

EASTERN HEALTH BOARD

Minutes of proceedings of adjourned meeting
of the Eastern Health Board held in
the Boardroom, St Brendan's Hospital
on Thursday 10 March, 1983 at 6 pm

PRESENT

Dr J D Behan
Mrs B Bonar
Cllr D Browne
Cttr M Carroll
Mrs D Clune
Cllr E Doyle
Cllr B J Durkan TD
Mr P Finegan
Ald A FitzGerald
Cllr Mrs E Fitzgerald
Cllr M Freehill
Mr J Gahan

Cllr Mrs A Glenn TD
Cllr A Groome
Cllr T Hand
Dr R Hawkins
Cllr F Hynes
Dr D I Keane
Dr P McCarthy
Dr B Powell
Cllr E Stagg
Cllr J Sweeny
Cllr W C Willoughby

APOLOGIES

Dr M Butler Dr
RJ Draper

Prof J S Doyle
Cllr P Hickey

IN THE CHAIR

Cllr Mrs A Glenn TD

OFFICERS IN ATTENDANCE

Mr K J Hickey
Mr F J Donohue
Mr T P Keyes
Mr J F Reynolds
Mr L P Kavanagh
Prof B O'Donnell
Prof I Browne
Mr F McCullough
Mr P J Swords
Miss A Flanagan

Mr C Mansfield
Mr J Doyle
Mr A O'Brien
Mr K Ward
Mr J Leech
Miss T Downes
Mr M O'Connor
Miss S Keegan
Mrs B Travers
Miss A O'Keeffe

20/83

CONFIRMATION OF MINUTES OF MONTHLY
MEETING HELD ON 3 FEBRUARY 1983

The minutes, having been circulated, were confirmed on a proposal by Cllr Hynes, seconded by Cllr Sweeney.

21/83

CHIEF EXECUTIVE OFFICER'S REPORT

In the absence of the Chief Executive Officer, Mr K Hickey, Deputy Chief Executive Officer, read the following report:

(i) Report on Drug Usage 1981/82

I have circulated to the members a report giving an outline of the usage of drugs for 1981 and 1982 as requested at the February meeting of our Board:

"Our Central Pharmacy issues drugs and medical appliances to over 70 locations within our health board area. These include general hospitals, psychiatric hospitals and clinics, dental clinics, day centres, community care centres and hospitals and homes for the aged.

Our drugs are purchased directly from pharmaceutical companies or their agents in the largest pack size available and at the maximum discount rates pertaining. Special quantity discounts are negotiated for preparations which are used extensively.

The value of drugs issued for the year 1981 amounted to £1,887,000 and in 1982 £2,218,000. The increase of about 17%% was mainly the result of (a) the introduction of new drug products on the market many of which were extremely expensive and (b) price increases. In many cases the Irish price was considerably in excess of the English price.

In the current year it is expected that these price trends will be reversed. The Department of Health has concluded negotiations on price levels with the Federation of Irish Chemical Industries as a result of which a saving of £7.5 million is expected.

In recent years we have been putting very increased emphasis on the use of equivalent generic drugs where it is more economic to do this. This, however, is not simply a straightforward matter of our pharmacists substituting a costly drug with a less expensive and equally effective one. Drugs are purchased in response to specific requisitions by doctors.

A doctor has a right to insist that only the specific pharmaceutical product named by him/her is administered to that doctor's patients. Some doctors prefer brand name drugs and are concerned that some generic products may be of a lower quality and that problems of bioavailability could arise.

However, a generic drug cannot be used in this country unless it has been passed by the National Drug Advisory Board. There is continuing dialogue and encouragement to doctors to use generic drugs. Our pharmacists and the drug committees which we have established in our hospitals are the main vehicles for encouraging doctors to consider the use of less expensive and equally effective generic drugs where this

applies. The Central Pharmacy now carries a wide range of generic drugs and 90% of these products are in daily use in our area, and this pattern is on the increase.

As we stock many thousands of different drugs in the Central Pharmacy it is not possible at present to measure the exact extent of generic drug usage as a proportion of total drug usage. In recent weeks we have installed a computer-based pharmacy stock control system which will provide management information in this area and will in the future enable us to more readily measure the use of generic drugs.

