

EASTERN HEALTH BOARD

**Minutes of proceedings of Special Meeting
held in
Board Room, St Mary's Hospital, Chapelizod, Dublin 20
on Tuesday 3 May 1988 at 6.00 pm**

Present

Cllr O Bennett	Mrs B Bonar
Cllr I Callely	Cllr M Carroll
Mrs O Clune	Dr P Devitt
Cllr J Dillon Byrne	Prof J S Doyle
Cllr P Dunne	Cllr M Gannon
Cllr A Glenn	Cllr A Groome
Cllr W J Harvey	Cllr P Hickey
Cllr F Hynes	Dr P McCarthy
Mr G McGuire	Dr J O'Boyle
Dr B O'Herlihy	Cllr J Reilly
Cllr J Sweeney	

Apologies

Cllr B J Durkan TD, Ms M Nealon, Mr R Roche TD

In the Chair

Mrs D Clune

Officers in Attendance

**Mr K J Hickey, Deputy Chief Executive Officer
Mr M Walsh, Acting Programme Manager, Special Hospital Care
Mr S O'Brien, Acting Programme Manager, General Hospital Care
Mr J Doyle, Acting Programme Manager, Community Care
Mr G Brennan, Technical Services Officer
Mr J N McNee, Management Services Officer
Mr L P Kavanagh, Personnel Officer
Mr M A Gallagher, Finance Officer
Mr M J O'Connor, Secretary**

44/88

CHAIRMAN'S STATEMENT

At the commencement the Chairman read the following statement:

'This special meeting was convened because of unfavourable developments relating to Cheeverstown which call into question the wisdom of making any decision at this week's Board meeting regarding nominees to the Board of Cheeverstown House Ltd. It will be a matter for members to judge what our best strategy should be having heard a report on the up-to-date situation at this evening's meeting.

The second item on the agenda is headquarters accommodation. The time is opportune to review our position and strategy in relation to the provision of headquarters accommodation.

These two matters, as you will hear, are both sensitive and confidential at this stage and I would earnestly ask members to keep them in confidence until further notice.'

45/88

CHEEVERSTOWN HOUSE LTD.

At the request of the Chairman, Mr Hickey, Deputy Chief Executive Officer, gave a detailed report (report filed with official minute) on the position relating to services being funded by the Health Board at Cheeverstown House

Following a discussion to which Cllr Dunne, Cllr Carroll, Dr O'Boyle, Dr O'Herlihy, Cllr Glenn, Cllr Hynes, Cllr Groome, Cllr Sweeney, Dr McCarthy, Mr McGuire, Cllr Reilly, Cllr Callely, Cllr Hynes, Dr Devitt and Mrs Bonar contributed and to which Mr Hickey, Deputy Chief Executive Officer replied, it was agreed unanimously that the nomination of two members to the Board of Cheeverstown House Ltd. would not be proceeded with, and that the Deputy Chief Executive Officer be given full discretionary authority to proceed along the lines of the options put forward and discussed in full at the meeting.

46/88

HEADQUARTERS ACCOMMODATION

Mr Hickey, Deputy Chief Executive Officer, brought the members up to date on the position in relation to the design/construction of a new headquarters at North Circular Road.

Following a discussion to which Cllr Glenn, Cllr Dunne, Cllr Hynes, Cllr Sweeney, Cllr Carroll and Dr O'Herlihy contributed, the members agreed that a small group consisting of the Chairman, Chief Executive Officer, Chairmen of programme committees together with Cllrs Carroll, Hynes and Sweeney should investigate and pursue an alternative in the form of the acquisition of Dr Steeven's Hospital which was on offer for public tender with a closing date of 11 May 1988.

47/88

OTHER BUSINESS

At the conclusion of the meeting the Deputy Chief Executive Officer informed members regarding the investigation being carried out by the Internal Audit Section into what appeared to be financial irregularities in the shop accounts at St Brendan's Hospital which were also being investigated by the Garda authorities.

The meeting concluded at 8.20 pm.

CORRECT: K J Hickey,
Deputy Chief Executive Officer

Stephen Clune. XXX.
Chairman

EASTERN HEALTH BOARD

SERVICES AT CHEEVERSTOWN HOUSE

Cheeverstown House Ltd., was built by the Board of Cheeverstown House (a limited company) on lands owned by Cheeverstown Convalescent Home by direct capital grant from the Minister for Health. The overall cost of the project was £8.5m; The following facilities are provided on the campus:-

Child Day Care Service
Adult Day Care Service
Workshop Facilities
Residential care.

Cheeverstown House was ready for occupation in 1984, and the Day Care Service commenced on 12th July that year with the Residential Unit being opened in October 1985.

At this stage Cheeverstown House was experiencing difficulties in negotiating a budgetary base – these difficulties were compounded by ongoing differences between Department of Health officials and the Cheeverstown Board with regard to budgetary/staffing norms per item of service.

In January 1986 the Minister transferred the funding of Cheeverstown House to the Eastern Health Board indicating a budget of £1.489 for the year 1987/1988.

