

## EASTERN HEALTH BOARD

Minutes of proceedings of Monthly Meeting  
held in the  
Boardroom, St Mary's Hospital, Chapelizod, Dublin 20  
on Thursday 15 December 1988 at 6 pm.

### Present

Cllr O Bennett	Mrs B Bonar
Cllr I Callely	Cllr M Carroll
Mrs D Clune	Dr P Devitt
Cllr J Dillon Byrne	Cllr B J Durkan TD
Cllr M Gannon	Cllr A Glenn
Cllr A Groome	Cllr W J Harvey
Dr R Hawkins	Cllr F Hynes
Dr D I Keane	Dr P McCarthy
Prof J McCormick	Mr G McGuire
Cllr C Murphy	Ms M Nealon
Dr J O'Boyle	Dr B O'Herlihy
Cllr L O'Neill	Cllr J Reilry

### Apologies

Cllr Dr D Fitzpatrick TD. Cllr C Flood TD,  
Cllr P Hickey, Dr J Masterson

### *In the Chair*

Cllr Austin Groome

### Officers in Attendance

Mr K J Hickey, Acting Chief Executive Officer  
Mr F Donohue, Programme Manager, Community Care  
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 Kavanagh, Personnel 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 of the Chairman votes of sympathy were passed with the following:

- 1 Tina Berrigan, Community Welfare Service, on the death of her father.
- 2 Deirdre Ryan, Community Welfare Service, on the death of her father.
- 3 Dr Joseph O'Neill, Medical Officer, St Vincent's Hospital, Athy, on the death of his sister.
- 4 Pat Deck, Management Services Department, on the death of his father.
- 5 Jo Hughes, Accounts Section, on the death of her father.
- 6 The relatives of Sister Paschal Caffrey, St Vincent's Hospital, Athy.
- 7 Attracta Doran, Community Welfare Officer, Coolock, on the death of her father.
- 8 Mr Seamus Murphy, Administrator, Special Hospital Care Programme (Clontarf), on the death of his father.
- 9 Dr Michael McGuinness, Clinical Director, St Ita's Hospital, on the death of his brother.
- 10 Dr Una O'Donnell, Clinical Director, on the death of her mother.
- 11 Mr Jack O'Reilly, Community Welfare Service, on the death of his brother.

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**CHAIRMAN'S BUSINESS**

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

1. It is with regret that I have to inform members that I have received the following letter from our Chief Executive Officer. Mr P B Segrave:

*"Dear Chairman,*

*In July 1987, when the Board kindly agreed to my secondment, I stated that the period of secondment would enable me, in consultation with my Medical Adviser, to reach a decision on my future in relation to the post of Chief Executive Officer of the Eastern Health Board.*

*Against this background and the responsibilities I have to others, particularly the Board, our Management and staff, I have very reluctantly decided to avail of the Early Retirement Scheme. I am therefore resigning from the post of Chief Executive Officer, my last date of duty being today, 14th December, 1988.*

*I am very grateful to you and to the other members of the Board for your continued consideration and also wish to place on record my appreciation of Mr Kieran Hickey and the other members of our Management Team and our staff and to again thank them for their particular efforts.*

*Finally, I wish to thank you personally for your kind understanding.*

*yours sincerely,  
P B Segrave"*

I also wish to inform members that Mr Kieran Hickey has been appointed as temporary Chief Executive Officer in accordance with the provisions of Section 13(9) of the Health Act, 1970, pending the making of arrangements for the permanent filling of the post.

I understand that Mr Segrave will continue to work on a part-time basis with the Minister and the Department of Health. I am sure members will join with me in wishing him every success in the future.

Our best wishes also go to Mr Hickey on his appointment as temporary Chief Executive Officer.

2. ***January 1989 Meeting of Board***  
With the members' agreement it is proposed to hold the January meeting of our Board on Thursday 12 January 1989 at 6 pm.
3. ***Budget Allocation for 1989***  
The letter of allocation received at the meeting of Chairmen and Chief Executive Officers with the Minister for Health on 2 December last has been circulated for the information of members with the Agenda for this meeting.  
  
The Budget Working Group has already had a preliminary meeting to consider this matter and will be meeting again early in January. That meeting will take place on Tuesday 10 January 1989 at 11 am.  
  
I have decided to arrange a Special Meeting of our Board on 19 January 1989 to consider the report of the Budget Working Group on our 1989 Allocation.
4. ***Other Special Meetings of our Board***
  - (a) 16 February 1989 - to consider the needs of the health service in the Tallaght area.
  - (b) 9 March 1989 - to further consider future services for the elderly.
5. ***Person of the Year Award***  
Members are probably aware that Nurse Alice Leahy, a member of our Board's staff who works with Trust, was chosen for a 'Person of the Year' Award in recognition of her work with the homeless. I am sure you will agree that we should offer Nurse Leahy our sincere congratulations.
6. ***January Meeting of the Special Hospital Care Programme Committee***  
Please note that the January Meeting of the Special Hospital Care Programme Committee will be held in St Columba's, Armagh Road, Crumlin on Monday 9 January 1989 at 11 am'.

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**CONFIRMATION OF MINUTES OF SPECIAL MEETING HELD ON 19 OCTOBER 1988.  
AND OF MONTHLY MEETING HELD ON 3 NOVEMBER 1988**

The minutes of the special meeting held on 19 October 1988. and of the monthly meeting held on 3 November 1988. having been circulated, were confirmed on a proposal by Cllr Calley. seconded by Cllr Carroll.

