

EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting
held in the
Board Room, St Mary's Hospital, Chapelizod, Dublin 20
on Thursday 6 August 1987 at 6 pm

PRESENT

Cllr O Bennett	Cllr I Callely
Cllr M Carroll	Mrs D Clune
Dr P Devitt	Prof J S Doyle
Cllr A Glenn	Cllr A Groome
Dr R Hawkins	Cllr P Hickey
Dr D I Keane	Dr P McCarthy
Prof J McCormick	Mr G McGuire
Dr J Masterson	Cllr C Murphy
Dr B O'Herlihy	Cllr J Reilly
Mr R Roche TD	Cllr J Sweeney

APOLOGIES

Mrs B Bonar, Cllr B Briscoe TD, Dr R Corcoran, Cllr J Dillon Byrne,
Cllr P Dunne, Cllr W J Harvey, Ms M Nealon

IN THE CHAIR

Mrs D Clune

OFFICERS IN ATTENDANCE

Mr F J Donohue, Deputy Chief Executive Officer
Mr S O'Brien, Acting Programme Manager, General Hospital Care
Mr J Doyle, Acting Programme Manager, Community Care
Mr L P Kavanagh, Acting Programme Manager, Special Hospital Care
Mr M Gallagher, Finance Officer
Mr R Keane, Acting Personnel Officer
Mr J N McNee, Management Services Officer
Mr G Brennan, Technical Services Officer
Mr E Boyle, Acting Senior Executive Officer

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CONDOLENCES

On a proposal of the Chairman, votes of sympathy were passed with the following:

- (i) the family of Dr Hilary O'Boyle, Dental Surgeon;
- (ii) the family of Dr Val Barry, Director of Community Care and Medical Officer of Health;
- (iii) Aubrey O'Brien, Senior Administrative Officer, Community Care, on the death of his mother;
- (iv) the family of John Taylor, Community Welfare Officer, North Dublin, who died tragically in a car accident.

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CHAIRMAN'S BUSINESS

The Chairman read the following report which was noted by the Board:

'The following items are for information only and not for debate:

1. *Dr J Behan*

I have received a letter dated 31 July 1987 from Dr Jim Behan resigning his membership of our Board -

'Dear Madam Chairperson

I write to inform you that as I am leaving the psychiatric service of the Board to pursue other career interests I have decided at the same time to resign from the Health Board.

As I am leaving both the psychiatric service and the Board itself I would like to end the controversy that has existed by unreservedly withdrawing the allegations made by me against senior management at the Board meeting on 18 December 1986.

I would like to take this opportunity to wish the members of the Board, its management and staff every success in dealing with the difficult years that lie ahead in maintaining and developing the health service in its region'.

I have replied to Dr Behan as follows:

'Dear Dr Behan

Thank you for your letter of 31 July, from which I note that you have decided to resign from the Board.

I will bring your letter to the attention of our Board at the August meeting.

I would like to take this opportunity of thanking you for your many valuable contributions at meetings of our Board over the years, and I wish you every success in the pursuit of your other career interests'.

2. *Tallaght Hospital Board*

Aid B Ahern TD, who was one of those nominated by our Board for appointment by the Minister for Health to the Tallaght Hospital Board, has resigned his membership of our Board. The nomination of a member to replace Aid Ahern will be on the agenda for the September meeting of our Board.

3. *Budget Working Group*

Mr Pearse Finegan who was a member of the Budget Working Group, ceased to be a member of our Board on 30 June 1987.

Dr Behan was also a member of the Working Group.

I am sure the members would wish me to thank Mr Finegan and Dr Behan for their many valuable contributions to this Committee. The appointment of members to replace them will be on the agenda for the September meeting of our Board.

4. *Congratulations to Cllr P Hickey*

I am sure that members will join with me in congratulating Cllr Paddy Hickey on his election as Chairman of Dublin County Council.

5. *Programme Committees*

I have circulated an amended statement of the membership of the three Programme Committees together with a schedule of meetings of the Committees arranged for the remainder of the year.

6. *James Connolly Memorial Hospital*

I have received a letter from Dr Rory O'Hanlon TD, Minister for Health regarding his request to our Board to resume responsibility for that Hospital. I propose to take this item under Item no. 1 on the clar.

7. *Meetings arranged for August 1987*

The venue for the meeting of the Special Hospital Care Programme Committee on 13 August at 11 am has been changed from Area 7, St Laurence's Road to St Loman's Hospital, Ballyowen."

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**MINUTES OF SPECIAL MEETING HELD ON
23 JUNE 1987, AND OF MONTHLY AND ANNUAL
MEETINGS HELD ON 2 JULY 1987**

The minutes of the Special Meeting held on 23 June 1987 and of the Monthly and Annual Meetings held on 2 July 1987, having been circulated, were confirmed on a proposal by Dr Hawkins, seconded by Cllr Sweeney.

