

**Minutes of Regional Health Forum West meeting, held on Tuesday,
22nd May 2012 at 2.00pm in Room 1, Education Centre,
HSE Offices, Merlin Park, Galway**

Miontuairiscí cruinnithe an Fhóiraim Réigiúnach Sláinte, ar an Mháirt, 22 Bealtaine 2012, ag 2.00 .i.n, sa tIonad Oideachais, Feidhmeannacht na Seirbhíse Sláinte, Páirc Mheirlinne, Gaillimh.

Chairperson

Cllr Pádraig Conneely

Members Present

Cllr Liam Blaney	Cllr Laurence Fallon	Cllr Gerry McLoughlin
Cllr Rose Brennan	Cllr Michael Finnerty	Cllr Paula McNamara
Cllr Tim Broderick	Cllr Mary Hoade	Cllr Tom McNamara
Cllr Pat Burke	Cllr Gordon Hughes	Cllr Tony Mulqueen
Cllr Richard Butler	Cllr John Kennedy	Cllr Gerry Murray
Cllr John Carroll	Cllr Sean MacManus	Cllr Austin Francis O'Malley
Cllr Catherine Connolly	Cllr Frank McBrearty Jr.	Cllr Damien Riedy
Cllr Tom Connolly	Cllr Michael McBride	Cllr Gerry Reynolds
Cllr Shaun Cunniffe	Cllr John 'Rocky' McGrath	Cllr Tony Ward
Cllr Ger Fahy	Cllr Sean McGowan	Cllr Seamus Weir

Apologies

Cllr Ciaran Brogan
Cllr Michael Hourigan
Cllr Bernard McGuinness
Cllr Aoiffe McLoughlin
Cllr Brian Meaney
Cllr Annie May Reape

Absent

Cllr Michael Crowe
Cllr Kevin Sheahan

In Attendance

John Hennessy, Regional Director of Operations
Tony Canavan, Chief Operations Officer, GUH
Catherine Cunningham, Area Manager Galway/Roscommon PCCC Services
Ann Doherty, CEO, Mid Western Hospital Group
John Hayes, Area Manager, Donegal
Bill Maher, CEO, Galway Roscommon Hospitals Group
Caitriona Meehan, Consumer Affairs Area Office
Liam Minihan, Asst National Director of Finance
Shirley Murphy, Consumer Affairs Area Office
Paudie O'Riordan, Area Operations Manager West, National Ambulance Service
Dr Patrick O'Sullivan, Director of Public Health
Siobhan O'Sullivan, Acute Services Lead and Westdoc Manager
Francis Rogers, Asst National Director, Human Resources
Chris Rudland, General Manager, Consumer Affairs Area Office

371/39/12 Minutes of previous meeting

The minutes of the previous meeting held on the 28th February 2012 were proposed by Cllr Austin Francis O'Malley, seconded by Cllr Tom Connolly and adopted.

372/39/12 Matters Arising

Minutes of Forum Meetings

There was some discussion around the structure of the Forum minutes. Members felt more detail should be included particularly in relation to discussions in relations to responses to questions, i.e. Supplementary Questions. Members also suggested the inclusion of Questions and Responses, in the minutes.

Action: It was agreed that this matter would be examined and discussed with RHF Administrative support.

Presentation on Ambulance Services

Cllr Seamus Weir requested a change to the order of business for the meeting and suggested the Ambulance Service Presentation be brought forward as the first item on the agenda.

This matter was discussed and it was agreed to proceed with the meeting in accordance with the Agenda.

Structure of Forum and Committee Meetings

Cllr Tomás Mannion and several members raised concerns with the current structure of Forum and committee meetings and felt changes are needed.

Action: The Chairperson advised that the structure of the Committee meetings will be examined; he will speak with the Committee Chairpersons and recommend a change of the Committee's function. He proposed that the Committee will in future hear presentations from the HSE, rather than the present questions and answers format.

Blue Line Smoking Ban

The Chairperson, Cllr Padraig Conneely and several members raised concerns on the smoking ban at Galway University Hospitals and felt that more flexibility should be shown for members of the public and service users, in particular in Merlin Park campus which is a large site. Members felt that winter months will bring some difficulties for these groups and that designated smoking areas should be arranged.

