

8th October, 2002

Do gach Comhalta den mBord

A Chara,

The monthly meeting of the Northern Area Health Board will be held in **Boardroom, Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin at 5.00pm on Thursday, 17th October, 2002.** Tea is arranged for 4.30 pm.

Hereunder is the agenda.

Mise, le meas,

M. Windle

PRIOMH FEIDHMEANNACH

CLAR

1. Chairmans Business
2. Minutes of proceedings of
 - (a) Monthly Board Meeting held on Monday 9th September, 2002
 - (i) Matters arising
 - (b) Special Board Meeting, Monday 30th September, 2002.
 - (i) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report
5. Report of Finance and Property Committee Meeting of 30th September, 2002.
Report No F7/2002 (herewith).
6. Report on The National Counselling Service for adults who have experienced childhood abuse - Progress Report for the Northern Area Health Board.
Report No 38/2002 (herewith)
7. Annual Report of the Inspector of Mental Hospitals for the year ending 31st December, 2001 - Progress Report for the Northern Area Health Board.
Report No 39/2002 (herewith)
8. Progress Report on Capital Development Programme, Northern Area Health Board. (*Presentation*)

Report No 40/2002

9. Report from Standing Committees
 - (a) Community Services and Continuing Care
 - (b) Acute Hospitals and Primary Care
10. Exchange of Membership - Standing Committees
11. Motions
12. Correspondence
13. Matters for Mention

NORTHERN AREA HEALTH BOARD

**Minutes of Proceedings of Monthly Board Meeting
of the Northern Area Health Board held in
The Boardroom, NAHB, Swords Business Campus,
Balheary Road, Swords, Co. Dublin
On Thursday, 17th October, 2002, at 5.00pm.**

Present

Cllr L. Creaven
Cllr A. Devitt
Ms N. Harvey
Cllr D. Heney
Mr G. McGuire
Dr B. Murphy
Cllr D. Murray
Cllr E. O'Brien
Cllr M. O'Donovan
Mrs C. Quinn
Dr J. Reilly
Mr L. Tuomey

In the Chair

Deputy Dr D. Fitzpatrick

Apologies

Cllr C. Burke
Ms M. Hoban
Mr P. Ledwidge
Dr M. Laffoy

Officers in Attendance – Management Team

Ms. M. Windle, Chief Executive
Mr. M. Walsh, Asst. Chief Executive
Mr. J. Cahill, Asst. Chief Executive
Mr P. Dunne, Asst Chief Executive
Ms. L. McGuinness, Acting Asst. Chief Executive
Mr J. Brehony, Acting Director of Human Resources
Mr S. Mulvany, Acting Director of Finance
Mr S. McGrath, Acting Director of Communications
Ms B. Kelly, Secretariat

Other Officers in Attendance

Ms O. Treacy, Director of Primary Care
Mr J. O'Sullivan, Finance Department
Mr K. O'Doherty, Industrial Relations
Ms. Muriel Farrell, Manager, Orthodontics
Ms D. Kelly, Secretariat

Media in Attendance

Mr Donnacha Mac Raghniail, Fingal Independant

100/2002

CHAIRMANS BUSINESS

1. Condolences

I am sure members will join with me in expressing sincere sympathy with those whose names have been included on the list of condolences, which has been circulated to members.

2. Schedule of Meetings/Visits

A copy of schedule of forthcoming meetings/visits has been circulated to all members.

May I draw member's particular attention to the following: -

- Standing Committee Acute Hospitals and Primary Care, Annual General Meeting-
Friday 18th October, 2002, at 10.00am
- Standing Committee Community Service and Continuing Care
Tuesday 22nd October, 2002, at 3.00pm
- Official Opening St Monica's Day Centre
Friday 1st November, 2002 at 3.00pm
- Official Opening Laragh Counselling Services
12th November, 2002, at 3.30pm

3. Apologies

Apologies have being received from the following-
Mr Paul Ledwidge, Dr Marie Laffoy, Cllr Christy Burke and Ms Maria Hoban.

4. Welcome

I would like to take this opportunity to welcome Mr Donnacha Mac Raghniall, a representative from the Fingal Independent.

101/2002

MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING

held on Monday 9th September, 2002.

On a proposal by Cllr O'Brien and seconded by Cllr A Devitt, the minutes of the Monthly Board Meeting held on 9th September, 2002 were agreed.

102/2002

MINUTES OF PROCEEDINGS OF SPECIAL BOARD MEETING

held on Monday 30th September, 2002.

