

## EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting  
held in  
Board Room, St Mary's Hospital, Chapelizod, Dublin 20  
on Thursday 6 October 1988 at 6 pm

*Present*

Cllr O Bennett	Mrs B Bonar
Cllr I Callely	Cllr M Carroll
Dr R Corcoran	Mrs O Clune
Dr P Devitt	Cllr P Dunne
Cllr B J Durkan TD	Ald A FitzGerald
Cllr Dr D Fitzpatrick TD	Cllr C Flood TD
Cllr M Gannon	Cllr Mrs A Glenn
Cllr A Groome	Cllr W J Harvey
Dr R Hawkins	Cllr P Hickey
Dr P McCarthy	Mr G McGuire
Cllr C Murphy	Ms M Nealon
Dr J O'Boyle	Dr B O'Herlihy
Cllr L O'Neill	Cllr J Reilly
Mr R Roche TD	Cllr J Sweeney

*Apologies*

Cllr B Briscoe TD, Prof J S Doyle

*In the Chair*

Cllr A Groome

*Officers in Attendance*

Mr K J Hickey. Deputy Chief Executive Officer  
Mr J Doyle. Acting Programme Manager. Community Care  
Mr M Walsh, Acting Programme Manager. Special Hospital Care  
Mr S O'Brien, Acting Programme Manager, General Hospital Care  
Prof B O'Donnell. Dublin Medical Officer of Health  
Mr L P Kavanagh. Personnel Officer  
Mr G Brennan, Technical Services Officer  
Mr N McNee, Management Services Officer  
Mr M Gallagher, Finance Officer  
Mr M J O'Connor, Secretary

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**CONDOLENCES**

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

1. Ms Noelle Spring. Social Worker. Community Care Area 6 on the death of her father.
2. Mr G Brennan, Technical Services Officer, on the death of his sister.
3. Mr Hugh Carr, Superintendent Community Welfare Officer, Community Care Area 2, on the death of his mother.

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**CHAIRMAN'S BUSINESS**

The Chairman, on behalf of the members, welcomed Ms M Nealon to her first meeting of the Board since her recent absence due to illness.

Ms Nealon thanked the Chairman for his kind remarks and congratulated him on his election as Chairman of the Health Board.

The Chairman then read the following report which was noted by the Board.

1. I am sure members will join with me in congratulating Mrs Dymphna Clune and Mr Kieran Hickey on their appointment by the Minister for Health as members of the Beaumont Hospital Board.
2. I am pleased to inform the members that, at a pleasant function held in the James Connolly Memorial Hospital on 21st September, 1988, representatives of Yamanouchi (Ireland) Ltd., presented £10,000 to the hospital, towards the purchase of a Blood Gas Machine for the Casualty Unit.
3. I wish to remind members that a Special Meeting of our Board will be held on Wednesday 19th October, 1988 at 6.00 p.m. to consider Services for the Elderly.
4. Members will, by now, have received their invitations to the Nurse Graduation Ceremony to be held in the Assembly Hall at St Brendan's Hospital on 13th October, 1988 at 3.30 p.m.
5. The Group appointed to review our Board's Standing Orders has concluded its review. Their report will be circulated for consideration at the November Meeting.
6. A copy of the Budget Working Group's latest Report has been circulated to the members this evening.

With the members' agreement I propose that this report will be considered under Item No. 7, on the agenda 'Other Business'.

7. 32 bed units, Clonskeagh Hospital.

The two 32 bed units for the elderly at Clonskeagh Hospital are now open and functioning.

Arrangements will be made to have an Official Opening Ceremony shortly, when members will have an opportunity to inspect the units.'

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**CONFIRMATION OF MINUTES OF SPECIAL MEETING HELD ON 16 AUGUST AND OF MONTHLY MEETING HELD ON 1 SEPTEMBER 1988**

The minutes of the Special Meeting held on 16 August and of the Monthly Meeting held on 1 September 1988, having been circulated, were confirmed on a proposal by Cllr. Hickey, seconded by Cllr Dunne.

Mr McGuire asked that it be recorded that he had tendered his apologies for the Meeting held on 1 September 1988.

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**QUESTIONS TO THE CHIEF EXECUTIVE OFFICER**

On a proposal by Cllr. Dunne, seconded by Dr. Hawkins, it was agreed to answer the questions which had been lodged.

