



EASTERN REGIONAL HEALTH AUTHORITY
Minutes of proceedings of Board Meeting
held in the Boardroom, Dr Steevens' Hospital, Dublin 8
on Thursday 2nd May 2002 at 18:00

Present

| | |
|-------------------------|-----------------------------|
| Mr. Paddy Aspell | Dr Siobhan Barry |
| Mr. Gerard Brady | Cllr. Christy Burke |
| Mr. Martin Cowley | Cllr. Liam Creaven |
| Cllr. Jane Dillon Byrne | Mr. John Dolan |
| Cllr. Pat Doran | Ald. Sen Joe Doyle |
| Dr. John Fennell | Cllr. Tony Fox |
| Dr. Maurice Gueret | Dr. Kieran Harkin |
| Ms. Ann Harris | Ms. Noeleen Harvey |
| Dr. Ray Hawkins | Ms. Maria Hoban |
| Mr. Paul Ledwidge | Mr. Gerry McGuire |
| Cllr. Martin Miley | Ald. Mary Mooney |
| Dr. Bernard Murphy | Mr. Michael Murphy |
| Cllr. Eamonn O'Brien | Cllr. Dr. William O'Connell |
| Cllr. Charlie O'Connor | Cllr. Jim Reilly |
| Mr. Larry Tuomey | |

In the Chair

Vice- Chairman Alderman Senator J Doyle

Apologies

Alderman Ivor Callely TD, Cllr. Tommy Cullen, Mr. Joe Fallon, Cllr. Dr. Dermot Fitzpatrick; Cllr. Colm McGrath, Dr. Mick Molloy, Dr. James Reilly

In Attendance

Mr Donal O Shea, Mr Pat McLoughlin, Mr. Martin Devine; Ms. Angela Fitzgerald; Ms. Maureen Cronin, Ms. Maureen Browne, Dr. Marie Laffoy, Ms. Carol Ivory, Ms. Helen Stokes.

Opening Prayer

05/02/42

CHAIRMAN'S BUSINESS

Agenda Item No. 1

Condolences

- The Vice- Chairman expressed the sympathy of the members of the Board to the family of the late Mr Philip Doyle, R.I.P. Estate Management Officer, Eastern Health Shared Services

Details of Forthcoming Meetings/Events

- Continuing Care and Social Services meeting will take place at 11:00am, on Monday, 13th May in the Boardroom, Dr. Steevens' Hospital, Dublin 8.
- Acute Hospitals & Primary Care Meeting is scheduled for Monday, 20th May at 6:00pm in the Boardroom, Dr Steevens' Hospital, Dublin 8.
- Education Seminar – Friday 24th May 2002 **all day**, Woodenbridge Hotel, Avoca, Co. Wicklow.
- Visit to the North Eastern Health Board Region - Wednesday 29th May 2002.
- The next meeting of the ERHA Board is scheduled for 6.00 p.m., Thursday 6th June in the Boardroom, Dr. Steevens' Hospital, Dublin 8.

It was agreed that the seminar scheduled for 24th May 2002 be deferred as it conflicts with another engagement for members.

05/02/43 MINUTES OF THE PROCEEDINGS OF MEETING HELD ON 4TH APRIL 2002.

Agenda Item No. 2

The draft Minutes of the meeting held on the 4th April 2002 (copy appended to the official minute), having being circulated, were proposed for adoption by Cllr. Christy Burke, seconded by Cllr. Pat Doran and agreed.

05/02/44

QUESTIONS TO CHIEF EXECUTIVE

Agenda Item No. 3

Questions agreed to be put by the Board to the Chief Executive on the proposal of Cllr. E. O'Brien, seconded by Cllr. J. Dillon Byrne

3.1 Senator Therese Ridge

To ask what is the situation regarding proposed take up of delayed operations by private practitioners to help alleviate two year long waiting lists for public sector patients.

Reply

The current waiting list issue is being dealt with in two ways.

