



EASTERN HEALTH BOARD
Minutes of proceedings of Special Meeting
held in the
Board Room, St Mary's Hospital, Chapelizod, Dublin 20
on Tuesday 16 August 1988 at 6 pm

Present

Cllr I Callely	Cllr M Carroll
Dr R Corcoran	Mrs D Clune
Prof J S Doyle	Cllr P Dunne
Cllr Dr D Fitzpatrick TD	Cllr M Gannon
Cllr A Groome	Dr R Hawkins
Cllr F Hynes	Dr D I Keane
Dr P McCarthy	Cllr C Murphy
Cllr J Reilly	Cllr J Sweeney

Apologies

Cllr O Bennett, Cllr B Briscoe TD, Cllr C Flood TD, Mr G Maguire,
 Ms M Nealon, Dr B O'Herlihy

In the Chair

Cllr A Groome

Officers in Attendance

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

95/88

HEADQUARTERS ACCOMMODATION

At the request of the Chairman, Mr. Hickey, Deputy Chief Executive Officer, brought the members up to date on developments in relation to the acquisition of Dr. Steeven's Hospital.

Following a discussion to which Cllr. Dunne, Mrs. Clune, Dr. Hawkins, Cllr. Carrol, Deputy Dr. Fitzpatrick, Cllr. Hynes, Cllr. Sweeney, Dr. Corcoran, Dr. McCarthy and Cllr. Murphy contributed and to which Mr. Hickey Deputy Chief Executive Officer replied, it was agreed that the Committee consisting of the Chairman, Programme Committee Chairmen together with Cllrs. Carroll, Hynes and Sweeney, which had been appointed in May 1988 to work with the Deputy Chief Executive Officer in the acquisition of Dr. Steeven's Hospital should continue and keep in touch with the ongoing preparation of plans for the adaptation of the premises to suit the Board's needs.

It was also agreed that Cllr. Dunne and Deputy Dr. Fitzpatrick should be members of the Committee.

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CHEEVERSTOWN HOUSE

Mr. Hickey, Deputy Chief Executive Officer referred to his letter dated 21st July, 1988 to Cheeverstown House and to his report dated 15th August, 1988 (copy filed with official minute) with particular reference to letter dated 3rd August, 1988 received by our Chairman from the Chairman of Cheeverstown House.

Following a discussion to which Mrs. Clune, Dr. McCarthy, Deputy Dr. Fitzpatrick, dr. Dunne, Dr. Corcoran, Cllr. Hynes, Cllr. Calliely, Prof. Doyle, dr. Murphy and the Chairman contributed, and to which Mr. Hickey Deputy Chief Executive Officer, replied, it was proposed by Mrs. Clune, seconded by Dr. McCarthy, and unanimously agreed to write to the Chairman of Cheeverstown House advising him that our Board's policy in this matter had been determined at a special meeting in May 1988, that the Health Board had absolute confidence in the Chief Executive Officer who had been mandated to carry out this policy, and requesting him to respond within a week to our Board's letter of 16th May, 1988.

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PEAMOUNT HOSPITAL

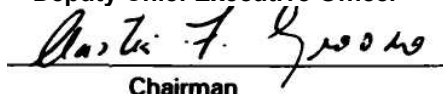
Mr. Hickey Deputy Chief Executive Officer referred to his report and recommendation dated 15th August, 1988 (copy filed with official minute) regarding our Board's efforts to reach agreement with Peamount Hospital in relation to the arrangements for the provision of chest hospital services and mental handicap services.

Following a discussion to which Mrs Clune, Cllr Callely, Prof Doyle, Dr Hawkins, Dr Corcoran, Cllr Hynes and the Chairman contributed and to which Mr Hickey, Deputy Chief Executive Officer replied, it was agreed to endorse the recommendation in the Chief Executive Officer's report.

The meeting concluded at 8.00 p.m.

CORRECT: K.J. Hickey

Deputy Chief Executive Officer


Chairman

CHEEVERSTOWN HOUSE LTD.