Some months ago our Board decided that we should institute a number of pilot projects to compare the cost of using local pharmacies for the supply of drugs to patients at psychiatric out-patient clinics as distinct from the issue of such drugs by our staff at the clinics.

Preliminary results indicate that in relation to cost the use of local pharmacies could increase our drug bill by up to 250%. However, these studies are as yet incomplete and further consideration has to be given to the patient care aspects of such arrangements."

Milk Run 1983

'Mr Barry Desmond TD, Minister for Health, has kindly agreed to cut the first sod for the National Mental Health Resource Centre in the grounds of St Brendan's Hospital on 11 March 1983 at 2 pm.

I have written to the members outlining the purpose of the Milk Run and I am pleased to say that, as of today's date, upwards of one thousand of our Board's staff have expressed their intention to participate.'

Meeting of Chairmen and Chief Executive Officers of Health Boards with the Minister for Health on 18 February 1983 'The Minister for Health Mr Barry Desmond TD invited the chairmen and chief executive officers of each of the eight health boards to meet him on Friday 18 February 1983.

The Minister was accompanied by the Minister for State at the Department of Health, Mr Fergus O'Brien TD. The Minister had invited the chairmen and chief executive officers to meet him to discuss the general situation relating to the financing of health boards in 1983.

There was a full discussion on the present budgetary position of the health boards and the recent revisions of the allocation arising from decisions taken by the government were outlined as follows:

1. not to introduce public ward or out-patient charges and to compensate health board budgets for the income which would have arisen from such charges;
2. reduction in the current year of the expenditure on the refund of drugs scheme to a national total of £8 m.;
3. reduction in the allocation notified for the General Medical Services (Payments) Board.

(The effect of this revision on our Board's allocation is set out in a separate report which I have circulated to the Board members).

The Minister stressed that no further revenue allocation will be made to health boards in the current year and accepted that, for the third consecutive year, health budgets had been cut in real terms and agreed that this was bound to have an effect on services. He said that the present recession and the government's policies in relation to the containment of the growth of the public sector would affect the health services just the same as other sectors of the public service; that a closer look was being taken at how existing resources are being deployed so as to ensure that the optimum use is being made of the resources which we have at present, and that there seemed to be no alternative but to re-deploy our existing resources in accordance with the priorities to be given to the various aspects of our health services. In this regard he stated that he was anxious to promote, to the greatest extent possible, the provision of health care within the community.

In order to strengthen the community services he was considering whether or not it would be possible to find some money by slowing down, to a limited extent, developments in the provision of further hospital facilities. It would be his policy to devote the resources saved to the improvement of integrated institutional and community services for the aged, for the continued development of community facilities for psychiatric care and for the improvement of the living environment of long-stay mentally ill persons. The replacement of outmoded and often fire hazardous accommodation would rank high in his priorities for capital monies as would the replacement and improvement of facilities from which community health and welfare services are delivered.

The Minister stated that such changes would have to take place on a transitional basis and outlined the implications of this policy for a number of acute hospital developments throughout the country.

The Minister indicated his interest in meeting the chairmen and chief executive officers later in the year possibly in the autumn, and indicated that in the meantime he hoped to visit each health board area.'

Revision of allocation for non-capital health expenditure 1983 'The attached letter, 16 February 1983 from the Department of Health indicates that the Board's allocation for non-capital health expenditure in 1983 has been reduced from £329.24 m. to £327 m.

The following table shows the changes effected by the Department's letter in the major elements of the allocation:

See overleaf...

	10/12/82	Revised Allocation notified 16/2/83	Adjustment
	£M	£M	£M
(a) Direct expenditure by Board: (i) General Medical Services (Payments) Board	22.940	20.230	-2.710
(ii) Board's Services	138.300	135.870	2.430
lb) Payments in respect of services provided for eligible patients in voluntary hospitals and joint hospital boards	153.500	156.400	+ 2.900
(cl) Payments in respect of services for eligible patients in homes for mentally handicapped persons	14.500	14.500	
TOTAL	329.240	327.000	-2.240

The reduction of £2.710 m. in the allocation to cover the Board's share of the expenditure of the General Medical Services (Payments) Board is due to savings which are expected because of:

- (i) a more favourable trend of price increases of drugs and medicines than earlier envisaged, and
- (ii) renegotiation of prices with the Federation of Irish Chemical Industries.

