
- 3.** The following applicants are exempt from a means test : -

A person with EU entitlement.

Under EU Regulation people moving from one Member State to another Member State within the European Union "retain the rights and advantages acquired" through social insurance contribution made in their home country and this includes access to health services.

A person with retention entitlement under Government Schemes.

In certain circumstances people who have been in receipt of Social Welfare payments for specified times and who return to work or avail of Government approved schemes are allowed retain their Medical Card for specified periods.

A Person affected by the drug Thalidomide.

People who have been affected by the drug Thalidomide are eligible for a Medical Card regardless of their level of income/means.

A person affected by Symphysiotomy.

Survivors of Symphysiotomy are eligible for a Medical Card regardless of their level of income/means.

Entitlement for people aged 70 years and over:

From 1st January 2009 a scheme was put in place for the assessment of eligibility for people aged 70 years and over. In this regard legislation has been enacted and other guidelines (Medical Card National Assessment Guidelines for people aged 70 years and over) are available. If an applicant does not qualify under the 'Over 70s Scheme' s/he may request that their eligibility be assessed for a Medical Card / GP Visit Card under the general schemes.

Hepatitis C/HIV

People who contracted Hepatitis C/HIV from the use of Human Immunoglobulin anti D blood products qualify for a Health Amendment Act Card that entitles them to the following services, free of charge:

- General practitioner services.
- Prescribed drugs and medicines and medical and surgical aids and appliances.
- Home nursing and home help services.
- Dental, ophthalmic and aural services and appliances.
- Physiotherapy services.
- Counselling services for both sufferer and family and
- Such other services as may be prescribed by the Minister for Health.

Who is entitled to a GP Visit Card?

Entitlement to a GP Visit Card is governed by legislation. In assessing eligibility for a GP Visit Card the HSE will have due regard for the Legislation, Regulations and relevant Circulars from the Department of Health. A person will qualify for a GP Visit Card if his/her assessed means are within the GP Visit Card Income Guidelines and if s/he satisfies the criteria for being 'ordinarily resident' in the State.

Where the assessed means of the applicant are in excess of the GP Visit Card Income Guidelines, the HSE will issue a GP Visit Card where it is satisfied it would be unduly burdensome to arrange GP Services for the applicant and his/her dependents.

Outside of the above exemptions, medical cards can be provided on discretionary basis in certain circumstances where an applicant's income is in excess of the guidelines. In these cases social and medical issues are considered when determining whether or not undue hardship exists for an individual in accessing GP or other medical services.

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

Question Item No. 6 (b)

"To ask the HSE:

- i. How many employees are assigned to the campus of CUH/CUMH on an average working day?
- ii. How many external contractors or employees of external contractors work on the campus on any given day?
- iii. How many on site campus spaces are provided for the exclusive use of staff and external workers?
- iv. How many car spaces are available for patient use, visitor use and those using out-patients or other services on campus at CUH/CUMH?
- v. Who sets the parking tariff on site at CUH/CUMH and who is responsible for collecting and managing this service and how much does this service cost to operate?
- vi. If surplus funds or revenue are generated, where is this money spent?"

Cllr. John Buttmer

i. How many employees are assigned to the campus of CUH/CUMH on an average working day?

Cork University Hospital (incl. CUMH) has a staff complement of 3,276.64 WTE's (whole time equivalents). The number of staff on campus at any one time can vary due to staff rosters, annual leave, sick leave and other types of staff leave.

ii. How many external contractors or employees of external contractors work on the campus on any given day?

Contractors will be on-site to support typically one of two types of activities:

- Maintenance or service related works
- Capital development related works

Obviously, the number of contractors (and their employees) on-site on any given day will vary considerably and will be dependent upon the nature of works required by the Estates Dept on that day. For example on Tuesday, 10th September 2013, the following was the status on-site:

- 14 Maintenance contractors with 14 employees on-site including 4 company vehicles, all accommodated within Maintenance yard; on-site parking is required for the service company to be able to provide the essential operation and maintenance support required for CUH critical engineering systems.
- 5 Development contractors with 86 employees on-site including 4 company vehicles, all accommodated within the contractors site compound; on-site parking for development works is limited to one vehicle per contractor and this parking must be provided within their site compound. This is a condition of their tender and is re-iterated as a requirement as part of the contractor's induction prior to commencing works in CUH.

As stated earlier, these numbers will vary but Tuesday, 10th September could be considered a typical day and the figures are indicative of normal parking arrangements required to support Estates Dept contractors.

iii. How many on site campus spaces are provided for the exclusive use of staff and external workers?

CUH provides 857 staff car spaces on the campus. In addition staff have access on a daily basis to 200 car spaces off site in Highfield Rugby Club and 60 spaces in Bishopstown GAA Club. External contractors are not provided with onsite parking. However, CUH does have an additional 7 spaces for external workers who are required to provide emergency technical services to the hospital.

iv. How many car spaces are available for patient use, visitor use and those using out-patients or other services on campus at CUH/CUMH?

There are 545 spaces available for use in our 4 pay car parks located within the CUH campus. CUH has a further 63 spaces for use by special needs drivers at various strategic locations on the campus. These spaces are used by Disabled drivers, Dialysis patients, Radiotherapy patients and are free of charge.

v. Who sets the parking tariff on site at CUH/CUMH and who is responsible for collecting and managing this service and how much does this service cost to operate?

The CUH Management Team is responsible for setting the car park tariffs. The car park system, including the collection from cash machines, is managed by the hospital Security Department as part of the overall security service provided on the CUH/CUMH campus.

vi. If surplus funds or revenue are generated, where is this money spent?

The revenue generated from car-parking is an essential element of total hospital funding and contributes to the overall hospital budget for staff, medicines, equipment, maintenance etc.

Ger Reaney, Area Manager Cork, HSE South

Question Item No. 6(c)

“What is the up to date position regarding the Non-Consultant Hospitals Doctors dispute and their hours of work practice?”

Cllr. John Coonan

The HSE have been advised by the IMO of their intention to undertake industrial action relating to the implementation of the provisions of the European Working Time Directive (EWTB).

As part of the normal organizational arrangements, the parties continue to engage at a national level to ensure ongoing safe service provision to include contingency planning in the event of commencement of industrial action.

The issue continues to be discussed under the auspices of the Labour Relations Commission at a national level and HSE Management are fully utilising all available industrial relations mechanisms in this matter.

The national engagement process is ongoing at this time.

P. J. Hathaway, Assistant National Director, HR HSE South

Question Item No.6 (d)

“What steps does the HSE South propose to take in order to improve hygiene in all hospitals in the HSE South region?”

Cllr. Wayne Fennell

The HSE is committed to providing and maintaining safe and high quality care within all our services. Raising and maintaining the quality and safety of care requires sustained commitment to continuous improvement from everyone involved in the health and social care system.

The HSE South has a strong focus on the prevention and control of Healthcare Associated Infections (HCAIs) through a national programme of activity to raise hygiene awareness amongst staff, improve hygiene standards, and reduce HCAIs in hospitals.

Hand hygiene is recognised internationally as the single most important preventative measure in the transmission of HCAI’s in healthcare services. The HSE National Senior Management Team have directed that hand hygiene training must be part of all mandatory training for all healthcare staff on induction and at least every 2 years after that. It is the responsibility of Area Managers and Hospital Managers to ensure that this training is carried out. Furthermore the commitment to improving hand hygiene is recognised through the work of the HCAI clinical care programmes where improving hand hygiene compliance by healthcare workers is a priority.

It is the responsibility of each hospital to maintain an up to date system to record the hand hygiene training within the hospital. The HSE South regional management team is currently implementing an agreed process for receiving reports related to the percentage of staff who have received mandatory induction training in order to receive assurance that hand hygiene training is being carried out.

It is well recognized that we must be able to measure hand hygiene in order to improve compliance. Hand Hygiene audits are carried out internally by hospitals to measure compliance and the national target compliance rate must be achieved by all hospitals and where compliance rates are not achieved an action plan is developed in order to achieve compliance.

All hospitals in the HSE South are focused on implementing the *HIQA National Standards for the Prevention and Control of Healthcare Associated Infections*. The HSE South takes the findings of the recent HIQA inspections to hospitals very

seriously and each hospital has developed a Quality Improvement Plan to address the findings of these reports. The hospitals Executive Management Board will as a priority oversee the implementation of these Quality Improvement Plans.

Each hospital is committed to planning the physical environment and maintaining it to achieve hygiene standards. While the HSE South recognises that the cleanliness of the physical environment did not meet national standards in some hospitals following HIQA inspections, the HSE South will ensure that the cleanliness of the physical environment is effectively managed and maintained according to relevant national guidelines and legislation.

The use of HCAI policies, procedures, protocols and guidelines are regularly monitored and reviewed in hospitals to determine effectiveness, and where required actions are then taken to improve the effectiveness of these policies, procedures, protocols and guidelines based on evidence based information.

In conclusion the HSE is committed to the prevention and control of Healthcare Associated Infections through effective leadership and governance arrangements and through the implementation of relevant national standards and legislation.

Deirdre O’Keeffe, Regional General Manager, Quality & Patient Safety

Question Item No. 6(e)

“In light of the Haddington Road Agreement, can the HSE South show that any further reductions in overtime, within the Mental Health Service in Kerry, be compensated by the employment of Graduate Nurses, from the Graduate Nurse's Scheme?”

Cllr. John Joe Culloty

Kerry Mental Health Services has a widespread service provision across the county, including the Acute Mental Health Unit at Kerry General Hospital. In recent years, there has been increased specialisation of services, including rehabilitation and recovery, liaison and suicide prevention initiatives. Services are provided by the HSE and voluntary sector partners in a number of different settings including the service users’ own home, acute inpatient facilities, community mental health centres, day hospitals, day centres and supported community residences.

Kerry Mental Health Services are currently implementing a significant change programme across the county. This includes a shift in emphasis from residential care to community delivered services which is in line with the national strategy and the clinical care programmes. This change programme has seen the closure of the main St. Finan’s Hospital, a reduction in beds in the acute unit in Kerry General Hospital and a reduction in high support hostel beds. This in turn significantly facilitates the development of Home Based & Community Mental Health Teams with staff being reassigned to deliver services as close as possible to the patients’ home.

Management within Kerry Mental Health Services are working to ensure maximum efficiencies from within the system and there has been significant roster change and

introduction of skill mix over the past 2 years to ensure that nursing services are delivered to those most in need of the service.

The public sector reforms under the Haddington Rd. Agreement will also assist in delivering the change programme across the county as the additional hours which are now available to the service are being utilised to enhance community services and also assist in the reduction of overtime. An additional aspect of Haddington Rd. Agreement is the recruitment of graduate nurses and within Kerry, we will be offering an initial assignment to 8 graduates, to ensure key services continue to be delivered and also assist in the reduction of overtime.

The overall change programme for Kerry Mental Health Services has seen a reconfiguration of the existing services but also a very significant number of developments which will be further developed over the next year. These developments include:

- The significant enhancement of Community Mental Health Teams
- The provision of specialised nurses in the Emergency Department to deal with self harm and suicide related issues
- The appointment of Crisis Nurses in the community
- The enhancement of the multidisciplinary aspect of the Community Mental Health Team.

These developments have been possible as a result of national investment in Mental Health Services over the past 2 years which will see an additional 26 posts across Kerry Adult Mental Health Services and an additional 4.5 posts across Kerry Child & Adolescent Mental Health services. These 2013 developments will allow for the establishment of an Old Age Psychiatry Team in Kerry.

Michael Fitzgerald, Area Manager, Kerry

**NOTICE OF MOTIONS AND QUESTION
RESPONSES**

**FORUM MEETING
14th November 2013**

NOTICES OF MOTION

Notice of Motion Item No. 4 (a)

"To ask why the four geographically based Intervention & Disability Service teams which were to deliver important services to children with a range of disabilities in Kerry are not operating in the County considering that these vital services were to be available locally to families from Sept 30th 2013."

Cllr. Brendan Cronin

The HSE has recognised the need to increase the level of consistency and standardisation in the way both early intervention services and services for school-aged children with disabilities are delivered, and has reconfigured existing therapy resources to geographic based teams for children (0-18 years) as part of the National Programme on Progressing Disability Services for Children and Young People (0-18 years).

The Programme is organised at national, regional and local level and includes representatives from the health and education sectors, service providers (both statutory and non-statutory) and parents. These stakeholders are working together to see how current services can be reorganised in line with agreed policy. The HSE is very cognisant of stakeholder's views particularly of parents within this context. It has also worked to ensure that information about the Programme is made widely available.

A local implementation group was established in Kerry in 2011 to plan for the reconfiguration of services in this area. The objectives of this group have been to ensure that

- There is one clear pathway to services for all children with disabilities according to need
- Resources used to the greatest benefit for all children and families, and
- Health and Education work together to support children to achieve their potential

The purpose of the reconfiguration of existing therapy resources is to ensure that the resources available are used to best effect, in order to provide health supports and ongoing therapy to all children (0-18 years) in line with their prioritised needs. In particular, it will mean that all children, regardless of where they receive their education services will have equitable access to services based on their needs.

All children who have been in receipt of services up to October 2013 from the four agencies in Kerry, i.e. Enable Ireland, Brothers of Charity, St. John of God and the HSE, will now continue to access services on a geographical basis. Children have been assigned to geographical team based predominantly based on their home address (with some exceptions for school going children), and each team is providing services to children with physical and intellectual disabilities as well as autism. Staff have also been reconfigured from the 4 agencies and are now assigned across the 4 teams.

An appeals process was established for both families and staff and this process is now complete. In addition, there is a requirement for parents to consent to the

transfer of records to the new teams, without this consent the service cannot be provided by the new team as the former structures are no longer in place.

It was intended that children's disability services in Kerry would reconfigure to 4 geographically based teams on 30th September 2013. Unfortunately this process was delayed by IR issues. The reconfiguration was delayed by one week to 7th October 2013, but has now commenced. While the reconfiguration process has resulted in some interruption to service delivery during the transition period every effort has been made to minimise the impact on children and families. The newly formed Kerry Intervention & Disability Services teams will deliver services to children with a range of disabilities in their geographical area. This is in line with the nationally agreed model.

Eithne McAuliffe, Acting Area Manger, HSE Kerry

Notice of Motion Item No. 4 (b)

"That the HSE would outline the changes that have been implemented in the interpretation of the Guidelines for GMS Eligibility in the past year which have impacted negatively on so many individuals and families, outlining in the response the processing time and how many people (adults and children) who had GMS card eligibility have been declared ineligible on renewal or review and the reasons given for the decisions, the number of new applicants who have been refused GMS cards and the reasons given for the decisions, how many patients with a cancer diagnosis have been refused medical cards and the reasons given for the decisions, and the change in the interpretation of the discretion which were previously afforded to seriously ill patients who applied for GMS cards."

Cllr. Frank O'Flynn

The HSE administers the GMS Scheme which is governed by the Health Act, 1970. This Legislation sets out the basis for eligibility to access services. The 2013 Budget announcement which came into effect on the 1st of April 2013 changed the income guidelines for the Medical Card and GP Visit Card. A copy of these income guidelines are attached to this Response.

In addition, two of the scheduled expenses which were taken into account previously when deciding on eligibility were removed from the Scheme and are as follows:-

- Home Improvement loan repayment
- €50 per week standing charge for car depreciation and running costs

The Health (Alteration of Criteria for Eligibility) Act, 2013 which was enacted on the 5th of April, 2013 gave legislative effect to the reduction in the income guidelines for the 70's and Over Medical Card (attached herewith)

- €700 to €600 gross income per week for a single person (€31,200 gross per annum)

- €1,400 to €1,200 gross income per week for a couple, one of whom is aged 70 or older, (gross income €62,400)

Another feature of this Legislation was the introduction of the GP Visit Card for persons aged 70 years or older. The income guidelines governing this GP Visit Card are set out in the attached guidelines.

The changes identified above are the only changes made to the assessment guidelines since 2009. It is important to note that there has been no change made to the policy on assessing eligibility for a Medical Card/GP Visit Card on discretionary grounds. A person who suffers a financial hardship as a result of financial, social or medical circumstances will receive the benefit of a Medical Card/GP Visit Card.

In terms of the number of people (adults and children) who have had GMS Card eligibility and have now been declared ineligible on renewal or review a national statistical analysis confined to this year was undertaken. 289,000 families comprising 428,000 individuals were subject to an eligibility review assessment (to include those that held cards on means qualification or on discretion) in the period January to September 2013. The outcome of these review assessments saw some 2.3% of cases did not have their eligibility renewed; 87% were renewed, while 8.3% did not respond, resulting in the suspension of eligibility. A further statistical breakdown of the above figures into number of adults and number of children is not available. The information on what reasons were given for not renewing the GMS Cards is not available at present.

Unfortunately, the statistics in relation to the number of new applications that have been refused GMS Cards and the reasons given for these decisions are not available at present. The reasons to refuse a card are as follows: (1) assessed ineligible on means or (2) assessed as not qualifying on discretionary grounds of 'undue hardship'/'undue burden' or (3) applications discontinued (requests for required information, not provided with original application, not responded to by applicant)

It is also important to point out that there has never been an automatic entitlement to a Medical Card/GP Visit Card on the basis of a specific illness or a specific condition (with the exception of persons affected by the drug Thalidomide, persons affected Symphysiotomy and persons with a confirmed diagnosis of terminal illness). People who have a medical condition, other than the three specified above, will have their medical circumstances considered as part of an assessment of eligibility on discretionary grounds of "undue hardship/undue burden if they do not qualify for a Medical Card on an assessment of means (income guidelines).

There is no legal basis for the HSE to award a Medical Card/GP Visit Card based on a diagnosis of cancer. The HSE records statistics on processing of applications for a medical card/GP visit card based on the qualification criteria i.e. means or discretion and not by medical conditions. The HSE must operate within the legal parameters as set out in the Health Act 1970, as amended. However, the HSE must be cognizant and respond to the variety of circumstances and complexities faced by individuals who apply for a Medical Card/GP Visit Card.

The National Assessment Guideline outline the relevant factors that are taken into account when assessing whether "undue hardship/undue burden" provisions apply to the circumstances as present by the applicant. The Guideline state that the "exercise of discretion by the HSE in favour of the applicant should be considered

where meeting the costs of services covered by a Medical Card or a GP Visit Card compromises the applicants or his/her family's ability to meet the essential costs associated with

- maintenance of employment
- provision of reasonable housing
- provision of appropriate nurturing and care for children or dependants
- provision of adequate heating, nutrition and clothing, or
- coping with exceptional personal and financial burdens arising from medical or social circumstances'.

In conducting this assessment, the Guidelines state that the following issues are considered in the application process:

- Illness or medical circumstances which results in financial hardship.
- The cost of providing general medical and surgical services.
- The cost associated with the provision of medical, nursing and dental treatment.
- The cost of physiotherapy and speech and language therapy.
- Transport cost to hospitals and clinics.
- Addictions such as drink, drugs and gambling.
- Poor money management.
- Social deprivation – including poor home management.
- The cost of medical aids and appliances.

The decision maker may seek further advice from other sources including;

- The Applicant's Doctor(s).
- The HSE's Medical Officers.
- The Public Health Nurse.
- The Community Welfare Officer.
- Social Worker.
- Therapy Services.
- Money Advice and Budgeting Service (MABS).

There is a panel of Medical Officers available to the HSE when they are considering an application for a Medical Card/GP Visit Card on discretionary grounds.

Since January 2013, approximately 23,000 new medical cards have been issued on a discretionary basis. The most recent HSE performance report shows that 1,991,148 people have access to free GP care in July 2013, comprising 1,868,565 people with a full medical card and another 124,925 people with GP visit cards. Of these numbers, 75,348 people were approved a medical or GP visit card on discretionary grounds (54,984 were medical cards and 20,364 were GP visit cards).

In response to the processing time to complete an assessment of medical card/GP visit card 90.81% of these applications were processed within 15 days of the application being received by the HSE.

If a Medical Card is under review the person (and their dependants if this applies) will be entitled to have access to services, pending the outcome of the review assessment provided:-

- They have returned their review form within the specified time
- Are engaging with the HSE in enabling their review assessment to complete

If a person or one of their dependants applies for an urgent medical card the HSE will facilitate a prioritized assessment of eligibility on receipt of all the necessary information.

A help and information Callsave phone line 1890 252 919 is also available to the public to assist in the completion of the application of Medical Cards.

The HSE has recently launched a public communications campaign designed to increase awareness of the rules governing eligibility for medical cards/GP visit cards. The campaign plan includes media advertisements, distribution of a new information leaflet, longer opening hours for the national call centre dealing with medical card enquiries, enhancement of the information on the HSE website and additional training for frontline staff.

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

Notice of Motion Item No. 4(c)

"That the HSE develop contracts with Service Providers and medical professionals to ensure that all involved in the delivery of care, including the Department of Health and the HSE, are open, honest, and forthcoming with information for patients, to include information in relation to adverse events and that consideration is given to the introduction of 'no fault' systems to ensure a willingness to engage in dialogue when things go wrong."

Cllr. John Buttimer

Patient safety is the overarching goal of the HSE. The Quality and Patient Safety Directorate is dedicated to building capacity and capability through its work with all stakeholders to create an open 'No Blame Culture' by encouraging the identification and reporting of incidents to improve clinical outcomes and the care of future patients.

