

EASTERN HEALTH BOARD

Minutes of Proceedings of Meeting of Eastern Health Board held in the Boardroom. 1 James's Street, on 4th January. 1973 at 6 p.m.

Present:

Cllr. M. Carroll	Dr. P. C. Jennings
Dr. R. Carroll	Miss Kay Kinsella
Deputy M. A. Clinton	Miss Mary Lacey
Mr. J. Corcoran, M.B.	Dr. James McCormick
Mr. Hugh P. Corrigan, M.P.S.I.	Cllr. A. Mahon
Dr. J. Cullen	Dr. J. R. Mahon
Cllr. Michael Cunningham	Dr. A. Meade
Deputy H. P. Dockrell	Dr. J. O'Connell, T.D.
Cllr. James Dowling	Mr. Dermot O'Flynn
Dr. J. Stephen Doyle	Mr. Martin Ruane
Commissioner J. Garvin	Cllr. John Sweeney
Mr. Kevin A. Harrington, B.D.S.	Cllr. John Temple
Cllr. Patrick Hickey	Deputy G. Timmins
	Dr. John Walker

Apologies for Absence:

Deputy P. Betton, Senator Dr. R. Belton, Deputy E. Timmons,

Deputy P. J. Burke.

Deputy M. A. Clinton, Chairman, presided.

Officers in Attendance:

Mr. E. O Caoimh, <i>Chief Executive Officer</i>	Mr. J. F. Reynolds, <i>Finance Officer</i>
Mr. J. J. Nolan, <i>Deputy Chief Executive Officer</i>	Mr. R. N. Lamb, <i>Personnel Officer</i>
Prof. Ivor Browne, <i>Programme Manager. Special Hospital Care</i>	Mr. F. J. Elliott, <i>Planning & Evaluation Officer</i>
Mr. F. J. Donohue, <i>Programme Manager. Community Care</i>	Mr. J. Clarke
Dr. M. Crowe, <i>Chief Medical Officer</i>	Mr. P. J. Swords
Prof. B. O'Donnell, <i>Chief Medical Officer</i>	Mr. H. Dunne
	Mr. J. Doyle
	Mr. P. A. Sheehan
	Mr. K. Quinn
	Miss K. Dolan

1/73 CONDOLENCES

The members passed a vote of condolence with Dr. D. Nowlan on the death of his father.

2/73 CONFIRMATION OF MINUTES

- (a) The Minutes of Meeting of Committee of the Whole House on 14th December, 1972 at 3 p.m. having been circulated, were confirmed on a proposal by Councillor P. Hickey seconded by Councillor J. Temple.
- (b) The Minutes of proceedings of monthly meeting held on 14th December, 1973 at 6 p.m. having been circulated, were confirmed on a proposal by Mr. H. Corrigan seconded by Councillor P. Hickey.

3/73 PROCEEDINGS OF COMMITTEES

Reports of proceedings of the following Committees, having been circulated were adopted as follows:

- (a) *Report of Visiting Committee No. 1. Meeting held in St. Colman's Hospital, Rathdrum, on Monday, 18th December, 1972 at 3.45 p.m.*

Present:

Mr. J. Temple, M.C.C., Miss M. Lacey, Dr. A. Meade, Mr. G. Timmins, T.D.

Councillor Temple presided.

An apology for non-attendance was received from Mr. Mark Clinton, T.D., Chairman.

Officers in Attendance:

Revd. Sister Philomena, Matron; Revd. Sister Dominic, Dr. D. N. Connolly, Visiting Medical Officer; Mr. T. Leonard, Engineering Officer; Mr. P. Swords, Senior Administrative Officer; Mr. J. A. Duggan, Section Officer; Dr. C. F. Warde, County Medical Officer was unavoidably absent.

BUSINESS

New Hospital Buildings:

The members were pleased to note that considerable progress had been made on this major project since their previous meeting on the 20th September. Mr. Leonard, Engineering Officer, reported that there were regular site meetings between

the officers of the Board, the Architect and the Consultant team to review progress and make arrangements for the ordering of new equipment, furniture etc. Mr. Swords stated that present indications were that the new buildings should be ready for occupation by the patients towards the end of September or early October, thus minimising the hardships that would be endured should the old buildings continue in occupation for the winter of 1973/74. The members expressed themselves pleased with the progress.

Supplementary Scheme of Development:

Mr. Swords stated that the present contract provided only for the new ward blocks, kitchen etc., and at a recent meeting in the Hospital which was attended by the Matron, County Medical Officer, Architect and other officers of the Board it was recommended that the following additional work be undertaken in conjunction with the present contract.

St. Kevin's Unit:

Bathrooms and ancillary facilities in this building were totally inadequate for present day use. This unit had originally been built as a tuberculosis hospital. It was recommended that the patient facilities should be considerably up-graded to meet the requirements of a geriatric unit. It was also agreed that the verandah should be enclosed to improve the appearance, heat level etc., and provide additional accommodation for day rooms, dining etc.

Staff Accommodation:

Accommodation was being provided for up to ten nurses in the area which was due for demolition at the end of the main contract. The existing accommodation is sub-standard and has been worsened considerably due to the demolition work at present in progress. The members were concerned that the continued use of this area for staff accommodation would constitute a serious fire hazard. Since accommodation in private houses was not available in the locality it was recommended that staff accommodation for ten members be provided on a site close to the main gateway.

Mortuary:

The mortuary was at present located in a shed and no provision was made in the main contract for the new mortuary.

Stores:

It was proposed to renovate a flat roofed building at the rear of the Hospital as a stores.

Convent:

A recent survey had indicated that the electrical services were extremely bad and re-wiring was urgently needed. It was proposed to replace this and to provide heating and hot water system in the building to bring it up to acceptable standards.

Occupational Therapy Room:

There has been considerable development in occupational therapy in the Hospital during recent years and there is no provision in the new building for this essential service. It is recommended that new accommodation be provided.

Roadways:

Following completion of the main contract, the roadways within the Hospital precincts will need re-routing and the grounds will require development.

The members endorsed this supplementary programme and recommended that the Department of Health be asked to approve this scheme so that it could proceed concurrently with the main contract.

INSPECTIONS

A number of ward areas were inspected and the members were impressed by the standard of care being provided for patients under the present very difficult circumstances.

Laundry:

The members inspected some of the laundry which had been delivered that day from the Laundry at 1 James's Street and they were satisfied with the standard of work.

Voluntary Organisations:

Matron reported that the Hospital continued to receive valuable support from voluntary organisations. The members asked that their compliments be conveyed to those concerned by Matron.

The members conveyed the compliments of the season to the Matron and staff and they wished to record their deep appreciation for the untiring efforts of the Community and staff in maintaining the Hospital services under the present adverse conditions.

Next Meeting:

The next meeting was fixed for Thursday, 4th January, 1973.

- (a) Turning the first sod of the new Welfare Home at Bray at 1 p.m.
- (b) St. Columcille's Hospital, Loughlinstown, at 3 p.m.
The meeting finished at 5 p.m."

- (b) *Report of Visiting Committee No. 1. Meeting held in District Hospital. Wicklow. on Monday. 18th December, 1972.*

Present:

Miss M. Lacey. Mr. J. Temple, M.C.C.. Mr. G. Timmins, T.D.

Apologies for inability to attend were received from:

Mr. M. Clinton, T.D., Dr. A. Meade. Mr. J. Sweeney. M.C.C..
Dr J. McCormick.

Officers in Attendance:

Miss N. Fitzpatrick, Matron; Dr. P. T. K. Liston, Visiting Medical Officer; Mr. T. Leonard, Technical Superintendent; Mr. J. A. Duggan, Section Officer.

Dr. C. F. Warde, Chief Medical Officer, was unavoidably absent.