On the proposal of Cllr D Heney and seconded by Cllr L Creaven, the minutes of the Special Board Meeting held on 30th September, 2002 were agreed.

Matters Arising

Report No 36/2002 and No. 37/2002 - St Joseph's Hospital, Raheny.

Cllr Heney commented that the minutes did not fully reflect her serious difficulties with the basic principle of Consultants undertaking their private work in St. Josephs Public Hospital.

Cllr Devitt requested that the minutes should also reflect the satisfaction expressed by other Board members with the arrangements in place to provide a mix of public/private acute service given the acute hospital bed deficit within our Boards area.

103/2002

QUESTIONS TO THE CHIEF EXECUTIVE

On a proposal by Cllr Creaven and seconded by Cllr Murray it was agreed to answer the question lodged.

1. Ms Noeleen Harvey

“To ask the Chief Executive of the Northern Area Health Board has a report been prepared on Pharmacy services within the three Area Boards? And if so when will this report be brought to the Eastern Regional Health Authority or the Area Boards?”

Reply

The Northern Area Health Board with agreement of the East Coast Area Health Board and the South Western Area Health Board under took a review of the Pharmacy Services to the three Area Boards and a report was completed in early 2002. A copy of this report was forwarded to the Chief Executive's of each Area Board for their consideration.

I have contacted the Chief Executives of each area Board with a view to putting together a group to consider the recommendations set out in the report. and to determine the resources required capital, revenue and manpower relating to the recommendations.

You might also note that the HSEA have recently established a National Pharmacy Group to review the existing structures and services requirements of the hospital pharmacies. This group consists management and union representatives.

The report "Review of Pharmacy Services to the three Area Boards" will be on the agenda of our Board's next Acute Hospitals and Primary Care, Standing Committee in November for discussion.

104/2002

CHIEF EXECUTIVE'S REPORT

SERVICE MATTERS

Northern Area Health Board Orthodontic Service

There has been a significant improvement in the waiting list for Orthodontic treatment within our Board in the last 12 months. The improvement has been achieved arising from a very proactive approach by both Dental and Administrative staff to the management and treatment of patients during 2001 and 2002.

- Category 1 –
No waiting list
- Category 11 –
The waiting list for assessment has improved from 4984 in August 2001 to 385 at October 2002 and we expect to clear this shortly.

This has been achieved by: -

- assignment of additional consultancy sessions
- improvements in clinical access
- waiting list analysis and follow up

The detailed report, which was circulated, is filed with the official minute.

Clinical Psychology Service

The Current Psychology Service

The Psychiatric Service in the Northern Area Health Board manages the Psychology Service in the Eastern Region on behalf of the three Area health Boards in the region.

The three Area Health Boards are the East Coast Area Health Board, The South Western Area Health Board and the Northern Area Health Board.

Clinical psychologists contribute directly to the diagnosis and treatment of health service users with psychological problems and also provide advice, support, education and training on psychological issues to their colleagues in other healthcare professions.

Psychologists work with all sectors of society and treat a wide range of presenting problems. They deliver services in many settings including at:

- Primary Care Level through general practice
- Community-based health centres
- Acute hospitals and local specialist centres
- National and regional specialist centres
- Psychiatric Centres
- Centres for the Intellectually Disabled

The work with colleague psychologists, and the sole health professional providing a service to the client, as members of a multidisciplinary team of health care professionals and with families and carers.

Psychological principles and methods contribute to the promotion of good health, prevention of avoidable ill health, treatment of ill health and severe distress, facilitation of recovery and rehabilitation, the development, organisation and management of health and social care systems and research and evaluation.

There is a national shortage of clinical psychologists and in common with other regions around the country the Eastern Region has vacancies, which it wishes to fill.

A large number of development and service development posts sanctioned in the Eastern Region since early 2000, when the three Area Boards were formed, have not been filled due to lack of qualified candidates. The total psychological complement at all levels is 89 WTE. The number of vacancies is 56WTE.

Recruitment for Clinical Psychologist is on-going. A number of advertising campaigns have been initiated through the Office of the Civil Service & Local Appointments Commission, Temporary competitions have been run. Informal recruitment also takes place on an on going basis through the Department of Psychology

Doctoral Programme in Clinical Psychology

Background

The former Eastern Health Board, in conjunction with Trinity College and the St. John of God Services, participated in a scheme to employ psychology graduates as trainee clinical psychologists on a three year a contract basis to undertake a postgraduate training programme in clinical psychology, which was accredited by the British Psychological Society (BPS). A number of students were sponsored each year through being paid a trainee psychologist salary and having their fees paid directly to Trinity College (which were deducted over time from their salary).