Waiting List Initiative

A total of 3,799 procedures have been commissioned from health agencies for 2002 by the Eastern Regional Health Authority. The breakdown of these are as follows:

| | |
|---------------------------|--------------|
| Orthopaedics | 293 |
| ENT | 791 |
| Gynaecology | 69 |
| Neurosurgery | 70 |
| Maxillofacial | 90 |
| Ophthalmology | 1,000 |
| Plastic Surgery | 304 |
| General Surgery | 525 |
| Urology | 173 |
| Vascular Surgery | 384 |
| Cardiac Surgery | 100 |
| Total commissioned | 3,799 |

The Authority is still in negotiation with a number of agencies to commission a further 2,000 for 2002. The Authority is also seeking additional resources from the Department of Health & Children to deal with the waiting lists.

Treatment Purchase Fund

The Government have established a Treatment Purchase Fund with a budget of €30m. The Authority is working actively with hospitals in the region to identify patients who are on waiting lists and who could have their treatment organized by the Fund. The Authority is represented on the Steering Committee and the Project Team for the Fund.

3.2 Alderman Senator Joe Doyle

To ask the CEO what measures have been put in place to speed up Inter country Adoptions - especially in view of the fact that in September 2001 the ERHA were promised fundamental improvements to this service.

3.7 Cllr Eamonn O'Brien

Would the CEO please respond to the very serious concerns regarding the unjust length of time waiting for inter-country adoption assessment to adopt a first child, why must the same parents undergo a further lengthy process to adopt a second child after already being accepted/cleared by the same authority? Surely this is bureaucracy gone berserk! Can the CEO explain if religion is a criteria in such assessments and if so why? Finally can the CEO outline what measures are being taken to end this ridiculous delay in speeding up the adoption procedures?

Reply

Since the establishment of the ERHA in March 2000 a range of developments have been introduced to improve the level of service delivery for this service. These include:

- implementation of the National Standardised Framework for Inter Country Adoption that is aimed at streamlining assessment procedures for 1st and 2nd assessments so that resources are used effectively; to ensure 'best practice'; and to provide a transparent system that can be understood by all parties;
- establishment of a new 'one-stop-shop' facility to increase the capacity for holding office based interviews thus reducing the time that social workers spend travelling to and from clients;
- national and overseas recruitment drives for social workers; and
- more administrative support for social workers to free up their time to concentrate on assessments, post placement reports and other appropriate work.

The number of completed assessments for this service have increased significantly from 85 in 2000 to 137 in 2001. In addition to this 141 post placement reports were completed in 2001. Already in the 1st quarter of 2002 data from this service indicates that 40 assessments have been completed as compared with 14 and 21 in the same periods in 2000 and 2001. It is expected that this progress will continue throughout the year.

The length of time an applicant has to wait for assessment for an inter country adoption is directly related to the problems in recruiting social workers over the last number of years. This situation has improved significantly due to the efforts of the Area Health Boards in carrying out recruitment drives for social workers to support the forthcoming restructuring. Recent recruitment campaigns have yielded 6 new social workers for this service and 3 of these have already commenced work during early April. A further 3 are scheduled to commence work in June which will bring the complement of social workers to 14.5. The Area Health Boards will continue their efforts to recruit social workers for this service to bring the complement of staff for this service up to recommended levels.

Second Assessments

Under the 'Standardised Framework' which has been implemented in the region 2nd assessments are 'fast tracked'. Under this system applicants for a 2nd assessment are not required to do the preparation course and there are fewer interviews as part of the assessment. The current waiting time to commence a 2nd assessment is approximately 6-7 months.

The question of religion is referred to as part of the application process as some countries from which children are being adopted can require this information. This does not affect the application process or the outcome.

Following the decision to restructure this service the following delivery model has been agreed between the ERHA and the Area Health Boards.

- The service will continue to operate from the 'one stop shop' facility in Ballyfermot but separate assessment teams are being established for each Area Health Board.
- These arrangements and the separation of the waiting list are being overseen and managed by an Assistant Area Chief Executive from each Board.