1. *Cllr. L. O'Neill*

'To ask the Chief Executive Officer regarding protection of patients in receipt of blood transfusions: are all blood donations now screened for possible AIDS virus?'

Reply

All blood donations are screened for the AIDS virus by the Blood Transfusion Service Board.

2. *Cllr. L. O'Neill*

'To ask the Chief Executive Officer, since this government's cutbacks in the Health Services, how many hospital beds have been closed to date, can he outline the problems being experienced by medical staff as a result of the cutbacks, finally how much has been collected to date since the introduction of the hospital charges and how much is outstanding?'

Reply

The information sought regarding bed closures requires a detailed reply embracing 23 hospitals. Such an update report is currently under preparation for submission to the next meeting of the General Hospital Programme Committee and a copy will be supplied to the members as soon as it is available

Information on income from hospital in-patient and out-patient charges is available for Eastern Health Board hospitals only. The amount collected since the introduction of these charges in May 1987 is £386,740 and the amount outstanding and under review is £189,570.

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**CHIEF EXECUTIVE OFFICER'S REPORT**

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

1. *'The National Fuel Scheme 1988/89.*

I have circulated with the correspondence for the information of members a copy of a detailed letter dated 23rd September 1988 received from the Department of Social Welfare setting out all the elements of this scheme which will operate from week commencing 17th October, 1988 to week commencing 10th April, 1989.

The 1988/89 scheme makes no changes in eligibility categories, level of payment (£5 per week) or in the duration of the scheme (26 weeks) - these are all the same as last year.

There have been a number of changes in the administrative arrangements, i.e.

- (1) The Urban Fuel Scheme has been discontinued and former recipients under that scheme will now be paid directly by the Department of Social Welfare.
- (2) The Health Board will now only be responsible for making payments to those whose 'basic' allowance is also paid by us, i.e. SWA, DPMA, IDMA
- (3) The Department of Social Welfare will now make payment directly to all other eligible persons who receive their 'basic' payment from that Department i.e. those payments listed at the top of the third page of the letter received from the Department of Social Welfare

2. **IPBMI Group Personal Accident Scheme for Members**

I have circulated with the correspondence for the meeting, copies of the IPBMI memorandum on the 1988/89 Group Personal Accident Scheme for members of local authorities and health boards.

Our Board has previously agreed that cover under Scheme A should be arranged by us on behalf of all Board members and that any member wishing to join Scheme B may do so on payment of the extra premium involved.

3. ***Tobacco Health Promotion and Protection Act, 1988.***

I have circulated with the correspondence for the information of members a copy of this Act. As will be seen from the letter of 7th September, 1988 received from the Department of Health the various prohibitions contained in the sections 3 - 6 of the Act are now in force As requested by the Department i am arranging to nominate a number of the Environmental Health Officers who will be involved in the enforcement of the Act in our Board's area.

4. **National Lottery 1987/88.**

I have circulated with the correspondence two letters from the Secretary of the Department of Health advising of further allocations totalling £30,000 to the following projects in our Board's area:-

1. **Ana Liffey Project**  
13 Lower Abbey Street,  
Dublin 1. £ 20,000  
  
(Counselling services for young drug addicts)
2. **Cherish**  
2, Lr. Pembroke Street,  
Dublin 2. £ 10,000  
  
(Advice, counselling and  
housing assistance for single mothers)

5. *Active Age Week and National Day on Ageing.*

Active Age Week this year will run from 9th to 16th October and will conclude with the National Day on Ageing on Sunday 16th October. I have circulated for the information of members a summary of activities organised in our Board's area. I have also circulated for information, two Fact Sheets relating to Caring for the Elderly at Home and relating to the Carers themselves. These have been published by the National Council for the Aged, one of them with the aid of sponsorship from our Board.

6. *Post Graduate Training in Psychology.*

I am pleased to report that the British Psychological Society has recently granted accreditation for training for a further five years to our Department of Psychology.

7. *Publicity regarding closure of Unit at St. Brendan's Hospital.*

I have circulated, for the information of members, a copy of a statement which I have issued today in reponse to a press report in today's issue of the Irish Times headed 'Mental Unit shut over staff shortage'.