St. John of God subsequently advised that it was withdrawing from the programme in 1999. In the meantime the programme experienced a number of difficulties, which resulted in the BPS withdrawing accreditation and no new trainees were therefore recruited in 2000 and 2001.

Correspondence between Trinity College and the Department of Health and Children in 2000 indicated approval for six additional places for health service employers would be available later that year. (Our Board had originally sponsored three students per year and with the withdrawal of St. John of God we took on their allocation of three places, giving six in total.) Trinity College was not in a position that year to take this up due to fundamental changes, which had to be made to the management of the course but that it hoped to do so in 2001.

Current Position

Our Asst. Chief Executive, in our Board revisited this matter in 2001 on behalf of the three Area Health Boards and agreed a renewed programme with Trinity College. Twelve students were selected on the understanding that this was what was agreed with the Department of Health and Children and commenced training in January 2002. In addition our Board is funding some support posts in Trinity College involved in the delivery of the programme. It has now transpired that funding is for nine students in any one calendar year or three students in each of the three academic years. This means that there are three students currently in training for whom there is no funding and we will be unable to offer places in 2003 or 2004. Students for the October 2002 intake have been notified by Trinity College that the course has been deferred.

IMPACT Union, on behalf of the trainees, made representations to our Board concerning the deduction of the fees from the salaries of the students and asked that fees, in addition to full salaries, be paid. This has not been conceded to date. The union's argument is that other psychology students on the Psychology Society of Ireland course from other health agencies i.e. Midland Health Board are being paid full salary and have their fees paid in addition. In the meantime the students are refusing to sign their contracts with the Health Board.

Efforts are continuing with the ERHA and the Department of Health and Children to resolve the funding to enable this vital programme of training to continue.

Update of the current NCHD dispute in respect of reduction of NCHD working hours and revised rosters

Background to Dispute

The background to the current NCHD dispute comes on the foot of efforts made by local hospital management (namely Waterford and Tullamore) to commence the gradual reduction in the working hours of NCHDs, so as to ensure compliance with the EU 48-hour Working Time Directive and specifically the initial phase of 58 hours by August 2004.

EU Working Time Directive

The main provisions of the Directive are to limit maximum hours of working, and establish entitlements to rest periods and paid annual leave for most workers in the EU.

Working Time Limits - Doctors are not obliged to work more than an average of 48 hours a week over a 17 week period. The timetable for the application of the WTD to the working patterns of doctors in training is as follows:

1 August 2004	Interim 58-hour maximum working week
1 August 2007	Interim 56-hour maximum working week
1 August 2009	Deadline for 48-hour maximum working week.

Night Time Work – Employers are required to take reasonable steps to ensure that the normal hours of night work does not exceed an average of 8 hours for each 24 hours over a 17 week period.

Health Assessments – doctors are entitled to a free health assessment if they are to become a night worker.

Rest Periods – Doctors are entitled to a rest period of 11 consecutive hours between each working day. Doctors are also entitled to an uninterrupted rest period of not less than 24 hours in each 7-day period.

In-work Rest Periods – doctors are entitled to an uninterrupted break of 20 minutes when daily working time is more than six hours.

Paid annual leave

National Task Force on Medical Staffing

The terms of reference for the National Task Force on Medical Staffing (including its two advisory groups – NCHD Hours Implementation Group and Medical Education and Training Advisory Group) are detailed on Appendix 1 of this Report.

In summary the Task force Steering group has the responsibility for:

” coordinating the work of the Task force and devising, costing and promoting implementation of a new model of hospital service delivery based on appropriately trained doctors providing patients with the highest quality service, using available resources as equitably, efficiently as possible.”

Current Status of NCHD Dispute

Talks between management and the Irish Medical Organisation (IMO) ended in deadlock on Thursday 26th September 2002. No further date was agreed for talks under the auspices of the Labour Relations Commission.

Management made the following proposal to the IMO at conciliation on the 26th:

- It was proposed that local discussions would commence at hospital level to examine the feasibility of reducing NCHD working hours outside 9-5/4 Mon to Fri initially. The IMO had earlier indicated their willingness to this approach.

- Management gave an undertaking that there would be no reduction in hours between 9-5/4 Mon to Fri pending a Labour Court hearing on the definition of overtime working.
- Management also gave a commitment to the IMO that there would be no roster changes introduced which were not approved by the appropriate training college.