The Chairman read the following letter dated 5 August 1987 from the Minister for Health:

'I wish to refer to a letter of 17 July 1987, received from the Secretary/Manager of the James Connolly Memorial Hospital, regarding the implications for services at the hospital of containing expenditure within the budgetary limit for 1987.

Clearly, we must try to find a solution to the problem which will take full account of the future of the hospital as a provider of both acute and long stay services, but will not involve incurring expenditure in excess of the approved budget.

In addition to maintaining the hospital's ability to participate effectively in the north City Accident and Emergency Service, it is also necessary to ensure that the geriatric assessment, acute psychiatric, psycho-geriatric and geriatric services remain available at no less than their present levels of provision, as a vital part of the services provided by the Eastern Health Board.

Having regard to the need to preserve the existing levels of service. I consider that it would be appropriate to set out the hospital's future role and to take action to deal with the present situation, in the context of that role.

The hospital should continue to provide both acute and long stay service. It should function as an acute general hospital for a defined catchment area, providing general medical, general surgical and casualty services to its catchment population.

It should continue to participate in the general arrangements for the provision of an Accident and Emergency Service. It should have very close structured working links with the Mater and Beaumont Hospitals, particularly in the provision of higher specialties. It should, in cooperation with these hospitals, provide a wide range of out-patient clinics in these specialties at Blanchardstown.

It should continue to provide acute psychiatric and geriatric assessment services and long stay facilities for geriatric, psychiatric, and psycho-geriatric

patients. Self-contained units at the hospital, which have not been in use for some time, should be brought back into commission, to provide more appropriate facilities for psychiatric and psycho-geriatric patients now accommodated elsewhere.

The services provided at the hospital should be fully integrated with all other health and welfare services provided in its catchment area.

Having regard to this role and, in particular, the need to provide an integrated service to the community, I consider that the Eastern Health Board should, as quickly as possible, resume responsibility for the funding and management of the hospital. Pending the completion of the steps necessary for the formal transfer of responsibilities, informal arrangements should be made now between your Board and the Hospital to ensure that the existing level of services is maintained during 1987.

The Department will, without delay, make the necessary arrangements for the initial consultations between the hospital and the Health Board and will prepare the necessary documentation for a formal transfer of responsibilities to the Eastern Health Board.

I have asked my Department to make every effort to effect the formal transfer of responsibilities by the end of September 1987.

Following a discussion to which Cllrs Carroll, Hickey, Groome and Sweeney, Drs Kaana, McCarthy, Hawkins and O'Herlihy, Professor McCormick, Mr McGuire, and Professor Doyle contributed, the members agreed with the Minister's request that our Board should, as quickly as possible, resume responsibility for the funding and management of the James Connolly Memorial Hospital.

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MATTERS ARISING FROM THE MINUTES

Mr McGuire referred to Question (xii) regarding the Hardwicke Unit at the Richmond Hospital. Mr Kavanagh, Acting Programme Manager, Special Hospital Care stated that arrangements for patient safety were under continuous review.

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QUESTIONS TO THE CHIEF EXECUTIVE OFFICER

On a proposal by Cllr Hickey, seconded by Cllr Sweeney, it was agreed to answer the questions which had been lodged:

(i) *Cllr J Sweeney*

Could the Acting Chief Executive Officer tell this Board what the cost of answering questions to members of this Board amounts to; also the approximate cost from 1 January 1987 to date'.

REPLY

The cost of answering questions tabled by members of our Board varies significantly depending on the amount of staff time required for research and the collection and compilation of the information necessary and in the production of this documentation to members.

It is estimated that the cost per question of any complexity, lies within a range of £50 to £200.

On this basis the cost of answering Board members' questions from 1 January 1987, to date would be of the order of £6,000.

Apart from questions tabled by members of our Board it is worth noting that members of various Local Committees also table questions for their meetings.

(ii) *Cllr P De Rossa TD*

To ask the Chief Executive Officer if he will indicate what arrangements were made for the payments of SWA in the Finglas area while porters were on annual leave, if claimants were obliged to travel into the city for payment, if these claimants were informed of their right to claim a refund of their bus fare involved and the cost to the Scheme of such refunds.'

REPLY:

The porter at the Health Centre, Ballygall Road, was on annual leave for the two weeks from 29 June 1987 to 10 July 1987. He was not replaced and the Health Centre remained open for all services. The Superintendent Community Welfare Officer tried to arrange transfer of the Community Welfare Officer's 'clinics' to the Health Centre, Wellmount Avenue.

