



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

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REGIONAL HEALTH FORUM, SOUTH

ANNUAL REPORT 2010

FOREWORD

The Regional Health Forums 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 2010 succeeding Cllr. Tom Maher.

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 have been set up between Forum members/Local Health Managers and Local Hospital Managers. These local meetings will open up 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.

On approval by members, the Report will be forwarded to your respective County/City Councils/Managers for circulation for the information of all members who may be interested in the work undertaken by the Forum in 2010.

I attach this Annual Report for 2010 which outlines the activities of the Forum to 31st December 2010.

Cllr. Catherine Clancy
Chairperson

REGIONAL HEALTH FORUM – SOUTH

Chairperson: Cllr. Tom Maher replaced by Cllr. Catherine Clancy in June 2010

Vice-Chairperson: Cllr. Catherine Clancy replaced by Cllr. Declan Doocey in June 2010

ACUTE HOSPITAL SERVICES AND POPULATION HEALTH COMMITTEE:

Chairperson: Cllr. Michael O'Brien replaced by Cllr. Pat O'Neill in October 2010

Vice-Chairperson: Cllr. Pat O'Neill replaced by Cllr. Brendan Leahy in October 2010

PRIMARY, COMMUNITY AND CONTINUING CARE COMMITTEE:

Chairperson: Cllr. John Carey replaced by Cllr. Pat Cody in October 2010

Vice-Chairperson: Cllr. Sean Lonergan replaced by Cllr. Michael Kinsella in October 2010

MEMBERS REPRESENTING CARLOW COUNTY COUNCIL

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

MEMBERS REPRESENTING CORK CITY COUNCIL

Cllr. Mick Barry
Cllr. John Buttimer
Cllr. Catherine Clancy
Cllr. Mary Shields

MEMBERS REPRESENTING CORK COUNTY COUNCIL

Cllr. Pat Burton
Cllr. Timmy Collins
Cllr. Danny Crowley
Cllr. Michael Hegarty
Cllr. Brendan Leahy
Cllr. Tim Lombard
Cllr. Barbara Murray
Cllr. Frank O'Flynn
Cllr. John O'Sullivan

MEMBERS REPRESENTING KERRY COUNTY COUNCIL

Cllr. Brendan Griffin
Cllr. Michael Healy-Rae
Cllr. Marie Moloney
Cllr. Terry O'Brien
Cllr. Bobby O'Connell

MEMBERS REPRESENTING KILKENNY COUNTY COUNCIL

Cllr. John Coonan
Cllr. Tom Maher
Cllr. Michael O'Brien
Cllr. Pat O'Neill

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
Cllr. Anna Fenlon (resigned and replaced by Cllr. Michael Kinsella)
Cllr. Denis Kennedy
Cllr. Martin Murphy

STAFF REGIONAL HEALTH OFFICE – SOUTH

Mr. Ger Crowley, Director *

Ms. Elaine O'Mahony, Administrative Manager *

Ms. Suzanne Sisk, Staff Officer

Ms. Annette O'Connell, Clerical Officer

Ms. Rita O'Sullivan, Clerical Officer

SENIOR MANAGEMENT

Mr. Pat Healy, Regional Director of Operations, HSE South

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Dr. Elizabeth Keane, Director of Public Health, HSE South

Ms. Christine Eckersley, Area Communications Manager, HSE South *

Ms. Raymonde O'Sullivan, Assistant National Director of Finance, HSE South

Mr. Barry O'Brien, Assistant National Director of HR, HSE South

** Departed HSE under Exit Schemes December 2010*

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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 2010 were held on:

Thursday 11th February 2010

Thursday 11th March 2010

Thursday 13th May 2010

Thursday 17th June 2010

Thursday 23rd September 2010

Thursday 18th November 2010

The HSE is represented at the meetings by the Regional Director Of Operations, South, Director of the Regional Health Office, the Interim Assistant National Director PCCC South, the Hospital Network Managers for the Southern and South Eastern Hospitals Group, the Functional Manager for Population Health, the 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 2008 were held on:

15th April 2010

1st July 2010

21st October 2010

9th December 2010

AGM/Election of Chairperson & Vice-Chairperson

Members elected Cllr. Catherine Clancy as Chairperson and Cllr. Declan Doocey as Vice-Chairperson of the Forum at its AGM on 17th June 2010.

The Acute Hospital Services and Population Health Committee meeting held on 22nd October elected Cllr. Pat O'Neill as Chairperson and Cllr. Brendan Leahy as Vice-Chairperson.

The Primary, Community and Continuing Care Committee at its meeting on 22nd October elected Cllr. Pat Cody as Chairperson and Cllr. Michael Kinsella 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.

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 2010, 42 Notice of Motions were adopted by Members and forwarded by the Director of the RHO to the Office of the Chief Executive Officer.

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 2010, RHF South Members have submitted 38 Questions.

Presentations

The following presentations were delivered to the Forum Members in 2010: -

- Service Plan Presentation 2010 from Senior Managers

- Presentation on the Modernisation of Acute Services, Hospital Group South East – Dr. Colm Quigley, Clinical Lead
- Presentation on Suicide Supports and Services, HSE South – Ms. Brenda Crowley, Mental Health Resource Officer
- Presentation on “The HSE and You” – Ms. Mary Culliton, Director of Advocacy, HSE
- Presentation on “An Overview of Health Promotion in HSE South” – Mr. Andy Walker, A/Health Promotion Manager, HSE South
- Presentation on the Irish National Cancer Registry – Dr. Harry Comber, Director

Acute Hospital Services and Population Health Committee

Presentations/Updates in 2010 included:-

- Report on local Service Plan 2010, Southern Hospitals Group/South Eastern Hospitals Group – Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group/Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group
- Verbal Update Report on progress of the new A/E, Kerry General Hospital – Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Update Report on the Cardiac Renal Unit, Cork University Hospital – Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Update on Cancer Services, South East, Mr. Richie Dooley - Network Manager, South Eastern Hospital Group
- Presentation on Risk Register – Ms Mary Burke, Quality and Risk Manager, Hospital Group, HSE South East

PCCC Committee Presentations/Updates in 2010 included:-

- Presentation on Review of Community Substance Misuse Services – Mr. Tony Barden, Regional Drugs Co-Ordinator, HSE South
- Presentation/Report on Caredoc/SouthDoc Services – Ms. Anna-Marie Lanigan, Interim Assistant National Director, PCCC South
- Report on Audiology – Neonatal Newborn Screening – Ms Teresa O'Donovan, A/General Manager, Community Services, HSE South

Joint Presentations to both the Acute Hospital Services and Population

Health Committee and PCCC Committee in 2010 included:-

- Presentation on Reconfiguration of Acute Services – Professor John Higgins, Director of Reconfiguration, HSE South
- Presentation on the “Smoke Free Hospital” - Dr. Barry Plant, Consultant Respiratory Physician, Cork University Hospital
- Presentation on TB – Dr Elizabeth Keane, Director of Public Health, HSE South
- Presentation on Reconfiguration Roadmap - Professor John Higgins, Director of Reconfiguration, HSE South

Dates for 2011 Meetings

Thursday 3rd February 2011

Thursday 24th March 2011

Thursday 19th May 2011

Thursday 16th June 2011

Thursday 22nd September 2011

Thursday 17th November 2011

Date**HSE Updates and Press Releases
Sent/Circulated to Members in 2010**

04/01/2010	HSE Urges People in High Risk Groups to Get the Flu Vaccine
06/01/2010	2009 Casemix Budget Outturns A Positive for Cork and Kerry
06/01/2010	2009 Casemix Budget Outturns for the South East
06/01/2010	Temporary Closure of Mass Vaccination Clinics in Dunmanway
08/01/2010	HSE South Encourages People to Stay Safe and Warm During Cold Spell
13/01/2010	Disruption of Water Supplies
15/01/2010	Developers Show Interest in Carrigaline Health Centre
18/01/2010	HSE Statement – Mental Health Services, South Tipperary
19/01/2010	XPERT Programme – Free Diabetes Education Programme for West Kerry
20/01/2010	HSE Media Statement re Norovirus – Vomiting Bug
25/01/2010	HSE South Urges Parents to get their Children Immunised against Measles
28/01/2010	Free Service to Dispose of Unused Medicines Properly (DUMP)
03/02/2010	HSE Statement – Complaints At Residential Centres for People with Intellectual Disabilities
05/02/2010	Pub Watch Launched in East Cork
08/02/2010	HSE Statement on Publication of National Service Plan 2010
10/02/2010	XPERT Programme Free Diabetes Programme for Castleisland/Farranfore
11/02/2010	Emergency Department Extension at Waterford Regional Hospital approved By HSE
11/02/2010	HSE South's Implementation of the National Service Plan 2010 is published
15/02/2010	National Positive Ageing Strategy – Minister Áine Brady invites Older People To have their say
01/03/2010	Green Light in HealthStat for Waterford Regional Hospital
02/03/2010	XPERT Programme – A Free Diabetes Education Programme for West Cork
02/03/2010	HSE Mental Health Plans 2010
03/03/2010	HSE Update on Industrial Action in the Health Service

04/03/2010	Swine Flu Vaccination Clinic Arrangements in Cork and Kerry
08/03/2010	Strict Visitor Restrictions in St. Finbarr's Hospital, Cork due to Norovirus (vomiting bug)
11/03/2010	Minister for Older People Highlights Important Information for Nursing Home Residents
16/03/2010	HSE Health Advice on Drinking
19/03/2010	Continuation of Visitor Restrictions in Cork University Hospital and Cork University Maternity Hospital due to Norovirus (Vomiting bug)
19/03/2010	HSE South outlines its position in relation to St. Mary's Orthopaedic Hospital and rehabilitation in the region
23/03/2010	Media Release – Tallaght Hospital Review Terms of Reference
26/03/2010	Fermoy Community Hospital receives additional funding from St. Patrick's Hospital (Fermoy) Fund Raising Association
30/03/2010	Taking Care of Diabetes – Free Education XPERT Programme for Kerry, North Cork City and County
01/04/2010	Cork University Hospital hosts Bowel Cancer Event for General Public
07/04/2010	HSE Media Statement – Public Radiotherapy for Cancer Patients in the South East
12/04/2010	Bowel Cancer Information Event for General Public In Kerry
13/04/2010	HSE South Update in Relation to Acute Hospital Services in the South East
19/04/2010	President McAleese visits the Arts for Health Project in West Cork
26/04/2010	Dunmanway Community Hospital Celebrates New Extension
04/05/2010	Have a Say in Your Health Service – The HSE and You, Public Consultation
04/05/2010	Joint Statement NCCP/HSE and Waterford Oncology Associates Ltd (owners of UPMC Whitfield Cancer Centre)
06/05/2010	Emergency Services Participate in Regional Marine Exercise in Ringaskiddy, Co. Cork
06/05/2010	Free Health Checks for Employees in Castleisland/Farranfore Area, Kerry
07/05/2010	PHV Vaccination Programme to protect Girls from Cervical Cancer
13/05/2010	HSE South announces plans to relocate Orthopaedic Services from St. Mary's Orthopaedic Hospital, to South Infirmary/Victoria University Hospital

14/05/2010	HSE Committed to Developing Health Services for people living in the Northside Of Cork City
18/05/2010	Mammography Service, Kerry General Hospital
21/05/2010	HSE South Statement on Hussein and Hassan Benhaffaf
21/05/2010	Emergency Department and Maternity Services Developments at Wexford General Hospital
21/05/2010	HSE confirms Review Panel for Serious Incidents and Child Deaths and Review Team for Daniel McAnaspie's Case
24/05/2010	HSE Statement re Cooperation with the Childcare Independent Review Group
24/05/2010	CUH - A Smoke Free Campus
24/05/2010	West Cork Mental Health Services 'Brag and Steal' at major International Health Conference
26/05/2010	HSE Launch of Joint Community Participation in Primary Care Initiative
27/05/2010	Tonnes of Unused Medicines collected under Dispose of Unused Medicines Properly (DUMP) campaign
31/05/2010	HSE appoints new Director of the National Cancer Control Programme – Dr. Susan O'Reilly
02/06/2010	HSE Media Release – Kilcreene Orthopaedic Hospital, Kilkenny
08/06/2010	HSE Media Release – HSE Publishes Elder Abuse Report 2009
09/06/2010	HSE Statement re Obstetrics and Gynaecology Services
09/06/2010	HSE Warning over Head Shop Drug 'WHACK'
10/06/2010	HSE Media Statement – Launch of the National Cardiovascular Health Policy 2010-2019
11/06/2010	HSE Launches www.medicalcard.ie
11/06/2010	HSE Statement regarding calls to Maternity Hospitals
15/06/2010	HSE and national centre for the protection of older people, host seminar on World Elder Abuse Day
15/06/2010	HSE Methadone Treatment Protocol Review – Call for Submissions
17/06/2010	HSE Announces €300,000 investment in community health and addictions for the North side of the Cork City
17/06/2010	HSE Announces Terms of Reference and Review Team for Miscarriage/ Misdiagnosis Review

18/06/2010	HSE Hosts 8 th Gay Health Forum and Launches Annual Report 2009
23/06/2010	Regional Health Forum, South elects new Chairperson
23/06/2010	Four new Consultant Posts approved for Kerry Health Services
25/06/2010	Community Groups Trained to Save Lives – Goes Live in Clonakilty
29/06/2010	Reconfiguration of Acute Hospital Services South East
29/06/2010	HSE considers Consultant Appointments at Waterford Regional Hospital
30/06/2010	New Community Nursing Unit, Dingle to open in July
07/07/2010	HSE Launches Drug Awareness Campaign – Legal/Illegal Highs
08/07/2010	Six HSE Projects Win Taoiseach's Public Service Awards
09/07/2010	People with Learning Disabilities Celebrate New Education Centre Funded by HSE (Carlow/Kilkenny)
09/07/2010	Necessary upgrade of fire and safety systems in Kerry General Hospital
12/07/2010	Minister for Health and Children makes official visit to Waterford Regional Hospital
15/07/2010	New video conferencing facilities now available for staff in Bantry General Hospital
15/07/2010	HIQA inspection of foster care
22/07/2010	Phased Opening of Dingle Community Hospital postponed
09/08/2010	HSE Response to HIQA investigation into Mallow General Hospital
10/08/2010	HSE Elder Abuse Short Film Competition Launched
24/08/2010	HSE Media Statement on outbreak of TB in Cork School
01/09/2010	HSE National Office for Suicide Prevention publishes Annual Report
01/09/2010	Public Health Update on TB in Cork City Primary School
10/09/2010	Bantry General Hospital's Education hosts successful workshop on end of life Care for West Cork Hospitals and Nursing Homes
21/09/2010	HSE Promotes Positive Ageing Week in Kerry
24/09/2010	HSE Statement - Reconfiguration of Acute Services Hospital Group South East
28/09/2010	HSE update on Acute Hospital Reconfiguration in south east, including South Tipp

01/10/2010	HSE Media Release - Prescription Charges
01/10/2010	Update on Kenmare Community Hospital
01/10/2010	HSE South Promotes Drugs Awareness Weeks 2010
06/10/2010	Annual Flu Vaccination
11/10/2010	HSE welcomes HIQA Registration of Dingle Community Nursing Unit
28/10/2010	HSE South Advises on Safety at Halloween
29/10/2010	Update on Chronic Disease Programme from Quality and Clinical Care Directorate
08/11/2010	Building work begins for Waterford Regional Hospital's new A&E and new regional Special Care Baby Unit
16/11/2010	HSE offers its help and support to those affected by Tragedies
22/11/2010	Launch of Reconfiguration Roadmap (Professor John Higgins)
24/11/2010	HSE Achievement Awards
29/11/2010	Cork City Hospital's childrens club hosts a very special Christmas at Fota House
29/11/2010	Big voices sing out for little ones in CUMH
30/11/2010	Construction work starts on new A&E in Kerry General Hospital
02/12/2010	HSE Community Dietitian says 'Don't Diet this Christmas'
08/12/2010	Keeping the show on the road
13/12/2010	New Chemotherapy Unit under construction at Waterford Regional Hospital
14/12/2010	HSE South statement on Home Care Services
14/12/2010	HSE Update on Calls to Information Line re Home care services
14/12/2010	Announcement of appointment of HSE National Director for Children and Family Services
23/12/2010	Reconfiguration Times December 2010
28/12/2010	Praise for staff and thanks to Army and voluntary agencies for assistance in recent cold weather

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
11th FEBRUARY 2010

NOTICES OF MOTION 11th FEBRUARY 2010

Notice of Motion 5(a)

“To ask the HSE South to provide a report to the Forum on the practice of the HSE of test purchasing of cigarettes by minors under the supervision of an Environmental Health Officer. The report should address the issue of the legality of an under-age person being engaged to carry out an illegal act, as I have concerns regarding the difficulties that business owners have in identifying those under age.”

Cllr. Michael Healy-Rae

Background

Most adult smokers begin smoking during childhood or adolescence, and individuals who reach age 18 without having smoked are unlikely to become regular smokers.^[1] Earlier onset is associated with heavier use; those who begin to use tobacco as younger adolescents are among the heaviest users in adolescence and adulthood. Considerable evidence indicates that the health problems associated with smoking are a function of the duration (years) and the intensity (amount) of use. Research shows that the younger a person starts to smoke, the more likely they are to develop long-term nicotine addictions. Also, the earlier a child becomes a regular smoker and continues to smoke as an adult the greater the risk of developing lung cancer and heart disease.^[2]

Preventing tobacco use among young people is therefore likely to affect both duration and intensity of total use of tobacco, potentially reducing consequences significantly.^[3]

Preventing adolescents from smoking is a key element in effective tobacco control programmes, is one of the primary objectives of national tobacco control policy (Towards a Tobacco Free Society^[4]) and is the rationale for the prohibition on sales to persons under eighteen years in Ireland in the Public Health (Tobacco Acts) 2002 – 2004. Protecting children by preventing youth uptake of smoking is a key pillar of the Tobacco Free Society report which has been adopted as Government policy.

In 2001 it became an offence to sell tobacco products in Ireland to those under 18 years. For such a policy to be effective it is critical that the vast majority of retailers comply with the legislation and that where no compliance occurs enforcement measures are employed. International best practice recommends a minimum compliance level of 90% plus.^[2] It is at these levels of compliance that the numbers of young people starting to smoke can be successfully reduced. This is because refusal rates in excess of 90% ensure minors encounter real difficulty in accessing tobacco products.

Almost 80% of Irish smokers started smoking before they were eighteen.^[2]

Ensuring compliance with the legislative provisions on the underage sales of tobacco products includes a range of measures including information campaigns, advisory inspections and carrying out test purchases.

Most studies conclude that effective enforcement of the law - including the threat of fines and prosecutions - is the 'primary motivator' for retailers to stop selling tobacco to under-age children.^[5]

HSE Test Purchase Practice

Test purchasing is carried out by the Environmental Health Officers service of the HSE in line with the test purchase protocol which is part of the Tobacco Control Protocols agreed by the HSE and the Office of Tobacco Control.

The Protocol ensures that the test purchase scheme is authorised and furthermore protects the use of children by requiring parental control together with the safeguards included therein

Test purchasing involves a volunteer minor under the supervision of an Environmental Health Officer attempting to purchase a tobacco product from a retailer. It is worth noting that it is not an offense for a minor to purchase a tobacco product. It is an offense for the retailer to sell the tobacco product to a minor.

The primary concern for all Environmental Health Officers (EHOs) involved in the test purchase campaign is for the welfare of the volunteer minor. All volunteer minors are recommended to be 14-17 years of age, be representative of their age group and be dressed appropriately for their age. The consent of at least one parent or guardian is required. The EHO explains to the parent/guardian of the volunteer the process of test purchasing and the issues involved, in particular the possibility of legal proceedings and the possibility that the volunteer may be required to give evidence in court. The parent/guardian is given a copy of this protocol and is informed of the need to maintain confidentiality in relation to the premises subject to test purchase.

The volunteer is not asked to take part in any test purchases within their home area. The EHO must ensure that the volunteer understands fully the procedure and is happy to be involved in the exercise. Two EHOs accompany the volunteer during the process.

Legal Issues

International

Most countries that prohibit sales of tobacco products to minors use a test purchase procedure, sometimes referred to as a compliance check, as an integral part of their enforcement strategy. This involves a supervised underage youth attempting to purchase tobacco from a commercial outlet. Such checks are now used in every US state and territory, Canada, Britain and Australia.

Test purchase is not unique to tobacco control and is used in relation to youth access to alcohol, fireworks, videos etc. In the UK the test purchase procedure involving minors has been used since 1987 under the fireworks legislation. The legality of using evidence gathered in this way has been tested in a number of UK courts. The courts have rejected such challenges and found the evidence admissible on the basis the defendant had not been incited, instigated, persuaded, pressurised or wheedled into committing the crime.^[6] In the High Court Lord Justice Russell stated that entrapment is not a defense known to English law and if the test purchase procedure was ruled illegal it would emasculate the enforcement of a sensible piece of legislation which was passed for the express purpose of protecting young people. He

went on "I do not accept that what happened was in any sense an entrapment, or that the child acted as an agent provocateur. He did not incite, aid or abet the commission of an offence. By purchasing the goods he was simply playing a part in a situation which rendered the trader culpable".

The Supreme Court of Nova Scotia (2000) has ruled that the use of an underage boy to make test purchases of cigarettes was acceptable. This followed an earlier decision of the Canadian Supreme Court where it was held that police officers could provide opportunities to persons to commit offences provided their action was part of a *bona fide* inquiry.^[7] While in Ireland test purchase procedures, albeit without the involvement of underage volunteers, have routinely been used in enforcing the sale of food and drugs and poisons legislation.

National

Judgment of Mr. Justice Roderick Murphy dated the 10th day of November, 2006

There was a case stated to the High Court in relation to the issue of test purchasing under the previous legislation, the Health Promotion and Protection Act 1988. Judgement was given by Mr. Justice Roderick Murphy on the 10th of November 2006. The main findings which relate to Cllr Healy-Rae's queries are as follows:

Mr. Murphy found that the use of children in the test purchase scheme is not contrary to public policy, in fact it is necessary for the protection of children themselves subject to the provisions of the test purchase protocol.

The use of test purchase to enforce the law in respect of sales of tobacco products to under eighteens is therefore legitimate. No defense of entrapment is available to a defendant in such cases.

The sale of tobacco products in contravention of the law is an offence for which the 'seller' (owner/proprietor and the actual sales person where relevant) is strictly liable, subject to an 'all reasonable efforts' defense which is available in the legislation.

To avail of the 'all reasonable efforts' defense the standard of proof required from each defendant is on the balance of probabilities, and such a defense requires more than merely forming an opinion.

He or she must take all reasonable steps to ensure himself/herself that the person to whom the tobacco products were sold offered for sale or made available had attained the age of 18 years.

Advice to retailers regarding identification of minors

Given that the High Court has identified that retailers must do more than just form an opinion on the age of the person attempting to purchase a tobacco product, the Office of Tobacco Control has issued advice to retailers as to what additional steps would be reasonable. An extract from that advice is provided below.

- Under Section 45 of the Public Health (Tobacco) Act, 2002, it shall be an offence for a person to sell a tobacco product by retail to a person who has not attained the age of 18 years.
- *Who may be prosecuted if tobacco is sold to someone under-18?*

Depending on the circumstances of the case, the person who sells the product may be prosecuted and/or the owner of the retail outlet may also be prosecuted.

- *Can someone under 18 sell tobacco products?*

Currently there is no legal prohibition for someone under 18 to sell tobacco, however some shops have introduced this policy. It is the owner/manager's responsibility to ensure that anyone who sells tobacco understands their legal obligations and complies with the law.

- *What is a tobacco product?*

Any product consisting of tobacco (such as cigarettes, cigars and loose tobacco) and any cigarette paper, tube or filter manufactured for use in the smoking of tobacco.

- If you suspect that someone under 18 years of age is trying to buy a tobacco product, you should ask to see identification to prove that he or she is the legal age. This could be for example, a national age card, a passport, or driver's licence.
- It is your right to ask any customer for proof of age.
- If the customer can't provide suitable proof, refuse the sale.
- Explain that it is against the law to sell tobacco products to anyone you suspect is under-age and that is why you are refusing the sale.
- If a customer becomes abusive, it is your right to ask him or her to leave your premises.
- Make sure your staff know the law and the penalties for illegal sale to under-18s.
- Encourage and help your staff to ask confidently for proof of age identification.
- Lead by example. Refuse to sell to under 18s and train your staff to do the same.
- Monitor your staff for compliance with the legislation.

The Office of Tobacco Control's 2009 retail audit report^[2] found that the correlation between the willingness of retailers to ask for ID and their refusal to sell is direct and clear. In 97% of cases where the minor was asked for ID in retail outlets, the sale was refused.

Child Protection Issues

Many people have genuine concerns about involving children in the test purchase procedure. However, Tutt^[8] argues, "Recruiting activist young people to right a wrong demonstrates it is possible to influence things in our society by getting involved; a healthy demonstration surely in our democratic society".

Nevertheless, to allay these concerns, written codes of conduct have been developed that govern the involvement of children and which ensure that their safety and well-

being are paramount. The children must be fully informed and freely willing to participate, and have the consent of their parents. They are never left alone, never taken to premises where they may be recognised and always closely supervised by enforcement officers. In addition the codes are designed to minimise the possibility of the child having to give evidence in court. The HSE Test Purchase Protocol addresses the issues above.

Effectiveness of Test Purchase

The OTC audit in 2009 ^[2] found that the percentage of retailers refusing to sell cigarettes to minors has increased by eight points to 68% in 2009. This compares to a 60% refusal rate in 2008 and 52% in 2007. 94% of 14 year olds, 88% of 15 year olds, 61% of 16 year olds and 52% of 17 year olds were refused cigarettes. HSE South had the largest rise in compliance levels improving by 25% to 70% compared to 45% in 2008.

Recent data on test purchase activity by the Environmental Health service in the HSE shows that 555 test purchases were carried out in 2009, 477 of which (86%) were compliant. In HSE South the compliance level was 79.3%. The experience of the HSE to date clearly demonstrates that test purchase involving a volunteer minor is an essential component in combating tobacco sales to minors and results in significant improvements in the level of compliance with the underage sale prohibition.

In 2009 there were 8 cases taken for underage sales of tobacco products in Ireland of which 2 were in the South.

Are there alternatives?

Test purchasing is the most reasonable and effective way of assessing compliance with the legislation regarding under age sales to minors. It is not feasible or possible for Environmental Health Officers to observe retail outlets to witness illegal underage sales, as they are aware of the immense difficulties they would have in both interviewing the young purchaser and securing enough evidence to successfully prosecute the offending seller. As an agency for the protection of children they could easily be accused of causing unreasonable trauma to the child involved, even if they were entitled, which they are not, to stop the child and demand an interview.

Conclusions

The protocol has been developed to ensure the safety and well being of the child is paramount while enabling the investigation to achieve its aims, namely:

- To establish whether a retailer is willing to sell cigarettes to children under the age of 18 years
- To obtain sufficient evidence to prosecute a seller for this offence in court; and
- To do so in a fair and effective manner that does not seek to trick retailers but recreates a normal trading scenario

As Di Franza^[9] says, "Selling tobacco to minors is unethical. Failing to act to prevent harm to children is unethical. Preventing such harm through a fair programme of

merchant education, training, and compliance testing is not only ethical, it is a moral duty."

Should members have any further queries, please direct them to Ms. Elaine O'Mahony, Regional Health Office, South who will follow up on these with the Population Health Department.

References:

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- [2]. National Tobacco Retail Audit – 2009 Monitoring Report. Office of Tobacco Control 2009
- [3]. Preventing Tobacco Use Among Young People. A Report of the Surgeon General (1994) Accessed on 8/7/02 from: <http://www.cdc.gov/tobacco/sgr2.htm#Chapter%20Outline>
- [4]. *'Towards a Tobacco Free Society, Ireland – a Smoke Free Zone.'* The Report of the Tobacco Free Policy Review Group, Dublin: Stationery Office 2000
- [5]. Mawkes L, Wood, L, Markham P, Walker N, Swanson M, de Klerk N. *Choking the supply: restricting the sale of cigarettes to Children in Western Australia*. Health Promotion Journal of Australia 1997; 7(1).
- [6]. Chalmers J. *Test Purchasing: The Human Rights Dimension*. Trading Standards Review Vol. 109 April 2001 Trading Standards Institute, London, UK
- [7]. Chalmers J. *Test Purchasing, Entrapment and Human Rights*. New Law Journal, 6th October 2000
- [8]. Tutt, D. *"You can't do anything about Tobacco sales to kids", they say.*" Accessed on 8/7/02 from: <http://www.adfq.org/tutt.html>
- [9]. Di Franza J, 1995, Active enforcement of minors' access laws: a moral and ethical imperative, Tobacco Control, 4: P5.

Ms. Mary Keane, Area Chief Environmental Health Officer on behalf of Catherine Murphy, Assistant National Director, Population Health

Notice of Motion 5(b)

"To combat the continuing rise in diet-related ill-health including coronary heart disease, obesity (particularly amongst children), type-II diabetes, cancer, stroke and tooth decay that arises from diets high in saturated fats, salt and sugar, and deficient in essential minerals and vitamins, that the Regional Health Forum calls on the HSE South to support a range of healthy food initiatives including "Grow it Yourself" and allotment schemes which have seen a recent rise in interest in many towns and villages across the

country and include community food initiatives, local cafes, programmes at enhancing cooking skills, community supported agriculture etc."

Cllr. Seanie Lonergan

To support children and their parents with knowledge of healthy eating and other healthy lifestyle habits

- The World Health Organisation (WHO) Health Promoting Schools initiative is rolled out by the Health Promotion Department Community Dieticians who run Nutrition Policy workshops for primary and post primary schools (covering healthy eating, dental health etc) and have developed resources on healthy eating for children and activities for teachers to use in the classroom.
- Ongoing support to preschools and training has been provided to preschool workers and owners on the *National Nutrition preschool guidelines* and on the *National "3 week menu plan a resource for preschools"*.
- Community Dieticians provide training and support to Public Health Nursing staff on nutrition and healthy eating for young children and breastfeeding and are currently implementing a national resource "*Nutrition Reference Pack for Infants*". This resource will be given to each Public Health Nurse and will provide independent information on all aspects of infant feeding. Community Dieticians have also inputted and developed a range of nutrition and healthy eating leaflets for young children and their parents.
- Community Dieticians are currently delivering training programmes on *Growth Monitoring* and on *Nutrition for young children* to Public Health Nurses and Area Medical Officers; this is organised in conjunction with the Child and Adolescent Health Training and Development officer.

To support individuals and families with learning the fundamentals of a healthy diet and easy cooking ideas

- The Department of Health and Children Healthy Food Made Easy Programme (HFME) aims to promote health eating through a sharing of information and practical cookery sessions. This is a peer led programme, which consists of 6 sessions (2.5 hours per session). Currently this programme is run in Cork and Kerry, with a total of 24 tutors trained. Community dieticians support the roll out of this programme to groups locally.

To create awareness for Irish families of means to support healthier eating and physical activity habits through support of national campaigns such as *Little steps campaigns*

The clinical Nutrition and Dietetic Service is provided to some primary care teams (where staffing permits for all patients referred by their GPs. A major focus of this service is the management of Chronic Diseases and the prevention of further complications.

- Community dieticians provide a one to one service to some primary care teams in Cork and Kerry (where staffing permits), referrals are accepted for a wide range of medical conditions (e.g. obesity, heart disease, Diabetes). All consultations involve working with patients to educate them and find ways they can work towards making changes to their diet to help manage their

medical condition and reduce further complications. Resources have been developed by dieticians including information sheets, recipes, etc. to support patients.

- Community Dieticians currently deliver a group structured patient education programme XPERT for people with type 2 Diabetes. This programme provides people with the knowledge, skills and confidence to self manage their diabetes and has shown significant improvements in diabetes control, lifestyle and psychosocial outcomes. This programme consists of 6 sessions (each 2.5 hours). This project was the overall winner of the HSE Achievements awards in 2008.

I am unable to be in attendance at the Forum meeting on Thursday 11th February. However, if there are any further queries I can be contacted on (064) 6670763.

Please note that the Health Promotion Department anticipate making a full presentation to all members at a forthcoming meeting to fully update members.

Ms. Freda Horan, Community Dietician Manager, Health Promotion

Notice of Motion 5(c)

“That the HSE South would outline any proposals to provide additional physiotherapy services for those patients receiving long-term care at Castletownbere Community Hospital and also outline any proposals to improve the accommodation space in both Castletownbere and Schull Community Hospitals”.

Cllr. Danny Crowley

Physiotherapy services to Castletownbere Community Hospital are provided from the overall allocation of this service to the area. The service is provided to day care, inpatients, outpatients and home visits on a priority basis. In 2007 the provision of physiotherapy service to Castletownbere was increased from 11 hours per week to the current provision of 21 hours per week.

In relation to accommodation, significant development of Castletownbere Community Hospital has taken place over recent years with the development of the new Day Care Centre and related works. Major Capital Development proposals were also included in the National Development Plan. However, the priority developments for West Cork were the refurbishment for Dunmanway Community Hospital which went ahead and also to address the redevelopment of Mount Carmel hospital in Clonakilty as part of the overall of meeting Health Information and Quality (HIQA) standards. In terms of the current Capital plan, while the projects remain at planning stage they have not yet been included in the approved prioritised Capital programme which is reviewed annually.

Any refurbishments which will take place in both these units, and in all other community hospitals, will take into consideration the requirements as outlined in the Standards for Residential Care, which were put in place in July 2009 and which are governed by HIQA.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(d)

"That the Regional Health Forum opposes the HSE plan to centralise the processing of all medical card applications."

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

Since the introduction of revised eligibility arrangements for persons aged 70 and over at the beginning of 2009, all medical/GP visit card applications/reviews from persons aged 70 and over have been processed centrally by the HSE's Primary Care Reimbursement Service (PCRS).

In 2009, the PCRS processed over 72,000 applications from persons aged 70 and over including nearly 42,000 reviews. In the case of the reviews, 85% of cases where the required information was supplied were completed within 20 days and 95% within 30 days.

It is now planned that the PCRS will manage all primary care schemes including the processing of all medical/GP visit card applications and reviews during 2010. The centralised processing when fully implemented will deliver:

- (i) Improved turnaround times for processing of applications. Under the new arrangements the HSE will be aiming for a turnaround time of 15 working days or less, with provision for emergency applications to be dealt with immediately
- (ii) Consistent and equitable application of eligibility and service provision
- (iii) Clearer governance and accountability, as well as improved management information and
- (iv) A reduction in the overall number of staff required to process medical/GP visit card applications, thus freeing up staff for other service needs.

Locally, the HSE South maintains a working relationship with the staff in the PCRS. The intention is that local HSE staff will continue to assist applicants with the application process and with any related queries as they arise. To support this, the PCRS has recently put in place a national on-line facility which allows local health offices to track the current status of applications and reviews being dealt with by the PCRS.

I am enclosing a table with the names and telephone numbers for enquiries about medical/GP visit cards which are still being dealt with by local health offices. When processing transfers if an individual has a query or a representation about a medical/GP visit card they can in the first instance contact the Local Health Office (as per the enclosed table).

In addition to the above the PCRS has now launched a facility - www.medicalcard.ie - where a person who has applied through the national central office can view the status of their medical/GP visit card application or review online, using a unique reference number that is provided on the acknowledgement letter sent to them. If a mobile telephone number is supplied with the application/review, an acknowledgement of receipt and the application status/progress of the case will automatically be delivered to the applicant by text message as their case proceeds through the assessment process.

The PCRS is also finalising the development of a facility which will allow people to apply on-line if they wish.

The centralising of medical card processing will deliver improved services within the more limited resources available, the PCRS will continue to improve processing methods and access to information for clients and public representatives.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

AREA	CONTACT NAMES	TELEPHONE NO.	EMAIL
<i>Cork - South Lee</i>	Margaret Hennessy Siobhan Goulding	021 4965511	siobhan.goulding@hse.ie
<i>Cork - North Lee</i>	Jim Wall Ann Canty John Lyne	021 4965511	ann.canty@hse.ie john.lyne@hse.ie
<i>West Cork</i>	John Murphy Teresa O'Donovan	028 40424	john.murphy5@hse.ie
<i>North Cork</i>	Deirdre Madden Yvonne Finn Orde	022 44900	marie.oflynn@hse.ie
<i>Carlow/Kilkenny</i>	Mary O'Hanlon Linda Knox	059 9136520 (Carlow) 056 7784600 (Kilkenny)	carmel.farrell@hse.ie yvonne.power@hse.ie catherine.barry@hse.ie patricia.dowling@hse.ie sandra.oconnor@hse.ie matthew.power@hse.ie
<i>South Tipperary</i>	Teresa Murphy Chris Monahan	052 6177000	Rose.arrigan@hse.ie sheena.mullally@hse.ie
<i>Waterford</i>	Pat Walsh Mary Sheridan	051 842800	rosemarie.carroll@hse.ie Gerard.quirke@hse.ie

AREA	CONTACT NAMES	TELEPHONE NO.	EMAIL
			Diane.moran@hse.ie
<i>Wexford</i>	Jeanne Hendrick Tim Noone	053 9123522 053 9123522	joan.kavanagh@hse.ie clare.rice@hse.ie Helen.obrien@hse.ie lisa.goodison@hse.ie
<i>Kerry</i>	Joan Barry Maureen Fitzgerald	066 7184800	joan.barryoshea@hse.ie

Notice of Motion 5(e)

“That the HSE would provide more Disabled Parking spaces at Kerry General Hospital. Presently there are three spaces at the front of the hospital and two at A/E. This number is totally inadequate and there is plenty of green area that could be utilised to provide more spaces. At the Palliative Care and Dialysis Unit there are no designated Disabled Parking Spaces and many of the patients using these facilities are wheelchair users.”

Cllr. Marie Moloney

At Kerry General Hospital there are presently 5 dedicated disabled spaces on the grounds of the hospital:

- 3 outside the Front Entrance
- 2 outside the Accident and Emergency Department.

These areas are patrolled regularly by the hospitals security staff and those using these parking spaces inappropriately are dealt with by either directing them to the Public Car Park or by placing warning stickers on unoccupied vehicles not displaying disabled badges.

As part of a tender for recent roadway improvements carried out to the rear of the hospital, provision was made for two additional disabled parking bays in the dialysis and palliative care areas. The specific white lining works required to demarcate these spaces can only be carried out on dry surfaces. Unfortunately, due to the recent adverse weather conditions these works had been postponed by the contractors. However, it is intended that that will be undertaken as soon as is possible. These additional spaces will bring to 7 the total number of dedicated disabled parking spaces at the hospital.

A review of the existing disabled parking spaces to the front of the building will also be undertaken over the coming months.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(f)

“That the HSE investigate and respond to the increasing widespread public concern regarding the spread of so-called Head Shops throughout the country.”

Cllr. John Coonan

The HSE is concerned at the emergence and rapid growth of these so called ‘Head Shops’, particularly as some products sold in these shops may cause a health risk to those who consume them.

The primary responsibility for coordinating the response to this situation is with the Dept of Community, Rural and Gaeltacht Affairs and John Curran T.D, Minister of

State with responsibility for the implementation of the National Drugs Strategy, who is pursuing this issue with all of the relevant Government Departments.

There is a concern that some of the products for sale may contain harmful chemicals that are injurious to human health. The HSE are not in a position to prevent this, however the Dept of Health and Children has been asked by Minister Curran to revisit the Misuse of Drugs Acts [1977 and 1984] with a view to considering extending the list of banned substances. Along with this the Dept of Environment Heritage and Local Government has been requested to address this issue under the planning laws and the Dept of Enterprise, Trade and Employment has also been requested to address this under public liability insurance coverage. A coordinated response to this issue is being developed by the Government, in line with responses by other EU countries who are experiencing similar concerns with this problem

The HSE services are available to anyone who requires treatment as a result of physical or mental illness arising from consuming any products available at these premises.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(g)

“With regard to the Nursing Home Support Scheme/Fair Deal that the HSE reconsider its position in relation to financial assessments for long-term care and that agreement in principle be sought as an interim measure while financial assessment is being undertaken, thus avoiding un-necessary delays in allocating beds to those in need.”

Cllr. Barbara Murray

The Nursing Home Support Scheme ‘A Fair Deal’ has been in operation since 27th October 2009 and involves both an assessment of an applicants needs for long term residential care and an assessment of their finances so that their contribution towards the cost of their care can be determined.

Whilst for straightforward applications the financial assessment process can be very swift, it is recognised that the financial assessment process can take a number of weeks for more complex cases, or where there are delays in accessing financial information.

In light of this, and taking account of the pressures on the acute system, it has been agreed nationally that acute hospitals, in planning for the patient’s discharge, and in consultation with families and the patient’s nursing home of choice, may discharge patients who have been determined as requiring long term residential care and whose financial assessments are not yet complete but are at an advanced stage.

Once the patient’s application has been fully processed, the HSE will undertake to back-date payment of the appropriate HSE contribution to the date of admission, or the date of application, whichever is the later. When the application for financial support has been completed, the HSE will advise the Nursing Home and the applicant

with regards to the applicants weekly assessed contribution towards the cost of care, which will also be payable by the applicant from the date of admission.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(h)

"That the HSE would produce a report outlining:

- **The number of bed nights lost in Cork City and County hospitals in 2009 arising from delayed discharges**
- **The reasons for delayed discharges**
- **The number of procedures which were postponed or cancelled because of delayed discharges**
- **When these procedures will be carried out**
- **The number of people required to spend nights on trolleys in A&E because of delayed discharge**
- **The current status of plans to deliver continuing care beds and the number of continuing care beds provided directly by the HSE in 2006/2007/2008/2009 and which are expected to be provided in 2010."**

Cllr. John Buttimer

The definition of a delayed discharge is patients who have completed the acute phase of their care and are medically fit for discharge.

