

14<sup>th</sup> March, 2003.

**Do gach Comhalta den mBord**

A Chara,

The monthly meeting of the Northern Area Health Board will be held in **The Boardroom, Northern Area Health Board, Swords Business Campus, Balheary Road, Swords, Co. Dublin, on Thursday, 20<sup>th</sup> March, 2003 at 9.30am.**

**Tea/coffee will be available at 9.15am.**

Hereunder is the agenda.

Mise, le meas,

**M. Windle**

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**PRIOMH FEIDHMEANNACH**  
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**CLAR**

1. Chairmans Business
2. Minutes of proceedings of
  - (a) Monthly Board Meeting held on Friday 21<sup>st</sup> February, 2003
    - (i) Matters arising
3. Questions to the Chief Executive
4. Chief Executive's Report (*To be circulated*)
5. Report on Addiction Services  
*Report No 6/2003 (herewith)*
6. *Report on Alcohol Services*  
*Report No 7/2003 (herewith)*
7. Progress Report on Medical Card Application and Validation Process  
*Report No 8/2003 (To be circulated)*

8. Report from Standing Committees
  - (a) Community Services and Continuing Care
  - (b) Acute Hospitals and Primary Care
9. Motions
10. Correspondence
11. 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 20<sup>th</sup> March, 2003 at 9.30am.**

#### ***Present***

Cllr C. Burke  
Mr M. Cowley  
Cllr A. Devitt  
Ms N. Harvey  
Mr P. Ledwidge  
Mr G. McGuire  
Cllr D. Murray  
Cllr E. O'Brien  
Cllr M. O'Donovan  
Mrs C. Quinn  
Dr. J.Reilly

#### ***Non-Voting Participants***

Dr B. Murphy

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

Cllr L. Creaven

#### ***Apologies***

Deputy Dr D. Fitzpatrick  
Mr L. Tuomey

#### ***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 A. Kerrigan, Asst Chief Executive  
Ms. L. McGuinness, Asst. Chief Executive  
Ms, N. Byrne, Director of Communications  
Ms M. Kelly, Director of Human Resources  
Mr S. Mulvany, Director of Finance  
Mr J. Murphy, Board Secretary

#### ***Other Officers in Attendance***

Mr G. Hanley, Operations  
Ms J. Ebbs, Operations  
Mr T. Leahy, Addiction Services  
Ms I. Summerville, Addiction Services  
Ms A. Kinsella, Addiction Services  
Ms B. Kelly, Secretariat  
Ms D. Kelly, Secretariat

#### ***Also in Attendance***

Mr J Rogan, Clinical Nurse Manager, St Ita's  
Dr D. Crowley.

In the absence of Deputy Dr Fitzpatrick, the Vice Chairman, Cllr Liam Creaven, took the chair.

**22/2003**

**CHAIRMAN'S 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.

**Please Note-**

- Special Board Meeting – Monday 24<sup>th</sup> at 9.00am.
- Standing Committee – Community Service and Continuing Care - deferred to Monday 31<sup>st</sup> January at 3.00pm.

**3. Association of Health Boards – Annual Conference**

I wish to advise members that the annual conference of the Association of Health Boards in Ireland will be held in the Newpark Hotel, Kilkenny on Friday 21<sup>st</sup> and Saturday 22<sup>nd</sup> March, 2003.

**4. Irish Public bodies Mutual Insurance Ltd: -A.G.M.**

At the last meeting of the Protocol and Procedures Committee it was agreed to recommend for Board Approval the appointment of Cllr Liam Creaven as our Boards nominee to attend the Annual General Meeting of Irish Public Bodies Mutual Insurances Ltd, to be held on 22<sup>nd</sup> May, 2003. I therefore seek the Boards approval of this recommendation.

**5. “Counting on Foster Care Study”**

I wish to advise members that Brian Lenihan, T.D. Minister for Children, will launch the “Counting on Foster Care Study”, at our Board Headquarters on Friday 4<sup>th</sup> April at 11.00am.