BUSINESS

In the absence of Mr. M. Clinton, T.D., it was agreed that Mr. J. Temple should take the chair.

1. Laundry Arrangements:

It was indicated that while the greater part of the Hospital's Laundry was now being dealt with in the Central Laundry at St. James's Hospital, it had not been possible to send all of it to the Central Laundry pending the installing of a Sluicing Machine in the Laundry at Wicklow. Delivery of this machine had now been received from the suppliers and the Technical Superintendent indicated that he expected to have it in operation quite soon. Matron indicated that a number of articles sent to the Central Laundry had not been returned and Mr. Leonard confirmed that he was looking into this matter.

2. Physiotherapy:

Dr. Liston, Visiting Medical Officer, indicated that a Physio-therapist was now providing sessions weekly in the Hospital and was proving very satisfactory.

3. Conversion to Oil-Firing:

Mr Leonard, Technical Superintendent reported that the work of converting the boilers from solid fuel to oil was now completed and that the new installation was functioning as planned. The members of the Committee expressed their satisfaction at the evident improvement in the Hospital heating.

4. Ambulance Service:

Both Matron and Dr. Liston confirmed that the Ambulance Service was operating very satisfactorily.

5. Painting and Decoration:

The members noted with satisfaction that painting and decoration of the Hospital had commenced.

6 Allowance for Geriatric Nursing:

Mr Duggan informed the meeting that the Personnel Department in James's Street who were dealing with this application were not as yet apparently in a position to convey a decision on the application. It was agreed that the matter should be followed up.

7 Television

'It was unanimously agreed to recommend that a dual aerial be provided to allow two-channel reception for Patients television set and Mr. Leonard undertook to have the matter arranged.

8. Mortuary.

Mr Leonard confirmed that modifications to the Mortuary would be put in hands at an early date.

On the conclusion of the Meeting. Dr. Liston and Matron thanked the Chairman and members for their kindness in the past year and the Chairman, on behalf of the Committee extended the season's greetings to the Matron and Dr. Liston and to all the Staff and patients.

The Meeting concluded at 3.15 p.m."

(c) Report of Meeting of Visiting Committee No. 2 at St. Brendan's Hospital, on 11th December. 1972. at 2.45 p.m.

Members in Attendance:

Miss Kay Kinsella, Dr. J. Mahon, Mr. H. Corrigan, Mr. M. Ruane.

Officers in Attendance:

Dr. B. McCaffrey, Clinical Director; Dr. R. McQuillan. Mr. E. Butler, Senior Executive Officer; Mr. M. Cummins, Section Officer; Miss Glennon, Matron; Mr. E. Nangle, Deputy Head Male Nurse.

Unit Q:

The inspection commenced at Unit Q and Miss Kinsella commented on the number of geriatric patients in the ward. Dr. McCaffrey explained that these patients were originally admitted as psychiatric cases but their long stay (up to 20 years in some cases) had transformed them into geriatric patients.

Unit R:

Unit R was visited and the committee commented favourably on the comfort and attention provided for the patients but regretted that there was not adequate provision for transferring geriatric patients to units which were staffed and equipped for this problem.

The Committee visited Ward Q and Dr. Mahon commented on the painting and re-fitting that is in progress. Miss Kinsella remarked on the visible improvement in the ward conditions due to renovation.

Unit P:

The Committee then proceeded to Unit P where Dr. McQuillan in reply to questions by Dr. Mahon and Miss Kinsella explained the problems that have arisen in this unit due to overcrowding. The committee recommended that appropriate action be taken to solve the overcrowding problem. The committee were pleased to note that arrangements are in hand to paint Unit P.

Psychology Department:

The Committee visited the Department of Psychology and were welcomed by Mr. Brian Glanville, Senior Psychologist, who outlined the Department's function to them. Mr. J. Conboy showed them part of a test which was in progress and outlined the test procedures. The members were favourably impressed by the work being done in this Department.

The members were pleased with the newly renovated function room and thanked Mrs. Lowe, Catering Superintendent, and her staff for the tea which they prepared. The meeting concluded at 5.15 p.m. and it was decided to hold the next meeting of No. 2 Committee at St. Brigid's Hospital, Crooksling, at 3.00 pm on Thursday, 4th January, 1972".

- (d) *"Report of Meeting of No. 3 Visiting Committee held at Casuals Department, Griffith Barracks, on Thursday, 26th October, 1972, at 5 p.m.*

Present:

Councillor P. Hickey, Chairman, Councillor M. Cunningham, Councillor J. Dowling, Councillor A. Mahon, Mr. J. Corcoran.

Officers in Attendance:

Mr. N. Keogh, Engineering Officer; Mr. E. Sheehan, Assistant Section Officer; Mr. A. O'Brien, Senior Executive Officer.

INSPECTIONS

The Committee inspected the dining room, dormitories, wash-room and drying room. They commented favourably on the standard of cleanliness and paid tribute to the staff for their diligence in this regard. Members noted that mothers to whom they spoke in the diningroom expressed satisfaction with the accommodation provided. Members were shown the booster pump installation and satisfied themselves that the water supply was adequate on all floors. The area in which the piggery is located was visited; the Committee was informed that the District Health Inspector had inspected the premises regularly since the complaint at the previous meeting and had secured the co-operation of the owners in measures aimed at abating the smell nuisance. A big improvement was noted, but it was requested that Dublin Corporation be pressed to take action against the piggery under the Bye Laws.

BUSINESS

Members were furnished with particulars of 64 persons accommodated on the day of the visit; these included 15 mothers, 41 children and 8 unaccompanied women. The Committee examined in some detail the circumstances of those stHI being accommodated since before July last and noted with satisfaction that 11 families, including 48 children had been housed since the Committee's meeting at the Casuals Department on 15th June, 1972. They expressed concern that an escalation in the demand for accommodation during the winter months, together with high numbers already accommodated, could prove to be greater than the Board's provision for Casuals allowed. The Committee questioned whether the provision of accommodation for Casuals should not more appropriately be a function of the housing authority.

The members thanked the staff and officers in attendance for their assistance during the visit.

Next Meeting:

It was decided that the date for the next meeting, which had been set for November 23rd, 1972, at Naas and Athy, be changed to November 30th, 1972 at the same times and places originally arranged.

The meeting concluded at 6 p.m."

It was agreed that a list of families occupying these premises should be submitted for the information of members with reports on this institution.

- (e) *"Report of Meeting of No. 3 Visiting Committee held at St. Gabriel's Day Centre, Clontarf on Thursday, 26th October, 1972 at 3.00 p.m.*

Members Present:

Councillor M. Cunningham, Chairman, Councillor A. Mahon, Councillor J. Dowling.

An apology for inability to attend was received from Councillor P. Hickey, P.C.

Officers in Attendance:

Dr. D. McDonnell, Psychiatrist; Mr. M. Murrhy, Psychiatric Nurse; Mrs. Veronica Kelly, Dr. Carl Cannon, Mr. M. Cummins, Section Officer.

Dr. McDonnell received the committee and outlined the services being provided and in reply to questions from the committee pointed out the problems that arose in getting qualified staff for some vacancies on the team, mainly those of Psychiatric Social Worker, and Occupational Therapist.

Mr. Cummins in reply to a question from Councillor Cunningham on the purchase of hostel said that the team now had acquired premises for this purpose and it was hoped to have the hostel operative in a short time.

Attendance figures as follows were shown to the committee members:

ADMISSIONS from April, 1972 to date 82
(30 males and 52 females)

Sources of referral for above:

General Practitioner	14
Outpatient Clinics	60
Community Nurses	2
Self-referred	2
Local Community	2
Child Guidance Clinic	2

Ages:

Under 20 years	16
20 - 30 years	29
30 - 45 years	19
45 - 60 years	12
Over 60 years	6

Of these 82 admissions 14 are re-admissions.