Donegal members highlighted that Letterkenny General Hospital is situated at a busy roundabout. They queried if patients on medication are going to have to leave the campus to go to a main road/roundabout to smoke in the future. Members queried the legal point of view if something happens to an individual/patient and asked who is responsible for enforcing the ban?

Managers responded and advised that as a responsible health agency the HSE should discourage smoking as much as possible. The Policy remains, however, exceptions are granted after clinical consultation for some individuals. Managers agreed that there are exceptions/exemptions for psychiatric patients and the HSE are sympathetic for those long stay patients. The aim of the policy is well known, very few products cause as much harm and cost as much to the health service as smoking. In relation to short stay visits, the position of the HSE is unapologetic. It is not the intention of the HSE to enforce this ban on any individual, the intention is to curtail smoking. Responsibility lies with the individuals attending or visiting the sites.

Action: It was agreed that members will be advised on the legal position for service users who leave the campus (cross the blue line) to smoke.

He confirmed that patients are assessed on an individual basis by their consultant and a decision is then made based on the individual's needs and health.

Rehire of Retirees

Cllr Tom McNamara raised this issue as a follow on from a recent Forum Committee. He felt that rehired pensioners, who previously worked with the HSE, were taking work from newly qualified students, thus forcing them to emigrate and work abroad. Other members queried if this suggested there are posts to be filled which haven't been and pointed out that a PQ raised nationally suggests that 40 pensioners have been rehired nationally.

F Rogers advised members that it is not the policy of the HSE to rehire personnel. Rehires only occur if all other options have been exhausted and if there are extreme staff/service needs. Rehire usually occurs for very short periods and if there is an absence of a specific skill mix, e.g. Consultant, Specialist Nurse. There is no financial gain to the pensioner as their pension is abated for the period/pay involved and the circumstances changes on a day to day basis.

RDO agreed with the sentiments expressed by members and assured members that these rehires are short term, they are a very small number and only occur in exceptional circumstances. He advised that it is the intention of the HSE to take every opportunity to hire new graduates.

It was suggested that this issue be debated at a specially convened meeting; this was to be discussed further.

373/39/12 Chairman's Business

Apologies

The Chairperson acknowledged apologies from Cllrs Ciaran Brogan, Michael Hourigan, Bernard McGuinness, Aoiffe McLoughlin, Brian Meaney & Annie May Reape.

Welcome

The Chairperson welcomed all present, particularly Ms Ann Doherty, new CEO, Mid Western Hospitals Group and Dr Patrick O'Sullivan, Director of Public Health, Mid West.

The Chairperson also welcomed Ms Jennifer Van Aswegen, Regional Support Officer with the Disability Federation of Ireland, North West Regional Office, who was attending as an observer.

Meeting with Minister Reilly

The Chairperson outlined for members the matters discussed at the recent meeting between the four Forum Chairpersons with the Minister for Health, Dr James Reilly and referred to the record /notes recently circulated to members for their information.

The Chairperson again acknowledged concerns raised by members regarding the current structure and workings of the Forum and the Committees in particular, and suggested that a special meeting of the Forum be arranged before the next official meeting on 26th June.

Request for Information under FOI

The Chairperson advised members that the HSE has recently received an FOI request for details on all expenses paid to Members of the Forum for meetings held for 2011. This information is currently being collated for the HSE West and a copy of the response will be circulated to members on completion.

374/39/12 Tuberculosis (TB) Case

On request from the Chairperson, Dr Patrick O'Sullivan briefed members on the recently reported case of tuberculosis in a school in the West of Ireland.

He advised that there is currently one case involved, it is not an outbreak. The risk of transmission of the disease is considered to be low; it is not a concern for the general public. The Department of Public Health are establishing details around the child's activity. In line with best medical practice, the Department of Public Health is in place at the school to offer screening for staff and students who had close contact with the person. Those who may have had casual contact with the individual are not felt to be at risk. The department will also screen the family of the child involved.

TB is an infectious disease caused by bacteria. It can be spread by breathing in these bacteria in tiny droplets sneezed or coughed by someone who has TB in their lungs. In most people, the body's immune system kills the bacteria before they start to cause symptoms and the person does not become ill. TB is a current and now very manageable disease compared to its past treatments and reputation.