The increase of £2.9 m. in the allocation for payments in respect of services provided in voluntary hospitals etc. is necessary because of the decision not to introduce public ward charges and charges for outpatient services.

The reduction of £2.430 m. in the allocation for expenditure on services provided directly by the Board is made up as follows:

	£M
Savings consequent on adjustment to the drugs refund scheme, designed to restrict overall expenditure on the scheme in 1983 to £8 m.	2.285
Less	
Decrease in income due to non-implementation of decision to introduce charges for services in public wards and for out-patient and casualty visits.	0.177
	2.108
Add	
Further savings to be effected on institutional budgets	0.322
	2.430

It will be seen that steps proposed to be taken by the government will yield savings estimated at £2.108 m. If the measures taken do not yield the expected savings, we will need to insist that an additional

allocation is made available. I shall keep the matter under review and report if it appears likely that this will happen.

For the Board's part, further savings of £322,000 must be made. This represents the Board's share of a total of £5 million which has been cut from all institutional budgets. I propose to make adjustments to effect savings of £122,000 in the General Hospitals Programme and £200,000 in the Special Hospitals Programme. The savings in both cases represent about 0.45% of the Programme's estimated expenditure in 1983.'

Department of Health Custom House, Dublin 1. Chief Executive Officer
Eastern Health Board 16 February '83
1 James's Street, Dn 8.

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1. I am directed by the Minister for Health to refer to this Department's letter of 10 December 1982, in regard to the allocation for non-capital health expenditure in 1983 and to state that as a result of certain budgetary decisions taken by the government it is necessary to adjust the allocation approved for your Board.

2. The decisions which require adjustments in the allocation are

- non-implementation of the previous government's decisions to introduce charges for services in public wards and charges for outpatient and casualty visits;
- a saving of an overall additional £5 million to be achieved on institutional budgets;
- adjustment of the drugs refund scheme so as to restrict overall expenditure on the scheme in 1983 to £8 million;
- renegotiation of drug prices.

3. The adjusted non-capital allocation for your Board for 1983 is £327.000 million made up as follows:

	£(M)
(a) Direct expenditure by your Board (including its share of the expenses of General Medical Services (Payments) Board viz. £20.230 million).	156.100
(b) Payments in respect of services provided for eligible patients in voluntary hospitals and joint board hospitals	156.400
(c) Payments in respect of services provided for eligible patients in homes for mentally handicapped persons	14.500
TOTAL	327.000

4. It is stressed that no extra funds can be made available to the Board in the current year except in relation to

- additional expenditure arising from adjustments in rates of cash allowances, as approved in the Budget;
- additional expenditure arising from any increases in the pay rates specified in this Department's letter of 10 December 1982 in respect of which specific sanction is given by the Department;
- such other measures as may be approved by the Minister where implementation of these would give rise to additional expenditure and where the Minister has indicated that the extra funds involved would be made available.

5. The Minister would appreciate the co-operation of the Board in making the budgetary adjustments needed in order to contain the Board's overall non-capital expenditure in 1983 within the adjusted allocation now approved.

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Scheme for the Refund of Cost of Drugs

'I have circulated to the members a copy of letter dated 2 March 1983 from the Department of Health enclosing copies of the Health Services Regulations 1983 which provide that, in respect of expenditure incurred after 1 March 1983 on prescribed drugs, medicines, and medical and surgical appliances, the amount to be refunded will be that amount by which such expenditure exceeds £23 in any month'.

In a discussion on the scheme for the refund of the cost of drugs, members expressed concern regarding the raising of the limit from £16 to £23 and requested that resort should be had to the undue hardship clause, where necessary.

With regard to the report on drug usage a number of members expressed their support for the maximum use of generic drugs and the drawing up of a health board and individual hospital drug formularies.

Following a discussion on the proposed visit by the Minister for Health, K was agreed to request the Minister to meet with the members of the Board as well as with the Chief Executive Officer and members of the Management Team.