Currently, there are 50 patients attending the Centre.

Of these 82 admissions, the following have been discharged:

Resumed employment	22
Central Remedial Clinic. Clontarf	2
Usher's Island Day Hospital	1
National Rehabilitation Board	1
Hanbury Lane	1
Returned to their homes	29

Councillor Mahon commented that the number of patients who had returned to employment was a favourable reflection of the service being provided.

Mr. Murphy referred to the increased awareness of the general practitioners re the service available at St. Gabriel's which is shown by the increase in the referrals from this source.

Councillor Mahon said that an effective follow up service for patients who had been discharged from hospital was essential and that lack of this type of service must inevitably lead to re-admission which would be detrimental to the patient and costly to the taxpayer. He also considered that urgent action at national level is required to help solve the problem of getting suitably qualified para medical staff such as Occupational Therapist and Psychiatric Social Workers for the service.

Councillor Dowling asked whether many disorders are due to financial difficulties experienced by the patient, and Dr. McDonnell explained that in many cases loss of income due to illness of a member of a family or of the head of the household necessitates a change in household routine, and the resulting strain depending on its intensity and the ability of the family to cope with and accept their problem, often gives rise to breakdown of one of the members which in turn can have a cumulative effect, often resulting in the whole family requiring care. The importance of the Psychiatric Social Worker in this type of crisis situation was evident.

Councillor Dowling commented on the apparent frugality of some Home Assistance Officers in their attitudes towards applicants for Home Assistance. Mr. Cummins in reply stated that he had in the course of his duty over the last ten years enlisted the help of almost every Home Assistance Officer in the area formerly administered by Dublin Health Authority and had on all occasions found those officers to be most helpful and anxious to alleviate distress whenever it was brought to their notice. On many occasions Home Assistance Officers had identified problem cases which otherwise might have gone undetected and had referred them to the correct department for attention and treatment. Councillor Dowling said that the Home Assistance Officers in Dublin City and County appeared to be more sympathetic than some he had dealings with in Kildare and he was pleased that good relationships existed between team C and other departments.

The committee expressed themselves pleased with the reports on St. Gabriel's and were appreciative of the co-operation received from Rev. J. Newth, P.P., and the St. Gabriel's committee. They thanked Dr. McDonnell and the staff for their hospitality and agreed to hold their next meeting at St. Gabriel's on Thursday, 18th January, 1973.

The meeting then concluded, the time being 4.25 and the committee proceeded to Griffith Barracks".

- (f) *"Report of Meeting of No. 3 Visiting Committee held at St. Vincent's Hospital. Athy, on Thursday, 30th November, 1972 at 130 p.m.*

Present:

Councillor P. Hickey, Councillor M. Cunningham, Councillor A. Mahon, Councillor J. Dowling, Mr. D. O'Flynn. Mr. J. Corcoran.

Councillor Hickey presided.

Apology for inability to attend was received from Dr. J. Cullen.

Officers in Attendance:

Sr. M. Dominic, Matron; Sr. M. Angela, Assistant Matron; Mr. P. Swords, S.A.O.; Professor B. O'Donnell, C.M.O.; Mr. B. Kelly, Clerk of Works; Mr. P. Sheehan, Section Officer.

Dr. J. T. O'Neill, Medical Officer, was unavoidably absent.

INSPECTIONS

The Committee inspected the wards and spoke to various patients and members of the staff. They were impressed with the standard of cleanliness and care afforded to the patients.

BUSINESS

Bed Occupancy:

The Matron informed the Committee that 302 geriatric patients, 10 maternity patients and 7 babies were accommodated on that day. The Matron referred to the increasing demand for geriatric accommodation and stated that some method of relieving the demand in Athy would have to be considered. Mr. Swords informed the Committee that there had been correspondence between the Board and the County Medical Officers in Kildare and Wicklow on the question of making better use of the facilities in St. Vincent's, Athy, and the District Hospital, Baltinglass. He stated that the position at the moment was that the Maternity Unit in Athy could cater for more patients and it would be convenient for some patients living in the West Wicklow area. There was considerable under-utilisation of the small Maternity Unit in Baltinglass Hospital and it had been suggested that this Unit might be converted to accommodate 10 or 12 long-stay patients. This matter was discussed at considerable length and it was decided that the views of the members of the No. 1 Visiting Committee should be sought in this matter.

New Convent. Nurses' Home & Mortuary:

The members were advised that tenders for this project were due on or before the 12th December and that to date there had been a satisfactory response to the Board's invitation to tender. The members were informed by Matron that she was satisfied in regard to the siting of the Convent and Nurses' Home having regard to the positioning of the Industrial Estate adjacent to the Hospital.

Maintenance:

Mr. Swords indicated that the Board was still awaiting approval from the Department of Health to their proposal regarding the setting up of Maintenance Units throughout the Board's area.

Home Help:

Professor B. O'Donnell informed the members that he had arranged a meeting of the Public Health Nurses and the Assistance Officers in the county. Mr. John Doyle of the

Welfare Department and Sr. Breda had addressed the meeting and explained the Home Help Service which was operating in the Dublin area. Professor O'Donnell stated that the rudiments of the Home Help Service was now in operation in County Kildare but as yet was only in its infancy.

A general discussion ensued concerning the administration of Home Assistance in Kildare and the members were of the opinion that a meeting should be arranged between the Chief Executive Officer, Professor O'Donnell, Acting S.A.O. and Assistance Officers to discuss the administration of Home Assistance. Mr. P. Sheehan undertook to arrange this meeting.

Alcoholic Unit.

Councillor Hickey, Chairman, referred to the minutes of the previous meeting and he invited Sr. Consilio to sit in on the discussions. Mr. Swords advised the members that Mr. McCullough of the Psychiatric Services had requested the Department's approval to the payment of a capitation rate for eligible persons from the Board's area who would be accommodated in the Unit. He also stated that the Board was prepared to make a capital grant towards the project. This, of course, would be subject to the Department's sanction. Sr. Consilio expressed her appreciation of the interest the Health Board had taken in her undertaking. 80% of her patients came from the Eastern Health Board area and she informed the Board that she had recently purchased a house and farm in the vicinity of Athy. She had paid a deposit on this property and there was now a necessity for immediate assistance from the Eastern Health Board. The Chairman assured her that she had the support of the Visiting Committee and that they would stress the urgency of her case at the next meeting of the Health Board.

Special Allowance:

Mr. P. Sheehan, replying to Councillor Dowling, stated that the Deputy Chief Executive Officer had approved of an allowance of 50p per week and that the Department of Health had sanctioned the payment of this allowance to long-stay patients who had no income. The allowance would be applied from 1st December, 1972.

X-Ray Unit.

Mr. Swords stated that following the previous meeting of the Committee, Dr. Magan, Regional Radiologist, had examined a proposal to develop an X-Ray Unit at Athy. Following discussion with the medical officers concerned he had advised that it would be in the Board's interests that the X-Ray Unit

at the County Hospital, Naas, should be extended and developed. The members agreed that the services in Naas should be developed.

General:

The Committee thanked the Matron for her hospitality and the officers attending for their assistance during the visit. They extended the compliments of the season to the Matron, staff and patients.

Next Meeting:

The date of the next meeting of the Committee was not fixed. The meeting finished at 4.30 p.m."

Councillor Hickey raised the question of utilising the Maternity Unit at Baltinglass for Kildare geriatric patients and after a long discussion to which Councillor Temple, Deputy G. Timmins, Dr. Meade, Councillor Cunningham and Dr. McCormick contributed it was agreed that the County Medical Officers and the other relevant medical officers should discuss this question and let the Board have their views. On the question of Home Helps Mr. Donohue undertook to handle the situation as soon as possible. On the question of assistance to Sr. Consilio for her Alcoholics Unit the members were advised that no reply had been received from the Department on the question of capitation rate payment.

