

## **EASTERN REGIONAL HEALTH AUTHORITY**

**Minutes of proceedings of Special Board Meeting  
held in the Board Room, Dr Steevens Hospital, Dublin 8,  
on 21st January 2002 at 6:00p.m.**

### ***Present***

Dr. Siobhan Barry	Mr. Gerry McGuire
Mr. Gerard Brady	Cllr. Martin Miley
Cllr. Christy Burke	Cllr. Olivia Mitchell T.D.
Cllr. Laurence Butler	Dr. Michael Molloy
Cllr. Eric Byrne	Ald. Mary Mooney
Cllr. Maria Corrigan	Dr. Bernard Murphy
Mr Martin Cowley	Cllr. Dermot Murray
Cllr. Tommy Cullen	Cllr. Eamonn O'Brien
Cllr. Anne Devitt	Cllr. Dr. William O'Connell
Cllr. Jane Dillon Byrne	Cllr. Charles O'Connor
Mr. John Dolan	Cllr. James Reilly
Cllr. Pat Doran	Cllr. Don Tipping
Mr. Joe Fallon	Mr. Larry Tuomey
Cllr. Tony Fox	Cllr. Jack Wall T.D.
Ms. Ann Harris	
Ms. Maria Hoban	
Dr. Marie Laffoy	
Cllr. Colm McGrath	

### ***In the Chair***

Cllr. Larry Butler (Deputy Chair)

### ***Apologies***

Ald. Ivor Callely T.D.	Ald. Sen. Joe Doyle	Dr. Kieran Harkin
Mr. Paul Ledwidge		

### ***In Attendance***

Mr Donal O Shea	Mr Pat McLoughlin	Mr Liam Woods
Ms Helen Stokes	Ms Carol Ivory	Ms Mary Van Lieshout
Ms Breda Lawless	Mr Willie Rattigan	Ms Mo Flynn
Ms Eileen O'Donovan	Mr Donal Kelly	Ms Louise McMahon
Ms Suzanne Kirwan	Ms Diane Nurse	

**02/01/12 CHAIR OF MEETING**

In the absence of the Chairman Alderman I Callely and the Vice Chairman Ald Sen J Doyle, it was proposed by Cllr T Cullen and seconded by Cllr D Murray that Cllr L Butler chair the meeting. **This was agreed.**

**02/01/13 THE DEPUTY CHAIRMAN READ THE OPENING PRAYER**

**02/01/14 DRAFT SERVICE PLAN 2002**

Mr P McLoughlin presented the revised draft Service Plan outlining the amendments that had been made to the previous draft (*copy appended to the official minute*). He also presented a report responding to the main issues raised by members at meetings of both Finance & Property Committee and the Board (*copy appended to the official minute*).

There followed a discussion to which the following members contributed:-  
Dr S Barry, Cllr J Dillon Byrne, Cllr J Wall, Cllr T Cullen, Dr M Laffoy,  
Cllr C Burke, Cllr M Corrigan, Mr J Dolan, Mr G McGuire, Dr W O'Connell,  
Cllr E Byrne, Ms M Hoban, and Cllr A Devitt.

On the proposal of Mr M Cowley, seconded by Mr G McGuire, the Service Plan 2002 was agreed unanimously.

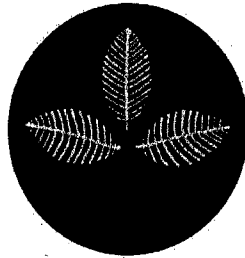
The meeting concluded at 19:30.

**CORRECT**  
**Donal O Shea**  
**Chief Executive**

  
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**CLLR. LARRY BUTLER**  
**Chairman**

\_\_\_\_\_  
**DATE**

***Report 04/02***



**Report on work of the Regional Accident &  
Emergency Committee**

**Eastern Regional Health Authority**

**February 2002**

This report up-dates the Board on the work of the Eastern Region Accident and Emergency Steering Group and progress in a range of initiatives to improve services available to the public in need of accident and emergency services.

There are almost half a million attendances at accident and emergency departments in the region each year. Accordingly, the improvement of accident and emergency services has been identified by the Authority as amongst the two major objectives for the improvement of acute hospital services; the other key objective being the reduction in elective waiting times.