As outlined in the 2008 Building a Culture of Patient Safety (DoHc) a blame-free reporting and management culture is in the best interests of patients and those delivering services. The aim of the Commission on Patient Safety and Quality Assurance was to provide recommendations for a framework of patient safety and quality which will lead to effectively governed healthcare facilities, increased involvement of patients and service users in healthcare decision making at all levels of the system, and the development of local and national leadership with clear accountability and reporting relationships. The objective was to make recommendations for organisational, regulatory and educational reform which will create a culture of patient safety for our health system.

The Quality & Patient Safety Directorate is currently implementing a Culture of Safety Survey in all acute hospitals in Ireland. The primary aim of this project is to develop the organisational infrastructure for voluntarily reporting of errors in all hospitals. A patient safety culture will help develop open communication with patients, and ensure learning throughout the system when things go wrong.

Once the Culture of Safety Survey is completed key areas will be identified which will require further develop to underpin Open Disclosure and active engagement with service users in an environment that is safe for staff. The National Policy and Guideline for Open Disclosure of adverse events to patients has been developed and were launched on the 12th November 2013. The Open Disclosure National Policy and National Guidelines are available on http://www.hse.ie/eng/about/Who/qualityandpatientsafety/nau/Open_Disclosure/

Please see attached Patient Information Leaflet entitled "Open Disclosure Communicating when things go wrong" for your information. Specific training and support will be provided on open communication for all healthcare professionals.

It is confirmed in the HSE Guideline for Systems Analysis Investigation of Incidents and Complaints (Nov. 2012) that the purpose of this guideline is to ensure that HSE investigations are valid, reliable and carried out in line with the principles of open disclosure and a just culture.

This guideline has been designed to guide investigators in conducting robust investigations using the systems analysis method and good investigation practice to conduct fair investigations in a manner that is cognisant of natural and constitutional justice, due process and data protection requirements. Conduct investigations in a manner that balances the need for the HSE to achieve it's safety objectives with the need not to jeopardise the rights of individuals in concurrent or future investigations by external agencies including An Garda Siochana or the professional regulators etc.

Employees will not be disciplined nor referred to their professional regulatory bodies when they comply with this policy and procedure except in the following circumstances

- Non-participation in the HSE investigation (may require a disciplinary approach)
- Where an individual deliberately concealed an incident
- Where an employee acted criminally, or in a deliberately malicious manner

Since 1 March 2009, "whistleblowers" - people who want to raise concerns about the safety and quality of health and social care services in Ireland- have been granted statutory protections under Part 14 of the Health Act 2007.

The aim of Part 14 of the 2007 Act is to encourage individuals to voice concerns regarding the safety and welfare of patients and to foster what is described as "a culture of openness and accountability throughout the health services". In order to benefit from the statutory protections, the disclosures made must come within the definition of a "protected disclosure".

In order to make a protected disclosure, employees of "relevant bodies" i.e. the HSE and those providing services on the HSE's behalf or receiving HSE assistance, are required to complain to an "authorised person" who will usually be somebody either

appointed by the HSE or with HSE approval. The disclosure must be made in good faith and on foot of a reasonable belief that the health or welfare of a recipient of healthcare services is at risk, the actions of a fellow employee are posing a risk to public health or welfare, there is a failure to comply with a legal obligation, there is a misuse or substantial waste of public funds or the destruction or concealment of evidence. If these criteria are fulfilled, the employee is not liable for damages by making a protected disclosure and nor shall they be penalised by their employer for having done so.

In certain circumstances i.e. due to urgency, because the initial complaint was not investigated or if the investigation resulted in no action being taken, these employees can also make disclosure to a number of other bodies including the Health Information and Quality Authority (HIQA) and the Irish Medicines Board and still benefit from the protections.

A Procedure on Protected Disclosures of Information in the Workplace was devised to give effect to the legislation on Protected Disclosures of Information as provided for in the Health Act 2004 (as amended by the Health Act 2007). Its purpose is to facilitate employees to make protected disclosures in good faith where they have reasonable grounds for believing that the health or welfare of patients/clients or the public may be put at risk, or where there is waste of public funds or legal obligations are not being met, so that the matter can be investigated. The legislation also provides statutory protection for health service employees from penalisation as a result of making a protected disclosure in good faith in accordance with this procedure.

In conclusion the Health Service is committed to maintaining the highest possible standards of care for patients/clients and providing employees with a safe system of work to enable them to deliver a high quality service. The Health Service is also committed to promoting a culture of openness and accountability so that employees can report any concerns they may have in relation to their workplace.

Mr Gerry O'Dwyer, Regional Director of Performance and Integration South

Notice of Motion Item No. 4 (d)

"To call on the HSE, and the National Ambulance Service, to have the second Emergency Ambulance reinstated in Killarney. Several Killarney GPs have expressed concerns that the loss of the 2nd Emergency Ambulance could be detrimental to patient safety in Killarney and the surrounding areas."

Cllr. John Joe Culloty

Representatives from the HSE's National Ambulance Service and senior HSE management met with GPs, public representatives and community groups in South Kerry on the 3rd of September 2013 to update them on plans to modernise the National Ambulance Service operations in the region. The Representatives are prepared to meet with the GP's of South Kerry including Killarney again if requested.

The National Ambulance Service has eliminated "On Call" working arrangements across South Kerry on 7th October 2013.

The 'on call' system relied on crews to be available for work, usually from their own homes (not on duty unless called in) predominantly for 999 emergency calls. The activation time from home to the ambulance station is, on average across all rural stations, 20 minutes.

The staff representative Trade Unions and NAS had progressed the "On Call" issue through the LRC and subsequently to the Labour Court.

NAS has worked to implement the findings of the Labour Court and also enhance service delivery across South Kerry. The plan to eliminate "On Call" focused on three key areas.

1. **Eliminate "On Call" totally and replace with a full 24/7 service.** – This will provide a safer working platform for staff and patients, It will also improve response times for the areas that previously relied on the "On call" Service. NAS nationally have identified a time frame of 20 mins before an ambulance could be mobilized to an incident while "On Call". This is now reduced to minutes.
2. **Enforce working efficiencies with Staff under Croke Park and Haddington Road Agreements.** This would include the removal of on-going reliance on overtime arrangements for normal ambulance service delivery.
3. **Continue to roll out a focused Service Delivery Model :** This involves the on going deployment of Advanced Paramedics , Paramedics and Intermediate Care Staff using a range of vehicles appropriate to staff skill level and service demand. Dynamic deployment will inform resource placements going forward.

In summary the developments introduced in October provide for:

- A 24/7/ Ambulance based in Caherciveen – No reliance on "On Call". An increase of staffing in that Station by 2.1 Staff (Over 4 staff if you include Locum Cover)
- A 24/7/ Ambulance based in Kenmare – No reliance on "On Call". An increase of staffing in that Station by 2.1 staff (Over 4 staff if you include Locum Cover)
- A 24/7/ Ambulance based in Killarney – An increase of staffing in that Station by 4.3 staff (Over 5.5 staff if you include Locum Cover). The additional staff are focused on the delivery of the Intermediate Care Service.

** The second Ambulance referred to in Killarney was in fact a service delivered on an Overtime basis (Double Time) on a 8 hour six day rotation. The introduction of the ICV in Killarney is on a 12 hour 7 day rota which again enhances service delivery by focusing on patient transport. It was not possible to develop the service as outlined above and allow historic overtime arrangements to continue.

A further development for South Kerry is the availability of the Emergency Aeromedical Service. Paramedics will have access to air support from the Air Corps, in clinically defined circumstances, for example a patient requiring specialist intervention within a specific timeframe. Ground emergency ambulances and helicopters will be able meet up at pre-designated landing zones around the South

Kerry region such as GAA pitches to transfer these patients to Cork University Hospital or Kerry General Hospital.

The Intermediate Care Vehicles focus on routine patient transfers between hospitals for outpatient appointments that previously used up to 30% of our emergency ambulance's time/workload. In particular, the additional emergency ambulance capacity that has been freed up by the introduction of the new Intermediate Care Vehicle provides further resources to improve our pre-hospital emergency care services to our patients across Kerry.

The developments outlined above represent a considerable service enhancement across South Kerry.

Nicky Glynn, National HR Manager, National Ambulance Service

QUESTIONS

Question Item No. 5(a)

"Is it the intention of the HSE to sell St Finans Hospital, Killarney, now that it is closed and to clarify how many acres of land are in HSE ownership associated with this hospital in Killarney."

Cllr. Brendan Cronin

The main building at St Finans Hospital is currently being vacated and this process should be concluded by mid December. The building and surrounds will be secured in accordance with safety and insurance advice. The O' Connor Residential Unit which is located in the grounds of St Finans Hospital continues to operate. It is proposed to relocate this unit to a purpose built centre adjacent to St. Columbanus Home. Statutory approvals have been secured for this development and site clearance works have commenced. Tenders have been sought for the construction of this new facility.

In the interim the HSE will complete a Site Development Strategy in consultation with the Local Authority and taking into account future Health Service needs. Once the strategy is complete the HSE intends to bring the property to the market at an appropriate time.

Funds released by the disposal of facilities such as St Finans have been used to fund new developments in the Mental Health Services. The site at St Finans, including land at both sides of the Ring Road, amounts to circa 66 Acres.

Pat McCarthy
Assistant National Director Estates
HSE South

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

“With regard to Abbeyfield House, Curraheen Road, which was recently purchased, suitably refurbished and opened as a centre for girls who needed HSE care, to help them to get their lives back on track -

Why is the official sign removed and the centre closed?

What are HSE plans for the future use of this building?”

Cllr. Mary Shields

The official name of “Abbeyfield” is a registered company name of the previous occupier of the house and we were obliged to remove this sign as the residential service operable under the HSE was not part of that company’s service.

The provision of children’s residential services is the subject of ongoing review. The configuration and focus of services is a complex process – matching the presenting, often complex and challenging needs of young people with the physical environment and staffing capacity to meet those needs. The aim of management and staff is to ensure a safe and stable sustainable environment for residents now and for the future. Management undertook an internal review of this service focussing on the capacity of the Centre to operate effectively in its current format to cater for the presenting needs of children placed there. Following this review the decision was made to close the Centre in its current format.

The existing staff complement has been redeployed to other duties supporting wider service delivery including residential care in other facilities in Cork.

The future immediate focus of the Centre is also under review. It will be retained by Child and Family services as a residential centre and function aimed at meeting the needs of children and their families in a flexible manner. When a decision is made on the specific service to be delivered from the Centre, relevant Child and Family Services personnel will engage with neighbours and all other relevant stakeholders in explaining what that service will be.

It is anticipated that a final decision will be made shortly.

Dermot Halpin, Service Director – South, Regional Children & Family Services

Question Item No. 5 (c)

“To ask the HSE, for Cork City and County, to list the capital projects completed since 2009, their location, the number of staff associated with the development and the purpose of the development. In the reply would the HSE also include projects for which funding has been agreed but not yet completed.”

Cllr. John Buttimer

Below is a list of capital projects and a brief description of each constructed or currently being progressed in Cork City and County since 2009.

Location	Description	Status
Mallow General Hospital	Medical Assessment Unit and Endoscopy Suite	Construction Substantially Complete
Cork University Hospital	The provision of a Haemophilia/Haematology Day Unit to provide the full range of out patient .	Complete
Cork University Hospital	The development of an Acute Medical Assessment Unit (Phased Development)	Substantially Complete Final phase to be undertaken Q4 2014
Cork University Hospital	Provision of new Cardiac and Renal Centre , and Regional cancer facilities.	Complete
Besboro	Child and Adolescent Mental Health Unit	Complete
Cork University Hospital	Upgrading and refurbishment of existing Cardiac Theatres (vacated in 2011) to Create one Trauma and one Emergency Theatre	Complete
Cork University Hospital	Maternity Hospital (CUMH). Upgrade of existing recovery area to create an Emergency Obstetric Theatre	Complete
Cork University Hospital	Refurbish existing accommodation to provide a Surgical Assessment Unit, same day Surgery unit and Pre Op assessment Unit.	Complete
Cork University Hospital	Provision of an MRI and CT.	CT in operation MRI to be delivered Q4 2013
South Infirmary Victoria University Hospital	Phased upgrade of existing inpatient accommodation	Ongoing
South Infirmary Victoria University Hospital	Provision of 3 Orthopaedic Theatres to facilitate the transfer of Orthopaedic Services from St Mary's Hospital (Operational Dec 2011)	Complete
Mercy University Hospital	The upgrade of the electrical supply and distribution system to comply with current standards.	Substantially complete

Cork University Hospital	50 bed Acute Adult Mental health Unit	Under construction Completion Q4 2014
St Finbarrs Hospital, St Marys Health Campus, Aras Slainte.	Refurbishment of vacated original hospital buildings to replace rented accommodation in the Cork City, release revenue savings.	Complete
Mercy University Hospital	Extension to the existing Radiology Department to house one replacement CT and one additional CT funded by the MUH Hospital Foundation Provision of Bereavement Suite.	Complete
South Infirmary Victoria Hospital	Transfer of Ophthalmology Outpatients department from CUH	Design Brief Complete.
Cork University Hospital	Provision of on site helipad facility	Feasibility Study underway
Cork University hospital	Decant accommodation to facilitate patient area upgrades.	Design stage
Cork University Hospital	Reconfiguration and extension of existing Paediatric Care facilities to provide additional Isolation facilities, dedicated OPD facilities, and academic facilities	Design complete including statutory approvals.
Bantry General Hospital	Upgrading of Operating Theatre	Complete
Schull community Hospital	Phase 1 Extension to existing Hospital to provide residential accommodation to HIQA standards.	Phase 1 complete.
Mercy University Hospital	Conversion of OPD to provide Urgent Care Centre	Complete
Mercy University Hospital	Development of A regional gastroenterology centre	Design team being appointed.
St Marys Health Campus	Development of Primary Care Centre	Design team being appointed.
St. Stephens Hospital Glanmire	Development of a Children's Special Care Unit	Design complete, including statutory approvals.

Pat Mc Carthy, Assistant National Director, Estates, HSE – South

Question Item No. 5(d)

“What plans have the HSE South put in place and what is the cost of implementing the HIQA Recommendations made due to the Savita Halappanavar case for the Maternity Unit at St. Luke's in Kilkenny.”

Cllr. Wayne Fennell

The HSE acknowledges the tragic circumstances involved in the untimely death of Savita Halappanavar and extends its sympathies to the family of Mrs Halappanavar.

The recent death of Savita Halappanavar is a tragic loss and has generated much discussion and debate both nationally and internationally. In light of the extensive political and media attention this tragic death has received, there is a need to restore public confidence in maternity services in Ireland. In this context the HSE National and Regional plan is to implement the recommendations in the report as a matter of urgency from an organisational safety perspective.

Whilst the report focused on a number of safety concerns, it is important to highlight the significant work that was already in process by the Obstetric/Gynaecology Programme, other National Programmes and Quality initiatives to improve the Quality & Safety of maternity services in Ireland. These include the development of a number of assessment tools such as:

- National Early Warning Score
- Irish Maternity Early Warning System (I-MEWS)
- ISBAR (Identify, Situation, Background, Assessment, Recommendation).

As a response to the death of Savita Halappanavar, A National Oversight Implementation Group has been established to advise on and oversee implementation of recommendations of the three investigation reports in line with established HSE policy;

- HSE Report of the investigation into the death of Savita Halappanavar at University Hospital Galway
- Coroner's recommendations regarding the death of Savita Halappanavar at University Hospital Galway
- Investigation into the safety, quality and standards of services provided by the Health Service Executive to patients, including pregnant women, at risk of clinical deterioration, including those provided in University Hospital Galway, and as reflected in the care and treatment provided to Savita Halappanavar (7th Oct. 2013).

A final draft set of recommendations was issued to the group in April 2013. The implementation of these recommendations will be undertaken in collaboration with Galway University Hospital, relevant stakeholders and Training Bodies/Colleges as required. The required work will be undertaken on a phased basis with the most urgent work being prioritised for Phase 1 (April to December 2013). The timeline for completion of Phase 2 actions will be agreed in Quarter 3 of 2013 and submitted as part of Service Planning for 2014.

The National Oversight Group has recommended that a ring fenced budget is provided to implement the recommendations over a specific timeline. Approximately €500,000 has been assigned for the implementation of the recommendations in 2013 and a further business case for additional funding has been submitted as part of the financial estimates for 2014. Local Hospital Managers will be required to detail projected costs associated with same. This work is currently in process at St. Luke's Hospital Kilkenny.

Anna-Marie Langian, Area Manager, South East Primary Community & Continuing Care, & St. Luke's Hospital Kilkenny

Question Item No. (e)

"What is the current situation in relation to the Blood Transfusion Service, taking blood from Haemochromatosis Sufferers?"

Cllr. John Joe Culloty

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

The Irish Blood Transfusion Service (IBTS) is the body responsible for managing the blood donation service and appropriate policies, protocols and procedures for this service are put in place and managed by them. At present, blood taken from patients with haemochromatosis in the HSE South is destroyed because it is not taken for the purpose of donation. Blood donations to the IBTS are made on a voluntary basis while patients that have blood taken because of their conditions do so as a medical treatment.

In August of this year the IBTS launched a service in Dublin whereby certain patients with haemochromatosis will be able to donate blood at the IBTS Clinic in D'Olier Street in Dublin. Details of this Haemochromatosis Programme are available at www.giveblood.ie. Potential donors must have a prescription form completed by their GP or hospital Clinical Nurse Specialist before making an appointment to donate.

It is intended to extend this programme to Cork in early 2014, and to other parts of the country in 2015. These patients will have to meet the normal donor selection criteria if they opt to donate in the future. Around 40,000 people in Ireland have haemochromatosis and the IBTS believes that at least 50% of patients with haemochromatosis attending clinics will be able to regularly donate. It is hoped that within a year the new service will secure around 5,000 donations a year, which is up to 4% of the national blood supply.

The programme will operate for two years on a pilot basis initially and continuation beyond two years will depend on the success of the pilot in providing cost effective care to people with haemochromatosis at the IBTS.

I will keep the members informed of progress in rolling out this initiative in Cork and other areas of the HSE South.

Ger Reaney, Area Manager, HSE Cork

**MINUTE OF FORUM MEETINGS
FEBRUARY TO DECEMBER 2013**

MINUTES OF FEBRUARY 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 28th February, 2013 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Michael Kinsella
Cllr. Pat Burton	Cllr. Tim Lombard
Cllr. John Buttimer	Cllr. Sean Lonergan
Cllr. John Carey	Cllr. Tom Maher
Cllr. Catherine Clancy	Cllr. Barbara Murray
Cllr. Timmy Collins	Cllr. Dr. Sean McCarthy
Cllr. John Coonan	Cllr. Arthur McDonald
Cllr. Tom Cronin	Cllr. Michael O'Brien
Cllr. Danny Crowley	Cllr. Bobby O'Connell
Cllr. Dr. Patrick Crowley	Cllr. Frank O'Flynn
Cllr. John Joe Culloty	Cllr. Laurence (Cha) O'Neill
Cllr. Tony Dempsey	Cllr. John O'Sullivan
Cllr. Declan Doocey	Cllr. Hilary Quinlan
Cllr. Wayne Fennell	Cllr. Seamus Ryan
Cllr. Matt Griffin	Cllr. Mary Shields
Cllr. Mary Hanna Hourigan	Cllr. Jerry Sullivan
Cllr. Denis Kennedy	Cllr. Jim Townsend - Chairperson
	Cllr. Ted Tynan

Apologies: Cllr. Pat Cody
Cllr. Brendan Cronin
Cllr. Breeda Moynihan-Cronin

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. PJ Hathaway A/Assistant National Director HR, HSE South
- Ms. Raymonde O'Sullivan, Assistant National Director of Finance, HSE South
- Ms. Angie O'Brien, Area Communications Manager, HSE South
- Ms. Geraldine Crowley, Business Manager, Office of the Regional Director of Operations
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 6th December 2012

At the proposal of Cllr. Bobby O'Connell seconded by Cllr. Denis Kennedy, the Minutes of the Forum meeting held on Thursday 6th December 2012 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting.

He explained that Mr. Pat Healy, Regional Director of Operations would provide a summary of the Regional Service Plan; highlighting key developments and that each Area Manager would elaborate on these developments within their respective areas.

He outlined that the usual local Forum briefings following the publication of the Regional Service Plan will be taking place on Monday 4th March and members had been notified by e-mail of times and venues. Members in Waterford and the West Cork area had difficulty with this date due to other meetings and it was agreed that their briefings would be rescheduled to facilitate members.

Cllr. Ted Tynan referred to an Emergency Motion which he had submitted in advance of the meeting on the 'Abolition of Mobility Allowance and Motorised Transport Grant for People with Disabilities'. The Chairperson informed Cllr. Tynan that this could be discussed under Any Other Business at the end of the meeting if time allowed.

The Chairperson informed members that with regard to the March and April meetings, a Committee meeting will now take place on 21st March in Kilkenny instead and the Forum meeting will be moved to April. A revised schedule of meeting dates will be sent to all members.

3. Presentation and Report from HSE Management on Service Plan 2013

Mr. Pat Healy, Regional Director of Operations opened the presentation outlining that following publication of the National Service Plan on 10th January 2013, the HSE South Regional Service Plan sets out the type and volume of service the HSE South will provide directly or through a range of funded agencies to people across the region during 2013. Despite operating within reduced finances, the HSE South is still in a position to be able to announce major new developments which will enhance patient care and treatment across the HSE South.

Mr. Healy referred to the publication of 'Future Health' by the Minister for Health in November 2012 with the approach to reform based on Four Pillars: Service Reform, Structural Reform, Financial Reform and Health and Wellbeing. He outlined that the HSE South has been implementing major re-organisation and change programmes across the region over the last number of years in line with this overall approach and the implemented changes are beginning to yield significant gains for the South in 2013. He explained as a result these dividends are enabling HSE South to do more with less and provide new services across the region, particularly in the area of Palliative Care, Disabilities, Acute Hospitals and Mental Health.