22/83

PROCEEDINGS OF VISITING COMMITTEES

The reports of the following Visiting Committees, having been circulated, were dealt with as follows:

- (i) No. 1 Visiting Committee meeting held at Clonskeagh Hospital on 1 December 1982.
On a proposal by Cllr Mrs Fitzgerald, seconded by Cllr Sweeney, the report was noted.
- (ii) No. 1 Visiting Committee meeting held at Newcastle Hospital on 12 January 1983.
On a proposal by Cllr Sweeney, seconded by Cllr Stagg, the report was noted.
- (iii) No. 2 Visiting Committee meeting held at Usher's Island (Forensic Service) on 19 January 1983.
On a proposal by Cllr Sweeney, seconded by Cllr Hynes, the report was noted.

23/83

HEALTH (LOCAL COMMITTEES) REGULATIONS 1972 AND 1977

The following report no. 2/1983 from the Chief Executive Officer was submitted:

'In reports no. 22/1982 and 25/1982 I advised the Board of the outcome of the election of members to the five local committees.

Following consideration of report no. 25/1982 it was agreed that informal discussions should take place with the organisations representing the staff concerned where more than one organisation was involved, with a view to obtaining agreement between them regarding the nomination of one person to the Board for the filling of each vacancy.

The outcome of the discussions has been generally satisfactory. However, in the case of some of the local committees, it has not been possible to reach agreement on the nomination of persons to fill vacancies for public health nurses.

For the convenience of members, I set out on the attached sheet a list of members who have been elected or duly nominated for appointment by the Board to fill the vacancies on our Board's five local committees.

I also set out the names of the members of the committees who are appointed to the local committees by virtue of the office which they hold with the Board, together with the names of persons who have been nominated for appointment by the Board as representatives of voluntary organisations concerned with social services, for appointment by the Health Board.

See Overleaf.....

	Dublin City	Dublin County	Dun Laoghaire	Kildare	Wicklow
Medical Practitioners	Dr W Blunnie Dr J Behan Dr E.O'Connor	Dr H Counihan Dr T Hynes Dr T O'Loughlin	Dr P O'Kelly Dr B Sheehan Dr M McWeeney	Dr J Kehoe Dr P McCarthy	Dr M Brennan Dr R Hawkins Dr W Roche
Psychiatric Nurse	Mr P Cunningham	Mr F Casey	Mr P McGill	Mr M Healy	Mr R Byrne
Public Health Nurse	Miss M Fitzsimons	Miss M Cotter (nominatad by Irish Nurses' Organlsation) Miss P Stynes (nominated by Local Government & Public Services Union)	Miss A Hanley	Miss N Campbell	Mrs T Henry Miss W Gallagher (nominated by Irish Nurses' Organlsation)
Dentist	Mr M J Walsh	Mr S O'Hici	Mr S Connell	Mr C Benson	Mr V Delahunty
Pharmacist	Mr T Miller	Mr M Shannon	Mr T J Lynch	Mrs C O'Connor	Mr J Tierney
Director of Community Care & Medical Officer of Health	Dr A Corboy	Dr B O'Herlihy	Dr P Quinn	Dr L Murphy	Dr C Warde
Senior Psychiatrist	Dr B McCaffrey	Dr M Heffernan	Dr J Ryan	Dr J Wilson	Dr M Rahill
Suptd. Community Welfare Officer	Mr J McGovern	Mr P Keena	Mr M Coyle	Mr B Moran	Mr T Kennedy
Representatives from Voluntary Organisations	Sr Claude Mr R Gleeson	Mr A Devine Mr J Byrne	Sr Clare Murray Mr T Holden	Brother Malachy Mr M Bermingham	Mrs I Hynes Mrs P McNamara

services being provided for these groups of children and of their funding by the Health Board.

It was noted that the proposal to provide a centre for girls along the lines of Trudder House is proceeding, but that there is a planning difficulty to be dealt with.

26/83

CAPITAL PROGRAMME

The following report from the Capital Programme Committee was submitted:

'The Capital Programme Committee suggested that the policy considerations taken into account by the Committee in considering its priority proposals be set out for the Board.