- 1 **At a Special meeting held on 3rd May, 1988 our Board decided 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, as follows:-**
 - (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.**
 - (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 various joint services the Health Board management would undertake the control and management of the new service.**
- 2 . **The attached letter dated 21st July, 1988 sent by me to the Chairman of Cheeverstown House Ltd. deals fully with all aspects of the matter and reflects from our point of view the meetings and correspondence which took place following the decision taken by the Eastern Health Board on 3rd May, 1988.**
- 3 . **The reaction of Cheeverstown House Ltd. through their Chairman at a meeting following our Board's decision was to seek our proposed options in writing. This was done by the A/Programme Manager and was followed by a letter direct to our Chairman from the Chairman of Cheeverstown indicating that his Board was at a loss to understand the Eastern Health board decision and requesting in writing, the reasons for this decision.**

In the course of further exchanges of correspondence at Chairman level the outcome was that the Chairman of Cheeverstown was informed that the decision of the Eastern Health Board was not negotiable and that an immediate resolution of the matter was expected; also that the Deputy Chief Executive Officer is responsible for the implementation of the Eastern Health Board policy decisions and that correspondence and, at this stage a request for a further meeting, would be handled by him.

- 4 . A meeting duly took place between the Chairman and representatives of Cheeverstown and the Deputy Chief Executive Officer and management representatives of the Eastern Health Board.

The letter from the Deputy Chief Executive Officer dated 21st July, 1988, already referred to, summarizes the position from our point of view following that meeting.

At the conclusion of that meeting the Chairman of Cheeverstown indicated that a direct request had been made to the Minister for Health to intervene.

- 5 . A response to the Deputy Chief Executive Officer's letter was received on 2nd August, 1988 in which the Chairman of Cheeverstown indicated that many of his Board colleagues are on holidays at present and consequently it would not be possible to hold a Board meeting within the following two weeks (the time limit given for response). He would however arrange a Board meeting as soon as possible and write again after his Board had considered the matter.

However on 3rd August, 1988 the Chairman of Cheeverstown wrote directly to the Chairman of the Eastern Health Board (with a copy to D/Chief Executive Officer) indicating in reference to the correspondence from the A/Programme Manager and D/Chief Executive Officer that "having carefully considered the contents of both letter, I am convinced the members of the Eastern Health Board did not have the full facts about Cheeverstown available then when they decided to make their proposals".

Consequently he has asked for an opportunity to address the Eastern Health Board in order to present the facts from Cheeverstown's point of view and to answer questions so that the Eastern Health Board will have accurate information and are fully familiar with the situation when assessing the relationship with Cheeverstown. He indicated that this unusual request so that the "extremely serious situation that is developing between our two Boards and the consequences it could have for the mentally handicapped in our respective care".

Having consulted with the Chairman about this, I propose with the agreement of the Board to reply to the Chairman of Cheeverstown re-iterating our Board's position as decided at the Special meeting of the 3rd May, 1988 and repudiating any suggestion that the decision taken by the Eastern Health Board was taken on less than the full facts or full knowledge of the mental handicap services in our area. An immediate response to my letter of 21st July, 1988 will also be requested.

K.J. Hickey,

Deputy Chief Executive Officer

15th August, 1988

PEAMOUNT HOSPITAL

The following is the text of a recent resolution of the Board of Peamount Hospital contained in a letter received on 25th July, 1988:-

"That discussions with the EHB and Department of Health should continue with a view to finding a mutually satisfactory arrangement for the continuation/extension of the services provided at Peamount.

The Board does not yet have specific proposals from the EHB on which firm decisions can be made as the proposals in the letter of June 30th do not address an adequate level of funding for services essential for the mentally handicapped. This is particularly evident from a comparison of the proposed funding with the levels being provided to other Mental Handicap Units.

The Board is not prepared to continue a Mental Handicap service without adequate funding or to take on additional or substitute services in the hospital unless sufficient resources are made available. Consequently, the EHB and Department of Health should be informed that in the event of current funding being reduced after the month of July or the proposed EHB budget being implemented both the Mental Handicap Unit and the Chest Hospital will be closed simultaneously".

Very detailed proposals have already been made to Peamount Hospital in relation to:-

- (a) To transfer the chest hospital service from Peamount to Cherry Orchard and maintain the service there.
- (b) To release resources to enable maximum economic use to be made of beds at present vacant in Peamount plus those freed-up by the transfer to Cherry Orchard. A sum of almost £2m would be available to commission up to 130 plasses for a comprehensive service for the elderly.
- (c) To enhance the budget for the present mental handicap service. Also to consider further in a positive way your proposals regarding the commissioning of the new bungalows.

With the agreement of our Board it is proposed to continue with our efforts to reach agreement with Peamount Hospital in relation to the above. In the event of such agreement not being possible it is then proposed to make alternative arrangements for the Chest Hospital and Mental Handicap services which are now being provided at Peamount and to divert current funding to this end.

K.J. Hickey,

Deputy Chief Executive Officer

15th August, 1988