**6. Apologies**

Apologies have being received from the following-  
Mr Larry Tuomey  
Deputy Dr Dermott Fitzpatrick

**23/2003**

**DEPUTISING FOR THE CHAIRMAN**

It was agreed to circulate the protocol, agreed at the Protocol and Procedures Committee, on the wearing of the Chairman's chain, (in the absence of the Chairman). The matter to be discussed at the next meeting of the Protocol and Procedures Committee. Minutes of the last Protocol and Procedures to be circulated to members.

**24/2003**

**MINUTES OF PROCEEDINGS OF MONTHLY BOARD MEETING**

held on Friday 21<sup>st</sup> February, 2003.

On a proposal by Cllr Burke and seconded by Cllr Creaven, the minutes of the Monthly Board Meeting held on 21<sup>st</sup> February, 2003 were agreed.

**25/2003**

**QUESTIONS TO THE CHIEF EXECUTIVE**

On a proposal by Mr McGuire and seconded by Cllr Burke it was agreed to answer the questions lodged.

**1. Dr Bernard Murphy**

“To ask the Chief Executive will she confirm whether funding has been received by this Area Health Board to implement a scheme for disposal of clinical waste from general dental practitioners contracted to the Dental Treatment Services Scheme in its Area and if this is so, will she indicate when such a scheme will commence?”

**Reply**

Our Board is currently paying €5,000 for the collection and disposal of clinical waste for GP's. These costs have risen from the original £65,000, which was the service cost in 2001. There were increases of over 200% in the costs of weighing the tonnage of clinical waste.

Nationally not all Boards have introduced clinical waste disposal service for GP's or Dentists. The ERHA were the first to introduce the collection and disposal of clinical waste for GP's. The East Coast Area Health Board, piloted the scheme in June 2001 for the collection and disposal of clinical waste for Dentists. The costs of this service per annum are approximately €150,000. The figures used in the development documents for 2002, 2003 were based on the amount spent by the East Coast Area Health Board.

Our Board sought funding for the provision of a clinical waste disposal service for dental practitioners participating in the Dental Treatment Services Scheme, in its service bids for 2002 and 2003 under the heading of Primary Care Development. Our preliminary estimate of the cost of providing the service is approximately €200,000 per annum. No funding for the scheme was included in our preliminary allocation of funding from the Authority for this year, but we will continue to seek appropriate funding as an essential element of the development of Primary Care Services.

Pending allocation of funding our Board has prepared a plan for a collection and disposal service of clinical waste for Dentists.

## **2. Cllr Eamonn O'Brien**

“To ask the Chief Executive if she would arrange a top-level investigation into the expressed concerns by a number of residents in the Belclare area of Poppintree Estate.

Their concerns involve what they consider are an unusually large number of cancer related deaths from Electro Magnetic Radiation or Radon Gases emanating from this area.

If the Chief Executive would also provide an analysis into similar cancer related deaths in areas adjacent this Northside estate with the view to comparing if the Belclare area has an inordinate cancer rate.

Should the findings bear out any reality of the expressed concerns what measures will she take to protect the health of all those concerned?”

### **Reply**

The Department of Public Health has examined cancer incidence and cancer deaths at small geographic area level for the Ballymun area.

Such data are currently available for 1994-1997 (cancer incidence) and for 1994-1998 (cancer deaths). Subsequent years' data (1998-2000) are currently being analysed and will be made available to us by the National Cancer Registry in the near future.

#### **1. Cancer Incidence**

- Between the years 1994 and 1997 there were a total of 16,567 new cancers diagnosed in the whole of the Eastern Region (excluding non-melanoma skin cancer). Of those 216 were resident in the Ballymun area.
- The main cancers that occur nationally and in the Eastern Region are lung, breast, colorectal and prostate cancer.
- The overall incidence of cancer in Ballymun was not statistically significantly higher than expected when compared to the Eastern Region as a whole.
- Of the 216 cases diagnosed in the Ballymun area: 43 were lung cancer (19.9%), of which 29 were diagnosed before the age of 65 and 31 occurred in males.