The number of bed nights lost in Cork City and County hospitals in 2009 arising from delayed discharges

Bed Days Lost to Delayed Discharges 2009			
Hospital	> 65 yrs	< 65 Yrs	Total
Cork University Hospital	6,695	4,434	11,129
South Infirmary - Victoria Hospital	3,344	471	3,815
Mercy Hospital	2,982	451	3,433
Bantry General Hospital	2,406	33	2,439
Total	15,427	5,389	20,816

The reasons for delayed discharges

There are a number of reasons as to why a delayed discharge might occur.

Examples of these can include:

- An application for the Nursing Home Subvention Scheme (NHSS) is still being processed e.g. the application form may not have been completed correctly or there may be information outstanding
- Patient may be awaiting external rehabilitation e.g. National Rehabilitation Hospital
- Patient may be awaiting Hospice Care
- Patient may be a Ward of Court

- Patient may be awaiting a home care package e.g. home help, aids or appliances, minor adaptations to their home etc
- Patient may be awaiting a placement in a specialised care setting e.g. Level 1 placement
- Patient or family may be declining discharge

The number of procedures which were postponed or cancelled because of delayed discharges

A planned procedure may be cancelled for a variety of reasons: -

- For medical reasons taken by the patients treating consultant
- The level of emergency activity in the theatres
- The number of emergency admission through A&E – if a hospital reaches critical capacity level one of the options open to hospital management is to cancel certain types of elective procedures
- Availability of specialist beds – e.g. the need to ensure that there are sufficient ICU beds available post procedure
- Infection Control - Beds may also not be available for infection control purposes e.g. in a situation where there is an outbreak of SRSV (winter vomiting bug) in a hospital
- Delayed Discharges that lead to the non-availability of a hospital bed

Set out below is the total number of in-patient and day case procedures cancelled in 2009. However, it is impossible to accurately quantify the number of these cancellations which can be directly attributed to delayed discharges.

South Hospital Group	Planned admissions cancelled by the hospital - Day cases	Planned admissions cancelled by the hospital - Inpatients	Total
Bantry General Hospital	0	0	0
Cork University Hospital	784	477	1261
Kerry General	10	35	45
Mallow General Hospital	214	0	214
Mercy Hospital	n/a	n/a	n/a
South Infirmary - Victoria Hospital	n/a	n/a	n/a
Sum:	1008	512	1520

When these procedures will be carried out

Any procedure that has been cancelled is rescheduled at the earliest possible opportunity, in consultation with the patient and their treatment team.

The number of people required to spend nights on trolleys in A&E because of delayed discharge

It is not possible to identify which of the patients waiting in A&E for admission were unable to access a bed directly because of delayed discharges.

The current status of plans to deliver continuing care beds and the number of continuing care beds provided directly by the HSE in 2006/2007/2008/2009 and which are expected to be provided in 2010.

Residential Care for older people is provided in a range of public and private facilities throughout the HSE South. There are over 120 registered private nursing homes which provide a total of 5,000 approx. residential care beds. In addition, there are 58 public facilities providing over 3,000 beds in the region. The public facilities include HSE extended care units, as well as other units that are owned/managed by voluntary providers with substantial financial support being provided from the HSE.

The majority of beds in public units provide extended/continuing residential care (80% approx). However, they also provide a variety of other categories of beds such as convalescent, respite, palliative, rehabilitation and dementia specific.

While the HSE directly provides continuing residential care in community hospitals and in long stay facilities, it has also contracted a number of beds in private nursing homes over the past 6 years in various LHO areas in response to the growing requirements to provide affordable residential needs of older people in particular. There are currently around 470 beds contracted in private nursing homes across the 9 Local Health Office areas in HSE South. These will be phased out as beds become vacant due to the introduction of the Nursing Home Support Scheme.

HSE South also supports people's residential care needs through the nursing home subvention scheme (over 2,600 clients in receipt of subvention in HSE South at the end of 2009). All applicants seeking financial assistance with the costs of long stay care across public, voluntary and private facilities must now be considered under the Nursing Home Support Scheme (A Fair Deal) which was introduced in October 2009.

The following table provides information on the total number of continuing care beds provided directly by HSE South and provided by voluntary units funded by the HSE South:

Table 1

	2006	2007	2008	2009
No. of Continuing Care Beds provided directly by HSE South	1660 *	1730 *	1834 *	1814
No. of Continuing Care beds provided by Voluntary agencies funded by HSE South	660 *	747 *	590 *	552

**data based on 80% of total bed capacity identified in DoHC long Stay Activity Statistics 2006-2008*

Government policy on services for older people recognises the implications of the demographic changes facing Ireland, with a projected 140% increase in the over 65 population (1.2m) by 2036, with a 234% increase in the over 85 population (0.156m).

With this predicted growing population of older people in Ireland, there is an ongoing requirement to provide additional residential care places. In 2006, the Government responded to this need by taking the decision to provide funding for additional public residential units and beds throughout the country, focusing on areas where the requirements were most immediate and where there were significant service pressures particularly in large urban areas where Community Nursing Units had not been traditionally developed. Decisions regarding the locations of the new

Community Nursing Units were supported by a detailed analysis undertaken by the HSE and Dept. of Health & Children.

In HSE South, 37 additional long stay beds were provided in St. Finbarr's Hospital, Cork in 2008/2009 under the Fast Track Initiative.

Improving Our Infrastructure in 2010

A number of capital projects that are to be completed and / or to become operational in 2010, include:

- St. Mary's Cork
- An Daingean, Dingle (additional 25 beds)
- St. Vincent's Dungarvan, Waterford (additional 8 beds)
- St. John's, Enniscorthy
- Tralee, Kerry (additional 21 beds)
- Ballincollig, Cork (additional 100 beds)
- Farranlea Rd., Cork
- St Patrick's Hospital, South Tipperary

An integrated model of care for older people is being developed across HSE South, which will provide for appropriate care in appropriate settings along a continuum from home and community based services through acute intervention to long term residential care with older persons needs and preferences being central to the decision making that is required throughout the process. In 2010, 299 replacement beds and 304 new beds (154 public + 150 contract) will be provided across the HSE South.

Mr. Ger Reaney, Interim Hospital Network Manager, Southern Hospitals Group

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(i)

"That this Forum would receive a comprehensive update regarding the new Mammography Screening Machine and its related services at Kerry General Hospital."

Cllr. Brendan Griffin

The HSE South successfully relocated the initial diagnostic and surgical symptomatic breast care services from Kerry General Hospital (KGH) to Cork University Hospital Cancer Centre (CUHCC) in October 2008. Follow up Mammography screening for those patients who have undergone surgery will be carried out at KGH and the necessary facilities and resources are currently being put in place for this purpose. Following decommissioning of the existing mammography machine at KGH, a new digital mammography machine has been purchased, at a cost of €340,000 by the National Cancer Care Programme (NCCP).

Further to the development of technical plans for the installation of the Mammography machine, we are pleased to advise that a contractor has now been secured to carry out the installation works required for this project. Installation works will comprise the creation of additional space within the Radiology Department to accommodate the size of the new mammography unit. A digital link and integration with the Radiology Information System / Picture Archive Communication System (RIS/PACs) at Cork University Hospital will also be enabled through this project.

As this is a relatively specialist programme of works, the selected Contractor is currently liaising with Technical Services at Kerry General Hospital to comprehensively scope and confirm the programme of works required.

Digital or computerised mammography is similar to standard mammography in that x-rays are used to produce detailed images of the breast. Digital mammography uses essentially the same mammography system as conventional mammography, but the system is equipped with a digital receptor and a computer rather than film cassette.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(j)

“Considering that there are 1,500 people in Cork waiting to be tested and fitted for hearing aids including 983 children and that it is taking up to a year to deal with each patient through the HSE Audiology Department in Cork, that the HSE would examine the feasibility of using the commercial sector to deal with this serious backlog.”

Cllr. Catherine Clancy

The Health Service Executive (HSE) - Southern Area provide services for Children who are Deaf or Hard of Hearing through the community based Audiology service. Audiology is an essential Primary Care Service. Children with suspected hearing impairment are referred to the community based audiology service and/or the Ear, Nose and Throat (ENT) specialist in their locality. ENT specialists provide clinical assessment, diagnosis and treatment. The community based Audiology service assesses hearing level, provides an audiological diagnosis and prescribes and fits appropriate hearing-aid equipment.

With respect to the commissioning of private commercial services, the Regional Coordinating Committee (R.C.C.) of the HSE South communicated with the Tánaiste Mary Harney, Minister for Health & Children, on 22nd June 2005, raising their concerns regarding the private sale of hearing aids in Ireland.

In particular they are concerned about the lack of regulation in the area and made the following recommendations:

- Private hearing aid dispensers need to be licensed/registered. The R.C.C. recommends that a system similar to the U.K. Hearing Aid Council, which regulates the private sale of hearing aids, be established in Ireland.
- A system of Standards needs to be agreed to include minimum benchmarks of staff qualifications, quality of premises and Codes of Practice.

- All Audiologists should also be registered as certified clinicians.

As there have been no changes to this process, the HSE would not be in a position to commission private commercial services to address the current backlog.

A second Paediatric Audiology Scientist was recruited for HSE PCCC Cork, with significant investment in new assessment instruments and equipment in 2009. The HSE is seeking approval to recruit an additional Audiologist in 2010. The business case for same is being processed with a view to securing derogation from the moratorium on recruitment as Audiology posts are not included on the list of derogated posts currently. In the event that approval is granted we will proceed to fill additional posts to reduce the waiting times.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

QUESTIONS 11TH FEBRUARY 2010

Question 6(a)

"To ask the HSE for information pertaining to the assessment of and intervention with children considered at risk in the Cork region for the years 2006, 2007, 2008 and 2009:-

- **How many children in the Cork region were referred at risk of abuse?**
- **How many were assessed and found to be at risk requiring intervention?**
- **What is the average time between referral, subsequent assessment and intervention?**
- **What is the percentage of risk category each year?**
- **The number of social workers employed specifically to work with children and families at risk?**
- **The number of social workers available for out-of-hours duty each night and weekend?**
- **The number of approved designated beds for children in 2006, 2007, 2008, 2009?**
- **The number of beds used for each given year i.e. the percentage of occupancy?**
- **The costs associated with the provision of approved accommodation per bed?**
- **The number of children who spent nights in residential facilities not approved for children or which are designated for adults in 2006, 2007, 2008 and 2009, the number of bed nights involved and the reasons why?**
- **The number of children who have been placed in services out of the region and/or the State for the purposes of residential provision and the associated costs?**
- **How many vacancies (including unfilled maternity leave) currently exist in social work posts in the Cork region?**
- **What evaluation of social work services has been undertaken in the last five years or is planned for in the coming five years?"**

Cllr. John Buttimer

Cork County and City is divided into 4 local health office areas (LHO areas); North Lee, South Lee, North Cork and West Cork. Based on the 2006 census the under 18 population for each of these LHO areas is as follows:

- North Lee 41,427
- South Lee 41,605
- North Cork 19,678
- West Cork 13,531

Each Local Health Office area has a Child Protection and Welfare Social Work Team.

The Child Protection and Welfare Guidelines (incorporating Children First) ² were implemented in 2003 in the 5 LHO areas in Cork and Kerry. At present there is a

national project underway (National Child Care Information System Project) which has two fundamental objectives:

1. Standardise business processes across all LHO areas
2. Implement an IT system to support the business processes

In 2008 West Cork was a pilot site for national standardised business processes and is operating these for Referral and Assessment. It is planned that the standardised business processes for referral and assessment will be rolled out to all LHO areas nationally in 2010.

It should be noted that most areas do not have a comprehensive IT system and the data collected is generally in the format required by the Department of Health & Children. The data in this report was collated in December 2009.

How many Children in the Cork region were referred at risk of abuse?

Total No. of reports received by Child Protection and Welfare Social Work Departments (Abuse & Welfare)	2006	2007	2008	Up to the 30/06/2009
North lee	717	1000	912	495
South lee	518	600	574	271
North Cork	392	405	429	198
West Cork	219	250	242	232
Total	1,846	2,255	2,157	1,196

Child abuse reports are categorized under the following headings:

- Physical Abuse
- Sexual Abuse
- Emotional Abuse
- Neglect

Details of the breakdown of child abuse reports received for the years 2006 to 2008 are as follows:

	2006				2007			
ABUSE reports received	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
North lee	100	59	39	122	136	79	42	155
South lee	88	74	47	132	98	82	104	138
North Cork	34	58	25	85	37	48	71	62
West Cork	23	35	35	52	34	33	19	75
Total	245	226	146	391	305	242	236	430

2008				
ABUSE reports received	Physical Abuse	Sexual Abuse	Emotional Abuse	Neglect
North lee	116	73	74	144
South lee	106	80	70	151
North Cork	24	38	33	97
West Cork	15	26	27	47
Total	261	217	204	439

Figures for 2009 are not yet available

How many were assessed and found to be at risk requiring intervention?

No. of reports that went to Initial Assessment during the year	2006	2007	2008	Up to the 30/06/2009
North lee	25	11	133	40
South lee	78	84	52	15
North Cork	303	309	270	111
West Cork	84	181	239	222
Total	490	585	694	388
No. of reports received during the year that were still ongoing work at year end	2006	2007	2008	
North lee	662	974	426	
South lee	371	313	428	
North Cork	224	229	210	
West Cork	132	189	220	
Total	1,389	1,705	1,284	

What is the average time between referral, subsequent assessment and intervention?

Reports/ Referrals received by Child Protection and Welfare Social Work Departments are divided into the categories of Physical Abuse, Sexual Abuse, Emotional Abuse, Neglect and Welfare. It would not be possible to provide an average time between referral, subsequent assessment and intervention as it depends on the individual nature of each concern. Children First states that "HSE records must be checked at the earliest opportunity to establish whether a child or family is known...and the nature of the information available¹". Local guidelines recommend that each report is screened within 24 hours².

¹ Children First: National Guidelines for the Protection and Welfare of Children, December 2009, Office of the Minister for Children and Youth Affairs.

² Guidelines for Implementing the Child Protection and Welfare Process and Child Protection Notification System in the Southern Health Board, 2003, SHB.

What is the percentage of risk category each year?

% of reports received that were child abuse	2006	2007	2008
North lee	56%	39%	41%
South lee	79%	63%	60%
North Cork	55%	54%	48%
West Cork	73%	64%	59%
Total	64%	50%	50%

Figures for 2009 are not yet available.

The number of Social Workers employed specifically to work with children and families at risk.

The Child Protection and Welfare Social Work departments in each Local Health Office deal with reports/referrals, assessments, ongoing casework and children in care.

Budget allocation Whole Time Equivalent (WTE) of child protection & welfare social professionals³	2009⁴
North lee	39.5
South lee	22.25
North Cork	12.5
West Cork	8.5
Total	82.75

The number of social workers available for out-of-hours duty each night and at weekends

With the aim of meeting service need the HSE is working in partnership with Five Rivers Ireland who have been engaged by the HSE to provide emergency out-of-hour's accommodation for children deemed either by an Garda Síochána or the HSE to be in immediate need of a care placement.

The rationale for such placements is to provide the Gardaí with a national point of referral in cases where they have to invoke Section 12 of the Child Care Act, 2001. Five Rivers have emergency places with selected families, similar to foster care places, where a child can be accommodated in emergency circumstances.

This arrangement helps to avoid the previous usual situation where a child in such circumstances was either accommodated in the local paediatric ward of the nearest acute hospital or in a Garda Station.

³ Social Work Professionals include Social Worker, Senior Social Work Practitioner, Team Leader and Principal Social Worker grades

⁴ There has not been a reduction in the WTE budget allocation over the last 5 years

The number of approved designated beds for children in 2006, 2007, 2008 and 2009

Beds available in HSE Residential Units in HSE South (Cork & Kerry) ⁵	2006	2007	2008 ⁶	2009 (Projection)
North lee	27	27	20	20
South lee	16	16	8	8
North Cork	3	3	3	3
West Cork	0	0	0	0
Kerry	21	21	20	20
Total	67	67	51	51

The number of beds used for each given year i.e. the percentage of occupancy

Bed Nights used and % used in HSE Residential Units in HSE South (Cork & Kerry) ⁵	2006 Number	2006%	2007 Number	2007%	2008 Number ⁶	2008%
North lee	5,672	58%	6,457	66%	5,474	75%
South lee	4,125	71%	3,632	62%	2,814	96%
North Cork	1,050	96%	1,072	98%	962	88%
West Cork	0	NA	0	NA	0	NA
Kerry	5,247	68%	5,172	67%	4,955	68%
Total	16,094	66%	16,333	67%	14,205	76%

The costs associated with the provision of approved accommodation per bed

YEAR	Expenditure (Non Pay & Pay) for all HSE residential unit geographically located in Cork and Kerry under the remit of the North Lee Child Care Manager
2009	16,215,177
2008	15,380,278
2007	14,401,477
2006	13,601,424

The number of children who spent nights in residential facilities not approved for children or which are designated for adults in 2006, 2007, 2008 and 2009, the number of beds nights involved and the reason why.

⁵ Denotes geographical location of the Residential Units. Management of HSE Residential Units is under the remit of the North Lee Child Care Manager. Bed availability is **not** based on the geographical location of the child.

⁶ Residential Units were reassigned bed number nationally in 2008

All HSE children's residential units are for children and are monitored internally by HSE Monitoring Officers and inspected by HIQA. HIQA reports are available at www.hiqa.ie

The number of children who have been placed in services out of the region and/or the State for the purposes of residential provision and the associated costs

No. of children in care placed outside of Ireland <u>at year end</u>	2006	2007	2008	2009
North lee				
South lee				
North Cork		1	1	1
West Cork				
Total	0	1	1	1
Costs in sterling		£10,460	£214,105.56	£176,032

The Specialist residential treatment programme required was not provided by the HSE or available in ROI.

How many vacancies (including unfilled maternity leave) currently exist in social work posts in the Cork region

WTE social worker vacancies at	30/11/2009
North lee	7 ⁷
South lee	2 ⁸
North Cork	1 ⁹
West Cork	0
Total	10

"What evaluation of social work services has been undertaken in the last five years or is planned for the coming five years"

Every year under Section 8 of the Child Care Act the Review of Adequacy of Child Care and Family Support Services is published.

In 2009, HSE convened a Task Force on Children and Families services that evaluated a range of social work functions including child protection. Under the

⁷ Unfilled maternity leave and long term sick leave. This has reduced to 5 at the beginning of 2010.

⁸ There were two vacancies as of 30.11.2009, one was filled at the beginning of 2010 and the other is in the process of being filled by the National Recruitment Service.

⁹ Unfilled maternity leave who returned to post in January 2010. Two more maternity leaves are due to start in 2010 without provision of posts being filled.

umbrella of the Task Force, the 2008 National Social Work & Family Support Survey was completed and has been published, and the full Standardised Business Processes for HSE Children and Families Social Work were completed.

The HSE South is already proceeding with the standardised child protection referral and assessment processes which are being implemented across all Local Health Offices (LHOs) in line with Task Force outputs and which is provided for in the Service Plan 2010.

The Office of the Minister for Children and Youth Affairs (OMCYA) conducted a national review of compliance with Children First – National Guidelines for the Protection and Welfare of Children, the results of which were published in July 2008 and are available on the OMCYA website – www.omc.gov.ie

The Office of the Minister for Children and Youth Affairs has published a revised version of Children First – National Guidelines for the Protection and Welfare of Children, which is available on its website and which HSE will be required to implement from March 2010.

The Ombudsman for Children is currently completing an investigation into HSE compliance with Children First – National Guidelines for the Protection and Welfare of Children, and her report will be published this year.

In June 2009 HSE commissioned PA Consulting to conduct a strategic review of its child protection services, and the final report of that review is awaited. HIQA will be inspecting HSE Child Protection services from 2011 against National Standards that are currently being finalised.

HSE South - Implementation of the National Service Plan 2010

In the context of the HSE Service Plan 2010 Children & Families services are being prioritised and a range of measures will be implemented which are outlined below.

- Report of the Commission to Inquire into Child Abuse (Ryan Report), 2009
 - In the context of the additional resources of €14m being provided in 2010 by DOHC for implementation of the recommendations of the Ryan Report, the priority for HSE South in 2010 will be to ensure that children in care will have a written care plan and an allocated social worker. A regional task group has been established to examine and identify measures to address the support needs of children in care in line with the statutory requirements set out below:
 - It is a statutory requirement under the Child Care Act 1991 to ensure that all children in HSE care have a written care plan and that there are regular scheduled reviews of these care plans. The target set in the Ryan Report Implementation Plan for the percentage of children in care with a written care plan is 100% by the end of 2010.
 - In line with the resources provided, HSE South will progressively increase the number of children in care with an allocated social worker during 2010, with the intention of full compliance by the end of the year.
- Child Protection Services -The first phase of the new HSE standardised child protection referral and assessment processes will be implemented across all LHO areas, in line with HSE National Task Force outputs. €6m

has been provided nationally to meet the increasing demand of foster care services and in addition €0.5m has been allocated to the piloting of an Out of Hours service.

- Out-of-Hours Services - Emergency Place of Safety Services will be augmented to provide a more timely responsive service with ongoing monitoring of performance.
- "Children First" National Guidelines for the Protection and Welfare of Children - The revised Children First Guidelines will be implemented in HSE South.
- In line with work ongoing on the strategy and implementation plan for an integrated model of care for children and young people in high support and special care, a task group has been established for the strengthening and rationalisation of residential services across the HSE South.
- Alternative Care, Care Planning - A standardised care planning template will be rolled out across all LHO areas in 2010.
- National Child Care Information System (NCCIS) –HSE South will support the implementation of NCCIS as appropriate.
- Family Support Agenda for Children - HSE South will support the implementation of the Agenda for Children Strategy as appropriate.
- Improved Quality and Safety processes - The National HSE Task Force recommendations on quality and safety processes will be implemented in HSE South as required.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(b)

"What plans are in place to provide a Primary Care Centre to facilitate patients on the Beara Peninsula?"

CIlr. Danny Crowley

The Primary Care Strategy envisaged that Primary Care Teams (PCTs) are set up "to work with local populations and other agencies to identify health and social needs" and to "provide appropriate responses" in terms of health care to that specific population.

In this context, a national project to procure integrated HSE and GP resourced Primary Care Centres was initiated by the HSE in 2007, through a Public Private Partnership (PPP) process in accordance with government strategy. The project was based on the principle that the GP Primary Care infrastructure elements in these centres are funded by the GPs, that the HSE fund the public healthcare infrastructure elements, and that the shared common infrastructure elements are funded jointly on an agreed proportional basis.

To date, this procurement model is proving successful in terms of supporting the Primary Care strategy, achieving value for money and appropriate timescales, meeting the HSE's needs, and facilitating integration of GPs and HSE staff. Valid bids were received by the HSE South Estates Office for over 40 locations across the South. Schedules of accommodation have been agreed and legal discussions are

ongoing for the majority. A number of Centres are expected to be operational in 2010. I can confirm that, whilst Castletownbere was included on the national list advertising for tenders, there were no bids received in respect of this location.

In the absence of bids to proceed with Primary Care Centre accommodation through the PPP process, the West Cork Local Health Office is currently carrying out renovations to the existing Health Centre premises in Castletownbere to improve access to the building and make it more adaptable to address multi-disciplinary team working. The West Cork Local Health Office has also prioritised the development of the Beara Primary Care Team in 2010, and enhancement of the existing Castletownbere Centre will facilitate this development. It should also be noted that the HSE continues to provide community-based services from centres in Bere Island, Adrigole, Eyeries and Allihies, all on the Beara Peninsula, and a 33 bedded community hospital based in Castletownbere. Two GMS GPs are based in their own accommodation in Castletownbere, and GP clinics are also held in various HSE facilities throughout the peninsula.

It is important to distinguish between the development of Primary Care Teams and Primary Care Centres. It is not necessary that all Primary Care Teams will actually be based in a new Primary Care Centre. While new Primary Care Centres are being built to facilitate co-location of GP practices and community based staff, there will also be circumstances where team members may be based in separate locations using ICT to facilitate team working. Co-location is not a pre-requisite, but meetings are arranged in a suitable facility to allow all Team members to attend, and, indeed, co-location may not be practical in certain situations where Teams span a large geographic area, where local health centres are critical to delivering services to local populations.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(c)

“What is the current position regarding the provision of a Hospice on the grounds of Waterford Regional Hospital?”

Cllr. Seamus Ryan

Answer:

In line with Government policy the Health Service Executive is progressing proposals for the development of a 20 Bed Specialist Palliative Care In-Patient Unit on the grounds of Waterford Regional Hospital.

A Design Team is preparing a Development Control Plan for Waterford Regional Hospital campus which will accommodate all proposed developments. The Specialist Palliative Care In-Patient Unit will feature in this Development Control Plan. The process will involve detailed consideration of the various inter-relationships between existing and planned future developments and the specific requirements of each unit. It is hoped to have this plan finalised by May 2010 at which stage a firm location on the campus will be agreed for the proposed hospice.

In conjunction with this the HSE have already engaged with the various interested parties regarding the proposed model of service delivery. The next stage of the

process is the establishment of a Project Group to finalise a design brief for the in-patient facility which will include all relevant stakeholders.

Funding is agreed on specific projects with the Department of Health & Children on a yearly basis taking into account the overall priorities of service provision, the stage of development of specific projects and the available resources for the Capital Development Plan.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(d)

“Can the HSE confirm at what stage are the proposals to transfer acute psychiatric services from South Tipperary to the Department of Psychiatry at St. Luke’s Hospital, Kilkenny?”

Cllr. John Coonan

As part of its intention to roll out the implementation of the Government’s Strategic Policy Document **A Vision for Change**, the HSE South has announced the development of a comprehensive community-based infrastructure for the delivery of patient-focused, high quality mental health services in the South Tipperary Local Health Office. This will involve a capital investment of €20m as part of the HSE’s multi-annual capital programme for Mental Health Services throughout the country. This investment will see the development of:

- **A Day Hospital and Community Mental Health Team HQ for the Clonmel sector**
- **A 40 bed Community Nursing Unit in Clonmel**
- **A 10 bed High Support Hostel for the Clonmel sector**
- **Two Crisis Houses, one each for the Clonmel and Tipperary/Cashel sectors**
- **Two residential units**

As part of this ongoing development, there is also a requirement to reconfigure the existing staffing resources to reflect the move from an institution-based service, to one that reflects a more appropriate, patient-centred community model, with varying levels of treatments mainly accessible at a local level. This will result in a substantial reduction in the need for in-patient beds, including acute beds. St. Michael’s Unit currently provides acute in-patient mental health services for people from both North and South Tipperary in its 49 beds. Alternatives to acute inpatient admission will be implemented in the community and will include a home-based treatment service team that will operate on a 24/7 basis with on-call facility at night, expanded Community Mental Health Teams to meet the increased demand placed on community services and a community based Crisis house as above. This will involve transfer of responsibility for Acute Inpatient services in respect of North Tipperary clients to HSE West in line with national process for implementation of **‘Vision for Change’**.

As this programme is implemented the acute inpatient beds in St. Michaels will no longer be required and it is intended that acute inpatient services will be provided in St. Luke’s Hospital Kilkenny which is a 44 bed purpose built acute psychiatric unit.

The detailed implementation of these arrangements will include close consultation with all stake holders across South Tipperary and Carlow/Kilkenny.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

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Question 6(e)

“Can the HSE comment on the ability of its emergency response fleet to deal with extremes of weather which have recently affected the country, specifically floods and extreme snow and ice conditions, and where there were reports that assistance had to be sought from the Gardai, army and members of the local community to enable crews access ill patients, and in the reply can it provide detail on:

- **The number of ambulances available for Cork City and County**
- **The number of first responder vehicles**
- **The type of vehicle used by SouthDoc**
- **How many of these are 4x4 vehicles?**
- **How many have snorkel exhaust systems?**
- **When the helicopter landing pad at CUH will be commissioned?”**

Cllr. John Buttimer

Members will recall that a presentation was made by Mr. Peter Daly, Chief Emergency Management Officer, South to the members of the Acute Hospital Services and Population Health Committee of the Forum in December 2009 on Emergency Planning in general and particularly on the HSE South’s response to the local flooding in November 2009.

Mr. Daly comprehensively confirmed the work that takes place on Emergency Planning, both at a national and local level, to ensure that An Garda Síochána, the Local Authorities, the Voluntary Emergency services and the HSE prepare for and make a co-ordinated response to major emergencies resulting from local and regional events such as fires, transport accidents, hazardous substance incidents and severe weather. The recent inclement weather specifically floods, snow and icy conditions is unprecedented and tested all services to the limit. However, part of the HSE’s aforementioned planning ensures that assistance can be sought from and provided by the Voluntary Emergency Services, the Civil Defence and the Defence Forces. These are long-standing arrangements which have been rehearsed and tested and in certain circumstances the HSE will formally request the assistance of these agencies. It did so in the recent severe cold weather and previously in the flooding and the response provided was excellent.

There were a number of instances where the Gardaí with their unique knowledge of local community resources were able to assist ambulance crews and other key staff. There were several praiseworthy cases where local individuals were able to assist crews to access ill patients. Even though the ambulance service does not formally ask for such assistance from the public, ambulance personnel have always found that the public has freely and generously offered to assist in good weather and in bad, and the ambulance service is grateful and appreciative of this.

It is worth noting that although response times were naturally reduced in no instance did the HSE fail to get to a patient.

In answer to the specific questions:

- The number of ambulances available for Cork City and County and Kerry is **50**
- There are **10** Ambulances in Cork City and each county base has **2** Ambulances
- The number of 1st responder vehicles is **3**
- The number of 4 x 4 vehicles is **13**
- The number of 4x4 vehicles fitted with snorkel exhaust systems is none at present

The total number of ambulances does not take into account crewed and rostered vehicles and about half the fleet is crewed. Geographic restrictions do not apply. Ambulances based in the city can go to the county and visa versa.

The types of vehicles used by Southdoc are Kia Ceed Estate Cars

Members will be aware that Cork University Hospital does not have a helipad at present. Patients who currently require transfer to and from CUH by air ambulance are taken to Cork Airport. There are also agreements in place with Coláiste an Spioraid Naomh and Highfield Rugby Club which allow helicopters to land on their grounds if necessary. Patient care is paramount at all times in making any decision on where best to land a helicopter.

The location of a helicopter landing pad at Cork University Hospital will be considered as part of the Site Development Control Plan at Cork University Hospital. The development of this control plan has recently commenced.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
Mr. Michael Norris, Assistant Chief Ambulance Officer, HSE South

Question 6(f)

“What is the up to date position regarding the construction of the new A&E Unit at Kerry General Hospital, including an update on the tender for the new unit and the anticipated start date for construction of the unit?”

CIlr. Brendan Griffin

The construction of a new Accident and Emergency Department at Kerry General Hospital remains one of the HSE’s main capital project priorities for the Southern Hospitals Group area (Cork and Kerry). However, as the economic climate has changed considerably since tenders were first received for this project in November 2008, it has been decided to revisit the tendering process with a view to obtaining greater value for money. This situation is currently underway. It is planned that construction work on the new facility will commence before the end of the year and the project will be completed as soon as possible. HSE Senior Staff has met with the Forum Members and Oireachtas Members and have advised them of this and of other developments happening in Kerry

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Question 6(g)

“What is the current waiting time for Ophthalmic out-patient appointments and Cataract procedures at Cork University Hospital?”

Cllr. Catherine Clancy

The Division of Ophthalmology at CUH provides a regional ophthalmic service for the Health Service Executive South area and a supra-regional service for Vitreo-Retinal surgery, Malignant Melanoma of the Choroid and Paediatric Ophthalmology. The Ophthalmology specialty deals with the assessment, diagnosis and treatment of patients referred from other hospitals, primary care or self referral in both an Out-patient and In-patient setting.

Cork University Hospital has a complement of 5 Ophthalmic Surgeons, all of whom review patients at one of the dedicated outpatient clinics. Following receipt of a referral letter, the Consultant/Senior Registrar reviews all referrals, including those for patients over 65, and based on clinical assessment patients are prioritised accordingly i.e. urgent / routine.

The average waiting time for an Outpatient Appointment is as follows:

Urgent Appointments – 1 - 28 weeks

Routine Appointments – 29 – 52 weeks

In relation to scheduling patients for cataract surgery, all patients receive a date for their procedure following clinical assessment. The department also has pre-admission assessment in place and patients are scheduled for pre-surgery investigations prior to admission for surgery. Urgent cases are scheduled for the first available theatre slot and are carried out as soon as possible. Routine cases are also carried out on a prioritised basis. There are a total of 371 patients on the in-patient and day case ophthalmology (including cataracts) waiting list in CUH at present. 368 of these patients are waiting less than 12 months for their procedure. Ophthalmology procedures are covered by the National Treatment Purchase Fund (NTPF) and CUH liaises with the NTPF with a view to referring patients waiting longer than 3 months for treatment when there is the capacity to do so. In some cases, patients may choose to decline an NTPF offer and remain with their treating consultant in CUH. In other cases the particular case in question may not be suited to an NTPF referral.

As part of the Reconfiguration of Health Services programme a sub-group was established under the chairmanship of Mr. Anthony Cullinane, Consultant Ophthalmic Surgeon, to make recommendations on the future configuration of ophthalmic services within the area. The sub-group has submitted its report and its findings will feed into the overall reconfiguration plan being developed by Prof Higgins and his team as part of the reconfiguration programme.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
11th MARCH 2010

NOTICES OF MOTION 11th MARCH 2010

Notice of Motion 5(a), Notice of Motion 5(b) and Notice of Motion 5(e)

5(a)

"That an occupational therapy service be provided in South Kerry to ensure that we have a proper and balanced service as is available in North Kerry by the Brothers of Charity Network."

Cllr. Michael Healy-Rae

5(b)

"That the HSE would ensure the immediate provision of Occupational Therapy Services at the Early Intervention Service in the Brothers of Charity Centres in Killarney and Caherciveen, Co. Kerry."

Cllr. Brendan Griffin

5(e)

"That the HSE make funding available for the provision of an Occupational Therapist in South Kerry as soon as possible. The lack of Occupational Therapy services in South Kerry is causing concern among parents. Many children are being denied access to any Occupational Therapy services at the Early Intervention Service in the Brothers of Charity in Killarney and Caherciveen. Children with special needs are unable to start main stream education without an Occupational Therapist report, which they have no access to at the moment"

Cllr. Marie Moloney

The provision of occupational therapy together with provision of paramedical services generally is a priority for the HSE South and significant additional resources have been provided over recent years. It is recognised that additional investment in occupational therapy services is required in the Kerry area for early intervention services for children 0-6 age group and this remains a priority for us in terms of any additional funding that may be provided.

However, there is also capacity to improve how the existing resources are being utilised to ensure a more equitable distribution across the county.

With the aim of improving service provision there has been a transition from the traditional model of service delivery to one that brings the different service providers together to ensure Early Intervention Services are being delivered in a co-ordinated manner throughout Cork and Kerry. This initiative has resulted in the establishment of an Intake Forum that has been very successful in streamlining speedy access for children requiring Early Intervention Services in Kerry.

In addition to this the HSE South will shortly be commencing a review of the Early Intervention Services in Kerry with a view to reconfiguring services and resources to ensure more equitable distribution throughout the county. In the interim it is planned to target once off funding to secure sessional occupational therapy to

improve interventions for young children with Intellectual Disabilities who are in need of Occupational Therapy Services in the South Kerry Region.

The provision of an Occupational Therapy service for South Kerry remains a priority for any new development funding for the provision of Early Services that may be received into the future.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(c)

“That the HSE would outline the future plans for St Mary’s Orthopaedic Hospital, the delivery of orthopaedic services in the City and County and what discussions have taken place with Cork City Council regarding the reconfiguration of services in the City and the subsequent changes in journeys across the city as a result.”

Cllr. John Buttimer

In the context of the emerging direction of the reconfiguration programme and the ongoing transfer of cancer services, the HSE South Regional Management Team is reviewing the potential to relocate elective (planned) and rehabilitation orthopaedic services to the South Infirmary Victoria University Hospital before the end of 2010. A detailed analysis of the feasibility and dependencies of this move will be completed over the next number of weeks.

The HSE South has already engaged with the unions as part of the information and consultation process in the delivery of our National Service Plan 2010. There will be full engagement with all unions on any potential relocation of services as part of the overall reconfiguration of acute hospital services in Cork. The consultation process will outline all options that will be available to staff regarding their terms and conditions of employment should any relocation of services take place.

While some of the acute hospital services historically provided at St. Mary’s Orthopaedic Hospital (SMOH) have already moved out or will move out of the campus as part of the reconfiguration process, it is important to recognise that St. Mary’s Orthopaedic Hospital provides a range of other healthcare services, which include a community nursing unit, health centre, outreach maternity clinic, intellectual disabilities services and mental health services. These services will be remaining on site.

Professor John Higgins has engaged with health services management and staff in developing a reconfiguration plan for Cork and Kerry for nearly a year, in the course of which he has had many meetings and conversations with officials, public representatives and members of the public. The purpose of reconfiguration is to provide a better fit between the range of services currently provided to patients, access to those services by patients, and clinical outcomes for patients. It is an important principle of the Horwath and Teamwork Review that as much healthcare as possible should be delivered as close as possible to people’s homes but it is not the only principle. The overriding aim is to achieve the best possible clinical outcomes

for patients within the resources available and to do this equitably across the region of Cork and Kerry as a whole.

The Reconfiguration Team is working to complete the overall reconfiguration plan for the region, which we expect to be available later this year. The plan will be a comprehensive set of proposals that will encompass all acute services in all six acute hospitals in Cork and Kerry. While elements of the plan are still under discussion and should not be taken out of context, what can be said at this stage is that the plan will be integrated and comprehensive and will seek to use all hospitals in the region in a joined up way to provide a more equitable, safe and effective health service for all the people of Cork and Kerry.

It is our intention to bring the final reconfiguration plan to the Forum members as soon as it has been finalised and adopted by the HSE South's Regional Management Team. Professor Higgins has met with the city manager on the reconfiguration plan and it was agreed that a further meeting with the county and city managers in Cork and Kerry will take place when the full plan is finalised.

In addition to the above as part of the ongoing collaboration between the City Council and the HSE South, the Regional Director and Senior Officials met with the City Manager on Monday last during which the future plans for the St. Mary's Orthopaedic Hospital complex site were discussed.

This provided an opportunity for the HSE South to outline its requirements in relation to the site. The HSE has confirmed its commitment to the future use of the site as a health complex. The HSE South in shaping our plans for the site would wish to actively engage with the City Council in the development of a local area plan or other appropriate mechanism to which we would agree the appropriate use of the site, to meet the City Council requirements in terms of planning and development as well as appropriate provision of health services in a way which would provide a positive outcome for the community in the area. All of the issues in relation to traffic management both around the St. Mary's Orthopaedic site and elsewhere can be addressed as part of this overall process.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion Item No. 5(d) and Question 6(d)

5(d)

"While acknowledging the requirement for a Modern Acute Mental Health Unit for Service Users, the HSE should have due regard to, both their needs and the needs of their families, bed occupancy, accessibility and safety and proceed with the ongoing phased implementation of the 5 year plan, to relocate the Acute Mental Health Unit to the campus of Wexford General Hospital, as negotiated and agreed between Unions/HSE, in tandem with the other elements of this agreement currently being rolled out in a building blocks approach by staff, i.e. development of new Sector H.Q. in the four main towns, enhanced staffing of Community Mental Health Teams, development of Home Care/Outreach/Rehab/Psych. of Old Age Teams, and development of an Acute Crisis facility for 'Revolving Door' patients, to

reduce inappropriate demand on acute beds, by allocating appropriate funding as a priority, to resource this major development in Mental Services, within Co. Wexford, for the years ahead."

Cllr. Pat Cody

Question 6(d)

"On behalf of the Staff Association representing Nursing/Support Care Staff/Ancillary/Catering staff in Wexford Mental Health Service, can the HSE inform the Forum as to whose decision it was to remove the proposal to 'Relocate the 32 bed Acute Mental Health Unit to Wexford General Hospital' from the Capital Plan for the HSE South, as it formed an integral component of the local 5 year plan for Mental Health Services agreed between Unions/HSE in 2008?"

Cllr. Pat Cody

The Report of the Expert Group on Mental Health Policy: *"A Vision for Change"* was published in January 2006 and was subsequently adopted by the HSE, in May 2006, as the organisational framework for the future development of mental health services in Ireland.

A National implementation plan, which spans the five year period from 2009-2013, was adopted which describes the strategic approach for operationalising those recommendations contained in *"A Vision for Change"* that fall to the HSE to implement. This plan was approved at the HSE board meeting on the 9th April 2009. Prior to the publication of the implementation plan for *"A Vision for Change"* it is important to acknowledge that a significant amount of work has already been undertaken on the journey towards implementing *"A Vision for Change"*.

In addition Members will be aware of the significant policy initiative recently outlined by Minister John Moloney to support the implementation of the vision for change strategy over the next number of years in particular ring fencing funding from the sale of HSE land and property to support the capital infrastructural developments required to close the old institutional base to move to a modern community based mental health service with the service user at the centre.

The HSE South has set out priority areas for development in 2010 which were presented to the Regional Forum at the last meeting in the document *"HSE South Implementing the National Service Plan"* (pages 16-19).

In determining our priorities the 5 year plans in the various Local Health Offices have been taken into consideration as part of an overall process across the region and nationally. In terms of infra structural development the priority for the HSE south is to close the old institutions and to reinvest in the purpose built modern community based services. Our immediate priorities in this regard are South Tipperary, Wexford, Kerry and Waterford.