The enclosed letter and report extract from the Department of Health set out in some detail the national policy framework for the period 1983 - 1987 and the level of capital expenditure envisaged for that period. The national capital allocation outlined in the extract would provide for on-going developments as well as the "commencement of a number of selected priority projects".

Our Board has been asked to draw up a list of priority projects under each programme within the national policy framework for consideration by the Minister who is "reviewing the capital requirements of the health care delivery agencies".

The Committee has considered the Minister's request as outlined against the background of our Board's settled policy and our perceived requirements for the discharge of our responsibilities.

Of primary consideration to the Committee was the welfare of those directly and indirectly in our care and our policy that services, to the extent to which they improve the level of care which we can provide, should be provided outside the traditional institutional setting.

Our Health Board area, with a rapid growth in population - particularly in the numbers of those most at risk - has very particular and major problems. The growth of new towns, and the lack of health infrastructure development within them, pose special problems for us. For example, the rapid growth in the unemployed in recent years has seen an unprecedented demand for community welfare and family support services at a time when we do not have the facilities within local communities from which to deliver these services.

The Committee was, therefore, very conscious of the gap between what we would wish to achieve and that which it is possible to achieve within the framework set out for us and the reality of the current economic climate.

Special Hospital Care Programme

In implementing these broad policy guidelines a major problem faces our Board. Patients and services must be maintained in old facilities with attendant fire, safety, and general welfare risks for both our patients and our staff while an agreed programme of development of new or improved facilities takes place. Resources available to us will be limited and building works are extremely costly. Choices must be made between maintaining old buildings and developing new facilities. These are difficult choices and in many instances contain major risk factors and diseconomies which will remain unless and until a sufficient level of development of new facilities takes place.

Our psychiatric services have traditionally been based on the large mental hospital. It is the well-established policy of our Board to move to a community-based modern psychiatric service by providing a comprehensive and self-contained range of facilities within each catchment area, supported by centralised and specialised services.

If we are to implement the policy set out by the Minister and our Board in tackling the twin tasks of improving the quality of the service we provide and re-directing resources from institutional care to community care, it is essential that an immediate start be made in this direction. The Committee has recommended, therefore, the early development of a number of community psychiatric centres which will provide a range of preventive, diagnostic, assessment, intervention and treatment facilities within the local community. A start to a number of these projects would begin the implementation of our Board's policy and would enable an early evaluation of the effectiveness of the new centres. At the same time some provision for mental handicap services, child psychiatric services and special services to cope with the problem of alcoholism has been made.

Community Care Programme

The expected continuing rapid increase in population in our area (to 1.5 million in 1991) and the under-provision of facilities in many of our local communities, together with an ever-increasing public expectation from our services, has led to serious problems in the community care area.

In addition, the increased policy emphasis on community care as a more desirable method of delivering services, and an increase in standards and range of services expected, particularly in relation to children, have not been matched with a corresponding increase in resources. Our Committee considered these matters and the practical local community needs for basic and essential health centres in developing their priorities.

General Hospital Care Programme

On the general hospital side the necessity to continue the forward movement now underway in relation to both Naas and St Columcille's Hospitals is reflected in the priorities. Of particular importance in our area is the need to implement the various reports and policy decisions made by the Board over the years in relation to services and facilities for the aged. To get the process of having reports to the Minister converted into practical proposals for specific projects, the project team established by the Board is in the course of making a number of specific proposals to the Board to get this necessary work underway.

The growing problem of providing suitable hospital places for the young chronic sick and improved services for those terminally ill in our area are also reflected in the Committee's proposals to the Board.

In the development of services within each programme it is proposed to avail of local opportunities, as these emerge, for the development of integrated services on a cross-programme basis.

No doubt some individual Board members will have different areas of emphasis or individual proposals in each Programme. What the Committee has tried to do is to reflect our Board's policy against the broad policy guidelines and the financial limitations set out by the Minister. In doing this they tried to balance the need to maintain existing facilities as these affect the care, safety and welfare of our patients and staff with the need to get some new developments underway in implementing significant policy changes made by our Board.