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**DISPOSAL OF PROPERTY AT WYATTVILLE, BALLYBRACK. CO DUBLIN.**

The following report number 8/1988 from the Deputy Chief Executive Officer was submitted:

'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. Former Health Centre at Wyattville Road, Ballybrack, Co Dublin.
2. The said property was transferred to our Board by the Dublin Health Authority.
3. It is proposed to dispose of the property to Mr Eric O'Brien, Assumpta Park, Shankill, Co. Dublin.
4. The consideration in respect of the disposal is £14,500.

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 earned out.'

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

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#### PROGRESS REPORTS FROM PROGRAMME COMMITTEES

##### 1. *Special Hospital Care Programme Committee*

On a proposal by Mrs Clune, seconded by Cllr Caleb/ it was agreed to adopt the report.

The following matters were dealt with in the report:

- (i) Report on Monthly Meeting held on 8 September 1988 in the Lincara Centre, Bray.
- (ii) Report on Special Meeting held on 13 September 1988 in St Loman's Hospital during which members visited Beech Haven, the newly renovated Geriatric Unit.

In response to an enquiry from Mrs Bonar regarding the condition of the buildings at St Loman's Hospital. Mr Hickey, Deputy Chief Executive Officer, said that apart from the general programme of upgrading the units which could not be continued at the planned rate, he was concerned to have essential preventive maintenance work carried out to the exterior of the buildings and this was being pursued.

In response to an enquiry from Mr McGuire regarding a proposal to acquire two houses at Swords for use as a domestic-style residence for mentally handicapped, Mr Walsh. A/Programme Manager, Special Hospital Care, informed the members that he had met with the Residents' Association and that the proposal was still under discussion. It was agreed that every effort should be made to implement agreed Board policy and that the Programme Manager should be supported in every way in his discussion with local community representatives.

Dr Hawkins referred to the report regarding the discussions with the Provincial of the Order of St John of God with a view to the Order taking on the provision of Child Psychiatric Services for Co Wicklow and expressed his support for the development of a service at various centres in Co Wicklow rather than at Stillorgan.

##### 2. *General Hospital Care Programme Committee*

On a proposal by Dr O'Herlihy, seconded by Dr Hawkins, it was agreed to adopt the report.

The following matters were dealt with in the report:

- (i) Transfer of twenty patients from St Brendan's to James Connolly Memorial Hospital.
- (ii) Progress report on St Joseph's Ward and the Operating Theatre Suite at St Columille's Hospital, Loughlinstown.

- (iii) Progress report on work on the Psychiatric Unit, Boiler House and ancillary accommodation at Naas General Hospital.
- (iv) Panel of Contractors for Special Works.
- (v) Report on the construction of new Day Room at District Hospital, Wicklow.
- (vi) Acute Hospital Services - bed availability.
- (vii) Recommendation that members appointed by the Health Board to outside agencies should report back on a regular basis.
- (viii) Report on services in St Vincent's Hospital, Athy.

On the proposal of the Chairman, it was agreed that members appointed to outside agencies should report back through the Programme Committee structure.

A lengthy discussion took place on the operation of the Accident Emergency Service and its implications for the work-load of the Casualty Departments of the Hospitals involved to which Deputy Durkan, Mrs Bonar, Mrs Clune, Dr O'Herlihy, Cllr Dunne, Deputy Roche. Dr Hawkins, Cllr Reilly, Dr O'Boyle, Dr Devitt, Ms Neaton. Dr Fitzpatrick, Cllr Carroll and the Chairman contributed and to which Mr Hickey, Deputy Chief Executive Officer replied.

During the discussion, the following points were made by members :-

- The administration of the Casualty Service should be examined in relation to the attendance of patients who should be dealt with by their general practitioners, and the apparent termination of the traditional arrangement under which general practitioners made contact with hospitals to arrange beds for their patients in advance of their admission.

- One member estimated that 80% of people attending at Casualty Departments at night time were suffering from the effects of an excessive intake of alcohol and suggested that they should be charged the full economic cost of their treatment.

Support was expressed for the employment of Casualty Consultants during the evening and at night time.

- The designation of one hospital specifically for accident cases was suggested.