Specifically in relation to the Wexford area, provision of appropriate inpatient beds for the population remains a priority and remains on the overall capital programme for 2009-2013. However, in the context of the extended catchment area work is underway to determine the location of appropriate acute inpatient care for Waterford and Wexford in line with Vision for Change and taking account of the best use of our finite resource. A comprehensive process will be put in place to finalise our position

in HSE South in collaboration with Assistant National Director Mental Health, Executive Clinical Directors and other key stakeholders including service users.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

QUESTIONS 11TH MARCH 2010

Question 6(a)

“What time frame is involved in the progressing of the new A/E for Kerry General Hospital, giving a firm commitment with regard to same?”

Cllr. Michael Healy-Rae

The construction of a new Accident and Emergency Department at Kerry General Hospital remains one of the HSE’s main capital project priorities for the Southern Hospitals Group area (Cork and Kerry). However, as the economic climate has changed considerably since tenders were first received for this project in November 2008, it has been decided to revisit the tendering process with a view to obtaining greater value for money. It will be April before we will be able to provide further clarity on the start date for this project but I can confirm that it is planned that construction work on the new facility will commence before the end of the year. The construction of the new department will take place in two phases and is expected to take approximately 15 months to complete.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Question 6(b)

“What if any, preventative measures, has the HSE taken to assist in the battle against radon gas related cancer and will the HSE request Central Government to implement a National Radon Testing Programme with a subsequent Radon Remedial Action Grant Scheme for buildings with high radon readings?”

Cllr. Brendan Griffin

The Health Service Executive (HSE) and the Radiological Protection Institute of Ireland (RPII) have agreed a joint position paper on radon with a view to informing and influencing policy in this area. The position paper advocates for a national radon strategy, which will form the basis for a coordinated response for the future. It will require input from local authorities and other agencies. The position paper will be launched shortly and a copy will be made available to members at that time.

Dr. Timothy Jackson, A/Director of Public Health

Question 6(c)

“Can the HSE state the number of social workers available for out of hours duty work; and the waiting times for intervention following the validation of abuse in Cork City and County?”

Cllr. John Buttimer

The provision of a comprehensive Out of Hours service across the country was considered over 2008 and 2009 and a determination was made that the implementation of such a comprehensive service was not the immediate priority given the current state of development of our services and that additional resources should be targeted at other priority areas such as the provision of additional social workers on the ground.

It was accepted however that an important requirement was that the HSE would be in a position to respond to Section 12 referrals by An Garda Síochána. In this context a dedicated service was established working in partnership with Five Rivers Ireland who have been engaged by the HSE to provide emergency out-of hours accommodation for children deemed either by an Garda Síochána or the HSE to be in immediate need of a care placement.

The rationale for such placements is to provide the Gardai with a national point of referral in cases where they have to invoke Section 12 of the Child Care Act, 2001. Five Rivers have emergency places with selected families, similar to foster care places, where a child can be accommodated in emergency circumstances.

This arrangement helps to avoid the previous situation where in certain situations a child in such circumstances was either accommodated in the local paediatric ward of the nearest acute hospital or in a Garda Station.

In relation to the question on waiting times for intervention following the validation of abuse in Cork city and county I can advise that, in cases where, following initial assessment, abuse is confirmed and the child is at ongoing risk, the case will be prioritised for immediate action and the question of a waiting list would not arise in such priority cases.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
13th MAY 2010

NOTICE OF MOTIONS 13TH MAY 2010

Notice of Motion 5(a)

“That the HSE South honour the commitment given by the former South Eastern Health Board in 1996 and clarify the position that the Acute Hospital Services would be maintained in South Tipperary General Hospital. It is believed that this was a legally binding agreement”

**Cllr. Seanie Lonergan
Cllr. Mary Hanna Hourigan
Cllr. Liam Ahearn**

The work of the HSE South, Hospital Group South East Steering Group, its Special Advisory Groups and Consultation process has been detailed to Members at HSE South Forum Meetings, Acute Services & Population Health Committee Meetings and Briefings for Oireachtas Members within the South East.

The HSE has also advised the public and hospital staff through press releases, local radio interviews and the publication of “Reconfiguration News”.

The focus of the Steering Group is concentrated on identifying the most appropriate model of acute hospital care for the HSE South East and within that, to provide the safest, most sustainable, cost effective and highest quality services.

The HSE have commenced a programme of reconfiguration principally to ensure that high quality and safe services can be delivered into the future as the HSE will have to meet new regulations and licensing requirements including HIQA standards and EU Directives, especially the European Working Time Directive which limits the working commitment of NCHDs in our hospitals.

It is important to recognise that the reconfiguration programme is a proactive process being undertaken by the HSE, to enable the organisation to reshape the roles of our acute hospital system to ensure we can meet these challenges and deliver the type and quality of services required to meet the needs of the local communities we serve, in line with international best practice.

At the HSE South Regional Health Forum meeting on 11th March 2010, Dr Colm Quigley (Reconfiguration Clinical Lead) made an extensive presentation to members which provided the background information and indicated the process which would be necessary to restructure the Acute Services in the South East. Dr Quigley emphasised that the concept is about changing the roles of our hospitals and not closing them. He provided members with the criteria for decision making and highlighted the benefits to patients, from a reconfiguration of services, while seeking a partnership among patients, physicians, politicians and the public to implement the plan when it is finalised.

No proposals have yet been finalised with regard to any aspect of the services currently being provided at South Tipperary General Hospital. When proposals have been finalised for a future model of acute service delivery, they will be published in a document, which will form the basis for a public consultation process and Members will be kept apprised of progress in this regard.

It is premature, at this point to provide any statement on the detail of services to be provided in any of our hospitals in the future, pending completion of the work of the Steering Group, other than to repeat that it is intended to reconfigure services in a way which meets the acute hospital needs of the whole population of the South East area.

When the work of the Steering Group has been completed the Regional Forum will be fully appraised of the proposals and a full consultation process will follow.

Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group

Notice of Motion 5(b), 5(c) and 5(g)

5(b)

"That the HSE would make funds available to ensure the continuation of the Kerry Health Link, a transport service which has been set up to transport patients from Kerry to Cork for Cancer Treatment. This is an invaluable service for the people of Kerry set up by the Kerry Cancer Support Group and which is in danger of discontinuing due to lack of funding. To date this service has been funded by voluntary donations and street collections. I am asking the HSE to outline in detail, the cost associated with funding this service and to give exact figures as to the amount of money which has been paid to patients travelling from Kerry to Cork for Cancer treatment using the services of taxis and other modes of transport for 2009 and to date in 2010".

Cllr. Marie Moloney

5(c)

"That the HSE South support the Kerry Cancer Support Group in their application for funding to run the Kerry/Cork Health Link bus. This service takes cancer patients to various hospitals in Cork for treatment. The group also wishes to apply for travel vouchers to defray the cost of running the bus".

Cllr. Michael Healy-Rae

5(g)

"That the HSE would provide a transport link to the Dingle Peninsula for Kerry cancer patients who must travel to Cork for treatment. At present, there is a service leaving Tralee, which is over 30 miles from some parts of the Peninsula."

Cllr. Brendan Griffin

Kerry patients attending cancer clinics or treatment in Cork hospitals can apply directly to the 'Travel 2 Care' Scheme which is run through the Irish Cancer Society or they can seek financial assistance to cover travel costs through the Community Welfare Service. People can choose the form of transport that best addresses their needs which may include private transport through friends/families or through

transport systems i.e. train, bus, taxi which includes the Kerry/Cork Health Link Bus. Members of the public including people from the Dingle Peninsula who are experiencing financial difficulty in attending Cork for cancer treatment can apply through the Community Welfare Service for a travel supplement towards the costs they incur in travelling to Cork. This is based on a means test and includes all forms of transport, both public, private and the Kerry/Cork Health Link bus.

The Kerry Local Health Office does not provide transport links from any outlying areas to Tralee. Patients who are having financial difficulty in supporting their attendance for services should contact their local Community Welfare Officer who will consider their application for travel assistance.

All patients attending cancer services in Cork are advised of all of the available means of transport including the Kerry/Cork Health Link Bus and on how to access financial assistance towards the costs incurred when they are being referred for treatment or further investigations. The Kerry/Cork Health Link bus does not directly receive funding from the HSE, but rather the Community Welfare Service may provide financial assistance for patients who cannot access the service due to financial hardship.

The motions request details of the costs associated with funding for patients travelling from Kerry to Cork for cancer treatment using the modes of transport outlined above for 2009 and to date in 2010. We are not in a position to determine the numbers of patients who require transport specifically for cancer related treatment. However, on examining the current travel supplements that are being paid through the Community Welfare Service, there are currently 49 members of the public receiving assistance towards travel and none of these are in relation to travel for cancer treatment.

The HSE has met with and continues to link with the Kerry Cancer Support Group through the Carers Services.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(d)

"To ask the HSE South:

- **When the PET scanner in CUH will be operational?**
- **How much did the PET Scanner cost?**
- **When will the warranty run out?**
- **How many staff are required to run the PET Scanner?"**

CIlr. Tim Lombard

Positron Emission Tomography (PET) is an imaging modality that utilises physiologically short-lived isotopes to distinguish biologically active from inactive tissue within pathological processes. Unlike other imaging modalities like ultrasound and magnetic resonance imaging (MRI), which provide anatomical information, a PET scan gives an overview of metabolic activity. PET/CT (Computed Tomography) is an amalgam of two imaging modalities and has major advantages over a PET only system. The advantages of PET include the ability to identify diseases earlier and

measure its development more accurately. PET/CT is crucial in the management of cancer patients as it allows more accurate diagnosis and staging of certain cancers, which in turn informs the types of therapy that patients will undergo. In addition, PET/CT plays a role in the management of cardiology, endocrinology and neurology patients.

The PET CT at Cork University Hospital (CUH) has been built and commissioned at a cost of just over €3m. The PET CT equipment itself cost approx €2.4m and the associated building and ancillary equipment costs came to approx. €641,000.

The HSE South's 2010 Service Plan provided that the PET CT at CUH will be operational before the end of the year. This is dependent on securing the necessary qualified staff to operate the scanner.

The warranty on the PET CT expires in October of this year. A full quality assurance programme was carried out following the installation of the equipment and a further full quality assurance programme will be conducted prior to the PET CT becoming fully operational. Cork University Hospital will also maintain a service contract with the manufacturers on an ongoing basis.

The PET CT requires 6.625 Whole Time Equivalent staff to become operational. This is made up of the following staff:

- 1.0 Consultant Radiologist
- 1.0 Principal Physicist
- 1.0 Clinical Specialist Radiographer
- 3.0 Senior Radiographers
- 0.625 Staff Nurse

The application for the Consultant Radiologist post is in the process of being agreed, which will require clearance by the Consultant Appointments Advisory Committee. It is hoped to have the post approved and advertised by mid 2010. Once this has been completed it will be possible to advertise for locum staff pending permanent appointment. The remainder of the posts are non-exempt posts under the moratorium on employment. It is hoped that CUH will be in position to commence the process of filling these posts within a couple of weeks once its employment ceiling is finalised under the new employment control framework.

Until the PET/CT in CUH becomes operational, patients will continue to receive a service at St James's Hospital or the Mater Hospital in Dublin, with whom the HSE has service level agreements for provision of PET CT services.

The HSE is working to bring this project into operation as soon as possible, in order to ensure that the people of Cork and Kerry have easy access to the most advanced diagnostics available, thus ensuring that better outcomes are achieved for patients.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(e)

“That this Forum calls on the HSE to retain full control of the grounds of St. Mary’s Orthopaedic Hospital so that it can be used as a health facility into the future.”

Cllr. Catherine Clancy

Members will be aware that at the March meeting of the Forum in response to a Notice of Motion, a report was presented outlining the HSE South plans in relation to the Orthopaedic Service together with an outline of the planned future use of the SMOH complex for Health Service delivery.

Our approach to the development of that site remains as outlined in the March report. The announcement today confirms the decision to relocate orthopaedic services from SMOH to SIVUH. However, the announcement also confirms the HSE South commitment to the future use of the SMOH site as a health complex. We will be maintaining the existing services on campus including mental health, intellectual disability, ambulance, outreach, maternity and health centre services. This commitment is demonstrated by the recent construction of a new 50-bedded CNU on the site at a cost in excess of €8m. This facility will open later this year.

The HSE vision for the complex is to see not only the maintenance of existing services but also the expansion of a range of health facilities such as a Primary Care Centre and other health and personal social services.

In this context we have had discussions with Cork City Council and we are working with them and other partners on the future use of the site to accommodate our future requirements. This will be undertaken as part of the City Council’s overview of the masterplan for the area which is nearing completion.

The original masterplan for the area developed by Cork City Council envisaged the site being developed with a streetscape environment rather than a parkland environment incorporating the health facilities as part of the overall town centre for the area and included a planned road through the site. The overall site accommodates over 28 acres of land and the HSE South has ensured that sufficient land will be maintained to provide for all our future health care requirements. We will continue to work with the City Council on the revised masterplan to ensure that the final proposals will meet the City Council requirements in terms of planning and development as well as appropriate provision of health services in a manner which provides a positive outcome for the community in the area.

Mr. Pat Healy, Regional Director of Operations, HSE South

Notice of Motion 5(f)

“That the HSE would put in place a full multi-disciplinary team in the adult mental health unit at CUH and undertake to issue a derogation for the filling of mental health posts from the current recruitment embargo.”

Cllr. John Buttimer

Consistent with 'A Vision for Change', an acute mental health facility is an integral part of the Cork University Hospital (CUH) campus. Mental Health has been to the forefront in the development of a comprehensive multidisciplinary team approach in the delivery of services.

The Acute Adult Mental Health Unit at CUH provides services for a population of 180,000 in South Lee Local Health Office. This unit services one of the biggest local health populations and achieves one of the lowest rates of involuntary admissions per capita in the country. Notwithstanding this, the service is experiencing significant pressures due to unprecedented levels of nursing retirements in the absence of critical multidisciplinary team members such as Occupational Therapists.

The current employment control framework has identified a number of specific posts which are derogated, e.g. Occupational Therapists, Physiotherapists. Vacancies can be recruited for retirements that take place in the normal way and the management team continues to prioritise delivery of services having regard to current available resources both within acute and community mental health settings. A recruitment process for Occupational Therapists is currently underway and it is intended to fill this post later this year.

The HSE is committed to filling current vacancies in the Acute Mental Health Unit within the context of the HSE's Employment Control Framework. Options to address the current challenges are being explored and these include an introduction of skill mix to address nursing shortages, the reconfiguration of existing services to address emerging short falls and implement vision for change objectives and redeployment of staff from other local health offices in the context of the 2010 Service Plan.

As an exceptional measure the HSE will be permitted to recruit the first 100 mental health nurses that become vacant nationally and it is envisaged that these posts will be allocated based on the service needs of an area.

I should also advise Members that the HSE South is currently in the process of developing plans for a totally new purpose built unit to replace the existing GF Unit in CUH and we will keep Members apprised of progress on this development as it proceeds.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(h) and Question 6(h)

5(h)

"Will the HSE outline proposals for the continuation of Acute Care as part of a comprehensive Mental Health service within Co. Wexford, with approved centre status, in advance of the proposed closure of St Senan's Hospital arising from the unilateral removal of the Acute Unit at Wexford General Hospital from the Capital Plan."

Cllr. Pat Cody

6(h)

“Will the HSE quantify the Capital Funding that will be allocated to provide suitable alternative accommodation for future Mental Health Service provision in Co. Wexford arising from the proposed closure of St. Senan’s Hospital?”

Cllr. Pat Cody

Closure of St. Senan’s and Development of Community Based Facilities.

The HSE is committed to the closure of large psychiatric institutions and moving from an institutional to community based model of service delivery. This is reflected in both the HSE National Service Plan 2010 and current Capital Development Programme. Since the publication of *A Vision for Change*, the HSE South has implemented an ambitious programme of service development in Wexford, focussing on enhancing community mental health services and simultaneously closing Victorian type institutional units in St. Senan’s Hospital, Enniscorthy, Co. Wexford.

Between 2007 and 2010 community mental health services were developed by Wexford Mental Health Services through planned closure of units at St Senan’s Hospital and redeployment of staff to roles in community teams. In this period a new Community Mental Health Centre (CMHC) was opened at Maryville in New Ross, another CMHC was built in Gorey and is shortly to be commissioned.

Each of the four operational teams of Wexford Mental Health Services were added to and developed to provide community services. Existing day care services in Wexford Town and Enniscorthy were extended from 5 day to 7 day services. Specialist Liaison Nurse services (for self harm/suicidality) were extended at Wexford General Hospital from 5 day to 7 day service and a specialist SCAN (Suicide Crisis Assessment Nurse) service was developed to provide urgent easy access to GPs for patients who self harmed or were a concern for suicidality.

Capital developments have been prioritised by the HSE South in order to facilitate the full closure of St Senan’s Hospital, Wexford. Timeframes for which each facility will be achieved and related corresponding bed closures in St Senan’s Hospital are indicated in the table attached. This capital programme has been facilitated by the recent decision of Government as announced by Minister Moloney to ringfence funding from sale of land and property by the Health Service Executive towards the mental health service capital programme.

Acute Inpatient Beds

Specifically in relation to the Wexford area provision of appropriate inpatient beds for the population remains a priority and remains on the overall capital programme for 2009-2013. However in the context of the extended catchment area work is underway to determine the most appropriate location for inpatient care for Waterford and Wexford in line with Vision for Change and taking account of the best use of our finite resource.

A comprehensive process is being put in place to finalize our position in HSE South in collaboration with Assistant National Director Mental Health, Executive Clinical

Directors and other key stakeholders including service users. This process was outlined in our service plan for 2010 submitted to the Forum in 2010.

We will keep Members apprised of progress on this issue.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

QUESTIONS 13TH MAY 2010

Question 6(a)

“Can the HSE provide a report to inform the members of the Regional Health Forum South why:-

- **The personal cost to clients of purchasing hearing aids in Ireland is so expensive (up to €4,000/€5,000)?**
- **Is there competition and regulatory control in the private hearing aid trade in Ireland and, if not, is it possible for the DOHC or HSE to address this matter?”**

Cllr. Michael Healy-Rae

The Health Service Executive (HSE) – South is the provider of services for children and adults who are deaf or hard of hearing and who are entitled to this equipment under the Medical Card Scheme through the community based Audiology service. This equates to approximately 30% of the population. Audiology is an essential Primary Care Service. Children and adults with suspected hearing impairment are referred to the community based audiology service and/or the Ear, Nose and Throat (ENT) Specialist in their locality. ENT specialists provide clinical assessment, diagnosis and treatment. The community based Audiology service assesses hearing level, provides an audiological diagnosis and prescribes and fits appropriate hearing-aid equipment.

In relation to non medical card holders the position in Ireland is that such services are delivered by a number of “high street” private providers. There is no formal regulation for this type of service currently.

The Regional Co-ordinating Committee for Disability Services in HSE South have in the past made the following recommendations to the Department:

- Private hearing aid dispensers need to be licensed/registered. The R.C.C. recommends that a system similar to the U.K. Hearing Aid Council, which regulates the private sale of hearing aids, be established in Ireland.
- A system of Standards needs to be agreed to include minimum benchmarks of staff qualifications, quality of premises and Codes of Practice.
- All Audiologists should also be registered as certified clinicians.

However, I would draw attention to Members that in relation to non medical card holders who pay social insurance there is available a scheme to assist with the

purchase of hearing aids from the Department of Social, Community and Family Affairs up to a maximum of €850.00

In relation to the question of cost to the client in purchasing this equipment in a private capacity the HSE does not have a role in this regard.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(b)

"What is the up to date position on the Health Centre in Carrigaline?"

Cllr. Tim Lombard.

Members will be aware of the background to this development from previous discussions and correspondence. The current position is that in January 2010, Carrigaline was advertised by the HSE as a location for which expressions of interests were sought regarding the PPP programme for Primary Care Centre development. Since January, a number of expressions of interest have been received and these have been offered an opportunity to submit bids in respect of the above location.

The closing date for receipt of these bids is Friday 11th June 2010. Valid bids will be progressed by the HSE as a matter of priority, with the aim of bringing the project to a successful conclusion as soon as possible. Given the importance of the Carrigaline area in terms of the growing population, and the commitment of local General Practitioners and the HSE in engaging in the development of a centre, the Carrigaline Primary Care Centre is a development priority for HSE South.

I will keep Members apprised of progress.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(c)

"If the HSE will advise when it intends to restore Chiropody services at the Health Centre in St Anne's Road, Killarney."

Cllr. Marie Moloney

Chiropody Services are currently provided in Kerry through a number of different options.

The HSE directly contract service providers to deliver services in the Tralee, Ballyduff and Causeway areas with domiciliary visits provided under the recommendation of the Public Health Nurse.

Additionally the HSE in conjunction with voluntary agencies provides a subsidised Chiropody service in the following Day Care/Social Centres:

Tralee, Castleisland, Killarney, Listowel, Killorglin Day Care Centre, Rathmore, Kilgarvan, Dingle, Ballinskelligs, Caherdaniel, Castlemaine, The Glen Emlaghmore, Dromid, Firies, Kenmare, Tuosist, Currow, Knocknagoshel, Lyrecrompane, Abbeydorney, Ardfert, Castlegregory, Ballybunion, Duagh.

The HSE advertised for full-time posts for Podiatrists in the past number of years. However, it was not possible to fill the posts.

We are presently examining our options in relation to the development of a podiatry service in the county which will be dependent on resources available and may make the post more attractive to fill.

In the meantime we must apply the resources available, in the most effective way, to all the areas as mentioned above and in this context any clients from Killarney, South Kerry area can also be referred to the service which is provided in St. Patrick's Day Care Centre, Tralee.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(d)

"Bethany House:-

- **When will the proposed Alzheimer's Day Care Centre be opened?**
- **When will the day care health facilities, which are to be run in conjunction with Primary Care Teams in Carlow, be opened in the remaining part of the building?"**

Cllr. Wayne Fennell

As members are aware, an independent review of welfare homes in the Carlow/Kilkenny area highlighted that Bethany House, as a welfare home, could no longer provide the appropriate standards of care to cater for the growing dependency needs of its elderly residents. The design of the House as a Welfare Home and the lack of facilities to provide appropriate care to high dependency patients in addition with the staffing complement for that of a Welfare Home meant that it was no longer suitable to provide long term residential care to older persons.

Members will be aware that following the closure of Bethany House the HSE agreed to work locally with organisations involved in the delivery of services to older people with a view to determining whether alternative services could be located at the facility. The HSE has advanced its plans on the future usage of the former welfare home, Bethany House and is finalising arrangements for the following:

Arrangements are nearing completion to allow the lease agreement with the Alzheimer's Society for the provision of the Alzheimer's Day Centre at Bethany House, Carlow to proceed. A number of legal issues require completion together with clearance formally from the Policy Committee, all of which it is hoped will be concluded by the summer.

In addition to the above the HSE plans to locate specialist primary care network services to Bethany House for services for older people and paediatric services.

The Specialist Services for Older People that will be relocated to this centre will include provision of outreach Consultant Geriatrician clinics in the community including an Older Persons assessment clinic and a Falls Prevention Programme. It will also include Home Help Coordinators and the CONTACT Coordinator; CONTACT oversees a volunteer befriending service for older persons in the Carlow area.

In addition to the above it is also planned to locate specialist paediatric services to Bethany House which will accommodate Occupational Therapists, Physiotherapists, Speech & Language Therapists, Dietician, Public Health Nurses and administrative support.

These primary care network services, located in Bethany House will provide Carlow Primary Care Teams and the Carlow population with direct access to specialist Paediatric and Older Persons services in an easily accessible and central location.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(e)

“Following the review of the operation of Out of Hours GP services across the state,

- Will the HSE South outline in detail the payment to South Doc of €8,568,000 in 2009?**
- Will the HSE as main sponsors of the South Doc Service approach South Doc to put in place a set price list, for users of the service who do not have a medical card, that reflects today's economic climate?”**

Cllr. Catherine Clancy

Established in 2001, SouthDoc is an Out of Hours GP Co-operative providing a high quality, easy accessible family doctor service for urgent medical needs outside of normal surgery hours. It provides services to the 621,000 people living in the counties of Cork and Kerry. SouthDoc also provides a service to the 3.3m annual visitors to the Cork/Kerry region.

SouthDoc has 477 member doctors with 22 doctors on duty at any one time. It currently has a total of 18 highly trained and experienced Triage Nurses. Nurse triage, is seen as a very welcome innovation and an out of hours service additionally by many SouthDoc service users. This service is cost effective and can be quality assured through the Nurse triage clinical decision support systems. SouthDoc provides a high quality service to the patients with a resulting high level of patient satisfaction, which is confirmed by ongoing surveys with service users.

The HSE negotiates an annual Service Level Agreement with SouthDoc, which outlines the services that will be provided within an agreed Budget. The Budget is agreed based on an agreed level of service provision. Audited accounts are provided annually by SouthDoc to support this process. As members are aware, all service areas within the HSE are requested to seek efficiencies and value for money targets on their annual Budgets, including externally funded bodies such as SouthDoc.

The payment to SouthDoc in 2009 of €8,568,000 included a 5% efficiency reduction on the previous year's budget. This figure was paid to SouthDoc in twelve monthly installments and covers all pay and non-pay expenditure associated with providing an out-of –hours service in the entire Cork/Kerry region. The following provides a detailed breakdown of pay and non-pay costs.

Southdoc Expenditure 2009

			Percentage
Pay	€	7,025,760	82%
Non-pay	€	1,542,240	18%
	€	8,568,000	

Pay Breakdown

Triage Nursing	€	1,465,574	20.86%
Clinical Nursing	€	180,562	2.57%
Drivers	€	2,942,388	41.88%
Treatment Centre			
Receptionists	€	1,144,496	16.29%
Call Centre receptionists	€	822,014	11.70%
Clerical/Admin	€	470,726	6.70%
	€	7,025,760	100.00%

Non Pay Expenditure includes

	€	1,542,240	18%
Telephone, motor expenses, postage & stationary, rent, medicines and supplies, light and heat, insurance & IT costs.			

With reference to the HSE putting in place a set price list for the users of Southdoc who do not have a medical card the position is that the HSE provides funding to SouthDoc under a Service Level Agreement for the provision of an out-of –hours service to all Public Patients. No fees apply to medical card patients. With reference to non-medical card holders, the contract is between the patient and the General Practitioner regardless of whether the patient is seen during normal surgery hours or as part of the SouthDoc out of hours service. The HSE South is in the process of developing an implementation plan to implement the recommendations of the National GP Out of Hours Review and will have discussions on private income with SouthDoc as part of this process.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(f)

Question Item No. 6(f) on Agenda refers:

“To ask the HSE in relation to the Cork University Maternity Hospital:

- **Was a full and comprehensive snag list undertaken in CUMH?**
- **Were all identified difficulties corrected?**
- **Were independent surveyors used to verify this?**
- **Why patients are advised to put towels at the door of ensuite rooms to prevent water from entering the rooms if the shower is being used?**
- **Why were two-bedded rooms designed in such a way that in order to transfer a patient in the inside bed that the outside bed has to be removed from the room?**

Cllr. John Buttimer

Was a full and comprehensive snag list undertaken in CUMH?

The building was constructed by PJ Walls - Main Building Contractor - who, as part of their working methodology, undertook a comprehensive snag list and addressed all items identified prior to presenting the Project for the Design Team's inspection.

The Design Team - Architectural Consultants, Mechanical and Electrical Consultants and Civil and Structural Consultants – each undertook a detailed visual and technical inspection of the works and prepared a room by room detailed list of any outstanding works that were required prior to the building being deemed 'fit for purpose' and Practical Completion deemed to have been reached.

The Main Contractor was required to address all identified works and upon notification that these had been completed, a further re-inspection by the Design Team was undertaken, and repeated as necessary until all issues were addressed to the Design Team's satisfaction.

Practical Completion was certified by RORSA in September 2005, to allow the building to be handed over to the HSE for equipping and occupation. The building opened to the public in March 2007.

Were all identified difficulties corrected?

Yes, as part of the review process all items were addressed by the Main Contractor to allow Practical Completion to be deemed as having been reached.

Were independent surveyors used to verify this?

Yes, the Design Team are appointed by the HSE under separate contracts of appointment from the Main Contractor, independent of the Main Contractor's Project Manager, Site Foreman and Finishing Foreman and associated sub-contractors etc. who are contracted to undertake the works to completion. Their inspections were completely independent of any influence by the Main Contractor.

Why patients are advised to put towels at the door of ensuite rooms to prevent water from entering the rooms if the shower is being used?

All of the en-suites are designed for 'level access' and therefore do not contain shower trays, instead adopting 'laid-to-falls' floors local to the showering area with the floor designed to function as a wet room floor. The showering areas have been

provided with side panel enclosures and surround shower curtains that are designed to contain shower head water. It is important that the curtains are fully drawn when the shower is in use.

Any water that would fall from the patient outside of the shower area, for example whilst drying/dressing is required to be attended to by Housekeeping, as would be the case in any 'shower tray' en suite arrangement.

All water supplied from the shower head is flow-regulated to ensure that the water supplied is capable of being carried by the floor drain in the showering area. As a further precaution to accidental overflow of the drain, or the shower curtain not being fully in position, the door thresholds were also detailed with an 8mm up stand to contain a degree of flooding over the entire en-suite area. However this is to avoid flooding of the ward area, in the event that the sink, toilet, or shower drain overflowed.

Some en-suites are currently being reviewed by the Design Team and Senior Midwife Management staff where excess water is found to be accumulating outside of the showering area. Additional containment measures are being looked at in these cases.

Why were two-bedded rooms designed in such a way that in order to transfer a patient in the inside bed that the outside bed has to be removed from the room?

There should be no requirement for 'en-suite side' ward beds to be removed from any 2 Bed room to facilitate the removal of the 'window-side' ward bed.

The two bed wards have been designed to allow either of the two beds to be removed from the room without significant movement of the second bed in the room. The room area and proportions, including the sizing of the bespoke furniture and location of all services, briefed for the room, were subjected to a rigorous review by the HSE/CUH Project Team by the construction of a Sample Room early in the construction programme of the Project and was also considered by the equipping groups when selecting loose furniture.

The HSE Estates team continues to work with staff and management throughout the CUH campus, including CUMH, to resolve issues that arise in the daily use of all of the buildings on campus.

Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

Question 6(g)

"Will the HSE clarify the number of Kerry patients currently waiting:-

- Orthodontic assessment
- Orthodontic treatment and
- State when it will be possible for Kerry patients to be treated in their own area"

CIlr. Brendan Griffin

To address the significant waiting lists and times for orthodontic assessment and treatment the HSE has, over the last number of years, invested significantly in this service by:

- Supporting the post-graduate training programme in UCC which provides treatment for North Cork clients
- The employment of six specialist orthodontists and a second consultant post
- The employment of a replacement Consultant Orthodontist who will officially commence work on the 17th May, 2010 following the untimely death of one of our Consultant Orthodontists in October, 2009

The untimely and tragic death of one of our Consultant Orthodontists has necessitated the transfer of significant numbers of clients in treatment to both specialist orthodontists and the remaining consultant orthodontist. This has impacted on our ability to address the considerable waiting lists in Kerry which currently stand at:

- Number awaiting assessment: 198
- Number awaiting treatment: 606 (Fixed Waiting List); 283 (Functional Waiting List)
- Recall: 272 (excluding those with appointments in May/June – 154)

There is 1 Consultant Orthodontist and 3 Specialists assigned to North Lee & Kerry. Assessments are being carried out in Kerry and all treatments are carried out in Cork.

There are also significant constraints in relation to space available in the Moyderwell clinic for expansion of existing services in Kerry. Dedicated orthodontic space has been identified as a priority need in Kerry and plans for same were included in proposed primary care developments in Kerry. In addition an alternative space was identified for conversion to orthodontic clinics in St Columbanus Hospital in Kerry. Preliminary design plans were drawn up for same and is currently being examined. We expect at least a nine-month timeframe for completion of the required works. However, in the intervening period the space at St. Columbanus was used to provide swine flu clinics which has slightly delayed implementation of the orthodontic plan.

In the interim, to maximise the number of clients treated some Kerry clients have been given the option to travel to Cork for their treatment and as many people as possible continue to receive treatment in the Moyderwell clinic in Tralee.

Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
17th JUNE 2010

NOTICES OF MOTION 17th JUNE 2010

Notice of Motion Item No. 5(a)

“Following on from the study that has taken place with all of the on call/out of hours Doctor’s services, that the Regional Health Forum, South receive an assurance: That SouthDoc will continue to be its own call centre as many valuable and needed jobs are provided by this service and That it is not centralised and taken away somewhere else from us”

Cllr. Michael Healy-Rae

As members are aware a National Review of GP Out of Hours Services was published by the HSE in March 2010. This is the first national review to be undertaken since the commencement of publicly funded GP Cooperatives in Ireland in 1999. The progress in the establishment of GP cooperatives since then is considered by the HSE to be a highly significant quality initiative for patient care, general practice and the health service as a whole.

To follow through on the recommendations of the National Review an implementation group, which will include representation from both Caredoc and SouthDoc, is being established. This group will examine all of the recommendations set out in the report, including the issue of location of call centres for the Out of Hours services in the HSE South, and to identify how all of the recommendations can be implemented in this region.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(b) and 5(c)

Notice of Motion 5(b)

“That the HSE South would immediately publish and make available all documentation in relation to the ‘secret’ reconfiguration committee, that it would also produce a report on the criteria for participation on this committee, including all relevant background information e.g. who nominated individuals to the committee, purpose and function of the committee, that all details, dates, agenda, attendance, minutes and correspondence for all meetings would be immediately made public, and an explanation would be given as to why this committee was not referenced in presentations to the Forum on the planned reconfiguration process and that a reassurance would be given that all future meetings or discussions of this committee would be advertised publicly in advance and that all documentation would be made available subsequently.”

Cllr. John Buttimer

Notice of Motion 5(c)

“That this Forum calls on the HSE to publish the minutes of all the meetings of the heretofore undisclosed 17-strong advisory committee on health service reconfiguration (as reported in the Irish Examiner on 22nd May 2010).”

Cllr. Mick Barry

Members will be aware that the work on the reconfiguration of acute hospital services in Cork and Kerry commenced with the establishment of the Wrixon Review Group “The Review of Securing Clinically Safe and Sustainable Acute Hospital Services, HSE South (Cork and Kerry). This review was undertaken by a Teamwork/Howarth and chaired by Prof. Wrixon. Following the conclusion of the report the NHO at the time appointed Prof. John Higgins as Director of Reconfiguration to lead the reconfiguration programme in HSE South West (Cork and Kerry) in March 2009.

To support the reconfiguration of acute hospitals in Cork and Kerry, a Non-Executive Advisory Board was established by the HSE in September 2009. The board has 17 members, drawn from business, education and healthcare fields. Its purpose is to support and advise the Director of Reconfiguration & the HSE as appropriate in relation to the reconfiguration of acute hospital services in the region.

The board has met on five occasions, twice in 2009 and three times in 2010.

The board members receive no remuneration for their participation in this board and give their time and advice freely.

The current membership of the advisory board is as follows:

Mr Michael O ‘Flynn - Chairman, non-executive Advisory Board. Managing Director of the O‘Flynn Group, which he founded in 1978.

Mr Brendan Tuohy - retired as Secretary General of the Department of Communications, Energy and Natural Resources in September 2007.

Mr Pdraig O‘Riordan – Managing Partner, Arthur Cox’s Solicitors

Mr Des Murphy - Chair of Mercy University Hospital Board and managing partner Carroll Murphy Quantity surveyors

Mr Pat Lyons - Mr. Pat Lyons is Chief Executive of Bon Secours Health System and has been in post since 2001.

Mr Pat Healy – Regional Director of Operations, HSE South

Mr Paul Breen - Former Executive Vice President of Élan Corporation plc and President and Chief Operating officer of Élan Pharmaceuticals International Ltd (‘02-‘07).

Prof Geraldine McCarthy - Professor and Dean of the Catherine McAuley School of Nursing and Midwifery at the National University of Ireland, Cork .

Prof. Cillian Twomey – retired consultant physician in geriatric medicine at Cork University and St. Finbarr’s Hospitals Cork since 1979.

Mr Sean O‘Driscoll - Chief Executive of Glen Dimplex.

Mr Kevin Kenny Tax Partner, Ernst & Young

Mr Michael Hall – Chair of South Infirmary Victoria Hospital Board

Dr Paddy Crowley – General Practitioner

Donal Horgan, Managing Director, Musgrave Retail Partners Ireland.

Dr. Michael Murphy – President, University College Cork.

Mr Aidan O'Brien - Horse Racing Trainer
Prof Gerry O'Sullivan – Professor of Surgery and Director of Cork Cancer centre

The role and purpose of the Non-Executive Advisory Board is to:

1. To act as a "sounding board" for the Director of Reconfiguration and the HSE management
2. To provide business advice and guidance
3. To enable the Director of Reconfiguration test –drive options for reconfiguration prior to decision and implementation.
4. To provide support for the programme.

Prior to the appointment of Prof. Higgins as Director of Reconfiguration in March 2009 a small group of business and community leaders from the Cork area, had expressed an interest in supporting the acute hospital system in Cork, particularly CUH and to give of their expertise and time freely in whatever way might benefit the system. These discussions took place in early 2009.

The discussions with the NHO at the time coincided with the appointment of Prof. Higgins as Director of Reconfiguration.

Prof Higgins on his appointment had asked the NHO if it possible for him to have access to external expert advice from business, education and medical fields which in the normal course of events would not easily be available. The NHO introduced the group to Prof. Higgins and following discussions with them the wider group of experts and leaders in the business, education and medical fields were invited by Prof. Higgins to participate as the Non-Executive Advisory Board referred to above. As indicated above the first meeting of the group took place in September 2009.

In October 2009 the HSE proceeded with the next phase of the organisational development involving the establishment of the Integrated Services Directorate, the Directorate of Quality & Clinical Care and the establishment of the 4 Regional Structures with Regional Directors of Operation and Regional Management Teams.

In this context discussions took place between the HSE, the Director of Reconfiguration and the Non-Executive Advisory Board to ensure that the work of the group would conform with the overall governance arrangements of the organisation. These discussions concluded in March and the Regional Director attended his first meeting in May 2010. Minutes of the meetings of the group will be provided to the Forum.

I trust this clarifies the position.

Pat Healy, Regional Director of Operations, HSE South

Notice of Motion Item No. 5(d)

"That this Forum would support a National Redress Scheme to compensate former coal miners in Ireland whose health has suffered as a result of working in the coal mines."

Cllr. Brendan Griffin

A delegation from the National Coalminers Group made a presentation recently to a meeting of a joint committee from the Departments of:

Social Protection
Communications, Energy and Natural Resources and
Health and Children

where the miners voiced their concerns on the medical problems that they now face following years of working in mines. They made the case that the occupational injuries/disablement pension schemes are too restrictive as they do not cover the main medical conditions which the former miners suffer such as COPD (chronic obstructive pulmonary disease), tinnitus, asthma etc. These conditions also do not come under the list of prescribed illnesses.

The Coalminers Group has requested the establishment of a redress board without admission of liability on the part of the State limited to a group of approx. 350 claimants with terms of reference set out by the state and a finite amount of compensation identified for the 350 claimants. The proposal is that this board would be set up by the above-mentioned Departments, including the Department of Health and Children, and Cllr. Griffin today asks members to support his proposal to write to Minister Mary Harney expressing support for the setting up of a National Redress Scheme.

QUESTIONS

Question Item No. 6(a)

"If the HSE will confirm whether or not patients requiring respite, emergency respite or convalescent care have the freedom of choice as to which Nursing Home they go into for such care or is the HSE dictating which Nursing Home patients have to go into?"

Cllr. Marie Moloney

The provision of respite and other short stay services within residential care is a core part of Government and HSE policy in supporting older people to remain at home. It is an important element in the range of community supports available to allow the older person to remain at home. Significant investment has been provided through the Home Care Support Scheme (also known as the Home Care Support Package) especially in relation to respite care.

Respite / Emergency Respite Care

Respite Care provides relief for families and/or carers, from the physical and emotional stress that can occur due to the responsibility of giving 'round-the-clock' care. It also provides an opportunity for the older person to have his or her care needs re-assessed while in residential care.

Respite Care may be provided:

- in a community setting e.g. in the person's home or local Day Care Centre
- in a residential setting e.g. Community Hospital, Nursing Home, etc
- Respite provision in community hospitals is a planned service and is usually booked for many months in advance.

In the community, Respite Care may be provided for through Home Care Packages. This scheme is aimed mainly at those requiring medium to high caring support to continue to live at home independently. Each Package is tailored to meet the individual's assessed needs and may include a range of services such as nursing, home care attendants, home help, therapy support and respite. Services under the scheme may be provided directly by the HSE; voluntary groups or organisations on behalf of the HSE; or by way of a direct cash grant to enable the patients family to purchase a range of service or supports privately. The Scheme is aimed primarily at older persons at risk of admission to long-term care.

With reference to freedom of choice, the provision of both routine and emergency Respite Care takes into account the individual choice of the person seeking respite, and is offered as close to the older persons' current residence as is possible. Respite may be provided in either a community hospital or by private nursing homes. The choice, however, may be limited depending on the ability of the requested unit to meet the care needs of the individual. While an individual requiring emergency Respite Care may prefer a community hospital bed, it is not always possible to meet their preferred choice, due to the planned nature of services in these centres. A Nursing Home may be used to provide emergency respite in these circumstances.