PRIORITY PROPOSALS
SPECIAL HOSPITAL CARE PROGRAMME

Location	Project	Est. Cost	Stage of Development	Estimated Completion Time	Est. Revenue Consequences
St Columcille's Hospital	Provision of 200 bed Mentally Handicapped Unit	£6,000,000	Stage2	5 years	
Finglas Day Hospital	Provision of Day Hospital	£175,000	Stage3	40 weeks	
Cherry Orchard Hospital	Provision of Day Hospital	£175,000	Stage 2	60 weeks	
Chief Psychiatrists	Community Psychiatric Centre Pilot Project	_	Preliminary	—	Yes
Swords	Provision of Day Hospital	£200,000	Preliminary	60 weeks	
St Loman's Hospital (Cherry Orchard Site)	Child Psychiatric Unit	...	Brief with Department	70 weeks	
St Brendan's Hospital	Project Team's Proposals	£2,500,000	—	—	
Newcastle Hospital	Kitchen • New Unit	£400,000	Tenders recd.	60 weeks	
Clonskeagh Hospital	Extension to Psychiatric Unit	£350,000	Sketch plans - Dept. -June 1960	60 weeks	

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PRIORITY PROPOSALS
SPECIAL HOSPITAL CARE PROGRAMME

Location	Project	Est. Cost	Stage of Development	Estimated Completion Time	Est. Revenue Consequences
St Loman's Hospital	Re-wiring and fire alarm system	£400,000	Schematic layout with Department Feb. 1981	90 weeks	
St Dymphna's	Extension to Alcoholic Unit	£120,000	Stage 2 with Dept.-Nov. 1980	40 weeks	
South Side	2nd Alcoholic Unit	£200,000	Preliminary	60 weeks	Yes
Central Mental Hospital	Security Improvements	£260,000	Preliminary	70 weeks	
Tallaght	Provision of Day Hospital	£200,000	Preliminary	60 weeks	
Clondalkin	Provision of Day Hospital	£200,000	Preliminary	60 weeks	
North County Dublin	Provision of Workshop Day facilities Mentally Handicapped	--	Preliminary	40 weeks	

PRIORITY PROPOSALS COMMUNITY
CARE PROGRAMME

Location	Project	Est. Coat	Stage of Development	Est. comp. Time	Est. Revenue Consequences
Blessington	Health Centra	£130,000	Stage 4	50 weeks	
Harold's Cross	Welfare Home	£500,000	Stage 4	60 weeks	
Athy	Health Centre	£300,000	Stage 3	40 weeks	
Fortunestown	Health Centre and Day Nursery	£500,000	Site available	60 weeks	
Greystones	Health Centre	£350,000	Site available. Schedule approved	50 weeks	
Naas	Health Centre and offices	£500,000	Stage 3		
Rathmines	Accommodation Women & children	£250,000	Stage 4 documents with Dept. of Health - Dec. 1982		
Co Wicklow	Home for travelling children	£150,000			
Castledermot	Health Centre	£150,000	Schedule approved. Purchase of site being completed		
Smaller Projects Build, extend or upgrade Health Centres etc: Marino, Cabra, Larkhill, Swords, Garaldstown House.		£350,000			

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PRIORITY PROPOSALS
COMMUNITY CARE PROGRAMME

Location	Project	Est. Cost	Stage of Development	Est. Comp. Time	Est. Revenue Consequences
North east Dublin	Residential and Day Care Centre for children	£260,000	Site being bought		
Dalkey	Welfare Home	£700,000	Site being bought		
Clonikeagh	Headquarters, Community Care	£300,000	Site available		
Lucan	Extension to Health Centre	£176,000			
Bray	New Health Centre	£400,000	On site of existing Centre		
Smaller Projects Build, extend, upgrade Health Centres etc: Pearse Street, Finglas, Celbridge, Barndarrig, Killmeague, Skerries.		£300,000			