The purpose of the changes and improvements being introduced in accident and emergency services are:

- To reduce long waits for treatment in A&E departments.
- To reduce long waits for admission to hospital via A&E departments.
- Prioritisation of the patient's clinical needs by a process of triage.
- Separation of patients with minor injuries or illness from those with serious conditions.
- Management of emergency workload to ensure that patients have access to quality care in the shortest possible time.

### **The Accident and Emergency Steering Committee**

In order to give a focus to service improvement in this key area an Accident and Emergency Steering Group was set up in January 2001 under the chairmanship of Jim Breslin, Senior Commissioner, ERHA.

The main parties with responsibility for the delivery of accident and emergency services are represented and actively participate in the Group. Each adult accident and emergency hospital is represented by a senior manager (i.e. Chief Executive or Deputy Chief Executive), a consultant in accident and emergency medicine and a nurse with responsibility for A&E. The Chief Ambulance Officer represents the ambulance services and the management of the three Area Boards are represented in order, inter alia, to address the interaction between acute and community services. The Monitoring and Evaluation Directorate and the Service Planner for Older People from the Planning and Commissioning Directorate of the ERHA also sit on the Steering Group. The Steering Group meets on a monthly basis.

The convening of the Accident and Emergency Steering Group was a key recommendation of the ERHA's Review of Accident and Emergency Services which was considered by the Board in January, 2001. This Review, which again was drawn up following consultation with a diverse range of interested parties, has guided the Steering Group in its work in this area.

Based on the knowledge and expertise within the Steering Group it was immediately apparent that the improvement of A&E services cannot be solely addressed through implementation of measures in A&E departments. Attention has been given to developing practices in A&E departments and introduction of more skilled medical

and nursing personnel. However, the need to improve the capacity of other elements of the system to respond appropriately to the needs of patients is a necessary element in the improvement of A&E services. This includes both primary and community care's role in appropriately dealing with patients in a local setting. It also includes increased availability of in-patient bed capacity within the region in order to respond on a timely basis when a patient has been assessed in A&E and is deemed to be in need of admission. Both the development of primary and community care and investment in acute capacity are key strategic objectives both regionally and nationally as highlighted in *Quality and Fairness – A Health System for You*.

### **Initiatives Underway**

The following are initiatives already implemented or underway to improve A&E services in the region:

- Approval of 10 additional A&E Consultants for the Eastern region.
- Development of dedicated Minor Injury Units to ensure appropriate and rapid treatment of patients who attend A&E Departments with minor injuries.
- Specialist treatment Units allowing fast-tracking of patients through specialist channels e.g.
  - Chest Pain Assessment Units
  - Deep Vein Thrombosis Clinics
  - Respiratory Unit
- Appointment of Discharge Planners within acute hospitals.
- Appointment of Patient Liaison Officers with A&E to focus on the responsiveness to patients and their comfort while waiting.
- Enhancement of security in A&E departments.
- Working with the Director of Homelessness to address homelessness issues with A&E departments.
- Developing a more comprehensive set of A&E statistics.
- Operation of an Ambulance Protection Protocol whereby, in exceptional circumstances, hospitals experiencing major pressures within A&E can have ambulances diverted to other hospitals for a period.

### **Future Work**

- Working groups are being established to examine the response of A&E services to patients presenting with psychiatric illnesses and alcohol.
- To facilitate and develop collaborative clinical protocols for the management of patients.
- Assess the use of Observation Wards.
- Assess the use of Near Patient Testing.
- Detailed profiling of patients attending A&E based on survey.
- Liaison with and involvement of General Practitioners.
- Provision of forum for paediatric accident and emergency services.
- Evaluation during 2002 of initiatives implemented following the ERHA A&E Review.
- Wider consultation and information gathering from those working within A&E and from experience in other countries in order to implement best practice as widely as possible.

### **Accident and Emergency Services Project Manager**

An A&E Project Manager took up post towards the end of 2001. The Project Manager is a key resource to both the Authority and hospitals in implementing a programme of change that will deliver significant improvements for patients attending A&E. Responsible for working with hospitals on a daily basis in a strategic approach to strengthening of A&E. Her role involves planning and developing A&E services in collaboration with providers and other relevant parties. Other responsibilities include following up on ambulance protection requests from individual hospitals.