- There were 28 cases of colorectal cancer (13%) of which 10 were diagnosed before the age of 65 and 19 were male.
- There were 26 cases of breast cancer (12%), of which 21 were diagnosed before the age of 65.

## 2. Cancer Deaths

- The data available to the Department of Public Health in relation to cancer deaths are from 1994-1998.
- Over the 5 year period there were 164 deaths from cancer in the Ballymun area. This number was higher than would be expected when compared to the overall level in the Eastern Region for those years.
- Of the 164 cancer there deaths:
  - There were 47 lung cancer deaths.
  - The 'greater than expected cancer deaths' in Ballymun were explained by the high level of lung cancer during these years. Of the 47 lung cancer deaths, 27 occurred before the age of 65 and 35 were male.
  - There were 11 deaths from ovarian cancer in the Ballymun area and this was significantly higher than expected when compared to the Eastern Region as a whole. However, the incidence of ovarian cancer was not statistically higher than expected.
  - Deaths from other cancers were also examined, in particular the gender specific cancers and brain tumours, but there was no statistically significant excess mortality in these cancers in the Ballymun area compared to the Eastern Region as a whole.

The pattern of cancer incidence and deaths in Ballymun broadly mirrors the occurrence of cancer in the Eastern Region and in Ireland as a whole. The main cancers are lung, colorectal and breast cancer.

The risk factors for certain cancers are well known. 95% of all lung cancers can be directly attributable to cigarette smoking and approximately a third of all other cancers can also be attributed to cigarette smoking. The prevalence of smoking in the Eastern Region is now over 30% and there is concern in relation to the number of young women who have begun smoking in recent years. Approximately 40% of teenage girls are now smoking. If this trend continues it is almost certain that lung cancer incidence and deaths among women will increase in this Region in the future. There is no doubt that reducing the prevalence of smoking in our Region would play a major role in curbing cancer incidence and deaths. Other lifestyle factors are related to risk factors for different cancers, e.g. diet, body weight, exposure to sun and sunbeds, etc.

It should be pointed out that this analysis was based on relatively few years' data (four years for cancer incidence and five years for cancer deaths). Ideally a greater number of years of data would be needed to give a comprehensive assessment of cancer in the area. When data for the years 1998-2000 become available we will repeat this analysis.

### **3. Ms Noeleen Harvey**

“To ask the Chief Executive what is the Northern Area Boards policy on providing pre-reg training places for pharmacists”

#### **Reply**

The Northern Area Health Board supports the provision of pre-registration training places for pharmacists. However, the filling of such positions is subject to the same criteria that apply to the filling of all positions in our Board i.e. within approved employment ceiling and within approved budget.

All vacancies, as they arise, are considered by the management team, based on the above criteria, and the effects on service delivery.

**26/2003**

### **SERVICE MATTERS**

#### *Data Protection Amendment Bill*

The Data Protection Amendment Bill, 2002, to transpose the European Data Directive is in committee stage of the Dáil next week. The amended legislation is likely to take effect around mid year. This directive strengthens all aspects of existing legislation and will have a significant impact on the health sector. It extends data protection to manual records such as patient charts and it is important to realise that it requires explicit management of personal information regardless of media.

The key impacts relating to health are likely to be

- Collection practice including consents
- Disclosure and secondary use of personal health information,
- Security of records – electronic, film, and paper,
- Education of staff and public

#### *Freedom of Information Act, 1997*

The Freedom of Information Act, 1997, came into force in the Health Boards with effect from 21/10/1998.

The basic aims of the Act are as follows:

- The Publication of Information by Public Bodies

- Right of Access to records held by Public Bodies
- Right to have records held by Public Bodies amended (if incorrect or misleading)
- Right to obtain reasons for decisions made by Public Bodies, if affected by that decision
- Rights of Review

The spirit of the Act is to facilitate the highest level of access possible to public records, consistent with the public interest and the right to privacy. Also to increase government openness, improve accountability, and to increase public participation in government.