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**QUESTIONS TO THE CHIEF EXECUTIVE OFFICER**

On a proposal by Cllr Gannon, seconded by Mrs Bonar, it was agreed to answer the questions which had been lodged.

- (i) ***Cllr Dr D Fitzpatrick, TD***  
'What is the ratio of permanent and temporary nursing staff in:
  - (a) the Psychiatric Nursing Service, and
  - (b) the General Nursing Service?'

**Reply**

The situation with regard to the three main streams of nursing (psychiatric general and public health) is as follows:

	<i>Permanent</i>	<i>Temporary (T)</i>	<i>Total</i>	<i>Ratio PJ</i>
Psychiatric	1.015	304	1,319	3.3:1
General	727	324	1.051	2.2:1
Public	379	91	470	4.1:1
<b>TOTAL</b>	<b>2.121</b>	<b>719</b>	<b>2.840</b>	<b>2.7:1</b>

The above figures do not take account of 73 nursing posts recently approved by the Minister for conversion from temporary to permanent.

A small number of nursing posts is approved for filling on a monthly basis and it is anticipated that a significant number will be cleared for permanent filling in the New Year.

(ii)

***Cllr I Callely***

'Can the Chief Executive Officer advise what record or registration is kept of the various illnesses/diseases in the Eastern Health Board area. Anorexia, Schizophrenia, attempted suicide, partial mental disturbance, etc. and other such illnesses/diseases which may not be easily visible but require the services of the Board.

Are there accurate statistics available for our Board's area? Could I receive a breakdown of same?'

***Reply***

In the recording of the incidence of mental and related illnesses for statistical and research purposes, our Board co-operates with the Health Research Board (formerly known as the Medico-Social Research Board).

The Health Research Board operates a national psychiatric in-patient recording system and publishes reports annually.

The most recent in-patient figures available for the Eastern Health Board from the Health Research Board are for the year 1985 and are set out hereunder:

<i>Diagnosis</i>	<i>Incidence per 100.000 of population</i>	
	<i>All admissions</i>	<i>New Admissions</i>
Organic Psychoses	39.2	19.0
Schizophrenia	161.3	28.7
Other/Unspecified Psychoses	2.6	0.8
Depressive Disorders	235.3	85.8
Mania	53.7	12.0
Neuroses	47.6	16.5
Personality Disorders	40.9	14.3
Alcohol abuse/Alcohol Psychoses	165.3	58.0
Drug Dependence	6.1	2.5
Mental Handicap	7.4	1.7
Unspecified	1.7	1.6
<b>All diagnosis</b>	<b>761.5</b>	<b>246.1</b>

In relation to anorexia, this is subsumed into another broader category, and while it is not readily available, a facility exists whereby this can be extracted from the computer on request. The information will take a short while to extract but will be forwarded when it becomes available.

The incidence of para-suicides is not recorded by the Health Research Board. However, the Report of our Board's Working Party is expected to be available in February/March 1989.

(iii)

*Cllr Dr D Fitzpatrick TD*

'Is the Health Board making any arrangements to have its Health Care staff inoculated against Hepatitis and, if so, when do they mean to start?'

*Reply*

Vaccination of Health Board staff against Hepatitis B has been ongoing for the past twelve months. The following have been covered:

Staff of Central Mental Hospital, Dundrum  
 Staff of St Loman's Hospital  
 Staff of St Ita's Hospital, Portrane  
 Staff of St Brendan's Hospital  
 Staff of Cherry Orchard Hospital  
 Ambulance Staff  
 Staff of Dental Service  
 Staff in various areas who are deemed to be at risk.  
 In all approx. 1,000 staff have been vaccinated to date

(iv)

*Cllr B Durkan TD*

'To ask the Chief Executive Officer to state the amount of money paid by the Eastern Health Board to deserving applicants in respect of funeral grants in 1987 and to date in 1988, and the average amount paid in respect of individual cases in the aforementioned area in due course?'

*Reply*

The total amounts paid in Supplementary Welfare Allowance to assist with funeral expenses during the years in question were:

1987	1988 (to 30/11/1988)
£154,834	£162,709

The average amount paid in each individual case was:

1987	1988
£273.56	£294.25

(v)

*Cllr B Durkan TD*

'To ask the Chief Executive Officer to state the current proposals of the Eastern Health Board in respect of expenditure towards the Special Task Force Home Improvements for the Elderly, the total amount available for such work in 1988, the total spent to date and the total value of outstanding works needing attention'.

*Reply*

The Home Improvement Scheme for the Elderly, which is funded by the Department of the Environment, is presently operated with six teams which are deployed throughout our Board's area.

Interviews have recently been held to fill a vacant post of foreman and an appointment will be made in the New Year. This will restore the number of teams to the original complement of seven.

The total allocation made available by the Department of the Environment for 1988 is £313,000, which includes a special 'once off' allocation of £48,000.

Expenditure on the scheme to 30 November 1988 amounted to £305,854.

It is not possible to state the total value of the outstanding works pending detailed examination and costings. However, on an average basis, the cost of the 247 applications which are in various stages of assessment at present would amount to £270,000 approximately.