### **National Health Strategy - *Quality and Fairness – A Health System for You***

The initiatives to improve accident and emergency services already underway in the region have been underscored by the National Health Strategy which sets out a substantial programme of improvements including the appointment of additional A&E consultants, Advanced Nurse Practitioners (ANP) and assessment units to channel patients quickly.

Delays in the admission of patients from A&E departments to inpatient beds are commonly experienced and lead to considerable dissatisfaction with the services. Accommodation of patients on trolleys within A&E not only impacts on that patient but the consequent overcrowding of the department and requirement for ongoing nursing leads to a loss in the effectiveness with which other patients can be treated. Therefore, the expansion in the acute bed capacity recently announced for the region and the effective utilisation of these beds will be critical in relieving the pressure within A&E departments. In total some 335 beds will be brought on stream within the region in the short term. The Authority is continuing to address further capacity measures which can be realised over a longer time horizon.

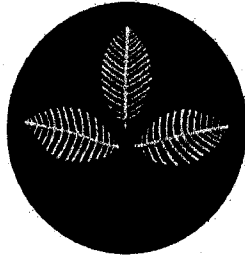
### **Conclusion**

The problems in accident and emergency services do not exist in isolation. The whole health and social care system is sensitive to emergency pressures and pressure on the emergency system has an impact on other services and causes delays for other patients. An increase in emergency admissions to a hospital often results in the cancellation of planned (elective) admissions. The Authority's strategic approach to the planning and management of accident and emergency services is designed to ensure a timely and quality-driven response to patients requiring emergency treatment. Since the setting up of the Steering Group much work has begun. However, a substantial and sustained programme encompassing both investment in the acute and non-acute sectors and implementation of best practice will be required if the Authority is to realise the high-level objective of realising major improvement in accident and emergency services.

**Donal O Shea**  
**Chief Executive**

*February 2002*

***Report 05/02***



# **TREATMENT PURCHASE FUND**

**Eastern Regional Health Authority**

**February 2002**

The new National Health Strategy "Quality and Fairness – A Health System for You" indicated the setting up of a Treatment Purchase Fund and of a project group to manage it.

Since its establishment, this Authority has been commissioning a range of different procedures in public and private hospitals in Ireland and in private hospitals abroad for people on waiting lists in the region.

As part of its initiatives to reduce public waiting lists, the Authority has commissioned work in the public hospitals in the region and in the Mater Private Hospital, St. Vincent's Private Hospital, the Blackrock Private Hospital.

Procedures commissioned in Ireland include elective general, cardiac, orthopaedic, ophthalmic, ENT plastic, vascular, neuro, maxilo facial and GU surgery, gynaecological procedures, and endoscopy work.

The Authority has also commissioned paediatric cardiac surgery at John Hopkins Hospital in the United States and heart and lung transplants in the Freeman Hospital in Newcastle.

In addition to these hospitals we have identified potential capacity in private hospitals in Germany and France and are having discussions with UK interests for a very wide range of elective surgical procedures.

The Authority is also investigating the possibility of commissioning work in of Mobile Theatres, the Bon Secours Group of Hospitals, St. Francis Hospital, Mullingar, and a number of smaller private hospitals throughout the country.

In the light of this experience gained in commissioning we have given to the Department of Health & Children out views on the main issues which will need to be addressed by the project group.

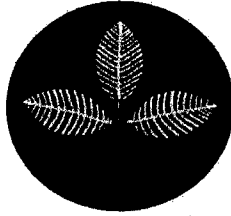
We have also offered to the Department the active participation in the project of some of our staff who have gained experience in this field and this offer has been accepted.

In view of the particular interest of this Authority in rapidly addressing the shortage of acute hospital capacity and in providing services to those who are waiting unacceptably long periods our active participation in this project can help to ensure maximum benefit to the region.

**Donal O Shea**  
**Chief Executive**

*February 2002*





## **CHIEF EXECUTIVE'S REPORT**

**7<sup>th</sup> February 2002**

### **Case Management Review**

Following the tragic death of a young woman who was in a transition programme provided by the Northern Area Health Board and living in a house owned by that Board I have made arrangements for a case management review of the care and services provided to her. The review which will cover all circumstances leading to her death, will be led by a former judge, who will be given all the assistance he requires.