However, in the absence of Union cooperation, it was necessary to relocate the service in the former TB Clinic in Charles Street for the two weeks. The local Superintendent Community Welfare Officer decided that, in order to avoid additional cost to individual members of the public arising out of the need to relocate the 'clinics', the cost of bus fares would be reimbursed, under the discretionary provisions of the Scheme, to persons who attended at Charles Street for SWA. Every effort was made to keep the number of visits to Charles Street by members of the public to a minimum. The cost of reimbursement of bus fares was £360 for the two week period.

(iii) *Cllr I Callely, Dr P Devitt*

Can the Chief Executive Officer advise exactly what is the contract between the participating general practitioners and the GMS. New doctors intending to join the scheme usually inform the Health Board on starting practice. Does a legal contract exist from this point? "

REPLY:

The contract between our Board and general practitioners participating in the General Medical Services Scheme is based on the terms of the Scheme agreed, on a national basis, between the Department of Health and the Irish Medical Organisation.

A copy of this contract is being furnished to the members who tabled the question, for their information, and will be made available on request to any further member of our Board.

Because the terms of the contract were negotiated nationally we have requested clarification from the Department of Health on the legal points raised.

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CHIEF EXECUTIVE OFFICER'S REPORT

The Deputy Chief Executive Officer read the following report which was noted and approved by the Board:

- (i) I have circulated for the information of the members, copies of letter dated 13 July 1987, from the Department of Health regarding the limits of expenditure by health boards in 1987 under Section 31 (1) of the Health Act 1970.
- (ii) I have circulated copies of letter dated 7 July 1987 from the Commission on Health Funding. This letter has been considered by the Working group on the budget which has undertaken the preparation of a submission. The Budget Working Group also decided to consider ways and means of maximising our Board's income and proposed that both these matters should be the subject of a special meeting of our Board during September.

- (iii) I have circulated a report on the Dublin Dental Hospital/Eastern Health Board Dental Services for the members' information.
- (iv) I am seeking the Board's approval to the abolition, with the consent of the holders, of two offices of Public Health Nurse and one office of Consultant Psychiatrist due to reorganisation of services.
- (v) I have circulated a copy of the Guidelines on Procedures for the identification, Investigation and Management of Child Abuse, dated July 1987.
- (vi) I have circulated, for the information of members, revised rates of welfare allowances payable from 24 July 1987.
- (vii) Arrangements are being made to reconvene the Special Committee established to consider the service, needs and problems of the Ballymun area.'

100/87

DISPOSAL OF PROPERTY AT NO. 9 STORE STREET

The following report no. 16/1987 from the Deputy Chief Executive Officer was submitted:

Statutory Notice

'Notice is hereby given pursuant to Section 83 of the Local Government Act 1946, that it is proposed to dispose of the property described below which is no longer required for the purpose of the powers and duties of our Board.

Statutory Information

1. The premises at no. 9 Store Street (157.5 sq. metres in area).
2. The said property is held under lease from Atcham Limited.
3. It is proposed to surrender the lease to Atcham Limited.
4. The consideration in respect of the disposal is £100.

At a meeting of our Board to be held after the expiration of ten clear days from the date of the sending of this Notice, our Board may resolve as follows:

- (a) that the disposal shall be carried out in accordance with the terms specified in the resolution, or
- (b) that the disposal shall not be carried out.

If our Board resolves that the disposal shall be carried out in accordance with the terms specified in the resolution, the disposal may, with the consent of the Minister, be carried out in accordance with those terms.

If our Board resolves that the disposal shall not be carried out, then the disposal shall not be carried out.

If our Board does not pass a resolution, the disposal may with the consent of the Minister, be carried out'.

On a proposal by Cllr Hickey, seconded by Cllr Callely, it was agreed to adopt the proposals contained in the report.

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ALLOCATION FOR NON-CAPITAL HEALTH EXPENDITURE

The following report no. F3/1987 from the Chairman was submitted:

'Meetings of the Budget Working Group were held on 20, 24, and 28 July 1987 respectively, to review our Board's budgetary position at 30 June 1987, including progress achieved in implementing the.

programme of measures adopted by the Board to contain expenditure within the approved budget level of £183.21 million.

Enclosed for information of members is a copy of the Deputy Chief Executive Officer's report dated 16 July 1987.

The following documentation are also enclosed -

- (a) a summary financial statement for the period from 1 January 1987 to 30 June 1987
- (b) summary projected outturn at 31 December 1987
- (c) summary progress reports in respect of each programme and for central services
- (d) a report of the Budget Working Group's recommendation and comments on the Board's budget position.

The Working Group has addressed itself to the questions of maximising income, as requested by our Board. A further report on this matter will be made during September next'.