### **Requests**

Requests made under the Act should be in writing (or other form as appropriate) to the public body, should identify the records required and may be subject to a fee. The request must specify the FOI Act.

### **Decision Makers**

Decision Makers are delegated this function by the Chief Executive and make the initial decision on requests. Decision Makers are usually Grade VII's or higher Grade.

### **Time Limits**

There are strict processing time limits set down in the Act

- Acknowledgement of request no later than 2 weeks
- Initial Decision no later than 4 weeks (7 weeks if 3<sup>rd</sup> party involvement)
- Internal Review Decision no later than 3 weeks

### **Exemptions**

There are number of exemption sections (Sections 19-32) which may deny access to records sought. The Decision Maker must decide if any or none of the exemptions apply to each request. Examples of exemptions are

- Section 19 Meetings of Government
- Section 20 Deliberations of Public Bodies
- Section 22 Parliamentary, Court & certain other matters
- Section 26 Information obtained in confidence
- Section 28 Personal Information

### **Rights of Review**

The Act specifies the review process if an applicant is not satisfied with the initial decision, or has not received a response within the specified timeframes

- ***Internal Review***  
Review by a more Senior Officer of the Board
- ***External Review***  
Review by the Information Commissioner (Independent Review)
- ***Appeal to High Court***  
On points of law only

Both Internal and External Reviewers have the power to make a new decision

### **NAHB Policy**

Freedom of Information is a mechanism for setting minimum standards of access, both for members of the public and NAHB staff, to information held by our Board.

Our policy is to facilitate access to information, by faster and easier arrangements (e.g. administrative access) without recourse to the legal requirements of the Freedom of Information Act 1997.

### **NAHB FOI Office**

The Central FOI Office of the South Western Area Health Board co-ordinated Freedom of Information services (FOI) for the Northern Area Health Board until June 2002.

The FOI Office for the Northern Area Health Board was established in June 2002 and has been fully operational since 1<sup>st</sup> October 2002.

I outline below statistics in relation to requests received under the Freedom of Information Act, 1997 for our Boards Area.

### **Freedom of Information Requests 2002**

<b>FOI Requests received</b>	224
<b>Category</b>	<b>Number</b>
Personal	100
Non-Personal	124
Mixed	0
<b>Applicants by Category</b>	<b>Number</b>
Public	142
Journalists	9
Business	1
Oireachtas Members	0
NAHB Staff	8
Others	64

### Analysis of Requests received per Service Area

Service Area	Number
Acute Hospitals	55
Childcare	51
Community Care	43
Acute Mental Health	25
Headquarters	18
Community Welfare	13
Community Mental Health	7
Aids/Drugs	6
Environmental Health	6
<b>Total</b>	<b>224</b>

### Analysis of Decisions made

Decision	Number
Granted	60
Part granted	64
Refused	24
Transferred to another Public Body	6
Withdrawn by Requester	10
Decision pending at 31/12/2002	60
<b>Total</b>	<b>224</b>