Concerned individuals, in the first instance, should contact their GP. The Department of Public Health are also available to respond to queries. There is no hotline established due to the fact that there is currently a 'single' case involved.

Members expressed their support and sympathy to the child and family involved and urged the community to come together and support the family.

375/39/12 Financial Update

Mr Liam Minihan, Asst National Director of Finance briefed members on the HSE Finances/Budget for the first quarter of 2012 (up to March 2012).

Some of the areas discussed included; nursing home capacity, the Fair Deal Scheme, hospital services, savings from grace period retirees, agency staffing, income collection, weekend/night duty and seasonal closures.

Members raised the following queries:

- Nursing Home capacity: is HSE funding for public nursing homes now dependent on the numbers of service users being maintained? Do the HSE lose funding if 95% capacity is not met? If so, there is a problem with this system of funding. Is this the same system of funding in hospitals? On one level the HSE is pushing up capacity in the Nursing Homes to retain budgets versus trying to increase care of the elderly in the community through Home Care Packages. These two functions are working against each other and needs to be looked at.
- What contingency plans are in place at Galway Roscommon Hospital Group, in particular Galway University Hospitals, to breakeven at year end?
- Are the HSE charged VAT for each agency staff member hired?
- Agency Staffing is down €3m: what was the original figure, what did it drop from?
- Ennis and Nenagh Hospitals are currently breaking even, however, Ennis was under spent by 10% last year and did not retain that funding, the savings were allocated elsewhere.
- There is a reduction year on year if spend of €16.8m for Home Care Packages and Home Help. This is a huge concern; members felt it is the cheapest and most reasonable way to keep patients in their homes. Patients now have waiting lists for HCP and HH, this is not practical.
- When an application for Fair Deal is approved, it is not backdated to the time of the application, this is unfair.

- What are the details of the savings on salaries? How can there be savings if there were lump sums paid out, are these once off costs?
- Is the delay with income collection related to administration or consultant sign off? Can public representatives assist in encouraging consultants to sign off on the claims? What penalties are in place for delayed claim sign offs by consultants? How much have HSE West improved on components in their control? Non collection of this income, at year end, has to mean cuts to services. Efficient collection of income will prevent this.

Managers responded as follows:

HSE Public Nursing Homes are currently paid per client, 95% occupancy is required to maintain and receive funding. If the occupancy is not achieved then the Nursing Home incurs a deficit and they don't receive the funding. Therefore, public nursing homes are now more in line with private nursing homes, they have to get the business and income to continue providing a service.

Hospitals are funded on a budget basis, they receive their budget. The Service Plan sets out the work the HSE will do and then the services receive a budget on that basis

The HSE are charged VAT when they hire agency staff. There is a moratorium on the recruitment of staff, therefore the HSE cannot currently employ permanent staff. There are additional expenses involved when employing permanent staff including prsi, pensions, etc., therefore there needs to be some balance between employing permanent staff versus hiring agency staffing on a short term and being charged VAT as a result. The aim is to continue to reduce the level of agency staff being hired.

Members were advised that there are assessments and screening processes in place in relation to HCP applications and also in relation to occupancy at Nursing Homes.

Members were reminded that hospitals face difficult issues, in particular due to the reduction in allocation again this year. Members' points were acknowledged. Hospitals are working hard to balance priorities. The financial update shows a €30m deficit at year end, GUH's projection is much less than that.

Mid West hospitals are similar, challenges include the volume of activity at the Emergency Department and the Maternity services overspend. Nenagh has a breakeven position, however, all Mid West Hospitals were reprofiled and are now dealt with as a single hospital, with several sites.

Unfortunately, regulations do not allow backdating of Fair Deal applications.

There are many reasons for the delay in income collection, including, waiting for consultant signature, consultants finding it difficult to get the time and the forms are complex. L Minihan appealed to Consultant's to get the forms signed and processed.