(vi)

Dr R Hawkins

- (a) What arrangements have the Eastern Health Board made for
1. Repeat prescriptions
  2. Computerisation of records and prescriptions under the new Scheme?
- (b) Can the Health Board circulate an estimate of the doctors' basic income under capitation with the proposed new contract?
- (c) Will the Health Board certify the doctors' panel before January 1<sup>st</sup> and issue him/her with a full up-to-date patient master file before January 1st?
- (d) Are the monitoring procedures of the new contract adequate for the needs of the Health Board?'

*Reply*

I understand that the details of the Contract are still under consideration by the Irish Medical Organisation and the Department of Health, and until such time as these have been finalised, I am not in a position to give the detailed information sought in relation to items (a), (b) and (d).

With regard to item (c) we have recently requested GMS doctors to advise us of any required amendments to their panels known to them. Other reviews are also being carried out and will be concluded shortly.

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#### CHIEF EXECUTIVE OFFICER'S REPORT

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

1. I have circulated, with the agenda for the meeting, the following letters:
  - (a) Letter dated 7 November 1988, from the Department of Health regarding the extra payment of allowances for one week in December (equivalent to 65% of the value of a single week's payment)
  - (b) Letter dated 8 November 1988, from the Department of Social Welfare enclosing a list of Organisations in our area which were allocated grants from National Lottery Funds for the Scheme of Grants to Voluntary Bodies in the Social Services area.
  - (c) Letter dated 21 November 1988, from the Department of Health regarding the grant from National Lottery Funds of £10,000 to AIM – the campaign of Family Law Reform, and £5,000 to the Marriage Counselling Service Limited, Grafton Street, Dublin 2.
  - (d) Letter dated 21 November 1988, from the Department of Health enclosing a copy of the Infectious Diseases (Amendment) Regulations 1988 which designate infectious parositis (mumps) as a notifiable disease.
2. *Review of Dental Services*

At the November meeting of our Board I informed members regarding the comprehensive review of the arrangements for the provision of dental services to eligible persons in our Board's area by Mr Fred Donohue and Dr John Clarkson, the Deputy Chief Dental Officer from the Department of Health.

I am glad to report that the review has commenced and that their report is expected in mid-March 1989.

3. ***Rape Crisis Centre - Review***  
I wish to advise members that arrangements have been made to carry out a review aimed at defining the level and cost of ongoing services required by our Board from the Rape Crisis Centre.
4. ***Commissioning of new Hostel for Women and Children at Regina Coeli***  
Arrangements for the appointment of the Supervisor and other staff are well in hand. The target date for transfer from Brú Chaoimhin to Regina Coeli is mid-February, 1989.
5. ***Medical Cards for Over 16s***  
I undertook at the November Board meeting to clarify the position in relation to young persons over the age of 16 with regard to eligibility for medical cards.  
The following eligibility criteria apply to this group:
  1. Persons aged 16 to 25 years, including students, who are eligible for medical cards are
    - (a) persons dependent on medical card holders
    - (b) independent persons with means within the medical card guidelines
    - (c) cases of undue hardship
    - (d) persons with entitlement under the EEC Regulations and
    - (e) persons in receipt of a Disabled Persons Maintenance Allowance
  2. Persons aged 16 - 25 years, including students, who are ineligible for medical cards are
    - (a) persons (other than those at 1) who are dependents of persons who are not medical card holders and
    - (b) independent persons whose income does not fall within the medical card guidelines.'

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**BAGGOT STREET HOSPITAL/REPORT ON SERVICES**

Report number 10/1988 (copy filed with official minute) from the Deputy Chief Executive Officer, which had been circulated with the Agenda, was considered and noted by the Board.

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**DISPOSAL OF PROPERTY AT 11/13 CLONSKEAGH ROAD, DUBLIN 6**

The following report no. 11/1988 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 the duties of our Board.

***Statutory Information***

1. Two houses at 11 and 13 Clonskeagh Road, Dublin 6.
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 Anthony Murray, 8 Hermitage Park Road, Lucan, Co Dublin.
4. The consideration in respect of the disposal is £127,500.

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 carried out.'

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

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**DISPOSAL OF PROPERTY AT JOHNSTOWN BRIDGE,  
ENFIELD. CO KILDARE**

The following report no. 12/1988 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. (a) Old Dispensary building and c.1/4 acre (Lot 1)  
(b) Site c.V2 acre (Lot 2)  
(c) C 6 acres of farm land (Lot 3) at Johnstown Bridge, Enfield, Co. Kildare.
2. The said property was transferred to our Board by Kildare County Council.
3. It is proposed to dispose of the property as follows:  
Lot 1 to Ms Noreen Conlon, Cadamstown, Broadford, Co. Kildare Lot 2 and 3 to Mr Michael McNally, Johnstown Bridge, Enfield, Co Kildare.
4. The considerations in respect of the disposals are as follows:

Lot 1 : £ 7,000

Lot 2 : £ 3,000

Lot 3 : £23,750

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 Gannon, seconded by Mr McGuire. it was agreed to adopt the proposal contained within the report.

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FINANCE**

(a) **Report of Budget Working Group on 1988 position**

Report No. F4/1988, (copy filed with official minute) which had been circulated with the Agenda, was considered and noted by the Board.

(b) **Allocation for Non Capital Health Expenditure 1989**

Letter dated 2 December 1988, from the Department of Health (copies of which had been circulated) was noted.