#### *SARS (Severe Acute Respiratory Syndrome)*

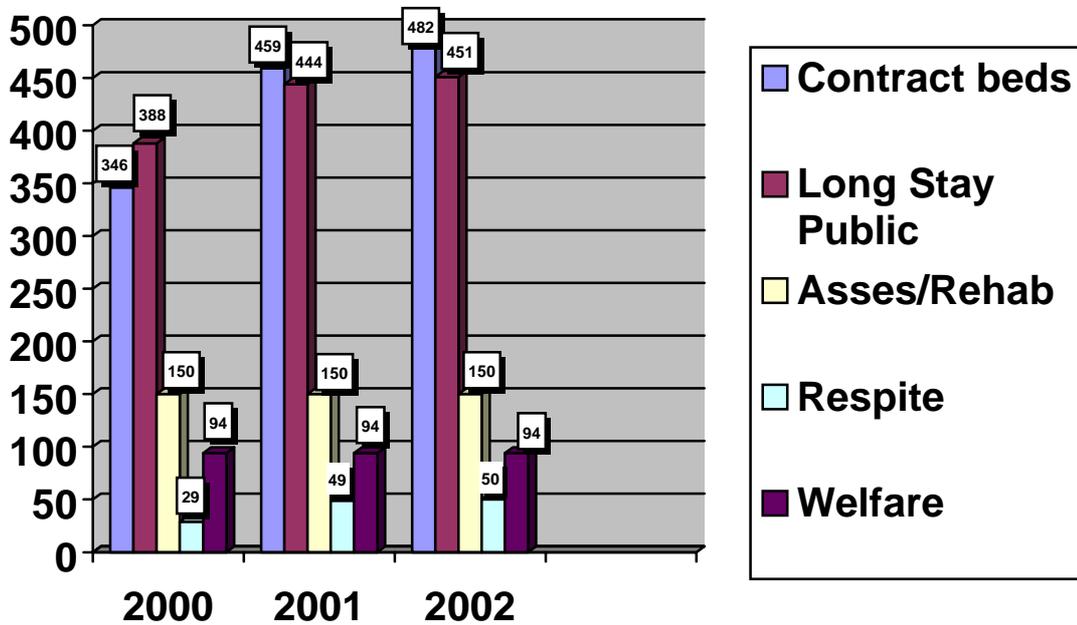
I have circulated with papers for this meeting copy of information developed by the NDSC (National Disease Surveillance Centre), in relation to SARA (Severe Acute Respiratory Syndrome), which has been circulated to all Accident and Emergency Departments, Clinicians and General Practitioners in our Board's area.

- a) SARS: - Frequently Asked Questions,
- b) SARS: - Information sheet for travellers, and
- c) SARS: - Interim Information and Recommendations for health Care Professionals

#### *Non – Acute Residential Services, Northern Area Health Board*

I have outlined below for members information, an analysis of our Boards range of non-acute residential services, which quantifies the total bed stock. In addition, there are approximately 500 subvented beds in private nursing homes funded by our Board.

**Range of Non-Acute Residential Services, Northern Area Health Board.**



These figures show a 39% increase in Contract Beds, 16% increase in Long Stay Public Beds, 72% increase in Respite Beds making an overall increase of 22%. The total number of beds available increased from 1007 in 2000, to 1227 at end of 2002.

This analysis illustrates growth since 2000, and reflects our Boards ability to maintain and increase capacity for a wide range of residential services for Older Persons.

Our Board has increased the non-acute bed capacity by 22% since March, 2002. In addition this period has also the provision of enhanced supports in the community – e.g. Home First, Home Help, funding for Day Centres, in line with our Boards policy of maintain persons in their own home for as long as is possible.

The budget allocation for Services for Older Persons Residential Services for the period 2000 to 2002 is as follows: -

**Non-Acute Residential – Budget Allocations**

2000	2001	2002
€35.03m	€40.81m	€51.50m

The bed stock is currently at full capacity within our funding allocation, with increased capacity and activity dependant on additional funding.

### *Overseas Recruitment*

I outline below for members information details of staff recruited from overseas since January 1<sup>st</sup> 2003, to fill vacancies in therapeutic and front line positions.