GUH and Mid West hospitals continue to work hard at getting claims signed off and are confident that consultants aim to complete the claims. Delays are due to a combination of factors including processing, administration, individual clinicians and insurance companies. New IT systems are being introduced which should assist further. Undeniable that income should be collected and it is well acknowledged that the current systems are complicated. Members were advised that the Minister for Health is changing legislation regarding how the HSE can collect income. Hospitals will be in a position to produce an invoice on the day of discharge. This allows the HSE to have some power and legislation, which it did not have before, in this regard.

In relation to savings as a result of staff retirements/exits, pensions and lump sums are taken from a national corporate budget. They are a national deficit and there were 1000 more exits than planned.

Action: RDO proposed providing a presentation to members, at a future meeting, on the Fair Deal Scheme.

Action: L Minihan to follow up with Cllr T Broderick on a previous query regarding budget figures.

Action: L Minihan will provide further detailed breakdown of income collection figures for hospitals across the HSE West.

376/39/12 Questions

Questions and Responses Document is available on:

[http://www.hse.ie/eng/About/Who/Regional Health Forum West](http://www.hse.ie/eng/About/Who/Regional_Health_Forum_West)

Follow Ups from Supplementary Questions include:

W39Q930 – Cllr D Riedy – Breakdown % of Absentees

Cllr Damien Riedy queried if further details could be provided to show trends per grade, e.g. Bank Holidays, i.e. Fridays and Tuesdays (per area??)

Action: Francis Rogers will provide these details.

W39Q957 – Cllr Liam Blaney – Ambulance callouts and links with the Gardaí

Cllr Liam Blaney advised that a family in his constituency asked him to outline for members details of an incident whereby their son died as a result of a road traffic accident and they could not access his remains at the scene of the accident. The family had to arrange removal of his remains even though an ambulance had attended the scene and it was roughly 24 hours before they could finally access the remains. Cllr Blaney acknowledged that a incident such as this is under the control of the Gardaí, however, he suggested there be better co-ordination between the HSE Ambulance Service and the Gardaí to deal with these matters more sensitively and proposed that older HSE Vehicles / Rapid Response Vehicle be used to transport remains to mortuaries.

Action: P O’Riordan responded and advised that he would discuss these matters in more detail later in the meeting during his presentation and agreed to bring the issues to the attention of Ambulance Control Group and raise them with the relevant Garda Committee.

Action: It was agreed to circulate the Ambulance Presentation to all Forum members after the meeting.

W39Q958 & 959 – Cllr Liam Blaney, LGH ED and Rheumatoid Arthritis

Cllr Liam Blaney advised that he would direct his further queries on these matters, directly with John Hayes, Area Manager, Donegal.

W39Q931 – Cllr Paula McNamara, Ambulance Response Times

Cllr Paula McNamara queried what the position is for Roscommon given that the hospital no longer has an ED and the current timeframe for response to an incident of chest pain/coronary, which includes transfer to an ED if required is 90 minutes, taking into account the terrain and infrastructure.

P O’Riordan responded and highlighted that the 90 minute timeframe is a guideline for response and relates to Chest Pain calls and the timeframe starts upon diagnosis.

The 8 minute response time relates to dealing with an individual who has had a cardiac arrest and whose heart has stopped. These timeframes have been studied in detail and follow international best practice. and S O’Sullivan advised that the timeframes are part of clinical research and there are various stages of treatment for someone with chest pain / cardiac arrest, including thrombolysis which can be administered locally, before a patient is then transferred to an ED. Roscommon is within the timeframe for response times in relation to chest pain and cardiac arrest.

W39Q932 – Cllr Paula McNamara, Discharge of a Patient at Portiuncula

Cllr McNamara felt that the written response she received was not consistent with the one recently outlined by Mr Maher at a meeting with Roscommon County Council.

Mr Maher advised that today's written response related to a specific case and that both responses were consistent with the queries raised. It is not the intention of HSE West hospitals to discharge patients during the night. C Kane's written response outlined the particular challenges and competing pressures relating to the particular incident raised by Cllr McNamara. The commitment and challenge is to get the balance right.

W39Q935 – Cllr John Carroll, Day Care Centre at Borrisokane, North Tipperary

Cllr Carroll stated that the update/details provided to him recently from the HSE, which stated that there was difficulty with this development and the related funding, was reversed a day later because of a decision by the Minister. It appears that the Minister and the HSE are heading in two different directions. Prompt action within the Department of Health resulted in a turnaround on this decision. It undermines the confidence members of the public and public representatives have in the HSE.