Mr Hickey, Deputy Chief Executive Officer, in reply, referred to the Health Board's role in co-ordinating the Accident and Emergency Services and to the increased consciousness of admissions coming through the Accident and Emergency Departments following the reduction in the number of available hospital beds, with a consequent reduction in the number of elective admissions.

He stated that, in order to maintain the best possible balance between elective and emergency admissions, it was essential that tighter bed management was put into practice within the hospital system. This would necessitate a review of admission and discharge procedures, the operation of a triage system in Accident and Emergency Departments and enhanced patient information systems. These matters would be considered by the Steering Group, under the Chairmanship of the

Programme Manager, General Hospital Care, which was working to develop a unified approach to improving the overall management of available bed resources.

3. *Community Care Programme Committee*

On a proposal by Cllr Carroll, seconded by Cllr Dunne, it was agreed to adopt the report.

The following matters were dealt with in the report:

- (i) Special Meeting held on 1 September, 1988 to consider the draft memorandum between the Department of Health and the Irish Medical Organisation on a new scheme of payment for the General Medical Services.
- (ii) Monthly Meeting held in Area 9 (Kildare) on 22 September 1988 at which the following matters were considered:
  - (a) Report on the operation of the new Child Sexual Assault Units.
  - (b) Report and statistical data on services in Co Kildare.

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**CORRESPONDENCE**

Four items of correspondence were circulated as referred to items 1 to 4 of the Chief Executive Officer's Report.

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**OTHER BUSINESS**

(i) *ALLOCATION FOR NON-CAPITAL HEALTH EXPENDITURE 1988*

In introducing report no. F3/1988 from the Budget Working Group the Chairman stated that he regretted that there was not sufficient time to get the Budget Working Group's Report out to members in advance of the meeting. He further stated that the report circulated was a routine report and that the members would be pleased to note that our performance was substantially on target. He would ensure that future meetings of the Budget Working Group would be so arranged as to allow sufficient time to have the reports circulated with the papers for Board Meetings, and that if members felt that they had not sufficient time to deal with the report now before the meeting he would be pleased to allow further discussion on it at the November meeting of the Board.

'The Budget Working Group met on 23rd and 27th September, 1988 to consider a report from the Deputy Chief Executive Officer on our Board's financial position at 31st August, 1988. I attach, for your information, a summary of the report.

In the detailed consideration of the Report the following recommendations were made:-

- 1. The Department of Health should be requested to continue with its review of the community drugs schemes and to meet the cost of any overrun on these schemes.



2. Our Board's request to the Minister for Health to review the application of the public service embargo on the making of permanent appointments in the health services should be followed up. Reference was made to the fact that the embargo comes on top of cash restrictions which already limit the capacity of our Board to employ staff. It was recommended that a meeting should be sought with officials of the Departments of Health and Finance on this subject.
  
3. Special allocations should be requested for the development of geriatric services and to bring the Unit for the Young Chronic Sick at St Mary's Hospital into full use

Since the most recent meeting of the Budget Working Group, the Minister for Health, Or Rory O'Hanlon, TD, met with the Chairmen and Chief Executive Officers of the eight Health Boards on 29th September, 1988 to review the current situation and also to consider possible enhancements in the Community Care Services.

In the course of that meeting, the various matters which had been raised at the meetings of our Budget Working Group were drawn to expenditure trends on the community drugs schemes, the increased demand for statutory welfare allowances and the projected shortfall in our income

The Minister indicated that he intended to have a further meeting towards the end of October at which he proposed to announce the allocations for 1989.'

#### Financial Report to 31 August 1988

1. Overall our Board's financial performance to 31st August, 1988 is on target reflecting our success in implementing the budgetary measures agreed by our Board for 1988.