The 18-year-old young woman was not in the care of the Northern Area Board but was in a voluntary transition programme being provided by the Board. She left the house in which she was living and when she failed to return, Gardai were notified to try and re-establish contact with her. She was subsequently found dead.

The review will be carried out in collaboration with the Northern Area Board.

Both the ERHA and the Northern Area Health Board are deeply saddened at the young woman's tragic death and extend heartfelt sympathy to her family.

It is my intention to bring the findings to the Board and to publish them subsequently.

As already promised, a progress report on the work of our Child Care Strategy Group will be for discussion at the March meeting of the board.

### **Eastern Regional Primary Immunisation Committee**

I have established a high level committee to examine all issues in relation to primary immunisation, especially MMR, and to recommend ways to improve immunisation uptake in the Eastern Region.

#### **Aim:**

The aim of the committee is to increase the primary immunisation uptake rate in the Eastern Region to 95% and to maintain it at this level.

#### **Terms Of Reference:**

1. To investigate current management structures and individual roles and responsibilities in relation to all aspects of childhood immunisation with the Eastern Region.

2. To ensure that there is an information system, which provides accurate, reliable, timely and accessible data on primary childhood immunisation at regional, health board and local level.
3. To prepare;
  - Short- term strategies based on best practice and evidence to immediately improve the low primary immunisation uptake rates in the Eastern Region so as to avoid an outbreak.
  - Long-term strategies based on best practice and evidence, with the ultimate aim of achieving and sustaining a primary immunisation uptake of 95% in the Eastern Region.
4. To develop a strategy to identify and target "black spots" and marginalised groups including travellers and asylum seekers with low immunisation uptake rates.
5. To develop strategies for informing the public and healthcare professionals on the benefits of primary immunisation and the risks from vaccine preventable diseases.

The committee will be chaired by Dr. Marie Laffoy, Director of Public Health and membership will have representatives from paediatrics, nursing, general practice, public health and senior management who are drawn from a number of agencies

### **Service Plan: Approval & Pressures**

Following the approval by the Board of the Service Plan for 2002 the Executive of the Authority held a meeting with Department of Health & Children officials on the 1<sup>st</sup> February 2002 which resulted in the approval by the Senior Department Officials of the Boards Service Plan. In the course of the meeting the Authority raised with the Department areas of concern, which were raised by the Board in the course of the service planning process. In particular the following issues were addressed and further discussions with the particular divisions in the Department will be held to progress these matters. These specific items included:

- 1) Minor Capital
- 2) Alcohol
- 3) Opiate Addiction
- 4) Intellectual Disability Residential Places
- 5) Ear-marked Money
- 6) Men's Health
- 7) Risk Management

The management will keep the Board advised on progress in relation to these matters during 2002.

### **Provider Plan Roll Out**

Under Section 10 of the Health (Eastern Regional Health Authority) Act 1999 the Authority is obliged to have written agreements with agencies providing services covering a period of not less than three years and not more than five years and specifying:

- 1) The principles by which both parties agree to abide for the duration of the agreement;
- 2) Such standards relating to the efficiency, effectiveness and quality of the services to be provided as may be agreed between the parties.

A written agreement, to be renewed annually, between the Authority and the person who proposes to provide the services specifying:

- 1) The services to be provided;
- 2) The funds to be made available therefore.

During 2001 the Authority concentrated on the one-year provider agreement. The management of the Authority are now engaging in discussions with all providers with a view to agreeing both a three-year agreement and a one-year agreement within the context of the legislation. The Board will be kept briefed on the progress being made in securing agreements with the agencies concerned.

### **Arrangements for the Board in Dealing with the Service Plan**

The Protocol Committee of the Board at its meeting held on 6<sup>th</sup> February 2002 considered proposals from management for arrangements for dealing with the service planning process. The intention was to reflect the views expressed by members at recent meetings. The recommendation of the Protocol Committee will be for consideration at the next meeting of the Board.

### **Revocation of 1996 Pharmacy Regulations**

The Minister for Health & Children on 31<sup>st</sup> January 2002 revoked the 1996 Pharmacy Regulations and we are informed by the Department of Health & Children that the net effect of this is "that all current applications and appeals lapse and, for new applications and appeals, there are no restrictions on granting contracts in terms of location, population or viability of existing pharmacies."