RDO acknowledged that there was some misinformation provided and that this was not deliberate. The development of the Day Care Centre at Borrisokane is approved in the Capital Plan. Funding allocations around this are routinely announced mid year by the Minister.

Action: Clarification on this issue will be provided to Cllr Carroll.

W39Q936 – Cllr John Carroll, ICU / Coronary Care Unit, Nenagh Hospital

Ann Doherty, CEO Mid Western Hospital Group further clarified for Cllr Carroll that the ICU had actually closed at Nenagh Hospital in 2009 and the hospital currently has a Critical Care Unit and High Dependency Unit.

In line with the Acute Medicine Programme all critical care will be centralized at the Mid Western Regional Hospital. A new Critical Care Block is currently under construction and this will house a High Dependency Unit, Critical Care Unit and Intensive Care Unit for the Mid West Region.

The last High Dependency bed will be removed from Nenagh Hospital only when it is safe to do so.

Action: A Doherty will provide a Brochure of Services for Nenagh Hospital to Cllr Carroll and all Mid West Members.

W39Q937 – Cllr John Carroll, Car Park at Tyone

Cllr Carroll requested response to his specific queries, as per his original questions.

Action: B Gloster will respond to Cllr Carroll's queries.

W39Q938 – Cllr Pdraig Conneely, Outpatient Waiting Lists

Cllr Conneely raised concerns about the waiting list figures provided.

T Canavan advised that the list provided in the response relates to outpatient day cases. There were approximately 217,000 OPDs last year and there were also approx. 35,000 non attendees.

The Special Delivery Unit has to date focused on inpatient waiting lists and will now also look at outpatient waiting lists. In advance preparation for this, GRHG are already preparing targets. Validation of this list is ongoing and as patients are called to attend for treatment.

W39Q939 – Cllr Pdraig Conneely, Absenteeism

Cllr Conneely raised concerns about the absenteeism figure for April in respect of Galway University Hospitals.

T Canavan advised that the actual figure for absenteeism for the month of April, for Mondays and Fridays, was 66, from a total staff number of 3500. RDO advised that two HSE West staff have lost their jobs as a result of persistent sick leave.

W39Q940 – Cllr Padraig Conneely, Theatres, GUH

T Canavan further advised Cllr Conneely that recruitment and management of Theatres at GUH is a constant process. GUH has capacity and is actively recruiting.

W39Q941 – Cllr Padraig Conneely, Ward Closures, GUH

T Canavan advised that there are no planned ward closures for the summer months at GUH. A different approach is being taken this year as GUH will look at full year's schedules for theatre usage and annual leave.

W39Q944 – Cllr Tom McNamara, Ennis Hospital

Cllr McNamara queried why the delivery of equipment is taking so long and therefore delaying the opening of the new Unit at Ennis Hospital.

A Doherty advised that the delivery of equipment for such a project is managed by the Estates section of the HSE. The project is in the Capital Plan for this year and it is hoped that a full schedule including delivery dates will be available soon.

Action: A Doherty will provide details of the schedule for the project as soon as it becomes available.

W39Q945 – Cllr Tom McNamara, Colorectal Screening

Cllr McNamara expressed his disappointment that full colorectal screening status is not awarded to Ennis Hospital, considering it was supposed to commence in mid 2012.

Members were advised that there is a national programme in place which identifies where colorectal screening centres will be placed. This is a decision for the National Cancer Control Programme and meetings are taking place to commence roll out of screening at the identified centres. 15 hospitals are identified as capable of carrying out the screening.

W39Q946 – Cllr Tom McNamara, Activity by Speciality 2009 vs 2011

Cllr McNamara suggested that with the advances made with day care surgery and in an effort to reduce costs, that increased efforts should be made to provide treatments/surgeries on a day care basis where appropriate, rather than inpatient care.

A Doherty concurred that there has been a significant shift of day cases being treated at Ennis and Nenagh Hospitals, this allows the Mid Western Regional Hospital at Dooradoyle to deal with more complex cases, including day cases, where necessary.