It was also noted that the Budget Working Group would meet on 10 January 1989, to consider this matter and that their report would be submitted for consideration by the Health Board at a Special Meeting to be held on the 19 January 1989.

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PROGRESS REPORTS FROM PROGRAMME COMMITTEES**

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

On a proposal by Mrs Clune, seconded by Cllr Dillon-Byrne, it was agreed to adopt the report.

The following matters were dealt with in the report:

- (a) Monthly meeting held in St John of God's Day Centre, Islandbridge on 11 November 1988.
- (b) Meetings held regarding the purchase of property at Rathbeale Crescent, Swords.
- (c) Meeting held on 25 November 1988, in Maryfield Industries, Swords.

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

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

The following matters were dealt with in the report:

- (a) Request for brief report on Unit 1 in Cherry Orchard Hospital for the December meeting of the Committee
- (b) Progress Report on Acute Hospital Services.  
The following motion was recommended for adoption by the Health Board:  
'That the Minister for Health be requested to ensure that all designated Public Hospital Beds which are publicly funded are open to public patients'
- (c) Progress report on the day centre project at District Hospital Wicklow.
- (d) Progress report on St Joseph's Ward and on the equipping of the operating theatre in St Columcille's Hospital.
- (e) Report on the collection of Farmers' Health Contributions.
- (f) Report on services in Naas General Hospital.

3. ***Community Care Programme Committee***

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

The following matters were dealt with in the report:

- (a) Report on AIDS (recommended by the Committee for adoption by the Board) setting out the current position, the initiatives which had been undertaken, current issues and developments envisaged.
- (b) Report on services in Community Care Area 5.
- (c) Report on special meeting held in Carbury on 30 November 1988, to review the operation of the Mobile Day Hospital. Members agreed with Cllr Carroll's suggestion that their thanks should be conveyed to the Voluntary Committee operating the Day Centre in Carbury and providing meals for those attending the Mobile Day Hospital.

Dr O'Boyle and Cllr Glenn indicated that they wished to be disassociated from the adoption of the report on AIDS.

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**NOTICES OF MOTION**

The following motion was proposed by Cllr B Durkan TD:

'That the Eastern Health Board would consider the possibility of more frequent use of generic prescribing and the further possibility of bulk purchase of drugs for issue through the GMS with the objective of reducing the overall costs to the Board, and at the same time maintaining standards in terms of the effectiveness of the drugs involved'.

The motion was seconded by Cllr Carroll and following a discussion to which Deputy Durkan, Dr Hawkins, Cllr Callely, Dr O'Boyle, Prof McCormick, Mrs Clune, Mrs Bonar, Cllr Dillon-Byrne, Dr O'Herlihy and Cllr Dunne contributed and to which Mr Hickey, Acting Chief Executive Officer replied, was agreed (12 for 3 against).

The motions in the names of Cllr Dr D Fitzpatrick TD and Cllr C Flood TD were, at their request, deferred to the January meeting.

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**CORRESPONDENCE**

Four items of correspondence, as referred to in the Chief Executive Officer's Report, copies of which had been circulated, were noted.

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**OTHER BUSINESS**

Dr Hawkins was informed, in response to his enquiries, that the Dublin Medical Officer of Health was satisfied that there was no danger of Salmonella infection in egg supplies and also that sufficient anti-flu vaccine would be available for general practitioners to administer to those most at risk.

Cllr Dunne requested a report on the situation regarding smog in Dublin for a future meeting. The Acting Chief Executive Officer said that this was pertinent to the Healthy Cities Project, in which the Dublin Local Authorities are jointly involved with the Eastern Health Board.

The meeting concluded at 7.30 pm.

Correct: K J Hickey,  
Acting Chief Executive Officer

  
Chairman

## EASTERN HEALTH BOARD

Report No. 10/1988

### BAGGOT STREET HOSPITAL - REPORT ON SERVICES

#### Introduction

The Eastern Health Board took over the management of Baggot Street Hospital in January 1988, under a licence to run until June 1990. Day to day running of services is under the management team of the medical administrator and matron. The budget for the hospital comes from the community care programme, to whom the management of the hospital reports. There is also a steering committee which has liaison and facilitatory functions, with representatives of the Eastern Health Board management, hospital management, members of the Royal City of Dublin Hospital Board, representatives of TCD and the Irish College of General Practitioners. This committee is chaired by Dr. Pat Quinn, Director of Community Care and Medical Officer of Health, Community Care Area 1. Full membership of the Committee is given in Appendix A.

#### Services

Attached is a broadsheet headed "Progress Report", which gives an overall outline of the current situation with regard to the services operating from Baggot Street. There are also individual preliminary reports on 4 services: long stay beds, respite beds, fully-supported day care unit and allergy clinic. Services 1 to 6 are under the management of the hospital, 7 to 9 are under the management of Community Care Area 2 staff, 10 to 12 are under the management of the Special Hospital Programme and services 13 to 16 are individual units.

#### Long Stay Patients

In the first week of service elderly long-stay patients from general hospitals in the southside of Dublin were transferred to Baggot Street. Over the next 6 weeks patients were transferred on a phased basis, from all 4 geriatricians, and by the end of February 1988 the full complement of 35 long-stay (heavy and medium dependency) patients were in situ in Baggot Street.