(g) *"Report of No. 3 Visiting Committee held at the County Hospital, Naas, on Thursday, 30th November, 1972, at 5.15 p.m.*

Present:

Councillor P. Hickey, Councillor M. Cunningham, Councillor A. Mahon, Councillor J. Dowling, Mr. D. O'Flynn, Mr. J. Corcoran.

Councillor Hickey presided.

Apology for inability to attend was received from Dr. J. Cullen.

Officers in Attendance:

Sr. M. Antoinette, Matron; Professor B. O'Donnell, C.M.O.; Mr. P. Swords. S.A.O.

BUSINESS***inspections:***

A general inspection of the Hospital Wards, Out-Patients Department, Kitchens etc., was made by the members. A number of patients were spoken to and the members expressed their appreciation of the high standard of cleanliness and general air of well-being noted throughout the Hospital. They wished to compliment the Matron and her staff on the excellent conditions which was again noted on this visit.

Bed Occupancy:

Matron reported that the Hospital continued to be very busy; there were 94 patients accommodated on the day of the visit. A number of emergency beds had to be provided.

Ufts:

Mr. Swords reported that the tenders had been received for the lift installation and the Consulting Engineer's and Architect's recommendations as to the type of lift had been approved in principle by the Department. It was hoped to have a firm order issued for the two lifts shortly. The members wished to compliment the Architect and the Consultants' staffs for the expeditious way in which they prepared the plans and the other contract documents for this scheme and the scheme at Athy.

Maintenance:

A general discussion took place on the arrangements for the maintenance of the County Hospital and also the other buildings in County Kildare. The members expressed keen disappointment that there appeared to be very little progress in setting up the Engineering organisation in the area.

Fire Precautions:

Matron reported that since the last meeting there had been 4 visits by Mr. O'Flaherty, Chief Fire Officer, and that at the moment nearly all existing staff had received instructions in fire precautions. She stated that another series of instructions would be given by Mr. O'Flaherty during January, 1973. She also stated that extra fire extinguishers, fire blankets for the kitchen and signs in the wards were being provided. The members noted the position as satisfactory.

X-Ray Department:

The following report dated 30th November, 1972, from Dr. B. O'Donnelli, County Medical Officer, was submitted.

'1. There is no suitable room adjacent to the X-Ray Department in which an extra X-ray unit could be installed. It would be possible to build an extra room onto the Department, as there are outside walls on both sides of it, but this would be a major job.

2. It would not be practical to place the x-ray unit in a room at a distance from the X-Ray Department.

3. If the x-ray unit were installed at St. Vincent's Hospital, Athy, the number of patients whom it would divert from Naas Hospital would be comparatively small because:

- (a) Patients attending the medical and surgical clinics at Naas Hospital would continue to have their x-rays there, and
- (b) Accident cases requiring x-ray would continue to be sent to Naas Hospital.

In this connection I would point out that an arrangement has been in existence for many years whereby patients from the Athy and Castledermot areas may have their x-rays taken at Carlow District Hospital. This arrangement is particularly suitable for Castledermot patients because Carlow is only a few miles distant from them. The total number of persons x-rayed per month at Carlow District Hospital seldom exceeds 10.

4. I am satisfied that the best immediate means of easing the load on the X-Ray Department at Naas Hospital would be to install an automatic processor in the dark room. However, the question of providing an extra x-ray table for the Department will have to be faced sooner or later as the total number of cases dealt with per year is increasing at the rate of 10%. the present total being approximately 10,000 cases per year".

The members noted that attendances in the X-Ray Department had now reached almost 10,000 per year. They endorsed the County Medical Officer's recommendation that an automatic processor should be provided immediately and that a portable x-ray unit should also be provided in order to deal with the present work load. During the course of their inspection the members noted that there were serious problems in the X-Ray Department as regards accommodation for patients, equipment and also for the storage of records. They recommended that this area of the Hospital be examined by the Architect with a view to preparing proposals for the desired improvement.

Out-Patient Department:

The members discussed the position in regard to out-patient clinics and the problems being created by the demands on this service. The members were satisfied that everything possible was being done by the staff to eliminate delays in dealing with patients. Some of the members pointed out that delays to patients must inevitably arise from time to time.

St. Mary's:

The members noted that a special meeting of the County Council was being arranged to discuss the future use of St. Mary's. It was agreed to review the position at the next meeting.

Residential Accommodation for Staff:

Matron reported that there was very serious over-crowding in the accommodation at present available for the domestic staff. The members agreed that there was an urgent need to provide additional accommodation and they agreed to review the position at the next meeting. This area was also inspected.

Next Meeting:

It was agreed that the date of the next meeting would be fixed later.

The Chairman and members thanked the Matron and Hospital staff for the courtesy shown to them on the occasion of their visit, and conveyed to them the compliments of the season.

The meeting finished at 7.15 p.m."

Mr. J. J. Nolan referred to the question of the ownership of these premises and read a letter which he had received from the County Manager, Kildare. It was agreed to have the matter discussed at the next meeting of the Kildare Local Health Committee.

- (h) *"Report of No. 4 Visiting Committee held at St. Mary's Hospital, Phoenix Park, on Thursday, 2nd November, 1972, at 2.45 p.m.*

Present:

Mr. K. A. Harrington, Dr. J. Walker, Dr. P. C. Jennings, Or. J. S. Doyle.

Dr. Jennings presided.

Apologies for inability to attend were received from Deputy P. Belton.

Officers in Attendance:

Dr. Godfrey, Medical Superintendent; Dr. Jeawon, Assistant Medical Superintendent; Miss McCauley, Assistant Matron; Mr. Crumlish, Engineering Officer; Mr. Swords, Senior Administrative Officer.

Also Present:

Mr. Moloney, Architect; Dr. Fitzgerald, R.C.S.I. Department of Experimental Medicine; Dr. Darragh, Endocrine Unit, 1 James's Street.

BUSINESS**Bed Occupancy:**

Dr. Godfrey submitted the following statement of bed occupancy on the morning of 2nd November, 1972:

Acute Medical and Geriatric Assessment (incl. dental)	<i>Ccplement</i>	<i>Occupied</i>	<i>Vacant</i>
Assessment (incl. dental)	94	80	14
Geriatric Rehabilitation	56	31	25
Geriatric long-stay	172	160	12
Geriatric welfare	168	164	4
Temporary stay	16	13	3
Renal Dialysis	36	31	5
	542	479	63

Dr. Godfrey stated that he was pleased to report that there was no waiting list of patients for admission to St. Mary's. In reply to members' queries, he dealt at length with the reasons for the preliminary assessment of patients at home by hospital staff. Primarily this assessment was to deal with the waiting list and to assess priority for admission. The Chairman indicated that he and most other doctors were satisfied with the arrangements. The members however recommended that communication between the general practitioner and the Hospital might be examined with a view to making any desired improvements.

Renal Unit:

Dr. Godfrey reported that the Renal and Home Dialysis Unit continued to operate satisfactorily. Mr. Swords advised the members that in a recent report to the Department of Health it was indicated that in the period May, 1971, to the 31st August, 1972, there was a total of 879 admissions to

the Unit involving 9,377 bed-days. The number of bed-days for the Home Dialysis Unit in the same period was 747. The members agreed that this very necessary service to patients should continue.