He explained that HSE South faces a dual challenge in 2013 of reducing costs while improving outcomes for patients and service users and acknowledged the contribution of staff at all levels during 2012. The budget allocation for the HSE

South in 2013 is €1,626.369m compared with €1,634.974m in 2012. Mr. Healy outlined the analysis of budget reductions and referred members to Page 7 and 8 of the Regional Service Plan.

He referred to the significant challenge for the Service in 2013 with the management of a reduced workforce to reach an end of the year ceiling of 19,795 which will require 800 WTE reductions this year to address public sector reductions and the filling of development posts. Mr. Healy explained that the Public Service Agreement and HR Exit schemes will be used as supports with the primary focus remaining on redeployment, restructuring and reorganisation of the current workforce to deliver services within budgetary and workforce constraints.

Following on from the implementation of a comprehensive range of change programmes moving to new models of care across all services and care groups Mr. Healy outlined some of the positive results of the changes implemented to date and a number of key initiatives across hospital and community. He also explained that each Area Manager would take members through these in detail for their respective areas.

In Palliative Care Services the HSE South in collaboration with voluntary partners will progress a number of initiatives for the region to include the opening of 20 additional specialised in-patient beds in Marymount Hospice, progression to design stage in the planned development of the 20 bed Regional Specialist in-patient and Day Service in Palliative Medicine at Waterford Regional Hospital and progression of a 15 bed Specialist In-Patient Unit in Palliative Medicine at Kerry General Hospital.

Disability Services will see significant change through new models of care as part of the implementation of the new congregated settings policy which will positively impact on the way in which people with disabilities are supported to live the lives of their choice. Mr. Healy explained that HSE South will implement 11 key projects in partnership with Genio and the voluntary sector to lead out on the move towards a person-centred model of service and support. Working in collaboration with COPE Foundation, 10 clients at Grove House, Cork will move to more appropriate community based settings. In a further partnership with COPE an 8 bedded regional specialised therapeutic service will be opened to support people with intellectual disability who present with challenging behaviour in Cork.

Acute Hospital Services will see improved access to scheduled and unscheduled care in line with Special Delivery Unit (SDU) targets following on from significant re-structuring in the acute hospitals through the implementation of the national clinical programmes. A number of key developments are taking place in 2013, as follows:

CUH is opening:

- 29 surgical beds;
- 6 bed Surgical Assessment Unit;
- Dedicated Emergency Theatre.

In order to provide the required capacity identified by the Acute Medicine Programme:

- 46 additional beds will be provided at CUH;
- 10 additional beds at Mercy University Hospital.

While the smaller hospitals namely Mallow and Bantry now have a defined role delivering less complex care, which will guarantee a sustainable and central future role in health care delivery for both hospitals. In line with the principles of the Department of Health's policy on small hospitals, Mallow and Bantry will continue to provide services that are appropriate for the hospitals and for the local population, delivering non-complex care as close as possible to patients' homes. A new Medical Assessment Unit and a replacement Endoscopy Suite are being built at a cost of €4.5 million at Mallow General Hospital due for completion in July 2013.

In the South East, implementation of the national clinic programmes is providing funding for the following:

- Wexford: an additional 10 bed surgical short stay unit
- Kilkenny: 11 additional medical beds
- South Tipperary: five additional acute medical beds
- Waterford is set to gain a considerable number (approximately 21) of new and replacement consultant posts in areas such as emergency medicine, dermatology and acute medicine.

These significant gains in the acute hospitals must now translate into accompanying patient benefits, in line with national targets to improve access to our services by reducing waiting times for emergency or unscheduled care and elective or scheduled care in public hospitals. This includes improved access to outpatient and diagnostic services. Specific targets include:

- No adult will wait more than 8 months for an elective procedure (either inpatient or day case).
- No child will wait more than 20 weeks for an elective procedure (either inpatient or day case).
- No person will wait longer than 52 weeks for an OPD appointment.
- No person will wait more than four weeks for an urgent colonoscopy and no person will wait more than 13 weeks following a referral for routine colonoscopy.
- 95% of all attendees at Emergency Departments will be discharged or admitted within 6 hours of registration.
- Our expected activity for 2013 is 151,321 inpatient and 165,512 day cases.

All acute hospitals in the HSE South will benefit from an increase in funding in 2013.

With regard to Mental Health Services Mr. Healy informed members that significant progress has been made in HSE South with the implementation of 'A Vision for Change' with the South East being the main focus of development over the past number of years. The focus in 2013 will be the consolidation of developments which have been implemented across the South East with the implementation of the next phase of the change programme across Cork and Kerry. He informed members that the HSE South will be provided with an appropriate allocation from the additional 2013 €35m national funding which will be used to develop Adult Teams, Child and Adolescent Mental Health Services, development of services for older people with mental health illness and counselling.

Primary Care Services will see the provision of 133 Primary Care Teams which will include the provision of 13 new teams in 2013. The HSE South will be provided with development funding in the order of €3.3m to support the next phase of the programme including the appointment of approximately 48 additional staff. Chronic Disease Management Programmes will shift the management of a range of diseases such as diabetes, stroke, heart failure, asthma and COPD from the hospital to community setting. Funding will also be provided to eliminate the waiting lists for prosthetics and orthotics in Cork and Kerry. Members were informed that the pilot arrangements in place would now be confirmed as additional permanent funding of €1.8m per annum for Addiction Services across the HSE South.

Mr. Healy informed members that in 2013 the HSE South is committed to maintaining the provision of home help hours and home care packages to clients at 2012 levels and will also strengthen community hospital governance and short stay bed availability.

In summary Mr. Healy explained that the HSE South is committed to delivering high quality services to our patients and working towards compliance with national standards in relation to quality and patient safety. The involvement of service users including community health initiatives, consumer panels, representative organisations and targeted consultation initiatives are also key priorities to the design and delivery of health services. He also referred to the management of performance against agreed plans with Compstat being the mechanism used at local service delivery unit level for hospitals and community services which will assist and support services to delivery quality service within resources.

Briefing from Mr. Michael Fitzgerald, Area Manager, HSE Kerry

Mr. Michael Fitzgerald, Area Manager, HSE Kerry outlined that in Palliative Care, the HSE South in collaboration with Kerry Hospice Foundation will commence the development of a 15 bed satellite In-Patient Unit in Palliative Medicine at Kerry General Hospital. The capital cost of the development will be fully funded by Kerry Hospital at an estimated cost of €5m; will take 2 years to construct with a target opening date in early 2015. He explained that HSE South will provide revenue funding from existing resources with a commitment for significant financial support from Kerry Hospice Foundation for a period of 5 years until services are fully reconfigured.

With regard to Mental Health Services, Mr. Fitzgerald informed members that Kerry will move to the next phase of the implementation of the change programme with the priority being the development of community mental health teams, and extending skill mix which commenced in 2012 to include all High Support Hostels. He also outlined the reconfiguration of acute in-patient services in line with the recommendations of 'A Vision for Change' which will involve the closure of 10 acute beds. A county wide Suicide Response Forum will be co-ordinated in conjunction with statutory and voluntary providers. On the Capital side Q4 of 2013 will see the completion of a 4 bed high observation unit at Kerry General Hospital. A 40 bedded residential and rehabilitation Mental Health Unit will commence in Killarney in 2013 and a new mental health day centre will transfer services currently located in Kilgarvan to the new purpose built Kenmare Community Nursing Unit with an increase in services from 3-5 days.

Significant change will be implemented in Disability Services which will include changes to the governance, funding and focus of provision which will positively impact the way people with disabilities are supported to live the lives of their choice.

Mr. Fitzgerald outlined actions in Primary Care Services in Kerry which include the development of 5 outstanding Primary Care Teams, 4 in Killarney and 1 in Killorglin. Primary Care Centres in Caherciveen and Listowel will be progressed and the development of a proposed Primary Care Centre in Tralee via a Public Private Partnership will also proceed. Mr. Fitzgerald also referred to the commencement of an initiative to address the waiting lists for specialised footwear and prosthetic services in Cork and Kerry.

Regarding Services for Older People, Mr. Fitzgerald outlined developments which will include the opening of the new Kenmare Community Nursing Unit. This will replace the existing Kenmare Community Hospital. On a geographical basis across HSE South, he explained management structures and operations of community hospitals will be organised into clusters and community hospitals in Kerry will move to a single governance arrangement. The HSE will provide a site for the development of a new purpose built unit on the grounds of Listowel Community Hospital in conjunction with the voluntary committee of the Day Care Centre in Listowel.

He referred to the additional €1.8m per annum from 2013 onwards for Addiction Services across HSE South which will provide the following in Kerry:-

- Mainstreamed funding for the Methadone Clinic in Kerry
- Mainstreamed funding for 4 Addiction Counsellors, 1 part-time GP, 1 Nurse, 1 part-time Clinical Psychologist and 2 admin staff
- Mainstreamed funding for 8 Adult Residential Detoxification beds and 4 Adolescent Residential Detoxification beds in the voluntary sector across the region
- Roll out of a screening and vaccination programme in Kerry Addiction Services

Members were also informed that all treatment services in Kerry are participating in a new training programme to support Drug and Alcohol Services in the region and an updated regional directory of drug and alcohol services will be published in Kerry. Mr. Fitzgerald referred to the establishment of the Methadone Programme as a result of the pilot phase of this funding with a new addiction service developed for the U18s. Approximately 500 people are accessing HSE Addiction Services in Kerry on an annual basis.

Kerry General Hospital will see a number of developments in 2013 which include the refurbishment and progress the accreditation of the endoscopy screening service, implementation of the National Integrated Medical Imaging System (NIMIS) in the Radiology Department and implementation of ORMIS which is a theatre management system. The final phase of the Emergency Department will be fully operational which will include the Cardiology Suite, the Acute Medical Assessment Unit and the Minor Injury Unit.

Briefing from Ms. Deirdre Scully, Area Manager, Community Services – Cork
Ms. Deirdre Scully, Area Manager, Community Services – Cork welcomed a number of significant initiatives in Palliative Care Services which include the opening of 20 additional beds in Marymount Hospice which sees the total completion of the Marymount Hospital development at Curraheen. She explained that this initiative will also double the palliative care consultant input to Cork University Hospital, provide

consultant input to Mallow General Hospital and facilitate the establishment of a satellite base in Mallow for community palliative care services in North Cork. Recruitment of a Children's Outreach Nurse, Clinical Nurse Specialist at CUH will also be progressed to support children with life limiting conditions when they are in-patients and at home in the community.

Within the Disability sector Ms. Scully referred to the implementation of the new congregated setting policy 'A Time to Move On' whereby HSE South in collaboration with COPE Foundation will complete 'assessment of needs' plans for all residents in Grove House and begin the relocation of the first group of 10 residents from Grove House into alternative appropriate community based services with the support of COPE. Also in partnership with COPE, HSE South will open an 8 bedded specialised unit for adults with behaviour challenges based in Cork which will provide a significant support to all agencies across the Cork and Kerry area. In partnership with Genio and the voluntary sector and as part of the implementation of the new congregated setting policy, Ms. Scully outlined the implementation of 11 demonstration projects, 7 of which are in Cork. These are being established by service providers running in parallel with current services and will commence migration towards a person centred model of service to support people within the community.

In Mental Health Services Ms. Scully explained Cork will move to the next phase of implementation of the change programme and outlined a range of services that will be expanding and developing. A number of these include development of a new replacement acute in-patient unit on the campus of Cork University Hospital with construction due to commence in March, development of the general adult community mental health teams and the child and adolescent community teams. Community mental health teams will be further enhanced from 2013 additional National €35m funding. There will also be reconfiguration of acute in-patient services in line with the recommendations of a 'Vision for Change' which will free up resources.

Services for Older People will see developments such as the full opening of Heather House and Farranlea House Community Nursing Units. A specialist PHN tissue viability wound care clinic supporting the Primary Care Team will provide further training in complex wound management for clients in North Cork. With regard to Primary Care Services, Ms Scully provided detailed information on a list of projects/developments which are specific to the Cork Area. Some of these include the opening of new primary care centres in Carrigtwohill and Schull and development of four new Primary Care Teams. Three of these teams will be in Carrigaline and one in Millstreet bringing the establishment of Primary Care Teams to a full complement of 63 teams. There will also be further enhancement of Primary Care Teams from 2013 national additional funding. Ms. Scully also referred to the commencement of the specialised footwear supply project to address the waiting lists for prosthetics and orthotics in Cork and Kerry and the roll out of the regional Bone Anchored Hearing Aid Programme at the South Infirmary/Victoria University Hospital.

Ms. Scully also informed members that the additional funding for Addiction Services in Cork City will ensure targets for assessment and treatment of opiate addiction will be achieved and waiting lists for methadone treatment will be eliminated. Two additional methadone clinics were established.

Briefing from Mr. Ger Reaney, Area Manager, HSE Cork

Mr. Ger Reaney, Area Manager, HSE Cork explained that the significant restructuring of acute hospitals in Cork has resulted in stream-lining of services to allow patients attend the most appropriate hospital for treatment with complex, acute and emergency care being centralised at Cork University Hospital (CUH) and Mercy University Hospital (MUH). He outlined that Mallow and Bantry Hospitals have an agreed role and will continue to provide services appropriate for the hospitals and for the local population with the South Infirmary/Victoria University Hospital (SIVUH) well developed into an elective surgical hospital with a particular concentration on day surgery.

To support this re-organisation Mr. Reaney outlined a number of key developments taking place in 2013 in CUH to include the opening of 29 surgical beds, a 6 bedded Surgical Assessment Unit which is currently open with a Dedicated Emergency Theatre in CUH to open in March. In order to provide the required capacity identified by the Acute Medicine Programme Mr. Reaney explained that 46 additional beds will be provided at CUH, 20 already open with 26 to open in 2013. MUH will open 10 additional medical beds which will strengthen the operation of its acute medical assessment unit. He also outlined that work will commence on the development of a regional centre for gastroenterology in MUH and in 2013 the hospital will deliver a colonoscopy screening service as part of the National Colorectal Screening Programme. The Ward accommodation for the opening of a Stroke Unit in CUH is complete and the recruitment process for staffing is underway. Mr. Reaney also informed members that the infrastructural upgrade for a 4 bedded Epilepsy Unit in CUH has been completed.

With regard to Mallow General Hospital Mr. Reaney informed members that day case surgery to include general, dental, gynaecology and urology will transfer from Cork city hospitals to Mallow General Hospital which will result in larger volumes of surgical activity. A new Medical Assessment Unit and replacement Endoscopy Suite are being built at Mallow at a cost of €4.5m and are due to be completed in July 2013. The current day surgery service provided in Bantry General Hospital will increase with consultants providing additional outreach services from the city hospitals. He also explained that the existing 24/7 Emergency Departments at Bantry and Mallow will be replaced by Urgent Care Centres. These will comprise of a Local Injury Unit and a Medical Assessment Unit both of which will open from 8am to 8pm seven days a week.

Mr. Reaney outlined that the development of Cancer Services will see the establishment of a Chair in Cancer research to be known as the 'Gerald O'Sullivan Chair' named after the late Professor Gerry O'Sullivan, Consultant Surgeon in the Mercy University Hospital and one of cancer research best known pioneers. This is in collaboration with Acute Hospitals in Cork and Kerry, UCC and the Cork Cancer Research Centre. A micrographic surgery for skin cancer (MOHS) will be developed in the South Infirmary/Victoria University Hospital which is the first public service of its type outside of Dublin. Prostate, upper GI, gynaecology and rectal cancer services will transfer to the Cancer Centre.

Mr. Reaney referred to the commencement of the pilot phase of the National Electronic General Practitioner Referral Pilot Project which provides an electronic referral pathway for public out-patient appointments between GPs and 7 pilot hospitals. This will be rolled out in Cork Hospitals, Kerry General Hospital and Tallaght Hospital, Dublin.

Briefing from Mr. Richard Dooley, Area Manager, HSE Waterford/Wexford

Mr Richie Dooley, Area Manager, Waterford/Wexford informed members that in Palliative Care Services, HSE South in collaboration with Waterford Hospice Movement Ltd and Waterford Regional Hospital will progress to design stage a 20 bed Regional Specialist In-Patient Unit and Day Service in Palliative Medicine. He outlined that the revenue cost for this development on completion will be provided by the HSE South with Waterford Hospice Movement Ltd significantly supporting the capital cost of the development. Mr. Dooley acknowledged the work and huge commitment given by Waterford Hospice Movement. He explained that the next steps will be to advertise for a design team which will take approximately 3 months and then proceed to secure planning and all the pre-tender stage work which will take approximately 12 months.

As part of the development of the National Clinical Programmes, Mr. Dooley outlined details of 12 new consultant posts for Waterford Regional Hospital during 2013. He referred to Waterford Regional Hospital capital developments which will see the transfer of Emergency Services to the new ED, transfer of the Regional Neo Natal Intensive Care unit to the new capital development which is a state of the art unit and transfer of the Delivery Suite and auxiliary accommodation to the new capital development which is almost complete.

Wexford General Hospital as part of the development of the National Clinical Programmes will open an additional 10 bed surgical short stay unit. The opening hours of the AMAU will be extended to include Saturday and Sunday and a satellite dialysis unit in Wexford will be developed in co-operation with the National Renal Office.

Mr. Dooley outlined a number of service improvements/initiatives in Mental Health Services/Older People to include the opening of Farnogue, a new purpose built 50 bed Community Nursing Unit on the campus of Wexford General Hospital. This will provide residential services for both the elderly and mental health clients and 20 patients from Ely Hospital will be transferred there. Havenview in Enniscorthy which is a new purpose built community residence will open in March. Millview, a new building providing 13 individual bedrooms with en-suites will open in March and this will allow for the closure of St. Senan's Hospital, Enniscorthy. Community Mental Health Teams will be further enhanced from 2013 additional national funding. Provision of home help and home care packages will remain at 2012 levels.

With regard to Disability Services Mr. Dooley provided details of 2 projects which will be implemented as part of the new congregated setting policy. Both of these projects are in Wexford, namely St. Aidan's Gorey and Wexford Community Workshop New-Ross.

He outlined the delivery of Primary Care services through 28 Primary Care Teams (PCTs), 12 in Waterford and 16 in Wexford with additional 2013 national funding provided to further enhance PCTs. The development of four additional Primary Care Centres will be progressed in Enniscorthy, Gorey, New Ross and Wexford and mental health out-patient services will be expanded in Tramore which will allow GPs to refer patients directly to the visiting consultant psychiatrist and community mental health nurse based in the Tramore Primary Care Centre.

Mr. Dooley referred to the investment of the additional €1.8m per annum for 2013 onwards for Addiction Services in HSE South and outlined that mainstreamed funding will be provided for the new methadone clinics established in Wexford town and Waterford city. He outlined that the Waterford service has increased by 400% over the last two years now providing treatment to over 80 individuals.

Briefing from Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary

Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary outlined for members that as part of the development of the National Acute Medical Programmes, South Tipperary General Hospital will be provided with 5 additional medical beds for 2013 with the allocation of 4 dedicated surgery beds from within the current complement as part of the Surgical Programme. She also outlined a number of other initiatives/developments at South Tipperary General Hospital for 2013 to include a new Stroke Review Clinic and provision of an Elderly Care day Hospital, both on the hospital campus site. 28 General Medical and 6 General Surgery specific beds will be allocated within the current bed complement for the provision of a specialist geriatric ward. Ms. Lanigan also referred to the full implementation of the NIMIS project for the management of radiology services and implementation of the ENDORAD IT system for the scheduling and reporting of endoscopies.

11 additional medical beds will be provided at St. Luke's General Hospital. Construction of the Emergency Department Day Services Unit and MAU in St. Luke's Hospital will continue and is on target for planned opening in 2014. Ms. Lanigan also outlined a number of other initiatives and informed members that the Asthma Programme will be implemented with recruitment of the Consultant Respiratory Physician on a permanent basis.

In Disability Services Ms. Lanigan outlined details of two projects one in Carlow and one in Kilkenny namely Cheshire Ireland Tullow, Co. Carlow and St. Patrick's Kilkenny: Acorn Project Day Service both of which will be implemented as part of the implementation of the new congregated setting policy. She also outlined reconfiguration of staffing/resources from the Transitional Living Unit (TLU) in Clonmel for people with an Acquired Brain Injury and informed members that the Acquired Brain Injury Ireland (ABII) voluntary agency will now provide services to clients who previously attended the TLU in Clonmel.

Ms. Lanigan outlined a number of priorities for Mental Health Services based on the 2013 funding allocation to include completion of the Mental Health Investment Programme of 2012, complete the recruitment of the remaining 2 posts from the 4 approved in 2012. Community Mental Health Teams will be further enhanced. Child and Adolescent Community Mental Health Teams will be strengthened and Ms. Lanigan informed members that out of the 10 posts approved in 2012, 2 have been appointed and the remaining 8 will be appointed by the end of 2013. Review of High Support Hostels and continuing care bed capacity will continue and Positive Mental Health will be promoted with the expansion of a group of local voluntary and HSE agencies relevant to mental health to include additional stakeholders.