Further Improvements

- *Experienced adopters are being sought and trained to undertake the Education and Preparation component of the assessment process in conjunction with the social workers. This should reduce the level of social work time spent on Education and Preparation.*
- The purchase of recommended video material on adoption to be viewed by applicants at home which will also reduce the amount of social work time spent on as part of the Preparation and Education process.
- Use of assistance with assessments from another Health Board.
- Use of IT to speed up the administration of applications.
- Appointment of a dedicated customer services officer to improve the continual flow of information to applicants

3.3 Cllr. Deirdre Heney

Will the CEO please give an update on the €20 million Development Plan for Cappagh Hospital to include four additional theatres, High Dependency Unit etc, say why the plan has not been prioritised by the Board, if this can be done as soon as possible and if a substantive statement can be made on the matter.

Reply

The Development Plan for Cappagh Hospital was not included in the list of pre-committed projects within the National Development Plan (NDP) inherited by the Authority in March 2000. Nor has there been sufficient funding capacity within the Acute Hospitals NDP Programme to progress Cappagh's proposals further.

None-the-less, since the Authority has been established it has tried to develop the maximum capacity of Cappagh Orthopaedic Hospital and has done so through funds, which became available from the Waiting List Initiative.

The Authority acknowledge that the theatre capacity at present in Cappagh has now reached its capacity, which will lead to longer waiting times unless additional theatre capacity is put in place.

In view of this the Authority asked the management of the hospital to prepare a proposal, which would look at the potential development of Cappagh allowing for an increase in its capacity.

In March 2001 Cappagh re submitted a proposal to the Authority, which would allow Cappagh to carry out an additional 2,000 surgical procedures (of which 600 would be knee and hip operations). This proposal allows for 2 additional operating theatres, a high dependency unit (6 bedded), an occupational therapy unit, a physiotherapy unit, a C.S.S.D. unit, outpatients departments and offices.

The Authority reviewed this proposal and have forwarded it to the Department recommending the approval and funding of these facilities. It was also included in the overall proposal for short and medium term bed capacity increase submitted to the Department.

Unfortunately funding for the Cappagh proposals was not included in the bed capacity approvals recently issued. The Authority still strongly supports the Cappagh development proposals as they will not only increase the orthopaedic throughout in the hospital but also have the potential to free up acute beds in the acute general hospitals in the region. The Authority will continue to advocate funding for these proposals under future additional capacity initiatives.

3.4 Cllr. Roisin Shortall T.D.

Will the CEO provide details of the primary care development fund for general practitioners for each of the years 1998-2002 with a breakdown for each area health board and will he make a statement on the future of this fund.

Reply

The primary care development fund is not part of the Authority's base budget. Each year the Authority receives a revenue allocation under the heading 'primary care development fund'. The following are the allocations for years 1998 to 2002.

| | 1998 | 1999 | 2000 | 2001 | 2002 |
|---------------------|-----------------|-----------------|-----------------|-----------------|---------------|
| | <i>IR£ 000s</i> | <i>IR£ 000s</i> | <i>IR£ 000s</i> | <i>IR£ 000s</i> | <i>€ 000s</i> |
| EHB | 815 | 648 | 820 | | |
| NAHB | | | | 313 | 608 |
| ECAHB | | | | 252 | 459 |
| SWAHB | | | | 481 | 416 |
| Unallocated* | | | | | 369* |
| St. James's | | | | 340 | 965 |
| Beaumont | | | | 25 | 32 |
| Mater | | | | 65 | 228 |
| | 815 | 648 | 820 | 1,476 | 3,077 |

* discussion continuing with agencies to identify priority.

The Authority indicates to the Department of Health & Children its needs under this heading. Future allocations are likely to be influenced by the National Primary Care Strategy.

3.5 Dr. Siobhan Barry

Re: St Brendan's Hospital

Could the CEO comment on the recent media reports on the 126million Euro fall in value of this site, over the past two years. Could he further indicate on whether this will have any impact on the plans to develop health and other services on this site?

Reply

This matter was dealt with at a meeting of the Board's finance & Property Committee on Tuesday last, 30th April. Representatives of a valuation firm, employed by the Authority, presented on the question of the valuation of the site. A report on the outcome of this meeting has been circulated for consideration under Item 8 on the Agenda.

3.6 Dr. Siobhan Barry

Re: Orthodontic Services in the ERHA

Could the CEO comment on the recommendations of the Joint Oireachtas Committee on the Orthodontic Services, published in February 2002.