I am circulating herewith copy of press release issued by the Department of Health & Children and copy of order made by the Minister on 31<sup>st</sup> January 2002.

### **Report of the National Cancer Registry**

#### **'Cancer in Ireland, 1994-1998: Incidence, Mortality, Treatment and Survival'**

The fifth report of the National Cancer Registry gives information on cancer incidence, treatment and survival for the five year period 1994-1998.

#### **National**

- Each year there are 20,000 new cases diagnosed and 7,500 cancer deaths nationally.
- The commonest cancers are skin, large bowel, breast and prostate.

- Cancer incidence in Ireland is similar to that in neighbouring countries (lower than in Scotland, Northern Ireland and Wales and higher than in England and the EU average).

### **Eastern Region**

- Each year there are approximately 7,000 new cases diagnosed and 2,500 cancer deaths.
- Overall cancer incidence is significantly higher in the Eastern Region than in the country as a whole. Incidence is also higher in the Region for the following cancers:

	<b>Males</b>	<b>Females</b>
Colorectal	Yes	No
Breast	-	Yes
Lung	Yes	Yes
Prostate	Yes	-
Bladder	Yes	No
Stomach	Yes	No

Recent research undertaken by our Department of Public Health shows significant improvement in cancer survival especially in people under the age of 65 particularly for breast and colorectal cancer. This increased survival is likely to be due to greater availability of treatment for patients in the region.

### **Comment**

1. The incidence of lung cancer is directly related to the prevalence of smoking. Survival is very poor. Prevention is the key and the highest priority must be given to given to smoking avoidance. Smoking is implicated in 95% of lung cancers and at least 35% of other cancers
2. The incidence of breast cancer is likely to increase in the first years of the breast screening programme as prevalent cancers will also be diagnosed in the early years of the screening programme.
3. Then incidence of stomach cancer is decreasing and this is probably due to better diet..
4. The National Health Strategy has indicated that the National Cancer Strategy will be revised by the end of this year.

### **Peamount Hospital**

The meeting of the Acute & Primary Care Committee held on Monday 23 January finalised consideration of the Protocols for Admission to the Peamount Hospital Chest Unit. Issues surrounding access by general practitioners in the local catchment area and access by other hospitals were clarified. The strong support of both Peamount Hospital and St. James's Hospital for the early implementation of the protocols was also communicated to the meeting. Following debate the Committee agreed to endorse the protocols. It was also agreed that 6 months after the relevant consultant staff are in place to operate the protocols the Committee would review their

implementation. The protocols have now been submitted for consideration to Comhairle na nOspideal with the endorsement of the Authority. It is expected that the protocols will receive early consideration by Comhairle.

### **ERHA Complaints Seminar**

We have organised a seminar on the theme "Towards making a quality difference to those patients, clients, and families using health services and facilities" in early March 2002. It is hoped to have participants from all agencies providing health and social services in the region and is aimed at those members of staff handling complaints themselves or having responsibility for managing the handling of complaints.

### **Recent Publications:**

The following reports and books were published recently. Copies of these publications can be made available to members on request.

- The Health and Dental Needs of Homeless People in Dublin – Northern Area Health Board November 2001
- Health and Well Being of Children in the Mid-West – Report of the Director of Public Health 2001 Mid-Western Health Board
- Travellers Perceptions and Experiences of Maternity & Child Health Services – A Research Project Commissioned by the Traveller Health Unit of the Mid-Western Health Board
- National Council on Ageing and Older People – **Annual Report 2000**
- Report on the First Year of the East Coast Area Health Board Transformational Change Management Programme
- **Working Together for Change** – The First Conjoint Report Of The National Service September 2000 – September 2001
- Springboard **Promoting Family Well – Being Through Family Support Services** - Department of Health and Children
- Annual Report 2000 – Beaumont Hospital
- **Breast Cancer Management** – Clinical Guidelines – Royal College Of Surgeons
- Comptroller and Auditor General Report on Value for Money Examination – Department of Finance – **The Expenditure Review Initiative**
- Mater Misericordiae Hospital – **Annual Report 2000**

**DONAL O SHEA**  
Chief Executive

*7<sup>th</sup> February 2001*