W39Q947 – Cllr Tony Ward, Primary Care Service, Monksland

Cllr Ward welcomed the completion date for the Monksland Primary Care Service.

W39Q948 – Cllr Tony Ward, Children's Waiting List – Occupational and Speech Therapy

Cllr Ward raised concerns about the numbers waiting and length of time for treatment in the South Roscommon area.

C Cunningham advised that there are initiatives in place to reduce the waiting lists and the length of time for treatment, which involve changes to work practices, attendance at centralized clinics, prioritization of the waiting lists and a full compliment of staff available. Members will see continued improvements in this area. Likewise with Speech and Language Therapy, recruitment is taking place to ensure the appropriate staff are in place. A multidisciplinary approach is being taken to deal with the service.

W39Q949 – Cllr Tony Ward, Air Ambulance Service, County Roscommon

Cllr Ward welcomed the input of the HSE for the provision of an air ambulance and advised that he raised this as an issue then RCH first closed.

Members were advised that the Air Ambulance service is a pilot scheme, which will hopefully continue in the long term

W39Q950 – Cllr Sean MacManus, Bed Shortage at Sligo Regional Hospital

Cllr MacManus highlighted the public annoyance at the ward / bed closures at Sligo Regional Hospital and the number of patients on trolleys. Members of the public are concerned that there will be a downgrading of the hospital. He requested a reopening date for these beds and queried if targets are being met considering the reduction in elective work. Cllr MacManus also queried when information will be available in relation to how many beds should be available at SRH?

Members were advised that the Acute Medicine Programme determines the number of beds which should be available per hospital. SRH is currently meeting its 9 month targets and the bed utilization study is not yet completed at SRH.

Action: The outcome of the Bed Utilisation Study for Sligo Regional Hospital will be made available to members.

W39Q951 – Cllr Sean MacManus, Effects on service delivery at SRH due to staff retirements

Cllr MacManus raised concerns over the possible waiting/delay times accrued as a result of the situation/ What are the options being explored? The councillor acknowledged the lack of finance available and agreed with the need for savings however, not at the expense of people we serve. There is talk of cross border hospital links between Sligo and Enniskillen, what is the outcome of these talks?

The RDO advised that performance reports are produced on a monthly basis which will show waiting times. He advised that hospitals no longer stand alone and now work alongside their partner hospitals. The obvious opportunity in the North West is LGH and Cross Border hospitals. Discussions are taking place soon with CAWT. RDO advised that there is no question of any downgrading of SRH, it will be the opposite.

Action: Effects on service delivery will be discussed a future meeting.

Action: Performance Data re Waiting Lists to be circulated to members.

W39Q952 – Cllr Pat Burke, Physiotherapy Service, Raheen Community Hospital

The RDO confirmed for Cllr Burke that there are no plans to reduce services at Raheen Community Hospital. There may be a reduction in specialists and the challenge is to maintain services and provide cross cover to ensure continuity. This may present IR challenges.

W39Q9524 – Cllr Catherine Connolly, Tully / Ballinahown Health Centre

Cllr Connolly queried if it is known when the GP service will be reinstated at the Health Centre?

C Cunningham advised that the GP should recommence service shortly, that there were problems with Eircom and the GP had his own problems with software being used.

W39Q955 – Cllr Catherine Connolly, Premises rented/leased by HSE West

Cllr Connolly queried the omission in the response received, of some premises known to currently be rented by the HSE West.

C Cunningham confirmed for members that work is ongoing at West City Centre to relocate from this site. Staff should be relocated by December 2012.

Action: A total list of premises currently rented / leased by HSE West in Galway City and County giving the nature and cost of the lease/rent of each building, where it is, the service provided, will be provided to Cllr Connolly. Figures will be provided for 2010 and 2011 also.

Action: The up to date position regarding the lease arrangements for the finance department, across from GUH site will be provided to Cllr Connolly.

W39Q956 – Cllr Catherine Connolly, Patient Transfers to Nursing Homes/Units

Cllr Connolly queried why nursing home beds contracted by the HSE, with funding from the SDU, are only on a three monthly contract basis?

T Canavan advised that GUH received once off funding from the Special Delivery Unit in Dec 2011. This was used to purchase some beds for a three month duration, to deal with the transition from the acute setting. The transfers from hospital to nursing homes using this SDU funding are on a once off basis. The number of delayed discharges is low.