The IMO refused to contemplate any discussion on reducing NCHD working hours unless management agreed to roster every doctor in every hospital department in the country between 9-5/4 Mon to Fri and be paid for 39 hours even if they do not actually work 39 hours between 9-5/4 Mon to Fri e.g. a day or half day off would have to be paid for. In addition all hours outside 9-5/4 Mon to Fri would be paid at overtime rates even where the doctor has not completed their 39-hour week.

The IMO also refused to honour their commitment of 22nd July 2002 made in the Labour Relations Commission to have the dispute as to when a doctor qualifies for overtime payments adjudicated on by the labour Court.

The IMO has advised the Labour Relations Commission that the NCHD committee will convene to discuss its next course of action.

Current Position in the Northern Area Health Board

The Board employs 151 NCHDs working in various acute and psychiatric specialties within James Connolly Memorial Hospital, Mental Health Area 6 & 7, St Ita's Hospital, St Brendan's Hospital, St Mary's Hospital, St Joseph's Hospital, Raheny and in Substance Misuse.

Since taking up her position last March, the Medical Manpower Manager has set up monitoring systems to review working hours by NCHD.

This has provided information on those specialties that will need to be targeted in order to reduce NCHD working hours by August 2004.

Average Working Week (Hours worked)	Specialty	Hospital/Area
Greater than 70 hours	General Surgery	JCM
	Orthopaedics	JCM
	Urology /Gynaecology	JCM
Greater than 58 hours but less than 70 hours	Anaesthetics	JCM
	Cardiology	JCM
	Rheumatology	JCM
	Geriatric Medicine	St Mary's Hospital
	Gastroenterology	JCM
	Respiratory medicine	JCM
	Endocrinology	JCM

Currently achieving 58 hours or below	Psychiatry	St Ita's Hospital
	Plastic Surgery	JCM
	Geriatric Medicine	JCM
	Psychiatry	St Brendan's Hospital
	Psychiatry	Area 6/7

This information is based on hours worked during the period January to June 2002 and is an average per consultant team/s or as in the case of psychiatry, the number of NCHDs employed. NCHDs working in the Emergency Department, substance Misuse and St Joseph's Hospital, Raheny are not included in this initial analysis.

A review of NCHD working patterns is the next priority for the Medical Manpower Manager to identify, in conjunction with consultant staff, opportunities for reducing hours. The information gathered will provide the vital data required for when discussions commence with regard to formalising working rosters.

To date the only formalised written roster in place is in the Emergency Department of James Connolly Memorial Hospital, which successfully operates a shift system.

Conclusion

The Health Board keenly awaits the conclusion to the current dispute and for a national directive on the approach to be taken with respect to reducing working hours of NCHDs.

In the meantime we await confirmation of any further action to be planned by NCHDs in respect of industrial action and will need to ensure contingency plans are developed and introduced if required.

Telephonists Industrial Action – 16th October 2002

SIPTU had been in discussions with the HSEA on issues relating to the hours of work and other terms and conditions of telephonists and had served notice of industrial in the three Area Boards in the Eastern Region commencing on the 16th October.

To speed up the process Management in the three Area Health Boards committed to direct discussions with SIPTU on the issues in dispute at the earliest opportunity. SIPTU subsequently agreed to call off their action. Management are confident that a resolution can be reached.

Contract Cleaning – Belgrove Cleaning Services - Notification of Strike Action

The Area Boards engaged Belgrove Cleaning Services to provide contract cleaning in a number of locations across the Eastern region. It became evident that the company had financial difficulties and since early September 2002 have failed to pay its employees. The company ceased providing services to the Area Boards at that time and a liquidation process is now underway.

The contract for the provision of cleaning services was due for renewal in any event and the tendering process under EU procurement guidelines was already underway.

Against this background another company, A&M Derrycourt Ltd., was engaged to provide cleaning services on a temporary basis until the tendering process was completed and a new contractor engaged.

Since mid September, Belgrove Cleaning Services employees have engaged in a peaceful protest at the entrance to St Mary's Hospital and at the Meath Community Unit for Older Persons in the South Western Area Board. Services at St Mary's Hospital have not been affected by this protest.

SIPTU issued notification of strike action by health board staff commencing Friday 18th October 2002 in support of the BCS workers. SIPTU advised that the action initially will take the form of a one day stoppage of work by support services staff at St Mary's Hospital and the Meath Community Unit. SIPTU also indicated that the action would be escalated at a later date to include support services staff throughout the Eastern region until the matter was resolved satisfactorily.