Priorities in Primary Care specific to Carlow, Kilkenny and South Tipperary were outlined. These will include working closely with GPs and HSE colleagues to develop the four remaining Primary Care Teams. There will also be further enhancement of Primary Care Teams from 2013 additional national funding with specifics to be

confirmed. A Bone Health Education Programme will be delivered to 23 primary schools across the area. Ms Lanigan informed members that an Integrated Care Diabetes Nurse Specialist will be appointed to support implementation of the National Diabetes Integrated Care Package. The provision of mental health outreach clinics in Primary Care Centres will be expanded and initially the provision of this service will be in Carlow Town and Castlecomer Primary Care Teams.

Ms. Lanigan referred to the investment of an additional €1.8m per annum from 2013 for Addiction Services across HSE South and outlined that mainstreamed funding will be provided for the new methadone clinic established in Kilkenny and a new Methadone Treatment Centre will be established in South Tipperary. With reference to the mainstreamed funding for 8 adult residential detoxification beds and four adolescent residential detoxification beds in the voluntary sector across HSE South, Ms. Lanigan explained that 4 of the adult beds are in Kilkenny and the 4 adolescent beds are in Carlow.

Developments in services for Older People will include the reorganisation of the provision of respite and rehabilitation services from St. Patrick's Hospital Cashel to Our Lady's Hospital. Day Care Services at St. Columba's Hospital, Kilkenny will be enhanced with the reorganisation of the provision of services four days a week and a memory clinic will be held on the fifth day. Management structures and operations of community hospitals will be organised into clusters with the provision of two clusters, one for Carlow/Kilkenny and one for South Tipperary.

The Chairperson and Members thanked Mr. Pat Healy, Regional Director of Operations and his Management Team for the presentation and information provided and complimented them on the manner in which the Regional Service Plan was presented. It was followed by a Question and Answer session with the following queries and comments discussed. Members also agreed that if further information was not readily available today, they were happy to discuss any outstanding issues at the local forum briefings:-

- Welcome the development of the 15 bedded Specialist In-Patient Unit in Palliative Medicine at Kerry General Hospital and clarification on next steps following the granting of a licence to Kerry Hospice Foundation
- Clarification on the location of the 4 Primary Care Teams for Killarney
- Compliments on the opening of 110 additional beds in acute hospitals across HSE South
- Request to elaborate on the additional services in St. Luke's General Hospital
- Clarification on the provision of Day Care Services at St. Columba's Hospital, Kilkenny and a request to reopen beds closed previously
- Concern on the reduction of 800 staff required on top of the 3,088 staff reductions since 2007
- Breakdown of available funding for the provision of home helps
- Future plans for St. Stephen's Hospital, Glanmire
- Request to ensure funding is in place for community hospitals in order to meet future HIQA standards
- Welcome the developments in Mallow General Hospital but concern regarding the replacement of the existing 24/7 Emergency Department with a 12 hour Urgent Care Centre which will close at 8pm
- Plans on the establishment of a Primary Care Centre in Fermoy
- Concern regarding the continuation of the medical observation unit at Bantry General Hospital

- Further information requested on the Diabetes Clinic in Cork University Hospital
- Question with regard to the effect of new wage agreements on the Service Plan
- With regard to the Grove House Community Inclusion project in collaboration with COPE, has there been an adjustment to the COPE budget?
- Concern that the clustering of community hospitals will remove choice for patients
- No mention in the Regional Service Plan regarding the proposed extension to Bandon Community Hospital
- Securing of future plans for Clonakilty Community Hospital
- Welcome the 12 consultant posts at Waterford Regional Hospital
- Will Waterford Regional Hospital become a treatment site for Diabetes Screening?
- Welcomed the approval to progress to design stage the development of Palliative Care Services 20 bedded Unit in Waterford Regional Hospital
- Current position regarding the building of a 50 bedded Community Nursing Unit on the grounds of St. Patrick's Hospital, Waterford and commitment to same
- Timeframe for the publication of the John Higgins Report
- Maintenance of the number of beds in Sacred Heart Hospital, Carlow
- Update on the development of Palliative Care Services at Carlow District Hospital
- Timeframe for the development of Clayton Hall and Graiguecullen Primary Care Teams
- Provision of an outreach clinic for mental health services at the Shamrock Plaza
- Request for update on the Mental Health School Link Suicide service
- Timescale for the provision of a 40 bed residential and rehabilitation Mental Health Unit in Killarney due to commence in 2013
- Clarification on the total spend for Waterford Regional Hospital from this Service Plan for the development of new services
- Welcome the development of 3 additional primary care centres in Waterford
- Concern regarding loss of Maternity Services in South Tipperary General Hospital
- With regard to the re-organisation of services from St. Patrick's Hospital Cashel to Our Lady's Hospital, will there be staff reductions?
- Location for the new Methadone Treatment Centre in South Tipperary
- Position with regard to capital funding for the development of the 20 bedded Palliative Care Unit at WRH
- With the appointment of a 3rd Cardiologist for Waterford Regional Hospital will this now provide a 24 hour Cardiology Service for WRH?
- Development of the Gastroenterology Service at Waterford Regional Hospital
- Charges for private patients in public hospitals
- Members raised concern that there was no mention of extra funding for nursing home beds or Fair Deal Scheme
- Question re HSE obtaining funding through delisting of drugs for Medical Card patients and the impact of this decision on clients
- Clarification on the appointment of 2 Child and Adolescent Mental Health Consultants and if this relates to one team
- Welcome the opening of the 20 additional beds in Marymount Hospice
- Surprise that the skin cancer surgery service is being developed in the South Infirmary/Victoria University Hospital and not in CUH Cancer Centre
- Concern regarding the volume of services transferring to CUH and that the campus will be too large
- Clarification on the recruitment of the Children's Outreach Nurse, Cork University Hospital
- Delivery of Home Care Packages and provision of Home Help hours in 2013
- Request for a breakdown of €1.8m funding for Addiction Services in Waterford and breakdown of Addiction Counsellors for Waterford

- The possible involvement of GPs to administer Methadone treatment
- Cuts to mobility grants
- Welcome the relocation of clients from Grove House to more appropriate accommodation supported by COPE
- Waiting times for Orthopaedic and Neurology out-patient appointments and whether funding will be allocated to reduce the current waiting list
- Welcome the initiative to address the waiting lists for prosthetics and orthotics in Cork and Kerry

4. Any Other Business

No further items were discussed.

5. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on Thursday 11th April 2013 at 2pm, Council Chambers, County Hall, Cork.

MINUTES OF APRIL 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 11th April, 2013 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Sean Lonergan
Cllr. John Buttimer	Cllr. Tom Maher
Cllr. John Carey	Cllr. Barbara Murray
Cllr. Catherine Clancy	Cllr. Dr. Sean McCarthy
Cllr. Timmy Collins	Cllr. Arthur McDonald
Cllr. John Coonan	Cllr. Michael O'Brien
Cllr. Brendan Cronin	Cllr. Bobby O'Connell
Cllr. Dr. Patrick Crowley	Cllr. Frank O'Flynn
Cllr. John Joe Culloty	Cllr. Laurence (Cha) O'Neill
Cllr. Tony Dempsey	Cllr. John O'Sullivan
Cllr. Declan Doocey	Cllr. Hilary Quinlan
Cllr. Wayne Fennell	Cllr. Mary Shields
Cllr. Mary Hanna Hourigan	Cllr. Jerry Sullivan
Cllr. Michael Kinsella	Cllr. Jim Townsend - Chairperson
Cllr. Tim Lombard	Cllr. Ted Tynan

Apologies: Cllr. Denis Kennedy Cllr. Matt Griffin
 Cllr. Pat Cody Cllr. Seamus Ryan

In Attendance:

- Mr. Michael Fitzgerald, A/Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. PJ Hathaway A/Assistant National Director HR, HSE South
- Ms. Angie O'Brien, Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 28th February 2013

At the proposal of Cllr. Sean Lonergan seconded by Cllr. John Coonan, the Minutes of the Forum meeting held on Thursday 28th February 2013 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting. Cllr. Townsend informed members that Mr. Pat Healy was unable to attend and Mr. Michael Fitzgerald was deputising in Mr. Healy's place. Apologies were also received from Mr. Ger Reaney who was on leave and members were informed that Ms. Deirdre Scully would respond to any queries on Mr. Reaney's behalf. Cllr. Townsend

also welcomed Mr. Peter Daly, Emergency Management Officer, HSE South and outlined that Mr. Daly would answer any queries in relation to Cllr. Buttimer's Question on the Ambulance Service and the Notice of Motions in relation to the Helipad at Cork University Hospital.

Adoption of the Forum's Annual Report 2012 was required and this was proposed by Cllr. Declan Doocey and seconded by Cllr. Liam Ahearn. It was agreed that a copy of the Report would be circulated via e-mail to the City and County Managers of nominated members.

Again members were advised that there is no debate on Questions submitted with only the member who submitted the Question being able to speak with the provision for one supplementary question to be asked following on from the response if he/she wishes.

3. Reports by Chairpersons of

- (a) Acute Hospitals Services and Population Health Committee
- (b) PCCC Committee

both held Thursday 21st March 2013 in Kilkenny.

Synopses of the Reports from the Chairpersons of the previous committee meetings held in Kilkenny on Thursday 21st March 2013 were taken as read.

3.1 Reports from Committees

- Report on Emerald Project, St Luke's General Hospital – Ms Anna-Marie Lanigan, Area Manager, Carlow, Kilkenny and South Tipperary
- Overview of the Substance Misuse Services within the Southeast – Dr Derval Howley, Regional Coordinator for Social Inclusion & Substance Misuse HSE (SE).

The above reports were re-circulated and were noted.

Cllr. Townsend informed members that the next Committee Meetings will be held on Thursday 11th July 2013 (date changed from 4th July) in the Performance and Development Unit which has now moved to the administration building, St. Mary's Health Campus, Bakers Road, Cork. Members have been notified of this change already by letter and a map with directions will be included with the notification of the committee meetings nearer the time.

4. Notice of Motions

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

"To request the HSE to end the current practice of having male and female patients sharing the same hospital ward as it does not ensure the protection of patient dignity and can create embarrassing situations for patients, it is totally inappropriate for this practice to continue in multi-bed wards."

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry. In the absence of Cllr. Brendan Cronin the response was noted.

4(b), 4(c) and 4(d) Cllr. Frank O'Flynn, Cllr. John Buttimer, and Cllr. Mary Shields respectively moved the following Notice of Motions standing in their name:-

"That following the recent media reports that there was no suitable helicopter landing area in Cork University Hospital, that the HSE would put a suitable & adequate onsite helipad in place as a matter of urgency to ensure that the HSE can facilitate the transfer & landing of all patients straight to the hospital which is the major trauma centre for the region and give an up to date report on the reasons for the delays in this to date."

"That the HSE would publish an updated report of the status of the helicopter landing pad for CUH/CUMH Campus and that this report would set a date by which such a facility will be operational. The report should also state the class of helicopter being catered for and the range such helicopters can travel."

"It is imperative that the HSE recognise the importance of providing a landing area for a 'Helipad' on the grounds of Cork University Hospital. The aforementioned is the largest Hospital in Ireland, currently housing 800 beds which will increase to 1,000 upon the opening of an €85m Cardiac unit. (It should be noted that CUH is the only level 1 Trauma Centre in the country specializing in over 40 different medical and surgical procedures on campus.)"

A written response was circulated to members from Mr. Ger Reaney, Area Manager, HSE Cork. As Mr. Reaney was on leave Ms. Scully outlined the current procedure with regard to patients who require urgent transfer to/from Cork University Hospital (CUH) by air ambulance. She explained that the provision of helipad facilities at CUH is being advanced from 2 perspectives. The first one is around the consolidation of facilities in Highfield Rugby Club which when complete hopefully within the next 4-6 weeks will have a 24hr operational capability. The site survey has been completed and trials are due to take place shortly.

The second option is the development of a rooftop helipad on the existing Emergency Department which will offer 24/7 helicopter access. Ms. Scully explained that a study has been carried out to establish the structural capacity of the Emergency Department building to carry the loads arising from the landing of helicopters. This will cost approximately €2m and will be subject to normal planning permissions. She outlined that discussions have commenced with all relevant agencies and a business case is being prepared seeking Capital Approval for this project. Once this work has concluded members were informed that the next step would be to appoint a Design Team. Ms. Scully also outlined that helicopters currently being used by the Irish Coast Guard are not type approved to land on a rooftop helipad, but will be accommodated on the landing site at the Highfield Rugby Club site.

In the absence of Cllr. Buttimer, Cllr. Mary Shields outlined in detail her concerns on the current lack of a helipad on CUH campus for the last 10 years. She referred to previous Notice of Motions submitted and also referred to PQs which had previously been submitted on this issue. She expressed her dissatisfaction that a hospital of such size specialising in so many different medical and surgical procedures is without such a vital facility and referred to a number of Dublin Hospitals which are smaller than CUH that have this service. With regard to Capital Approval for this project Cllr. Shields insisted that the Government and Minister approve this project as a matter of urgency and was concerned in relation to the €2m cost. She complimented the

Ambulance Service on the current service being provided to transfer patients to and from Cork Airport as necessary.

Cllr. Frank O'Flynn thanked Ms. Scully for her response and was reassured that progress is being made. He sought clarification on the timeframe involved for the development of a rooftop helipad on the existing Emergency Department and Ms. Scully informed Cllr. O'Flynn that she would discuss with Mr. Ger Reaney and report back to him.

A number of members were in support of the concerns outlined by Cllr. Shields and felt that a helipad needs to be progressed as a matter of urgency.

Mr. Peter Daly, Emergency Management Officer, HSE South clarified that in relation to the landing facilities in Highfield, the tarmac is down, the gate is in place and the trials are currently being undertaken using this site which is only a 2 minute ambulance drive from CUH to the helipad. This helipad will accommodate both the Irish Coast Guard and the Irish Air Corps helicopters which account for the majority of air transfers to CUH. With regard to the development of a helipad on the rooftop of CUH Emergency Department, Mr. Daly explained that development of the roof of any building will always be expensive but in the case of CUH the same company that were involved previously are looking at this again. In the meantime consolidation of the Highfield facilities is a practical interim arrangement. Cllr. Shields thanked Mr. Daly for his information and referred to the possibility of using the location previously proposed for the co-located hospital on the grounds of CUH. However, Mr. Daly explained that it is not as simple as finding a location as there are a number of factors to be considered which include height restrictions, approach with regard to landing and also planning permission.

4(e) Cllr. John O'Sullivan moved the following Notice of Motion standing in his name:

"In light of the recent consumer Association survey findings of up to 200% price differential in some drug retail prices is there a need to change the supply mode to reduce expenditure in Drugs as a method of cost savings. This would enable funding for the provision of essential services."

A written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary who outlined that the recent National Consumer Agency survey related to prices quoted by pharmacists for prescription items for private patients as opposed to medical card patients. Ms. Lanigan explained that this is not within the remit of the Health Service Executive. She did point out, however, that in November 2012, the Irish Pharmaceutical Healthcare Association, the HSE and the Department of Health closed a new agreement which reduced these costs. The Department expects that legislation will be passed shortly thereby introducing a system of reference pricing and generic substitution which will deliver further savings in the cost of medicines for the health service and private patients.

Cllr. O'Sullivan thanked Ms. Lanigan for the response and felt that if further savings could be made in this area, resources could be put into maximising the delivery of services such as home helps, home care packages etc. He also referred to the significant drugs bill incurred by the HSE and felt that the HSE should look at obtaining the best outcome for the consumer. Members supported Cllr. O'Sullivan in

his motion and a number of members outlined that Ireland has the highest drugs cost compared to other countries with generic drugs often being more expensive.

Ms. Anna-Marie Lanigan noted the remarks from members and agreed to feed back their comments to the PCRS.

4(f) Cllr. John Coonan moved the following Notice of Motion standing in his name:

“In light of the ongoing increasing pressure on all our hospital and nursing home services, that a full review of the efficiency and effectiveness of home help and home support services be undertaken by HSE South.”

A written response was circulated to members from Mr. Michael Fitzgerald, A/Regional Director of Operations, South. Mr. Fitzgerald explained that provision of home help, home care packages, day and respite care to allow older people live independently in their own homes for as long as possible is among the key priorities for HSE South. He explained that the HSE South plans to deliver 3.62m home help hours in 2013 to a target of 15,000 people and provide 2,400 Home Care Packages. Mr. Fitzgerald outlined that delivery of these services are subject to ongoing review. This ensures efficient and effective operation of services to maximum capacity, and guarantees that the assessed needs of those who require the service are met in the best possible way. Mr. Fitzgerald also informed members that to support hospital discharges, a combined approach is used between acute and community services to ensure an efficient transition from hospitals to home or residential care settings. This discharge planning commences once a patient enters the acute service.

Cllr. Coonan thanked Mr. Fitzgerald for his response and stated that the home help and home care package services are the best preventative health care medicine for keeping the elderly in their own homes. While accepting the contents of the response Cllr. Coonan is not satisfied with the current provision of hours and would like to see further support and financial back-up put into community services including increases in home help hours. He feels this would reduce pressure on nursing homes and provision of nursing home beds.

Mr. Fitzgerald accepted the comments made by Cllr. Coonan and re-iterated that the home help/home care package services are continuing to be key priorities for HSE South with continuous reviews, focus on home support, day care and social services which all add up to the maintenance of our elderly in their homes for as long as is possible. He also explained that the service has been significantly transformed and reassured members that the HSE continues to ensure that essential personal care and essential household duties are prioritised over the lesser priority areas of non-essential household duties. He explained that it is a unique service and each case is reviewed individually.

A number of members supported the motion and a discussion arose on the home help service where a number of individual cases were referred to. Members also outlined their concerns regarding the decrease in funding for the Mobility Aids Housing Grants Scheme which comes under the remit of the County Councils and the feeling that the Home Help Service will come under more increasing pressure. A suggestion was made that a letter should be written to Minister Jan O’Sullivan to re-introduce additional funding for the Housing Grant Scheme.

5. Questions

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

“What is the current waiting period in Kerry for a child that is diagnosed as requiring orthodontic treatment until treatment actually begins and how many Kerry patients are waiting for such treatment?”

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services – Cork. Ms. Scully outlined the provision of the Consultant-led Orthodontic Service for Kerry in relation to assessments, reviews and the prioritisation of cases according to the level of intervention required. She outlined that the service for routine cases has reduced from 8 years to 3 years since the Consultant took on the service with priority patients being seen for treatment within one year. Quarterly returns are available nationally regarding the total number of patients awaiting treatment and as at the end of December 2012 1,511 are on the waiting list for HSE South Cork and Kerry. Cllr. Cronin thanked Ms. Scully for her response and was somewhat reassured that the routine list has reduced to 3 years from 8. He queried why it was not possible to provide a breakdown of the figures of children awaiting Orthodontic treatment for Kerry. Ms. Scully explained that these figures are managed centrally was not possible to provide this information today but she would come back to Cllr. Cronin with these figures.

5(b) Cllr. John Buttimer put forward the following Question:

“To ask the HSE South in relation to the HSE Ambulance Re-configuration to outline the changes in the service due to relocation of the ambulance base Central Command to Central Location (Dublin), the Number of ambulances on call by day 8 a.m. to 8 p.m. and 8 p.m. to 8 a.m. in Cork City/County, the areas to which they are assigned and to comment on reports of queuing of ambulances at A&E locations across the city and the protocol for managing same?”

A joint written response was circulated to members from Mr. Nicky Glynn, Area Operations Manager South, National Ambulance Service and Mr. Ger Reaney, Area Manager, HSE Cork. In the absence of Cllr. John Buttimer, the response was noted.

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

“What was the expenditure on legal services for Child Care/Child Protection for Q4 in 2012 for HSE Carlow/Kilkenny?”

A written response was circulated to members by Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary. Prior to the meeting, Cllr. Fennell had been informed that the provision of Legal Services had moved to a National Centralised Framework since 2011 and payments for Child Welfare and Protection Cases are processed through this office. As the information was currently being collated, Cllr. Fennell was informed that a formal response would be issued to him within the next two weeks.

5(d) Cllr. John O’Sullivan put forward the following Question:

“What is the plan for elder care in the town of Bandon, in particular the need to future proof the future of Bandon Community Hospital?”

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services – Cork which outlined the provision of services for the care of older people of Bandon town and its surrounding areas. Ms. Scully explained that the development of a 17 bedded extension at the hospital was included in the HSE Capital Plan 2006-2011 with an allocation of €7m funding provided in 2008 for the design of the extension and approval given to proceed to the planning stage which was granted at the end of 2008. However, due to the economic downturn and reduction in the capital allocation it was not possible to secure funding to move to the construction stage of the project. Ms. Scully explained that the provision of residential services for older people continue to be delivered in the context of HIQA standards and Fair Deal and outlined funding spent and refurbishments undertaken in Bandon Community Hospital over the past 5 years. These include receipt of a Fire Cert of compliance which allowed the hospital to achieve registration with HIQA as a 22 bedded facility until 2015. Ms. Scully explained that to achieve registration from 2015, compliance of more exacting National quality standards for residential care settings for older people will need to be adhered to and work is currently being done nationally, regionally and locally to prepare for this. In summary, Ms. Scully informed members that there is a high level of demand for service in Bandon Community Hospital with limited bed provision and due to the ageing population demand for beds at the hospital will continue to increase. However, this will be a key factor in supporting prioritisation of Bandon Community Hospital for capital developments should funding become available to complete capital projects.

Cllr John O’Sullivan thanked Ms. Scully for the response but outlined his concerns in relation to the current bed capacity for Bandon town and surrounding area. He referred to two private facilities which are now closed. He referred to 62 beds in Clonakilty and a population of 27,000 people in Skibbereen and expressed concerns that after 2015 Bandon Community hospital may not reach HIQA standards.