	£(000)
The proportionate budget to 31st August, 1988	£129,219
Actual expenditure to 31 August, 1988	£129,368
Unfavourable variance	£ 149
% Unfavourable variance	(0.1%)

#### 2. PROGRAMME ANALYSIS

##### 2.1 Community Care

	£(000)	£(000)
Budget to 31st August 1988	48,576	
Actual expenditure	48,193	
Favourable Variance		383

##### 2.2 Special Hospitals

	£(000)	£(000)
Budget to 31st August 1988	34,706	
Actual expenditure	34,981	
Unfavourable variance		(275)

2.3 *General Hospitals*

Budget to 31st August, 1988	32,666
Actual expenditure	<u>32,868</u>

Unfavourable Variance	(202)
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2.4 *Central Services*

Budget to 31st August, 1988	13,281
Actual expenditure	<u>13,326</u>

Unfavourable Variance	(55)
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Total Unfavourable Variance	£ 149
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3. *PROGRAMME REPORTS*3.1 *COMMUNITY CARE PROGRAMME*

Favourable Budget Variance at 31st August, 1988		£(000)
		383
Analysed as follows:		
PAY	£(000)	
Budget	14,391	
Actual	<u>14,267</u>	
Favourable Variance	124	
NON PAY		
Budget	35,601	
Actual	<u>35,501</u>	
Favourable Variance		100
Income		
Budget	1,416	
Actual	<u>1,575</u>	
Favourable Variance		159
Total Favourable Variance		<u>383</u>

3.1.1 **FACTORS GIVING RISE TO VARIANCES**

<b>PAY</b>	<b>£(000)</b>
Favourable Variance	£ 124
Favourable Variance	(.008%)
Programme is achieving pay targets.	
<b>NON PAY</b>	
Favourable Variance	100
% Favourable Variance	(.003%)
Favourable Variance in Medical and Other Services	713
Unfavourable variance for of Refunds Drugs Scheme	613 100

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Refund of Drugs Scheme claims are now running at over 9,000 per month -15% in excess of the budgeted level. The Department of Health have been advised of this problem.

<b>Income</b>	<b>£(000)</b>
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Favourable Variance	£ 159
% Favourable Variance	11%

This increase is largely accounted for by an increase in both price and volume of activity in the Superintendent Registrar of Births, Deaths and Marriages Office together with an increase in income in the Medical Officer Services.

3.2. **GENERAL HOSPITAL CARE PROGRAMME**

Unfavourable Budget Variance to 31st August, 1988		<b>£(000)</b>
Analysed as follows:		
<b>PAY</b>		
Budget	<b>£(000)</b>	
Actual	21,627	
Unfavourable Variance	21,935	(308)

**NON PAY**

Budget	14,134	
Actual	14,122	
Favourable Variance		12
<b>Income</b>		
Budget	3,095	
Actual	3,189	
Favourable Variance		94
Total Unfavourable Variances	(202)	

**3.2.1 FACTORS GIVING RISE TO VARIANCES****PAY**

Unfavourable Variance	£ 308
% Unfavourable Variance	(1.4%)

**Unfavourable Variances**

	£(000)
Naas Hospital	125
St. Brigids Hospital	84
Transport	74
Athy Hospital	72
Baltinglass Hospital	36
St Clare's Hospital	24
Others	39
	<u>454</u>

**Favourable Variances**

James Connolly Memorial Hospital	76
Cherry Orchard Hospital	70
	<u>146</u>

As a result of the temporary ward closures for the summer months and the level of staff resignations the upward trend in pay expenditure has slowed down. With the onset of the Winter it is expected that these beds will have to be recommissioned. It is anticipated that the demands, particularly for elderly care services, will result in an overexpenditure of about £500,000 on the pay budget for the programme. This overexpenditure is being offset by savings in non pay expenditure and by favourable variances in income.

**NON PAY**

Favourable Variance	£ 12
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Non-Pay expenditure trends for the remainder of the year will be favourable.

<i>Income</i>	£ 94
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% Favourable Variance	(3%)
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The favourable variance is largely in respect of higher than predicted collection levels of the £10 hospital charges in the majority of the Board's hospitals.

**3.3 SPECIAL HOSPITAL CARE PROGRAMME**

	£ (000)
Unfavourable Budget Variance at 31st August 1988	275

Analysed as follows:

<b>PAY</b>	£ (000)	
Budget	22,725	
Actual	<u>22,523</u>	202

Favourable Variance

**NON PAY**

Budget	13,834	
Actual	<u>13,986</u>	(152)

Unfavourable Variance

*Income*

Budget	1,853	
Actual	<u>1,528</u>	(325)

Unfavourable Variance

Total Unfavourable Variance	(275)
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**3.3.1 FACTORS GIVING RISE TO VARIANCES**