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PRIORITY PROPOSALS COMMUNITY
CARE PROGRAMME

Location	Project	Ex. Cost	Stage of Development	Est. Comp. Time	Est. Revenue Consequences
Deansrath - Clondalkin	Health Centre and Day Nursery	£600,000			
Monkstown	Welfare Home	£500,000	Site purchase Proceeding		
Inchicore	Health Centre and Day Nursery	£600,000	Site available		
Clontarf	Welfare Home	£600,000	Site to be sought		
Smaller Projects (To be selected)		£300,000			
Swords	New Health Centre	£400,000	Site being sought		
Edenmore	New Health Centre (Replace Temporary building)	£300,000	Existing site		
Shankill	New Health Centre	£300,000	Site being sought		
Kimmage (Area 4)	Welfare Home	£700,000	Site being sought		
Smaller Projects (To be selected)		£400,000			

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PRIORITY PROPOSALS COMMUNITY
CARE PROGRAMME

Location	Project	Est. Cost	Stage of Development	Est. Comp. Time	Est. Revenue Consequences
Limekiln Lane	Replace temporary Health Centre	£200,000	Exlsting site		
Cherry Orchard	Welfare Home	£700,000	Site available		
Blanchardstown	Health Centre and Day Nursery	£500,000	Site purchase being negotiated		
Smaller Projects (To be be select ed)		£300,000			

PRIORITY PROPOSALS

GENERAL HOSPITAL CARE PROGRAMME

Location	Project	Est. Cost	Stage of Development	Est. Comp. Time Consequences	Est. Revenue Consequences
Naas Co. Hospital	Project Team's proposals	£10m.	Stage 1 planning commenced by Project Team - Dec. 1982		
Various	Ten proposals of Project Team on Care of Aged	£5m.	Project Team In session since Nov. 1982		
St Mary's Hospital	Provision of Unit for Young Chronic Sick	£420000	Preliminary plans and cost plan being prepared	60 weeks	
St Columcille's Hosp. (pending establishment of Board of Management)	General upgrading Including theatre, Intensive care unit, OPD, mechanical services, ambulance control centre.	£700000	Tender documents for Mech. upgrading - Dept. of Health • July 1980. Preliminary planning commenced for remainder.	80 weeks	
St Colman's Hosp.	Unit for terminally ill	£100000	Preliminary planning stage	40 weeks	
St Vincent's, Athy	Phase 3 development	£2m.	Sketch and layout plans with Dept. of Health - June 1980	80 weeks	
Wicklow Hospital	Ambulance service accommodation	£75000	Preliminary planning commenced.	36 weeks	

Following a discussion to which Cllrs Stagg, Sweeney, Browne, Freehill, Hynes and Mrs Fitzgerald and Dr Behan contributed and to which Mr Hickey, Deputy Chief Executive Officer replied the following motion was proposed by Dr Behan

'That the report of the Capital Programme Committee be adopted*.

Cllrs Stagg, Hynes and Sweeney drew the attention of the members to two recommendations which had been accepted by the Capital Programme Committee:

- (i) that the Board should take up with the Department of Health the length of time taken by the various planning stages and request that these stages be reduced in line with those which apply in the case of County Councils;
- (ii) that consideration should be given to the employment by the Board of a team of architectural and engineering consultants.

Cllr Freehill referred to proposals which involved funding for voluntary organisations. Following, a discussion to which a number of members contributed it was agreed that, where the Board provided funding to a voluntary organisation by way of grant, steps should be taken to ensure that the Board's interest is acknowledged and preserved.

27/83

APPOINTMENT OF NOMINEE TO IRISH PUBLIC
BODIES MUTUAL INSURANCES LTD.

On a proposal by Cllr Browne, seconded by Cllr Hand, it was unanimously agreed that Cllr M Carroll should be the Board's nominee on the Irish Public Bodies Mutual Insurances Ltd.

28783

PROCEEDINGS OF LOCAL COMMITTEES

- (i) Dublin City Local Committee meeting held on 13 December 1982.
- (ii) Dun Laoghaire Local Committee meeting held on 11 January 1983.
- (iii) Kildare Local Committee meeting held on 13 January 1983.
- (iv) Wicklow Local Committee meeting held on 21 January 1983.

29/83

NOTICES OF MOTION

It was agreed that the notices of motion remaining on the agenda should appear on the agenda for the April meeting of the Board.

The meeting concluded at 8.45 pm.

Correct: K J Hickey
Deputy Chief Executive Officer

CHAIRMAN