For both routine Respite and Emergency Respite Care, the choice of Nursing Home remains with the individual patient and his/her family. The HSE will advise them if the chosen facility is HIQA approved. They will also be notified if any terms or conditions are applied to a facility's registration which would indicate that the unit would be unsuitable for the person seeking respite. In emergency Respite situations, it may also be prudent to advise families to seek respite locally so as to maintain links with existing social supports and family members.

Convalescent Care

Convalescent care is "step down" care provided following planned surgical procedures (i.e. hip replacements), major illnesses, and accidents, thereby assisting individuals to reach a level of dependency to allow them return home.

Convalescent Care is provided in both public and private facilities. However, there may be differences in the level of services provided. Public facilities may be in a better position to provide a higher level of convalescent care due to the availability of specialist medical, nursing and therapy services. This may determine the choice of setting for an older people who still needs a high level of treatment in order to prepare for discharge home. The provision of public funded convalescence beds also

play a role in preventing admissions to the acute hospital, and General Practitioners may admit older people to community hospitals for treatment which cannot be provided in the private nursing home sector due to a lack of specialist input. These factors play a role in determining the location of convalescent care for older people, but the location of care is only agreed following discussion with the older person and his/her family.

The provision of respite and convalescent care services are important elements in the range of community supports available to allow the older person to remain at home in the local community for as long as possible.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question Item No. 6(b)

“What is the process presently used by the HSE South when appointing individuals to positions of management at acute Hospitals in the HSE Southern area”?

Cllr. Brendan Griffin

In order to sustain the delivery of excellent public services alongside the targeted reduction in public service numbers there is a need to maximise the use of resources through revised work practices and other initiatives.

To facilitate the necessary reduction in numbers of public servants the moratorium on recruitment to and promotion in the public service will continue to operate.

Flexible redeployment is necessary to sustain our public services. There is a requirement to reduce costs through organisational rationalisation and restructuring and by service delivery organised in different ways.

Filling of Senior Level Posts to the Staff Category Management/Administration:

The moratorium on the filling of posts of this level has been in place since September 2007. All redeployment options including the option of redeployment across the Statutory and Voluntary sectors and between employers within the Health services must be fully exhausted prior to any request for approval to fill, is sent to the Department of Health and Children.

The approach in the HSE South to filling positions of management at Acute Hospitals is to consider all options that do not require any additional recruitment and associated costs.

Reassignments, redeployment and reconfiguration of existing management capacity are the methods used in ensuring the appropriate management structures are in place.

Barry O'Brien, Assistant National Director, HR HSE South

Question Item No. 6(c)

"To ask management of the HSE South:-

- **How many Whole Time Equivalent posts and part-time posts have been impacted by the recruitment embargo by category of employment (e.g. administration, clinical, medical, nursing or other designation)?**
- **How many maternity leave positions have been left unfilled since the commencement of the recruitment embargo by category of employment?**
- **Of the posts affected by the embargo how many of these posts have effectively been lost i.e. allowed to die?**
- **In total how many days clinical service have been lost as a result of unfilled posts?**
- **What has been the impact in terms of the provision of service?"**

Cllr. John Buttimer

The HSE National Service Plan 2010 published on the 8th February 2010 sets out the framework with which the finance, employment control and activity will be managed during the year. The plan sets out the cost measures to be implemented together with the related employment control measures to be taken.

Government policy has confirmed the intention to reduce the size of the Public Sector over the next number of years and to maintain in place the government moratorium on recruitment and promotion as part of this process.

There is a critical relationship between the cost containment plans in each unit and employment ceiling management for the year. The estimated cost for the ceiling reduction has already been deployed across each business unit. A comprehensive and proactive redeployment policy will be fundamental to this overall process. The moratorium on recruitment requires the HSE to achieve a reduction in employment levels of 4,500 wtes over the next 3 years with a specific reduction of 1,520 wtes required this year.

The model of ceiling allocation being implemented across HSE South in 2010 seeks to move the emphasis away from an unplanned/unstructured downsizing to a planned and fair allocation of the reductions across all budgets and units on the basis of resources available. The moratorium will be fully implemented as agreed with the Department of Health & Children and the Department of Finance.

For HSE South this will require an overall reduction of 344 wtes which will be returned to the centre and permanently reduced from our ceiling.

This will equate to a target reduction of 86 per quarter. It is only when this target is being achieved that the region will have any flexibility to fill either derogated or non-derogated posts.

Special exemption has been given to 265 posts for new developments for additional Social Workers as part of the Ryan Report. The reduction of 344 in HSE South will

most likely occur from the non replacement of those who retire. In 2009 a reduction of 1,300 wtes was achieved as part of the employment control programme. In HSE South this was achieved by the non replacement of posts for people who had retired and resulted in unstructured downsizing across the area.

Many of our frontline services would have a built in relief factor to deal with such issues as annual leave and maternity leave. It is a matter for each local manager to prioritise and maximise the use of their human resources when planning the delivery of their services.

The implementation of the Croke Park Agreement will be critical in working together to build an increasingly integrated Public Service which is leaner and more effective. We will have to increase flexibility and mobility to work together across sectoral, organisational and professional boundaries.

Barry O'Brien, Assistant National Director, HR HSE South

Question Item No. 6(d)

“When will the HSE announce its plans for the reconfiguration of A/E Services at the Mercy University Hospital?”

Cllr. Mick Barry

The Review of Emergency Departments and Pre-Hospital Emergency Care in Cork and Kerry was published by the HSE South on November 18th, 2009. A copy of the full review, along with the press release issued at that time, was e-mailed to all Forum members the same day.

The review contains recommendations on how best to organise and operate emergency departments and pre-hospital emergency care at all acute hospitals in the region, including the Mercy University Hospital (MUH). A Project Group to oversee the implementation of the strategy for reconfiguration of Emergency Departments in the HSE South has been established under the Chairmanship of Prof. Stephen Cusack. This group, which includes representation from a wide range of clinicians and service managers from each of the hospitals within the Southern Hospitals Group, as well as from Primary Care and Community services, will put together a detailed work plan for implementing the reports recommendations. This work plan will be consistent with the overall reconfiguration plan being developed by the Director of Reconfiguration and his team which is expected to be completed shortly. The specific timeframe for the A&E Implementation plan will be finalised at that stage.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
23rd SEPTEMBER 2010

NOTICES OF MOTION 23rd SEPTEMBER 2010

Notice of Motion 5(a)

“To ask that the HSE South would improve services for Diabetes patients in Kerry with particular reference to Podiatry Services for foot ulcers. Cork patients have the service of 11 Podiatrists, Kerry has none. I would request that the HSE appoint a Podiatrist for North Kerry and one for South Kerry. This would save on amputations with amputees spending on average of 21 days in hospital and each amputation costing €30,000. The average salary for a Podiatrist is €60,000 per annum; therefore two hospital stays would cover one Podiatrist”.

Cllr. Michael Healy-Rae

The provision of diabetic services in Co Kerry is led by a Consultant Physician with a special interest in Endocrinology based in Kerry General Hospital (KGH) who utilises and develops facilities in the area of diabetes.

There are three dedicated Consultant Diabetic Clinics held each month at the hospital. In addition to these clinics, the specialist diabetic nurses provide outpatient clinics at Kerry General Hospital and outreach clinics in the community. There are a total of 28 nurse-led clinics giving a total of 31 Diabetic Clinics monthly.

The service has seen significant enhancement over the past number of years:

- Diabetic nurse led specialist clinics, covering both adults & children, have been increased from 12 to 24 per month at the hospital
- Four outreach clinics are held per month and these include nursing home visits. Outreach clinics are held at Killarney, Caherciveen and Listowel
- All wards can now be serviced on a daily basis by a diabetic nurse specialist
- Insulin clinics have been increased from 4 to 8 per month and a register has been developed
- Telephone support is available to diabetic patients. Adult patients can call the support line from 9am to 5pm Monday to Friday. The parents/carers of paediatric patients are given a mobile phone number which they can contact at anytime, day or night.
- Education sessions are now provided for Ward staff to include devices and insulin
- Education sessions for multi-disciplinary teams are facilitated.

Notwithstanding the significant enhancements to the service, an increasing proportion of the patient group present with obesity and its related conditions. In recognition of the need to provide the quality service these patients need, the HSE has identified a podiatrist as a requisite for this key service within estimates prepared over the past number of years. It should be pointed out that a post in podiatry had been advertised in 2006 but there was no suitable applicant identified at the time. However, due to the current financial constraints as well as the moratorium on recruitment on staffing it has not been possible to proceed to enhance this resource.

In the interim, arrangements are in place with regards to the provision of chiropody services throughout the county. The HSE is currently examining options for the

provision of podiatry services on a sessional basis and is currently actively pursuing this matter.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(b)

"In light of the devastating effect that the present embargo on nursing staff replacement is having on the provision and continued development of psychiatric services, that the Regional Health Forum South ask the Department of Health to review the situation as a matter of priority."

Cllr. John Coonan

The Government embargo on recruitment across the public sector applies to the HSE.

Priority has been given to the filling of key frontline posts to ensure service delivery. Nursing is not a derogated grade. However, specific to the mental health services, government have approved the filling by the HSE of up to 100 mental health nursing posts as part of the Service Plan 2010. These posts are allocated on the basis of priority needs for the implementation of critical developments within our mental health services. Approximately 20 of these posts have been allocated to HSE South.

There also exists the capacity within our overall approved employment ceiling to recruit additional staff having regard for service needs. On this basis, the potential to recruit additional mental health nurses remains an option for HSE South and decisions will be based on the implementation of service plans and Government priorities for 2010.

Barry O'Brien, Assistant National Director, HR HSE South

Notice of Motion 5(c)

That the HSE South publish all reports relevant to the recent outbreak of TB in Crab Lane School, Ballintemple, Cork:-

- **Explaining the relationship between the lack of provision of the BCG vaccine in Cork and the higher incidence rate of TB in Cork relative to the rest of the country**
- **That an intensive programme of vaccination would be undertaken**
- **That a public health education programme would be undertaken in the Cork area and that screening is made available for children whose parents have any concerns**
- **That the BCG vaccine would be available through the GP network**

Cllr John Buttimer

BCG Vaccinations in Cork

Members will be aware from previous reports of the background to this issue. The Southern Health Board Members in the past decided not to implement this programme in a comprehensive way in Cork.

In Cork for a number of years the BCG vaccine was offered to newborns who were at risk of developing TB, i.e., babies whose parents or siblings have a history of TB, whose parents work in a healthcare setting with patients affected by TB or whose parents come from countries where there is a high incidence of TB and children intending to visit high incidence countries for more than one month. BCG vaccine is also given to the child contacts of confirmed TB cases.

The National Immunisation Guidelines currently state that the effectiveness of BCG in preventing TB has varied in reported studies over the years but is probably most consistently effective against TB meningitis and Miliary TB. Indications for BCG vaccine continue to be re-evaluated by the National Immunisation Advisory Committee, but, at present it is recommended that neonatal (newborns) BCG be continued.

In recent years the practice in Cork was reviewed and a commitment was given by the HSE South that all newborn babies in Cork would from October 2007, be routinely offered the BCG vaccine against TB. An implementation group was established in April 2007 to draw up a plan for the introduction of the neonatal BCG programme.

Due to the increase in demand for BCG vaccination in 2007, the HSE South as an interim measure ran a number of additional clinics during the summer period. In parallel with this interim measure, plans had been put in place in relation to the commencement of offering routine neonatal BCG vaccinations in conjunction with Cork University Maternity Hospital.

As these arrangements for the rollout were being prepared a difficulty with the supply of vaccine in Ireland and across Europe emerged in October 2007. The supply shortage was due to technical difficulties at the manufacturer's laboratory and resulted in a European wide shortage of this vaccine. This manufacturer was the only company which supplies the vaccine to the European market. Whilst some vaccine was in stock, the shortage in supply meant that clinics were not held from November/December 2007. This issue was subsequently resolved in April/May 2008 and the supply of vaccine was again commenced in the Irish market.

On the 13th October, 2008 the HSE proceeded with the commencement of the Neonatal BCG Programme in Cork University Maternity Hospital. Protocols with regard to the availability of information leaflets and the issuing of consent forms have been agreed with Cork University Maternity Hospital staff. This has enabled the HSE to introduce a BCG vaccination programme as a routine measure to newborn babies whose parents request it.

In addition to the above clinics we will continue to provide to deal with older children on a priority basis. This matter is currently under review and I will advise the committee of progress in this regard.

Higher incidence rate of TB in Cork and related matters– report submitted by Dr. Keane.

The attached reports from the HPSC give the incidence of TB in HSE South compared to the rest of the country

Vaccine through the GP network

BCG has always been available free of charge through the old Health Boards and now the HSE. BCG vaccine is a technically difficult vaccine to give. It is not like other childhood vaccines which are given by intramuscular injection. It is given by an intradermal injection which means BCG vaccine is injected just under the skin thereby raising a 'bleb'. In small, sometimes premature babies where the skin is extremely thin, extreme care and skill is required to ensure the injection is given correctly and not too deep and therefore causing an uncomfortable adverse reaction which can lead to abscess formation and scarring. There have been a significant number of side effects from BCG due to it being administered incorrectly. To ensure these side effects are kept to a minimum, doctors need to give BCG on a regular basis to large numbers of children. This is not always the case in General Practice where a GP may only have 4 – 5 babies per month requiring BCG. This does not ensure that their skills and competency are up to date. In addition BCG comes in a 10 dose vial. It is therefore not an economic method to deliver in General Practice if a GP opens a vial for 1 or 2 children and 8 doses are wasted as the vial must be discarded once opened and not fully used. In HSE clinics where we might do 50 – 70 BCGs a day this is not an issue.

Consideration of the overall matter by PCCC Committee

Members will be aware there is currently an infectious disease outbreak investigation underway in Cork. In line with best practice it would not be appropriate to have a public debate on the outbreak until the investigation has been concluded. In consultation with the Chairman, the intention is that the matter would be referred to the next meeting of the PCCC Committee at which Dr. Keane will give a presentation on TB.

PAT HEALY, REGIONAL DIRECTOR OF OPERATIONS, HSE SOUTH

Notice of Motion 5(d)

"As a result of the HIQA enquiry into Mallow General Hospital, Cork, that the HSE South would reaffirm its full commitment to retaining the full complement of current services at Mallow General Hospital"

Cllr. Frank O'Flynn

Mallow General Hospital, as part of the CUH Group has, and continues to play, an important role in the provision of acute hospital services, in particular to the people of North Cork. The service delivery model in MGH is primarily Consultant delivered with excellent working relationships with GPs, and referral practices and protocols which reflect the staffing and strengths of the hospital.

In common with other acute hospitals in the region, MGH has continued, over the past 18 to 24 month period, to work diligently to enhance the quality and safety of patient care delivered in the hospital and to mitigate risk, taking account of national developments such as the Madden Commission report and various HIQA publications including their report on services in the Mid Western Hospital Ennis. These enhancements have been achieved through a range of local and national initiatives including the:

- Implementation of the *HSE Quality and Risk Framework*
- Establishment of a Quality, Safety and Risk Committee, chaired by Consultant Anaesthetist
- Appointment of a Clinical Director to the CUH Group including Mallow General Hospital
- Establishment by HSE, at national level, of a Quality and Clinical Care Directorate in 2009 under leadership of Dr Barry White
- Re-establishment of management team in MGH, chaired by senior manager in CUH group

This progress has been supported by the re-establishment of MGH's Management Team, within the overall governance of the CUH Group, under the chairmanship of Mr. Jason Kenny, A/General Manager, CUH Group.

A number of service changes have been put in place in the interest of best practice in MGH both in parallel to, and after the publication of the *Report into the Investigation into the quality and safety of services and supporting arrangements provided by the Health Service Executive at the Mid-Western Regional hospital Ennis* in April 2009.

Ongoing service changes over the past 24 months include;

- Enhancement of procedures for audit of clinical practice and risk identification
- Relocation of in patient ENT services to SIVUH with retention of day and OPD services at MGH
- Enhancement of clinical links to other hospitals through shared appointments and participation in clinical governance and audit with colleagues

The HSE have proactively undertaken a programme of reconfiguration in Cork and Kerry that is now well advanced. This programme, led by Prof. John Higgins, and which involves clinicians, patients, management and other stakeholders right across the system, was undertaken, primarily, to ensure the delivery of high quality and safe services into the future. Reconfiguration of acute hospital services is being undertaken to ensure that services to be delivered in each hospital in the region are sustainable while also ensuring services are delivered as close to the patient as possible. Services will be planned to take account of the requirement to meet new regulations and licensing requirements including new HIQA standards as well as EU Directives, including the European Working Time Directive which will reduce the working hours of NCHDs across our hospitals. Staff have already fully engaged in the hospital reconfiguration process in Cork/Kerry which has recognised the contribution MGH makes to the people of North Cork. The reconfiguration programme has also involved extensive ongoing engagement with other stakeholders in North Cork

As you will recall, the HSE South published a *Review of Emergency Services in Cork and Kerry* in November 2009, as part of this reconfiguration process. In line with previous reports, the *Review* recommended the centralisation of 24-hour emergency

services in CUH) and the reconfiguration of emergency services in MGH to enable the delivery of services through the establishment of:

- An Urgent Care Centre: catering for patients with minor injuries
- A Medical Assessment and Admission Unit for persons with medical conditions

We are actively working to progress the implementation of these proposals, and this work is supported at regional level by Dr Jennifer Carroll, Acute Medicine Lead for the region and by Prof. John Higgins. A senior clinician has also been assigned, at regional level, to develop a model for operating Urgent Care Centres in hospitals throughout Cork and Kerry and it is anticipated that these centres, including one in MGH, should be established in early 2011.

The appointment of Advanced Paramedics and enhanced arrangements for patient transport for the North Cork region has been prioritised and is to be implemented as early as possible in 2011. These service developments will enhance the effectiveness of pre-hospital emergency care services in the area.

During the year, the Regional Management Team and senior managers and clinicians across hospital and community services in HSE South have been working closely with the National Director of Quality and Clinical Care Dr. Barry White and his team to implement a range of national programmes which would improve the quality and safety of our services while ensuring improved access and outcomes for patients. To this end, MGH clinicians and management have actively engaged with the HSE's newly established National Acute Medicine Programme and National Critical Care Programme, in particular during a visit to the hospital by representatives of both programmes. Work on the newly established Acute Medical Programme is nearing completion and is also progressing on the area of critical care. The implementation of these programmes, when finalised, will support the overall implementation of our reconfiguration programme in Mallow and across the acute hospital system in the region.

On August 9th the Health Information and Quality Authority announced that, consistent with its statutory responsibilities, the Authority would be carrying out an investigation into the quality and safety of services in Mallow General Hospital. Prior to the announcement there had been extensive engagement between HIQA and the HSE in relation to queries raised by the Authority. The HSE had fully briefed HIQA on ongoing changes in service delivery and improvements in quality and safety including details on:

- progress to date on identifying, mitigating and managing risk
- assurances that further service changes in MGH would be progressed under the reconfiguration programme in line with HSE national policy
- Commitment to fast-track proposed changes in MGH emerging under reconfiguration programme once the Advanced Paramedics and Urgent Care Centre were in place in early 2011

In order to further enhance the assurances given to HIQA on the quality and safety of patient care in MGH, commitments were given that the following additional measures would be implemented as a priority. Many of these measures were already under consideration at the hospital. These additional steps to enhance quality and safety included:

- ❖ Transfer of the low volumes of rectal cancer surgery to the Regional Cancer Centre South at CUH
- ❖ Implementation of strict no refusals policy for transfer of patients requiring high level critical care to CUH
- ❖ Enhanced arrangements to be put in place regarding acute respiratory, circulatory and airway emergencies
- ❖ Cessation of paediatric surgery.

The HSE South and the hospital management and staff remain fully committed to maintaining and improving the standards of care at Mallow General Hospital in the interest of patient safety. The identification, assessment, reduction and management of risks in all our health services including MGH continues to be a high priority for all the staff in MGH and they are committed to ensuring a safe and appropriate service for patients. The HIQA investigation will further provide the opportunity to ensure continued safety and quality of service for patients in the area.

Over the past number of weeks the hospital has been visited by the Acting CEO of the HSE, Brian Gilroy, the Regional Director of Operations, Pat Healy, and other members of the HSE South's Regional Management Team. They have acknowledged that the past few weeks have been very difficult for staff at the hospital and a number of arrangements have been put in place to support the staff. The RDO has also written to each member of the staff in MGH to acknowledge the professionalism and dedication of the staff of the hospital.

The HSE is currently co-operating fully with the HIQA investigation while ensuring that the delivery of services at the hospital continues to reach high standards of safety, quality and responsiveness. Staff in the hospital have already demonstrated their capacity to participate in and to lead change in service delivery and this capacity will enable the hospital to successfully implement the impending changes from reconfiguration and from the national programmes of care.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(e)

“That the HSE continue to provide funding to ensure the continuation of Ross Products Killarney, a workshop for trainees who have a mental health disability thus saving 7 full-time positions and 24 trainee positions.”

Cllr. Marie Moloney

Located in Killarney, Ross Products was initiated by the Kerry Mental Health Association (KMHA) in the 1960's and provides a supported/sheltered employment opportunity for people with mental health issues in Killarney and the wider Kerry area.

Ross Products has recently been involved in the making of cardboard boxes for sale to the commercial market. Over the years the service supported people with mental

health issues by way of rehabilitation and assisted them to move to alternative independent sources of employment.

The HSE has not reduced funding to KMHA with respect to the service provided at Ross Products and in fact has provided some additional funding (€125k) earlier this year following discussions with KMHA. The HSE wishes to acknowledge that the development of Ross Products was innovative and ahead of its time when originally initiated in the 1960s and at the early stages of the process of rehabilitation for mental health patients.

With the changing needs and direction of service provision in mental health services there are alternative types of rehabilitation, daily activity programmes available to the attendees of Ross Products and mental health patients in general.

The HSE is aware that the future of the role and function of Ross Products is being considered by KMHA at this time, and the HSE will continue to liaise with the association so as to ensure that the best interest of attendees, who may be known to HSE mental health services, are catered for.

Development of Rehabilitation Services for Mental Health Patients in Kerry:

Over the last number of years the HSE has been developing rehabilitation services for people with mental health issues, and in October 2006 a consultant in rehabilitation medicine was appointed in mental health services. The team supporting the consultant has been increased with the redeployment of nursing support which has enabled the development of a rehabilitation centre, currently located on the premises of St. Finan's Hospital Killarney, known as Lime Grove Recovery & Therapeutic Centre. This facility provides daily services such as computers, art and crafts, educational topics, drama and confidence building, identified training programmes to meet learning needs as well as evening activities such as social outings, bingo, DVD, games/bowling/swimming etc to on average twenty people per day. In addition, the Coolgrane Training Centre, also located in Killarney, provides recognised training programmes to people with mental health issues including gardening, art classes, computers, cooking and activities of daily living. Both of these facilities will continue to be utilised to support the ongoing needs of patients for rehabilitation.

The HSE will continue to engage with each of the people who are attending at Ross Products currently to determine suitable programmes, services and training opportunities that they would like to engage in. The HSE is confident that it will be in a position to offer or arrange for a suitable programme to all the people concerned based on their assessed needs in the event of there being a significant change to service delivery in Ross products as a result of KMHA's current deliberations.

The HSE will continue to work closely with the Kerry Mental Health Association with regards to all other facilities and services across the county. The KMHA supports a significant number of community-based services and the HSE has seconded a staff member as a development officer to work with the Kerry Mental Health Association in this fashion.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(f)

“That the HSE South update members on the following issues pertaining to Kerry General Hospital:-

- **Progress on the new A/E Unit**
- **Filling of the two new Senior A/E Consultants**
- **The future of the Sexual Assault Treatment Unit**
- **Progress on the dedicated Stroke Unit and**
- **Future of the Orthopaedic Services at Kerry General Hospital.”**

Cllr. Brendan Griffin

Emergency Department

The construction of the new Emergency Department at Kerry General Hospital remains one of the HSE’s main capital project priorities for the Southern Hospitals Group area. As the economic climate has changed considerably since tenders were first received for this project, the Capital Projects Division has re-visited the tendering process to obtain greater value for money. We are pleased to advise now, that the process of selecting contractors for the tender list and the development of tender documentation has been finalised. Given the tender period of approx 5 weeks, it is anticipated that the contract will be awarded over the coming weeks with planned construction work on the new facility to commence before the end of the year. A local site working group has been established to manage the site aspects of this project and hospital management have commenced a process of liaison with all stakeholders in relation to detailed service planning for the model of emergency care to be delivered in the new facility at Kerry General Hospital and in the context of additional and permanent consultant staff.

Emergency Department Consultants

Interviews for the two posts of Consultant in Emergency Medicine at Kerry General Hospital (1 replacement post and 1 vacant post) were conducted by the Public Appointments Service on September 7th last. We await the outcome of the interview process following which we will proceed to fill the posts in a permanent capacity.

SATU

The Sexual Assault Treatment Unit (SATU) for the Southern Hospitals Group catchment area is located in the South Infirmary/Victoria University Hospital, Cork. It is staffed by a nurse manager and a team of nurses providing an out-of-hours on-call service, while a team of GPs provide medical cover. The unit in SIVUH is one of 6 such units in the country. The other unit in HSE South is in Waterford, Dublin, Mullingar, Galway and Donegal.

National Guidelines on Sexual Assault Treatment were originally developed in 2006. These guidelines are currently being reviewed with a revised version anticipated to be published towards the end of 2010. The revised national guidelines once published, will provide assistance in determining the feasibility of a satellite SATU in Kerry.

As you will be aware, a Sexual Assault Treatment Service was implemented on an unfunded pilot basis at KGH in 2002, with clients treated in a specialised Gynaecological Outpatient Area. The pilot service ceased in October 2004 and

funding was not secured for a permanent service. The outpatient area in which clients were seen is now fully utilised with the expansion of gynaecological services at the hospital.

The HSE will continue to pursue the improvement of facilities for patients presenting at the hospital following a sexual assault. A statement of need for a new Women's Health Services Unit at Kerry General Hospital has been developed for consideration in the National Estimates as a priority area for targeted investment once same becomes available. Kerry General Hospital continues to liaise on an inter-agency basis with the Kerry Rape Crisis Centre in relation to services for victims of sexual assault.

Stroke Unit

As you will be aware, the first Irish National Audit of Stroke Care carried out in 2006/07, found that stroke services in Ireland require substantial development to meet international standards of care.

In May 2010, the National Cardiovascular Health Policy 2010-2019 was published by the Department of Health & Children. The Policy addresses the prevention of stroke in primary care settings and pathways for acute stroke care including thrombolysis (clot bursting) & stroke rehabilitation. One of the policy recommendations is that all hospitals admitting patients with Acute Stroke should have an acute stroke unit.

However the policy group notes that while some hospitals may provide a partial stroke thrombolysis service, it is unlikely that capacity to provide 24 x 7 thrombolysis services will exist at most general stroke centres. Therefore, provision of emergency stroke care by a Network of hospitals (acting as general and comprehensive stroke centres) is considered by the Policy Group, to be the optimal model.

The future delivery of emergency stroke care across the country therefore, will require formal agreement and clear protocols to decipher the most suitable model in each area. In HSE South West, the model of delivery of stroke services in acute hospitals will be determined in the context of the reconfiguration of acute hospital services.

In the interim, a working group at Kerry General Hospital led by a locum Consultant Geriatrician and Nurse Service Manager is exploring the matter further with a view to developing plans for establishment of an enhanced acute stroke care service at the hospital.

The level of stroke service provision for the catchment population (Kerry Health Services) currently comprises an intensive rehabilitation programme which commences once the patient is clinically stable. The hospital has recently recruited an additional locum Consultant Geriatrician post which substantially augments the level of available cover for the population served. Furthermore, the new Acute Medical Unit (AMU) opened in August 2010 and facilitates the streamlining of care of all acute medically ill patients. The main aim of AMU is to provide an effective mechanism for the assessment, diagnosis, stabilisation and early treatment of medical patients by senior clinical decision makers.

Kerry Health Services are committed to ensuring that each patient who has a stroke receives appropriate care within the shortest time frame possible within the resources available.

Future of Orthopaedic Services

The HSE south is committed to maintaining the current orthopaedic service in KGH which provides for trauma orthopaedics and has a limited capacity for specialist joint

replacement. There are no plans under reconfiguration to reduce the current capacity.

It is important that we provide additional capacity for the entire population of Cork and Kerry around elective joint replacement and in this regard it would be important that we ensure that the orthopaedic consultants in KGH are engaged with the process of the development of the new regional elective orthopaedic service in the South Infirmary/Victoria University Hospital (SIVUH). Mr John Rice, Consultant Orthopaedic Surgeon at KGH, is a member of the implementation planning group for the development of the elective orthopaedic services at SIVUH and this is very important to ensure that KGH's perspective is included in the planning.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(g)

"That the HSE South take immediate action and specifically outline the measures to be taken to address the appalling conditions of the SouthDoc clinic facilities in Youghal"

Cllr. Barbara Murray

The SouthDoc treatment centre in Youghal is a lock up facility which means staff are not permanently based there. It is used to see patients in the Youghal area who are unable to travel to Midleton. Few patients use the facility during the week, its busiest time being at weekends. SouthDoc have been seeking alternative accommodation for a new centre. The HSE are also in the process of leasing accommodation to re-locate the existing health centre and it is expected that this process will be finalised in the near future. There will then be an opportunity to jointly share the new premises once the lease arrangement has been finalised.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(h)

"That the HSE South publish and make available all documentation to quantify the services and all the costs in setting up the Primary Care Centre at the Shamrock Plaza, Carlow to include:-

- **Rental of rooms**
- **Public healthcare, shared HSE and private infrastructure**
- **Number of staff to be employed at the centre**

Cllr. Wayne Fennell

The Carlow Town Primary Care Centre based at Shamrock Plaza is part of a national initiative to procure integrated HSE and GP resourced Primary Care Centres. It is based on agreed government policy to develop Primary Care Centres through a Public Private Partnership process, whereby the GP infrastructure elements in these centres are funded by the GPs, that the HSE fund the public healthcare infrastructure

elements, and that the shared common infrastructure elements are funded jointly on an agreed proportional basis. So far, this procurement model is proving successful in terms of supporting the Primary Care strategy, achieving value for money and appropriate timescales, meeting the HSE's needs and facilitating integration of GPs and HSE staff.

As part of the national Public Private Partnership (PPP) process, Carlow Town was identified as a location for which a Primary Care Centre would support the development of Primary Care Teams and the integration of GP and HSE staff. Expressions of interest were sought through the national press, and a number were submitted to the HSE Estates Office by interested developers. Nationally agreed criteria were set forth by the Estates Office, and the Shamrock Plaza location met all of the criteria indicated.

The Carlow Town Primary Care Centre location was approved by the HSE Board on 12th February 2009. Amended planning permission for change of use was granted for the Primary Care Centre at Shamrock Plaza on the 17th June 2010. The agreed rental cost is confidential and commercially sensitive. It may be noted, however, that the agreed rental rate was 30% lower than the market value in Carlow town and less than the maximum rental rate approved by the HSE Board for Carlow town. The layout of the Primary Care Centre has been agreed, and fit out commenced on 9th September 2010. Fit out will take approximately 3 months to complete, after which time the HSE Primary Care Services will move to the new facility.

Up to 4 Primary Care Teams, consisting of up to 43 HSE staff members, will deliver a range of health and social care services for the public at Shamrock Plaza. This includes HSE facilities for Public Health Nursing, Occupational Therapy, Physiotherapy, Speech & Language Therapy, Home Help Staff, Dietitians, and Psychologists, outreach Hospital Consultant clinics, bookable rooms for other visiting professionals e.g. Specialist Nurses, and general staff support facilities. At maximum capacity, up to 40 clients could be receiving services at a single point in time at this facility.

The development of this Centre represents a step forward as regards modernisation and updating of working practices, facilities and equipment, and allows for the widespread introduction of supporting ICT systems. Sharing of accommodation between GP and HSE staff members in the one Centre facilitates a team-based approach to service provision, building capacity in primary care and contributing to sustainable health and social development in Carlow Town and its environs.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion Item No. 5(i)

"That Cork University Hospital examines the feasibility of putting in place a dedicated taxi-rank on the grounds of the hospital to meet the high demand for taxis for people accessing the hospital services."

Cllr. Catherine Clancy

Cork University Hospital currently does not have any plans to develop a dedicated taxi-rank on the grounds of the hospital. However, in order to facilitate patients and visitors who required taxis, the hospital has ensured that free phone facilities are available on the main concourse of the hospital.

Furthermore, there is a consistent number of taxis arriving at the hospital with patients and visitors. Therefore, the waiting times should not be lengthy. There is also a taxi base in the Wilton Shopping centre immediately opposite the main entrance to the CUH campus.

There is one bus route, number 14, that has stops on the hospital campus itself and the number 8 bus stops adjacent to the front of the hospital.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(j)

“While agreeing with the recent decision of Cork University Hospital Management to declare the hospital campus as a ‘No Smoking Zone’ in the interest of promoting good health, that the HSE South consider providing a small covered area on the hospital campus so those not interested in quitting can continue to smoke”

(Residents living near CUH now have to endure hospital personnel/patients and visitors smoking/drinking coffee in a residential area. It is also undignified to see hospital staff smoking in their uniforms)

Cllr. Mary Shields

Given the designation of Cork University Hospital (CUH) as a Smoke-Free Campus Hospital, a designated Cancer Centre and a Smoke-Free Hospital, it is not the current intention of the Executive Management Board to install a smoking shelter on the grounds of CUH. Such a facility would not be consistent with the status of the hospital as a smoke free campus.

Management’s primary focus is to encourage staff and patients who smoke to avail of the Nicotine Replacement Therapy from the Smoking Cessation service available on site. Recent evidence from the Smoking Cessation Staff has indicated a significant increase in the numbers of staff and patients availing of the service. Management at CUH acknowledge that implementation of the Smoke-Free Campus policy is going to be difficult for some staff and patients. However, other hospitals such as Connolly Hospital, St. Vincent’s Hospital and the Mater Hospital have gone smoke-free and it is the intention that all HSE hospitals will be smoke-free within the coming years.

Management at CUH are aware of the concerns of some of the hospitals neighbours about members of the public and CUH staff congregating and smoking in close proximity to their homes. The CEO of Cork University Hospital has written to each member of the hospital staff, as well as putting up notices for patients and visitors to the hospital, asking that they be mindful of the feelings of the hospital neighbours.

Management made staff aware of the concerns which have been expressed about the numbers of people congregating and smoking outside their homes. Staff, patients and visitors have been asked to take consideration of the effect that cigarette litter and passive smoke can have when smokers are in close proximity to people's front doors and windows.

Finally, staff have been reminded that they should not wear their uniforms when smoking in public and they have also been made aware of infection control standards when in uniform. This will continue to be managed, on a proactive basis, over the coming months.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

Notice of Motion 5(k)

"In view of the bed closures at Clonakilty Community Hospital that the HSE South provide an overview on:-

- **What is the present nursing home bed requirement in West Cork?**
- **What is the projected nursing home bed requirement in West Cork over the next 5, 10 and 20 years?**
- **Is this process for the privatization of nursing home care?**
- **Is it intended to maintain the present public nursing home bed numbers or are further bed closures expected?"**

Cllr. John O'Sullivan

Members will be aware from previous reports to the Forum of the overall approach to the development of long-stay beds in the West Cork area. The most recent review of long stay requirements for older people in West Cork indicates that there are 315 public beds for long stay care & community support beds (respite etc.). In addition, our most recent information available is that there are 5 private nursing homes providing 231 beds giving an overall provision of 546 beds. Based on the 2006 census population over 65 in West Cork is 9,233. The total beds as a percentage of over 65 population is 5.9% in 2006. The current national average is 4.6% and the OECD average is 4.5%. Based on these figures there would be a requirement of just over 415 long stay beds and there are currently 495 long stay beds available in West Cork. Therefore in 2010 there is an oversupply of 80 long stay beds in the area. With the development of community services the requirement for residential care beds will gradually reduce to an international standard of 4% over the coming years, which would reduce the requirement for long stay beds in West Cork to 370. Therefore, the current oversupply is set to continue over the next 5 to 10 year period based on these assumptions.

In relation to West Cork it is recognised that the priority for the development is to secure the existing infrastructure, the quality of the infrastructure of some of the older facilities, particularly in the public sector does not meet HIQA standards and a replacement and refurbishment programme has commenced and will be required to address this issue.

Significant investment has taken place in West Cork in relation to the provision of public residential care. Members will be aware of the recent refurbishment and extension to Dunmanway Community Hospital, where an investment of €1.85m was provided. In addition, there are plans currently being finalized and ready for submission for planning purposes with regards to refurbishment and extension to Schull Community Hospital.

The recent reconfiguration of services at Bantry General Hospital, whereby there was an increase in rehabilitation beds from 8 to 12 so as to provide a 4 bed dedicated stroke unit is an example of the ongoing development of a model of care for older people which crosses from community to acute hospital. This continuum of care requires a specific focus on the older persons needs and ultimately requires a seamless provision of service so as to ensure that older people are provided with care in the most appropriate setting to suit their needs and cater for their choice.

Significant investment in the region of €4.35m over the past 5 years in Clonakilty Community Hospital has seen the development of a dementia specific unit which is considered to have among the best standard of care and environment for the provision of such care to this grouping of patients. The model of care being provided has been considered as being best practice, not only in Ireland but internationally. It is intended that the work undertaken to establish this model of care would be adapted nationally.

However, the overall environment of the hospital leads to a high degree of non compliance with current and future infrastructural standards. Therefore, there is a need to continue to develop the hospital, including the infrastructure and environment so as to deliver this high quality of care. While such developments will impact on the overall bed numbers it will bring the hospital in line with the required standards and be attractive as a residential care choice to the public. The intention is that there would be an overall reduction in bed numbers in the hospital, particularly in Block 2 of the community hospital on a phased basis. Currently there are 8 temporary closed beds in this location and these will form part of the overall reorganisation of bed numbers. All matters relating to patient care and staff concerns will be dealt with in the context of an overall plan to deal with the reconfiguration of services within the hospital. Any industrial issues will be dealt with in the context of the public service agreement and opportunities for redeployment will be fully explored in the context of the development of services in community nursing units in the Cork area.

Members will see that while there is a reduction in bed numbers at Clonakilty there remains sufficient overall beds in West Cork to meet the needs of those requiring residential care. Currently there is no waiting list for Clonakilty Community Hospital.

The HSE is committed to continue to provide residential care for older people in our public facilities. The range of services in community hospitals incorporate long stay, convalescent, respite, palliative care, and in some instances day hospital activities. Various outpatients from the acute hospital sector are often provided in community hospitals particularly consultant geriatrician led clinics etc. There are real issues that face the HSE, particularly in relation to the moratorium on staffing as well as the need to replace/refurbish residential care accommodation. The HSE will continue to work with the Department of Health and Children in relation to these matters with a view to ensuring that there is provision made to address these pressures. The HSE must continue to reconfigure its services so that a model of care from primary care

team service provision to the provision of rehabilitation and convalescent/respite is in place to support the needs of older people. The community hospital network is fundamental to this care model.

The introduction of the Nursing Home Support Scheme (Fair Deal) in 2009 establishes the right of the older person/applicant to a choice of care, be it public, private or voluntary provided. It also establishes the position that the applicant will pay the same amount towards their cost of care regardless of the choice of supplier. The introduction of the scheme and the impact in relation to the provision of public long stay care will emerge as the trend with regards the choice of care is established. The HSE is confident that public bed provision will remain a popular choice and that initiatives such as the community hospital dementia unit in Clonakilty will fulfill a need in the community to facilitate choice of care.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

QUESTIONS 23rd SEPTEMBER 2010

Question (a)

“With regard to the frontline services being provided by the Brothers of Charity Early Intervention Unit, have the disability services been radically reduced directly as a result of the moratorium on staff recruitment?”

Cllr. Michael Healy-Rae

The HSE South Early Intervention Services (EIS) are specialised team based childrens services in the Cork and Kerry Area. The EIS in the Kerry Local Office area is made up of teams from HSE Early Intervention Team, Brothers of Charity Early Intervention Teams, Enable Ireland Early Intervention Team and Autistic Spectrum Disorder (ASD) Team. Early Intervention Services are provided to families of children from birth -5 years 11 months who may have, or are at risk of, developmental delay or disability.

The services being provided by the Brothers of Charity includes both the Brothers of Charity Early Intervention Team, who provide a service for children with an intellectual disability or dual diagnosis and the ASD Team which provides a service for children with autistic spectrum disorder (ASD).

There have been two recent retirements from the Brothers of Charity frontline services in Kerry: the Co-ordinator who manages the frontline services in the Tralee and a Pre-school Therapist in Killarney. Services to families have not been directly affected by these retirements, as the Brothers of Charity have managed the situation by re-organising their resources to meet service demand.

However, there is also an issue regarding Speech and Language Therapy in Kerry, which is not directly connected to a moratorium on staff recruitment. The Brothers of Charity Service had 2.5 Therapist vacancies in Tralee, Listowel and South Kerry due to staff on leave. There were difficulties recruiting replacements, as these posts are

only part time and/or temporary. The Brothers of Charity addressed this by putting in temporary Therapists to deal with emergencies. Interviews have again taken place, with expected recruitment of new Therapists within four weeks. The Brothers of Charity are also providing an additional Therapist from Cork to help to clear the backlog of assessments.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question (b) and (f)

6(b)

"If the HSE will advise why HIQA refused to register the new Community Hospital in Dingle? Why did the HSE not adjust their plans to bring the hospital in line with HIQA standards and specifications? Who was responsible for this, what member of the HSE oversaw the plans for the hospital and why did they not check when HIQA was established that the proposed new hospital in Dingle met with these standards?"