Mr. Michael Fitzgerald, A/Regional Director of Operations clarified that currently an assessment of all existing community hospitals is being undertaken with a significant piece of work done before Christmas on public long stay beds. The results will form a plan of action for each area/unit on what is required for their future. An overall Report will be submitted to the Department of Health over the next 5-6 weeks to include individual costings with multi-occupancy of rooms being looked at. This will bring community hospitals into compliance with environmental requirements of the ‘National Quality Standards for Residential Care Settings for older people in Ireland’ Cllr. O’Sullivan emphasised the importance of prioritising this Report for Bandon Community Hospital and suggested that it be forwarded to the Minister as a matter of urgency. Mr. Fitzgerald while taking on board suggestions from Cllr. O’Sullivan explained that there are 39 such units across the HSE South and the HSE must remain impartial. He reiterated that the works required at Bandon Community Hospital will be taken into account in this process and considered by the HSE and the Department of Health when finalised and he agreed to keep members updated on progress.

5(e) Cllr. John Coonan put forward the following Question:

“What is the up to date position of response to the HSE policy of contractual arrangement of employing recently qualified nurses to the service at the rate of 80% of basic salary?”

A written response was circulated to members from Mr. P.J. Hathaway, A/Assistant National Director of HR, HSE South which outlined phase 1 of the Nurse Graduate Initiative launched in January 2013 and phase 2 launched in February 2013. Mr. Hathaway explained that the graduate nurses will be paid at a rate of 80% of the first point of the Staff Nurse Salary Scale. He outlined that this initiative will provide job security for a 2 year period and will also provide substantial clinical experience in a wide variety of settings within the acute and community services. The purpose of these appointments is to replace agency staff and overtime and will significantly reduce pay costs for overtime and agency work. These appointments are not to be used for the filling of vacancies.

Cllr. John Coonan thanked Mr. Hathaway for the response but is dissatisfied with the position outlined. He felt that it was not satisfactory that nursing graduates who have spent four years in college are being offered jobs paid at a rate of 80% of the basic staff nurse salary. Mr. Hathaway explained that it is a Government initiative with the recruitment process being managed by the HSE's National Recruitment Service. He outlined that it is difficult to assess the overall impact of the process at this stage as the take-up of the positions is very low. He confirmed that the HSE is currently monitoring the situation.

6. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on Thursday 16th May 2013 at 2pm, Council Chambers, County Hall, Cork.

MINUTES OF MAY 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 16th May, 2013 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Sean Lonergan
Cllr. Pat Burton	Cllr. Tom Maher
Cllr. John Carey	Cllr. Barbara Murray
Cllr. Timmy Collins	Cllr. Dr. Sean McCarthy
Cllr. John Coonan	Cllr. Arthur McDonald
Cllr. Brendan Cronin	Cllr. Michael O'Brien
Cllr. Tom Cronin	Cllr. Bobby O'Connell
Cllr. Dr. Patrick Crowley	Cllr. Frank O'Flynn
Cllr. John Joe Culloty	Cllr. Laurence (Cha) O'Neill
Cllr. Tony Dempsey	Cllr. John O'Sullivan
Cllr. Declan Doocey	Cllr. Hilary Quinlan
Cllr. Wayne Fennell	Cllr. Seamus Ryan
Cllr. Matt Griffin	Cllr. Mary Shields
Cllr. Mary Hanna Hourigan	Cllr. Jerry Sullivan
Cllr. Denis Kennedy	Cllr. Jim Townsend - Chairperson
Cllr. Michael Kinsella	Cllr. Ted Tynan
Cllr. Tim Lombard	

Apologies: Cllr. Pat Cody

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Mr. Michael Fitzgerald, Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. PJ Hathaway A/Assistant National Director HR, HSE South
- Ms. Angie O'Brien, Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Mr. Robert Morton, Director, National Ambulance Service
- Dr. Cathal O'Donnell, Medical Director, National Ambulance Service
- Mr. Nicky Glynn, Area Operations Manger, National Ambulance Service, HSE South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 11th April 2013

At the proposal of Cllr. Seanie Lonergan seconded by Cllr. John Coonan, the Minutes of the Forum meeting held on Thursday 11th April 2013 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting. He also welcomed Mr. Robert Morton, Director, National Ambulance Service, Dr. Cathal O'Donnell, Medical Director, National Ambulance and Mr. Nicky Glynn, Area Operations Manager, National Ambulance Service, HSE South who were present to discuss an Emergency Motion submitted by Cllr. John O'Sullivan. He also referred to Cllr. Brendan Cronin's Notice of Motion on the Kerry Ambulance Service. Cllr. Townsend explained that following discussion with the Vice-Chairman and Party Whips and in consultation with the Regional Director of Operations a decision was taken to discuss this item next on the Agenda:-

Cllr. Townsend outlined the Emergency Motion submitted by Cllr. John O'Sullivan as follows:-

"Is it the intention of or is it possible to get an urgent statement from the Ambulance Service and a debate regarding the public disquiet at the perceived lack of response of the Ambulance service in Midleton last week."

Cllr. O'Sullivan thanked the Chairperson and the Executive for allowing discussion of this Motion and expressed his appreciation to the National Ambulance Service (NAS) for their attendance at the meeting. He explained that the tragic incident resulting in the death of a 2 year old boy which occurred in Midleton had also been raised at a Council Meeting on the previous Monday and there was considerable public concern in the manner in which this case had been handled. Cllr. O'Sullivan while appreciating that an outcome into the enquiry is awaited asked the NAS to comment on the events surrounding this tragic accident.

Mr. Robert Morton, Director, National Ambulance Service expressed sympathies to the family of Vakariss Martinaitis on the tragic loss of their son. He explained that a formal Incident Review has been commissioned into the manner in which the 999 call received from Midleton on the 6th May was managed. He outlined that a preliminary examination of the facts surrounding this incident has confirmed that an emergency ambulance was immediately available to respond to the call. A formal review has been established in order to fully establish all the facts surrounding the management of this emergency call including why the ambulance was subsequently not made available.

Mr. Morton explained that on 6th May at 2pm a 999 call was received and lasted 3 minutes. At 2.02pm an emergency ambulance travelling from Cork University Hospital to its area of operations in East Cork was asked to attend the scene, however at 2.04pm the emergency ambulance was stood down based on the information provided to the Ambulance Control Centre. Mr. Morton confirmed that media reports suggesting no emergency ambulance was available were untrue and stated he wished to answer all questions fully but was constrained in doing so as the Review is in progress. He informed members that the Review Team includes experts in Pre-Hospital Emergency Care and Primary Care, two from Ireland, one from Northern Ireland and one from the UK. The Terms of Reference have been compiled and it is expected that the review will take 6-8 weeks to conclude. The Review has been commissioned by Dr. Cathal O'Donnell, Medical Director, National Ambulance Service and the first meeting has already taken place. Mr. Morton confirmed that he understands that the outcome of this review will be made public.

Cllr. O'Sullivan thanked Mr. Morton for his report and appreciated the 6-8 week timeline involved for the investigation. He outlined his disappointment that no public representative was on the Review Committee set up to investigate this case, given the public disquiet into the incident and subsequent representations made to public representatives for the area following this incident. Cllr. O'Sullivan was adamant that people must be reassured and an explanation given and also suggested that recordings of the 999 call received on the day in question should be released. He stated that the public need to have confidence going forward that appropriate services are available to respond to emergency calls and confidence needs to be instilled that these calls are responded to as a matter of urgency as unfortunately in this case a child had died.

Mr. Morton explained that following this review he understands that the outcome will be made public. With regard to public representation on the Group he explained that there was an ethical issue surrounding this.

Following the Report from Mr. Robert Morton, other members expressed their concerns, raised issues in relation to this incident and outlined their views with regard to modernisation of the National Ambulance Service. These were discussed in detail and responded to by NAS.

Regarding members concerns on the modernisation of the National Ambulance Service he reiterated that the use of on call as a mechanism for the delivery of ambulance services has been the subject of significant focus and the elimination of on-call is the key element of broader range of changes which have taken place in East Cork, North Cork and West Cork. He also reassured members that reports of a reduction in emergency cover in the East Cork area are incorrect and that reorganisation of the National Ambulance Service in this region has seen an approximate increase of 11% in rostered man hours in the area over the last 12 months.

The Chairperson and members thanked NAS for attending the meeting and await the outcome of the Review Team.

The Establishment of Hospital Groups as a transition to Independent Hospital Trusts – report launched by Minister for Health on 14th May 2013

Cllr. Townsend referred members to documentation circulated with regard to the establishment of the Hospital Groups and the Smaller Hospitals Framework and explained that following discussion with himself, the Party Whips and the Regional Director of Operations it was agreed that these documents would not be discussed in detail at today's meeting but that Mr. Pat Healy, Regional Director of Operations would briefly take members through them and they would be discussed in more detail at the next meeting.

Mr. Healy outlined the following documents:

- The Establishment of Hospital Groups as a transition to Independent Hospital Trusts which was a Report produced for the Minister by a panel of national and international experts led by Professor John Higgins.
- Frequently Asked Questions document based on the findings in this Report.

- Securing the Future of Smaller Hospitals: A Framework for Development which outlines the need for smaller hospitals and larger hospitals to operate together and linked to the formation of sustainable hospitals groups.
- Presentation from Professor John Higgins on the Establishment of Hospital Groups as a Transition to Independent Hospital Trusts and a Press Release from the Department of Health and Children.

Mr. Healy explained that on Tuesday 14th May 2013 the Minister for Health announced a reorganisation of public hospitals into more efficient and accountable hospitals groups which were informed by the two Reports outlined above. These reports are based on the commitments outlined in the publication of a Future Health by the Minister in November last which explained the strategic framework for the reform of the health service 2012 – 2015.

Mr. Healy informed members that six hospital groups will be established to include Dublin North East, Dublin Midlands, Dublin East, South/South West, West/North West and the Midwest. He outlined that St. Luke's Hospital, Kilkenny and Wexford General Hospital will come under the Dublin East Group and Kilcreene Orthopaedic Hospital will be linked to Waterford Regional Hospital (WRH) within the new South/South West Group. In the responding to the debate which followed, Mr. Healy outlined some of the specifics incorporated in the report with regard to the future role of hospitals within the region. A number of members have raised a number of concerns in relation WRH and in this regard, Mr. Healy advised that the report confirmed a number of key roles for WRH as follows:

Hospital reconfiguration is at an advanced stage in the south western part of this group, and the implementation of the Reconfiguration of Acute Hospital Services, Cork & Kerry Region; a Roadmap to develop an integrated university hospital network (2010) will continue under the group structure. However, there is an absence of a consensus/shared vision amongst all the hospitals in the current southeast hospital network.

WRH will continue to be to an NCCP centre, retaining its current population referral base for cancer patients. Joint consultation appointments, such as general surgery shared with Wexford, across the groups will continue to support the specialist cancer services it provides.

WRH will continue to be the hub for the South East and renal services which include a centre of haemodialysis, renal home therapies (peritoneal dialysis/home haemodialysis) and renal transplant follow up.

WRH will continue to be a regional trauma centre, including ED, Ear, Nose and Throat (ENT) and Ophthalmology. To ensure WRH continues to provide the full range of elective and trauma orthopaedics services, Lourdes Orthopaedic Hospital, Kilcreene will be managed from WRH within the new South/South West group structure. (It is currently managed by St. Luke's Hospital Carlow/Kilkenny).

WRH will continue to provide invasive cardiology services for the South East population. Working in collaboration with the cardiology service in Cork the current service in Cork the current service should be extended with new joint appointment of cardiologists.

In response to queries raised re Kerry General Hospital (KGH) and Wexford General Hospital (WGH), Mr. Healy advised that KGH because of its geographic location, similar to Letterkenny and WGH Hospitals, should retain its full range of ED, medical, surgical, maternity and paediatric services.

In relation to the Smaller Hospitals Framework Document and from the point of view of the South which includes Mallow and Bantry General Hospital, there is nothing new to report as the process of reorganisation of services provided in these two hospitals is well underway. Mr. Healy explained that the focus is now on next steps and the implementation process. The Minister has thanked Professor John Higgins who has agreed to stay on until the end of June to work on the initial implementation phase in relation to the establishment of the Hospital Groups. Work will commence immediately and will be overseen by a National Strategic Advisory Group driven by the HSE. Group Chairpersons and CEOs will be appointed as soon as possible and preliminary governance arrangements will be put in place.

Members thanked Mr. Healy for this update and agreed that it would be more appropriate to go through the information and discuss in detail at the next meeting. Suggestions were made that Professor John Higgins or the Minister would be available to answer members' queries/concerns in relation to the Hospital Groups. Members also stated that local briefings would be of great benefit to discuss these documents further. A number of members had queries in relation to St. Luke's Hospital and Waterford Regional Hospital. Mr. Healy referred members to page 84/85 and Page 86/87 of the main document which outlines detailed commentaries and important specifics setting out significant roles for the hospitals involved. He also stated the importance of reading the Frequently Asked Questions document.

Mr. Healy agreed that this important item would be discussed in detail at the next Regional Health Forum meeting on the 20th June and he undertook to invite a member of the National Strategic Advisory Group to attend the meeting to answer Members questions.

3. Committees

Cllr. Townsend informed members that the next Committee Meetings will be held on Thursday 11th July 2013 in Cork in the Performance and Development Unit which has now moved to the administration building, St. Mary's Health Campus, Bakers Road, Cork.

4. Notice of Motions

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

"That the HSE South and the National Ambulance Service give a commitment to meet and engage with all local groups and public representatives in South Kerry to discuss and hear the serious public concerns on proposed changes to ambulance cover for Killarney, Kenmare and Cahersiveen prior to any reduction to the current ambulance service being implemented".

A joint written response was circulated to members from Mr. Nicky Glynn, Area Operations Manager South, National Ambulance Service and Mr. Michael Fitzgerald, Area Manager, HSE Kerry which outlined the successful completion of a number of

phases across County Cork with the elimination of on-call arrangements in the National Ambulance Service. As a result planning for Phase 4 (South Kerry) can now be progressed. This will include stations in Cahersiveen, Killarney and Kenmare with North Kerry to be examined at a later stage in Phase 5. Members were informed that as in each Phase to date any decisions to be made will have been preceded by detailed consultation with particular consideration being given to peninsular areas. The HSE will not be in a position to prepare a final model for South Kerry until a number of deliberations have been completed to include outcome of public consultations, consultations with General Practitioners, learning from efficiency changes in parts of the National Ambulance Service, benefits of more effective work practices and industrial relations requirements.

Cllr. Brendan Cronin thanked the HSE for the response. He expressed his sympathies to the family in Midleton on the loss of their son. Cllr. Cronin complimented the staff and paramedics working in the National Ambulance Service in Kerry but outlined his concerns regarding the modernisation of the current service and the possible of a loss of an emergency ambulance in the Cahersiveen, Kenmare, Killarney area referring to current population base and additional tourist population. He also outlined concerns with regard to locations in rural areas. With regard to the finalization of deliberations based on 'outcome of public consultation' Cllr. Cronin sought clarification on whether these consultations had been advertised/taken place and if it was possible to make submissions and express concerns. He also referred to a previous response from Mr. Morton's office and reference to an ambulance vehicle being able to accommodate two people.

Mr. Nicky Glynn explained that there are no cutbacks planned for the National Ambulance Service in the South Kerry area but rather modernization of the current service to include elimination of on-call, centralization of the Control centre and introduction of Intermediate Care Vehicles which will enhance, modernize and build on the current service. With regard to public consultation Mr. Pat Healy, Regional Director of Operations outlined that initial talks started in February last but consultation processes for phases 1-3 for North Cork, East Cork and West Cork were completed first and further consultations will continue for Kerry. He explained that the HSE is committed to briefing Oireachtas Members, Public Representatives, GPs and Community Leaders prior to the implementation of any final model. He explained that no date has been set for a further briefing but members would be informed accordingly.

4(b) Cllr. John O'Sullivan moved the following Notice of Motion standing in his name:-

"In light of the reported effects of Fluoride on human health and the reports of the discontinuation of fluoridation of drinking water in many parts of the world, that an overview of the effects of fluoride on human health be provided to allow for a debate at forum level and if felt appropriate a forum opinion be expressed"

A written response was circulated to members from Ms. Mary Keane, Regional Chief Environmental Health Officer South. Related documents were also circulated to include the position statement from the Irish Expert Body on Fluorides and Health regarding water fluoridation in the Republic of Ireland. Mr. Pat Healy, Regional

Director of Operations explained that the response had not changed since a similar Motion had been put down at a forum meeting in May of last year.

Cllr. John O’Sullivan outlined his rationale for putting down this Motion again and felt that as a public representative he had a responsibility to his constituents who had concerns regarding the fluoridation of water. He referred to a recent presentation given to Skibbereen Town Council of which he is also a member and felt that the information received pre-dates current issues which are arising. He also referred to the discontinuation of water fluoridation worldwide and a decrease in dental cavity rates since its discontinuation. A number of other members also outlined their concerns. Mr. Pat Healy taking on board comments expressed by members explained that the Expert Body would be willing to meet with members in committee and that an invitation would be extended to them asking that they make a presentation at the next Committee Meetings to be held in July.

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

“As the number of people suffering from Alzheimer’s disease is set to increase, and as there is no adequate facility available for these people in Kerry, that the HSE South would look at making such a facility available on the grounds of St. Finan’s Hospital, Killarney.”

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry which outlined the current provision of appropriate longstay care for dementia patients in a specific unit within Killarney Community Hospital’s complex. Mr. Fitzgerald explained that a significant number of people with dementia are also living at home with family and community support as well as receiving services from the HSE and other HSE funded and voluntary organisations. He informed members that the HSE is currently in the process of finalising plans to be submitted for planning for a purpose built 40 bed unit on the grounds of the old Cherryfield site in Killarney. Cllr. Culloty welcomed the building of a 40 bedded unit, thanked Mr. Fitzgerald for his response and sought clarification on the specific area designed to meet the needs of dementia/Alzheimer patients.

Mr. Fitzgerald referred to the review currently being undertaken by the HSE of existing residential care facilities to ensure their ongoing compliance with HIQA Residential Care Standards. He explained for some facilities this review may require new builds and for others an extension or refurbishment may be adequate. The review will also consider the requirements for older people with challenging behaviour as appropriate. Mr. Fitzgerald also outlined the approval of a specific Psychiatry of Old Age Team for Kerry which is part of the 2013 Government initiative for mental health services and will be the first such team in the county. This will compliment the existing team of Consultant Geriatricians at Kerry General Hospital who currently provide an extensive outreach service to primary care services and community hospitals.

5. Questions

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

"Please outline the full details of all payments made by the HSE to the SouthDoc service for the period from January 1st 2012 to December 31st 2012 including any rental charges for HSE owned properties used by SouthDoc"

A written response was circulated to members from Ms. Deirdre Scully, Area Manager, Community Services – Cork. Cllr. Brendan Cronin informed the meeting that he was satisfied with the response and that it could be taken as read.

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

"Are the HSE lands at Kelvin Grove still up for sale and if so has a purchaser been identified and what is the reserve on these lands?"

A joint written response was circulated to members from Ms. Anna-Marie Lanigan, Area Manager, Carlow/Kilkenny and South Tipperary and Mr. Pat McCarthy, Assistant National Director Estates HSE South. Ms. Lanigan confirmed that it is the intention of the HSE to sell the lands at the now vacant Kelvin Grove site. She explained that these lands had previously been put up for Public Auction in 2010 but at that time failed to meet the Reserve/Open Market Valuation as set by the HSE. She outlined that a new Carlow Graiguecullen Urban Area Plan was adopted by Carlow County Council in 2012 and the zoning covering the Kelvin Grove site has been amended which allows for a wider range of development opportunities than the previous zoning.

Cllr. Fennell thanked Ms. Lanigan for the response and sought clarification on the condition of the building, whether or not an offer had been made when the land was put up for auction, the acreage involved and when the land is sold whether or not the money received will be ring fenced and put back into Carlow Mental Health Services? Ms. Lanigan explained that the land involves 5 acres and is not currently on the market as it is awaiting rezoning. She also outlined that the HSE has engaged a Conservation Architect to review the Kelvin Grove Building and based on his report the HSE is applying to have the protected status currently applying to the building removed. As a result it is expected that the HSE will have a more commercially attractive and saleable property. With regard to the money received following the sale of lands, Mr. Pat Healy, Regional Director of Operations outlined that all resources from the sale of mental health lands goes back into central reserve. He explained that the HSE South has benefitted significantly and has obtained considerable funding up front particularly with regard to St. Senan's in Enniscorthy and St. Luke's, Clonmel.

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

"Can the HSE South confirm that Bowel Cancer Surgery will continue to be carried out at Kerry General Hospital into the future?"

A written response was circulated to members from Mr. Michael Fitzgerald, Area Manager, HSE Kerry which outlined the policy in relation to the centralisation of major cancer services in Ireland into eight designated cancer centres. With regard to the Cork and Kerry areas the designated centre is Cork University Hospital. Mr.

Fitzgerald explained that it has been the intention at all times that Kerry General Hospital will retain its full range of ED, medical, surgical, maternity and paediatric services because of its geographic location and confirmed that in regard to the reorganisation of Acute Hospital Services, there has been no change in plans for Kerry General Hospital in this regard.