<b>Grade</b>	<b>Level</b>	<b>Location</b>	<b>No</b>	<b>Start Date</b>
Occupational Therapist	Basic	Area 6	1	January 2003
Speech & Language Therapist	Basic	Area 8	1	January 2003
Speech & Language Therapist	Senior	Area 7	1	January 2003
Radiographer	Basic	James Connolly Memorial Hospital	1	January 2003
Social Workers	Professionally Qualified	Area 7 x 1 Area 8 x 2	3	January 2003
			<b>7</b>	<b>Overall January Total</b>
Speech & Language Therapist	Senior	Area 8	1	February 2003
Physiotherapist	Senior	Area 8	1	February 2003
Social Workers	Professionally Qualified	Area 6 x 1 Area 8 x 1	2	February 2003
			<b>4</b>	<b>Overall February Total</b>
			<b>11</b>	<b>Overall Total</b>

### *Quality Initiative: - Management Development Certificates to Clinical Nurse Managers 1 and 2.*

I wish to advise members that I had the pleasure as Chief Executive of the Northern Area Health Board to present Management Development Certificates to Clinical Nurse Managers 1 and 2 in our Board, on March 19<sup>th</sup>.

These Management Development programmes were developed as a response to and identified need for nurses and midwives to develop management and leadership skills. The main objective in building and enhancing management capacity is central to the Northern Area Health Board service's ability to deliver real change and improve patient outcomes.

These Management and Leadership Programmes aims to support the development of management and leadership skills of Clinical Nurse Managers who are the front line people managers within the service managing in an often complex and challenging environment. Clinical Nurse Managers are strategically positioned to empower and develop staff and influence change management within the services.

This need for front line nursing and midwifery managers to have management development training was identified in the Report on the Commission on Nursing.

These programmes were based on the framework for developing management competency in nursing established by Office of Health Management.

Our Board's support for this Programme reflects our commitment to providing the management knowledge; skills and attributes which are needed to deliver a quality service to clients and the development of nursing. This commitment, to providing our nurse managers with training and development opportunities, access to degree programmes and private study schemes and other educational supports which existed during the life of the former Eastern Health Board is now being carried forward in our region by the Northern Area Health Board in conjunction with the Nursing/Midwifery Planning and Development Unit.

We work in partnership with the Nursing and Midwifery Planning and Development Unit in establishment and development of a variety of different nursing and midwifery training and development initiatives for all levels of nursing up to the Director of Nursing level.

#### *James Connolly Memorial Hospital receives award for tobacco control*

James Connolly Memorial Hospital, Blanchardstown has received a Silver Award for its tobacco control procedures from the European Network for Smokefree Hospitals.

The hospital has indicated its commitment to creating a smoke-free environment by participating and registering with the European Network.

Smoking is now restricted to designated areas and the new hospital building will be smoke free.

The award from the European Network was presented by Professor Luke Clancy, Chairman of the Irish National Health Promoting hospitals Network.

Dr Dermot Fitzpatrick, Chairman of the Northern Area Health c congratulated all those associated with the Smoke Free Hospital Initiative of James Connolly Memorial Hospital on their achievements to date and wished them every success as the Initiative develops into the future.

#### *Blanchardstown Women's Refuge*

Our Board has been working with the Blanchardstown Women's Refuge Advisory committee for a number of years to advance the planning of a new refuge to serve women in the Blanchardstown area who experience domestic violence. The provision of a facility of this kind was also recognised as a priority in the Framework document produced by the regional committee on Violence against Women in 2001. Fingal County Council have provided a site for the refuge, and final approval of planning permission issued on February 10<sup>th</sup>.

The advisory committee is now proceeding with costings for the construction of the refuge, and our Board will be making a financial contribution to the cost of a development coordinator for the project, amounting to approximately €20,000. The coordinator will be responsible for devising work plans for the project, liaising

between the various partners in the development, advising on practices and procedures in the new service, and in forging links with the community. It is envisaged that the bulk of capital funding for the project will come from Department of the Environment housing allocations, with the remainder coming from fundraising and other sources. It has become the norm for accommodation costs in this type of facility to be borne by the Local Authority, and for 'care' costs to be borne by the Health Board. Preliminary estimates of the levels of grant aid sought by the promoters of the refuge have been furnished to our Board, and have been forwarded to the Regional Authority for consideration when allocating funds for this purpose in 2004.