For the past 6 months the occupancy of these 35 beds has remained at approximately 100% and as beds become available patients are transferred as appropriate. Close contact is maintained with, and weekly returns are made to, the office of the Co-Ordinator of Services for the Elderly at St. Mary's Hospital.

The accompanying Table 1 gives the breakdown of patients who have been admitted as long-stay patients to Baggot Street since January. There is one patient who was admitted as long-stay but who has been rehabilitated and gone home. There is a high proportion of very elderly patients (aged over 85) and stroke is the most common diagnosis. Half of all admissions have been men, which is the exception in this type of situation.

#### Respite Care Patients

The hospital began admitting patients for 2 weeks' respite care from February. The smooth running of this service requires detailed planning and to that effect, a meeting was held in the hospital at which the DCC/MOH's and superintendent public health nurses for areas 1, 2 and 3 attended. A meeting for local general practitioners was subsequently held at the hospital. Admissions to this service come principally from the public health nursing service and general practitioners, and to a lesser extent from the geriatric unit at St. James's Hospital. The success of this service is dependent on patients being discharged when their two week stay is completed. In order that there be no misunderstanding on this issue relatives are asked to visit the hospital prior to the respite admission taking place. During this visit the sister-who co-ordinates the respite facility explains fully the aims of the services and the conditions which apply. The demand for respite care beds is seasonal, being heaviest in the summer months. Throughout June, July and August the complement of 15 respite care beds were fully booked.

Table 2 shows details on respite care patients who have been admitted. Stroke and dementia are again the most common diagnoses. It was felt when the unit was set up that the respite care patients would be of lower nursing dependency than the long term care patients but this has not been the case. As well as the patients who have been admitted there are others, about 30, who were booked but who for various reasons cancelled.

#### Fully Supported Day Care Unit

The first 3 months of the year were taken up with the planning and preparatory work for this service, including minor structural repairs. The unit is staffed by one and a half whole time staff nurses, together with one physiotherapist, one occupational therapist and one domestic staff member who also have other duties in the hospital. The unit opened in April 1988 and for the first 3 months transport was not provided. From mid July, the unit had the use of a converted EHB ambulance in the early morning and late evening 2 days a week and from the end of August transport has been available 5 days a week. The capacity of the unit is 20 attenders per day.

Referrals to the day care unit are principally from general practitioners and public health nurses, the latter with the knowledge of the general practitioner. The objectives of the unit are to provide a service over and above that provided at a day centre, almost to the level of a day hospital but without ongoing medical assessment. The work is rehabilitative in outlook and there is a maximum duration of attendance of 3 months. In order to assess the effectiveness of the service provided at the day care unit a detailed health questionnaire (the Nottingham Health profile) is administered to each attender at the 2nd visit and repeated at the penultimate visit. Analysis of these questionnaires will enable us to identify which types of patients benefit from attending the unit.

The day care attenders are on average younger than the inpatients (Table 3). Most are from Area 2 and arthritis/mobility problems are the commonest reasons for attendance.

#### GP Services

Agreement has been reached in principle for GPs to take over the clinical care of the 50 inpatients and to operate a 13 bed direct GP access unit. GPs have also submitted proposals for GP special procedure clinics to be operated from Baggot Street. It is hoped to have the GP access unit operational from December 1988.

#### Conclusion

I am happy to report that very positive working relationships have developed in relation to Baggot Street Hospital and this is in no small measure due to the manner in which the various interests represented on the Steering Committee including those of the Board of the Royal City of Dublin Hospital, have worked so well together. The Medical Administrator Dr. Joe Barry and the Natron Ms. Peta Taaffe have between them made a significant contribution to the day to day running of the new services which have been developed at the Hospital.

I would like to pay particular tribute to the contribution made by Ms. Taaffe both as a representative of the Board of the Royal City of Dublin Hospital and in her capacity as Natron. Ms. Taaffe is leaving us shortly to take up a major new appointment as Director of Nursing at St. James's Hospital and I would like to take this opportunity of wishing her every success in her new appointment.

K.J. Hickey,

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Deputy Chief Executive Officer

28th November, 1988

The accompanying Table 1 gives the breakdown of patients who have been admitted as long-stay patients to Baggot Street since January. There is one patient who was admitted as long-stay but who has been rehabilitated and gone home. There is a high proportion of very elderly patients (aged over 85) and stroke is the most common diagnosis. Half of all admissions have been men, which is the exception in this type of situation.

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#### Fully Supported Day Care Unit

The first 3 months of the year were taken up with the planning and preparatory work for this service, including minor structural repairs. The unit is staffed by one and a half whole time staff nurses, together with one physiotherapist, one occupational therapist and one domestic staff member who also have other duties in the hospital. The unit opened in April 1988 and for the first 3 months transport was not provided. From mid July, the unit had the use of a converted EHB ambulance in the early morning and late evening 2 days a week and from the end of August transport has been available 5 days a week. The capacity of the unit is 20 attenders per day.

Referrals to the day care unit are principally from general practitioners and public health nurses, the latter with the knowledge of the general practitioner. The objectives of the unit are to provide a service over and above that provided at a day centre, almost to the level of a day hospital but without ongoing medical assessment. The work is rehabilitative in outlook and there is a maximum duration of attendance of 3 months. In order to assess the effectiveness of the service provided at the day care unit a detailed health questionnaire (the Nottingham Health profile) is administered to each attender at the 2nd visit and repeated at the penultimate visit. Analysis of these questionnaires will enable us to identify which types of patients benefit from attending the unit.