Cllr. Marie Moloney

6(f)

"Will the HSE state why the HIQA registration process in relation to the new Dingle Community Hospital was not initiated earlier than February 2010?"

- **Who was responsible for this late action?**
- **When it is now expected that the hospital will open?**
- **Will the HSE apologise to the patients, staff and families associated with the hospital for this delay?**
- **State why the mental health day centre which does not need approval from HIQA cannot relocate to the new hospital without delay?**
- **Clarify what were the issues of concern mentioned in the HIQA report and state what has been spent by the HSE at the unused part of the new facility on security, light and heat and other miscellaneous expenses since completion of the building? "**

Cllr. Brendan Griffin

Issues relating to the Registration of the new Community Nursing Unit in Dingle by the HIQA.

Firstly it is important to clarify that HIQA have not refused to register the new Community Nursing unit in Dingle. The HSE has applied for registration for the nursing unit, to HIQA, and is still awaiting the outcome on same.

Background

The following briefly outlines the background to the development of this public facility:

- **Following concerns with regards to the environment and structure of the existing facility known as St. Elizabeth's Community Hospital in Dingle, a Design Brief was developed in 2001 for a new hospital. A 5 acre site was**

- given to the Southern Health Board at a nominal cost on the edge of the town to facilitate this development by a concerned and generous benefactor.
- There were a considerable number of people from the West Kerry area having to be placed in long stay facilities particularly in St. Columbanus Home in Killarney which was 40 miles away from their home. There was (and still is) no private residential care facility for older people in West Kerry area. Given these factors along with the poor condition of the existing facility (which caters for 43 patients), the provision of a Community Nursing Unit in Dingle was prioritised by the Southern Health Board under the National Development Plan 2001-2006.
 - The Design Team for this project was appointed in July 2001 with the approval of the Department of Health & Children.
 - Kerry County Council granted planning permission for the project on the 22nd July 2002.
 - Approval was received from the Department of Health & Children in April 2004 to advertise for suitable contractors following completion of the tender documentation.
 - The Design Team reported on the evaluation of the applications received and recommended suitable contractors from this process who were deemed suitable to tender for the development. This report was submitted to the Department of Health & Children in April 2004 seeking permission to tender the project. Permission was granted by the HSE in April 2006 to seek tenders for the project. Due to the lapse of time since the contractor applications were first sought, new advertisements were placed and the companies who had previously submitted applications in 2004 were given the opportunity to reapply.
 - A new planning permission application had to be made for the hospital as a compulsory purchase order was placed on some of the land by Kerry County Council for an inner relief road for the town which interfered with the original plans. This had a knock on effect with regards to the legal work required to complete the purchase of the site so as to allow for the HSE to apply for planning permission. The landowner permitted the HSE to seek planning permission on a 'without prejudice' understanding to minimise the additional delay and progress of the hospital development.
 - The second planning application was lodged in late September 2006 and planning permission was granted in early 2007.
 - Tenders were issued for a 68 bed hospital in September 2007 with a 15 month construction programme. The contractor commenced in October 2007 and completed the development in December 2008.
 - The new building was briefed, designed, contracted, and completed (December 2008) at a time where the standards (published in April 2009) and the regulations (enacted in July 2009) were not in place. The HSE was aware of the development of draft standards, which were not finalised, which were circulated prior to these dates but there was considerable risk of any further delays in the process, or perhaps not being able to build the hospital at all, if a contract could not be secured. Indeed the lands which were provided at such low cost may have not remained available to the HSE if there was to be any further delays.
 - The HSE's clear understanding was that this facility was designed, developed and fully built prior to the introduction of the standards, and that it would be dealt with separately in any future registration process.

The above outlines the process which brought the new Community Nursing Unit to fruition.

Plan for transfer of services.

Since the completion of the construction of the hospital work has proceeded with the commissioning of the unit and workforce planning to open the hospital in the context of the moratorium on staff employment in the public sector.

The 2010 Service Plan identified the opening of the unit on a phased basis with the initial phase of 46 beds. This was to allow the transfer of the existing number of patients totalling 43 (at start of 2010) and an additional 3 beds to be opened. These 46 patients would be placed in 2 of the 3 modules leaving the 3rd module to be opened as a second phase at a later date when the additional finance and WTE became available. Agreement was reached with unions with regard to the staffing levels required for the new unit in July 2010.

The HSE has been in communication with HIQA regarding the opening of the new Community Nursing Unit, and the transfer of residents from the existing hospital (St. Elizabeth's), since February 2010, following the publication of the 2010 Service Plan and the commissioning of the unit. It was agreed that the matter of registration which in practice can take up to 6 months would be expedited given the fact that the old hospital is in poor repair and that the service needs to transfer from the old building to the new unit without delay. The application for Registration was received from HIQA on March 1st 2010, which had an 8 week time frame for completion. The Registration Inspection took place on the 1st and 2nd of June 2010 and the draft report on the inspection was received by the HSE on the 19th July 2010. This report requested an action plan to address any issues identified, and also gave opportunity to review the factual accuracy of the content. The HSE had 10 working days to reply, and this time frame was adhered to.

When it became clear that the registration process would not be completed by the planned opening date of July 27th, the opening of the main unit was deferred. While some Primary Care Services are already being delivered from the new site, a decision was taken not to transfer the Mental Health Day Care Centre on its own, as this service will require support services e.g. catering which will be provided as part of the whole hospital service when opened. In 2010 to date approx €144k has been spent on heating, lighting etc, for the entire unit. Of these, lighting and heating costs would have been required on an ongoing basis.

The content of the draft report suggests that it is HIQA's view that the environment needs to comply with the standard that is appropriate for a new building on first registration inspection. This particularly relates to room sizes and ensuite facilities. Other minor recommendations e.g the provision of additional hand rails, have now been addressed. If the unit is to comply with the new Environmental standards, structural alterations would be required and this would require additional costs and result in a reduction in the overall bed capacity of 68 beds.

Whilst the HSE is aware that the registration process can take up to 6 months, the condition of the old hospital remains an ongoing concern, and we have communicated with HIQA on these matters on a number of occasions with a view to moving forward with the process of registration in an urgent and speedy manner.

We have requested a transfer of service from the old hospital to the new hospital with a view that any issues with regards to registration could be resolved. This would ensure that the current patients be placed in a position of safety in a new building which has fire certification and which can deal with infection control issues, due to the availability of a significant number of single rooms and isolation rooms.

On the 17th September 2010, the HSE received the formal Notice of Proposal from HIQA in relation to the registration process. The HSE has 28 days to make representations in relation to the content of the notice. An initial examination of the Notice of Proposal confirms that the requirement on the environmental aspects of the building, and in particular in relation to room sizes, number of occupants in rooms, and the provision of ensuite facilities is that of a 'new build' design. As outlined this is not the position with regard to the current layout of the new hospital. The HSE will now consider the Notice of Proposal in full, clarify the detail of the requirements and respond to HIQA within the timescale allowed in accordance with the legislation.

The HSE will continue to liaise with patients, families and staff to inform them of a new opening date once the registration process is complete and HIQA's determination has been considered.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question (c)

"Will the HSE South establish the role, function and criteria laid down by HIQA for standards required in community care facilities including public and private nursing homes and welfare homes in light of the concerns raised by the volunteers/proprietors who manage these facilities?"

Cllr. John Coonan

Members will be aware of previous report and documentation circulated to the Forum in March 2009 in relation to the National Quality Standards for Residential Care Settings for Older People in Ireland.

The Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2009, require that all 'designated centers' including residential care settings for older people must be inspected and registered whether run by the HSE, private providers or voluntary organisations in accordance with a set of residential care standards. A designated centre is defined as an institution –

- At which residential services are provided by the Executive, a service provider or a person that is not a service provider but who receives assistance under section 39 of the Health Act 2004 – to other dependent persons, in relation to their dependencies
- or that is a nursing home as defined in section 2 of the Health (Nursing Homes) Act 1990. (with specific exclusions)

The Standards, which were approved under Section 10(2) of the Health Act 2007, cover what is important to residents and what they can expect from the service

provider. There are 32 standards which clearly outline what is expected of a provider of services and what a resident, their family, a carer or the public can expect to receive in residential care settings. The standards are grouped into 7 sections which cover:

- The rights of residents
- Protection of residents
- Health and social care needs
- Quality of life
- Staffing
- The care environment
- Management and governance

Since 1st July 2009, HIQA have been responsible for the registration and inspection of all residential care settings, public, private and voluntary against the National Quality Standards for Residential Care Settings for Older People in Ireland.

The standards provide an important roadmap in the move to transform residential facilities for older people to more home-like environments having regard to international standards, appropriate legislation and best practice.

In preparation for the introduction of the regulations and standards, the HSE put in place a comprehensive programme of preparation to ensure that its public facilities were in a position to comply with the requirements of the new standards. Our preparation focused on two particular areas

- To ensure that our policies, procedures and overall service were sufficient to meet the standards of care and welfare of residents as outlined in the new National Quality Standards.
- To ensure that our overall infrastructure was adequately developed on a phased basis to meet the new standards.

All providers of residential care services were informed of the new requirements and HIQA was provided with a register of all known providers of such services prior to July 2009. The status of some providers of services, particularly welfare homes, will require further consideration by HIQA in relation to the registration process. There is an onus on each provider to link with HIQA to clarify their position with regard to the status of "designated centres". This would be particularly relevant to small service providers where the status may be either considered supported housing (with minimal nursing input) and will also be determined in relation to the level of dependency of the residents.

The HSE has advised voluntary providers of such services to engage with HIQA in relation to the registration process and will continue to engage with such providers with regard to supporting the implementation of the standards.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(d)

“Will the HSE explain the differences in the waiting times for orthodontic treatment of children in the HSE South and other HSE regions and outline what specific targets, action plans and time criteria have been set to ensure that orthodontic treatment of children in Cork and the HSE South will match the national average waiting time”

Cllr. John Buttimer

The development of Orthodontic services in Cork & Kerry and the requirement to respond to significant waiting lists in the Area has been the subject of detailed reports to the Forum on a number of occasions. In this context the HSE South has set out clearly its strategy for the development of the service which takes account of the National Orthodontic Review which was reported to the Oireachtas Committee on Health last year. (Copies previously made available to Members).

In progressing this strategy the HSE South has prioritised implementation of the following initiatives.

There is currently one Consultant Orthodontist for Cork & Kerry. In line with the recommendations of the National Review and having regard to the current norms, 2 Consultant Orthodontists are required to meet the needs of the Cork & Kerry area supported by Specialist Orthodontists. In this regard, the Development Plan for the Cork & Kerry area provides for the development of the services as follows:

- The HSE funds the Postgraduate Orthodontic Training Programme managed by Cork University Dental School and Hospital since October 2006. This Programme continues to provide orthodontic services to North Cork LHO.
- The appointment of a second consultant orthodontist in December 2008, to bring this in line with national norms.
- The employment of a further two Specialist Orthodontists in late 2007 and 2008, again to replace the original model of treatment.
- The employment of a replacement consultant orthodontist subsequent to the untimely death of the Consultant Orthodontist in late 2009.
- The financial support of the post graduate specialist training programme in UCC which provides assessment and treatment for clients in the North Cork catchment area i.e. the HSE contributed €720,000 this year.
- The sponsorship and subsequent employment of four specialist orthodontists graduated from the first programme in UCC.

The significant investment over the last number of years is intended to:

- Address historic waiting lists
- Ensure that access to and waiting times for both assessment and treatment are in line with national norms

The untimely death of the Consultant Orthodontist required the transfer of approximately 600 clients to both Consultants and Specialists and has undoubtedly impacted negatively on the strategy to address waiting lists and times.

The introduction of the expanded index of orthodontic treatment need (IOTN) (modified) guidelines have been in place since 2008. Persons in categories IOTN 4 and IOTN 5 are now entitled to HSE care. The introduction of these guidelines

suggest a 24% increase in those eligible for public treatment and this has impacted on our treatment waiting lists.

The total number of people in receipt of orthodontic treatment at the 31st March 2010 in the HSE was 21,236. In Cork and Kerry, the numbers in treatment at this time were 4,623. On a population basis, the numbers in treatment in Cork and Kerry are consistent with national norms.

Waiting Times:

Assessment:

- On 30th June 2010 there were 3,455 on the assessment waiting list.
- Approximately 700 assessments were completed in July and August.
- Mainly clients in North Lee and Kerry are seen for assessment within 6 months of referral, with approximately 300 clients currently waiting for assessment.
- In South Lee and West Cork, the remaining 700 will be assessed within the next 6 months.
- Currently approximately 1,700 clients are awaiting assessment through the post graduate training programme. Assessments on this programme occur in a periodic manner in line with the teaching schedule. For routine assessments, the target is 6 months to let clients/parents know whether they are eligible for treatment.
- Training for referring HSE dentists is organised to ensure that inappropriate referrals are kept to a minimum and that the majority of clients referred for assessment will meet the eligibility criteria as determined by the index of orthodontic treatment need.

Treatment:

On the 30th June 2010 there were 3,144 people on waiting lists for treatment in Cork and Kerry. Clients are prioritised for treatment if they have:

- Cleft lip and palate
- Impacted teeth
- Severe overjets

All other treatment is deemed routine. For prioritised clients, the target to see patients for assessment is 12 weeks and treatment is commenced based on clinical need within a maximum six month timeframe. The target time to commence routine treatment is with 18 months to two years of assessment.

On analysis of our waiting lists:

- Approximately 10-15% of clients remain on our waiting lists pending surgery to facilitate orthodontic treatment.
- 10% approximately will have to wait while development and growth occurs to the stage where orthodontic treatment will result in optimal outcomes.
- A child referred at aged 9 or 10 for treatment may have to wait until he/she reaches the ages of 12, 13 or 14 to have their treatment commenced distorting the length of time waiting for treatment.
- There remains however significant legacy issues for a significant number of clients waiting for routine treatment.
- A routine course of treatment takes approximately 2 years.

- The average caseload for a specialist is 300 to 350 after a 2 year period build-up with their target for case completion being 150 cases per year.
- With the current cohort of specialists, the target, based on a full complement of staff, is approximately 900 new cases per year. However, issues such as maternity leave, resignations etc. are impacting on this number.

Targets for 2010/2011:

- Completion of treatment for the 600 clients under the care of Mr. Ian O'Dowling, Consultant Orthodontist (RIP) transferred to consultant and specialists by the end of 2011.
- The current approach being adopted is to ensure that simple routine cases are dealt with as soon as possible as significant delays in treatment may result in more complex and lengthy treatment being required.
- Strict adherence to guidelines to ensure that only those eligible are added to treatment waiting lists; ensuring that throughput remains within targeted norms by maximizing the efficiency of our current human resource.
- Treating clinicians are expected to complete 150 cases per year, with a subsequent uptake of 150 new cases/transfers in a given year.
- Continued prioritization of urgent cases such as cleft lip and palate, impacted teeth and severe overjets (currently in line with national norms).

The HSE will continue to explore options, in the context of available resources to address historic waiting lists, in an effort to bring access to treatment in line with the rest of the country.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(e)

"Will the HSE outline in detail its current Ambulance Service in North Cork and its commitment to retaining this service in North Cork?"

Cllr. Frank O'Flynn

The ambulance service is a critical element of the health service to the people of Cork and Kerry. Enhancement of the ambulance service is an integral part in the reconfiguration of acute hospital services in the region, particularly in rural areas.

In this context, the HSE South Ambulance Service is committed to providing appropriate Ambulance cover to the whole of HSE South, including North Cork and to developing the service to facilitate reconfiguration of acute hospital services.

Currently, in North Cork cover is provided by Ambulance Bases in Mallow, Kanturk, Millstreet and Fermoy. There is duty cover at each of these bases for 24 hours on Friday, Saturday and Sunday. Monday to Thursday has duty cover 0800 to 2000 hrs, with on-call cover from 2000 hrs to 0800 hrs.

The HSE continues to work towards the enhancement of pre-hospital emergency care services in the area. The appointment of Advanced Paramedics and enhanced arrangements for patient transport for the North Cork region has been prioritised and is to be implemented early in 2011. The Advanced Paramedics initiative will be similar to the pilot initiative which was introduced in West Cork in 2009 and which has been an overwhelming success.

The current dependence of a large number of ambulance bases in Cork and Kerry on on-call arrangements for a significant part of the week is the subject of ongoing engagement between the management of the ambulance service and SIPTU, the union representing Ambulance personnel. This engagement is taking place under the auspices of the Labour Relations Commission. Any changes in the current ambulance service in North Cork or in other parts of Cork and Kerry will be communicated comprehensively to public representatives and to the public, in advance of implementation.

Michael Norris, Assistant Chief Ambulance Officer, HSE South
Ger Reaney, Interim Network Manager, Southern Hospitals Group

Question 6(g)

"Will the HSE urgently give a commitment to replace front-line staff in Youghal Community Hospital before wards will have to close due to lack of resources?"

Cllr. Barbara Murray

Youghal Community Hospital currently has a staffing complement of 39.6 whole time equivalents (WTEs), which is in line with its long-term budgeted complement.

At present 2 multi-task attendant staff are on sick leave, 1 staff nurse is on maternity leave and 2 staff nurses have resigned/transferred from the Hospital in recent months.

Applications have been made to the Area Employment Monitoring Group (AEMG) to fill one nursing post and 2 multi-task attendant posts. These applications will be considered at the September meeting of the Group. Discussions are on-going in relation to the filling of the other vacant staff nurse post.

An application in respect of the chef's forthcoming maternity leave (due to commence in December 2010) will be made to the AEMG in October 2010.

Service at hospital continues to be provided in the normal manner and North Lee management will make every effort to ensure that the hospital continues to operate at current levels.

Barry O'Brien, Assistant National Director, HR HSE South

Question 6(h)

“What future plans have the HSE South for the Sacred Heart Hospital, Carlow?”

- **How does the HSE envisage utilising this facility to its full capacity?**
- **What steps are the HSE taking to fill the empty beds, especially in the Male Ward? ”**

Cllr. Wayne Fennell

The Sacred Heart Hospital provides 101 continuing care long-stay beds in Carlow for the following services: long term care (70); rehabilitation (12); community assessment (2); respite (5); and a dementia unit (12). In addition, the Day Hospital offers 9 places Monday – Friday for follow up of discharges, rehabilitation, and assessments. The following outpatient clinics are also provided by medical, paramedical and nurse led teams at the Sacred Heart Hospital; wound care clinic; diabetic clinic; falls prevention clinic; multi-disciplinary team clinic; chiropody; physiotherapy; speech and language therapy; occupational therapy; Parkinson’s disease clinic; Holter monitor; Falls clinic; 24 hour blood pressure monitoring; cardiac rehabilitation and memory clinic. There are 135 staff in total at the hospital.

The Sacred Heart Hospital responds to the demand for continuing care long stay beds within its available resources. Currently, the service has no waiting list for continuing care beds for male patients. It does, however, have a waiting list for long stay female continuing care beds as all available female beds are occupied. Beds in the Dementia Unit are filled when vacancies arise, and both rehabilitation and assessment beds are generally full.

Members should note that since the introduction of the Nursing Home Support Scheme (NHSS), whereby applicants have the choice of public, voluntary, and approved private nursing homes, there has been a marked reduction in the demand for long stay beds at the Sacred Heart Hospital. As well as the public facility at Sacred Heart, there are five private nursing homes in the Carlow area as well as supported living facilities nearby in Graiguecullen, Co Laois; Bagenalstown, Co. Carlow and Graiguenamanagh, Co. Kilkenny. Patients also have access to a number of private nursing homes in the neighbouring counties of Kildare, Wexford, Kilkenny and Laois.

The future services at the Sacred Heart Hospital will have regard to the demand for continuing care beds, which can fluctuate. If a trend continues whereby there is capacity within the male ward and a waiting list for the female ward, management will consider redesignating beds to ensure supply meets current demand.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(i)

“Is the BCG vaccination which inoculates against TB now being routinely administered to newborns in Cork University Maternity Hospital (CUMH) since October 2008?”

- **How many babies have been born at CUMH since October 2008?**

- **What percentage of these babies has received the BCG vaccine before leaving the hospital?**
- **How many mothers refused the BCG for their babies since 2008?"**

Cllr. Catherine Clancy

The Neonatal BCG Programme commenced in Cork University Maternity Hospital (CUMH) in October 2008. Clinic sessions are held each morning, Monday to Friday, with BCG vaccination available on request. This is routinely administered and waiting lists generally do not exist for this service.

Since October 2008 to end of August 2010 the HSE have had 16,888 live births at CUMH.

Not every baby born will be eligible for BCG – this depends on weight, whether they are in Neo Natal ICU or discharged. In 2008 (Oct – Dec) 81% of eligible babies were vaccinated before discharge. In 2009 91% of eligible babies were vaccinated before discharge and up to the end of July 2010 (latest stats), 96% of eligible babies were vaccinated before discharge.

Of the number of eligible babies, 92 mothers have refused BCG prior to discharge (up to end of July latest stats).

**Anna-Marie Lanigan, Interim Assistant National Director, HSE South
Ger Reaney, Interim Network Manager, Southern Hospitals**

NOTICE OF MOTIONS AND QUESTION RESPONSES

FORUM MEETING
23rd NOVEMBER 2010

NOTICE OF MOTIONS

Notice of Motion 5(a)

“That the HSE does everything in its power to support the submission that has been put forward from Home from Home School Age Service for Children with Disabilities in Killarney. The submission that has been put forward is detailed and really explains why the funding being requested should be provided.”

Cllr. Michael Healy-Rae

The 'Home from Home' Service provides an after school service for 20 children with disabilities from 2 - 6 p.m. 5 days a week in a house in Ballydowney, Killarney, Co Kerry. This service evolved from a service that was established by the parents of children attending St Francis Special School in Beaufort. The service moved from Beaufort to temporary premises in Killarney town in 2006 and having received capital funding of €855,000. This funding was provided by National Childcare Investment Programme, which was distributed through the City/County Childcare Committees, they moved to their present location in Ballydowney, Killarney in December 2009.

The service was funded under the Community Childcare Subvention Scheme under the Office of the Minister for Children and Youth Affairs, but due to a change in the Scheme, as announced by the Minister in the Budget 2009 the amount of Subvention paid has been cut from the 1st September, 2010.

A meeting took place on 4th October, 2010, with the Management Committee, Kerry County Childcare Committee, Disability Service Providers in Kerry, and the HSE, to consider all the issues involved in continuing the provision of this service. The matter was discussed by the Intellectual Disability Regional Planning Committee meeting on 5th October and it was recommended that temporary funding be provided to the organisation pending negotiations with the group. In the interim the HSE has approved once off funding of €40,000 to assist them in running the service for 2011 while negotiations with the Home from Home service and Kerry County Child Care Committee are ongoing in order to secure the future of the service.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(b) and Question 6(b)

Notice of Motion 5(b)

“That in compiling its integrated plans for Mental Health Services for the new extended catchment area including Wexford, (the largest County with the largest population in the South East) the HSE accepts the recommendations from “Vision for Change”, that the Mental Health Service would be client focused and clients would have access to a local specialised and comprehensive service of the highest standard with flexibility regarding

catchment area size and composition, taking population into account and considering the location of facilities such as Acute In-Patient Units (20.42 Vision for Change) with 50 acute in patient beds per catchment area provided as 2 Units in some areas, with 25 beds in each (8.13 Vision for Change) as resources will need to be remodeled within the new areas to ensure equity in service developments for Co. Wexford in the years ahead.

Cllr. Pat Cody

Question 6(b)

"Will the HSE outline the details of its Integrated Development Plan for future delivery of Acute Mental Health Care for the population of Co. Wexford, in view of the Mental Health Care order, that the admission of patients to the present acute facility at St. Senans Hospital Enniscorthy must cease no later than the end of February 2011, and specifically to clarify the proposals to further develop community based day hospitals and crisis houses, in Wexford and Waterford, In advance of any proposed transfer of acute admission facilities from the current units in Enniscorthy to any alternative location, as announced by the Minister of State at the Department of Health & Children on the 11th October 2010."

Cllr. Pat Cody

Vision for Change sets out the strategic development for HSE Mental Health Services. This document is underpinned by principles, values, service ethos and a recovery approach placing service users at the centre of decision making, seeking to involve them and their families at all levels of service provision. Implementation of *Vision for Change* entails a continued shift to community based services to support people living as independently as possible. Our purpose is to provide a service for people of all ages who need specialist assessment, care and treatment for mental illness. In doing so, our strategic objectives are to:

- Support peoples recovery from mental illness with the aim being to maximize their full potential to live as independently as possible
- Continue to develop and enhance community based service
- Provide access to appropriate primary/community and secondary care services in a timely manner
- Work in partnership with service users, carers, primary care and colleagues both statutory and voluntary
- Advance the national and local governance arrangements
- Develop the workforce and associated infrastructure to support improved and cost effective care and treatment

A key priority for the HSE has been to reconfigure acute in-patient services in line with the recommendations in *Vision for Change*. In respect of HSE South, the recommendations indicate a requirement for 180 acute in-patient beds for the population of the HSE South. There are currently 352 acute in-patient beds (172 above the recommended numbers). An important priority is to reconfigure and develop acute in-patient, out-patient and community residential services and associated resources in line with the policy document and support the delivery of comprehensive community based mental health services.

Vision for Change requirement for acute in-patient services for the population of the extended catchment area of Waterford/Wexford is 43. There are currently 75 acute

in-patient beds provided for this area, in a 44 bed unit at Waterford Regional Hospital and 31 beds at St. Senan's Hospital, Enniscorthy, Co. Wexford. As members are aware work is currently underway to determine the most appropriate location for inpatient services for the extended Waterford/Wexford catchment area in line with the recommendations of *Vision for Change* and taking into account the most effective use of our finite resources.

A comprehensive process has been put in place to finalize our position in the HSE South. This process has been progressed in collaboration with the Assistant National Director Mental Health, Executive Clinical Director and other key stake holders including service users. The HSE has also engaged extensively with the Mental Health Commission in relation to these developments and discussions are continuing in this regard. Meetings have also been held with the Minister of State and public representatives from the Wexford area and a further meeting is being scheduled. A meeting has also now been arranged with local Forum Members including the Chair of the PCCC committee.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Notice of Motion 5(c)

"That the HSE South would make available documentation received from the Department of Finance, Department of Health and Children and the HSE nationally with respect to preparations for the 2011 budget and if it can also produce documentation regarding identified cost savings from the HSE South in response."

Cllr. John Buttimer

The HSE is currently in the process of developing its National Service Plan 2011 which must be prepared within 21 days after the publication by the Government of the Estimates. From the information available at present the position is that Budget Day has been announced as being 7th December and the HSE will submit its National Service Plan to comply with these statutory requirements.

It is not feasible to determine the impact of Budget 2011 at this point at a regional level until such time as the budget has been announced and its implications considered in terms of service delivery for next year. My intention is that as in 2010 and previous years a full presentation will be made to the Regional Forum early in 2011 outlining the budget allocation and service plan for the year. This will include information on the key deliverables as well as any impact on the service for the year. I will also circulate the relevant documentation from the Department of Health & Children or Finance as part of this process. I will also arrange for local meetings to take place at county level involving the senior managers from the service with the regional forum members to outline the detailed aspects of the service plan relevant to their local area.

Mr Pat Healy, Regional Director of Operations

Notice of Motion 5(d)

“That clarification would be given to members of this Forum on what proposals currently exist in relation to ambulance cover for County Kerry and that it be confirmed that proposals discussed at the July meeting of the Acute Hospital Services Committee, which included alternating ambulance cover between Dingle and Listowel and Caherciveen and Kenmare, are no longer being considered.”

Cllr. Brendan Griffin

The HSE acknowledges the crucial role the ambulance service has in delivering pre hospital emergency care to people in the region and is committed to ensuring that there will be no changes in the service that would detrimentally affect patient care.

The HSE have been in negotiations for some time with ambulance service staff in relation to the high levels of ‘on call’ arrangements in Cork and Kerry. Under the auspices of the Labour Relations Commission (LRC), a number of options are currently being considered which would allow the elimination of these ‘on call’ arrangements. These current proposals have been put to ambulance personnel for their consideration. SIPTU have advised the HSE that they will consult with their members on these proposals and re-engage with the HSE under the auspices of the LRC. As the matter remains under the auspices of the LRC it would not be appropriate to go into the detail of the proposals that are currently under discussion. However, I can reassure the members that the HSE remains committed to ensuring that any change to the existing arrangements will not have a significant negative impact on ambulance response times.

The key point to note in the current proposals being discussed at the LRC is that the ambulance service will move on a phased basis from an ‘on call’ system for evening and night cover to 24/7 duty ambulance cover.

I would also like to clarify that the changes and arrangements discussed at the July meeting of the Acute Hospital Services and Population Health Committee were not the proposals that were brought by the ambulance service to the LRC for the reduction of on-call. As part of the discussions with ambulance staff representatives, SIPTU, the ambulance staff representative body, gave an ultimatum that staff would withdraw the current ‘on call’ arrangements in the very near future. The proposals outlined at the July meeting were contingency plans to be put in place in the event of ambulance personnel withdrawing on-call at short notice.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

QUESTIONS **Question 6(a)**

“Will the HSE South provide a full report on Caherciveen District Hospital in relation to current available bed space and the provision of additional beds in the future?”

(This hospital is invaluable in taking care of the local people and rather than reducing bed space, additional beds need to be provided)

Cllr. Michael Healy-Rae

Residential care services for older people are provided in a range of public and private facilities in Co Kerry. In the South Kerry area there are two units providing residential care for public patients. Caherciveen Community Hospital is a HSE managed facility with a complement of 45 beds and Valentia Community Hospital is a voluntary unit with a complement of 16 beds. Caherciveen Community Hospital provides a comprehensive residential care for highly dependent patients including long stay, respite and convalescent services. Due to current refurbishment works 32 of the 45 beds are open at this unit, 30 providing continuing care, one for convalescent care and one for respite care.

Caherciveen Community Hospital, like all other residential facilities both public and private, is subject to inspection by HIQA and must comply with the National Quality Standards for Residential Care Settings for Older People. Currently the hospital is being considered by HIQA for registration purposes and has undergone an inspection in relation to this matter. It is anticipated that the registration process will be completed in the near future. The standards for residential care services outline requirements in a range of areas including patient care both from a clinical and social perspective. There are 32 standards in all and each residential unit must comply or have action plans available to comply with each of the standards. Management and staff of Caherciveen Community Hospital have been working towards the implementation of all of the standards. This has led to the ongoing review of policies and procedures. In the area of environment, significant works are currently being undertaken in certain key areas to ensure compliance with health and safety related issues. Some of the works will be completed by year end and further works will be undertaken on a phased basis in the medium term, depending on the availability of minor capital funding.

The hospital also provides high support facilities for mental health patients as well as day services for both mental health and older people. There is also an ambulance base on the campus.

It is the intention of the HSE to undertake a development control plan in the first quarter of 2011 which will address future bed provision, determine the most appropriate location of current services to be provided on the campus as well as determining the location of any required extensions in the future.

Considering the location of Caherciveen on the Iveragh Peninsula, the provision of residential services remains a priority for the hospital. The HSE will continue to plan and provide services in the hospital in line with the standards and will be guided in terms of ongoing improvement requirements through the HIQA registration process.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(c)

“When will the Alzheimer’s day care centre be opened at Bethany House, Carlow?”

Cllr. Wayne Fennell

As members are aware, the HSE has continued to advance its plans on the future usage of the former welfare home at Bethany House, Carlow. As part of this process the HSE has been working closely with organisations involved with the delivery of services to older people in order to determine what range of alternative services could be located at this premises.

In June 2010 the HSE Property Review Group approved the granting of a 20 year lease to the Alzheimer’s Society. A number of legal issues which arose in relation to this process are now being finalized which will facilitate the Alzheimer’s Society to provide an Alzheimer’s Day Centre at Bethany House.

Plans have been finalised and tenders are now being sought for the refurbishment of these premises. The refurbishment work will include the portion of the building identified for use by the Alzheimer’s Society. This work is due to commence within three to four weeks and it has been agreed that the premises will be ready for occupation in June 2011.

In addition to this the HSE plans to locate a number of specialist services to the refurbished premises incorporating primary care network services, specialist paediatric services, outreach Consultant Geriatrician clinics in the community and a Falls Prevention Programme. It will also include Home Help Coordinators and the Coordinator for the CONTACT volunteer befriending services for older persons in the Carlow area.

The location of these primary care network services in Bethany House will provide both Carlow Primary Care teams and the Carlow population with direct access to specialist Paediatric and Older Persons services in an easily accessible and central location.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

Question 6(d)

“To ask the HSE South to make a statement on the voluntary redundancy package with specific reference to:-

- a) the initial projection of 5,000 jobs by the end of 2010**
- b) the 28,000 over the course of the package**
- c) the projections the HSE had for uptake of the package in the HSE South by grade and position**
- d) the contingency plan to ensure that there is no effect on the provision of front-line services from the 1st of January 2011”**

Cllr. John Buttimer

The Minister for Health and Children, Ms. Mary Harney, T.D. announced on Monday 1st November 2010, that the Government has provided up to €400m for two targeted incentivised exit schemes for management/administrative grades and support staff in the health services.

These schemes are designed to achieve a permanent reduction in the numbers employed in these grades of the health services from January 1st 2011 and help to maintain essential front-line services.

Details of both schemes are, a Voluntary Early Retirement Scheme targeted at staff aged 50 years of age and over and a Voluntary Severance Scheme targeted at management, administrative and support staff grades.

It is important to note that this is an immediate process, with a very tight timeframe for its conclusion. November 19th 2010 is the latest date by which completed application forms for both schemes can be submitted and acceptance of offers will be completed by November 30th.

A compressed timeframe such as this reflects the pressing financial challenges facing the Irish economy and our health services currently.

While both schemes present a significant opportunity for many members of staff, their implementation will significantly challenge the health services over the coming months.

Because of the expedited nature of both of these schemes, the continued support, co-operation and flexibility of staff and their respective unions or representative associations, is critical to help deal with issues that may arise as a result of the implementation of both schemes.

It is projected that somewhere between 3,000 and 5,000 staff may be accommodated by the scheme but the key indicator will be the approved funding of up to €400m. On this basis and in all instances priority will be given to the management/admin grades. The closing date for applications to be considered for the schemes is the 19th November and the HSE can confirm that there has been a high level of interest.

No definitive numbers for taking up the scheme will be available until the 30th November which is the deadline for applicants to proceed to avail of the scheme or to withdraw their application.

It is acknowledged that there is the potential to impact on services from January 2011 but this will be dependent on the numbers per location that avail of the scheme. I wish to stress that these are voluntary schemes and that it is a matter for each individual employee in the grades concerned to decide whether he/she wishes to avail of them.

The voluntary nature of the schemes means that it is not possible to predict how many individuals will avail of the schemes, whatever the outcome, the HSE and Service Employers will have to use the other provisions of the Croke Park Agreement to ensure that they continue to deliver services with reduced numbers.

HSE Management will be working with staff to ensure that there will be no adverse effect on frontline services from January 2011.

Barry O'Brien, Assistant National Director, HR HSE South

Question 6(e)

"What is the annual revenue generated by car parking fees at Kerry General Hospital (including details of overall income and outlays) and what is done with the surplus of this revenue?"

Cllr. Brendan Griffin

The annual revenue generated by car parking fees at Kerry General Hospital is approximately €678,129 – this is after 21% VAT has been paid to the revenue Commissioner.

The annual outlay for the car park is approximately €296,000. This is mainly accounted for by staffing costs and car park maintenance.

Car parking forms part of the income of the hospital therefore, after the above outlays are provided for, car parking monies generated are utilised to provide direct patient care at the hospital.

Ger Reaney, Interim Network Manager, Southern Hospitals Group

Question 6(f)

"What measures are being taken by the HSE to ensure that the 94 pupils of St. Joseph's Special School, Parnell Street, Waterford and St. Martin's Special School, Kilcohan, Waterford together with the children who were enrolled in September and who need assessment will have a full Speech and Language Therapy Service and when will that full service be provided?"

Cllr. Seamus Ryan

Speech & Language Therapy Services in Waterford Local Health Office operates as an integrated service across Acute and Non-Acute settings. Services have expanded in recent years with the addition of a number of new posts in Primary Care, Disability Services and Child & Adolescent Psychiatry. Current staffing in the Community comprises a total of 16.8 whole time equivalent Speech & Language Therapy posts across all grades and 1 Speech & Language Therapy Aide. Maintaining staffing levels is managed within the parameters of the Government Employment Control Framework. In this regard locum cover has been provided where possible for staff leaves within this service such as maternity leave. It is not always feasible to provide such cover for all absences. Permanent vacancies have been processed for filling – with the most recent permanent appointment effective from 3rd November 2010.

Service provision has traditionally been organised on a care group basis with staff allocated to discrete services such as autism, intellectual disability, adult rehabilitation and general community health service for children. The development of multi-disciplinary primary care teams and linked health and social care network services provides the opportunity to review and align some services in more effective team based approaches recognising the potential to address significant levels of need in primary care settings with targeted input to some areas of more intensive or focussed interventions provided where indicated.

There are three schools in the Local Health Office area specifically for children with intellectual disability – St. John's Dungarvan (catering for children with mild intellectual disability), St. Joseph's School, Parnell Street, Waterford (catering for children with mild range of intellectual disability) and St. Martin's School Kilcohan, Waterford, (catering for children with moderate to profound range of intellectual disability). There are approximately 200 children enrolled in these schools. Approximately 50% of the children are known to the Speech & Language Therapy Service. In addition there are an increasing number of children with intellectual disability accessing education in mainstream schools and pre-school settings.

Over the past year some staffing issues have arisen leading to a reduction in the level of services being provided. Service to the two City schools was affected.

In the context of service demands and to establish more effective care continuity, a review of staffing allocations and methods of working was undertaken. A key focus of service to the Special Schools will now be based on recognition that direct therapy is only a part of the whole programme for maximising a child's potential. A major role is played by family and others in daily contact with the child. Maximising the schools involvement in the therapy process allows for programmes to be built into the routine of the school day. Training and support to the wider school staffing is central to this approach. Protected time will be provided to schools to ensure that school staff training and support is delivered. Direct intervention is recommended for a minority of cases and a protected level of school based intervention will be provided for these children, in some instances such intervention may be provided away from the school setting.

Pending the appointment of the replacement Speech & Language Therapist on 3rd November 2010, a school based training programme was commenced in October. This model involves working with the whole school body to identify and implement school improvement objectives related to meeting the speech, language, communication and/or swallowing needs of children. The model also supports individual members of staff or staff groups to implement environment changes to optimise the inclusion of children within class activities.

In addition a number of individual cases were allocated to therapists operating across primary care. Parents have been advised of these arrangements and service developments will be further progressed following the recent appointment.

Overall service provision will be monitored over the coming months to assess the effectiveness of the revised arrangements.

Anna-Marie Lanigan, Interim Assistant National Director, HSE South

MINUTE OF FORUM MEETINGS FEBRUARY TO NOVEMBER 2010

Minutes of February 2010 Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 11th February, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Pat Burton
Cllr. John Buttimer	Cllr. John Carey
Cllr. Catherine Clancy	Cllr. Pat Cody
Cllr. Timmy Collins	Cllr. John Coonan
Cllr. Tom Cronin	Cllr. Wayne Fennell
Cllr. Brendan Griffin	Cllr. Mary Hanna Hourigan
Cllr. Michael Healy-Rae	Cllr. Michael Hegarty
Cllr. Denis Kennedy	Cllr. Tim Lombard
Cllr. Sean Lonergan	Cllr. Tom Maher, Chairperson
Cllr. Marie Moloney	Cllr. Martin Murphy
Cllr. Barbara Murray	Cllr. Dr. Sean McCarthy
Cllr. Arthur McDonald	Cllr. Michael O'Brien
Cllr. Bobby O'Connell	Cllr. Frank O'Flynn
Cllr. Laurence O'Neill	Cllr. Pat O'Neill
Cllr. John O'Sullivan	Cllr. Hilary Quinlan
Cllr. Seamus Ryan	Cllr. Jim Townsend

Apologies:

Cllr. Danny Crowley	Cllr. Declan Doocey
Cllr. Anna Fenlon	Cllr. Terry O'Brien
Cllr. Mary Shields	

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Ger Crowley, Director, Regional Health Office – South
- Mr. Richie Dooley, Network Manager South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Dr. Elizabeth Keane, Director of Public Health, HSE South,
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Barry O'Brien, Assistant National Director of Human Resources, South
- Ms. Raymonde O'Sullivan, Assistant National Director of Finance, South
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff

1. Adoption of the minutes of meeting held on 5th November 2009

At the proposal of Cllr. Michael Healy-Rae, seconded by Cllr. Laurence (Cha) O'Neill, the minutes of the meeting of 5th November were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Tom Maher, Chairperson welcomed all Members and Managers and explained that the date of the meeting had been re-scheduled to facilitate the making of a presentation to members on the HSE South's implementation of the National Service Plan 2010. He reminded members that a link to the Service Plan had been forwarded soon after its release on the previous Monday and that today a hard copy was circulated along with a copy of the HSE South's: Implementation of the National Service Plan 2010.

The Chair informed members that local Forum briefings will be set up within each area over the next number of weeks so that members can meet their Local Health Manager and Hospital Manager to discuss issues of local interest.

Members were reminded that a revised list of dates of meetings for the remainder of 2010 has been circulated to them via hard copy and email.

3. HSE Updates

Update report on Influenza A(H1N1)

Dr Elizabeth Keane, Director of Public Health gave an update report on Infuenza A (H1N1) (Swine Flu) explaining that all influenza activity has reduced at present but it is unknown as to whether a further "wave" will hit Ireland. She emphasised the need for people to be vaccinated to ensure "herd immunity" within the population and outlined the two different vaccines that are available. She refuted the suggestion that there was over-reaction to the threat of a pandemic and explained that governments were guided by the World Health Organisation (WHO) who provide independent advice and are not influenced by commercial companies.