Reply

The Chief Executive Officers of the Health Boards and the Eastern Regional Health Authority have considered the report on the orthodontic services by the Joint Oireachtas Committee on Health & Children.

The Chief Executive Officers have agreed that orthodontic services are best considered in the context of the National Health Strategy "Quality & Fairness – A Health System for You".

In respect of dental services the National Health Strategy "Quality & Fairness – A Health System for You" states that the key issues for the strategic approach are:

- Preparation of an action plan;
- Recognition of additional areas of specialisation;
- Establishment of training programmes;
- More wide spread use of private sector orthodontics.

In 1996, with the agreement of Department of Health & Children, the Chief Executive Officers established a review group to advise them and the Department;

- on matters relating to staff structures, training, education and other matters relating to the delivery of orthodontic services;

- to review the current arrangements for service provision and to make recommendations for a strategic plan for orthodontic services.

The group under the chairmanship of Mr. W. Moran, former General Manager in the Western Health Board, produced a report in October 1998. The Chief Executive Officers have agreed that an updated position regarding the national orthodontic service and the progress made on implementing the recommendations as set out in the Moran report is required and that this review would also consider the report on orthodontic services by the Joint Oireachtas Committee on Health & Children and to carry out preparatory work for the Strategy.

The terms of reference for the review group are as follows:

- 1) To review and report on progress to date on the recommendations set out in the Moran report.
- 2) To consider the recommendations in the February 2002 of the orthodontic services report of the Joint Oireachtas Committee on Health & Children.
- 3) To make revised recommendations and prepare and cost an action plan in the context of the approach set out in the National Health Strategy "Quality & Fairness – A Health System for You".

An interim progress report from the group is expected by the end of June 2002.

The orthodontic services in the eastern region experienced considerable disruption in the two years prior to the establishment of the Authority in March 2000, which led to the suspension of assessment work for new patients and the interruption of treatment being provided to patients already in the system. With the establishment of the Eastern Regional Health Authority on the 1st March 2000 the three Area Health Boards took over the statutory responsibility in their own area for services previously provided by the Eastern Health Board. The priority task in the first instance was to restore all interrupted patients to active treatment and then to devote any remaining resources to the category I patients. The 884 patients whose treatment was interrupted have now had their treatment restored. The Area Health Boards have been extremely active in recruiting the necessary human resources and in putting in place the physical resources for to deal with the waiting lists and demand for this service.

A regional validation of the assessment list commenced prior to the publication of the report by the Oireachtas Committee and it is envisaged that this exercise will be completed by May 2002. At the end of the first quarter of 2002, 9,833 people are on the assessment waiting list compared to 11,641 for the same quarter in 2001. The Area Health Boards are systematically working through the assessment waiting list commencing with the longest waiters. As each year's validation exercise is completed the Area Health Boards are offering scheduled appointments to patients as they become available.

Treatment of Category 1 patients requires either Consultant or Specialist Orthodontists (M. Orth.) expertise. From the outset of the Authority's planning process it was clear that difficulty in recruiting qualified orthodontists and consultants would be the main limiting factor in implementing the regional orthodontic plan. However, it was deemed essential that approval be sought for the necessary compliment of staff to maximize recruitment potential. Services provided by the Area Health Boards are operating to their full potential within the constraints of their current manpower capacity. Currently, vacancies exist in Consultant posts (one) and Specialist posts (seven).

Since October 2001, assessment of Category 1 patients is carried out within three months. The shortfall in personnel within the region means that the current waiting time for treatment to all Category 1 patients ranges from 4 to 24 months across the region.

It is envisaged that pending direction from the Minister for Health & Children regarding the qualifications required for the posts of Specialists Orthodontists, and a successful recruitment campaign of outstanding posts the waiting time from assessment to treatment for all Category 1 patients will be within 6 months.

3.8 Dr. Maurice Gueret

Could the CEO please confirm that he will correct the minutes of the June 2001 ERHA Board Meeting in which he stated clearly that the Stroke Unit at the Adelaide & Meath Hospital *'is being developed to deal with 200 stroke cases per annum'*.