The day care attenders are on average younger than the inpatients (Table 3). Most are from Area 2 and arthritis/mobility problems are the commonest reasons for attendance.

#### GP Services

Agreement has been reached in principle for GPs to take over the clinical care of the 50 inpatients and to operate a 13 bed direct GP access unit. GPs have also submitted proposals for GP special procedure clinics to be operated from Baggot Street. It is hoped to have the GP access unit operational from December 1988.

#### Conclusion

I am happy to report that very positive working relationships have developed in relation to Baggot Street Hospital and this is in no small measure due to the manner in which the various interests represented on the Steering Committee including those of the Board of the Royal City of Dublin Hospital, have worked so well together. The Medical Administrator Dr. Joe Barry and the Matron Ms. Peta Taaffe have between them made a significant contribution to the day to day running of the new services which have been developed at the Hospital.

I would like to pay particular tribute to the contribution made by Ms. Taaffe both as a representative of the Board of the Royal City of Dublin Hospital and in her capacity as Matron. Ms. Taaffe is leaving us shortly to take up a major new appointment as Director of Nursing at St. James's Hospital and I would like to take this opportunity of wishing her every success in her new appointment.

K.J. Hickey,

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Deputy Chief Executive Officer

28th November, 1988



## EASTERN HEALTH BOARD

Report No. F4/1988

### Allocation for Non-Capital Health Expenditure, 1988 – Report of Budget Working Group

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

The Deputy Chief Executive Officer also drew the members' attention to the following resolution which had been agreed at the November meeting of our Board:-

"That the grant of 55p per meal given to voluntary groups catering for senior citizens be increased in the coming year's estimates".

The members agreed with his proposal that the contribution towards the cost of the meals should be increased to 65p per meal with effect from 1 October, 1988.

In relation to the disposal of property it was agreed to issue notices under Section 83 of the Local Government Act 1946 in respect of 11 & 13 Clonskeagh Road and the old dispensary and land at Johnstown Bridge, Enfield, Co. Kildare.

It was also agreed that the process of disposing of staff houses at St. Ita's, Portrane, should be initiated and that the development of a marketing plan for the former St. Patrick's Home Site on the Navan Road should be undertaken.

Austin F. Groome,

5th December, 1988.

Chairman.

## EASTERN HEALTH BOARD

### FINANCIAL REPORT TO 31ST OCTOBER, 1988

#### 1. SUMMARY – FINANCIAL POSITION

The original budget for the year together with approved increases, for pay and non pay Mounts to £197,849,000.

	£ (000)
The proportionate budget to 31st October, 1988	£163,247
Actual expenditure to 31st October, 1988	<u>£162,461</u>
Unfavourable variance	£ 786
% Unfavourable variance	(.005%)

This unfavourable variance has accrued as a result of higher than anticipated demands for refunds of drugs during the year. The trends to date indicate that the budget provision for these schemes will be overspent by approximately £1 Billion at the year end. In addition to the projected overrun on the refund of drugs schemes it will be necessary for our Board to meet the costs, of the new Measles, Mumps and Rubella vaccination programme. The additional costs of this programme will be of the order of £120,000 in 1988. Our Board was not given any supplementary budget allocation to meet the costs of the vaccinations scheme.

Apart from the overexpenditure in respect of the refund of drugs schemes and the new MMR vaccination programme, the demands for which services are outside of our direct control, our Board would have anticipated a breakeven budget position for 1986.

The Department of Health have been advised of this situation.

2. **PROGRAMME ANALYSIS**

2.1 **Community Care**

	£ (000)	£ (000)
Budget to 31st October, 1988	60.878	
Actual expenditure	61,062	
Unfavourable Variance		(184)

2.2 **Special Hospitals**

Budget to 31st October, 1988	43,703	
Actual expenditure	44,184	
Unfavourable Variance		(481)

2.3 **General Hospitals**

Budget to 31st October, 1988	41.468	
Actual expenditure	41,380	
Favourable Variance		88

2.4 **Central Services**

Budget to 31st October, 1988	16,412	
Actual expenditure	16,621	
Unfavourable Variance		(209)

Total Unfavourable Variance		£ 786
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**PROGRAMME REPORTS**

**3.1 Community Care Programme**

		£ (000)
<b>Unfavourable Budget Variance at 31st October, 1988</b>		<b>(184)</b>
<hr/>		
<b><u>Analysed as follows:</u></b>	<b>£ (000)</b>	
<b><u>Pay</u></b>		
<b>Budget</b>	<b>18,203</b>	
<b>Actual</b>	<b>18,091</b>	
<b>Favourable Variance</b>		<b>112</b>
<b><u>Non Pay</u></b>		
<b>Budget</b>	<b>44,445</b>	
<b>Actual</b>	<b>44,902</b>	
<b>Unfavourable Variance</b>		<b>(457)</b>
<hr/>		
<b><u>Income</u></b>		
<b>Budget</b>	<b>1,770</b>	
<b>Actual</b>	<b>1,931</b>	
<b>Favourable Variance</b>		<b>161</b>
<b>Total Unfavourable Variance</b>		<b>(184)</b>



**REFUND OF DRUGS**

	£ (000)
Unfavourable Variance	903

**Analysis**

Refund Scheme	£ 581
Hardship Scheme	£ 242
Long Term Illness Scheme	£ 80

During the year 1987 the average monthly expenditure on these schemes amounted to £770,700. For the first ten months of 1988 the average monthly expenditure had increased to £860,000, representing an additional £90,000 per month cost to our Board.