Department of Experimental Medicine. R.C.S.J.:

Mr. Swords submitted correspondence with the Department of Health in regard to the setting up of the Research Unit at St. Mary's Hospital in October, 1971. He stated that in accordance with the arrangements agreed to with the Department of Health this matter was now up for review and that a further report to the Department was called for. Dr. Fitzgerald, who operates the Unit at St. Mary's submitted a report and details of the work already undertaken. He advised the members that this work had been carried out for almost a year without any cost to the Board and involved 9 staff members, who were being remunerated out of research grants. He also dealt with the reorganisation of the Pathology Services which had been carried out by the Unit to the advantage of the Hospital. Dr. Godfrey stated that the Unit was offering a service to the patients which could not be provided elsewhere and that it was making a significant contribution to the Hospital. Dr. Fitzgerald's report was discussed at considerable length and the members recommended that the Research Project be continued for another year. They also recommended that consideration be given to payment for the services being provided for patients on the basis of a fee per item or fee per session.

Dental Unit:

Mr. Swords gave the background to the granting of facilities in St. Mary's Hospital in 1967 to the Dental Hospital Board pending the building by them of a new Dental Hospital. He stated that for some years previously the Dental Hospital had been granted limited facilities at St. Kevin's Hospital but towards the end of 1966 they had applied to the Medical Superintendent for additional beds which he was unable to grant them. In consultation with the Department of Health it was agreed to grant the Board facilities on an interim basis at St. Mary's Hospital for routine dental procedures. In view of the staffing and nursing position in St. Mary's, it was never envisaged that the facilities would be availed of for facio-maxillary surgery which would require major hospital facilities, nursing and medical personnel. The Committee noted that dental emergencies were not being catered for at St. Mary's.

Endocrine Research Unit:

Or. Godfrey stated that the Endocrine Research Unit had been providing a service for patients in St. Mary's Hospital for the past six months. He stated that the initial purpose of this Unit was to provide some degree of geriatric therapy. Dr. Godfrey considered that the project gave sufficient promise to warrant its continuance at St. Mary's. Dr. Darragh spoke at some length on his work at St. Mary's and he stated that he was receiving support from the Dietician attached to the Unit at 1 James's Street and also from the Physiotherapists in the Hospital. He stated that he agreed with Dr. Godfrey that the Unit was making a worthwhile contribution in patient treatment. With regard to in-patient care, he stated that he would like to have beds in St. Mary's, but he understood that due to shortage of nursing staff these could not be provided at the moment. Dr. Darragh also indicated that there was a considerable area of common interest in his work and that being undertaken by Dr. Fitzgerald and the two doctors were hopeful of bringing together as far as possible the two research elements. The Committee recommended that the work done by the Endocrine Unit should be continued in St. Mary's. They also requested that a report be prepared for the next meeting of the Committee on research protocol. Dr. Godfrey to prepare this report in consultation with Doctors Darragh and Fitzgerald.

Geriatric Experience for Student Nurses:

Mr. Swords stated that he was pleased to report that the Department of Health had indicated that there was no objection to St. Mary's entering into an arrangement with Jervis Street and the Mater Hospital for the secondment on a continuous basis of second and third year nursing students for geriatric experience. This arrangement was in accord with the general policy of An Bord Altranais. The number of students to be seconded on a ten weeks basis will be 15 from Jervis Street and 22 from the Mater. This was the maximum which could be accommodated in the Nurses' Home. The members expressed their appreciation to all those concerned in bringing these arrangements to finality.

Nursing Staff:

The Assistant Matron reported that the response to a series of advertisements in the Irish and British papers had been satisfactory and a number of nurses had arranged to take up duty and further applications for employment at the Hospital were being processed by Matron. With regard to nursing supervision, the members suggested that the question of

installing closed circuit television in certain areas (i.e. the Huts) be examined. It was agreed that a report on this matter would be submitted to the next meeting of the Board.

Architectural Survey:

Mr. Swords referred to the Architect's survey of the 2nd December, 1971, which had been circulated to the members of the Visiting Committee and had been considered by them at their meeting in St. Mary's on the 8th March, 1972. He stated that he had arranged that Mr. Moloney would attend at the Committee Meeting to deal with this report. Mr. Moloney outlined his proposals for the improvement of patients/staff facilities and services at St. Mary's. He was recommending to the Board that they set out in detail the overall development of the Hospital over a period, but in the meantime he considered that as a matter of urgency the Board should proceed with the provision of a new kitchen and dining accommodation for staff. The provision of an additional x-ray room was also a matter of urgency and Mr. Moloney referred to recent meetings which he had with the Radiologists and the senior staff attached to the Rena! Unit.

It was agreed to supply each member of the Committee with a copy of Mr. Moloney's overall plan and a copy of the survey referred to above.

Fire Precautions:

Mr. Crumlsh stated that the fire precautions were under continuous review and he had regular consultations with the Board's Fire Officer and the Fire Prevention Officer, Dublin Corporation. He stated that the continued occupation of the Huts by patients was a matter for concern. Dr. Godfrey again recommended that alternative accommodation should be provided for these patients elsewhere as soon as possible.

Mr. Swords submitted correspondence with the Office of the Minister for Health and the members agreed that the Chairman should be invited to formally open Units A, B and C and to formally inaugurate the training of Student Nurses from the Mater and Jervis Street Hospitals. Dr. Godfrey recommended that the function take place early in December.

Next Meeting:

The members agreed to meet again at St. Mary's on Thursday, 7th December, at 3 p.m. to consider in detail the Architect's proposals for the improvement of services in St. Mary's. They also agreed to consider the question of the continued occupation by patients of the Huts.

The members thanked Mr. Moloney, Dr. Darragh and Dr. Fitzgerald for the help they had given during the course of the meeting. They also extended their thanks to Dr. Godfrey and the Hospital staff for the courtesy shown to them at the meeting.

The meeting finished at 5.45 p.m."

- (ii) *"Report of No. 4 Visiting Committee held at St. Mary's Hospital. Phoenix Park on Monday. 11th December, 1972. at 2.45 p.m.*

Present:

Dr. P. C. Jennings, Dr. J. Walker, Deputy P. Belton, Dr. R. Carroll, Mr. K. A. Harrington.
Dr. Jennings presided.

Officer in Attendance:

Mr. P. J. Swords, Senior Administrative Officer.

BUSINESS

In view of the official opening by Mr. M. Clinton, T.D., Chairman of the Boerd, of Units A and B and the inauguration of the programme of training in Geriatric Nursing, it was decided to adjourn the meeting to St. Mary's Hospital at 3 p.m. on Tuesday, 19th December, 1972".

- (iii) *Report of No. 4 Visiting Committee at St. Mary's Hospital on Tuesday. 19th December. 1972. at 3.00 p.m.*

Present:

Dr. P. C. Jennings, Chairman. Mr. K. A. Harrington, Dr. J. J. Walker, Deputy P. Belton.

Apologies for Absence:

Dr. Carroll and Dr. Doyle.

Officers in Attendance:

Dr. L. B. Godfrey, Medical Superintendent; Miss McAuley. Assistant Matron; Mr. J. V. Crumlish, Engineering Officer; Mr. P. J. Swords, Senior Administrative Officer Mr. A. O'Brien, Senior Executive Officer.

Also in Attendance:

Mr. P. V. Moloney, Architect; Mr. M. Drennan. Architect-
Mr. Briar. Reilly, Consulting Engineer.

Development of the Hospital

It was decided that the Committee would first consider the Architect's plans for the further development of the Hospital. In conjunction with the plans. Mr. Moloney's report of the 19th December, as follows, was considered:

"I have forwarded under separate cover during the past fortnight, copies of drawings which I have prepared showing the proposed general scheme for the improvement and upgrading of St. Mary's Hospital, and also including the work necessary to rectify some of the serious deficiencies.