Reply

The Minutes of the meeting of June 2001, item 01/06/56 Chief Executive's Report, Agenda Item No. 11, is correct and records accurately what I said in my report to the Board at that meeting.

3.9 Cllr. Eamonn O'Brien

To ask the CEO if figures are available on cancer related deaths in the Eastern Region, indicating the possible effects of electromagnetic radiation and the proximity to phone masts, electric pylons or other such sources and, if not, to carry out a full investigation.

Reply:

Information on deaths due to cancer is available for the Eastern Region. Cancer is the second biggest cause of death in the Eastern Region. It is now responsible for 26% of all deaths (2,475 deaths in 1999). The risk of getting cancer increases with age.

The following table shows the number of deaths due to various types of cancer in the Eastern Region in men and women between 1995 and 1999.

Table Numbers of Deaths due to Various Types of Cancer in the Eastern Region in Men and Women:

1995 - 1999 (Source: PHIS Version 4)

| Cancer type | Men | Women | Total |
|------------------------------|-------------|-------------|--------------|
| Lung | 1801 | 1159 | 2960 |
| Colorectal | 816 | 693 | 1509 |
| Breast | - | 1054 | 1054 |
| Stomach | 394 | 266 | 660 |
| Lymphatic and haematopoietic | 477 | 429 | 906 |
| Pancreas | 240 | 281 | 521 |
| Prostate | 688 | - | 668 |
| All Cancers | 6386 | 6031 | 12417 |

This table shows that the three main causes of cancer deaths in the Eastern Region are lung, colorectal and breast cancer. The main risk factors for these common cancers are known. The risk factors include smoking, poor diet, sedentary lifestyle and obesity. In colon cancer a small proportion of cases have a family history. In breast cancer additional risk factors in some patients can include a previous history of benign breast disease. In general for the main cancers the risk factors have been identified.

The pattern of cancers in the Eastern Region is similar to that of the rest of country, as well as internationally. The main priority in reducing cancer deaths is to ensure investment in prevention, early detection (through screening where programmes exist) and through best practice in ensuring multidisciplinary, evidence-based treatment. As a result of interventions and investment in the Eastern Region, statistics show that there has been a significant drop in mortality from cancer.

Electrical pylons and phone masts are some of the various sources of electromagnetic radiation that everyone is exposed to on a regular basis. The most common fields to which people are exposed are those arising from the use of electrical equipment, particularly in the home, e.g. radios, TVs, microwaves and computers. Guidelines for limiting exposure among workers and the general public to non-ionising radiation were issued by the National Commission on Non-ionising Radiation Protection in April 1998 (ICNIRP). The European Union published similar guidelines for the general public in 1999. A vast body of research has been carried out in relation to electromagnetic radiation and the possibility of excess risks to cancer. A major research was reported on 6th March 2001 in relation to this issue by an advisory group on non-ionising radiation for the National Radiological Protection Board in the UK. This is a very substantive report and it examined the relevant studies in relation to electromagnetic fields and the risk of cancer. The National Radiological Protection Board concluded the following:

“Laboratory experiments have provided no good evidence that extremely low frequency electromagnetic fields are capable of

producing cancer, nor do human epidemiological studies suggest that they cause cancer in general. There is, however, some epidemiological evidence that prolonged exposure to higher levels of power frequency magnetic fields is associated with a small risk of leukaemia in children. In practice, such levels of exposure are seldom encountered by the general public in the UK. In the absence of clear evidence of a carcinogenic effect in adults, or of a plausible explanation from experiments on animals or isolated cells, the epidemiological evidence is currently not strong enough to justify a firm conclusion that such fields cause leukaemia in children”

These findings are re-assuring.

In summary, the main causes of cancer in the Eastern Region are due to lifestyle and individual behaviour, including smoking alcohol, diet and a sedentary lifestyle. It is these areas that we need to target in order to obtain effective prevention, so that the burden of cancer in our region is reduced. In addition, our focus should also be on ensuring best practice in treatment and the best possible outcomes for patients who do get cancer in our region. There is currently no evidence to warrant an environmental investigation for cancer incidence in this region.