The Working Group considered the following update of the Board's budgetary position, dated 16 July 1987, from the Deputy Chief Executive Officer:

'I attach for your consideration an update of the Board's budgetary position at 30 June 1987. The essential features of this report are:

1. Overall net expenditure up to 30 June has been running at a level of £1.86 million over the budget target. This compares with £1.6 million at 31 May and £1.5 million at 30 April. The average monthly deficit has consequently been reduced to £310,000 as compared with a level of £375,000 at the end of April.
2. The impact of the budgetary measures adopted by our Board to stay within the approved allocation for 1987 is almost fully reflected in expenditure incurred in June. Based on the trend shown by the June expenditure figures, the projected expenditure outturn at 31 December 1987 would be in the order of £185.5 million which represents £2.3 million in excess of our approved budget of £183.21 million for 1987.
3. At this stage there still remain a number of the budget proposals adopted by the Board which have not yet taken full effect. These are as follows -
 - (i) Community Drugs Refund Scheme £ 1.56 million
The Department of Health to date, have not taken any action to modify this scheme to secure the necessary budget saving. In the absence of such action (referred to in the letter of allocation to the Board dated 2 April 1987) our Board, it is estimated, will overspend the budget allocation for this scheme by approximately £1.3 million by 31 December 1987. At 30 June, an unfavourable variance of £650,000 is attributable to overspending on this scheme.
 - (ii) On the basis of the agreed programme of staff reductions for the remainder of the year, it is anticipated that further savings of approximately £400,000 will accrue to our Board between now and the end of this year.
4. In summary, the projected outturn of £1 85.5 million for 1987 requires to be adjusted to take account of the factors outlined in 3 above in order to assess the full impact of the measures which have been implemented by the Board.

Projected outturn:

£185.5 million

Less	
Unfavourable variance in respect of Community Drugs Refund Scheme (arising from factors outside the Board's control)	£1.3 million
Further savings in pay for the remainder of the year	.4 million
TOTAL	£1.7 million
Net projected outturn:	£183.6 million

An additional amount of £500,000 in respect of accrued pension increases in relation to the years 1984, 1985 and 1986 has been included in this projection. It is proposed now to charge these arrears to the years in which the charges were incurred and to adjust expenditure in 1986 accordingly. This will further reduce expenditure charged to 1987 by £500,000, leaving a revised projected net expenditure outturn of £183.3 million. This figure approximates closely to the budget allocation approved for the Board.

5. It is necessary to caution against any complacency with regard to the Board's budget position. The projected outturn of £183.3 million is based on the trends in spending shown by the June figures. In order to achieve our targets it is necessary that the trend towards lower costs be sustained at that level for the remainder of the year. At this stage, it must be emphasised that the full impact of the budget cuts have been in force for one month only and there may be unforeseen circumstances arising, particularly if there is any significant increase in demand for our services, which would quickly erode this position. It is apparent already that our Board's service capacity in relation to Community Care is being adversely affected by the embargo on filling of vacancies. As the service implications of both the measures adopted by the Board and also the budgetary measures implemented in the voluntary hospital sector are clarified, and their effects assessed, there may be some necessity to relax the embargo in relation to the non-filling of vacancies to cope with any attendant additional workloads imposed on the Board's Community Care Programme.
6. To date our Board has kept within the weekly cash limits set out by the Department of Health and the peak overdraft accommodation of £6.5 million has not been breached. However, our Board's bank accounts are being operated at a level which is close to these maximum limits and there is no room for any flexibility whatsoever within our cashflow management procedures."

*"Summary Financial Statement for the period from
1 January 1987 to 30 June 1987*

	£000	£000
1. <i>Community Care Programme</i>		
Expenditure to 30 June 1987	34,820	
Budget to 30 June 1987	34,400	
Overspent		420
2. <i>Special Hospital Care Programme</i>		
Expenditure to 30 June 1987	27,646	
Budget to 30 June 1987	26,624	
Overspent		1,022

3. <i>General Hospital Care Programme</i>			
Expenditure to 30 June 1987	19,378		
Budget to 30 June 1987	19,658		
Underspent			280
4. <i>Technical Services</i>			
Expenditure to 30 June 1987	3,311		
Budget to 30 June 1 987	2,930		
Overspent			381
5. <i>Central Services</i>			
Expenditure to 30 June 1987	5,643		
Budget to 30 June 1987	5,328		
Overspent			315
TOTAL BUDGET OVERRUN AT 30 JUNE 1987			£1.858

In accordance with the agreed programme of staff reductions, the Board has secured a reduction of 175 staff since 31 March 1987, the date of the Government embargo on non-filling of vacancies. These reductions were achieved in the following areas:

(i) Disemployment of temporary staff	
(ii) Non-filling of vacancies	80
	<u>126</u>
Less staff taken back	206
	<u>31</u>
	175

In addition the use of locums in each of the Board's programmes has been severely restricted.'