While these proposals are the result of the many exhaustive examinations of the buildings, and discussions with the Hospital Authorities, I will endeavour to present my findings in a brief report form. I trust that this will make it possible for you and the members of your Visiting Committee to get a fairly comprehensive idea of the present situation and a reasonably accurate idea of the proposals for the future.

St. Mary's Hospital has developed, building wise, from a series of extensions, additions and renovations over the past 150 years approximately and is now suffering from the defects that expansion of this type automatically creates.

Developments of the hospital within the existing walls as in the case of St. Mary's, become very impractical if the services being provided in the hospital are expanding. As a result, as in St. Mary's, it will be found that various departments and sections of the hospital services have overflowed into other wings of the buildings, and the final layout of the hospital can be most illogical and unsuitable.

The layout of the kitchen, dining room and stores at St. Mary's is a typical example of this ad hoc type of development. The dining rooms are badly situated in relation to the kitchen service pattern and are rooms which have practically no natural ventilation.

The stores and preparation areas have been provided in existing rooms which became available, rather than being chosen for their suitability and proximity to the kitchen. As a result the kitchen and dining services are most unsatisfactory and are badly related to the stores, thereby providing considerably greater difficulties in relation to the management and provision of catering facilities. whilst also entailing a considerable increase in the amount

of haulage and movement of goods, etc. In conjunction with this it should be mentioned that at present deliveries of practically every type of goods must, of necessity, drive across the front of the buildings to gain access to the service yard. While this must be considered dangerous in any type of building layout, the geriatric type patient being catered for at St. Mary's must make it even less desirable.

In connection with the kitchens, stores and dining room areas it should be noted that because of their positioning one half of the complete rear section of the hospital has now become a type of yard, which is most unsuitable for the exercise or other external activities by the patients. While this may not have been a major difficulty to date, because of the particular type of patient, it should be noted that with the advent of the Out-Patients Department, coupled with the provision of improved Physiotherapy and treatment areas, it is most desirable that patients should be able to reach open pleasant external gardens, etc., without having too much movement or walking involved.

The Physiotherapy Department has been noted as not having sufficient facilities, particularly Sanitary facilities, in convenient positions for the patients. The Department, however, is also too small and does not permit of the full Physiotherapy courses and services which the hospital should provide, while its relationship to the lifts is most unsatisfactory.

The Renal Unit occupies Ward C. The advent of this unit has naturally brought some problems, particularly in regard to the departments for treatment and x-ray. The X-Ray Department in particular is badly handicapped due to a most unsatisfactory X-Ray Department which is now carrying on under the greatest difficulties and is still not giving the service required for either the main hospital or the renal unit. From my discussions with the Medical Director and with the Radiologists concerned. Dr. Magan and Dr. Maione, it was quite obvious that the present positioning of the X-Ray Department is most unsuitable, not alone from the point of view of the patients but also because it does not permit of expansion.

No assessment of the hospital departments would be complete without a reference to the lack of office facilities for the day to day administration of the hospital in some suitable position related to a proper entrance. At present, other than an Enquiries Desk with a Receptionist, all administration is carried out from a building which is disconnected

from the main hospital building and for access to which, it is necessary to move outside the hospital buildings.

It is also noted that the residential accommodation being provided for Doctors, Matron, Assistant Matron, Domestic Staff etc., is spread out and occupies parts of various wings of the buildings. In some cases the occupation of the buildings for residential accommodation has prevented the development of particular departments.

The above items relate solely to the planning and use of the buildings, but I must point out that in general the development over the years has caused major structural difficulties and defects which require immediate examination and also require some future planning in respect of some. These refer particularly to the question such as the main sewers and drains of the building, passing through open areas under lift shafts, etc. While this is most undesirable in any building, it is even more so in the case of Hospital Buildings. The presence of a manhole at the bottom of a lift shaft makes maintenance extremely difficult, but even more serious is the fact that it is in contravention of the Bye-Laws. Flooding has occurred at various times in these areas due to the complete enclosure of these areas by buildings and the practical impossibility of providing any alternative type of surface drainage. Coupled with the structural difficulties is the fact that the outlook and aspect of a considerable number of the windows of the hospital are into these enclosed areas, with the associated depressive effects of same.

It is realised, however, that capital expenditure must be related to available finances and cases where demolition of existing buildings is being proposed; suggestions are being made only after very careful comparison of cost and utilisation between new buildings and renovation of the existing.

On the basis of these principles I have now prepared an outline scheme showing the proposals for the provision of the replacement of some of the unsatisfactory arrangements at present in relation to kitchen, dining, stores. Physiotherapy Department, X-Ray Department. O.P.D., Administration, etc.

It will be noted from the enclosed plans that the new Kitchen, Dining and Stores are provided in a position moved back somewhat from the existing hospital buildings. It should be realised that the hospital serves quite a few buildings, other than the main building and that service

from the kitchen is required to the huts, pavilions, etc. While this will completely alter the aspect at the rear of the main hospital buildings, it will also give a considerably improved outlook to the new building, while placing it in a very central position in relation to the overall developments at St. Mary's Hospital. This new position will also greatly help to answer the objections which at present arise due to the proximity of the kitchen, storage and preparation areas to the main ward windows. While this proposal does remove some of the very unsatisfactory features of the present kitchen and dining arrangements, it is an even greater advantage in that it would therefore free an area of the site immediately related to the two lift shafts and to the outside offices for the placing of the various treatment departments related to both the Inbed Patients in the hospital and the Out-Patients coming for treatment. This area is shown as occupied at present by X-Ray, Physiotherapy and Treatment. While the treatment area may contain some of the Out-Patients Department, may I suggest that the development of a proper Out-Patients Department for this hospital might be considered in relation to the present Renal Unit C. With the moving of the day to day Administration of the hospital to new main entrance, the provision of a proper Out-Patients Department at Unit C would provide a complete block of ground floor buildings served by two lifts containing the Administration and all the various treatment and diagnostic departments which could be considered relative to a hospital of this nature. It might be considered that the Renal beds might eventually be moved either to another part of the main hospital buildings, or that some proposal in regard to provision of buildings externally in connection with the Dialysis buildings, etc., might be considered. May I point out, however, that the beds of this Unit are now the only actual hospital beds on the ground floor of this complete area, and if expansion of this unit were being sought, I would suggest that this ground floor area of the existing buildings would not be satisfactory for this extension, particularly in relation to the overall development of the services.

May I also point out that the positioning of the Physiotherapy Department, as shown on the enclosed drawings, gives it the relationship to the swimming pool, which could be considered most desirable.

Based on the assumption that able bodied people, particularly members of the staff, can be placed at a reasonable distance from the buildings for their residences etc !

would, therefore, suggest that the present practice of having some of the hospital buildings sub-divided to form flats, etc., might be looked at in view of any future developments. The present buildings occupied by the Domestic Staff might be very suitably located for a particular type patient requiring limited nursing and for whom the distance from the main building might be an advantage, rather than any disadvantage.

I would point out that the proposals for the development of the hospital must, in my opinion, include the removal of the major fire hazards, such as the Welfare Huts, the present intricate form of fire escape staircases from the main hospital buildings etc., and the demolition and removal of the buildings which are at present on the site of the proposed new units. It should also be noted that even some of the main units which are being retained and which are in good condition are scheduled to have, at some future date, major roof works carried out in order to put the exterior of the buildings in first class condition, it will be noted that the existing general ward units throughout the buildings and the more satisfactory blocks have been maintained in a first class condition and my proposals envisage that the present approach to the grounds, etc., which has already won awards will not alone be continued, but will now be further extended to include areas which will be vacated by the removal of the existing kitchen, etc.

The boiler house reduces to some extent the freeing of this lawn area at the rear of the building, but I would propose that this matter be investigated with Mr. Crumlish, and I would hope that the oil tanks, etc., might be moved or treated in some fashion which would eliminate any unsightliness.