05/02/45 MATTERS FOR MENTION

Agenda Item No 4

There were no matters for mention

**05/02/46 HEALTH EFFECTS OF STIMULANT DRINKS
(REPORT 10/02)**

Agenda Item No. 5

Dr Marie Laffoy, Director of Public Health presented Report No. 10/02 – Health Effects of Stimulant Drinks (*copy appended to the official minute*). Following the presentation there was a debate to which the following members contributed:- Alderman Senator Joe Doyle, Cllr Jane Dillon Byrne and Cllr Jim Reilly.

Members expressed concern about the way such products are marketed.

On the proposal of Cllr C Burke, seconded by Cllr J Reilly, Report no. 10/02 was noted.

**05/02/47 TRAVELLER HEALTH – A NATIONAL STRATEGY 2002 –
2005 (REPORT 11/02)**

Agenda Item No. 6

Mr. Pat McLoughlin, Director of Planning and Commissioning presented Report No. 11/02 – Traveller Health – A National Strategy 2002-2005. There was a debate to which the following members contributed:- Alderman Senator J Doyle, Cllr. J Dillon Byrne, Mr B Murphy, Mr J Dolan and Ms M Hoban.

Members welcomed the report and requested that particular attention be given to difficulties for Travellers in accessing services and addiction problems among the Traveller community.

Mr Pat McLoughlin advised the members that the report was currently being examined with a view to preparing an Action Plan which would be brought before the Continuing Care Committee of the Board for consideration.

On the proposal of Mr J Dolan, seconded by Dr Murphy, Report no. 11/02 was noted.

05/02/48 FINANCIAL STATEMENTS
Agenda Item No. 7

- Report 12/02 – ERHA Annual Statements for the year ended 31st December 2001 was circulated and before the Board for consideration. At a meeting of the Finance & Property Committee held on 28th March 2002 the members of the Committee recommended Report 12/02 the ERHA Annual Statements to the Board for approval.

On the proposal of Cllr J Dillon Byrne, seconded by Dr R Hawkins, Report 12/02 – ERHA Annual Statements for the year ended 31st December 2001 was adopted by the Board.

- Report 13/02 - Consolidated Statements of the ERHA and the three Area Health Boards for the year 2001 was circulated and before the Board for consideration. At a meeting of the Finance & Property Committee held on Thursday 28th March 2002, the members of the Committee recommended Report 13/02 to the Board for approval.

On the proposal of Cllr J Dillon Byrne, seconded by Dr R Hawkins Report 13/02 – Consolidated Statements of the ERHA and the three Area Health Boards for the year 2001 was adopted by the Board.

05/02/49 RECOMMENDATIONS FROM COMMITTEES OF THE BOARD.
Agenda Item No. 8

Protocol Committee

A report (*copy appended to the official minute*) was circulated to the Board which outlined that, at its meeting on the 19th March 2002, the Board's Protocol Committee made the following recommendations to the Board for approval.

- That Members be asked if they wished to have the time of the monthly meeting of the Authority changed and also attach a time limit to these meetings.
- Members were also to be asked if they wished to change the date and time of the Acute Hospitals & Primary Care Committee.

- That at Board meetings a maximum of two substantial reports be listed for discussion. Presentation on these reports should not exceed 20 minutes each. In the event of a presentation being planned to exceed 20 minutes, then only one item should be tabled.
- That the members representing the intellectual disability sector on the three Area Health boards be rotated as follows immediately following the July Board meeting.

Mr. Paul Ledwidge - Northern Area Health Board
 Mr. Michael Murphy - East Coast Area Health Board
 Mr. Joe Fallon - South Western Area Health Board

The Report was considered by the members and, on the proposal of Mr P Ledwidge, seconded by Mr M Cowley, the recommendations of the Protocol Committee were agreed.

Finance & Property Committee

A report of the Finance & Property Committee was circulated to the Board which outlined that a special meeting of the Finance & Property Committee was held on Tuesday 30th April 2002 to discuss future developments at Grangegorman (*copy appended to the official minute*). The Committee requested that a report on Grangegorman be presented to the Board at its meeting on 2nd May 2002.