' Projected expenditure outturn at 31 December 1987
(Based on Expenditure trends in June 1987)

	PAY £000	NON-PAY £000	INCOME £000	TOTAL £000
1. <i>Community Care Programme</i>				
Estimated outturn	22,309	52,002	1,828	72,483
Budget	21,597	50,774	1,848	70,523
Variance	712 U	1228 U •	20 F	1960 U
2. <i>Special Hospital Care Programme</i>				
Estimated outturn	36,070	21,327	2,877	54,520
Budget	36,115	21,863	3,026	54,952
Variance	45 F	536 F	149 U	432 F
3. <i>General Hospital Care Programme</i>				
Estimated outturn	25,096	18,881	3,440	40,537
Budget	24,668	19,319	3,536	40,451
Variance	428 U	438 F	96 U	86 U

over

6/8/1987

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	Pay	NON-PAY	INCOME	TOTAL
	£000	£000	£000	£000
4. <i>Central Services (Incl Technical Services)</i>				
Estimated outturn	15,418	6,782	4,210	17,990
Budget	14,819	6,485	4,020	17,284
Variance	599 U *	297 U	190F	706 U
5. <i>Overall for the Board</i>				
Estimated outturn	98,893	98,992	12,355	185,530
Budget	97,199	98,441	12,430	183,210
Variance	1694U	551 U	75 U	2320 U

Note: U = Unfavourable F = Favourable

* Variance in respect of Community Drugs Refund Scheme

* Variance in respect of pension arrears chargeable to 1986

Whilst overall the Board is reasonably on target towards living within the budget allocation there are difficulties arising in some of the individual programmes. As the year progresses it may be necessary to make some adjustments to the budget allocation for particular programmes, which will entail a transfer from the non-pay budget to the pay budget. The Budget Working Group will be kept informed of any such proposals.

PROGRAMME REPORTS

1.	COMMUNITY CARE PROGRAMME	
1.1	Proposed budget savings	£000
	Pay	565
	Non-Pay	2,665
	TOTAL	3,220
1.2	Budget position at 30 June 1987	£000
	Budget variance	
	Pay unfavourable	269
	Non-Pay unfavourable	206
		475
	Less a favourable income variance	55
	Total unfavourable budget variance	£420
1.3	The main factor giving rise to the unfavourable variance on non-pay in this programme is the overspending on the Community Drugs Refund Scheme. The unfavourable pay variance has resulted from a combination of small overruns.	
1.4	Details of budgetary measures implemented and progress achieved to date.	
1.41	Pay	£000
	Total savings proposed	565
	To be achieved by	
	— reducing staff numbers by 67 as a result of disemploying temporary staff and non-filling of vacancies;	
	— reducing overtime and premium payments.	

Progress to date

Staff numbers have been reduced by 60 since 31 March through disemploying 34 temporary staff and by not filling 26 vacant posts. It is anticipated that action taken to date will result in a saving of £360,000 for the remainder of 1987 and is already included in the projected outturn for the year. However, because of the adverse effects on services which will result from continuing the embargo on filling vacancies it may be necessary to modify the targets to provide some flexibility, for the programme.

1.42	Non-Pay	<i>£000</i>
	Total savings proposed	2,665

Progress to date

The most significant target saving under this heading is the amount of £1.56 million specified by the Department of Health in relation to the Community Drugs Refund Scheme. To date no action has been taken by the Department of Health to modify the subsidy limits of this scheme to secure the necessary budget saving. In the absence of such action (referred to in the letter of allocation to the Board dated 2 April 1987) the Board, in order to keep within the approved budget, will be unable to pay any claims for refund of drugs with effect from mid-September next.

The other target savings are mainly in the areas of grants to voluntary organisations, a review of the Disabled Persons Maintenance Allowance costs, and streamlining programme overheads those targets are being achieved.

- 1.43 The attendant effects of bed closures in hospitals in the Board's functional area are adversely impinging on the programme's service capacity. Together with the non-replacement and disemployment of temporary staff, the programme's services particularly public health nursing, medical, dental, administration and social work services are operating at peak workload levels and there is no flexibility left to cope with any further demands that may arise. The Board's management team is presently reviewing the budgetary position of the programme with a view to alleviating to some extent, the more pressing staffing shortages.

2. SPECIAL HOSPITAL CARE PROGRAMME

2.1	Proposed budget savings	<i>£000</i>
	<i>Pay</i>	1.733
	<i>Non-Pay</i>	1.644
	<i>Additional income</i>	150
	Total	<u>£3,527</u>
2.2	Budget position at 30 June 1987	<i>£000</i>
	Budget variance	
	Pay unfavourable	312
	Non-Pay unfavourable	569
	Income unfavourable	141
	Total unfavourable budget variance	<u>£1,022</u>

- 2.3 The main factor giving rise to the unfavourable variance in pay costs is the overspending on overtime budgets in the period up to 31 May 1987. At that stage the unfavourable budget variance for overtime amounted to £406,000. For the month of June this trend was reversed and the budget variance has now been reduced to £312,000.