This general up-grading, not alone of the buildings, but also of the ground in the immediate vicinity of the hospital would be further advanced by the provision of a new service entrance on to the existing avenue on the east side of the site.

*Resume of proposed recommendations for St. Mary's
Hospital*

1. New kitchen, dining and stores buildings.
2. New Out-Patients Department, including Physiotherapy Department, X-Ray Department, treatment areas. Consulting Rooms, etc.

3. Removal of the existing buildings at present occupied by the kitchen etc., with the automatic removal of most of the confined areas.
4. Removal of some of the existing Welfare Huts.
5. General rationalisation of existing buildings, including the placing of the Administration and the provision of a new service avenue and entrance to the hospital.
8. Survey to be carried out of the usage of existing buildings, particularly in relation to alternative accommodation for staff, and parking etc."

Dealing with the six-point summary at the end of the report. Mr. Moloney said that the existing kitchen was most unsuitable and that, of the improvements recommended, the replacement of the kitchen was the first priority.

Dr. Godfrey advised the Committee that a new Out-Patients Department was necessary in view of the purely ad hoc solutions which had to be adopted from time to time for the provision of physiotherapy and other services.

Mr. Moloney said that his overall plan would involve the removal of some of the Welfare Huts; the removal of the existing kitchen buildings would also enable the clearance of certain confined areas which were an undesirable feature as they were completely enclosed by buildings and depressing in appearance.

The plan also envisaged a general rationalisation in the use of existing buildings and provided for proper main and service entrances with associated approach avenues. The administration area would be located in relation to the main entrance. In this connection, the Committee noted that the hospital's normal population comprised about 660 persons—480 patients and 180 staff.

Finally, the plan called for a study of the usage of all buildings and grounds in order to bring the proposals to a complete and detailed conclusion.

Dr. Godfrey stated that the development proposed was absolutely necessary to adequately accommodate current needs in the hospital and to provide for foreseeable expansion. As far as he could foresee, it would be necessary to continue the development of St. Mary's as a geriatric hospital over the next 20 years.

Replying to members' questions, Mr. Swords said that it was desirable to present the Department of Health with overall proposals for the development of the hospital but the work would be phased and as an immediate course of action it would be proposed to request sanction to Stage One, which would include the replacement of the kitchen. This would be subject to the prior approval of the Committee and Board.

It was decided to inspect the kitchen and other areas concerned.

INSPECTION

The Committee visited the kitchen, the stores, the adjoining yard and the Welfare Huts area. They were accompanied by Mr. Moloney who pointed out that while the frontage of the hospital was of very good appearance, the rear was very poor; the proposals under consideration would have the effect of opening up the rear area and of making the grounds more accessible for patients' recreation. Replying to Deputy Belton on the question of retaining the kitchen building, Mr. Moloney said that the building had no damp proof course and, although the roof was in good condition, he would not recommend its retention on cost grounds unless it happened that it ideally suited some other purpose which the general survey of buildings might suggest. In reply to further questions from the Chairman and Members, Mr. Moloney and Dr. Godfrey said that none of the proposals involved any reduction in the number of beds; in fact a small increase might be anticipated.

A small number of the Welfare Huts would be removed but these were due to go in any event when Welfare Home accommodation became available. Mr. Moloney confirmed also that it was intended to make the maximum use of land by providing for multi-floor development. In further reply to Deputy Belton, Mr. Moloney said that the proposed new kitchen would be of the order of 5,000 square feet and this was in accordance with the recognised ratio for the volume of meals to be prepared there; it included provision for other activities being developed, e.g. the nurses college, as well as for the hospital itself.

Following detailed consideration of the proposals the Committee decided to endorse the Architect's report and plans for approval by the Board and submission to the Department of Health.

OTHER BUSINESS

On the question of installing closed circuit television, Mr. Brian Reilly, Consulting Engineer advised the Members of the various types of installations which were available.

Department of Experimental Medicine. R.C.S.I.

Dr. Godfrey said that further meetings had been held between Doctors Darragh, Noel and Lenehan, and that the protocol for the coming year's programme was being worked out. Mr. Swords said that the funding of the service by the Board was still under consideration. The Committee noted the position and recommended that all research programmes in the hospital should be under the control of the Medical Superintendent.

General:

The Committee thanked the Assistant Matron for her hospitality during the visit and the Architects and Consulting Engineer for their assistance.

Next Meeting:

it was decided that the next meeting will be held at the Regina Coeli Hostel, North Brunswick Street, on Thursday, 1st February, 1973, at 3.00 p.m.

The meeting concluded at 4.40 p.m."

After a long discussion to which Dr. Jennings, Dr. Walker, Dr. McCormick, Mr. K. Harrington, Dr. J. Stephen Doyle, Dr. Carroll, contributed and to which Mr. J. J. Nolan and Professor Browne responded it was agreed to adopt in principle the recommendation of the Visiting Committee.

4/73 DISPENSARY RESIDENCES

The following Report No. 1/1973 from the Chief Executive Officer was submitted:

'There are 26 dispensary residences in the Board's area and they are located as follows:—

COUNTY DUBLIN (7):

Tallaght, Castleknock, Lusk, Oldtown, Kilgobbin, Rathcoole, Lucan.

COUNTY WICKLOW (8):

Biessington, Aughrim, Arklow. Tinahely, Annamoe, Enniskerry. Killtegan, Danganstown.

COUNTY KILDARE (11):

Carbury, Castledermot, Celbridge. Clane, Johnstown Bridge, Kilcock, Kilcullen, Kildare, Monasterevan, Newbridge, Kill.

The residences were provided by the Board's predecessors to facilitate District Medical Officers to reside in a reasonably central and accessible location within their (former) dispensary districts. The residences are rented to the District Medical Officers at rents varying from £34 to £100 per annum.

In circular letter 13/72 dated 15th May, 1972 which conveyed formally the conditions under which the revised General Practitioner Service would operate the Minister for Health stated:

(Paragraph 25)

"Where a permanent district medical officer occupies a dispensary residence, he will be allowed to continue in occupation as long as he participates in the new service in the area concerned. Where a dispensary and residence are sited together, only the doctor occupying the residence will have a right to use that dispensary".

(Paragraph 28)

"Where there is a dispensary residence, the health board may continue to rent it, or, at its discretion, may, in accordance with the settled procedure and statutory requirements, sell it to a participating practitioner who is occupying at the time. Except in some special areas, new residences should not be provided by the health board".

Having given the matter careful consideration I recommend that, for the following reasons, the Board retain its ownership of residences:

- (1) Sites for health centres, homes, hostels and other such premises are costly and difficult to acquire.
- (2) Several of the residences are situated in expanding areas and are likely to be required in the ultimate development of the community care programme.
- (3) in certain remote areas the residences may be the only means of ensuring that there is a doctor available for the purposes of the Choice of Doctor Scheme".

On a proposal by Councillor Temple seconded by Councillor Sweeney it was agreed as follows:

"That Report No. 1/1973 be referred to the local Health Committee for consideration and recommendation".