The report on Grangegorman was circulated and considered by the members.

On a proposal from Mr P Ledwidge, seconded by Mr M Cowley, the Report on Grangegorman was noted.

Continuing Care & Social Services Committee

At its meeting on Monday 8th April 2002, the Continuing Care & Social Services Committee considered a report on the Service Review of the Operation and Utilisation of Contract Beds in the Eastern Region. The Committee agreed that a progress report would be presented back to the Continuing Care & Social Services Committee in three months time.

On the proposal of Mr P Ledwidge, seconded by Mr M Cowley, the report from the Continuing Care & Social Services Committee was noted.

05/02/50 MOTIONS
 Agenda Item No. 9

9.1 Cllr Michael O'Donovan (originally listed for the March meeting)
 That the Authority recommends to the CEO that attention be given as a matter of urgency to the submission from James Connolly Memorial Hospital Blanchardstown

regarding the delivery of 62 extra acute beds, and that this matter be progressed in time to allow the building of these two additional wards as an extension of the existing contract.

In the absence of Cllr O Donovan, motion 9.1 fell.

9.2 Cllr Jane Dillon Byrne; Senator Joe Doyle; Mr. Paul Ledwidge; Mr. John Dolan & Cllr. Andrew Doyle

This Authority directs the CEO to complete the Service Agreements with the 39 agencies within 21 days of the adoption of the ERHA Service Plan.

On the proposal of Cllr J Dillon Byrne, seconded by Mr P Ledwidge, the motion was moved for debate. The Chief Executive welcomed this motion. However, he said that the motion cannot be implemented without a change in legislation. While the Authority itself is bound by the 1996 Act in which fixed time-limits have been set for our Service Plan with the Minister, the arrangements for Provider Plans are covered by the 1999 Act, which does not set any time-limits for the process.

This Act empowers the Authority to “make arrangements” with the Area Health Boards and the Voluntary Providers for the provision of services. This “arrangement” is defined as a written agreement between the Authority and each of the 39 providers.

It takes two sides to make an agreement. To date the reaching of final agreement can be and in many cases has been a long and slow process. So far this year it has involved scores of meetings and letters.

If the Board wishes to change the process away from an “agreement” and move towards unilateral allocation by the Authority then the Act must be significantly amended.

There was a debate on the motion to which the following members contributed:- Cllr J Dillon Byrne, Alderman Senator J Doyle, Mr P Ledwidge, Mr J Fennell, Mr J Dolan, Mr M Murphy and Mr M Cowley.

The members acknowledged the legislative basis for the provider planning process but expressed the concern and frustration among the agencies at the delay in finalising the agreements and asked the Chief Executive to look at ways in which the process may be expedited.

In response the Chief Executive advised members that he would discuss the issue with the Chief Executives’ Regional Forum to find a mechanism to expedite the provider planning process within the current legislative framework. He also reminded members that the new procedures agreed by members in respect of the Service Planning process should also assist in reaching agreement next year.

On the proposal of Cllr J Dillon Byrne, seconded by Cllr S Barry, motion 9.2 was noted.

05/02/51 CHIEF EXECUTIVE'S REPORT

Agenda Item No. 10

The Chief Executive's Report (*copy appended to the official minute*) was circulated. The report dealt with the following items.

- Regional Orthodontic Unit at James Connolly Memorial Hospital
- New development at Coombe Women's Hospital
- Establishment of Irish Health Services Accreditation Board
- Annual Report of the Cardio-Thoracic Unit at St James' Hospital
- Presentation of certificates – Complaints Procedures Protocols and Appeals
- Recent Publications.

On the proposal of Alderman Senator J Doyle, seconded by Cllr C Burke, the Chief Executive's Report as circulated was noted.

05/02/52 DATE & TIME OF NEXT MEETING

Agenda Item No. 11

The date and time for the next meeting was agreed for Thursday 6th June 2002 at 18:00 in the Board Room, Dr. Steevens' Hospital.

The meeting concluded at 19:40hrs.

CORRECT

**Donal O Shea
Chief Executive**



**ALDERMAN SENATOR JOE DOYLE
Vice-Chairman**

6/6/02
DATE