The non-pay variance arises mainly from funding in advance a number of organisations to whom we pay annual grants.

- 2.4 Details off budgetary measures implemented and progress achieved to date.

2.41	Pay	£000
	Total savings proposed	1,733

To be achieved by

- reducing staff numbers by 103 as a result of
- disemploying temporary staff and by non-filling of
- vacancies;
- reducing locum cover;
- reducing overtime and premium payments.

Progress to date

Staff numbers have been reduced by 85 since 31 March 1987 by disemploying 8 temporary staff and by not filling 77 vacant posts. It is anticipated that action taken to date will result in a saving of £510,000 for the remainder of 1987 and is already included in the projected outturn for the year. The balance of savings to be achieved under this heading will largely result from the non-filling of posts which become vacant between now and the end of the year. In addition, significant savings are accruing from the elimination of rostered overtime in the programme's hospitals. In the catering areas for the programme's hospitals similar rostering and rationalising of resources have been undertaken which will reduce the numbers of staff working at weekends and evenings.

2.42	Non-Pay	£000
	Total savings proposed	1,644

Progress to date

The most significant target savings under this heading mainly relate to streamlining of overhead costs in stores, catering, travel, bed utilisation and also in relation to financial arrangements with extern hospitals and grants to outside organisations. At the end of June the programme was over budget, however, it is anticipated that measures now being taken will reduce expenditure to the budget level.

Whilst the level of resources — staff and otherwise — have been curtailed, the demand for services is continuing to increase and is being dealt with by a reduced workforce. There is, of course, a further concern in our ability to cope with new chronic demands in the community long-term care of mental handicap patients and the aged with psycho-geriatric problems. The momentum required in Planning for the Future proposals and the momentum experienced in 1986 has of course slowed down.

Over...

3.	GENERAL HOSPITAL CARE PROGRAMME	
3.1	Proposed budget savings	£000
	Pay	1,126
	Non-Pay	768
	Additional income	250
	TOTAL	<u>£2,144</u>
3.2	Budget position at 30 June 1987	
	Budget variance	£000
	Pay unfavourable	201
	Incomeunfavourable	29
		<u>230</u>
	Less a favourable non-pay variance	510
	Total favourable budget variance	<u>£280</u>
3.3	Details off budgetary measures implemented and progress achieved to date.	
3.31	Pay	£000
	Savings proposed	<u>1,126</u>
	To be achieved by	
	—reducing staff numbers by 73 as a result of disemploying temporary staff and non-filling of vacancies;	
	—reducing locum cover;	
	— reducing overtime and premium payments.	

Progress to date

Staff numbers have been reduced by 50 since 31 March by disemploying 32 temporary staff and not filling 18 vacant posts. It is anticipated that action taken to date will result in a saving of £300,000 for the remainder of 1987 and this is already included in the projection. The balance of savings to be achieved under this heading will largely result from the non-filling of posts as they become vacant between now and the end of the year. Savings have also resulted from the policy of only employing the minimum number of locums to provide for emergency and front line services. In addition, significant savings are accruing from the elimination of rostered overtime in the ambulance service. In the catering area services have been rationalised.

3.32	Non-Pay	£000
	Total savings proposed	768

Progress to date

Target savings in relation to overheads and grants to outside organisations are being achieved. Additional income of £250,000 was anticipated in respect of patient charges, introduced from 18 May, 1987. Charges raised in the first five weeks amounted to £36,000. Based on this level of charge the Board, it is estimated, will meet the income target in respect of charges levied.

3.33 At present 161 beds have been closed.

It is proposed for the winter months to re-open a significant number of these beds. Day hospital services are being protected as far as possible. The ambulance and emergency services are being maintained, however, inter-hospital transfers and transport to out-patient clinics are being affected.

4. CENTRAL SERVICES

4.1	Proposed budget savings	£000
	Central Services	
	Pay	65
	Non-Pay	126
		<u>191</u>
	Technical Services	
	Pay	147
	Non-Pay	531
		<u>678</u>
	TOTAL	<u>869</u>
4.2	Budget position at 30 June 1987	
	Central Services	
	Budget variance	£000
	Pay unfavourable	302
	Non-Pay favourable	50
		<u>252</u>
	Plus an unfavourable variance in income	63
	Total unfavourable budget variance	<u>315</u>
	Technical Services	
	Budget variance	£000
	Pay favourable	27
	Non-Pay unfavourable	408
	Total unfavourable budget variance	<u>381</u>

4.3 The adverse variance in pay for Central Services relates to pension arrears which have been charged against the budget for 1987. As already mentioned in the accompanying letter it would be more appropriate to charge these arrears back to 1986.

The adverse variance in non-pay for Technical Services arises from the special works programme. These special works which have been carried out to date are largely in respect of projects which were initiated in 1986. It is anticipated that the overall position by the end of the year will be within the budget.