**Income**

	£ (000)
Favourable Variance	161
% Favourable Variance	(9.1%)

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.

3.1 **COMMUNITY CARE SERVICES EFFECTS**

**Problems**

**Effects on Services of Staffing Level**

**Medical Staff**

- Non-Replacement of and severe curtailment of locuss for Area Medical Officers has led to a reduction in the frequency of School Medical inspections.
- Frequency of medical review of Disabled Persons Maintenance Allowance and other Allowances reduced.
- Locus support severely curtailed for format D.M.O.S

**Nursing Staff**

- Greater emphasis placed on car of the sick with the result that preventive services are restricted.
- Increasing numbers of referrals of elderly due to hospital non-admission/early discharge policies resulting in decrease in routine visits to elderly adjudged
- Non permanent replacement of staff and curtailment of locums.

**Social Work Services**

- The current staffing levels have restricted Child Care Services to the following priorities:
  - a) Non-accidental injury and sexual abuse
  - b) provision of alternative care for children abandoned or whose parents are unable to care for them The number of cases of reported/confirmed non-accidental injury/sexual abuse increased by over 100% since 1985.

- Service (b) calls for the recruitment and assessment of adoptive and foster parents and their support following placement of children with them. The level of support that can be provided is, inevitably diminishing.
- Expensive and time consuming, legal proceedings are now more frequent.
- increasing demand on services will follow new Child Care legislation.

#### **DENTAL AND ANCILLARY STAFF**

Numbers of approvals for treatment have been increased in the last few months. Our Board is in the process of reviewing the structure of the Dental Services. This review is being undertaken by the Programme Manager with the aid of an Assistant chief Dental Officer who has been seconded to our Board by the Department of Health.

#### **CLERICAL AND ADMINISTRATIVE STAFF**

Vacancies in single handed and other small units e.g. receptionists and dental attendants must be filled to ensure that clinics etc. can be held. This is often at the expense of posts in larger offices with consequent disruption of work flow.

#### **OCCUPATIONAL THERAPISTE, SPEECH TEERAPISTS AND PHYSIOTHERAPISTS**

Approval has been sought from the Department of Health for the recruitment of additional Physiotherapists.

#### **ENVIRONMENTAL HEALTH OFFICERS AND ANCILLARY STAFF**

Delay in filling of posts and the temporary nature of the appointments is unsatisfactory.

#### **CLINICS/HEALTH CENTRES STAFF (Porters, Caretakers, Cleaners)**

Priority has to be given to the replacement of Health Centre staff, such as porters to ensure that the centres can be kept open. Continued lack of flexibility by the trade unions aggravates the situation.

**SERVICES AFFECTED BY FACTORS OTHER THAN STAFFING**

**(i) STATUTORY SERVICES**

Demand from eligible persons for statutory services eg. welfare Allowances, Medicines Schemes, have to be met. Increased demand in 1988 for drugs refunds will result in overexpenditure of approximately £1 million on the Drugs Refund Scheme.

The effects of some recent court decisions - may lead to an increase in expenditure on allowances.

In other services, such as Medical and Surgical Appliances, some restrictions/standardisation and recycling of requisites have been undertaken. In chiropody Services the number of treatments has been curtailed.

**(ii) SERVICES PROVIDED BY OUTSIDE BODIES**

Generally, the rates of subsidies/grant aid to voluntary organisations have been left at previous year's level and developments have been restricted to those centres which were already on stream.

**(iii) DEVELOPMENTS**

The number of persons in Rehabilitation Training has been restricted. It has not been possible until recently to respond to the developments of the Rehabilitation bodies and some new training places remain unused.

**(iv) HOME HELPS/MEALS ON WHEELS**

Levels of Home Helps and Meals on Wheels services maintained at 1987 levels. The capacity to meet any extra demands is restricted.

4.1 SPECIAL HOSPITAL CARE PROGRAMME

£ (000)

Unfavourable Budget Variance at  
31<sup>st</sup> October, 1988 481

Analysed as follows:

Pay

£ (000)

Budget 28,726  
Actual 28,466

Favourable Variance 260

Non Pay

Budget 17,294  
Actual 17,655

Unfavourable Variance (361)

Income

Budget 2,317  
Actual 1937

Unfavourable Variance (380)

Total Unfavourable Variance (481)

4.2 FACTORS GIVING RISE TO VARIANCES

Pay

Favourable Variance £ 260

% Favourable Variance (.009%)

Programme is achieving pay targets.

**Non Pay**

Unfavourable variance	£ 361
% Unfavourable variance	(2.1%)

**Unfavourable Variances**

£ (000)

St. Brendan's Hospital and associated catchment areas	249
St. Ita's Hospital	158
St. Loman's Hospital	111
Newcastle Hospital	71
Child Psychiatry	56
Others	56
	<hr/>
	701

**Favourable Variances**

Restructuring funding to outside organizations	235
Others	105
	<hr/>
	340

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	£ 380
% Unfavourable variance	(16.4%)

This unfavourable variance reflects the decrease in patient - maintenance income associated with the process of transferring patients to the community. 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 but still has to meet the overheads of the institutions concerned.