With regard to surgical services, Mr. Fitzgerald explained that these services will continue to be provided in Kerry General Hospital in line with the Surgical Clinical Programme and the NCCP. He outlined the current refurbishment taking place with regards to the provision of appropriate accommodation and equipment for endoscopy services as well as the pursuit with the National Cancer Screening Services for the provision of bowel cancer screening services for the area. KGH currently remains a candidate site for this screening service. With regard to the provision of rectal cancer surgery Mr. Fitzgerald informed members that in line with the NCCP policy that this surgery currently being provided in Kerry General Hospital will transfer to Cork University Hospital but no date has been set yet.

Cllr. Culloty thanked Mr. Fitzgerald for the response and felt it would be of benefit that Bowel Cancer Surgery be maintained in Kerry General Hospital but he understood the centralisation of major cancer services into the 8 designated Cancer Centres. He sought clarification on the candidate site/screening service. Mr. Fitzgerald explained that significant refurbishment work is currently being undertaken to establish a 2 room endoscopy suite as the current endoscopy unit comprises of only one room. This will be completed later in the year. Formal approval will be required and once the facility is in place it will then be possible to proceed with the cancer screening programme in Kerry General Hospital.

5(d) Cllr. Dr. Patrick Crowley put forward the following Question:

“In light of recent events in Maternity Services, is the HSE South satisfied that sufficient Risk Management Processes are in place across all Maternity Services and that there is a sharing of learning from experiences?”

A joint written response was circulated to members from Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford and Ms. Deirdre O’Keeffe, Regional General Manager, Quality and Patient Safety which outlined the HSE’s commitment to the provision of a safe, high quality health service. Staff, line managers and senior personnel within the hospitals and at corporate levels are key to achieving standards with ongoing training throughout the HSE South. Mr. Dooley referred to the National Standards for Safer Better Healthcare which were launched in 2012 and outlined the work undertaken by the Quality and Patient Safety Directorate and listed the HSE priorities for 2013. He explained the sharing of best practice is promoted through the Regional Quality and Risk Managers Forum and outlined the work undertaken by the Area Quality and Patient Safety Committees. These committees are set up and compile bimonthly risk register reports which are forwarded to the Regional Quality and Patient Safety Committees for assurance, analysis, audit and shared learning.

Cllr. Dr. Crowley referred to two incidents in Maternity Units in Galway and Waterford and in particular referred to a recent interim settlement of €1.4m made to a young girl in Waterford for injuries sustained at birth. He referred to recent media coverage surrounding this case and allegations that 3 Consultant Obstetricians were on leave at this time with one locum Consultant in charge. Mr. Richie Dooley explained that this was incorrect; he confirmed that the 3 Consultant Obstetricians were not on

leave. This statement had been retracted and the correct information had been subsequently published.

With regard to Maternity Units, he confirmed that there are extensive risk management processes in place to meet national requirements and that the hospitals concerned have an internal Obstetric and Neo-natal Governance Group, a Maternity Governance Board and each publishes an Annual Report. He also stated that Risk Managers are in place in each Acute Hospital. These Managers are part of a Risk Managers Forum and compile reports with leadership and learning being paramount. He explained that all risks are reported, reviewed and monitored or escalated as appropriate. There is a system in place for reporting and tracking all cases and learning is shared in a structured manner across HSE South.

Cllr. Dr. Crowley accepted the information provided but felt that there was a lack of accountability in both of these cases. Mr. Dooley stated that Medical Professionals are accountable to their Medical Professional bodies and Medical Council and detailed risk management processes which are in place could be discussed in more detail at Committee level if required.

6. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on Thursday 20th June 2013 at 2pm, Council Chambers, County Hall, Cork. Members were informed that this meeting is the Forum's Annual General Meeting where there will be election of a new Chairperson and Vice-Chairperson. Members were requested that nominations are discussed with the Party Whips in advance of the meeting.

MINUTES OF JUNE 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 20th June, 2013 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Tim Lombard - Chairperson
Cllr. Pat Burton	Cllr. Sean Lonergan
Cllr. John Carey	Cllr. Tom Maher
Cllr. Timmy Collins	Cllr. Barbara Murray
Cllr. Catherine Connery	Cllr. Dr. Sean McCarthy
Cllr. Brendan Cronin	Cllr. Arthur McDonald
Cllr. Tom Cronin	Cllr. Michael O'Brien
Cllr. Danny Crowley	Cllr. Bobby O'Connell
Cllr. John Joe Culloty	Cllr. Laurence (Cha) O'Neill
Cllr. Tony Dempsey	Cllr. John O'Sullivan
Cllr. Declan Doocey	Cllr. Hilary Quinlan
Cllr. Wayne Fennell	Cllr. Seamus Ryan
Cllr. Mary Hanna Hourigan	Cllr. Jerry Sullivan
Cllr. Denis Kennedy	Cllr. Jim Townsend
Cllr. Michael Kinsella	

Apologies: Cllr. John Buttimer
Cllr. Pat Cody
Cllr. Matt Griffin
Cllr. Mary Shields
Cllr. Ted Tynan

In Attendance:

- Mr. Michael Fitzgerald, A/Regional Director of Operations
- Mr. Richie Dooley, Area Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South
- Ms. Angie O'Brien, Area Communications Manager, HSE South
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 16th May 2013

At the proposal of Cllr. Liam Ahearn seconded by Cllr. Michael O'Brien, the Minutes of the Forum meeting held on Thursday 16th May 2013 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Jim Townsend, Chairperson welcomed Members and Managers to the meeting. He informed members that Mr. Pat Healy was unable to attend and Mr. Michael Fitzgerald was deputising in Mr. Healy's place. Cllr. Townsend also welcomed Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South and outlined that Mr. Halpin would answer any queries in relation to Notice of Motion and Question submitted by Cllr. John Joe Culloty. He welcomed Cllr. Catherine Connery who has been nominated by Kilkenny County Council and is replacing Cllr. Dr. Patrick Crowley. Cllr. Townsend informed members that Professor John Higgins and Mr. John Cregan, HSE would be in attendance later to present on "The Establishment of Hospital Groups as a transition to Independent Hospital Trusts".

Election of Chairperson and Vice Chairperson

As this meeting was the Annual General Meeting of the Regional Health Forum, Cllr. Townsend invited nominees from the floor for the position of Chairperson. Cllr. Liam Ahearn proposed Cllr. Tim Lombard and this was seconded by Cllr. Tom Maher. As there were no other proposals Cllr. Lombard was unanimously elected as Chairperson until the next annual meeting of the Forum.

Members joined in their thanks to Cllr. Townsend for his work and support during his tenure as Chairperson and for the changes he brought about to improve the workings of the Forum. Prior to vacating the Chair, Cllr. Townsend thanked the members for their support and also thanked the HSE officials, particularly Ms. Sinead Byrne, Forum Manager for all her help and support throughout the year. Cllr. Townsend highlighted a number of items that arose during his Chairmanship and paid particular tribute to the visit from Minister James Reilly.

Cllr. Tim Lombard then took the Chair. He thanked the outgoing chair and his proposer and seconder and sought nominations for the election of Vice Chairperson. Cllr. Bobby O'Connell was proposed by Cllr. Declan Doocey and seconded by Cllr. Wayne Fennell. As no other candidate was put forward for election, Cllr. O'Connell was unanimously elected as Vice-Chairperson for the next year. Cllr. O'Connell offered his full support to Cllr. Lombard as Chairperson and looks forward to working with him over the next year.

Mr. Michael Fitzgerald A/Regional Director of Operations referred to a press release circulated to members which outlined that the Public Appointments Service (PAS) on behalf of the HSE has recently concluded a recruitment process for five new National Directors and a Chief Financial Officer of the Health Service. Mr. Fitzgerald informed members that Mr. Pat Healy has been appointed as National Director of Social Care and explained that this process leads to a revised HSE Management Structure planned in conjunction with the new governance arrangements provided for in the Health Service Executive (Governance) Bill, 2012. He outlined that Mr Healy's

replacement now titled Regional Director of Performance and Integration (RDPI) will be announced in the near future and members will be informed accordingly. In advance of the meeting, Cllr. John Joe Culloty raised an issue that he had spoken about publically on the radio earlier. This was regarding an incident which occurred in Tralee on Tuesday 18th June and ambulance waiting times. In consultation with the Chairperson and Mr. Michael Fitzgerald A/Regional Director of Operations, it was agreed that this item would be discussed next on the Agenda.

With regard to the incident in question, Mr. Fitzgerald explained that a statement had been issued from the National Ambulance Service and the HSE can confirm that a 999 call was received on 18th June 2013. The first emergency resource arrived at the scene 30 minutes after the 999 call was received.

He outlined that the National Ambulance Service is satisfied that the necessary protocols around responding to an emergency were adhered to in this case. Following an examination of the facts, the HSE can confirm that, despite the best efforts of Ambulance Control staff, there were challenges in establishing the exact location of the caller which led to a delay in locating the patient. The HSE extends its deepest sympathies to the family of the deceased infant. Mr. Fitzgerald referred to the issue surrounding response times which had also been detailed at the previous forum meeting. With regard to the recent centralisation of the control system, the National Ambulance Service have acknowledged that this change is significant but reassured that the service is constantly being quality assured.

Cllr. John Joe Culloty expressed his condolences to the family. While accepting that the modernisation of the Ambulance service is in line with best practice, he outlined concerns that the centralisation of the control system particularly for rural areas in Kerry is not working. He expressed the view that the information being given by the caller at the most critical time is being lost and feels that this will not work until postal codes are introduced.

Mr. Fitzgerald appreciating the comments outlined by Cllr. Culloty explained that the 8 control centres have now moved to one central system with a National GPS system to be introduced shortly which will facilitate the screening of calls. This is consistent with a best practice model and based on recommendations by HIQA. Cllr. Culloty accepting that protocols had been adhered to still feels that local knowledge is now lost and re-iterated that the centralisation of the control system will not work unless postal codes are introduced.

3. Committees

Members were informed that the next Committee Meetings will be held on Thursday 11th July 2013 in the Performance and Development Unit which has now moved to the administration building, St. Mary's Health Campus, Bakers Road, Cork. Members have been notified of this change already by letter and a map with directions will be included with the notification of the committee meetings nearer the time.

4. Notice of Motions

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

"That the HSE provide parents with the findings from inspections carried out in Creches, and that these findings be made available on the HSE website."

A written response was circulated to members from Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South. Mr. Halpin referred to recent media attention and a programme which raised serious concerns about the care of children in a number of crèches.

Mr. Halpin referred to the Child Care Act 1991, outlined the definition of a pre-school child and the services covered which are now more commonly collectively known as Early Years Services. These services cater for children in the 0-6 age group. He outlined the Child Care (Pre-School Services) (2) Regulations 2006 which provide for a notification process to the HSE by a person proposing to carry on pre-school services and provides for the supervision and inspection by the HSE of services that are notified.

With regard to pre-school inspections Mr. Halpin outlined that currently there are over 100,000 children in almost 5,000 notified child care centres. 2,644 routine inspections were undertaken by the HSE Children and Family Services in 2012, 612 of which were in the HSE South. Childcare services receive a visit from an inspection on average every 18-24 months compared to visits in the UK which only take place every 3-4 years.

Mr. Halpin outlined the planned reform programme to include the introduction of a registration system, roll out and implementation of a suite of seven Standard Operating Procedures and compulsory Garda Vetting. He explained that the National Pre-School Standards for full day services with all stakeholders across the sector are published and the HSE is awaiting the publication of the National Standards for part-time, sessional and childminders with publication hopefully later this year. There is also commitment to publish all Inspection Reports online in the coming months with technical arrangements being made. Mr. Halpin informed members that a review has been commissioned on the findings and outcomes of inspections undertaken from January 2012 to June 2013 and outlined the objectives of this analysis.

Cllr. John Joe Culloty thanked Mr. Halpin for his comprehensive response and welcomed the commitment to publish inspection reports online in the near future. Members commented on the importance of carrying out inspections, welcomed the planned reform programme and acknowledged the importance that should parents have concerns regarding the standard of service being provided in a childcare service that a copy of the most recent Inspection report can be requested. Staffing complement and qualifications to carry out Inspections were also referred to.

5. Questions

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

"How many unannounced inspections did the HSE South carry out in Creches in Kerry in the last 2 years? What were the findings, and how many Creches in Kerry is the HSE responsible for?"

A written response was circulated to members from Mr. Dermot Halpin, Regional Service Director for Children and Family Services, HSE South which outlined detailed information regarding notifications to the HSE South of Early Years Services currently in operation in the region, total numbers of inspections carried out in the last two years and specific information which was requested for the Kerry area. Cllr. Culloty thanked Mr. Halpin for his response and was happy with the information it contained and had no further questions.

Presentation on "The Establishment of Hospital Groups As a Transition to Independent Hospital Trusts" – Professor John Higgins

Professor John Higgins gave a presentation on The Establishment of Hospital Groups as a transition to Independent Hospital Trusts. He outlined the rationale for change, the vision, the benefits for patients and the benefits for staff. He explained the basic principle of the Hospital Group and ran through the composition of each of the six hospital groups and the Academic Partner for each. He outlined the governance of the transitional Hospital Groups and Leadership posts within the Groups and explained that the well functioning Hospitals Groups will transition to Hospital Trusts. Finally he ran through the recruitment of the Trust Chief Executive Officer which will entail open international competition through the Public Appointments Service (PAS).

The presentation was followed by a Question and Answer Session with the following items discussed/responded to:-

- Welcome of recommendations
- Inequity of resources for the South East
- Current alliance of St. Luke's Hospital to Waterford Regional Hospital and continuation of traditional pathways
- Building of new Children's Hospital in Dublin
- Concerns for Waterford Regional Hospital and use of x-ray facilities in Dungarvan
- Timeframe for the setting up and running of the Hospital Groups
- Recruitment of CEOs of those Hospital Groups
- Acknowledgement of the high standard of patient care in Ireland
- Provision of 24/7 Cardiology in Waterford Regional Hospital
- Palliative Care unit in WRH
- Patient having the choice of Care
- The size of Cork University Hospital Campus

6. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on Thursday 19th September 2013 at 2pm, Council Chambers, County Hall, Cork.

MINUTES OF SEPTEMBER 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 19th September @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Sean Lonergan
Cllr. John Buttimer	Cllr. Tom Maher
Cllr. John Carey	Cllr. Dr. Sean McCarthy
Cllr. Timmy Collins	Cllr. Arthur McDonald
Cllr. John Coonan	Cllr. Michael O'Brien
Cllr. Brendan Cronin	Cllr. Bobby O'Connell
Cllr. Danny Crowley	Cllr. Frank O'Flynn
Cllr. John Joe Culloty	Cllr. Laurence (Cha) O'Neill
Cllr. Wayne Fennell	Cllr. John O'Sullivan
Cllr. Matt Griffin	Cllr. Hilary Quinlan
Cllr. Mary Hanna Hourigan	Cllr. Mary Shields
Cllr. Denis Kennedy	Cllr. Jerry Sullivan
Cllr. Tim Lombard - Chairperson	Cllr. Jim Townsend
	Cllr. Gillian Wharton-Slattery

Apologies: Cllr. Martin Storey

In Attendance:

- Mr. Gerry O'Dwyer, Regional Director of Performance and Integration
- Ms. Breda Kavanagh, Operations Manager,
- Mr. Ger Reaney, Area Manager Cork,
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Mr. P.J. Hathaway A/Assistant National Director HR, HSE South
- Ms. Deirdre O'Keefe, Regional General Manager, Quality and Patient Safety
- Ms. Eithne McAuliffe, Manager, Primary Care and Specialist Services
- Dr. Maria Harrington, Senior Health Promotion Officer,
- Ms. Norma Deasy, Information and Publications Manager, HSE South
- Ms. Suzanne Sisk,
- Regional Health Forum Office staff

1. Adoption of the Minutes of meeting held on Thursday 20th June, 2013

At the proposal of Cllr Bobby O'Connell seconded by Cllr. Michael O'Brien, the Minutes of the Forum meeting held on Thursday 20th June, 2013 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Tim Lombard, Chairperson, welcomed Members and Managers to the Meeting. He extended a welcome to Mr. Gerry O'Dwyer and wished him well in his new role as Regional Director of Performance and Integration. He informed those present that Cllr. Martin Storey had recently been nominated to the Forum by Wexford Council Council.

Apologies were received from Mr. Michael Fitzgerald, Area Manager Kerry, Mr. Richie Dooley, General Manager, South East Hospitals, and Ms. Sinead Byrne, Regional Health Forum Manager. Ms. Eithne McAuliffe, Manager of Primary Care and Specialist Services was attending on behalf of Mr. Fitzgerald and Ms. Breda Kavanagh, Operations Manager, was representing Mr. Dooley.

On behalf of the Members of the Regional Health Forum South and HSE Management, the Chairperson extended a vote of sympathy to the family of the Late Cllr. Pat Cody on his recent passing. Thereafter a minute silence was observed.

Following on from this the Chairperson and Forum Members present acknowledged the great work that Cllr Cody did on behalf of his constituents and the great contribution he made to the work of the Forum and to the Health Services. On a personal note it was reaffirmed the great colleague and friend he was and that he is going to be a great loss to them and to the people of Wexford.

3. Presentation – Healthy Ireland – A Framework of Improved Health and Wellbeing delivered by Mr. Ronan Toomey, Assistant Principal Officer, Department of Health

The Chairperson welcomed Mr. Ronan Toomey, Assistant Principal Officer, Department of Health and his colleague Ms. Denise Keogh, Higher Executive Officer and thanked them for attending the Forum Meeting.

Mr. Toomey proceeded to deliver his presentation on Healthy Ireland – A Framework for Improved Health and Wellbeing. He outlined that this is the new national framework for action to improve the health and wellbeing of our people over the coming generation and it reflects the international experience of a new commitment to public health with a considerable emphasis on prevention, while at the same time advocating for stronger health systems. He advised that Healthy Ireland has the full backing of the Minister for Health and has the support of the Cabinet behind it.

The Framework provides for new arrangements to ensure effective co-operation between the health sector and other areas of Government and public services, concerned with social protection, children, business, food safety, education, housing, transport and the environment.

Mr. Toomey put to it those present that many people living in Ireland and their families are affected by chronic disease and disabilities which related to poor diet, smoking, alcohol misuse and physical inactivity. He said that enjoyment of health is not evenly distributed in society, with prevalence of chronic conditions and accompanying lifestyle behaviours being strongly influenced by socio-economic status, levels of education, employment and house.

Healthy Ireland has four central goals which will be at the heart of all its actions and activities and Mr. Toomey presented them as follows:-

- Increase the proportion of people who are healthy at all stages of life
- Reduce health inequalities
- Protect the public from threats to health and wellbeing
- Create an environment where every individual and sector of society can play their part in achieving a healthy Ireland

Mr. Toomey concluded by saying that by taking on this programme of work we will see the benefits in health costs and health outcomes for individuals and society at large. Prevention at the population level results in better value for money, increased productivity and improved quality of life for all of the citizens of Ireland.

Following on from the presentation there were a number of comments/suggestions from Members which included:-

- Engaging in sporting activities should attract points for the Leaving Certificate
- Children should walk/cycle to school
- People of all ages should be more active
- Time should be set aside in National School for eating. Children are not getting the time to eat the healthy lunches that their parents prepare
- Sugar laden food and drinks should be taxed
- Information on how to cook healthy food should be more freely available
- A Co-ordinated planned approach should be adopted by Government Departments to ensure Health is to the forefront of all their activities
- Give people back control of their health. Move away from medicalised approach towards a more holistic approach to ill health.
- Commend HSE and DOH on the "Fast Action" Campaign.
- Heart Attack patients should be brought straight to a Primary Cardiac hospital for treatment
- Alcohol is being sold below cost. Alcohol is responsible for 90 deaths a month

A further discussion ensued in relation to Health being introduced as a curriculum subject in our Education system. Please see Item 5(d).

The Chairperson thanked Mr. Toomey for his insightful presentation.

4. Committees

The synopses of the previous Committee Meetings held in Cork on Thursday the 11th of July were taken as read. The Chairperson informed members that the next Committee Meetings will be held on Thursday the 17th of October, 2013 in Kilkenny. He reminded the Councillors that the election of the New Chairpersons and Vice-

Chairpersons would take place at that meeting and requested that they would discuss nominations with the Party Whips in advance of these meetings.

5. Notice of Motions

5(a) Cllr. Mary Shields moved the following Notice of Motion standing in her name

"As patient care is of paramount importance and time is of the essence when dealing with emergency medical trauma situations, I am very concerned that for 10 years now there is no helicopter landing pad at CUH -the largest hospital in Ireland, currently housing 800 beds, which will increase to 1000 upon the opening of the 85 million euro cardiac unit and also the fact that CUH is the only Level 1 Trauma Centre in this country dealing with over 40 different medical and surgical procedures. I am requesting that the HSE South publish an updated report on the current situation, also outlining the plans in place for an up to date, effective helicopter landing pad within the campus of Cork University Hospital giving dates for the effective delivery of this essential service."

A written response by Mr. Ger Reaney, Area Manager, HSE South, was circulated and referred to.

Cllr. Shields thanked Mr. Reaney for his response. She advised that she felt that very little has changed since she set down her first Motion on this matter in 2006. Cllr. Shields stated that it was critical for heart attack patients, stroke patients and people injured in road traffic accidents to have access to a helicopter which can land at CUH as time is of the essence in these cases. She advised that Bantry General Hospital and all the Dublin hospitals have a helipad and that it was unacceptable that CUH, a level I Trauma Centre, does not have one. Cllr. Shields concluded by asking whether or not there was funding for a helipad as patient safety could not be compromised anymore. She also felt that proposals, on enhancing the landing facilities at a local sports facility were only a 'stop gap' solution.