#### *Orthodontic Unit Ashtown Gate*

I wish to advise members that building work commenced at the Orthodontic Unit at Ashtown Gate on Monday 17<sup>th</sup> February 2003. The date for the project is 30<sup>th</sup> April, 2003. The building schedule is on target.

#### *Public Health Doctors*

The HSEA together with representatives of the Department of Health and Children, Department of Finance and the IMO met on 14<sup>th</sup> March under the auspices of the Labour Relations Commission in an attempt to find a resolution to the work to rule currently being engaged in by Public Health Doctors.

The management side have asked that the IMO would refer the matter to the Labour Court. At this point in time there is no evidence that the IMO are receptive to having the dispute referred to the Labour Court.

#### *Fire in Farmyard Building (disused) St Ita's Hospital on Friday night (10.00pm. 14<sup>th</sup> March 2003)*

At 10.05 pm on Friday 14<sup>th</sup> March 2003 the fire panel at the hospital switchboard signalled a fire incident in the Farmyard buildings. The security man on duty checked the farmyard immediately and discovered a fire in the mid section of the long farmyard building (stone/slatted roof building). He alerted the hospital switchboard staff who called the fire brigade.

The staff member on the switchboard also alerted Asst. Directors of nursing on duty, the hospital fire officer and security man in Admission Unit to provide assistance at the scene.

The security man had found two doors open in the building. He had checked the farmyard at 17.45 and all doors were locked at this time.

The fire brigade (6 units) arrived at 10.25pm. An ambulance was present and two Garda cars. The fire was brought under control and extinguished by 0.30hrs(15/03/03). A Garda remained at the scene during the night pending examination by Gardai from the Garda Forensic Department on Saturday morning.

Extensive damage was caused to the mid section part of the building with the fire reaching the loft timber and breaking through the roof in one particular area. Adjoining doors to the mid section suffered extensive smoke damage. In addition equipment belongings to St Joseph's Little Theatre (Intellectual Disability Service) stored in the building was destroyed in the fire. The property was insured and patients and staff were not in danger at any time. The matter is being examined.

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Following discussions to which Cllr O'Donovan, Dr Reilly, Cllr Burke, Mr Ledwidge, Mr McGuire, Ms Harvey, Cllr Devitt and Mr Cowley contributed, and to which the Chief Executive and Asst Chief Executive Operations responded, the report was noted.

**27/2003**  
**REPORT NO 6/2003**  
**Report on Addiction Services**

On a proposal by Cllr Burke, seconded by Cllr Devitt it was agreed to refer report **No. 6/2003** to the Community Services and Continuing Care Standing Committee.

**28/2003**  
**REPORT NO 7/2003**  
**Report on Alcohol Services**

The adoption of Report **No 7/2003** was proposed by Cllr Creaven, and seconded by Mr McGuire and agreed

**29/2003**  
**REPORT NO 8/2003**  
**Progress Report on Medical Card Application and Validation Process**

Report **No 8/2003** was presented by the Chief Executive. Following discussion to which Cllr Devitt, Mrs Quinn, Ms Harvey, Dr Reilly, Cllr Burke contributed, and to which the Chief Executive and Assistant Chief Executive Operations responded, the report was noted.

**30/2003**  
**PROGRESS REPORT FROM STANDING COMMITTEES**

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

There was no report. There was no quorum present.

(b) *Acute Hospitals and Primary Care Committee*

On a proposal by Mr McGuire seconded by Cllr Burke, the report from Acute Hospitals and Primary Care Standing Committee was noted. Mr McGuire requested that the Committees views in relation to the Risk Management Strategy be reflected.

**31/2003  
MOTIONS**

There were no Motions presented.

**32/2003  
CORRESPONDANCE/MATTERS FOR MENTION**  
There was no correspondence or matters for mention.

The meeting concluded at 11.30am.

**M. WINDLE  
CHIEF EXECUTIVE**

**20<sup>th</sup> March, 2003.**

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**COUNCILLOR L CREAVAN  
VICE CHAIRMAN**