The Area Boards sympathise with the former employees of Belgrove Cleaning Services but have advised SIPTU that as we have no contractual or employee relations connection with their workers, the dispute is between BCS and their employees.

The evaluation of the tenders for the new cleaning contracts was completed on Wednesday, 16th October and the temporary company, A & M Derrycourt Ltd was successful and was offered the contract. It is understood that A & M Derrycourt Ltd., have discussed employment opportunities with the former staff of BCS. SIPTU were subsequently advised of this development but refused to defer the strike action unless the Board confirmed that the former BCS employees would all be employed by A & M Derrycourt Ltd., under the same terms and conditions as before. SIPTU claim that the Board should insist that A & M Derrycourt Ltd. employ the workers. The Board cannot do this and is legally constrained from doing so.

Local hospital management at St Mary's are currently negotiating the level of cover with SIPTU for tomorrow's strike.

Theatre Nurses Work To Rule - James Connolly Memorial Hospital

Theatre Nurses in JCM continue to operate their work to rule to support their claim for enhanced on-call payments. The HSEA have advised that the Irish Nurses Organisation has now agreed to a conciliation conference in the Labour Relations Commission, and a date has been scheduled for 25th October.

The HSEA have advised that no Board should enter into individual interim arrangements with the INO on the issue as national talks may be jeopardised.

Thus far management at JCM have managed to ensure that disruption to patient service has been minimised. The Irish Nurses Organisation has been requested to defer their work to rule by Theatre Nurses in sites around the country pending the outcome of LRC talks.

Small Rounded Structured Virus (SRSV) – also known as the winter vomiting bug

Since September 9th 2002 there have been 11 outbreaks of the Small Rounded Structured Virus (SRSV), also known as the Winter Vomiting Bug, within the Board's geographical area.

These outbreaks have taken place at the institutions listed below. The number indicated is of symptomatic cases. Due to the pressure on the Virus Reference Laboratory not all symptomatic cases selected samples are referred for confirmation by agree with the Virus Reference Laboratory.

Institution	Number of Symptomatic Cases
Beaumont Hospital	436
Mater Hospital	2
Cara Cheshire Home, Phoenix Park	11
Cappagh Hospital	22
Community Hospital, Lusk	12
St. Joseph's Hospital, Raheny	5
St. Mary's Hospital, Phoenix Park	38
St. Michael's House, Ballymun	43
St. Vincent's, Fairview	4
St. Clare's, Navan Road	37
Garda Retirement Home, Raheny	39
TOTAL	649

While there have been incidences of the virus in the community it has not been possible to quantify the number of cases. This is due to the fact that not all cases, which occur, may be identified as being symptomatic of the virus and as such are not reported.

Rotation of members representing the intellectual disability sector

I have circulated this evening, a copy of correspondence relating to the rotation of members representing the intellectual disability Sector.

Following discussions to which Cllr Murray, Cllr Heney, and Cllr O'Brien contributed, and to which the Chief Executive responded, the report was noted.

105/2002

Report No F7/2002

On a proposal by Cllr D Heney, seconded by Mr G. Maguire, the report of the Finance and Property Committee (Report No **F7/2002**) was noted and adopted.

106/2002

Report No 38/2002

Report On The National Counselling Service For Adults Who Have Experienced Childhood Abuse

It was agreed to refer report No. **38/2002** to the Community Services and Continuing Care Standing Committee

107/2002

REPORT No 39/2002

Annual Report Of The Inspector Of Mental Hospitals For The Year Ending 30th December, 2001

It was agreed to refer report No. **39/2002** to the Community Services and Continuing Care Standing Committee

108/2002

REPORT NO 40/2002

Progress Report On Capital Development Programme Northern Area Health Board

Following a discussion to which Mr Maguire, Dr Murray, Dr Reilly, Cllr Heney and Cllr Devitt contributed and to which the Chief Executive, and assistant Chief Executive's, responded the report was noted.

109/2002

PROGRESS REPORT FROM STANDING COMMITTEES

(a) *Community Services and Continuing Care Standing Committee*

On a proposal by Mr McGuire, seconded by Cllr Heney, the report from Community Services and Continuing Care Committee was agreed.

(b) *Acute Hospitals and Primary Care Committee*

On a proposal by Mr McGuire, seconded by Cllr Heney, the report from Acute Hospitals and Primary Care Committee was agreed.

The meeting concluded at 6.50pm.

**M. WINDLE
CHIEF EXECUTIVE**

17th October, 2002.

**DEPUTY DR D FITZPATRICK
CHAIRMAN**