4.4 Details of budgetary measures implemented and progress achieved to date in the total Central Services.

4.41	Pay	£000
	Total savings proposed	212

To be achieved by
 —reducing staff numbers by 17 as a result of
 disemploying temporary staff and non-filling of
 vacancies.
 —reducing overtime.

Progress to date

Staff numbers have been reduced by 11 since 31 March through disemploying 6 temporary staff and by not filling 5 vacant posts. It is anticipated that action taken to date will result in savings of £66,000 for the remainder of 1987 and this figure has been included in the projection. The balance of savings to be achieved under this heading will largely result from the non-filling of further posts falling vacant between now and the end of the year together with significantly curtailing the levels of overtime payments.

4.42	Non-Pay	£000
	Total savings proposed	657

The major target under the heading of Central Services is a reduction of £500,000 in the programme of special works and maintenance undertaken by the Board's Technical Services Department. At the end of June there was an unfavourable budget variance in relation to this target. It is anticipated, however, that measures taken to restrict maintenance operations to priority and emergency services will contain expenditure within the budget for the year. The remainder of the targets relate to streamlining administration overheads and expenditure levels, in this regard, are within budget.

4.3 The measures being taken within Central Services are structured to obtain greater productivity from existing resources. Some additional delays may be experienced in processing payments. In relation to Technical Services the level of routine maintenance has been reduced and special works have been restricted to priority and emergency jobs.'

'Members' comments on the Budget Reports

During the course of their review of the budgetary position, members of the Budget Working Group made the following recommendation:

- a meeting should be sought with the Minister for Health in connection with the Drugs Refund Scheme. The Working Group recommended that the deputation should consist of Mrs D Clune, Chairman, Cllr P Dunne, and Cllr J Sweeney. It was agreed that a detailed analysis of the Scheme, as it is operated at present, would be carried out.

The members of the Budget Working Group also agreed on the following:

- claims for grants from voluntary organisations should be fully reviewed and examined critically;
- the amalgamation of a number of staff homes as proposed should be actively pursued ;
- every effort must be made to maximise income from the new hospital charges. The use of the new VHI 'P' plan should be encouraged by our Board;
- increased charges should be introduced for certificates of births, deaths and marriages to meet the cost of the administration of the Superintendent Registrar's Office;

- every effort should be made to collect the health contributions due from farmers;
- the agreed policy relating to long-stay patients and patient's private property should be continued and developed;
- regular medical reviews of recipients of Disabled Persons (Maintenance) Allowances were agreed;
- support was expressed for the issue of vouchers, dockets etc, by Community Welfare Officers for certain special needs rather than the writing of cheques;
- the supply of incontinence wear should be based on an assessment of individual need;
- the support of local communities should be sought in the prevention of damage to health centres from vandalism;
- the importance of getting value for money and of using home produced products in the catering area was stressed;
- the review of our Board's assets should be concluded as soon as possible; support was expressed for the concept of young people interested in a career in nursing, helping on a voluntary basis in our hospitals and homes during school holidays;
- support was expressed for the development of horticultural projects involving patients'.

The Report was adopted.

102/87

ASSOCIATION OF HEALTH BOARDS

The following report no. 17/1967 from the Deputy Chief Executive Officer was submitted:

Association of Health Boards in Ireland - Membership

Our Board is represented at meetings of the Association of Health Boards in Ireland by the undermentioned members:

- 1 Cllr J Sweeney
- 2 Cllr M Carroll
- 3 Cllr A Groome
- 4 Ald A FitzGerald
- 5 Cllr B Briscoe TD
- 6 Dr J D Behan
- 7 Dr R Hawkins
- 8 Dr P McCarthy

The term of office of Doctors Behan, Hawkins and McCarthy expired on 30 June 1987.

The appointment or election of persons to be members of any other body is a function of the Board'.

In response to a question from Professor McCormick, Mr Donohue confirmed that information on the Association would be made available.

103/87

GROUP PERSONAL ACCIDENT SCHEME

Letter dated 10 July 1987, from Irish Public Bodies Mutual Insurances Ltd, having been circulated was noted by the members.