Cllr. Danny Crowley seconded the Motion and stated that this issue has an impact on the wider region and needs to be progressed as soon as possible. He reiterated that Bantry General Hospital has a helipad, as does Cape Clear and Castletownbere. Cllr. Crowley recommended building a multi-storey car park facility in CUH with a helipad located on the roof of the car park. This option would help resolve the parking issue as well.

Cllr. Frank O'Flynn requested that a timeframe for the completion of this project should be set down.

Cllr. John Buttimer submitted that he had set down a similar Motion in April. He pointed out that there are different sized aircraft utilised to carry patients and it would be imperative if a helipad was to be located at the top of a building in CUH that it should be capable of accommodating all types of helicopters commonly used for air ambulance activity. Cllr. Buttimer suggested that it would be useful if data was available on the number of times a helicopter was required. On the issue of Highfield, he said he disagreed with some Members and felt that there may be a requirement for this facility, on a more long term basis, to complement an on-campus helipad.

Mr. Ger Reaney acknowledged the concerns of Cllr. Shields and the Members and confirmed that both the Executive Management Board of CUH and himself were committed to the provision of a helipad, on the CUH campus, as soon as possible. He acknowledged that the use of helicopters had increased significantly in recent months but assured the Members that patient safety has not been compromised by the arrangements currently in place. He pointed out that substantial progress has been made on this complex issue.

Mr. Reaney confirmed that 42 airlifted patients had been treated at CUH so far this year. 80% were airlifted by the Coast Guard and 20% by the Air Corps.

He advised that the Highfield site was taking longer than expected but the work was going to tender this week with the intention to have the project completed by the end of the year. Mr. Reaney stated that helicopters will be able to land at Highfield on a 24 hour basis from next month. This will provide an interim service but was not a long term solution. However, Mr. Reaney did say that when the on-site facility at CUH is developed, the Highfield site will then provide a reserve facility.

Mr. Reaney said that there were two critical issues with the development of a Helipad on the CUH Campus – location and funding. In terms of location, Mr. Reaney advised that all developments on the CUH campus are carried out in line with the Development Control Plan (DCP) 2010. This plan identified three potential sites for a helipad, all of which were based on the roofs of either current or planned hospital buildings. He informed the Members that, in addition to the three locations identified in the DCP, there was now a fourth location being considered for a helipad i.e. the existing staff car park on the northern boundary of the campus. This potential site became available when the decision was taken by Government not to proceed with a co-located hospital on the grounds of CUH.

Mr. Reaney said that it was very important to have a helipad that could accommodate all helicopters. He advised that the Coast Guard use Sikorsky aircraft and they are not cleared to land on a rooftop location. He confirmed that the DCP design team had been re-engaged to review the viability of both the Emergency Department rooftop location and the staff car park location and that the review should be concluded within the next month.

In terms of funding Mr. Reaney advised that a business case has been submitted for capital approval and that the HSE has received the strongest indication that money would be made available to fund the project. He gave a timeline of the end of 2013 for the location to be identified. Mr. Reaney said that once the site has been chosen the HSE would engage with nearby householders to address any concerns which they may have.

Cllr. Mary Shields thanked Mr. Reaney and said that it was consoling that work was being carried out to progress this issue. She requested an update on progress at the next meeting.

5 (b) Cllr. Brendan Cronin moved the follow Notice of Motion standing in his name

“That the HSE revise the current unacceptable practice of refusing to take vulnerable patients residing in public nursing homes by ambulance for vitally important medical test, where the patient because of the medical urgency is forced to make private

appointments due to long delays in the public system. I am specially referring to patients that are confined to bed and can only travel on a stretcher and by ambulance.”

A written response by Mr. Michael Fitzgerald, Area Manager, HSE Kerry, was circulated to and referred to.

Cllr. Brendan Cronin referred to an individual case and outlined the circumstances involved. He confirmed that this case was remedied but felt the principle (private patients should have access to an ambulance to take them to hospital appointment should their medical circumstances require it) was an important one and one that should be pursued. He requested that the HSE reconsider its current policy and accommodate these vulnerable patients.

Cllr. Cronin referenced a meeting that was held in Killarney where the new developments in Ambulance Services in Kerry were discussed. He expressed his disappointment that the purpose of the meeting was to inform those present of the decisions that had been made to the Ambulance Service. He said that serious concerns were expressed at that meeting about the level of Ambulance cover that was available to the people of Kerry and that there was a public outcry against this change.

Cllr. John Sullivan supported Cllr. Cronin in his Motion. He said that the Ambulance Service should serve the people. Cllr. Sullivan briefly outlined a case where a patient was in need of an ambulance transfer but was not accommodated. He stated that the policy should be looked at again and that Ambulance Personnel should attend the Forum Meeting to answer the Councillors questions.

Cllr. John Joe Culloty supported Cllr. Brendan Cronin. He said that people will opt out of paying for private insurance and their needs will need to be met by the public system. He pointed out that everybody pays taxes and should therefore be entitled to an ambulance service, be they private or public patients.

Mr. Gerry O’Dwyer, Regional Director of Performance and Integration, intervened at this point and advised that he would organise for the Medical Director of the Ambulance Service to attend the Forum, to answer any questions which the Councillors may have.

Ms. Eithne McAuliffe, Manager, Primary Care and Specialist Services advised the Forum that the Ambulance Service was managed nationally. She said that she accepted the validity of what was outlined in Chambers. Ms. McAuliffe confirmed that the HSE National Ambulance Service is available to everyone in the case of an emergency. She said that it operates principally in the Public Hospital System, with primary focus on pre Hospital Emergency Care, with some limited capacity to deliver non urgent inter hospital transport for stretcher patients within the public system. She informed the Members that under the National Ambulance’s Clinical Governance arrangements Ambulances are required to transport patients to an Accident and Emergency Department and private hospitals do not have Accident and Emergency Departments and this has led to the situation outlined by Cllr. Cronin.

In relation to the transfer of non-acute patients, Ms. McAuliffe said that the ICV will meet the needs of patients in this category and will provide a stretcher service to transport them to their appointments.

Cllr. Cronin thanked Ms. McAuliffe for her response. He said that clinical governance must cover the patient in all circumstances. He hoped that this issue is addressed immediately. Cllr. Cronin said that Forum Members were still waiting to receive a copy of the Report of the Review undertaken in relation to how a 999 call to the Middleton Area was managed.

5(C) Cllr. John Buttimer moved the following Notice of Motion standing in his name

"That the HSE South, Regional Health Forum, recognises the unique needs of children with Down Syndrome and supports the issuing of medical cards to these children as a right."

A written response by Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. John Buttimer commenced by pointing out that children with Down Syndrome often have acute and chronic health conditions and the health needs they present with are life spanning. He said that because of these special circumstances each child with Down Syndrome should have an automatic entitlement to a Medical Card.

Cllr. Danny Crowley supported Cllr. Buttimer's Motion. He said that the Guidelines for eligibility to a Medical Card needed to be changed. He also queried the circumstances where a discretionary card would be issued.

Cllr. Hiliary Quinlan also supported the Motion. He referred to two individual cases and it was agreed that he would speak to the relevant Managers after the Meeting in relation to these cases.

Ms. Anna Marie Lanigan advised that Mr. Paddy Burke from the PCRS had agreed to attend the next Committee Meeting to be held in Kilkenny on the 17th of October, 2013. She confirmed that the provision of Medical Card was governed by Legislation and that there was no automatic entitlement to a card. She added that there were three categories of people entitled to a medical card and they were (a) People who met the income guideline requirements (b) People whose income was in excess of the guidelines but where the HSE considers that the lack of a Medical Card would cause undue hardship (c) Categories of applicants who are exempt from a means test – these are set down in the Legislation and Ms. Lanigan referred the Forum Members to her written response wherein these Categories were set out.

Cllr Buttimer thanked his Forum colleagues who supported him in his Motion and requested that a Letter should issue to the Minister for Health requesting that children with Down Syndrome should automatically be entitled to a Medical Card due of their special circumstances. It was agreed that a letter should issue to the Minister for Health.

At this juncture Cllr. Brendan Cronin referred to a Question which he had set down 6(a) –

"To clarify the specific medical conditions, illness and diagnoses which are currently covered by the Medical Card."

A written response by Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. Cronin asked for clarity on what medical conditions are covered by the Medical Card. Ms. Anna Marie Lanigan confirmed that people who are terminally ill are entitled to a Medical Card. He queried specifically whether Epilepsy was covered. Ms. Lanigan clarified that Epilepsy was covered by a Long Term Illness Card and not by a Medical Card.

5(d) Cllr. John Coonan moved the following Notice of Motion standing in his name

That the HSE South endorses the view that a letter be written to the Minister for Health requesting procedures to be put in place to enable Health as a curriculum subject be prepared, developed and introduced as a matter of important priority to our educational system."

A written response by Mr. Andy Walker, A/Health Promotion Manager, was circulated and referred to.

Cllr. Coonan advised that this was the third time that he has moved this Motion and expressed his disappointment with the replies that were received thus far from the Minister for Education and Skills. On the subject of SPHE he said the teaching of same is not standardised across the country and that schools are not obliged to deliver SPHE in the Senior Cycle. Cllr. Coonan informed the Members that Waterford IT is the only College offering SPHE as a degree subject. He said that health was our greatest asset and it was imperative that Health as a curriculum subject be taught in Schools and that the teaching of same should begin in Pre-School and continue through to the Leaving Certificate.

The Chairperson acknowledged that the Forum did support this Motion and agreed that a letter should be sent to the Minister for Education and Skills.

Dr. Maria Harrington spoke to the Motion on behalf of the HSE. She advised that teaching young people the skills to make healthier choices goes beyond just providing information about health. She mooted that we have moved away from the definition of health as just absence of disease, health is a resource for living not just whether you are able bodied or not. She said it is about providing a supportive environment, developing policies, imparting knowledge and skills in partnership with key stakeholders and organisations.

In terms of SPHE, she advised that SPHE is mandatory from junior infants to junior cycle. There is a senior cycle curriculum framework developed (www.ncca.ie/en/Curriculum_and_Assessment/Post-Primary_Education/Senior_Cycle/SPHE_framework). However, it is not mandatory for schools to deliver SPHE at senior cycle only RSE (Relationships and Sexuality Education). The SPHE Partnership (Department of Education and Science, Health Promotion Departments and Department of Health and Children) had advocated for SPHE to be continued to senior cycle in the past. She informed the Members that, notwithstanding the fact that SPHE may not being implemented as was intended in some schools, a recent report by the Department of Education showed that school

practices and procedures to support subject planning for SPHE were found to be effective in 75% of Schools.

She suggested that if a letter was to be sent to the Minister for Education and Skills it should include a recommendation that SPHE should be included in the Senior Cycle.

Dr. Harrington explained that a Health Promoting School Model has recently been adopted nationally. This model creates a framework for schools to co-ordinate their health activities to make them effective and sustainable. The key elements of HPS are - Curriculum and Learning (e.g SPHE), Policy and Planning (e.g. Health Eating Policy), Environment (e.g. positive attitude to food, vending machines, school canteens) and Partnerships (e.g. with Parents, organisations involved with school re food supply). She pointed out that there were parallels here with what Ronan Toomey said in the Health Ireland presentation.

Cllr. Mary Hannah Hourigan supported Cllr. Coonan in his Motion. She said that she was aware that SPHE was not available in all schools. She advised that she was aware that in some schools where there is a shortage of staff, SPHE classes are dropped and other subjects are prioritised.

5(e) Cllr. John Joe Culloty moved the following Notice of Motion standing in his name

That the HSE South contact all General Practitioners and provide them with the precise contact details of the Managers of each Local Health Office, as this person has access to dedicated contacts in the Primary Care Reimbursement Service. It is most important that this information be provided, as it is vital for people who are terminally ill, and in receipt of Palliative Care, to acquire an Emergency Medical Card.

A written response by Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. John Joe Culloty said that there was a lack of awareness among GP's of who to contact when they needed a Medical Card for their terminally ill patients. He requested that the HSE South should issue the contact list immediately. Cllr. Culloty also queried whether an individual could be reimbursed for medications purchased while waiting for a medical card to issue.

Ms. Anna Marie Lanigan advised that a list had issued to all GP's in the area recently but she would arrange for an updated list to be circulated as soon as possible. She also confirmed that that a person should be reimbursed for medications purchased while waiting for a sanctioned Medical Card to issue.

5(f) Cllr. Wayne Fennell moved the following Notice of Motion standing in his name.

Calls on the HSE South to fully outline the implications of the 2014 Regulations by HIQA in order for all public nursing homes to comply with, in the Carlow/Kilkenny area and that capital funds are put in place to ensure compliance.

A written response by Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. Wayne Fennell queried whether there was money left in 2013 Capital Funding to improve Public Nursing Homes in the Carlow/Kilkenny area. He pointed out that some of these Homes are quite old and they are the permanent residence of many people.

Cllr. Jim Townsend stated that HIQA had raised the standards in private Nursing Homes in the Carlow area. He queried whether private Nursing Homes would benefit from the Capital Programme.

Ms. Anna Marie Lanigan referred to her written response. She confirmed that there was a plan in place for public residential facilities but that private residential facilities did not feature in this plan. She pointed out that the National Offices for Services for Older People has received a plan from Estates personnel to deal with any non-compliance issues with the HIQA Standards and the costs associated with it. This has been included in the National Viability Study for Residential Care Services which the Department of Health is considering. A Capital programme is being prepared by the HSE and the Department of Health. Ms. Lanigan advised that a prioritisation of tasks is identified in this plan and some of these works are being considered for the 2014 Capital Programme.

Cllr. Fennell thanked Ms. Lanigan for her response. He asked if the Sacred Heart Hospital and the District Hospital are linked and if they were under the same Management.

Ms. Lanigan confirmed that a process of clustering the Sacred Heart Hospital and the District Hospital in Carlow had commenced with a view to maximising the available number of beds. She advised that one Nursing Manager is responsible for both units.

5(g) Cllr. Michael O'Brien moved the following Notice of Motion standing in his name.

Arising from the unacceptable situation in St. Luke's Hospital, Kilkenny, where access to acute beds is being impeded by delayed discharges of dependant elderly patients, because insufficient provision is made available for such patients in St. Columba's Hospital Thomastown, and the District Hospital, Castlecomer. Given this clear evidence of shortfall in current need and future age profile increase in our elderly populations, the undersigned calls on the HSE Forum South to insist that the HSE reopen beds early next year in both Community Hospitals where accommodation is readily available, as a sustainable means of preventing a continuing care beds emergency in County Kilkenny

A written response by Ms. Anna Marie Lanigan, Area Manager, was circulated and referred to.

Cllr. O'Brien asked whether there were acute beds being occupied in St. Luke's Hospital by patients who should be more appropriately cared for in a different hospital setting. He said that investment should be directed into Public Nursing Homes.

Ms. Lanigan advised that there were delayed discharges from St. Lukes and the reasons for the delayed discharges were varied. She pointed out that each

placement must be appropriate to the person's needs and requirements. She informed the Members that a weekly delayed discharge list is issued from St. Luke's Hospital. Some Patients on the list who are deemed suitable are transferred to interim bed arrangements. She said that respite beds in the District Hospital can be utilised by others patients up to their maximum funded capacity and that Home Care Packages are expedited to prevent delays. Ms. Lanigan emphasised that the HSE is doing it's utmost to tackle the issue of delayed discharges and advised the Members that a number of initiatives were being adopted by the HSE to respond to this issue.

She referred to the Emerald Initiative that is implemented in St. Lukes which ensures that proactive discharge planning occurs on admission for a specified group of older in-patients ie. those of 85 years of age. For inpatients that over the age of 65, daily liaison occurs between the Discharge Planner and all Short and Long Stay Elderly Care Units. A weekly multi-disciplinary discharge planning meeting is held and the Consultant Geriatricians and relevant hospital and community staff attend to plan the discharges. The Discharge Planner also attends the fortnightly placement forum meetings for long stay placement approvals.

Ms. Lanigan stated that if it is determined that a nursing home bed is required on discharge a relevant family member is approached with a view to completing the required Nursing Home Support Scheme Forms. She advised that this Scheme has simplified the process for accessing funding and that once an application is received there is usually a 3-4 week turnaround for funding to be released under the NHSS.

Cllr. Fennell asked if Carlow and Kilkenny were taken as a group. Ms. Lanigan confirmed that the same procedure for dealing with delayed discharges was in place in Carlow and the equal importance was attached to reducing the number of these.

Cllr. Michael O'Brien queried the 3-4 week wait for a NHSS decision/funding and asked how many beds were affected. He said that is was his view that people were being sent home too early and relapsing and required an acute bed again. He suggested that the policy be looked at again. Ms. Lanigan confirmed that there are 5/6 young chronic sick awaiting appropriate residential care beds and that there are 10/15 across all the hospitals. She pointed out that patients have a right to wait until their needs are met. Ms. Lanigan confirmed that currently there is no waiting list for long stay residential beds within the Carlow/Kilkenny area.

Cllr. John Coonan said that the recruitment embargo in the HSE was contributing to the problem and that the embargo should be looked at again.

Questions

6(a) Brendan Cronin put forward the following Question

To clarify the specific medical conditions illness and diagnoses which are currently covered by the Medical Card?

This Question was answered in conjunction with Notice of Motion 5(c) and was noted. (See Notice of Motion 5(c))

6(b) Cllr. John Buttimer put forward the following Question

To ask the HSE:

- i. How many employees are assigned to the campus of CUH/CUMH on an average working day?
- ii. How many external contractors or employees of external contractors work on the campus on any given day?
- iii. How many on site campus spaces are provided for the exclusive use of staff and external workers?
- iv. How many car spaces are available for patient use, visitor use and those using out-patients or other services on campus at CUH/CUMH?
- vii. Who sets the parking tariff on site at CUH/CUMH and who is responsible for collecting and managing this service and how much does this service cost to operate?
- viii. If surplus funds or revenue are generated, where is this money spent?

A written response by Mr. Ger Reaney, Area Manager Cork, was circulated to the Members and was noted.

Cllr. John Buttimer advised that a number of local residents had shared their concerns with him on this issue. He queried whether the figures provided include parking spaces in the Consultants Private Clinic. He noted that it was cheaper to avail of disc parking in the locality than pay for parking on CUH Campus. He asked that the income amount generated by car parking in CUH to be forwarded to him.

Mr. Ger Reaney confirmed that the figures provided did not include the number of spaces in the Consultants Private Clinic. He agreed that he would forward the information on revenue generated by car parking in CUH to Cllr. Buttimer. He advised that the income generated by parking tariffs contributes to the running costs of the hospital. Mr. Reaney assured those present that the HSE Estates Department was working closely with the City Council around the issues of parking in the areas surrounding CUH. In terms of promoting alternative methods of transport for staff travelling to work he said that the HSE actively encourages staff to car pool when possible and also promotes the uptake of the Cycle to Work Scheme. He added that the CUH campus is excellently served by buses and CUH Management strongly advocates HSE staff to use public transport, where possible.

Cllr. Buttimer thanked Mr. Reaney for his response.

6(c) Cllr. John Coonan put forward the following Question

What is the up to date position regarding the Non-Consultant Hospitals Doctors dispute and their hours of work practice?

A written response by Mr. P.J. Hathaway, Assistant National Director, HR, was circulated to the Members and was noted

Cllr. Coonan acknowledged Mr. Hathaway response. He advised that he fully supported the NCHD's in their action and that the HSE needs to safeguard the welfare of those who work for them. He said that NCHD's work extremely long hours and this could have an impact on their decision making. He said that his view was that this dispute was uppermost in every citizens' mind and that it needs to be resolved.

Mr. Hathaway confirmed that this was an ongoing dispute and one that was being taken very seriously by the HSE. He advised that discussions were ongoing with all parties and that a meeting was scheduled to take place on the following day. Mr. Hathaway was hopeful that an early resolution of the dispute could be achieved.

6(d) Cllr. Wayne Fennell put forward the following Question
What steps does the HSE South propose to take in order to improve hygiene in all hospitals in the HSE South region?

A written response by Ms. Deirdre O’Keeffe, Regional General Manager, Quality and Patient Safety, was circulated and referred to.

Cllr. Fennell put it to the Forum that stories are circulating relating to hygiene standards in our hospitals. He acknowledged that considerable work has been done in this area but that there was disquiet amongst the public about the perceived shortcomings in hygiene standards. He questioned what steps are being taken to remedy this.

Ms. Deirdre O’Keeffe acknowledged the points made by Cllr. Fennell. She assured the Members that the prevention and control of Healthcare Associated Infections is a priority for the HSE South. She advised that in her role as General Manager in Quality and Risk she feels that it is imperative that we focus on measuring compliance with standards as this will facilitate improvement in areas where it is required. She also stated that it is important that we record compliance with training requirements and the HSE South Regional Management Team have agreed a process for reporting these details. She confirmed that a two yearly re-education programme on hand hygiene has commenced.

Ms. O’Keeffe advised that the physical environment of hospitals is another area she will be turning her attention to. She said that she will be looking at key areas and recording her findings. On return visits she will measure compliance with her recommendation and check for the required improvements.

Cllr. Fennell asked if there was a named person in each Department of the Hospital who is responsible for hygiene. Ms. O’Keeffe advised that the Regional Office has requested that each hospital must assign a named individual to be responsible for hygiene at Management Team level.

6(e) Cllr. John Joe Culloty put forward the following Question
In light of the Haddington Road Agreement, can the HSE South show that any further reductions in overtime, within the Mental Health Service in Kerry, be compensated by the employment of Graduate Nurses, from the Graduate Nurse's Scheme?