Presentation and report from HSE Management on Service Plan 2010

Mr. Pat Healy, Regional Director of Operations opened the presentation by introducing the Management Team and explaining that the 2010 Service Plan incorporates the HSE's Corporate Business Plan, Government priorities and all relevant national strategies. He outlined the key risks involved in implementing this year's National plan. He also advised that a document was circulated to members which set out how the HSE South will implement the National Service Plan and work towards achieving the targets and deliverables set out in the National Plan, working within the approved employment ceiling and meeting quality and safety standards whilst remaining within Budget.

Mr. Healy explained that development of primary care services continues to be the key priority for HSE South and is a cornerstone of the Transformation programme with the shift in provision of care from acute and institutional settings to services within people's community. He made reference to the 2010 priorities of:

- Further development of Primary Care Teams/Social Care Networks
- Reconfiguration of mental health services to focus on the treatment of patients in community settings

- Improving access and responding to needs in Child Care, Disability, Mental Health and Social Inclusion services
- Expansion of Child and Adolescent Mental Health Teams
- Major Programme of provision on long stay beds for older people together with the implementation of a new model of care
- Hospital reconfiguration by e.g. reducing inpatient admissions, and increasing day case procedures
- and same day admission for surgery
- Increasing access to diagnostic services and improved discharge planning
- Addressing Emergency Department issues and the establishment of Medical Assessment Units
- Greater integration across hospital and community services
- Further local implementation of the National Cancer Control Programme
- Reconfiguration Programme plans for South West and South East Programme

Mr. Healy explained that Dr. Barry White has taken up duty as the National Director for Quality and Clinical Care and that HSE South will be working with his Directorate to introduce a programmatic approach across HSE South for certain chronic conditions such as diabetes, heart failure, stroke as well as introducing a national standardised approach to acute medicine.

Briefing from Ms Anna-Marie Lanigan, Interim AND, PCCC

Ms. Anna-Marie Lanigan updated members on the position regarding Primary Care Teams in the South explaining that 63 teams are up and running with 43 additional teams targeted for 2010. She outlined some of the work undertaken by these Teams and their goals as they further develop services for patients within their communities e.g.

- Illness prevention and health promotion
- Chronic disease management for asthma, C.O.P.D. etc.
- Enhanced multi-disciplinary working
- Integration between community and hospital services

She outlined the community services that are to be advanced in 2010 e.g.

- G.P. Training Scheme
- Implementation of the recommendations of the national review of GP out of hours services such as Care Doc and South Doc
- Appointment of two community-based Geriatricians in Kerry
- Additional funding for the Nursing Homes Support Scheme (Fair Deal)
- Development of infrastructure for Primary Care Centres via PPPs

And that the existing level of service following will be continued for older people:

- Home Help service
- Home Care Packages (with additional national development funding of €2 m)
- Day care places
- Residential Care beds (304 new and 299 replacement beds will be commissioned in 2010)

Ms. Lanigan made reference to the challenge of meeting timelines in the Disability Act and the efforts that will be made in 2010 to adhere to time frames. Funding will be provided for additional emergency placements and greater efficiencies will be achieved in the provision of disability services such as transport and administration costs.

In Mental Health, reconfiguration of services will continue in 2010 with the development of community-based teams and a focus on delivering services closer to the patient via Primary Care Teams. Further assessment of the needs of clients in long-stay care will continue to ensure their transfer to more appropriate care settings. 4 Executive Clinical Directors have been appointed to Mental Health from the existing complement of staff to provide strategic direction for the service within expanded catchment areas. In Child and Adolescent mental health, 8 in-patient beds have been provided in an interim unit at St. Stephen's Hospital with the 20 bedded in-patient unit at Bessboro, Cork to be completed in 2010. Further information on the local reconfiguration of mental health services will be made available at the local area Forum briefings.

Members were updated on plans for Addiction, Traveller Health & services for Children & Families with €1m nationally being provided for the development of a national IT system for child welfare and protection and €15m nationally for Children and Families under the Ryan Report to provide for 200 additional social workers the actions from which will be implemented in 2010.

Briefing from Mr. Richie Dooley, Hospital Network Manager, South Eastern Hospital Group

Mr. Richard Dooley outlined for members the key acute hospital priorities in the HSE Service Plan e.g.

- More pre-op assessment and same day of surgery admission
- Increased day surgery
- Reduction in emergency admissions with further development of Medical Assessment Units
- Increased access to diagnostic services e.g. x-ray
- Reduction in length of stay
- Protection of elective beds
- Reduction in OPD waiting times
- Ensuring urgent colonoscopy procedures are performed within a 4 week timeframe

He explained that work has taken place on formulating key performance targets, with monthly reporting, to ensure targets are met. Clinical Directors have been appointed to the hospitals within the South East and the development of their role and that of clinical leadership will be crucial to the success of hospital reconfiguration. The focus of the 2010 plan is to continue Transformation, integration of hospital and community services, to reduce dependency on acute services and to further the development of Primary Care Teams.

Mr. Dooley went through the challenges that are anticipated in 2010 in delivering on the Service plan and the cost reduction and containment plans that will be progressed to ensure adherence to the local business plans. He went through the service enhancement initiatives that will proceed in the South East. e.g.

Waterford Regional Hospital

- Extension of hours of Cath. Laboratory
- Emergency Department expansion and Special Care Baby Unit/Intensive care unit to commence construction this year
- Establishment of rapid access Lung and Prostate clinics in conjunction with NCCP

Wexford General Hospital

- Stage 2 Design of Emergency Department and Maternity Services project to be completed.
- Provision of on-site pre-assessment unit for early pregnancy

St. Luke's, Kilkenny/Kilcreene Orthopaedic Hospital

- Stage 2 design completion for Phase 1 Capital Development
- Plan for provision of Hospice/Palliative Care Unit
- Continue to increase elective Orthopaedic day case procedures

South Tipperary General Hospital

- Further roll-out of OPD Lean Project (members received a presentation on this initiative at committee meeting)
- Extension of hours of opening of Medical Assessment Unit to 5 days per week.

Briefing from Mr. Ger Reaney, Interim Hospital Network Manager, Southern Hospitals Group

Mr. Ger Reaney introduced his presentation and explained that the key challenges facing the Southern Hospitals Group are similar to those of the hospitals in the South East and the priorities in 2010 are as outlined in the National plan: -

- reducing pressure in Emergency Departments and reduction in emergency admissions
- the establishment of Medical Assessment Units, greater access to diagnostic services and to senior decision makers
- reduction in length of stay and greater usage of Day Case procedures

Mr. Reaney explained that each of the hospitals as follows, within his group: -

- Cork University Hospital
- Kerry General Hospital
- South Infirmary Victoria/University Hospital
- Mercy University Hospital
- Bantry General Hospital
- Mallow General Hospital

will look at efficiencies to ensure that they are able to continue to deliver front-line services within a challenging environment of reduced funding and the need to remain within their Whole-Time Equivalent (WTE) ceiling. The following will be progressed: -

- Drug utilisation will be looked at for VFM
- Absenteeism will be closely monitored
- Income generation will be maximised
- All pay and non-pay expenditure will be examined in detail
- Seasonal closures and theatre utilisation will be maximised

Members were informed that hospitals in the South West will commence reconfiguration this year, following the release of an overall plan and roadmap by the Reconfiguration Team.

In conclusion, Mr. Reaney thanked all managers and staff within the hospitals for their dedication and commitment to providing a quality service within present constraints.

Question and Answer session

The Chairperson and members thanked Managers for their individual presentation which were followed by a Question and Answer session with the following queries and comments responded to:

- Difference between a Primary Care Team and a Primary Care Centre and update given on Public Private Partnerships (PPPs) in the development of Centres
- Appointment of 4 Clinical Directors to Mental Health Service from within existing resources
- Palliative Care Team at St Luke's
- Comparative budget/WTE figures against previous years
- St. Patrick's Hospital, Waterford/proposal for C.N.U. and engagement with Local Authority
- Residential beds for Disability Services
- Increase in demand for demand-led schemes
- Cystic Fibrosis development at CUH
- Medical Assessment Units and Urgent Care Centres
- Co-Location development
- Utilisation of private beds to maximise income generation
- Update on Thomastown Primary Care Team
- Outreach palliative care service provided by two Consultants at Waterford Regional Hospital
- Knock-on effect of staffing embargo
- Home help service and Home care packages and the wish of older people to remain in their own homes as long as possible
- Additional Detox beds X 5 (4 in Cork City and one in Ballyraggett)
- Praise for the dedicated stroke unit at St. Luke's, Kilkenny
- Developments in Kerry: new CNU in Tralee, new CNU in Dingle and appointment in 2010 of two Community Geriatricians
- Consultant Rheumatologist post for Kerry General Hospital
- New A&E post for Kerry General Hospital
- Reconfiguration – hospitals will not close in the South East or South West but the roles of all of them will change. The non viability of having all hospitals operating 24/7 with large overtime bills
- €20m additional funding for mental health services in South Tipperary to develop community-based facilities and close inappropriate long-stay facilities
- Maternity services in South Tipperary General Hospital
- Improvement in access to colonoscopy services with the 2010 aim of all urgent cases being seen within 4 weeks
- Access to diagnostics working in partnership with General Practitioners e.g. x-ray service in Mercy University Hospital
- Work-up on project for new A&E at Wexford General Hospital
- Detailed design of Phase 2 of St. Luke's Hospital development
- Reconfiguration of beds in St. Dymphna's Carlow and it remaining as a Health Campus
- Support for NCCP and centralisation of cancer services
- Acknowledgement of amalgamation of symptomatic breast cancer services at the Regional Cancer Centre, South at CUH. The BreastCheck screening service future move to the campus of CUH
- Access to Audiology and Ophthalmic services
- Lengthy Orthopaedic Out-patient waiting lists and usage of NTPF
- Rehabilitation services – preparation of plan by Dr. Andrew Hanrahan

- Update on Kenmare Community Hospital
- Planned seasonal closures with improved theatre utilisation
- Appointment of two Consultant Geriatricians in Kerry which will enable progress on a stroke unit at KGH
- A&E services at Mallow General Hospital
- Communication process with both Oireachtas and Forum members regarding reconfiguration of acute services
- Continuation of programme for sale of mental health lands to contribute to development of mental health services

In conclusion, to allow greater debate on local business plans it was agreed that further detail and information would be made available to members at local area Forum briefings and the next committee meetings in April.

4. Reports by Chairpersons of Committee Meetings

The reports of both the (a) Acute Hospitals Services/Population Health Committee and (b) PCCC Committee were approved by members.

5 & 6. Notice of Motions & Questions

As the meeting had concentrated on the Service/Business Plan, the Chairperson agreed with the remaining members that any member who wanted further detail or to make comment on the circulated responses to the following Motions or Questions was to make contact with the Regional Health Office:

Notice of Motion 5(a)

"To ask the HSE South to provide a report to the Forum on the practice of the HSE of test purchasing of cigarettes by minors under the supervision of an Environmental Health Officer. The report should address the issue of the legality of an under-age person being engaged to carry out an illegal act, as I have concerns regarding the difficulties that business owners have in identifying those under age."

Cllr. Michael Healy-Rae

Notice of Motion 5(b)

"To combat the continuing rise in diet-related ill-health including coronary heart disease, obesity (particularly amongst children), type-II diabetes, cancer, stroke and tooth decay that arises from diets high in saturated fats, salt and sugar, and deficient in essential minerals and vitamins, that the Regional Health Forum calls on the HSE South to support a range of healthy food initiatives including "Grow it Yourself" and allotment schemes which have seen a recent rise in interest in many towns and villages across the country and include community food initiatives, local cafes, programmes at enhancing cooking skills, community supported agriculture etc."

Cllr. Seanie Lonergan

Notice of Motion 5(c)

"That the HSE South would outline any proposals to provide additional physiotherapy services

for those patients receiving long-term care at Castletownbere Community Hospital and also outline any proposals to improve the accommodation space in both Castletownbere and Schull Community Hospitals".

Cllr. Danny Crowley

Notice of Motion 5(d)

"That the Regional Health Forum opposes the HSE plan to centralise the processing of all medical card applications."

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

Notice of Motion 5(e)

"That the HSE would provide more Disabled Parking spaces at Kerry General Hospital. Presently there are three spaces at the front of the hospital and two at A/E. This number is totally inadequate and there is plenty of green area that could be utilised to provide more spaces. At the Palliative Care and Dialysis Unit there are no designated Disabled Parking Spaces and many of the patients using these facilities are wheelchair users".

Cllr. Marie Moloney

Notice of Motion 5(f)

"That the HSE investigate and respond to the increasing widespread public concern regarding the spread of so-called Head Shops throughout the country."

Cllr. John Coonan

Notice of Motion 5(g)

"With regard to the Nursing Homes Support Scheme/Fair Deal, that the HSE reconsider its position in relation to financial assessments for long-term care and that agreement in principle be sought as an interim measure while financial assessment is being undertaken, thus avoiding un-necessary delays in allocating beds to those in need."

Cllr. Barbara Murray

Notice of Motion 5(h)

"That the HSE would produce a report outlining:

- The number of bed nights lost in Cork City and County hospitals in 2009 arising from delayed discharges
- The reasons for delayed discharges
- The number of procedures which were postponed or cancelled because of delayed discharges

- When these procedures will be carried out
- The number of people required to spend nights on trolleys in A&E because of delayed discharge
- The current status of plans to deliver continuing care beds and the number of continuing care beds provided directly by the HSE in 2006/2007/2008/2009 and which are expected to be provided in 2010."

Cllr. John Buttimer

Notice of Motion 5(i)

"That this Forum would receive a comprehensive update regarding the new Mammography Screening Machine and its related services at Kerry General Hospital."

Cllr. Brendan Griffin

Notice of Motion 5(j)

"Considering that there are 1,500 people in Cork waiting to be tested and fitted for hearing aids, including 983 children, and that it is taking up to a year to deal with each patient through the HSE Audiology Department in Cork, that the HSE would examine the feasibility of using the commercial sector to deal with this serious backlog."

Cllr. Catherine Clancy

Question 6(a)

"To ask the HSE for information pertaining to the assessment of and intervention with children considered at risk in the Cork region for the years 2006, 2007, 2008 and 2009: -

- How many children in the Cork region were referred at risk of abuse?
- How many were assessed and found to be at risk requiring intervention?
- What is the average time between referral, subsequent assessment and intervention?
- What is the percentage of risk category each year?
- The number of social workers employed specifically to work with children and families at risk?
- The number of social workers available for out-of-hours duty each night and weekend?
- The number of approved designated beds for children in 2006, 2007, 2008, 2009?
- The number of beds used for each given year i.e. the percentage of occupancy?
- The costs associated with the provision of approved accommodation per bed?
- The number of children who spent nights in residential facilities not approved for children or which are designated for adults in 2006, 2007, 2008 and 2009, the number of bed nights involved and the reasons why?
- The number of children who have been placed in services out of the region and/or the State for the purposes of residential provision and the associated costs?

- How many vacancies (including unfilled maternity leave) currently exist in social work posts in the Cork region?
- What evaluation of social work services has been undertaken in the last five years or is planned for in the coming five years?"

Cllr. John Buttimer (November 2009)

Question 6(b)

"What plans are in place to provide a Primary Care Centre to facilitate patients on the Beara Peninsula?"

Cllr. Danny Crowley

Question 6(c)

"What is the current position regarding the provision of a Hospice on the grounds of Waterford Regional Hospital?"

Cllr. Seamus Ryan

Question 6(d)

"Can the HSE confirm at what stage are the proposals to transfer acute psychiatric services from South Tipperary to the Department of Psychiatry at St. Luke's Hospital, Kilkenny?"

Cllr. John Coonan

Question 6(e)

"Can the HSE comment on the ability of its emergency response fleet to deal with extremes of weather which have recently affected the country, specifically floods and extreme snow and ice conditions, and where there were reports that assistance had to be sought from the Gardai, army and members of the local community to enable crews access ill patients, and in the reply can it provide detail on:

- The number of ambulances available for Cork City and County
- The number of first responder vehicles
- The type of vehicle used by SouthDoc
- How many of these are 4x4 vehicles?
- How many have snorkel exhaust systems?
- When the helicopter landing pad at CUH will be commissioned?"

Cllr. John Buttimer

Question 6(f)

"What is the up to date position regarding the construction of the new A&E Unit at Kerry General Hospital, including an update on the tender for the new unit and the anticipated start date for construction of the unit?"

Cllr. Brendan Griffin

Question 6(g)

"What is the current waiting time for Ophthalmic out-patient appointments and Cataract procedures at Cork University Hospital?"

Cllr. Catherine Clancy

7. Date and Time of next Meeting:

Thursday, 11th March 2010 at 2.00pm in Council Chambers, County Hall, Cork.

Minutes of March 2010 Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 11th March, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. Liam Ahearn	Cllr. Pat Burton
Cllr. John Buttimer	Cllr. Pat Cody
Cllr. Timmy Collins	Cllr. John Coonan
Cllr. Danny Crowley	Cllr. Declan Doocey
Cllr. Wayne Fennell	Cllr. Brendan Griffin
Cllr. Mary Hanna Hourigan	Cllr. Michael Healy-Rae
Cllr. Michael Hegarty	Cllr. Denis Kennedy
Cllr. Tim Lombard	Cllr. Sean Lonergan
Cllr. Tom Maher, Chairperson	Cllr. Marie Moloney
Cllr. Martin Murphy	Cllr. Barbara Murray
Cllr. Dr. Sean McCarthy	Cllr. Arthur McDonald
Cllr. Michael O'Brien	Cllr. Frank O'Flynn
Cllr. Jim Townsend	

Apologies:

Cllr. Mick Barry	Cllr. Anna Fenlon
Cllr. Terry O'Brien	Cllr. Pat O'Neill
Cllr. Hilary Quinlan	Cllr. Seamus Ryan
Cllr. Mary Shields	

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Ger Crowley, Director, Regional Health Office – South
- Mr Richie Dooley, Network Manager South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Dr Tim Jackson, A/Director of Public Health, HSE South,
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Barry O'Brien, Assistant National Director of Human Resources, South

- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff

2. Adoption of the minutes of meeting held on 11th February 2009

At the proposal of Cllr. John Coonan, seconded by Cllr. Michael O'Brien, the minutes of the meeting of 11th February were approved and adopted by members.

2. Chairperson's Correspondence

- Cllr. Tom Maher, Chairperson welcomed members and managers to the March Meeting and reminded members that Local Forum briefings have been set up to further address members queries on Service Plan 2010 and other local issues of interest within members own areas. A list of the dates, times and venues for the meetings was circulated on the day.
- A report on Suicide Out of hours Services had been forwarded to members and information packs on the role of the Mental Health Commission were circulated on the day.
- Prior to the adoption of the Forum's 2009 Annual Report members requested that the minutes of the 2009 meetings be appended to the report which will be brought to the May meeting for final approval
- At the request of the Chairperson, Mr. Pat Healy, Regional Director of Operations made a short statement on the (a) Tallaght x-ray/ GP referral situation and (b) recent media reports on out of hours fostering services. Mr. Healy responded to a number of queries from members. In response to a query from Cllr. Buttimer on information provided in response to Motions and Questions, Mr. Healy requested that members utilise the medium of the subcommittees to tease out information queries and further debate on reports provided at the Forum before bringing the matters back for further consideration at the full Forum.
- At the request of Kerry members the meeting was updated on the recent removal of a statue at Killarney Community Hospital from above the main door to ground level in the interests of Health and Safety.
- The Chairperson then welcomed Dr. Colm Quigley, Clinical Lead who made a presentation on the Modernisation of Acute Services in the Hospital Group South East.

3. HSE Updates

Presentation on the Modernisation of Acute Services in the Hospital Group South East

Dr. Colm Quigley introduced himself, outlined his role as Consultant Physician and Clinical Director at Wexford General Hospital and Clinical Advisor to Reconfiguration in Dublin North East, explained the rationale for change within the acute services in the country and in particular his task as Clinical Lead for the roll-out of change in the South East. Dr. Quigley explained that he would bring members up-to-date on proposed plans for future developments within the Hospital Group South East, followed by a Question and Answer session and full debate on future proposals.

Dr. Quigley commenced by explaining the rationale behind the national policy changes evolving within hospital and other health services in Ireland in the interest

of patient safety, to ensure regulatory compliance and to meet accreditation and training standards. He emphasised that hospitals, and their services, will not be downgraded but their roles will fundamentally change and expand in different directions. It was pointed out that there are risks attached to maintaining a multitude of similar services on many sites which lack a critical mass of patients and staff. Members were updated on the work of the Steering Group and the Specialty Advisory Groups who are designing the best model of future sustainable care for patients in the South East, with the emphasis on a service that will care for the vast majority of patients "at home or as near to home as possible". It was pointed out to members that the reconfiguration of services is not about funding but that there are areas where moneys could be spent more judiciously e.g. overtime. The need for greater efficiencies will drive reconfiguration along with:

- best international practice standards
- the need to match critical mass of clinical experts with critical mass of work load
- concentration of routine care locally with complex emergency work based in designated tertiary centres
- an increased emphasis on day surgery procedures and OPD work
- Quality/Risk requirements
- Health Information and Quality Authority (HIQA) standards and the forthcoming licensing of hospitals
- National Cancer Control Programme (NCCP) goals
- implications of the European Working Time Directive (EWTD)
- new contract for Non-Consultant Hospital Doctors effective from 08/02/10
- fall-off in job applicants for posts in hospitals.

Members were informed that all options are still being considered by the Steering Group and it is anticipated that the report will be completed in early May and will then go to Mr. Pat Healy and the Management Team for approval prior to transmission to the CEO. Until there is a clear picture of plans on release of the report, it will be difficult to put in place a wide communication process and this is causing premature rumblings and concerns. Dr. Quigley asked that all parties to this process – politicians, clinicians, managers, patients/public-remain committed to the ideals of a safe, quality integrated service for the long-term benefit of patients. Changes/Choices are coming down the line and Dr Quigley requested that members consider this and the potential fall-out if we fail to reconfigure in a partnership manner to ensure that the best and safest care is provided in the most appropriate setting for patients.

The Chairperson thanked Dr. Quigley for his presentation which was followed by a question and answer session where queries/comments on the following were responded to:

- Need for strong leadership and robust communication process to assure the public/patients and politicians on reconfiguration
- Future of maternity services in South Tipperary General Hospital and the need to make choices on services in patients best interests
- Equality of access for patients to services within the Irish health system
- Emphasis on re-focussing services, not downgrading, with increased availability of day care/OPD Services in community settings
- Robust planning requirements to surmount shortages of junior medical staff
- EWTD and excessive NCHD working hours
- Co-located Hospitals

- Planned consultation process with all parties interested in reconfiguration
- Praise for services provided locally at Mallow General Hospital
- Need for expansion of Step-down facilities within local settings
- Advantages of highly trained Advanced Paramedics and EMTs for pre-hospital care
- Dr Barry White's role as National Director for Quality and Clinical Care introducing a programmatic approach for chronic conditions
- Usage of statistical information to inform reconfiguration process
- Progress on reconfiguration and the feasibility of same in an era of cost containment/V.F.M.
- Transport and road maintenance requirements to facilitate patient mobility.

In conclusion, Cllr Tom Maher on behalf of all members thanked Dr. Quigley for a most informative presentation and Q & A session. Members will be kept updated as matters progress.

4. Committee Meetings

Members were reminded that the next committee meetings will take place in Lacken, Kilkenny on Thursday 15th April, 2010.

5. Notice of Motions

The following Notice of Motions were moved by the respective members:

5(a)

"That an occupational therapy service be provided in South Kerry to ensure that we have a proper and balanced service as is available in North Kerry by the Brothers of Charity Network." – Cllr. Michael Healy-Rae

5(b)

"That the HSE would ensure the immediate provision of Occupational Therapy Services at the Early Intervention Service in the Brothers of Charity Centres in Killarney and Caherciveen, Co. Kerry." – Cllr. Brendan Griffin

5(e)

"That the HSE make funding available for the provision of an Occupational Therapist in South Kerry as soon as possible. The lack of Occupational Therapy services in South Kerry is causing concern among parents. Many children are being denied access to any Occupational Therapy services at the Early Intervention Service in the Brothers of Charity in Killarney and Caherciveen. Children with special needs are unable to start main stream education without an Occupational Therapist report, which they have no access to at the moment" – Cllr. Marie Moloney

Ms. Anna-Marie Lanigan circulated a written report on the matter and explained that the HSE recognised the need to augment para-medical services in the Cork/Kerry area, and additional resources have been provided over the past number of years. Different approaches are being explored to improve service provision including the establishment of an Intake Forum to streamline access for those most in need of services. In addition, a review of Early Intervention Services in Kerry will commence shortly to ensure more equitable distribution of services throughout the county.

Pending the results of this review, members were informed that once-off funding is being provided to secure additional occupational therapy sessions in the South Kerry region. Further detail on the number of sessions will be forwarded to the members.

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

“That the HSE would outline the future plans for St Mary’s Orthopaedic Hospital, the delivery of orthopaedic services in the City and County and what discussions have taken place with Cork City Council regarding the reconfiguration of services in the City and the subsequent changes in journeys across the city as a result.”

Mr. Ger Reaney, Interim Hospital Network Manager circulated a written response to the Motion detailing the work that is being undertaken by Prof. John Higgins and staff to develop a reconfiguration plan for Cork and Kerry. As part of the process of consolidation of complex clinical and cancer work at Cork University Hospital, the Regional Management Team is examining the feasibility of re-locating elective and rehabilitation orthopaedic services to the South Infirmary Victoria University Hospital before the end of 2010. It was pointed out to members that the SMOH site will be retained as a health campus and that an integral part of the emerging reconfiguration plan is to use all hospitals within the region in a comprehensive manner to provide a more equitable, safe and effective health service for patients as close to home as possible.

Cllr. Buttimer was informed that Prof. John Higgins has met with the City Manager on the reconfiguration plan and further meetings will take place with the City/County Managers when the full plan is completed. In parallel with this, the Regional Director of Operations and the Senior Managers recently met with the City Manager regarding the development of a Local Area plan and future plans for SMOH was amongst the issues discussed. Collaborative work will continue with Cork City Council Management including the addressing of planning and traffic management issues for the sites. Members were informed that the final reconfiguration plan/proposals will be brought to members as soon as it is finalised and adopted by management.

5(d) Cllr. Pat Cody moved the following Notice of Motion standing in his name:

“While acknowledging the requirement for a Modern Acute Mental Health Unit for Service Users, the HSE should have due regard to, both their needs and the needs of their families, bed occupancy, accessibility and safety and proceed with the ongoing phased implementation of the 5 year plan, to relocate the Acute Mental Health Unit to the campus of Wexford General Hospital, as negotiated and agreed between Unions/HSE, in tandem with the other elements of this agreement currently being rolled out in a building blocks approach by staff, i.e. development of new Sector H.Q. in the four main towns, enhanced staffing of Community Mental Health Teams, development of Home Care/Outreach/Rehab/Psych. of Old Age Teams, and development of an Acute Crisis facility for 'Revolving Door' patients, to reduce inappropriate demand on acute beds, by allocating appropriate funding as a priority, to resource this major development in Mental Services, within Co. Wexford, for the years ahead.”

This motion was taken in conjunction with question 6(d) as follows from Cllr. Cody:

“On behalf of the Staff Association representing Nursing/Support Care Staff/Ancillary/Catering staff in Wexford Mental Health Service, can the HSE inform the Forum as to whose decision it was to remove the proposal to 'Relocate the 32 bed Acute Mental Health Unit to Wexford General Hospital' from the Capital Plan for the HSE South, as it formed an integral component of the local 5 year plan for Mental Health Services agreed between Unions/HSE in 2008?”

Ms. Anna-Marie Lanigan outlined the contents of the written response circulated and reminded members that “A Vision for Change” – The report of the Expert Group on Mental Health Policy – is the organisational framework for the development of mental health services in this country and the development plan for this was adopted in April 2009. Along with this, Minister John Moloney recently provided further support for the implementation of the plan over the next number of years, ring-fencing funding that will become available from the sale of HSE lands and property and which will aid the move from institutional care to modern community-based services. Ms. Lanigan explained that this is a priority for the HSE South particularly the closure of older hospitals in South Tipperary, Wexford, Kerry and Waterford with the provision of appropriate in-patient beds for the population of Wexford remaining high on the HSE South agenda within available and finite resources. HSE South Staff will continue to work closely on these priorities with Mr. Martin Rogan, Asst. National Director for Mental Health and the Executive Clinical Directors within the area.

6. Questions

6(a) In the absence of Cllr. Michael Healy-Rate who put forward the following question:

“What time frame is involved in the progressing of the new A/E for Kerry General Hospital, giving a firm commitment with regard to same?”

A written response was circulated and it was agreed that Mr. Ger Reaney, Interim Hospital Network Manager will bring an update on the new A & E for KGH to the April Committee meetings.

6(b) Cllr. Brendan Griffin put forward the following question:

“What if any, preventative measures, has the HSE taken to assist in the battle against radon gas related cancer and will the HSE request Central Government to implement a National Radon Testing Programme with a subsequent Radon Remedial Action Grant Scheme for buildings with high radon readings?”

Dr. Timothy Jackson, A/Director of Public Health circulated a written response to Cllr. Griffin’s query explaining that the HSE and Radiological Protection Institute of Ireland (RPII) have agreed a joint position paper on radon with a view to informing and influencing policy in this area and in particular requesting a national radon strategy and national co-ordinated response and new building regulations. Dr. Jackson acknowledged the particular concerns in the Kerry area. He is proposing that smoking cessation should be made part of the radon programme as smoking further increases the risk of cancer in high radon exposure areas. Members were informed

that the position paper will be launched in the near future and a copy will be made available to members.

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

“Can the HSE state the number of social workers available for out of hours duty work; and the waiting times for intervention following the validation of abuse in Cork City and County?”

Ms. Anna-Marie Lanigan went through the response provided to Cllr. Buttimer’s query explaining that the HSE had considered the implementation of a comprehensive out-of-hours service. However, within finite resources available, it was agreed that the main priority must be the targeting of additional resources for the provision of additional social workers on the ground. Cork and Kerry has had an informal out-of-hours service in place for some time but numbers referred were not significant. However, acknowledging that the HSE has been in a position to respond to section 12 referrals from An Garda, a national out-of-hours service was established in partnership with Five Rivers Ireland who provide emergency out-of-hours accommodation for children deemed in immediate need of a placement with selected families, similar to foster care places. Mr Healy pointed out that recruitment of additional Social Workers has commenced and the areas of greatest need where they will be targeted, is being decided upon at present. Mr. Healy also reminded members of the HSE South’s 2010 priorities as laid out in the local Service Plan namely:

- Ensuring that children in care have a written care plan and that there are regular scheduled reviews of these plans
- Appropriate assignment of additional social workers which will progressively increase the number of children in care with an allocated Social Worker
- Enhancement of fostering services.

7. Date and Time of next Meeting

Thursday, 13th May 2010 at 2.00pm in Council Chambers, County Hall, Cork.

Minutes of May 2010 Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

**Thursday 13th May, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK**

Present:

Cllr. Liam Ahearn
Cllr. Pat Burton
Cllr. John Buttimer
Cllr. John Carey
Cllr. Catherine Clancy
Cllr. Pat Cody
Cllr. Timmy Collins

Cllr. Seanie Lonergan
Cllr. Tom Maher – **Chairperson**
Cllr. Marie Moloney
Cllr. Dr. Sean McCarthy
Cllr. Arthur McDonald
Cllr. Michael O’Brien
Cllr. Bobby O’Connell

Cllr. Tom Cronin
Cllr. Danny Crowley
Cllr. Wayne Fennell
Cllr. Brendan Griffin
Cllr. Mary Hanna Hourigan
Cllr. Michael Healy-Rae
Cllr. Denis Kennedy
Cllr. Tim Lombard

Cllr. Frank O'Flynn
Cllr. Laurence (Cha) O'Neill
Cllr. Pat O'Neill
Cllr. John O'Sullivan
Cllr. Hilary Quinlan
Cllr. Seamus Ryan
Cllr. Mary Shields
Cllr. Jim Townsend

Apologies:

Cllr. Mick Barry
Cllr. John Coonan
Cllr. Declan Doocey
Cllr. Anna Fenlon

Cllr. Michael Hegarty
Cllr. Martin Murphy
Cllr. Barbara Murray
Cllr. Terry O'Brien

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Network Manager South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Barry O'Brien, Assistant National Director of Human Resources, South
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Brenda Crowley, Mental Health Resource Officer, Cork and Kerry
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff

1. Adoption of the Minutes of meeting held on 11th March 2009

At the proposal of Cllr. Timmy Collins, seconded by Cllr. Michael O'Brien, the Minutes of the meeting of 11th March 2010 were approved and adopted by members.

2. Chairperson's Correspondence

- Cllr. Tom Maher, Chairperson welcomed all members and managers to the meeting and requested formal adoption of the revised 2009 Annual Report.
Proposed: Cllr. John Buttimer
Seconded: Cllr. Tim Lombard
- Mr. Pat Healy then informed members that the feasibility study, commissioned to examine the transfer of elective orthopaedic services from St. Mary's Orthopaedic Hospital to the South Infirmary/Victoria University Hospital, has recommended the relocation of the service. The Regional Management Team has accepted this proposal and work will now commence on the detail. Mr. Healy explained that a €4m capital investment will be made at SIVUH.
- He also confirmed that a staff meeting has taken place at St. Mary's Orthopaedic Hospital where it was confirmed that there will be no job losses for the 220 staff employed there who will either transfer with the service or will be redeployed to alternative appropriate employment. The services to relocate are non-emergency inpatient, trauma rehabilitation and day surgery. Mr Healy referred to Cllr. Catherine Clancy's Notice of Motion regarding

retention of the grounds at SMOH and explained that the HSE has committed to maintaining SMOH as a health complex into the future with the retention of existing community services and also expansion of health facilities such as a primary care centre and other health and personal social services. He explained that the HSE is working closely with the City Council on future plans for the site.

- Mr. Ger Reaney outlined the rationale for the move and improved complementary services that will be available for patients such as proximity to Rheumatology services; anaesthetic cover 24 x 7; pre-op assessment clinics and increased theatre throughput. He explained that it is hoped to commence works in the third quarter of 2010.
- Mr. Healy announced to Kerry members that following the recent installation and commissioning of a digital mammography machine at Kerry General Hospital, Cork University Hospital will now commence an outreach mammography follow-up service with the first clinic scheduled for Monday, 14th June, 2010.

3. HSE Updates

Presentation on Suicide Supports and Services, HSE South – Ms. Brenda Crowley, Mental Health Resource Officer

The Chairperson then welcomed Ms. Brenda Crowley, Mental Health Resource Officer who introduced herself and outlined her role in providing support for the prevention of suicide in Cork and Kerry with a colleague undertaking similar work in the South East. Ms. Crowley works closely with the National Office for Suicide Prevention for (a) the co-ordination and implementation of the National Suicide Strategy (Reach Out) at local level and (b) educating communities on the importance of positive mental health.

Members were reminded that many communities are touched by the issue of suicide and this often leads to people within the community becoming proactive at looking at the problem and wanting to do something concrete to help.

Ms. Crowley pointed out that effective action to prevent suicidal behaviour requires the co-operation of the whole community including those in health, education, business, General Practitioners, An Garda Síochána, voluntary groups and ordinary people who may be the first to become aware of crises affecting those in need. It was explained that the Mental Health Resource Officer offers help, advice and support, provides information and training on the issue of suicide and actively works with many stakeholders to raise awareness of the issue of suicide, to promote

available services and to let those in crisis know they are not alone. There are supports available and Ms. Crowley emphasised that communities need to be made aware of these.

She then outlined: -

- the different types of training available to communities and via schools which are delivered to a wide range of people/groups

- the confidential helplines and bereavement and support services in place which are notified to householders via leaflet drops. She explained that calls have increased to these helplines with a change in the profile of callers due to the recession, stress and financial worry. Support work takes place with MABS, I.F.A./Farming organisations, senior citizen groups, individual families and the wider community
- a Peer Support Education Programme for young people to help them develop their listening and communication skills, an initiative which came from young people themselves affected by suicide.

Ms. Crowley concluded the presentation on a positive note explaining that progress has been made in recent years with a greater awareness of the need for positive mental health and supports for those in crisis. She explained that the stigma attached to suicide has diminished and there is a growing realisation that suicide, and its prevention, is everybody's responsibility. A comprehensive pack of information on support services was circulated to all members.

Ms. Crowley then responded to members questions/comments on the following: -

- supports for those isolated in rural areas
- links with voluntary groups such as the Samaritans who provide 24hr services
- empowering communities to be proactive if they suspect thoughts of suicide
- working with Traveller groups and the Traveller health care unit via Traveller advocates
- Peer support programmes and the need to be non-judgemental
- Rolling out youth services in the South East
- Statistical information – not broken down by C.S.O.
- Increased financial debt pressure due to the downturn in the economy
- "Train the Trainers" programmes and encouraging young men to reach out for help.
- Family histories of depression
- Modern dependency on texting/mobile phones rather talking through problems
- "Belong To" – working on suicide/self harm in the Gay Community
- Statistics on unexplained deaths
- Ms Anna-Marie Lanigan outlined the out of hours resources that have been put in place in the South East

In conclusion, Ms. Crowley thanked the HSE Communications Department for their on-going help in promoting services and supporting her role which is very much dependent on a partnership approach.

The Chairperson, on behalf of all members, thanked Ms. Crowley for her very informative presentation and her full and frank responses to all queries.

4. Reports by Chairpersons of Committee Meetings

(a) Acute Hospital Services and Population Health Committee

A comprehensive summary of the Report of the **Acute Hospital Services and Population Health Committee** meeting held in Kilkenny on 15th April 2010 was given by Cllr. Michael O'Brien, Chairperson.

(b) Primary Community and Continuing Care Committee

Cllr. John Carey Chairperson summarised the report of the **Primary Community and Continuing Care Committee** held on the same date with the following recommendation brought to the Forum meeting: -

“That the Primary, Community and Continuing Care Committee recommends that this Forum again write to the Department of Education regarding the placing of Health Promotion on the school curriculum for primary and post primary education”

Members agreed that the Minister/Secretary General again be written to regarding the formal placing of Health Promotion/Health Education on the school curriculum for both primary and post primary education programmes. It was also agreed that Health Promotion staff be asked to make a presentation to members at a future committee/forum meeting to update members on different school health promotion initiatives which have been put in place by the HSE/Department of Education and Skills.

5. Notice of Motions

5(a) Cllr. Seanie Lonergan, Cllr. Mary Hanna Hourigan and Cllr. Liam Ahearn moved the following Notice of Motion standing in their names:

“That the HSE South honour the commitment given by the former South Eastern Health Board in 1996 and clarify the position that the Acute Hospital Services would be maintained in South Tipperary General Hospital. It is believed that this was a legally binding agreement”

Mr. Richie Dooley circulated a written report acknowledging the agreement given by the former South Eastern Health Board in 1996 while also acknowledging that there are many new challenges facing the health services since the agreement was put in place. He referred to the work of the HSE South, Hospital Group South East Steering Group, its Special Advisory Groups and consultation process which had been outlined to members at previous forum meetings and how the public and hospital staff had been notified of its continued work via press releases, local radio and via the publication of “Reconfiguration News”.

He outlined the focus of that Steering Group with its principal aim of ensuring the delivery of a high quality safe cost effective service identifying the most appropriate model of acute hospital care for the HSE South East in accordance with international best practice and with regulatory and licensing requirements, the EWTD/Junior doctor training issues and Health and Safety challenges.

He referred to the Forum meeting on 11th March 2010 where Dr. Colm Quigley, Clinical Lead for Reconfiguration of acute services in the South East gave an extensive presentation to members outlining the challenges ahead and the process necessary to restructure the acute services in the South East. Mr. Dooley reassured members that no proposals have yet been finalised regarding any aspect of services currently being provided at South Tipperary General Hospital and once decisions have been taken they will be published in a document which will form the basis for a public consultation process. He agreed that members will be kept informed of progress in this regard and will also be fully appraised once the work of the Steering Group is complete.

5(b), 5(c) & 5(g) The following Notice of Motions were moved by the respective Members:

Cllr. Marie Moloney

"That the HSE would make funds available to ensure the continuation of the Kerry Health Link, a transport service which has been set up to transport patients from Kerry to Cork for Cancer Treatment. This is an invaluable service for the people of Kerry set up by the Kerry Cancer Support Group and which is in danger of discontinuing due to lack of funding. To date this service has been funded by voluntary donations and street collections. I am asking the HSE to outline in detail, the cost associated with funding this service and to give exact figures as to the amount of money which has been paid to patients travelling from Kerry to Cork for Cancer treatment using the services of taxis and other modes of transport for 2009 and to date in 2010".

Cllr. Michael Healy-Rae

"That the HSE South support the Kerry Cancer Support Group in their application for funding to run the Kerry/Cork Health Link bus. This service takes cancer patients to various hospitals in Cork for treatment. The group also wishes to apply for travel vouchers to defray the cost of running the bus".

Cllr. Brendan Griffin

"That the HSE would provide a transport link to the Dingle Peninsula for Kerry cancer patients who must travel to Cork for treatment. At present, there is a service leaving Tralee, which is over 30 miles from some parts of the Peninsula."