Action taken by the Programme to date has succeeded in stabilizing the shortfall. It is not anticipated that this adverse budgetary situation will worsen between now and the year end.

**4.3 SPECIAL HOSPITAL CARE SERVICES EFFECTS**

**Services for Psychiatric Patients**

**(i) Institutional Problems**

- High level of staff reductions
- Rehabilitation and Social Services restricted
- Condition of Buildings Furniture and Equipment deteriorating

**(ii) Move to the Community**

**Problems**

- Process of transfer has slowed up
- The freeing up of Institutional Resources have been used to meet Budget Targets
- The development and equipping of community facilities is significant and has to be met from current revenue. In the commissioning of hostels second-hand furniture has been used. The maintenance of community residential facilities to the standards prevailing in the locality will be a problem.

**MENTAL HANDICAP SERVICES**

- No capacity for further admissions
- Major problems with adult mentally handicapped having dual handicaps who require residential care
- Staff shortages
- The job situation is causing major problems relative to job placement opportunities for patients.
- The mildly handicapped are very vulnerable in the current climate.

5.1 GENERAL HOSPITAL CARE PROGRAMME

£ (000)

Unfavourable Budget Variance at  
31<sup>st</sup> October, 1988 88

Analysed as follows:

Pay

£ (000)

Budget 27,434  
Actual 27,724

Unfavourable Variance (290)

Non Pay

Budget 17,903  
Actual 17,739

Favourable Variance (164)

Income

Budget 3,869  
Actual 4,083

Favourable Variance 214

Total Favourable Variance 88

5.2 FACTORS GIVING RISE TO VARIANCES

Pay

Unfavourable Variance £ 290

% Unfavourable Variance (1.1%)

**Unfavourable variances**

	£ (000)
Naas Hospital	154
St. Brigids Home	98
Transport	141
Athy Hospital	66
Baltinglass Hospital	38
Bru Chaoimhin	33
St. Clara's Home	28
Others	65
	<hr/>
	623

**Favourable variances**

Cherry Orchard Hospital	118
James Connolly Memorial Hospital	114
Others	101
	<hr/>
	333

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 additional income generated by the Programme.

**Non Pay**

Favourable Variance £ 164

Non Pay expenditure trends for the remainder of the year will be favourable.

**Income**

Favourable Variance £ 214  
% Favourable Variance (5.5%)

The favourable variance is largely in respect of higher than predicted collection levels of the £10 hospital charges in the majority of the Board' hospitals.

**5.3 GENERAL HOSPITAL CARE SERVICE EFFECTS**

**HOSPITALS**

- **Employment Restrictions**
- **Nurse/patient ratios at reduced levels.**
- **Reduced Elective admissions.**
- **Waiting lists increasing.**
- **Reduced maintenance of buildings.**
- **Acute hospital beds being blocked by elderly patients requiring long stay care and also young chronic disabled persons. This is a countrywide problem.**

**AMBULANCE/TRANSPORT**

**PROBLEMS**

- **Employment Restrictions**
- **Limited transport availability for Day Hospital and Day Care for elderly and mental handicap patients and O.P. Clinic attendances**
- **Delays in inter-hospital transfers.**
- **Interuption of vehicle replacement policy leading to,**
  - (i) increased vehicle down time**
  - (ii) increased maintenance cost**
  - (iii) build up of replacement needs**

**SERVICES FOR ELDERLY**

**PROBLEMS**

- Respite admissions curtailed
- Intermittent admissions reduced
- Rehabilitation services reduced and curtailed.
  
- Assessment/Rehabilitation beds being blocked. Capacity insufficient to meet demand for long stay beds. Problem will be acute in 1989.

6.1 CENTRAL SERVICES

£ (000)

Unfavourable Budget Variance at  
31<sup>st</sup> October, 1988

209

Analysed as follows:

Pay

£ (000)

Budget  
Actual

14,990  
15,274

Unfavourable Variance

284

Non Pay

Budget  
Actual

5,099  
4,935

Favourable Variance

164

Income

Budget  
Actual

3,677  
3,568

Unfavourable Variance

(89)

Total Unfavourable Variance

(209)

6.2 FACTORS GIVING RISE TO VARIANCES

Pay

Unfavourable Variance

£ 284

% Unfavourable Variance

(1.9%)

The unfavourable budget variance is directly attributable to the pensions paid to staff who have left the Board's employment on voluntary retirement/redundancy. Staff pensions throughout the Board's functions and programmes are charged to Central Services. At 31st October, 1988 total of 98 staff had left the Board's service under the terms of the voluntary redundancy/early retirement scheme. Whilst lump sums paid are funded by the Department of Health the ongoing cost of pensions must be met from within our Board's revenue allocation.

**Non Pay**

Favourable Variance	£ 164
% Favourable Variance	(3.2%)

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

**Income**

Unfavourable Variance	£ 89
% Unfavourable Variance	(2.4%)

Because of the high incidence of temporary staff employed by the Board, superannuation contribution receipts are depressed.

**6.3 CENTRAL SERVICES – SERVICES EFFECTS**

The focus of budgetary measures implemented were to streamline overheads and improve productivity in the central services function. There are no significant adverse effects in respect of the budgetary measures implemented.