A written response by Mr. Michael Fitzgerald, Area Manager, Kerry, was circulated and referred to.

Cllr. Culloty said that it was important that we recruit graduate nurses and that he was happy with the response he had received.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum South will be held on Thursday 14th of November, 2013 at 2pm, Council Chambers, County Hall, Cork.

MINUTES OF NOVEMBER 2013 MEETING

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 14th November, 2013 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Councillor Liam Ahearn	Councillor Sean Lonergan
Councillor Pat Burton	Councillor Tom Maher
Councillor John Buttimer	Councillor Barbara Murray
Councillor John Carey	Councillor Dr. Sean McCarthy
Councillor Timmy Collins	Councillor Arthur McDonald
Councillor Catherine Connery	Councillor Michael O'Brien
Councillor John Coonan	Councillor Bobby O'Connell
Councillor Brendan Cronin	Councillor Frank O'Flynn
Councillor Tom Cronin	Councillor Laurence (Cha) O'Neill
Councillor John Joe Culloty	Councillor John O'Sullivan
Councillor Tony Dempsey	Councillor Hilary Quinlan
Councillor Declan Doocey	Councillor Seamus Ryan
Councillor Wayne Fennell	Councillor Mary Shields
Councillor Mary Hanna Hourigan	Councillor Martin Storey
Councillor Denis Kennedy	Councillor Jerry Sullivan
Councillor Michael Kinsella	Councillor Jim Townsend
Councillor Tim Lombard - Chairperson	Councillor Ted Tynan
	Councillor Gillian Wharton-Slattery

Apologies:

In Attendance:

- Mr. Gerry O'Dwyer, Director for Performance and Integration
- Mr. Richie Dooley, General Manager, HSE Waterford/Wexford
- Mr. Ger Reaney, Area Manager, HSE Cork
- Ms. Eithne McAuliffe, Acting Area Manager, HSE Kerry
- Ms. Anna-Marie Lanigan, Area Manager, HSE Carlow/Kilkenny and South Tipperary
- Ms. Deirdre Scully, Area Manager, Community Services, Cork
- Ms. Angie O'Brien, Area Communications Manager, HSE South
- Ms. Rebecca Loughry, Executive Lead Performance and Integration
- Ms. Sinéad Byrne, Manager, Regional Health Forum, South
- Regional Health Forum staff

1. Adoption of the Minutes of meeting held on Thursday 19th September 2013

At the proposal of Councillor Tom Maher seconded by Councillor Gillian Wharton-Slattery, the Minutes of the Forum Meeting held on Thursday the 19th September, 2013 were approved and adopted by Members.

Councillor Sullivan referred to the Forum Meeting held on the 19th of September where it was suggested that Senior Ambulance Personnel would attend the current Meeting. He stated that he was disappointed that it was not on the Agenda. Mr. Gerry O'Dwyer advised that he had made contact with Dr. Cathal O'Donnell, the National Director of the Ambulance Service, and requested that he attend this Forum Meeting but unfortunately Dr. O'Donnell had a prior engagement. He said he would like Dr. O'Donnell and the Chief Medical Advisor to attend the forthcoming Committee Meeting to be held in Cork to speak to Councillors and listen to their concerns.

Councillor Sullivan referred to the Middleton Ambulance Report which he said was to be circulated to Members on completion. He advised that they were not in receipt of same. Mr. Gerry O'Dwyer informed those present that the Report was near completion. He advised that the case was to come before the Coroners Court in two weeks time and once that process was complete the Report would be circulated.

Councillor John Coonan referred to previous Motions submitted by him with regard to placing Health on the School Curriculum and the subsequent responses received. He requested that Mr. Gerry O'Dwyer would discuss his Motion with the Minister for Education when he meets with him in the New Year.

Councillor Tony Dempsey suggested that students should be allocated points in their exams for participating in Sports.

On a Point of Order Councillor Timmy Collins requested that it should be noted that at the previous Meeting held on the 14th of September, 2013, it was suggested that it took an Ambulance one hour to arrive to a call out to Newtownshandrum when, in fact, it was confirmed that the correct time was thirty two minutes.

2. Chairperson's Correspondence

Councillor Tim Lombard, Chairperson, welcomed the Members and Managers to the Meeting. He informed the Members that the next Committee Meetings would be held on the 12th of December, 2013 in Cork.

The Chairperson advised that the provisional date set aside for the next Forum Meeting was 27th of February, 2014. He said this would be confirmed early in the New Year. He asked Ms. Deirdre Scully to update Members on the current position with the Community Nursing Unit in Farranlea Road. He also asked Ms. Scully to relay the present position with Marymount University Hospital and Hospice.

Ms Scully advised that the Community Nursing Unit in Farranlea Road is a hundred bedded unit and that the HSE were currently in the process of opening up a further thirty two beds – twenty eight long term beds and four beds for the young chronic sick. She confirmed that this would bring the total number of beds open to ninety. She informed the Members that there is a recruitment process underway and that Interviews for Nursing Staff were to take place in the week ahead. Ms. Scully said that once these staff were in place the extra beds would be opened.

In terms of Marymount University Hospital and Hospice, Ms. Scully confirmed that the HSE had pledged to open twenty beds. She informed the Members that the

recruitment process to progress this is well underway and that the interviews have taken place. She advised that the beds will open in two phases of ten and it was hoped that this process would be complete by year end or the start of 2014.

Mr. Gerry O'Dwyer informed the Members that St. Finbarr's Hospital Assessment and Treatment Centre for Older People was announced as the overall winner in the Outpatients Initiative of the Year in the 2013 Irish Medical Times - Irish Healthcare Awards. He also shared details of other HSE South projects which received special commendation which were as follows.

- Alzheimers Café, St. Finbarr's Hospital in the Hospital Patient Education category
- Diabetic Retinopathy Screening Initiative in the Public Health Category
- Linda Ennis (Clinical Nurse Manager 3), Waterford Regional Hospital received a commendation in the category of Excellence in Healthcare Management.
- In the category of Nursing Project of the Year a commendation was awarded to Louise Brent (Arthroplasty Nurse Co-Ordinator, Waterford Regional Hospital)
- The KCoRD Genio Funded Dementia Project based in Kinsale also received a commendation in the Best Education Project Category.

Mr. O'Dwyer congratulated the well deserved winners and acknowledged the hard and innovative work that is done on a daily basis to improve services to patients. The Chairperson echoed the congratulations to all involved.

3. Reports by Chairpersons of

- (a) Acute Hospitals Services and Population Health Committee
- (b) PCCC Committee

both held Thursday 17th October in Kilkenny

Synopses of the Committee Meetings Reports of the 17th of October, 2013 were taken as read.

Councillor Mary Shields referred to the Minutes of the Committee Meeting which was held on the 17th October, 2013. She queried whether a decision had been made in relation to the location of the landing pad and if a timeframe had been set down for the commencement and completion of the work.

Mr. Ger Reaney assured Councillor Shields that work was ongoing to progress this. He confirmed that the design team has completed a draft report and that the HSE Estates Department and the relevant Managers had seen this report. He also confirmed that two potential sites remain in contention and that it is a matter for the Project Group to decide which one to proceed with. He informed the Members that the decision should be made before year end and at that point the HSE will proceed to seek planning permission. The Project should be in place by late 2014, early 2015.

Councillor Shields thanked Mr. Reaney for the update and requested that an update be provided at every Committee Meeting.

4. Notice of Motions

4(a) Councillor Brendan Cronin moved the following Notice of Motion standing in his name

“To ask why the four geographically based Intervention & Disability Service teams which were to deliver important services to children with a range of disabilities in Kerry are not operating in the County considering that these vital services were to be available locally to families from September 30th 2013.”

A written response by Ms. Eithne McAuliffe, Acting Area Manager, HSE South, was circulated and referred to.

Councillor Cronin thanked Ms. McAuliffe for her Response. He advised that he initially moved this Motion as he had been approached by a family with a significant issue relating to this matter. He confirmed that he had made contact with the HSE and was thankful that this issue had been rectified to everyone satisfaction and he was grateful for the intervention of Ms. McAuliffe and other HSE staff. He requested clarification on the following issues -

- (a) The location of the four bases
- (b) Were they opened?
- (c) Are they fully staffed?

Ms. Eithne McAuliffe, Acting Area Manager, confirmed that the bases are currently open and operating and that their locations were as follows:

North Kerry – Listowel – In the Brothers of Charity building. Ms. McAuliffe informed the Members that the Brothers of Charity are actively looking for larger premises.
South Kerry – Killarney – In the Brothers of Charity Building.
Tralee – Oak Park, in the Enable Ireland Building
Mid Kerry – Tralee - currently in Moyderwell.

Ms. McAuliffe confirmed that the Mid Kerry Intervention and Disability Service team would be moving into the new Integrated Service Building in Tralee on its completion. She advised that there would be Outreach Programmes in Cahirciveen and Dingle and that in time there would be a Pre-school Service in Killorglin. She outlined that the reconfiguration process did not have additional resources and that the services have to be delivered from existing premises initially.

In terms of staffing it was confirmed that the existing staff within these services were reconfigured. She said that there was a recruitment process underway to fill vacant posts.

Councillor Cronin requested that the number of posts to be filled in the Disability Teams be provided to him

4(b) Councillor Frank O’Flynn moved the following Notice of Motion standing in his name

“That the HSE would outline the changes that have been implemented in the interpretation of the Guidelines for GMS Eligibility in the past year which have impacted negatively on so many individuals and families, outlining in the response the processing time and how many people (adults and children) who had GMS card eligibility have been declared ineligible on renewal or review and the reasons given for the decisions, the number of new applicants who have been refused GMS cards and the reasons given for the decisions, how many patients with a cancer diagnosis have been refused medical cards and the reasons given for the decisions, and the change in the interpretation of the discretion which were previously afforded to seriously ill patients who applied for GMS cards.”

A written response by Ms. Anna Marie Lanigan, Area Manager, South East Primary Community & Continuing Care Services & St. Luke’s Hospital, Kilkenny, was circulated and referred to.

Councillor Frank O’ Flynn stated that numerous families who are currently in receipt of a Medical Card are very worried and scared that their cards are going to be withdrawn. Councillor Flynn and other Councillors asked a number of questions and made comments/suggestions in relation to the provision of Medical Cards which included:-

- Has there been a change in criteria in assessing medical card applications and how is it being implemented?
- How are people being informed that their medical card has been withdrawn?
- Who informs them?

- People who had their Medical Card withdrawn and require one do not know how to re-apply. A new Application Form should be included with the letter notifying them that their card had been withdrawn
- The application process should be simpler.
- Medical Cards should be given to those who have a medical need for them and not to healthy people.
- Prescription charges should be abolished.
- Highlight protest that took place on Saturday 9th in Cork.
- Elderly people in their 80 should not be told to go online – they should be able to speak to someone.
- GP’s should be involved in decision making when it comes to Medical Card.
- Opposition politicians are drumming up fear in people in relation to this issue and should be more responsible.
- Media are scaremongering on this issue also.
- Presentation at Committee Meeting was very informative.

Ms. Anna-Marie Lanigan advised the Members that she took detailed notes of the comments/suggestions and confirmed that she is committed to meeting with the PCRS to convey what was raised at the Forum today. Mr. Gerry O’ Dwyer informed the Members that there was a callsave telephone service in place to assist people in making their application. He assured Members that staff do care and are willing to help. Councillor F. O’ Flynn thanked Ms. Anna Marie Lanigan & Mr. Gerry O’ Dwyer for their Response and he also thanked the Councillors who supported his Motion.

4(c) Councillor John Buttimer moved the following Notice of Motion standing in his name

"That the HSE develop contracts with Service Providers and medical professionals to ensure that all involved in the delivery of care, including the Department of Health and the HSE, are open, honest, and forthcoming with information for patients, to include information in relation to adverse events and that consideration is given to the introduction of 'no fault' systems to ensure a willingness to engage in dialogue when things go wrong."

A written Response by Mr. Gerry O' Dwyer, Regional Director for Performance and Integration, was circulated and referred to.

Councillor Buttimer informed the Members that he set down this Motion as he was contacted by a family who had to battle with the HSE to establish how their sister had died in HSE care. He said that they had to go to the High Court to get an answer and that it was his view that the HSE should learn from this case and be more patient centred.

Mr. Gerry O' Dwyer advised the Members that the HSE has launched its National Policy and Guidelines on Open Disclosure of Adverse Events on the 12th of November. He referred to the Information Leaflet on this subject that was attached to his Response. He confirmed that the HSE was committed to getting this right.

Councillor Buttimer accepted the willingness of HSE staff to engage with the families but said that some cases do fall through the net. He thanked Mr. Gerry O' Dwyer for his answer.

4(d) Councillor John Joe Culloty moved the following Notice of Motion standing in his name

"To call on the HSE, and the National Ambulance Service, to have the second Emergency Ambulance reinstated in Killarney. Several Killarney GPs have expressed concerns that the loss of the 2nd Emergency Ambulance could be detrimental to patient safety in Killarney and the surrounding areas."

A written response by Mr. Nicky Glynn, National HR Manager, National Ambulance Service, was circulated and referred to. Ms. Eithne McAuliffe spoke to the Motion on behalf of the HSE.

Councillor John Joe Culloty referred to the Response he received. He said that it was his view that the purpose of the meeting which was held in Killarney was to inform Councillors what was happening and not to consult with the stakeholders. He advised that there was too much information given on the night and that it was not possible to assimilate it in such a short period of time. He requested that the rollout be delayed. He said that an ambulance could only deal with one issue and that if it was called out there was nothing there to fill the breach. He highlighted the fact that Killarneys' population experiences a huge spike in the tourist season and there could be international implications if there was not an ambulance available for a tourist who required one. He pointed out that an ICV is not the same as an ambulance. He agreed that it was the view of all that "on call" should be eliminated.

Councillor Brendan Cronin supported Councillor Culloty in his Motion. He suggested that the meeting in September should have been scheduled earlier than it was. Councillor Cronin said it was his view that if a death occurs because of lack of a second ambulance there would be an public outcry.

Ms. Eithne McAuliffe confirmed that she attended the meeting in September and advised that it was agreed at the meeting that the HSE would conduct a review after a six months period. She told Members that the introduction of the ICV has been very successful and that it is an excellent addition to the current service. Ms. McAuliffe advised the Members that prior to this Forum Meeting she checked with Kerry General Hospital this morning and was told there was no issue presently. She confirmed that a Co-Ordinator has been put in place whose role it was to link with Public Health Nurses, Community Hospitals and Community Nursing Units in relation to the transfer of stretcher patients to their hospital appointments.

Ms. McAuliffe said she took the Councillors concerns on board and that she would raise them with Mr. Nicky Glynn of the Ambulance Services.

Mr. Gerry O' Dwyer reiterated that Ambulance personnel would come to the next Committee Meeting. He informed the Councillors that ICVs are being rolled out across the country to compliment the existing Ambulance Service and that the Ambulance Service was also supported by the Aero Medical Services.

5. Questions

5(a) Councillor Brendan Cronin put forward the following Question

"Is it the intention of the HSE to sell St Finans Hospital, Killarney, now that it is closed and to clarify how many acres of land are in HSE ownership associated with this hospital in Killarney."

A written response by Mr. Pat McCarthy, Assistant National Director Estates, was circulated and referred to.

Councillor Brendan Cronin suggested that the HSE liaise with Killarney Town Council and Kerry County Council with a view of discussing the potential of the St. Finan's site. He said it would be of a significant benefit to Killarney and the surrounding area if they could purchase the site when it goes to sale. Councillor Cronin advised that he is concerned with the lack of land for Social Housing and that issue of road access is a significant one for Killarney. The availability of this land to the Town Council and County Council would be hugely significant. Mrs. Eithne McAuliffe advised that as per the written response it is the intention of HSE to link with the relevant local authorities to discuss the options for the site, in line with the suggestions and confirmed that she would relay Councillor Cronin's request to the HSE Estates Department.

Councillor Cronin queried the use of the old Isolation Hospital site. Mrs. Eithne McAuliffe confirmed that the new 40 bed replacement unit will be located there, which will be in the format of four, ten bedded household type dwellings.

Mr. Gerry O' Dwyer informed the Members that the HSE did its utmost to facilitate local communities and sporting clubs and would continue to do so.

5(b) Councillor Mary Shields put forward the following Question

“With regard to Abbeyfield House, Curraheen Road, which was recently purchased, suitably refurbished and opened as a centre for girls who needed HSE care, to help them to get their lives back on track -

Why is the official sign removed and the centre closed?
What are HSE plans for the future use of this building?”

A written response by Mr. Dermot Halpin, Service Director – South, Regional Children & Family Services, was circulated and referred to.

Councillor Shields informed the Members that Abbeyfield was purchased by the HSE and refurbished with a view to catering to the needs of seven young girls and that the Centre was now closed. She queried whether there were sufficient places in Cork to cater for the needs of the young girls that this centre was originally proposed for.

She also asked what the HSE was planning to do with this Centre. She said that people in the environs of the centre were concerned about this issue.

Mr. Gerry O’ Dwyer assured Councillor Shields that the HSE would liaise closely with people living in the neighbourhood as they have done previously and confirmed that this centre was not surplus to HSE requirements.

5(c) Councillor John Buttimer put forward the following Question

“To ask the HSE, for Cork City and County, to list the capital projects completed since 2009, their location, the number of staff associated with the development and the purpose of the development. In the reply would the HSE also include projects for which funding has been agreed but not yet completed”

A written response by Mr. Pat McCarthy, Assistant National Director Estates, HSE South, was circulated and referred to.

Councillor Buttimer thanked the HSE for the Response received. He advised that he was waiting on staffing information and would also like to receive the funding information requested.

Mr. Gerry O’ Dwyer confirmed that the HSE was working on this and would revert to Councillor Buttimer as soon as possible.

5(d) Councillor Wayne Fennell put forward the following Question

“What plans have the HSE South put in place and what is the cost of implementing the HIQA Recommendations made due to the Savita Halappanavar case for the maternity unit at St. Luke's in Kilkenny?”

A written response by Ms. Anna-Marie Lanigan, Area Manager, South East Primary Community & Continuing Care & St. Luke's Hospital Kilkenny, was circulated and referred to.

Councillor Wayne Fennell thanked Ms. Anna Marie Lanigan for her Response. He stated that HIQA have made strong recommendation in this matter and that the Response he received prompted a number of queries for him which were as follows:-

- Who sits on the Implementation Group
- Will the Implementation Group visit each Maternity Unit to ensure the Recommendations are implemented
- Has St. Lukes identified what needs to be done in their Hospital to fulfil their obligations in terms of the Recommendations
- €500,000 was the figure identified for the implementation of the Recommendations for 2013 – How much is being allocated for 2014.

Mr. Gerry O' Dwyer responded to the queries raised by Councillor Fennell. He confirmed that the HSE is committed to undertaking an Audit to ensure the Recommendations will be implemented across all the Maternity Units in the HSE. He said that this would be done on a phased basis. He advised that Prof. M. Turner is charged with heading up this Programme. He agreed that it was in all our interests to ensure that we get this right. Mr. O' Dwyer proposed that a Member of the HSE's Quality & Patient Safety Department attend a Committee Meeting early in the New Year to discuss progress.

Councillor Fennell requested that Mr. Gerry O'Dwyer write to him outlining the additional information presented by him in response to his Question.

5(e) Councillor John Joe Culloty put forward the following Question

"What is the current situation in relation to the Blood Transfusion Service, taking blood from Haemochromatosis Sufferers?"

A written response by Mr. Ger Reaney, Area Manager, HSE Cork, was circulated and referred to.

Councillor J.J. Culloty thanked Mr. Reaney for his Response but pointed out that he was frustrated with some of its contents. He informed the Members that the IBTS was crying out for blood and that people who wanted to give blood were told that, because of their medical condition, it was not possible for them to donate. He informed the Members that many people are unaware that they have haemochromatosis and that they donate blood on a regular basis and therefore it does not make sense to refuse blood from people with this condition. Councillor Culloty informed Members that there was a cost implication in the disposing of blood taken from haemochromatosis sufferers.

Mr. Ger Reaney acknowledged Councillor Culloty's interest and knowledge on this subject and also acknowledged that this was the third time Councillor Culloty has set down this Motion. Mr. Reaney said that the IBTS had to work within tight protocols and procedures. However, there was now evidence of significant progress.

The IBTS had commenced a service in Dublin whereby patients with haemochromatosis could donate blood at the IBTS Clinic once they have a prescription from their doctor. He confirmed that this programme will be launched in Cork in early 2014. This would provide the response that Cllr. Culloty had sought whereby people with haemochromatosis could donate their blood to the IBTS.

Councillor Ted Tynan asked to raise an issue about the Radiotherapy machines in CUH. He said that he was approached by a member of the public whose wife requires radiotherapy and her experience was that malfunctioning machines were causing delays for patients. Councillor Tynan hoped that money would be allocated to upgrade these machines. Councillor Tynan advised that his issue was with the Radiotherapy Machines and not with individual staff members.

Mr. Ger Reaney pointed out that while he did not have the details of this individual case and was therefore not able to establish what had occurred, he had made contact with the CEO of CUH in relation to this and was informed that there was no significant issue with the radiotherapy machines. Only routine repairs were undertaken as normal.

Councillor John Buttimer wished to take the opportunity to acknowledge the excellent work carried out by the staff in the Radiotherapy Unit. On another note he said that he would like to thank the Regional Health Forum staff for distributing the Health Matters.

6. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held in February 2014 (date and time to be confirmed) at 2pm, Council Chambers, County Hall, Cork.