Ms. Anna-Marie Lanigan circulated a written response outlining the avenues available for Kerry patients to get financial assistance towards the cost of travelling from Kerry to Cork for cancer treatment/services. She explained that people can choose the form of transport best addressing their needs which can include private transport through family/friends or via train, bus, taxi including the Kerry/Cork Health Link Bus. In response to a request regarding the number of patients requiring transport specifically for cancer related treatment, she explained that it was not possible to determine the number requiring this, but on checking the current travel supplements being paid through the Community Welfare Service, 49 members of the public are receiving travel assistance but none of these are for travel for cancer treatment.

With regard to supporting the application for funding to run the Kerry/Cork Health Link bus, it was explained to members that the Kerry/Cork Health Link bus does not directly receive funding from the HSE, but that those using the bus who are in financial difficulty can access support/assistance via the Community Welfare Service. Mr. Healy also reiterated that in the present economic climate and in view of cost containment measures being put in place to ensure that services remain within their allocated budgets in 2010, it has been necessary to prioritise funding for additional front line patient services which have been put into Kerry including new Community

Nursing Units in Dingle and Tralee, additional consultant posts going into Kerry General Hospital and also infrastructural improvements to enhance services. However, the HSE has met with and will continue to link with the Kerry Cancer Support Group through the Carers Services.

A discussion arose regarding transport and members proposed that a letter be written to the Department of Social Protection asking that persons in receipt of Free Travel be allowed to use these passes if using transport such as the Kerry/Cork Link bus.

5(d) Cllr. Tim Lombard moved the following Notice of Motion standing in his name: -

"To ask the HSE South:

- **When the PET scanner in CUH will be operational?**
- **How much did the PET Scanner cost?**
- **When will the warranty run out?**
- **How many staff are required to run the PET Scanner?"**

Mr. Ger Reaney circulated a written response to members giving an overview of the functions/advantages of a PET scanner which includes the ability to identify diseases earlier and measure its development more accurately, of particular benefit in the management of cancer patients. Mr. Reaney explained that the PET/CT scanner at Cork University Hospital has been built which will be 1 of 2 public PET scanners in the country and commissioned at a cost of over €3m and is now dependent on securing the necessary qualified staff to operate the scanner.

The application for the Consultant Radiologist post is in the process of being agreed and will require clearance by the Consultant Appointments Advisory Committee and it is hoped that this post will be approved and advertised by mid 2010. Mr. Reaney is confident that a suitable candidate with the required capabilities will be recruited along with 5.625 other Whole Time Equivalent staff required for the PET/CT scanner to become operational. In the meantime, until the PET scanner becomes operational patients will continue to receive services at St. James's Hospital or the Mater Hospital in Dublin with whom the HSE have Service Level Agreements for the provision of PET CT services.

5(e) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name: -

"That this Forum calls on the HSE to retain full control of the grounds of St. Mary's Orthopaedic Hospital so that it can be used as a health facility into the future."

Mr. Pat Healy, Regional Director of Operations circulated a response on the above Notice of Motion. This Motion was discussed in conjunction with Mr. Healy's update to members earlier in the meeting regarding the relocation of Orthopaedic Services from St. Mary's Orthopaedic Hospital to South Infirmary/Victoria University Hospital.

5(f) Cllr. John Buttmer moved the following Notice of Motion standing in his name: -

“That the HSE would put in place a full multi-disciplinary team in the adult mental health unit at CUH and undertake to issue a derogation for the filling of mental health posts from the current recruitment embargo.”

A response to the above Notice of Motion was circulated by Ms. Anna-Marie Lanigan who explained that as part of “A Vision for Change” an acute mental health facility is an integral part of the Cork University Hospital campus. This Unit provides services for a population of 180,000 in South Lee Local Health Office. However, the service has come under increasing pressure due to the unprecedented levels of nursing retirements and in the absence of critical multidisciplinary team members such as Occupational Therapists.

She outlined that national derogation has been given for a number of specific posts such as Occupational Therapists and Physiotherapists under the current employment control framework, and vacancies in lieu of retirements can be progressed in the normal way. It is intended to fill the vacant Occupational Therapy post in the adult mental health unit at CUH during 2010.

Mr. Pat Healy also explained that 100 additional mental health nursing posts that become vacant nationally will be filled. These 100 posts will be allocated to the areas based on service needs. In conclusion Ms. Lanigan advised members that the HSE South is currently in the process of developing plans to replace the existing GF Unit in Cork University Hospital with a new purpose built unit and members will be updated accordingly.

5(h) Cllr. Pat Cody moved the following Notice of Motion standing in his name: -

“Will the HSE outline proposals for the continuation of Acute Care as part of a comprehensive Mental Health service within Co. Wexford, with approved centre status, in advance of the proposed closure of St Senan’s Hospital arising from the unilateral removal of the Acute Unit at Wexford General Hospital from the Capital Plan.”

The Notice of Motion above was taken in conjunction with **Question 6(h)** as follows also submitted by Cllr. Cody: -

“Will the HSE quantify the Capital Funding that will be allocated to provide suitable alternative accommodation for future Mental Health Service provision in Co. Wexford arising from the proposed closure of St. Senan’s Hospital?”

A written response was circulated to members outlining the rationale behind the closure in general of large psychiatric institutions and moving to a community based model of service delivery. This is reflected in the National Service Plan 2010, the current Capital Development Programme and also in the publication of “A Vision for Change”. Ms. Lanigan explained that between 2007-2010 community mental health services were developed to facilitate planned closure of units at St. Senan’s Hospital and redeployment of staff to roles in the community teams.

Mr. Pat Healy also commended staff explaining that during this time despite capital funding having been significantly reduced that huge progress has been made on enhancing services and that staff have been very committed.

Ms. Lanigan outlined the Capital Developments which have been prioritised by the HSE South to facilitate full closure of St. Senan's Hospital, Wexford. With regard to the provision of appropriate in-patient beds for the Wexford area, this remains a priority in the overall capital programme for 2009-2013. Throughout 2010 the HSE will continue to accelerate the programme of closure of old long-stay institutions to reduce dependency on in-patient beds and prioritise the development of community based mental health services throughout the catchment areas. Ms. Lanigan reassured members that the HSE will continue to effect considerable changes in the development of Executive Clinical Directorates in collaboration with the Assistant National Director of Mental Health and other stakeholders and members will be kept apprised of progress.

6. Questions

6(a) Cllr. Michael Healy-Rae put forward the following Question: -

"Can the HSE provide a report to inform the members of the Regional Health Forum South why:-

- **The personal cost to clients of purchasing hearing aids in Ireland is so expensive (up to €4,000/€5,000)?**
- **Is there competition and regulatory control in the private hearing aid trade in Ireland and, if not, is it possible for the DOHC or HSE to address this matter?"**

In Cllr. Healy-Rae's absence a written response was circulated to members by Ms. Anna-Marie Lanigan.

6(b) Cllr. Tim Lombard put forward the following Question: -

"What is the up to date position on the Health Centre in Carrigaline?"

In the absence of Cllr. Lombard, a written response to the above Question was circulated to members by Ms. Anna-Marie Lanigan.

6(c) Cllr. Marie Moloney put forward the following Question: -

"If the HSE will advise when it intends to restore Chiropody services at the Health Centre in St Anne's Road, Killarney."

A written response was circulated to members by Ms. Anna-Marie Lanigan outlining the current provision of Chiropody services in Kerry via a direct contract service in Tralee, Ballyduff and Causeway and via a subsidised service in conjunction with voluntary agencies in a number of Day Care/Social Centres including Killarney. Ms. Lanigan explained that over the past number of years full time posts for Podiatrists were advertised but it was not possible to fill these. Options are currently being examined to enhance the development of podiatry services in the county but, in the meantime, using the current available resources in the most effective way, clients from the Killarney/South Kerry area can be referred to the service provided in St. Patrick's Day Care Centre, Tralee.

6(d) Cllr. Wayne Fennell put forward the following Question: -

"Bethany House:-

- **When will the proposed Alzheimer's Day Care Centre be opened?**

- **When will the day care health facilities, which are to be run in conjunction with Primary Care Teams in Carlow, be opened in the remaining part of the building?"**

Ms. Anna-Marie Lanigan circulated a written response to members outlining the background to the independent review commissioned by the HSE into welfare homes in the Carlow/Kilkenny area in the context of the changing needs/dependency levels of their residents.

Following closure of Bethany House the HSE agreed to use the premises to serve the Health and Medical needs of people in the Carlow area. Plans are now near completion to allow a lease agreement with the Alzheimer's Society for the provision of the Alzheimer's Day Centre at Bethany House to proceed. There are a number of legal issues requiring completion but it is hoped that these will be concluded by the summer. Ms. Lanigan also informed members that the HSE plans to locate specialist primary care network services to Bethany House for services for older people, which will include the provision of outreach Consultant Geriatrician clinics in the community including an Older Persons assessment clinic, Falls Prevention Programme, Home Help Co-ordinators and the CONTACT Coordinator (a volunteer befriending service for older persons in the Carlow area). In addition it is also planned to locate specialist paediatric services to Bethany House to include Occupational Therapists, Physiotherapists, Speech and Language Therapists, Dieticians, Public Health Nurses and administrative support. The provision of all of these services will afford the people of Carlow easy access to specialist Paediatric and services for Older Persons.

6(e) Cllr. Catherine Clancy put forward the following Question: -

"Following the review of the operation of Out of Hours GP services across the state,

- **Will the HSE South outline in detail the payment to South Doc of €8,568,000 in 2009?**
- **Will the HSE as main sponsors of the South Doc Service approach South Doc to put in place a set price list, for users of the service who do not have a medical card that reflects today's economic climate?"**

A written response was circulated to members by Ms. Anna-Marie Lanigan outlining the establishment of Southdoc, the provision of its services consisting of 477 member doctors with 22 doctors on duty at any one time. There are currently 18 highly trained and experienced Triage Nurses employed. She explained that the HSE negotiates an annual Service Level Agreement with Southdoc, which outlines services that will be provided within an agreed budget. With reference to the detail of payment to €8,568,000 to Southdoc in 2009, Ms. Lanigan provided a detailed breakdown of pay and non-pay costs. Medical card patients who use the service are not charged as the HSE provides funding to Southdoc under an agreement for the provision of an out-of-hours service to all public patients. With regard to non medical card holders and the putting in place of a set price list, she explained the contract is between the patient and the General Practitioner. Mr. Pat Healy referred to the national review of the GP co-operatives recently undertaken by the HSE, explaining that the HSE South is currently in the process of developing an implementation plan based on the recommendations from this review making it possible to enter discussions regarding pricing/fees as part of this development. He also reassured members that the service currently being provided by Southdoc is by General Practitioners with the necessary expertise, experience and equipment.

6(f) Cllr. John Buttimer put forward the following Question: -

“To ask the HSE in relation to the Cork University Maternity Hospital:

- **Was a full and comprehensive snag list undertaken in CUMH?**
- **Were all identified difficulties corrected?**
- **Were independent surveyors used to verify this?**
- **Why patients are advised to put towels at the door of ensuite rooms to prevent water from entering the rooms if the shower is being used?**
- **Why were two-bedded rooms designed in such a way that in order to transfer a patient in the inside bed that the outside bed has to be removed from the room?**

A written response was circulated to members by Mr. Ger Reaney who explained that the Cork University Maternity Hospital (CUMH) was constructed by PJ Walls, the Main Building Contractor who as part of their work undertook a comprehensive snag list. Any outstanding issues were addressed prior to presenting this project to the Design Team for inspection. He outlined the role of the Design team appointed independently from the Main Contractor. An outline of the design etc of the en-suites and two bedded rooms was also provided. Mr. Reaney explained that while a small number of the en-suites are currently being reviewed by the Design Team and Senior Midwife Management staff where a problem with excess water from showers is found to be accumulating, this needs to be seen in the context of a building which meets the highest standards and had not been the subject of a significant level of complaints. In conclusion Mr. Reaney advised Cllr. Buttimer if he had any further specific issues, these could be discussed with him after the meeting.

6(g) Cllr. Brendan Griffin put forward the following Question: -

“Will the HSE clarify the number of Kerry patients currently waiting:-

- **Orthodontic assessment**
- **Orthodontic treatment and**
- **State when it will be possible for Kerry patients to be treated in their own area”**

Cllr. Brendan Griffin

In the absence of Cllr. Griffin, a response to the above Question was circulated to members.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday, 17th June 2010 at 2.00pm** in Council Chambers, County Hall, Cork.

Minutes of June 2010 Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 17th June, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Denis Kennedy
Cllr. Mick Barry	Cllr. Tim Lombard
Cllr. Pat Burton	Cllr. Seanie Lonergan
Cllr. John Buttimer	Cllr. Tom Maher
Cllr. John Carey	Cllr. Marie Moloney
Cllr. Catherine Clancy - Chairperson	Cllr. Martin Murphy
Cllr. Timmy Collins	Cllr. Barbara Murray
Cllr. John Coonan	Cllr. Arthur McDonald
Cllr. Tom Cronin	Cllr. Michael O'Brien
Cllr. Danny Crowley	Cllr. Bobby O'Connell
Cllr. Declan Doocey	Cllr. Frank O'Flynn
Cllr. Wayne Fennell	Cllr. Laurence (Cha) O'Neill
Cllr. Brendan Griffin	Cllr. Pat O'Neill
Cllr. Mary Hanna Hourigan	Cllr. John O'Sullivan
Cllr. Michael Healy-Rae	Cllr. Jim Townsend
Cllr. Michael Hegarty	

Apologies:

Cllr. Pat Cody	Cllr. Dr. Sean McCarthy
Cllr. Anna Fenlon	Cllr. Seamus Ryan
Cllr. Terry O'Brien	Cllr. Hilary Quinlan
Cllr. Brendan Leahy	

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Network Manager South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Barry O'Brien, Assistant National Director of Human Resources, South
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Office South
- Regional Health Office and Communications Support staff

1. Adoption of the Minutes of meeting held on 13th May 2010

Prior to adoption of the Minutes of the May meeting, Cllr. Pat O'Neill requested an update on current Dental Services court ruling. Mr. Pat Healy, Regional Director of Operations responded to Cllr. O'Neill outlining that the HSE nationally would be taking a decision by Friday 2nd July to appeal/accept to the Supreme Court against the decision of the High Court to grant two dentists injunctions against the HSE. The High Court had granted an injunction to stop the HSE restricting the scheme for free dental treatment for medical card holders. He explained that dental fees were

reduced in 2009 and in 2010 it was hoped to maintain the same service as provided previously.

Cllr. John Buttimer expressed dissatisfaction with the content of Minutes of the Forum meeting which he felt did not always reflect the discussions which take place and contribution made by members. Cllr. Moloney outlined that she did not accept her response to Notice of Motion 5(b) regarding the Kerry/Cork Health Link Bus which was circulated/discussed at the May Forum meeting. Comments from members were noted.

Cllr. John Coonan, who was absent for the May meeting due to leave, made reference to his proposal brought to this meeting from the PCCC Committee regarding the placing of Health Education on the school curriculum for primary and post primary schools. It was explained to Cllr. Coonan that as requested a letter had been sent again to the Department of Education and Science and also that the Health Promotion Department would give a presentation to members at a future meeting to explain the work being undertaken in partnership with schools/Dept of Education.

At the proposal of Cllr. Michael O'Brien, seconded by Cllr. Michael Healy-Rae, the Minutes of the meeting of 13th May 2010 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Tom Maher, Chairperson welcomed all members and managers to the Forum's Annual General Meeting and therefore his last meeting as Chairperson. He thanked members for their support, outlining that it was a pleasure and a privilege to be Chairperson for the last year. He thanked Cllr. Catherine Clancy the Vice-Chairperson. Apologies were given for Ms. Raymonde O'Sullivan, Director of Finance and Dr. Elizabeth Keane, Director of Public Health who were unable to attend. Cllr. Maher also welcomed Ms. Mary Culliton, Director of Advocacy, HSE who gave a presentation later in the meeting.

Members were requested to turn off their mobile phones as these interfere with the Audio system in the Chambers.

Cllr. Maher informed members that the next Committee meetings will be held on Thursday 1st July 2010 in Cork and that Dr. Barry Plant, Consultant Respiratory Physician will give a presentation on the "Smoke Free Hospital" at 12.30pm between both meetings to facilitate members from both committees.

Election of Chairperson

Nominations were sought for the position of Chairperson:

Cllr. Catherine Clancy was proposed by Cllr. Michael O'Brien, seconded by Cllr. Seanie Lonergan and as no other candidate was put forward for election, Cllr. Clancy was unanimously elected as Chairperson until the next annual meeting of the Forum.

Prior to vacating the Chair, Cllr. Tom Maher thanked his fellow members, management and staff in the RHO for their support over the past year. Mr. Pat Healy, Regional Director of Operations thanked the outgoing Chair and welcomed Cllr. Clancy in her new position as Chairperson for the coming year.

Cllr. Clancy took the Chair, thanked members for their support and Cllr. O'Brien and Cllr. Lonergan for proposing her and looked forward to working with members and management to continue the work of the Forum up to June 2011. She pointed out that a challenging time lay ahead and paid tribute to Cllr. Tom Maher who in his position as chairperson was very fair and courteous.

Election of Vice-Chairperson

Nominations were sought for the position of Vice Chairperson:

Cllr. Declan Doocey was proposed by Cllr. John Carey, seconded by Cllr. Bobby O'Connell and as no other candidate was put forward for election, Cllr. Doocey was unanimously elected as Vice-Chairperson until the next annual meeting of the Forum in June 2011. Cllr. Doocey thanked his proposer and seconder, offered his full support to Cllr. Clancy as Chairperson and looks forward to working with her over the next year.

Cllr. Catherine Clancy referred to Notice of Motion 5(d) regarding compensation for coal miners. As this matter does not come under the remit of the HSE, Cllr. Clancy called on Cllr. Griffin to outline his proposal to members. Cllr. Griffin asked members for their support for the recommendation on the setting up of a National Redress Scheme to provide compensation for former coalminers whose health has deteriorated as a result of working in the mines. Members were supportive and on the proposal of Cllr. Tom Maher, seconded by Cllr. Michael O'Brien it was agreed that a letter would be forwarded to the Ministers for:

- (a) Communications, Energy and Natural Resources
- (b) Social Protection
- (c) Health & Children

acknowledging a recent meeting in May between Department Officials and members of a National Group for coalminers, recommending that further consideration be given to providing support for coalminers and requesting an update on any progress.

3. HSE Updates

Presentation on "The HSE And You" – What Service Users can expect from the HSE and what the HSE can expect from Service Users – Ms. Mary Culliton, Director of Advocacy, HSE

Cllr. Clancy, Chairperson welcomed Ms. Culliton, Director of Advocacy. Ms. Culliton congratulated Cllr. Clancy in her new position and outlined her own role within the HSE. She explained to members that she has already given a presentation to two of the other Forums and that Forum members, South had already received the draft consultation Document "The HSE and You" which allowed them as both public representatives/members of the public express their views/contribute to a new Patient Charter that will define what service users can expect from the HSE and what the HSE can expect from service users. Ms. Culliton outlined the document which is based on nine values of care important to how high quality, people centred care should be delivered. She explained that the Charter was based on a mix of both a Scottish and Australian Patients Charter which will be modified to suit the needs of HSE service users. This Charter/Guide is designed to support a healthcare culture that delivers services in a predictable, preventative, personal and participatory way.

She also outlined to members the number of ways available of making contact/providing feedback should patients be dissatisfied with the service they have received/excess waiting time to receive appointments etc such as e-mailing yoursay@hse.ie by sending a letter/fax, by phone on 1850 24 1850 or by accessing the HSE website www.hse.ie and going to 'Your Comments' on the homepage. Following the presentation the following questions/issues were discussed and responded to: -

- Adherence to strict visiting policies/hours
- Same sex wards
- Provision of vital contact numbers for patients/clients in the form of a pocket booklet
- What service providers can/should expect from its users
- Placing of Health Education on the school curricula
- Putting in place correct systems/guidelines for patients – i.e. putting the patient first
- Implementation of "Fair Deal"

Cllr. Clancy, Chairperson and members thanked Ms. Culliton for her interesting and informative presentation welcoming implementation of this National Charter.

4. Committee Meetings

Members were again reminded that the next Committee meetings will be held on Thursday 1st July 2010 in the HSE's Performance and Development Unit, South Ring Business Park, Kinsale Road, Cork.

5. Notice of Motions

5(a) Cllr. Michael Healy-Rae moved the following Notice of Motion standing in his name: -

"Following on from the study that has taken place with all of the on-call/out-of-hours Doctor's service, that the Regional Health Forum, South receive an assurance that SouthDoc will continue to be its own call centre as many valuable and needed jobs are provided by this service and not want have it centralised and taken away somewhere else from us.

A written response was circulated to members from Ms. Anna-Marie Lanigan, Assistant National Director, HSE South outlining that a National Review of GP Out of Hours Services was published by the HSE in March 2010. She outlined that an implementation group which will now include members of both SouthDoc and Caredoc will be established to follow up on recommendations of this National Review, which will include the issue of location of call centres for the Out of Hours services in the HSE South. Cllr. Healy-Rae welcomed the response and paid tribute to those working in Caredoc/SouthDoc for the tremendous service that is being provided.

Cllr. Clancy thanked Ms. Lanigan for her response and again asked that following on from the recommendations which arose from the National Review that Southdoc/Caredoc be approached to decide on an equitable pricing list for patients to reflect the current economic climate. A number of issues/questions below were also responded to: -

- Concerns surrounding the future of Caredoc Services – should be expanded rather than services cut
- Car transportation of GPs for house-calls
- The possibility of public representation on the Implementation Group
- Enhancement of ambulance cover
- Patients having contacted Caredoc/SouthDoc Services having to wait for a phone-call back before further advice Appointment to Caredoc/SouthDoc
- Process for recruitment of GPs

Following the above, Cllr. John Coonan supported by members requested that a further presentation/report on Caredoc and SouthDoc Services be provided at the next PCCC Committee meeting.

5(b) and 5(c) The following Notice of Motions were submitted by the respective members: -

Cllr. John Buttimer

“That the HSE South would immediately publish and make available all documentation in relation to the ‘secret’ reconfiguration committee, that it would also produce a report on the criteria for participation on this committee, including all relevant background information e.g. who nominated individuals to the committee, purpose and function of the committee, that all details, dates, agenda, attendance, minutes and correspondence for all meetings would be immediately made public, and an explanation would be given as to why this committee was not referenced in presentations to the Forum on the planned reconfiguration process and that a reassurance would be given that all future meetings or discussions of this committee would be advertised publicly in advance and that all documentation would be made available subsequently.”

Cllr. Mick Barry

“That this Forum calls on the HSE to publish the minutes of all the meetings of the heretofore undisclosed 17-strong advisory committee on health service reconfiguration (as reported in the Irish Examiner on 22nd May 2010).”

Members considered the above Motions with many giving their views and raising queries on:

- the appointment and composition of the membership of the group
- the lack of female membership of the group.
- the lack of representation from the Kerry area on the group
- whether arrangements were in place to ensure no conflicts of interest
- availability of minutes
- non-release of the existence of the group to public representatives/public
- possibility of input to the group from public reps/patient advocates
- influence of the group on the overall reconfiguration plan
- maintenance of trust with Lead for Reconfiguration

Mr. Pat Healy explained to members that the minutes of the meetings of the Non-Executive Board would be made available shortly via the Regional Health Office. The rationale and background to the setting up of the "Wrixon Review Group" (review of acute hospital services in HSE South and a five year action plan for Cork and Kerry) and the release of the Horwath/Teamwork report was detailed to the meeting along with background to the appointment of Prof. John Higgins as Director of Reconfiguration in March 2009. He advised that prior to the appointment a small group of business and community leaders from the Cork area, had expressed an interest in supporting the acute hospital system in Cork, particularly CUH and in giving of their expertise and time freely in whatever way might benefit the system. These discussions took place in early 2009.

Following his appointment Professor Higgins had requested access to outside expertise to support him in this major change project and members were informed that the two ideas came together. The NHO introduced the group to Prof. Higgins as the Non-Executive Advisory Group and following discussions with them, the wider group of experts and leaders in the business, education and medical fields were invited by Prof. Higgins to participate as the Non-Executive Advisory Board referred to above. As indicated above the first meeting of the group took place in September 2009.

Mr. Healy also pointed out that there are a wide range of other consultative processes in place as part of the Reconfiguration Programme. Patients are represented on each of the 42 Project Groups set up under Reconfiguration to look at improvements to different service areas.

He mentioned that it had been intended to inform public representatives/the public of the establishment of the group via press release but that this had been delayed due to the setting up of new management structures within the HSE which he again outlined for members. Mr. Healy also pointed out that following the appointment of the regional structures and the related changes at national level, discussions took place between the HSE, the Director of Reconfiguration and the Non-Executive Advisory Board to ensure that the work of the group would conform with the overall governance arrangements of the organisation. These discussions concluded in March and the Regional Director of Operations attended his first meeting in May 2010.

The value to the health system of having business, medical and academic expertise voluntarily provided by a group was pointed out whilst also noting the clearly defined governance systems within the HSE. He explained that executive responsibility for the HSE South now rests with himself as Regional Director of Operations and the Regional Management Team reporting to Ms. Laverne McGuinness, National Director, Integrated Services and Mr. Brian Gilroy, National Programme Manager. Mr. Healy also referred to the establishment of the Directorate of Quality and Clinical Care and the development of close working relationships with Clinical Leadership and Clinical Directors which is being incrementally built up within this area.

Members then put forward a suggested Motion that Cllr. Catherine Clancy, Chairperson write to the Minister/DOH&C advising that meetings of the Non-Executive Advisory Group be ceased until September when members would invite Professor John Higgins to address the issues outlined in the Motion at their September Forum meeting. This was not unanimously accepted. Cllr. Mick Barry put forward a motion that the Non-Executive Advisory Board be stood down, however this was not unanimously accepted either. Cllr. John Buttimer put forward a motion

that no immediate recommendation be made by the Regional Health Forum but rather Prof. John Higgins be invited to a joint meeting of the Committees on Thursday 1st July 2010 to address the issues raised in the motion with regard to the establishment of the Non-Executive Advisory Board.

A vote was taken on an amendment to **Original Proposal** above “that the Regional Health Forum South would invite Prof. Higgins to July 1st committee meetings” with the results as follows:

For	Against
Cllr. John Buttimer	Cllr. Mick Barry
Cllr. Timmy Collins	Cllr. Catherine Clancy
Cllr. John Coonan	
Cllr. Danny Crowley	
Cllr. Brendan Griffin	
Cllr. Michael Hegarty	
Cllr. Denis Kennedy	
Cllr. Tim Lombard	
Cllr. Tom Maher	
Cllr. Marie Moloney	
Cllr. Martin Murphy	
Cllr. Pat O'Neill	
Cllr. John O'Sullivan	
Total 13	Total 2

This motion was therefore passed.

5(d) “That this Forum would support a National Redress Scheme to compensate former coal miners in Ireland whose health has suffered as a result of working in the coal mines.”

The above motion was discussed under Item 2 on the Agenda – Chairperson’s Correspondence whereby Cllr. Griffin brought a proposal to members on behalf of this group.

6. Questions

6(a) Cllr. Marie Moloney put forward the following Question: -

“If the HSE will confirm whether or not patients requiring respite, emergency respite or convalescence care have the freedom of choice as to which Nursing Home they go into for such care or is the HSE dictating which Nursing Home patients have to go into?”

A written response was circulated to members by Ms. Anna-Marie Lanigan who outlined how Respite/Emergency Respite Care and Convalescent Care is provided for families and/or carers. The provision of care overall whether respite or other short stay services within residential care, is a core part of both HSE and Government policy in supporting the elderly remain at home. Significant investment has been provided via Home Care Support Packages especially in relation to respite care.

Ms. Lanigan outlined that Respite/Emergency care may be provided either in the person's home or local Day Care Centre or in a Community Hospital or Nursing Home etc. With regard to provision of Respite in a community hospital, this is a planned service and usually booked well in advance. The choice, may be limited depending on the ability of the requested unit to meet the care needs of the individual. The HSE will advise them if the chosen facility is HIQA approved. They will also be notified if any terms or conditions are applied to a facility's registration which would indicate that the unit would be unsuitable for the person seeking respite. Community Hospitals may be in a better position to provide a higher level of Convalescent Care due to the availability of specialist medical, nursing and therapy services. The location of care is only agreed following discussion with the older person and his/her family.

Cllr. Moloney thanked Ms. Lanigan for her response and requested clarity on a number of queries she had received from constituents which were unanswered in the response. Ms. Lanigan agreed to follow-up individual cases/queries with Cllr. Moloney at the end of the meeting

6(b) Cllr. Brendan Griffin put forward the following Question: -

“What is the process presently used by the HSE South when appointing individuals to positions of management at acute hospitals in the HSE Southern area?”

A written response was circulated to members by Mr. Barry O'Brien, Assistant National Director of HR, HSE South. Mr. O'Brien explained that with the moratorium on recruitment of senior management posts continuing to operate since 2007, and in order to sustain the delivery of public services hand in hand with the targeted reduction in public service numbers, the HSE is required to maximise the use of its resources through revised work practices and other initiatives. He clarified for members that prior to submitting any request to the DOH&C for approval to fill any management post, it is necessary that all other avenues of redeployment options including redeployment options across the Statutory and Voluntary sectors have been considered. With regard to the HSE South filling of management positions within the Acute Hospitals, all options are considered which do not require any additional recruitment and associated costs.

6(c) Cllr. John Buttimer put forward the following Question: -

“To ask management of the HSE South:-

- **How many Whole Time Equivalent posts and part-time posts have been impacted by the recruitment embargo by category of employment (e.g. administration, clinical, medical, nursing or other designation)?**
- **How many maternity leave positions have been left unfilled since the commencement of the recruitment embargo by category of employment?**
- **Of the posts affected by the embargo how many of these posts have effectively been lost i.e. allowed to die?**
- **In total how many days clinical service have been lost as a result of unfilled posts?**

- **What has been the impact in terms of the provision of service?"**

A written response was circulated to members by Mr. Barry O'Brien. Mr. O'Brien outlined that the current moratorium on recruitment requires the HSE to achieve a national reduction in employment levels of 4,500 over the next three years with a reduction of 1,520 whole time equivalents required this year. With regard to the HSE South an overall reduction of 344 whole time equivalents are required which will most likely be achieved from non replacement of those who retire or resign. He explained that there is no replacement for Management/Admin grades on maternity leave which can prove difficult in the provision of frontline services. However, it is a matter for each local health manager to prioritise and maximise the use of their human resources when planning the delivery of services. Mr. O'Brien also provided additional figures for the HSE South from January 2009 to date in relation to staff numbers lost due to Retirement/Resignation. It was agreed that further detail on these figures would be forwarded to Cllr. Buttimer. Mr. Pat Healy, Regional Director of Operations also outlined that the HSE delivered more for less in 2009 with service plan targets being met as outlined in the recent publication of the HSE's Annual Report for 2009. He informed members of the areas where developments and staff increases have taken place e.g. Therapy posts, Disability Services, Cancer etc. Redeployment will continue to be key challenge for the HSE in 2010.

6(d) Cllr. Mick Barry put forward the following Question: -

"When will the HSE announce its plans for the reconfiguration of A/E Services at the Mercy University Hospital?"

A response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group who referred to the publication of the Review of Emergency Departments and Pre-Hospital Care in Cork/Kerry. He explained how this review contains a number of recommendations on how best to organise/operate emergency departments and pre-hospital emergency care at all acute hospitals in the region, including the Mercy University Hospital. Mr. Reaney explained that a project group has been established in the HSE South to oversee the implementation of this strategy putting together a work plan which will fit in to the overall Reconfiguration plan currently being developed by the Director of Reconfiguration, Professor John Higgins. It is hoped that the Reconfiguration plan will be completed shortly which will allow finalisation of the A/E Implementation plan. Mr. Reaney assured members that they will be kept informed of progress.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday, 23rd September, 2010** at **2.00pm** in Council Chambers, County Hall, Cork.

Minutes of September 2010 Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 23rd September, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Tim Lombard
Cllr. Pat Burton	Cllr. Sean Lonergan
Cllr. John Buttimer	Cllr. Tom Maher
Cllr. John Carey	Cllr. Marie Moloney
Cllr. Catherine Clancy – Chairperson	Cllr. Martin Murphy
Cllr. Pat Cody	Cllr. Barbara Murray
Cllr. Timmy Collins	Cllr. Dr. Sean McCarthy
Cllr. John Coonan	Cllr. Arthur McDonald
Cllr. Tom Cronin	Cllr. Michael O'Brien
Cllr. Declan Doocey	Cllr. Bobby O'Connell
Cllr. Wayne Fennell	Cllr. Frank O'Flynn
Cllr. Brendan Griffin	Cllr. Laurence (Cha) O'Neill
Cllr. Mary Hanna Hourigan	Cllr. Pat O'Neill
Cllr. Michael Healy-Rae	Cllr. John O'Sullivan
Cllr. Michael Hegarty	Cllr. Hilary Quinlan
Cllr. Denis Kennedy	Cllr. Mary Shields
Cllr. Brendan Leahy	Cllr. Jim Townsend

Apologies:

Cllr. Terry O'Brien

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Network Manager South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group
- Ms. Suzanne Sisk, Staff Officer, Regional Health Forum Office
- Regional Health Forum Office and Communications Support staff

1. Adoption of the Minutes of meeting held on 17th June 2010

At the proposal of Cllr. Michael O'Brien seconded by Cllr. Michael Healy-Rae, the Minutes of the Forum meeting held on Thursday 17th June 2010 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Clancy, Chairperson welcomed Members and Managers to the meeting. Apologies were given from Ms. Elaine O'Mahony, Mr. Ger Crowley and Dr. Elizabeth Keane who were unable to attend. Cllr. Clancy welcomed Mr. Andy Walker, Acting Health Promotion Manager who gave a presentation later in the meeting.

Members were requested to turn off their mobile phones as these interfere with the Audio system in the chambers.

Cllr. Clancy informed members of Cllr. Anna Fenlon's resignation from the Regional Health Forum, South due to ill health. Cllr. Fenlon has been replaced by Cllr. Michael Kinsella. The Chairperson acknowledged Cllr. Fenlon's contribution and commitment to the Forum since its inception in 2006 and it was agreed that a letter would be forwarded to Cllr. Fenlon on behalf of members.

Cllr. Clancy congratulated members of the HSE nominated for the recent Achievement Awards acknowledging the outstanding work by health and social care staff.

Tribute was paid to Ms. Edel O'Connell formerly a correspondent with the Evening Echo wishing her well in her new job with the Irish Independent, acknowledging her media coverage of the forum over the last number of years.

Cllr. Clancy outlined concerns from South East members regarding Wexford General Hospital which were brought to her attention prior to the meeting in relation to a draft document regarding Reconfiguration of acute hospitals in the South East. Cllr. Pat Cody recommended the suspension of Standing Orders to allow discussion/debate on the subject. However, Cllr. Clancy explained that having discussed the matter with Mr. Pat Healy, Regional Director of Operations, it was agreed that Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group would update members and any further issues could be discussed with Mr. Dooley at the end of the meeting.

Mr. Dooley circulated a Media Statement and explained to members that the document which was now in the public domain was a draft document and only one of several documents which outlined a set of preliminary proposals to include all four acute hospitals in the south east. He reassured members that no decisions had been made by the Steering Group on this proposal or any other proposal and that into the future the 4 acute hospitals in the South East would continue to have an ongoing and meaningful role in the delivery of acute hospital services. He explained that the Steering Group will continue with their work taking into consideration national programmes which are underway in the HSE's Quality and Clinical Care Directorate under the leadership of Dr. Barry White.

As the Agenda was a lengthy one, Cllr. Clancy asked that members move quickly through the Motions and Questions.

3. HSE Updates

Presentation on "An Overview of Health Promotion in the HSE South" – Mr. Andy Walker, A/Health Promotion Manager, HSE South

Mr. Andy Walker, Acting Health Promotion Manager introduced himself and outlined his role in the HSE and thanked members for giving him the opportunity to make a presentation on Health Promotion within the HSE South.

Mr. Walker defined health as a state of complete physical, mental and social wellbeing, outlining that Health Promotion is the process of allowing people to take

control and to improve their health, addressing influencing factors, focussing on creating healthy environments, and to prevent/reduce disease with an overall reduction in the cost to the healthcare system. He explained that the vision for a Health Promotion Health Service is a service where all health care staff have a role to play with regard to the environment, staff/patient relationship with services designed to improve and maintain health and well-being.

An overview of work undertaken by Health Promotion, HSE South was provided as follows:-

- Health promotion training for health and social care staff
- Health Promoting Hospitals and HIOA Standards for Residential Care
- Community Nutrition, smoking cessation programmes, GP exercise referral scheme
- Production of Health Information/Education materials

Mr. Walker explained that Health promotion in the HSE South works in partnership with communities and other statutory, private and third sector organisations and focuses on addressing determinants of health and health inequalities to improve health and outlined the following examples of current practice:

- Health Cities initiatives in Waterford and Cork
- Smarter Travel initiatives Kilkenny, Dungarvan and Cork
- Local Sports Partnership in each county
- Health Action Zones, NICHE and RAPID
- Kilkenny Age Friendly initiative
- Club Projects which support the responsible service of alcohol

In relation to Health Promotion within the Education setting, Mr. Walker explained that Education is one of the most important predictors of individual levels of health and reported health behaviour, which is strongly linked to the level of educational achievement. He outlined the Health Promoting Schools Programme which is run in conjunction with the Department of Education and Science, developing a nutrition policy, engaging with schools at an early setting. Social, Personal and Health Education is also run in conjunction with the Department of Education and Skills to provide support and training for teachers in implementing SPHE and promoting physical, mental and emotional health and well-being among students. He outlined the Healthy eating and physical activity policy in pre-schools and a Health Promoting College initiative run in conjunction with UCC.

The Chairperson and members thanked Mr. Walker for his excellent presentation and the following questions/issues were responded to:-

- Acknowledgement of NICHE and RAPID programmes and roles that they play in the communities
- Issue of drug and alcohol abuse and cost to the HSE
- Linkages between health promotion and health education
- High increase in obesity over the last number of years
- Prevalence of disease in high density areas and what improvements can be made
- World Health Organisation and HSE involvement
- Cost effectiveness in relation to drug use and behavioural changes
- Importance of health as a subject on the school curriculum

Following the Question and Answer session and discussion surrounding Health Education as a subject on the school curriculum, Cllr. Pat O'Neill proposed that a letter be sent to the Department of Health and Children in this regard. Cllr. Clancy, Chairperson explained that two letters had already been sent to the DOHC and it was agreed that responses to both of these letters would be re-circulated to members.

4. Reports by Chairpersons of Committee Meetings

(a) Acute Hospital Services and Population Health Committee

With reference to the Report from the Acute Hospital Services and Population Health Committee meeting held on the 1st July which was circulated at the Forum meeting, Cllr. John Buttmer expressed concerns regarding a number of the issues that he had raised at the Committee meeting in relation to the non executive advisory board for Reconfiguration of Acute Services.

A summary of the Report of the **Acute Hospital Services and Population Health Committee** meeting held in Kilkenny on 1st July 2010 was given by Cllr. Michael O'Brien, Chairperson with the following recommendation brought to the Forum meeting: -

"That the Acute Committee recommends that the smoke free policy/initiative be rolled out to all acute hospitals nationally".

A number of members were not in favour of this recommendation as concerns were raised about psychiatric patients and longterm residents in community hospitals, therefore, it was decided to hold this proposal and refer it back to the next Acute Committee meeting for a further discussion/debate.

(b) Primary Community and Continuing Care Committee

Cllr. John Carey Chairperson summarised the report of the **Primary Community and Continuing Care Committee** held on the same date.

5. Notice of Motions

5(a) Cllr. Michael Healy-Rae moved the following Notice of Motion standing in his name: -

"To ask that the HSE South would improve services for Diabetes patients in Kerry with particular reference to Podiatry Services for foot ulcers. Cork patients have the service of 11 Podiatrists, Kerry has none. I would request that the HSE appoint a Podiatrist for North Kerry and one for South Kerry. This would save on amputations with amputees spending on average of 21 days in hospital and each amputation costing €30,000. The average salary for a Podiatrist is €60,000 per annum; therefore two hospital stays would cover one Podiatrist".

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South outlining the provision of Diabetes Services in Kerry. Ms. Lanigan explained that three dedicated Consultant Diabetic clinics are

held monthly at KGH and in addition the specialist diabetic nurses provide out-patient clinics at Kerry General Hospital and outreach clinics in the community. She outlined that the service has been significantly enhanced over the past number of years but despite this an increasing proportion of the patient group present with obesity and related conditions. The HSE has identified that a Podiatrist is essential to provide the quality service these patients need. A post in podiatry had been advertised in 2006 but no suitable applicant was identified at the time. With reference to the advertising of this post, Cllr. Moloney sought clarification on the number of times the post had been advertised since 2006 and also requested an update in relation to the restoration of Chiropody Services in the Health Centre, Killarney. Ms. Lanigan agreed to follow up directly with Cllr. Moloney and Cllr. Healy-Rae. In the interim, Ms. Lanigan explained that the HSE are currently examining options for the provision of podiatry services on a sessional basis.

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

"In light of the devastating effect that the present embargo on nursing staff replacement is having on the provision and continued development of psychiatric services, that the Regional Health Forum South ask the Department of Health to review the situation as a matter of priority."