377/39/12 Motions

W39M251	<p>I am calling on the Government, the Minister for Health, Mr James Reilly T.D., and the HSE to return to the old system of applying for Medical and G.P. Cards through the local health offices. The current system is not working with a backlog of applications and lengthy waiting times.</p> <p><i>Proposed by Cllr Tony Ward, seconded by Laurence Fallon and adopted. (Also supported by Cllrs Catherine Connolly, John Kennedy and Mary Hoade)</i></p> <p>Action: Motion will be forwarded to the Minister for Health</p> <p>Action: RDO will update members on progress later in the year.</p>
W39M252	<p>Given the bizarre twist in relation to the St Francis Community Home saga and in particular that the HSE West have now transferred nursing and care staff to a private for profit nursing home including staff from St Francis while persisting in closing St Francis Home <u>against the express wishes</u> of the residents, the 25,000 people in Galway City who signed a petition calling on the Minister for Health and the HSE West not to close it together with repeated and unanimous motions passed the Regional Health Forum and Galway City Council-</p> <p>that this Forum calls on the HSE West to give a full and frank explanation for such an extraordinary development and in particular the number and breakdown of the staff allocated to this private home, where the staff were taken from, the duration of this transfer of staff and further that this Forum once again deplores the closure of St Francis Nursing Home and calls on the Minister for Health and the HSE West to review this decision particularly in light of the debacle which has now arisen in relation to a private for profit nursing home and in view of the acknowledged difficulties in relation to the Fair Deal Scheme and the current review underway and given that Galway City with a population of over 70,000 residents has been left without a public nursing home.</p> <p><i>Proposed by Cllr Catherine Connolly, seconded by Cllr Ward and adopted. (Also supported by Cllrs Mary Hoade, Tony Ward, Laurence Fallon, John Carroll, Pdraig Conneely)</i></p> <p>Action: Motion will be forwarded to the Minister for Health</p> <p>Action: A breakdown per day of HSE public staff working in the private nursing home will be provided to Cllr Connolly.</p>

378/39/12 Presentation on Ambulance and Transport Services

Paudie O’Riordan presented on the HSE West Ambulance and Transport Services, including:

- Health Sector Action Plan
- Top Areas for Change
- Progress to Date
- Measures of Success
- Dispatch
- Resources
- Emergency Aeromedical Service

Members thanked P O’Riordan for his presentation and raised the following queries:

- Ambulance Services have changed dramatically in the last few years
- Issue of ambulance having difficulty locating caller
- Cross border links
- Criteria for dispatch of air ambulance.
- Can a caller establish/ask the controller what criteria or category they are being allocated?
- What are the boundaries for access to this air ambulance, confirm that it is not confined to the West?
- Will the designation/use of the air ambulance be monitored in terms of usage, i.e. the number of calls in a year, hours?

P O’Riordan advised that the new Emergency Aeromedical Service will not change the issues in relation to response times; it is an enhancement to services. It is a pilot scheme for 12 months which will be reviewed after nine months. It involves huge investment and the review will establish if the service provides value for money. An ambulance controller can confirm for the caller what category of callout they are being allocated. Response times and patterns are analysed. The ambulance service also facilitates a First Responder service in communities. This air ambulance service will allow for speedier commencement of crucial treatment in emergency cases. It may be the case that medical staff are brought to a scene also.

The RDO acknowledged that the level of sophistication is growing in ambulance services in particular the use of IT and software systems, along with all the elements of routine ambulance and inter-hospital transfers.

Action: Members will be updated after the review of the Emergency Aeromedical Service, at end of the nine month period.

370/39/12 Next Meeting of the Regional Health Forum West

The next meeting of the Forum will be the **Annual General Meeting** and will take place on Tuesday, 26th June 2012, commencing at 2.00pm in Room 1, Education Centre, Merlin Park, Galway.

Next Meetings

Regional Health Forum meeting: 26th June 2012
Committee meeting: 11th September, 2012

This concluded the business of the meeting.

Signed:

Cathaoirleach/Chairman

Adopted at Regional Health Forum Meeting on Tuesday 26th June 2012