104/87

PROGRESS REPORTS FROM PROGRAMME COMMITTEES

- (i) **General Hospital Care Programme Committee**
On a proposal by Cllr Carroll, seconded by Cllr Callely, K was agreed to adopt the report.
- The Report dealt with the following matters -
- (a) election of Chairman and Vice-Chairman;
 - (b) Farmers' Health Contributions - collection of arrears due;
 - (c) progress on the development of a new Out-Patients' Department and Operation Theatre Suite at St Columcille's Hospital;
 - (d) St Patrick's Home, Navan Road - visit to the site at the Navan Road complex to familiarise members with the site;
 - (e) update report on acute hospital services in the Board's area;
 - (f) progress report on the Maternity Unit at St Columcille's Hospital.
- (ii) **Special Hospital Programme Committee**
On a proposal by Cllr Groome, seconded by Dr Hawkins, it was agreed to adopt the report.
- The report dealt with the following matters -
- (a) election of Chairman and Vice-Chairman;
 - (b) Cheeverstown House - transfer of fifty Eastern Health Board mentally handicapped patients;
 - (c) assigning of property to the Eastern Health Board by parents and relatives of mentally handicapped persons;
 - (d) Mental Handicap Services, Stewart's Hospital.
- (iii) **Community Care Programme Committee**
On a proposal by Cllr Callely, seconded by Dr Hawkins, it was agreed to adopt the report.
- The report dealt with the following matters -
- (a) election of Chairman and Vice-Chairman;
 - (b) visit to Dublin Dental Hospital;
 - (c) promoting health through public policy;
 - (d) report of the General Medical (Payments) Board 1986;
 - (e) Adoption Bill, 1987;
 - (f) sheltered accommodation for young people leaving the Board's care;
 - (g) report on services in Wicklow;
 - (h) (h) proposed purchase of a site for a new Health Centre in Athy.

Following a discussion to which Deputy Roche, Cllr Groome and the Chairman contributed, it was agreed that the Minister for Health should be pressed to proceed with the establishment of a new Dental Hospital for the Dublin area.

It was also agreed that the Minister for Health should be requested to receive a deputation with a view to resolving the current financial difficulties being experienced in the administration of the Drugs Refund Scheme.

105/87

PROCEEDINGS OF LOCAL COMMITTEES

The reports of the following Local Committee meetings, having been circulated, were dealt with as follows:

- (i) **Wicklow Local Committee meeting held on 12 May 1987**
On a proposal by Dr Hawkins, seconded by Cllr Murphy, it was agreed to note the report.

The following matters were dealt with in the report:

- (a) new Health Centre, Bray;
- (b) infectious diseases;
- (c) post-mortem facilities in Wicklow area;
- (d) acute hospital services;
- (e) Community Care Services;
- (f) Home Improvement Scheme;
- (g) Welfare Clinic in Newcastle.

(ii) *Kildare Local Committee meeting held on 11 June 1987*

On a proposal by Dr Hawkins, seconded by Cllr Hickey, it was agreed to note the report.

The following matters were dealt with in the report

- (a) election of Chairman and Vice-Chairman;
- (b) Naas Hospital development;
- (c) Cardiac Ambulance Service;
- (d) School Dental Service.

(iii) *Dublin County Local Committee meeting held on 9 July 1987*

On a proposal by Cllr Grooma, seconded by Cllr Carroll, it was agreed to note the report.

The following matters were dealt with in the report -

- (a) recommendation regarding the establishment of a drop-in centre to serve the Lealand area of Bawnogue, Clondalkin;
- (b) possible savings from the use of generic drugs.

(iv) *Dublin City Local Committee meeting held on 13 July 1987*

On a proposal by Cllr Carroll, seconded by Cllr Hickey, it was agreed to note the report.

The following matters were dealt with in the report

- (a) role and functions of Local Committees;
- (b) the possibility of the Committee visiting Beaumont Hospital;

(v) *Dun Laoghaire Local Committee meeting held on 14- July 1987*

On a proposal by Cllr Hickey, seconded by Dr Hawkins, it was agreed to note the report.

The following matters were dealt with in the report -

- (a) address by a member of the Association for Improvements in the Maternity Service;
- (b) the Maternity Service at St Columille's Hospital, Loughlinstown;
- (c) 1987 allocation for Monkstown Hospital.

106/87

NOTICES OF MOTION

- (i) The motion in the name of Cllr Durkan regarding cervical smear tests was, in his absence, not moved.
- (ii) The following motion was proposed by Mr McGuire -

'That this Board direct the Chief Executive Officer to immediately seek approval via the Minister for Health and the Minister for Finance for the employment of additional psychiatric nurses in St Brendan's and St Ita's Hospitals so that optimum care can be given to patients'.

The motion was seconded by Cllr Canon and following a discussion to which Mr McGuira, Cllrs Carroll and Callely, Drs Devitt, O'Herlihy and Hawkins contributed and to which Mr Donohua, Deputy Chief Executive Officer replied, it was agreed that the motion would be referred to the Budget Working Group for discussion.

107/87

CORRESPONDENCE

Letter dated 9 July 1987, from the Department of Social Welfare, regarding the EEC Social Assistance Butter Scheme, copies of which had been circulated was noted.

108/87

OTHER BUSINESS

Deputy Roche, requested a report for a future meeting on the dangers of low level radiation from ESB high voltage lines.

The meeting concluded at 8.30 pm

CORRECT: F J Donohue

Deputy Chief Executive Officer


Chairman