At that stage there were 10 residents and 130 day care clients availing of the services. The following table shows the overall staff compliment by grade as approved by the Department at that time:-

Medical Director	1
Nursing and Allied	49
Para-medical	9
Administration	11
Workshop/Activation	5
Transport	7
Maintenance	2
Catering	11
Swimming Pool	1
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TOTAL	96

As our Board was not in a financial position to develop further services to the community at Cheeverstown it was decided to transfer Mental Handicap residents from both St. Brendan's and St. Ita's thereto, together with funding applicable to them.

Following protracted discussions an arrangement was worked out and a revised budget was agreed for 1988 to accommodate an intake of 50 residents – this budget also took into account the Eastern Health Board's requirements for a major rationalisation of the existing staffing of Cheeverstown, allowing posts to be redeployed.

The following table shows the revised complement in line with the increased services:-

Medical Director	1
Nursing and Allied	76
Paramedical	9
Administrative	9
Workshop/Activation	10
Transport	5
Maintenance	2
Catering	8
Swimming Pool	1
TOTAL	121

In line with the increased services the agreed budget for 1988 was £2.1m.

In finalising arrangements cognisance was taken of the proposed coming on stream of the former Children's Unit in St. Loman's as a Mental Handicap Unit and the availability of residential places to meet waiting lists in the community – it was accepted that the funding for the community need should go instead to Cheeverstown with St. Loman's admitting by transfer. As a consequence 10 of the Cheeverstown places were offered to community residents and 5 were utilised for Crisis intervention. This left a further 35 places to be filled.

Since November 1987 33 of the 35 remaining places have been filled from St. Brendan's (20) and St. Ita's (13) – 2 places remain to be filled.

In the last months there has been continuous discussions with the Chairman and Management of Cheeverstown regarding their inability to manage the clients who have been transferred – at a meeting on 7th March last they requested the immediate transfer back of 7 residents with a possible final figure of 12 to both St. Brendan's and St. Ita's.

Prior to this, discussions took place regarding the transfer from the Board's Hospitals of a further 20 clients and a complement of 24 care staff was agreed.

Thereafter a further request for 11 additional support staff was made; in addition Cheeverstown increased their staffing by 4 in order to deal with what they stated to be their problems in managing patients transferred from St. Ita's and St. Brendan's. In addition they said they could not facilitate their staff with holidays due to the low staff client ratio.

The cumulative effect of these requests would, in effect, mean a 20% increase in staffing for their client groups; in this context it must be stressed that the staff posts per client transferred were in excess of Health Board norms.

Arrangements were made with the Chairman of Cheeverstown that two of our Board's Senior Nursing Officers would assess the position in Cheeverstown in the context of the overall difficulties. The Management of Cheeverstown took great care in appraising our Board's Nursing Officers of their difficulties but were not willing to accept any advice in sorting out the problems – in fact it was made quite clear that:-

1. The staff in Cheeverstown were skilled in the total management of handicap
2. The Board of Cheeverstown would at all times decide who would be admitted to Cheeverstown

There have been major developments in the Mental Handicap services since the Cheeverstown House concept was conceived – these developments relate to the progress being made in the accommodation of the handicapped in the community using in the main domestic housing that day care facilities. This in fact leads to a policy dilemma for Cheeverstown and the Health Board particularly in relation to Cheeverstown's role in a community setting.

At the more recent meeting between management of our Board and the Cheeverstown Board a request was made by the Cheeverstown Management for a date by which the 7/12 residents would be transferred back to St. Ita's/St. Brendan's. In reply, our Management suggest that it might be more practical for the Board to take back all the residents and funding and have them placed in the community; (The more recent placement of similar clients from St. Ita's in Balbriggan has been very successful) it was however stated that a decision of this nature would however require Eastern Health Board approval.

It is now opportune for our Board to review the future of Cheeverstown in the provision of services for the handicapped.

At all levels of the service there are major needs and service issues; however the mechanism for service delivery is now much more clear than in 1984 and in previous years. Our experience in interfacing with the Working Party on Mental Handicap shows quite clearly that the main components of institutional support for the handicapped will be provided in community scale domestic houses; this concept is reinforced by the success of these services, not alone in the Eastern Health Board area but throughout the country.

Residential care at institutional level will however, be required for special groups of handicap who have major secondary handicaps – blind, deaf, disturbed, psychiatric, behavioural etc.

Cheeverstown House is ideally suited to the provision of such facilities; however, because of the incidence and geographic dispersion of those with secondary handicap the facilities there would service an area far greater than its existing catchment, probably the southern part of the region.

This is a very specialist field and requires experience and a professional background that is not at present available at Cheeverstown House.

A number of options suggest themselves:-

- (a) Cheeverstown House lease or licence the use of their property to the Eastern Health Board who could fulfil their statutory function by the direct provision of services as identified above.
- (b) As set out at (a) but with the Eastern Health Board having a committee advising its senior management on service needs and delivery; this committee to have representation on it from the Board of Cheeverstown House, the major Voluntary Organisations and N.A.M.H.I.
- (c) As a condition of funding the Eastern Health Board would require Cheeverstown House to restructure its Board by offering the majority membership on its Board to nominees from the Eastern Health Board who would be drawn in the main from specialists in the field nominated through the major voluntary organisations; this would not exclude some Eastern Health Board Board members and some officers nominated by the Chief Executive Officer. As is the case in the management of the various joint services the Health Board management would undertake the control and management of the new service.

3rd May, 1988