A written response was circulated to members which outlined that priority has been given to the filling of key frontline posts to ensure service delivery despite the Government embargo on recruitment. Cllr. Coonan raised concerns regarding the non-replacement of the nursing complement since 2008. Mr. Healy while accepting the points raised by Cllr. Coonan explained that the Government has specific to the mental health services given approval nationally to fill 100 additional mental health nursing posts that become vacant. These 100 posts will be allocated to the areas based on service needs and approximately 20 of these posts have been allocated to the HSE South. Mr. Healy also pointed out that priority has been given to the Psychiatric Services despite the current embargo and the HSE is aiming to secure flexibility in employing staff within the overall approved ceiling and progress has been made in this regard, but he explained that priority also needs to be given to posts in other services. It was agreed that an update report on progress/developments in Mental Health Services recruitment would be brought to members later in the year.

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

"That the HSE South publish all reports relevant to the recent outbreak of TB in Crab Lane School, Ballintemple, Cork:-

- **Explaining the relationship between the lack of provision of the BCG vaccine in Cork and the higher incidence rate of TB in Cork relative to the rest of the country**
- **That an intensive programme of vaccination would be undertaken**
- **That a public health education programme would be undertaken in the Cork area and that screening is made available for children whose parents have any concerns**
- **That the BCG vaccine would be available through the GP network"**

A response was circulated to members providing the background surrounding the implementation of the BCG vaccine in Cork by the former Southern Health Board, and availability of the vaccine through the GP network. A number of reports from the Health Protection Surveillance Centre (HPSC) provided by Dr. Elizabeth Keane were also attached which gave the incidence of TB in the HSE South compared to the rest of the county.

Mr. Pat Healy, Regional Director of Operations explained to Cllr. Buttimer and members that in view of the current on-going investigation into the TB outbreak in Cork, it was not appropriate to have a public debate on this issue until the investigation had been concluded. Having consulted with the Chairperson, Mr. Healy outlined that a decision was taken to refer this matter to the next Committee meetings whereby Dr. Elizabeth Keane, Director of Public Health will make a full presentation on TB to both committees.

5(d) Cllr. Frank O'Flynn moved the following Notice of Motion standing in his name: -

"As a result of the HIQA enquiry into Mallow General Hospital, Cork, that the HSE South would reaffirm its full commitment to retaining the full complement of current services at Mallow General Hospital"

A written response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group outlining the role that Mallow General Hospital plays in the delivery and provision of acute hospital services. Mr. Reaney outlined the continued work on the enhancement of the quality and safety of patient care delivered in Mallow General Hospital taking into account national developments such as the Madden Commission Report and other HIQA publications. The progress on the enhancements of services has been supported by the re-establishment of MGH's Management Team within the overall governance of the Cork University Hospital Group. Mr. Reaney explained that the role of all hospitals is changing now from year to year with greater emphasis on the delivery of quality of care and the reconfiguration of acute services which is well underway will ensure that services to be delivered in each hospital in the region are sustainable while also ensuring they are being delivered as close to the patient as possible.

A number of service changes have been put in place in the interest of best practice in Mallow General Hospital both in parallel to, and after the publication of the HIQA "Report into the Investigation into the quality and safety of services and supporting arrangements provided by the HSE at the Mid-Western Regional hospital, Ennis" in April 2009. The implementation plan for the reconfiguration of acute hospital services in Cork and Kerry will address the national recommendations of the Authority's Ennis report in respect of Mallow General Hospital. The publication of "A Review of Emergency Services in Cork and Kerry" in November 2009, recommended the centralisation of 24 hour emergency services in CUH and the reconfiguration of emergency services in MGH to allow delivery of services through the establishment of:

- An Urgent Care Centre – catering for patients with minor injuries
- A Medical Assessment and Admission Unit for persons with medical conditions

Work is progressing regarding the implementation of these proposals, supported at regional level by Dr. Jennifer Carroll, Acute Medicine Lead for the region and Professor John Higgins.

Priority has also been given to the appointment of Advanced Paramedics and enhanced arrangements for patient transport for the North Cork region and it is hoped to implement this as early as possible in 2011.

With regard to the HIQA investigation into Mallow General Hospital, Mr. Reaney reassured Cllr. O'Flynn that HSE South Management confirm that Mallow General Hospital will continue to be an integral part of the overall plan for the delivery of acute services in Cork and Kerry, while fully co-operating with HIQA's investigation, acknowledging the importance of independent inspection in ensuring the highest quality and standards for patients. He also acknowledged the commitment, professionalism and pride of the staff in Mallow General Hospital with regard to their delivery of services accepting that the past number of weeks have been very difficult for them. In this regard a letter has been written by Mr. Pat Healy, Regional Director of Operations to each staff member in Mallow General Hospital acknowledging their dedication and professionalism.

Cllr. Collins referred to media comments which outlined that the HIQA investigation was as a result of a complaint into the hospital. Mr. Reaney assured members that clarification was sought from HIQA surrounding this issue and confirmation was received that they were not in receipt of any complaints in relation to the hospital. He outlined that HIQA being an independent body have a statutory role and based on this a decision was taken to pursue an investigation.

5(e) Cllr. Marie Moloney moved the following Notice of Motion standing in her name: -

"That the HSE continue to provide funding to ensure the continuation of Ross Products Killarney, a workshop for trainees who have a mental health disability thus saving 7 full-time positions and 24 trainee positions."

A written response was circulated to members by Ms. Anna-Marie Lanigan outlining the service provided by Ross products which was initiated by Kerry Mental Health Association (KMHA) in the 1960's. This development was innovative and ahead of its time when initially set up and at the early stage of the process of rehabilitation for mental health patients. Ms. Lanigan outlined the HSE's development of rehabilitation services over the last number of years for people with mental health issues in Kerry with the appointment of a Consultant in rehabilitation medicine and development of a rehabilitation centre known as Lime Grove Recovery and Therapeutic centre located on the premises of St. Finan's Hospital, Killarney. In addition to this, Coolgrane Training Centre which is also located in Killarney provides recognised training programmes for people with mental health issues.

Ms. Lanigan confirmed that the HSE has not reduced funding to Kerry Mental Health Association with regard to the service being provided at Ross Products and outlined that additional funding of €125k had been provided earlier in the year. Cllr. Moloney welcomed this decision as the employees and trainees working in Ross Products feel they are contributing to society. Mr. Healy acknowledged the outstanding work of the KMHA in the development of Ross Products and the overall mental health service. He explained that the HSE is aware that the future role and function of Ross Products

and its employees is being considered by KMHA in view of the changing needs and service provision within the mental health services. Mr. Healy assured members that the HSE will work closely with Kerry Mental Health Association and engage with those attending Ross Products and is confident that it will be able to offer and obtain suitable programmes, services and training based on their needs and interests.

5(f) Cllr. Brendan Griffin moved the following Notice of Motion standing in his name: -

“That the HSE South update members on the following issues pertaining to Kerry General Hospital:-

- **Progress on the new A/E Unit**
- **Filling of the two new Senior A/E Consultants**
- **The future of the Sexual Assault Treatment Unit**
- **Progress on the dedicated Stroke Unit and**
- **Future of the Orthopaedic Services at Kerry General Hospital.”**

A written response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group. Cllr. Griffin welcomed that the planned construction work on the new Emergency Department at Kerry General Hospital is due to commence by the end of the year.

With regard to the filling of the two Consultant Posts in Emergency Medicine, Mr. Reaney confirmed that interviews for the two posts took place on 7th September and once the outcome has been finalised, both posts will be filled in a permanent capacity.

Mr. Reaney explained that the Sexual Assault Treatment Unit (SATU) for the Southern Hospitals Group is located in the South Infirmary/Victoria University Hospital, Cork. A pilot service was implemented in Kerry General Hospital in 2002 but this stopped in October 2004 as no funding was secured for a permanent service. A statement of need for a new Services Unit in KGH has been developed for consideration in the National Estimates as a priority area for investment but Mr. Reaney clarified for Cllr. Griffin that aside from the issue of funding being made available, it would also be dependant on the securing of trained medical personnel to allow a unit to become fully operational.

Regarding the provision of a stroke thrombolysis service for Kerry General Hospital, Mr. Reaney agreed to follow-up with Cllr. Griffin once recommendations from the Working Group looking at the provision of stroke care in KGH have been published.

In relation to the future of Orthopaedic Services, Mr. Reaney confirmed that the HSE South is committed to maintaining the current service available in KGH ensuring that the Orthopaedic Consultants in KGH are engaged in the process of the development of the new regional elective Orthopaedic Service in the South Infirmary/Victoria University Hospital.

In conclusion, Cllr. Griffin sought clarification on progress/work taking place in relation to the ENT Services and Mr. Reaney explained that the ENT Services were

being reviewed as part of the reconfiguration of acute hospital services and once the Reconfiguration Report is released it can be discussed further at that stage.

5(g) Cllr. Barbara Murray moved the following Notice of Motion standing in her name: -

“That the HSE South take immediate action and specifically outline the measures to be taken to address the appalling conditions of the SouthDoc clinic facilities in Youghal”

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South who explained that the SouthDoc treatment centre in Youghal is used to see patients from the Youghal area who are unable to travel to Midleton. It is a lock up facility, therefore, staff are not permanently based there with its busiest time being at weekends. Ms. Lanigan outlined that the HSE is also in the process of leasing accommodation to relocate the existing Health Centre and once this has been agreed it will present an opportunity for SouthDoc to jointly share the new premises. Ms. Anna-Marie Lanigan agreed to follow up directly with Cllr. Murray regarding the timeframe surrounding the lease agreement and also confirmed for Cllr. Murray that the CWO service will be relocated to the Health Centre.

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

“That the HSE South publish and make available all documentation to quantify the services and all the costs in setting up the Primary Care Centre at the Shamrock Plaza, Carlow to include:-

- **Rental of rooms**
- **Public healthcare, shared HSE and private infrastructure**
- **Number of staff to be employed at the centre”**

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South outlining that Carlow town was identified as a location to develop a Primary Care Centre as part of a national Public Private Partnership process supporting the development of Primary Care Teams in the area. The Shamrock Plaza met all the national criteria set out.

Ms. Lanigan outlined approximately 43 HSE staff members will deliver a range of services from up to 4 Primary Care Teams with the securing of 67 additional car-parking spaces. She explained that although the cost of the rental of rooms is confidential and commercially sensitive, the agreed rate was 30% lower than the market value in Carlow town. In relation to the cost of room rental, car parking etc for the Shamrock Plaza, members questioned that had the money been put into the upgrading of St. Dymphna's Hospital that perhaps this would have been more cost effective. Ms. Lanigan explained to Cllr. Fennell and Cllr. Townsend that St. Dymphna's would not have the capacity to house the services being provided in Shamrock Plaza but staff in the Primary Care Centre will work in tandem with the provision of community based services being provided at St. Dymphna's.

Mr. Healy explained that the procurement model through a PPP process is proving very successful in terms of supporting the Primary Care Strategy with no

maintenance costs as these are covered by others. In the context of the Shamrock Plaza, he outlined that the project is moving swiftly, planning permission has been granted and the location has been signed off by the HSE Board. He also re-iterated the agreed rental rate being 30% lower than the market value in Carlow town and that refurbishment of any other HSE facility could not match this from a VFM perspective, as the cost would be much higher in order to meet the HSE's needs, facilitating the integration of GPs and HSE Staff.

5(i) Cllr. Catherine Clancy moved the following Notice of Motion standing in her name: -

"That Cork University Hospital examines the feasibility of putting in place a dedicated taxi-rank on the grounds of the hospital to meet the high demand for taxis for people accessing the hospital services."

A written response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group which outlined that currently there are no plans for the development of a dedicated taxi-rank on the grounds of CUH. Cllr. Clancy outlined that this development would be a great asset to the hospital which should not incur a huge cost. Mr. Reaney explained that it was not down to a cost issue and currently there are already competing priorities for space on the hospital campus. He explained that as there are a considerable amount of taxis arriving to the hospital, people shouldn't experience lengthy waiting times for taxi's and free phone facilities are also available on the main hospital concourse. There is also the provision of two bus routes, one which stops on the hospital campus and the other one stops adjacent to the front of the hospital. However, Cllr. Clancy proposed that 1-2 of the pay to park spaces near the A/E be converted to a taxi-rank. Mr. Reaney agreed that he would discuss this with CUH Management in the context of the CUH Development Plan and revert to Cllr. Clancy.

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

"While agreeing with the recent decision of Cork University Hospital Management to declare the hospital campus as a 'No Smoking Zone' in the interest of promoting good health, that the HSE South consider providing a small covered area on the hospital campus so those not interested in quitting can continue to smoke"

A written response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group which outlined that to provide a smoking shelter/area on the grounds of Cork University Hospital would not be in keeping with the status of the hospital as a smoke free campus. The main focus now is to encourage members of staff and patients who smoke to avail of the Nicotine Replacement Therapy from the Smoking Cessation service currently available in the hospital.

Cllr. Shields outlined concerns which have been raised by residents regarding patients, staff and visitors smoking and drinking coffee in close proximity to their homes. Mr. Reaney confirmed that Management at Cork University Hospital are aware of these issues and explained that the CEO of CUH has written to each member of the hospital staff asking that they pay heed to the needs and concerns of

residents and hospital neighbours. Notices have also been put up for patients and visitors to the hospital and staff have been reminded that they should not wear their uniforms when smoking in public bearing in mind infection control standards. He also outlined that as this is a new policy which has been implemented there will be teething difficulties and it will take time to change behaviour. Cllr. Shields and members were assured that the situation will continue to be managed closely and proactively over the coming months.

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

"In view of the bed closures at Clonakilty Community Hospital that the HSE South provide an overview on:-

- **What is the present nursing home bed requirement in West Cork?**
- **What is the projected nursing home bed requirement in West Cork over the next 5, 10 and 20 years?**
- **Is this process for the privatisation of nursing home care?**
- **Is it intended to maintain the present public nursing home bed numbers or are further bed closures expected?"**

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South which outlined that currently in West Cork there is an overall provision of 546 beds which includes 315 public beds for long stay and respite care and 231 beds from 5 private nursing homes. Based on the 2006 census population of the over 65's in West Cork which is 9,233 and totaling the number of beds as a percentage of this population based on the current national and OECD average, there is a requirement of just over 415 long stay beds. Currently in West Cork there is a total of 495 long-stay beds available which gives an over-supply of 80 long stay beds. Over the next number of years with the development of community services, requirement for residential care beds will reduce to an international standard of 4% which will bring the requirement for long stay beds in West Cork down to 370.

Cllr. O'Sullivan raised concerns regarding the number of bed closures over the next number of years, the fact that West Cork could ultimately lose between 80 and 100 beds. Mr. Pat Healy, Regional Director of Operations, while acknowledging the concerns raised, assured Cllr. O'Sullivan that West Cork will lose no more than 20 beds which it can afford to lose. He explained that this is based on the figures in identifying the numbers of beds currently available which is 546 versus the sufficiency of beds which is 370. Therefore, West Cork has 176 more beds than is required to cater for the needs of the population. He explained that the focus is on maintaining public facilities and putting substantial investment into these facilities to bring them up to HIQA standards. Mr. Healy also highlighted the considerable investment that has taken place in West Cork recently with almost €2m invested into the refurbishment and extension to Dunmanway Community Hospital and an increase of rehabilitation beds at Bantry General Hospital. He also outlined the significant investment into Clonakilty hospital of €4.35m over the last five years with continued development of the hospital to bring it in line with the required standards. He explained that although there will be a reduction of bed numbers in the hospital, there are sufficient beds remaining in West Cork to meet the needs of those requiring residential care. Mr. Healy also reassured members that the HSE is

committed to continue to provide residential care for older people within public facilities.

6. Questions

6(a) Cllr. Michael Healy-Rae put forward the following Question: -

"With regard to the frontline services being provided by the Brothers of Charity Early Intervention Unit, Killarney have the disability services been radically reduced directly as a result of the moratorium on staff recruitment?"

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South which outlined the service provided by the Brothers of Charity within the provision of Early Intervention Services in the Kerry area. These services are provided to families of children under 6 years of age who may have, or who are at risk of developmental delay or disability.

Regarding the provision of front-line services by the Brothers of Charity in Kerry, Ms. Lanigan outlined that as a result of two recent retirements, it was necessary for the Brothers of Charity to re-organise resources to meet service needs. A number of vacancies arose in Kerry in relation to the provision of Speech and Language Therapy due to staff being on leave and Ms. Lanigan explained that as these posts were either part-time or temporary, difficulties arose in recruiting replacement staff. In the meantime, temporary Therapists have been put in place to deal with emergencies. Interviews have again taken place and it is hoped to recruit new Therapists within a number of weeks. Cllr. Moloney and Cllr. Griffin expressed grave concerns regarding the reduction in frontline services and the impact that this is having on patients and their families and also felt that they were denied a proper opportunity to discuss these issues on the day.

Following a request for an update on provision of Occupational Therapy sessions and Physiotherapy services for the Brothers of Charity, Killarney, Ms. Lanigan agreed to follow up directly with Cllr. Healy-Rae and Cllr. Griffin.

6(b) and 6(f) The following Questions were put forward by the respective members: -

Cllr. Marie Moloney

"If the HSE will advise why HIQA refused to register the new Community Hospital in Dingle? Why did the HSE not adjust their plans to bring the hospital in line with HIQA standards and specifications? Who was responsible for this mistake and what member of the HSE oversaw the plans for the hospital and why did they not check when HIQA was established that the proposed new hospital in Dingle met with these standards?"

Cllr. Brendan Griffin

"Will the HSE state why the HIQA registration process in relation to the new Dingle Community Hospital was not initiated earlier than February 2010?"

- **Who was responsible for this late action?**

- **When it is now expected that the hospital will open?**
- **Will the HSE apologise to the patients, staff and families associated with the hospital for this delay?**
- **State why the mental health day centre which does not need approval from HIQA cannot relocate to the new hospital without delay?**
- **Clarify what were the issues of concern mentioned in the HIQA report and state what has been spent by the HSE at the unused part of the new facility on security, light and heat and other miscellaneous expenses since completion of the building?"**

A comprehensive written response was circulated to members outlining the background and approach taken in progressing this development. Cllrs. Moloney and Griffin again expressed concerns surrounding responsibility, the registration process with HIQA, the fact that a new date for the proposed opening had not been set, the reasons that the Mental Health Day Service had not relocated, and the upset caused to patients and families when the initial opening date of the unit had been deferred.

Mr. Healy outlined that the overall provision of services in the HSE South is his responsibility as Regional Director of Operations. He clarified that HIQA have not refused to register the new Unit in Dingle, that the HSE has applied for registration, and are awaiting the outcome and until this is known, no new opening date can be given. He outlined that this development initially was approved in the time of the Southern Health Board and was designed, constructed and completed in 2008 at which time the HIQA standards and regulations were not in place. These standards were published in April 2009 and not endorsed until July 2009. Mr. Healy explained that the HSE understood that as this facility was completed prior to the introduction of the HIQA standards that it would be dealt with separately in relation to the registration process. Since commissioning of the unit and following publication of the 2010 Service Plan, Mr. Healy outlined that the HSE has been in contact with HIQA regarding the registration process which at the outset can take up to six months. Registration inspection took place in early June and the draft report following this inspection was received by the HSE in July which contained HIQA's view that the unit must meet environmental standards for a new building on first registration inspection. As the formal registration process for the new hospital would not be completed by the originally planned opening date of 27th July, transfer of services to the new unit were postponed. Mr. Healy again re-iterated that HIQA are an independent Authority with standards and guidelines that need to be adhered to. He also paid tribute to the staff of the hospital during these challenging times, acknowledging their commitment in relation to the transfer of services explaining that any outstanding IR issues and proposals had been cleared. He outlined that the HSE is undergoing continued discussions with HIQA surrounding the progression of the registration process as a matter of urgency and agreed to keep members apprised of the outcome of these deliberations.

Concerning the relocation of the Mental Health Day Care Services, Mr. Healy explained to Cllr. Griffin that a decision was taken not to transfer this service as there would be insufficient support services available in the interim such as catering.

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

"Will the HSE South establish the role, function and criteria laid down by HIQA for standards required in community care facilities including public

and private nursing homes and welfare homes in light of the concerns raised by the volunteers/proprietors who manage these facilities?"

A written response was circulated to members by Ms. Anna-Marie Lanigan which referred to the National Quality Standards for Residential Care Settings for Older People in Ireland. These standards, 32 in total require that all designated centres including residential care settings for older people must be inspected and registered whether run privately, by voluntary organisations or by the HSE. HIQA is now responsible for the registration and inspection of all these centres since July 2009 against the National Quality Standards. A discussion arose surrounding the registration process for Welfare Homes and Cllr. Coonan proposed that a letter be written to the Department of Health and Children recommending that the registration process for Welfare Homes should not be subject to HIQA standards as they do not provide 24 hour nursing care. Mr. Healy outlined that the status of some providers of services, in particular Welfare Homes will require further consideration by HIQA and there is an obligation on each provider to link in with HIQA and clarify their position.

6(d) Cllr. John Buttimer put forward the following Question: -

"Will the HSE explain the differences in the waiting times for orthodontic treatment of children in the HSE South and other HSE regions and outline what specific targets, action plans and time criteria have been set to ensure that orthodontic treatment of children in Cork and the HSE South will match the national average waiting time"

In the absence of Cllr. Buttimer, a response was circulated to members from Ms. Anna-Marie Lanigan and was noted.

6(e) Cllr. Frank O'Flynn put forward the following Question: -

"Will the HSE outline in detail its current Ambulance Service in North Cork and its commitment to retaining this service in North Cork?"

A written response was circulated to members by Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group which outlined the provision of the Ambulance Service currently in operation in the North Cork area from the Ambulance bases in Mallow, Kanturk, Millstreet and Fermoy. Mr. Reaney reassured Cllr. Flynn that there was no change in the provision of ambulance services in the bases outlined and that in fact the HSE is continuing to work towards enhancing the North Cork service with priority given for the appointment of Advanced Paramedics for the North Cork area, which will hopefully be implemented early in 2011. He explained that there is a significant dependence on the current on-call arrangements and HSE Management and Ambulance Personnel are currently working closely with the unions on this matter which is the subject of on-going discussions. Mr. Reaney outlined that any change in the ambulance service in North Cork or other parts of Cork and Kerry would be communicated in advance of implementation.

6(f) This Question was answered in conjunction with Question 6(b).

6(g) Cllr. Barbara Murray put forward the following Question: -

“Will the HSE urgently give a commitment to replace front-line staff in Youghal Community Hospital before wards will have to close due to lack of resources?”

A written response was circulated to members outlining the current staffing complement in Youghal Community Hospital. Concerns were again expressed by Cllr. Murray at the non filling of the posts outlined. Ms. Anna Marie Lanigan assured Cllr. Murray that as Nursing and Care Assistant Posts are not derogated posts under the current employment embargo, applications have been made to the Area Employment Monitoring Group (AEMG) to fill one nursing post and 2 multi-task attendants and these applications are on the list for consideration at the next meeting of the group. Ms. Lanigan also outlined that an application will be made to the Group in October for filling of the Chef’s post.

6(h) Cllr. Wayne Fennell put forward the following Question: -

“What future plans have the HSE South for the Sacred Heart Hospital, Carlow?

- **How does the HSE envisage utilising this facility to its full capacity?**
- **What steps are the HSE taking to fill the empty beds, especially in the Male Ward?”**

A written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South outlining the services provided in the Sacred Heart Hospital which has a total bed complement of 101 continuing care long-stay beds. She explained that there is currently no waiting list for continuing care beds for male patients but there is a waiting list for long stay female patients requiring continuing care beds as all available female beds are currently occupied. Cllr. Fennell expressed concern surrounding recent media coverage in relation to the Sacred Heart Hospital, Carlow but Ms. Lanigan assured Cllr. Fennell that there are no plans to close this hospital. In relation to the exact number of vacant beds and the number of female patients on the waiting list for continuing care beds and Ms. Lanigan agreed to follow-up and revert to Cllr. Fennell. She also outlined that Management in the future may consider better bed utilization/designation should the demand continue for female beds and if capacity still exists in the male ward.

6(i) Cllr. Catherine Clancy put forward the following Question: -

“Is the BCG vaccination which inoculates against TB now being routinely administered to newborns in Cork University Maternity Hospital (CUMH) since October 2008?

- **How many babies have been born at CUMH since October 2008?**
- **What percentage of these babies has received the BCG vaccine before leaving the hospital?**
- **How many mothers refused the BCG for their babies since 2008?”**

A joint written response was circulated to members by Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South and Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group which outlined the Neonatal BCG programme

operational in Cork University Maternity Hospital (CUMH) since October 2008. Information was provided from the latest statistics up to the end of July 2010 on the percentage of babies who received the BCG vaccine before discharge and the number of mothers who have refused the BCG for their babies.

Following on from this response Cllr. Clancy asked the number of children currently awaiting administration of the BCG vaccine in the HSE South and it was agreed to revert to Cllr. Clancy.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday, 18th November, 2010** at **2.00pm** in Council Chambers, County Hall, Cork.

Minutes of November Meeting

MINUTES - MEETING OF REGIONAL HEALTH FORUM SOUTH

Thursday 18th November, 2010 @ 2.00pm
COUNCIL CHAMBERS, COUNTY HALL, CORK

Present:

Cllr. Liam Ahearn	Cllr. Tom Maher
Cllr. Pat Burton	Cllr. Martin Murphy
Cllr. John Buttiner	Cllr. Barbara Murray
Cllr. John Carey	Cllr. Dr. Sean McCarthy
Cllr. Catherine Clancy – Chairperson	Cllr. Arthur McDonald
Cllr. Pat Cody	Cllr. Michael O'Brien
Cllr. Timmy Collins	Cllr. Bobby O'Connell
Cllr. John Coonan	Cllr. Frank O'Flynn
Cllr. Tom Cronin	Cllr. Laurence (Cha) O'Neill
Cllr. Danny Crowley	Cllr. Pat O'Neill
Cllr. Declan Doocey	Cllr. John O'Sullivan
Cllr. Wayne Fennell	Cllr. Hilary Quinlan
Cllr. Mary Hanna Hourigan	Cllr. Seamus Ryan
Cllr. Michael Healy-Rae	Cllr. Mary Shields
Cllr. Michael Hegarty	Cllr. Jim Townsend
Cllr. Sean Lonergan	

Apologies:

Cllr. Denis Kennedy
Cllr. Brendan Griffin
Cllr. Marie Moloney
Cllr. Terry O'Brien

In Attendance:

- Mr. Pat Healy, Regional Director of Operations - South
- Mr. Richie Dooley, Network Manager, South Eastern Hospitals Group
- Ms. Christine Eckersley, Area Communications Manager, HSE South
- Ms. Anna-Marie Lanigan, Interim Assistant National Director, HSE South
- Mr. Ger Reaney, Interim Network Manager, Southern Hospitals Group

- Ms. Elaine O'Mahony, Administrative Manager, Regional Health Forum Office
- Regional Health Forum Office and Communications Support staff

1. Adoption of the Minutes of meeting held on 23rd September 2010

At the proposal of Cllr. Bobby O'Connell, seconded by Cllr. Michael Healy-Rae, the minutes of the Forum meeting held on Thursday 23rd September 2010 were approved and adopted by members.

2. Chairperson's Correspondence

Cllr. Clancy, Chairperson welcomed Members and Managers to the meeting and passed on apologies from Dr. Elizabeth Keane, Director of Public Health and Mr. Barry O'Brien, Assistant National Director, HR.

The Chair paid tribute to Cllr. Leo Carthy, former member of both the Regional Health Forum and the former South Eastern Health Board who recently passed away. Her sentiments were echoed by all his former colleagues who praised Cllr. Carthy's sincerity and his life long interest and hard work for the constituents of Our Lady's Island in Co. Wexford. Mr. Healy on behalf of staff asked to be associated with tributes paid to Cllr. Carthy. May he rest in peace.

Both the Chairperson and Mr. Pat Healy also paid tribute to Mr. Aonghus O'Donnell, Consultant Cardio-Thoracic Surgeon at Cork University Hospital who had passed away unexpectedly. Mr. O'Donnell was appointed to the post at CUH in 1996 and was one of the main drivers in building up the regional cardiac services including the development of the recently opened Cardiac Renal Unit.

It was agreed that members condolences will be passed to the families of both Cllr. Carthy and Mr. O'Donnell.

A formal welcome was passed to Cllr. Michael Kinsella nominated by Wexford County Council to replace Cllr. Anna Fenlon.

Clarity was provided by the Chairperson on the methodology under Standing Orders for dealing with Questions placed on the agenda. A copy of full Standing Orders will be re-circulated to members for their information.

Mr. Pat Healy Regional Director of Operations gave a brief update on the following:

(a) Dingle Community Hospital and the successful opening of 46 beds on 27th October, 2010. The commitment of all involved in this project was praised by Cllr. M. Healy-Rae.

(b) the launch of the Reconfiguration of Acute Hospital Services Roadmap on Monday, 22nd November, at 12noon, with invitations formally issued to all members.

(c) Mr. Healy also passed on sincere condolences to the families bereaved by the tragic events in Ballycotton. He praised the positive response and co-operation from all involved including An Garda Síochána, neighbours, friends, the local school, and the Department of Education. He explained that a drop-in counselling service was being put in place from 10.00am to 4.00pm daily, a dedicated helpline was available

via Console and Barnardos are also providing a bereavement service for children. Cllr. Michael Hegarty paid tribute to the support provided by all which is greatly appreciated by the community.

3. HSE Updates

Presentation on “the Irish National Cancer Registry” – Dr. Harry Comber, Director

The Chair welcomed Dr. Harry Comber, Director of the Irish National Cancer Registry who outlined the role of the Registry, which is a statutory body funded by the Department of Health & Children and which has been in existence since 1991. It has been collating national information on cancer services since 1994 and has a staff of 50 throughout the country with most based in hospitals. Staff record and report on all new cases of cancer, provide reports on cancer deaths and are actively involved in research. Dr. Comber explained that the Registry is due to be assimilated into the HSE in 2011 via the National Cancer Control Programme. It was pointed out that the Registry has no legal powers and depends on voluntary co-operation and help from hospitals. He outlined the methodology used to gather data and the sources of information e.g.

- Pathology reports
- Death certs
- Oncology clinic records
- H.I.P.E. discharge summaries
- General Practitioners etc.

and the uses made of this cancer information such as greater understanding of the disease, how to prevent it, how to detect it as early as possible, ways to improve survival and enhance patient quality of life.

Dr. Comber explained that the Registry has a comprehensive website with information available to the public, public representatives, students, DOH&C, HSE, drug companies etc. This information is at county level, is interactive and is constantly updated. Verbal/telephone requests are also responded to on an on-going basis. The Registry also publishes regular and periodic reports. Members were given an oversight of (a) numbers affected by cancer with one in four deaths per annum from cancer (b) trends in incidence from 1994 to 2009 with increasing numbers due to an expanding and ageing population and (c) the most common cancers. Members were reminded of the burden that will fall on the health services over the next number of decades with increased patient numbers and the need for people to take responsibility for their own health and well-being with lifestyle being a greater danger to health (e.g. obesity, alcohol, lack of exercise) than environmental factors. This led to Dr. Comber discussing cancer clusters and investigations initiated by the Registry at the request of different bodies. He outlined the modus operandi for these investigations which are undertaken in partnership with local public health teams and with open communication with local residents. He used specific geographical cases in Ireland to demonstrate work undertaken explaining the problem in investigating clusters and the factors that have to be taken account of.

The presentation was followed by a Q & A session where queries/comments on the following were responded to by Dr. Comber:

- Lack of scientific evidence that high tension pylons/mobile phone masts cause cancer
- Health issues in Askeaton researched by Population Health Teams

- Radon gas levels
- Comparative cancer rates with EU partners
- Ovarian cancer and ongoing research to discover a screening test
- Asbestos removal
- Family involvement in the care of cancer patients
- Lifestyle causes of cancer, people “bringing” lifestyle with them and poverty and urban versus rural lifestyle contributing to cancer incidence
- Single common numbering system for patients/electronic shared patient record and work being undertaken with Data Commissioner and Health Information bill
- The need to concentrate more on prevention rather than solely treatment of cancer
- Greater risk of cancer in obese patients
- Diagnosis of prostate cancer and ambiguity of evidence regarding early diagnosis
- Role of Registry versus that of Dept of Population Health

Following a query from Cllr. Michael Hegarty, Dr. Comber referred to the documented concerns of Cobh residents regarding incidence of cancer in that area and elaborated further on investigations undertaken by the Registry on suspected cancers.

In conclusion, the Chairperson and members thanked Dr. Comber for taking the time to attend and provide a most informative presentation.

4. Reports by Chairpersons of Committee Meetings

(a) Acute Hospital Services and Population Health Committee

(b) Primary Community and Continuing Care Committee

Cllr. Michael O'Brien raised a query on Thomastown Primary Care Centre and update on the project was given by Ms. Anna Marie Lanigan, Interim AND.

It was agreed that Cllr. John Coonan's recommendation, seconded by Cllr. Pat Cody, from the PCCC Committee as follows will be forwarded to the CEO's office for consideration:

“That in advance of publication of the Service Plan 2011 that a realistic increase in the percentage of overall budget allocated to Mental Health Services be sought.”

With the agreement of the Chairpersons, the reports of committees were taken as read.

5. Notice of Motions

5(a) Cllr. Michael Healy-Rae moved the following Notice of Motion standing in his name: -

“That the HSE does everything in its power to support the submission that has been put forward from Home from Home School Age Service for Children with Disabilities in Killarney. The submission that has been put forward is detailed and really explains why the funding being requested should be provided.”

Cllr. Healy-Rae praised the service provided by the "Home from Home" service and acknowledged that the reduction in subvention from 1st September came about due to a change in the Scheme as announced by the Minister in Budget 2009. He stressed the need to continue the service into the future and not just for 2011. In response, Ms. Anna Marie Lanigan explained that once-off funding has been approved for the group to allow the service to continue in 2011 and in parallel with this, negotiations are ongoing to come to a mutual solution for the future retention of the service.

5(b) Cllr. Pat Cody moved the following Notice of Motion standing in his name which was taken in conjunction with the following Question 6(b) with a joint response issuing to both: -

Notice of Motion

"That in compiling its integrated plans for Mental Health Services for the new extended catchment area including Wexford, (the largest County with the largest population in the South East) the HSE accepts the recommendations from "Vision for Change", that the Mental Health Service would be client focussed and clients would have access to a local specialised and comprehensive service of the highest standard with flexibility regarding catchment area size and composition, taking population into account and considering the location of facilities such as Acute In-Patient Units (20.42 Vision for Change) with 50 acute in patient beds per catchment area provided as 2 Units in some areas, with 25 beds in each (8.13 Vision for Change) as resources will need to be remodelled within the new areas to ensure equity in service developments for Co. Wexford in the years ahead.

Question

"Will the HSE outline the details of its Integrated Development Plan for future delivery of Acute Mental Health Care for the population of Co. Wexford. This is in view of the Mental Health Care order, that the admission of patients to the present acute facility at St. Senans Hospital Enniscorthy must cease no later than the end of February 2011. Specifically would the HSE clarify proposals to further develop community based day hospitals and crisis houses, in Wexford and Waterford in advance of any proposed transfer of acute admission facilities from the current units in Enniscorthy to any alternative location, as announced by the Minister of State at the Department of Health & Children on the 11th October 2010?"

A joint response to the Motion and Question was circulated. Cllr. Cody outlined his concerns on behalf of staff, service users and public representatives regarding the acute in-patient services and particularly the perceived lack of communication and consultation regarding proposed changes. He explained that all stakeholders are aware of proposals put forward under "Vision for Change" and the need for budgetary constraints but dialogue is still required with interested and involved parties. In response, Ms. Anna Marie Lanigan, Interim Assistant National Director, PCCC went through the contents of the written response explaining that "Vision for change" sets the service user and their families at the centre of decision making and acknowledges the importance of their involvement and of robust communication for all service changes. She acknowledged the concerns of staff and advised Members on the range of measures and consultations which had been taken. The HSE is developing a plan for the optimal location of in-patient services for this extended

catchment area, working with the Mental Health Commission and all stakeholders. It is anticipated that clarity on plans will be available for a meeting in early December with Cllr. Cody and fellow members.

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

“That the HSE South would make available documentation received from the Department of Finance, Department of Health and Children and the HSE nationally with respect to preparations for the 2011 budget and if it can also produce documentation regarding identified cost savings from the HSE South in response.”

Cllr. Buttimer outlined the pre-budget meetings that are undertaken by the Councils and explained his concerns regarding lack of information for members on the pre-planning undertaken by the HSE for 2011 Service/Business Plan. In response, Mr. Healy pointed out that the Local Authority process is different to that undertaken by the HSE which gets its allocation post the budget and then has 21 days within which to prepare its National Service Plan for approval by the Minister/Department of Health and Children. Members were informed that full information on the 2011 plan will be made available to the Forum at its next meeting on Thursday 3rd February 2011. Following that meeting further local Briefings will be held with members to provide clarity on local services and issues.

5(d) In the absence of Cllr. Brendan Griffin the following Notice of Motion was moved on his behalf by Cllr. John Buttimer and noted by members.

“That clarification would be given to members of this Forum on what proposals currently exist in relation to ambulance cover for County Kerry and that it be confirmed that proposals discussed at the July meeting of the Acute Hospital Services Committee, which included alternating ambulance cover between Dingle and Listowel and Caherciveen and Kenmare, are no longer being considered.”

6. Questions

6(a) Cllr. Michael Healy-Rae put forward the following Question: -

“Will the HSE South provide a full report on Caherciveen District Hospital in relation to current available bed space and the provision of additional beds in the future?”

(This hospital is invaluable in taking care of the local people and rather than reducing bed space, additional beds need to be provided)

A written response to the question was circulated by Ms Anna Marie Lanigan outlining the residential beds available in South Kerry for public patients in Valentia Community Hospital and Caherciveen Community Hospital. Of the 45 beds in Caherciveen, 32 are open at present due to refurbishment works. Members were also informed that the hospital, along with all other residential facilities, must comply with HIQA standards for residential facilities for older people. At present the hospital is

undergoing the HIQA registration process with work being undertaken to ensure compliance with the required 32 standards.

In response Cllr. Healy-Rae referred to the important role of the hospital in providing residential facilities. He referred to the progress in enhancing facilities in Kenmare and Dingle and asked that consideration be given to a 40 bedded extension to Caherciveen Hospital. At the suggestion of the Chairperson, Cllr. Healy-Rae will forward a Notice of Motion on the matter for consideration at the February Forum meeting.

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

“When will the Alzheimer’s day care centre be opened at Bethany House, Carlow?”

A response was circulated by Ms. Anna Marie Lanigan updating members on the work being undertaken by the HSE to ensure that Bethany House’s contribution as a facility for the community is continued. Discussions are ongoing with organisations who deliver services to older people. The Alzheimer’s Society have been granted a lease to provide an Alzheimer’s Day Centre at Bethany House. This will necessitate some refurbishment work which is to commence shortly and premises will be ready for occupation by the new service by June 2011. In parallel with this, the HSE has plans to use the vacated and refurbished space for a number of specialist services e.g. paediatric services, primary care network services, outreach Consultant Geriatrician clinics and falls prevention programme for older people.

6(d) Cllr. John Buttimer put forward the following Question: -

“To ask the HSE South to make a statement on the voluntary redundancy package with specific reference to:-

- a) the initial projection of 5,000 jobs by the end of 2010**
- b) the 28,000 over the course of the package**
- c) the projections the HSE had for uptake of the package in the HSE South by grade and position**
- d) the contingency plan to ensure that there is no effect on the provision of front-line services from the 1st of January 2011”**

Cllr. Buttimer acknowledged the circulated response and queried the anticipated cost-savings for the HSE, how the scheme will affect frontline services with those leaving doing background/back office work and what contingency plans are in place. In response Mr. Pat Healy gave the background on the Government-initiated scheme which is driven by the current economic situation. He explained that a full picture and statistics will be available by the closing date of 30th November.

Mr. Healy pointed out that in the meantime plans are being put in place to ensure continuity of service at national, regional and local level including negotiations with Unions. This will significantly challenge the health service in 2011 and the HSE and Service Employers will require the flexibility provisions of the Croke Park agreement to ensure continuity of service with reduced staffing.

It was agreed that an update report will be brought to the next Forum meeting on 3rd February, 2011.

6(e) In the absence of Cllr. Griffin, it was agreed that the response to his question as follows would be forwarded on to him: -

“What is the annual revenue generated by car parking fees at Kerry General Hospital (including details of overall income and outlays) and what is done with the surplus of this revenue?”

6(f) Cllr. Seamus Ryan put forward the following Question: -

“What measures are being taken by the HSE to ensure that the 94 pupils of St. Joseph's Special School, Parnell Street, Waterford and St. Martin's Special School, Kilcohan, Waterford together with the children who were enrolled in September and who need assessment will have a full Speech and Language Therapy Service and when will that full service be provided?”

Cllr. Ryan acknowledged the written response circulated by Ms. Anna Marie Lanigan which outlined the staffing complement for Speech and Language Therapists in the Waterford Local Health Office and the process for filling of permanent vacancies as they arise with the most recent post filled from 3rd November 2010. It was explained that there are 3 schools in the area for children with intellectual disability with approx. 200 attendees and half of these pupils are known to the Speech and Language Therapy service. Along with this there is an increasing number of children with intellectual disability attending pre-schools and mainstream schools. Because of staffing problems in two of the schools over the past year, the level of services has had to be reduced. To try to overcome this the HSE has commenced an overall review of staffing and work practices including building programmes into the routine of the school day with training and support to be provided to staff in schools. This school based training programme commenced in October. Other initiatives are also being undertaken to improve services within available resources.

In response to a further query from Cllr. Ryan regarding the staffing complement, Ms. Anna Marie Lanigan agreed to check further and revert directly to Cllr. Ryan.

7. Date and Time of next Meeting

The next meeting of the Regional Health Forum, South will be held on **Thursday, 3rd February 2011 at 2.00pm** in Council Chambers, County Hall, Cork.