**PAY**

Favourable Variance	£ 202
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% Favourable Variance	(.009%)
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Programme is achieving pay targets

<b>3.4</b>	<b>CENTRAL SERVICES</b>		<b>£ (000)</b>
	Unfavourable Budget Variance at 31st August		<b>55</b>
	<b>1988</b>		
	<b>Analysis as follows:</b>		
	<b>PAY</b>	<b>£ (000)</b>	
	Budget	<b>12,156</b>	
	Actual	<b>12,243</b>	
	Unfavourable Variance		<b>(87)</b>
	<b>NON PAY</b>		
	Budget	<b>4,056</b>	
	Actual	<b>3,968</b>	
	Favourable Variance		<b>88</b>
	<i>Income</i>		
	Budget	<b>2,941</b>	
	Actual	<b>2,885</b>	
	Unfavourable Variance		<b>(56)</b>
	<b>Total Unfavourable Variance</b>		<b>55</b>
<b>3.4.1</b>	<b>FACTORS GIVING RISE TO VARIANCES</b>		
	<b>PAY</b>		
	Unfavourable Variance		<b>£ 87</b>
	% Unfavourable Variance		<b>(.007 %)</b>
	<b>NON PAY</b>		
	Unfavourable Variance		<b>£ 152</b>
	% Unfavourable Variance		<b>(1%)</b>
	<i>Unfavourable Variances</i>	<b>£ (000)</b>	
	St. Brendan's Hospital and associated catchment areas	<b>200</b> <b>94</b>	
	St. Loman's Hospital	<b>79</b>	
	St. Ita's Hospital		
		<b>373</b>	
	<i>Favourable Variances</i>		
	Restructuring of funding to outside organisations	<b>202</b> <b>19</b>	
	Others		
		<b>221</b>	

The unfavourable variances arise generally in respect of increased costs of Community Psychiatric Services. The commissioning of new hostels and other community facilities have been met from within the Programme's allocation. Allowances paid to hostel residents pending determination of their entitlement to statutory welfare allowances represents a significant commitment.

*Income*

Unfavourable Variance	£ 325
% Unfavourable Variance	(17%)

This unfavourable variance reflects the decrease in patient maintenance income associated with the process of depopulating our major psychiatric institutions by transferring patients to a community setting. In the longer term savings will accrue from this policy through a reduction of our institutional costs. However, there is a time delay between the date when patients are moved out and the date on which wards are ultimately closed. In this interim period our Board loses the benefit of the patients' income while still having to meet for a short time, the overheads of the institutions concerned.

Pensions in respect of staff retirements throughout our Board's functions and programmes are charged to Central Services. By 31st August, a total of 82 staff had left the Board's service under the terms of the voluntary redundancy/early retirement scheme. While lump sums paid are additionally funded by the Department of Health, the ongoing pensions must be met from our Board's revenue allocation. Pensions arising in respect of these retirements/redundancies have been charged to the central services budget. The unfavourable budget variance is directly attributable to the pensions paid to the staff who left on voluntary retirement/redundancy.

*NON PAY*

Favourable Variance	£ 88
% Favourable Variance	(2%)

Economies and efficiencies in the general administration of the Board explain the favourable variance.

*Income*

Unfavourable Variance	£ 56
% Unfavourable Variance	(2%)

The income budget for central services included a provision for charges for forms EIII and Hospital Services Cards. The unfavourable variance reflects the fact that these charges were not implemented. This variance also reflects the fact that the numbers paying superannuation contributions are correspondingly depressed in accordance with the high incidence of temporary staff and the numbers who have availed of early retirement.'

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

(ii) **CHEEVERSTOWN HOUSE**

The Board went into committee to consider this item.

At the request of the Chairman, Mr. Hickey, Deputy Chief Executive Officer, read a letter which he had just received from the Secretary of the Department of Health following his meeting in the Department on 29th September 1988 attended by representatives of Cheeverstown House and the Deputy Chief Executive Officer. In his letter the Secretary had requested a reply before 20th October 1988.

On a proposal by Cllr. Dunne, seconded by Mr. McGuire in his letter it was agreed to accept the proposals contained in the Department's letter of 6th October. 1988.

The meeting concluded at 8 pm.

CORRECT: K J Hickey  
Deputy Chief Executive Officer.

  
Chairman