6/73

COMPUTER ENHANCEMENT

The following letter dated 20th December, 1972 from the Department of Health was submitted together with Report No. 2/1973 from the Chief Executive Officer:

" 1. I am directed by the Minister for Health to refer to your letter of 24th July, 1972 containing proposals by your Board for development of a range of Computer-based systems, and to subsequent correspondence and meetings on the subject involving managers of the Board, this Department, and of the Central Data Processing Services (CDPS). The object of these discussions was to establish the best way for the Board to develop its systems, having regard to the constraints of cost, skilled staff resources and the need to avoid duplication of systems within the health services generally. The following proposals, which the Minister commends to the Board, emerged from the discussions:

2. Computer Facilities:

- (a) The Board should, for their future requirements, make use of the Public Service Computer Bureau to be managed by the CDPS at Kilmainham, which will be operational from January, 1973. This installation will greatly exceed, in processing power and in the technical facilities included, the equipment mentioned in the Board's initial proposals. By using it, the Board will be enabled to concentrate its resources on systems development, and to save the time, costs and specialised staff resources which would otherwise be diverted to the complexities of accommodation and operating advanced computer hardware.
- (b) The CDPS guarantee to the Board that ample computer time will be available for their requirements. It is further proposed that, for the Board's convenience and to assist in ensuring the confidentiality of their data, a batch processing terminal should be installed in the Board's offices. Linked directly to the computer centre by private telephone line.
- (c) It is proposed that the Board retain its present small computer installation for the duration of the contract entered into with the suppliers—a further period of 5 years. It will be possible to identify a number of applications suitable for this machine and thereby ensure that it will continue to be used profitably. Certain current applications are causing some inconvenience due to the processing time involved. A number of possible solutions

were put forward to solve this problem, including immediate reprogramming of the applications (mainly payroll) for the CD PS centre, or off-loading work to a commercial bureau with a view to such reprogramming at a later stage. In the context of (a) above, however, it was noted that the problem was essentially a short-term one, and did not of itself warrant the acquisition of additional computer equipment. CDPS personnel will, if required, be glad to examine the situation in detail and assist in formulating an appropriate solution.

3. Systems and Programming:

The Board should continue to develop its own systems, and have its own technical staff for this purpose. The only point for consideration is to avoid duplicating development elsewhere. As you are aware, a Working Group and Steering Committee, on each of which the Board is represented, is currently engaged on the task of devising agreed and uniform systems for the production of management information for the health services generally. These groups will, throughout the coming year, be generating proposals for the development of a wide range of functional and analytical computer systems. There should be no difficulty in establishing co-operative arrangements to ensure that their work will not be overlapped by the Board's own developments, and some initial discussion has taken place towards this end.

4. Data Preparation:

It was agreed that the Board could continue to undertake all data preparation for input to the CDPS centre, and the proposed terminal link would enable such input to be read direct to the centre for processing, without the need for either source documentation or its punched card equivalent to leave the Board's offices. This again would add greatly to operational convenience and to securing the confidentiality of data.

5. Scientific Applications:

The CDPS include a small, highly-skilled section for scientific and mathematical applications. This is, of course, an area of growing importance in the medical field, and CDPS will be glad to put these skills at the Board's disposal, either by undertaking such applications directly or by assisting the Board's staff with them.

6. The Minister welcomes the involvement of your Board in the co-operative measures outlined above. He is satisfied that such measures offer the best means of combining effective progress with maximum economy. Close liaison with the CDPS will be required to ensure that development in this most important field moves forward rapidly, and he will be glad to learn that practical working arrangements have been established to this end. The Department will, as heretofore, undertake to assist in devising such arrangements".

"Report No. 2/1973—Computer Enhancement

The Board's letter of the 24th July, 1972 to which reference is made in the Department's letter of the 20th December last was the application for the Minister's sanction of the installation of a more powerful Computer than the machine originally obtained in 1969. This proposal was approved by the Board at its meeting on 20th July, 1972 (Report 54/1972).

The suggestion that the Board should, for its future requirements, make use of the Public Service Computer Bureau to be managed by the Central Data Processing Services Unit of the new Public Service Department means that the Minister for Health is not prepared as matters stand to approve of the Board's renting a more powerful, faster and more flexible Central Processor and Core Storage with appropriate peripheral equipment.

As indicated in the Department's letter, the matter has been the subject of correspondence and meetings with representatives of both Departments since the proposal was submitted last July. In the course of the discussions it was made clear on behalf of the Board that the advantages of developing computer systems common to all Health Boards, as necessary, were fully appreciated and attention was drawn to the experience in this field which had been built up within the Board and particularly in regard to the sensitive area of medical data.

It was necessary, also, to voice doubts about the wisdom of attempting to concentrate all Computer-based data processing for the Health Services on a Central Computer.

It was pointed out, in addition, that satisfactory assurances would be essential in regard to cost and performance before the Board could be expected to give favourable consideration to any such arrangement. This point was accepted and it was requested that the services of the Public Service Bureau be

availed of for a trial period of one year at the conclusion of which the Board would be free to pursue another course if the Bureau's service should not prove satisfactory.

In the circumstances outlined above and having regard to the Minister's strong request that the Board make a working arrangement with the Central Data Processing Division of the Public Service Department at an early date a Computer-based system combining the Choice of Doctor Scheme records and the General Medical Services Register has been discussed with the Division whose proposals are now under detailed examination".

After discussion to which Councillor P. Hickey, Dr. McCormick, Dr. Cullen and Professor Browne contributed the following motion proposed by Dr. Cullen seconded by Councillor Hickey, was adopted unanimously:

"That the Board accept proposals contained in Report No. 2/1973 for a period of one year".

6/73

NOTICE OF MOTION

The following motion in the names of Councillors Temple, Sweeney and G. Timmins was withdrawn in view of the Chief Executive Officer's undertaking at the previous meeting to review the guidelines before the end of the financial year.

"That we will propose at the next meeting of the Eastern Health Board that in view of the National Pay Agreement the present guidelines used by the Board in dealing with applications for Medical Cards be revised".

7/73

CORRESPONDENCE

(a) The following letter dated 29th December, 1972, from the Department of Health was read.

"I am directed by the Minister for Health to acknowledge receipt of your letter of 20th December and enclosures regarding the Board's estimates for 1973/74 and to say that they will be examined and a decision regarding an allocation of grant will be conveyed as soon as possible.

In the meantime I am to state that the Minister is at a loss to understand why no provision was included in the material presented to the Board to cover its liabilities for patients maintained in St. James's Hospital and in the James Connolly Memorial Hospital. The absence of any provision for these

services (which could reasonably be expected to be found under the headings 'Extern Hospitals' or, as in the case of the present year, 'Joint Board Hospitals') distorts the financial picture as presented to the Board both in relation to the present year and to 1973/74. The Minister is unable to agree that the reference in Report 84 is adequate to meet this situation.

In connection with the two hospitals concerned, the record of the Minister's meeting with the deputation from the Board last June reveals that it was stated that while the Department, in line with the wishes of the three Boards concerned, proposed to obtain estimates direct from the two Hospital Boards for 1973/74, there was no intention of adding the two hospitals to those receiving deficit grants from the Hospitals Trust Fund. It follows, therefore, that the expenses of the Hospitals would be met by the Health Boards using their services (almost exclusively the E.H.B.) in the manner set out in the last paragraph of the Secretary's letter of 24th March, 1971, to the C.E.O.

The Minister wishes to be informed as to the manner and the timing- by which it is proposed to present to the Board a comprehensive indication of its liabilities for 1973/74".

The members expressed concern at the implications contained in the Department's letter. Various questions were raised by Dr. McCormick, Councillor Hickey, Mr. Corrigan and Commissioner Garvin to which the Chief Executive Officer and the Finance Officer replied. After further discussion the following motion proposed by Councillor Hickey and seconded by Councillor M. Carroll was unanimously adopted:

"That we, the Eastern Health Board, propose that a deputation meet the Minister to discuss implications arising from the Department's letter of 29th December, 1972, at the earliest possible opportunity".

The following deputation was then selected to await on the Minister

Deputy M. A. Clinton. Dr. J. McCormick, Councillor P. Hickey, Councillor J. Temple, Councillor M. Cunningham, Dr. J. Stephen Doyle.

(b) The following letter dated 4th December, 1972 from the North Eastern Health Board was read and noted:

"I am to inform you that the following resolution was passed at the November meeting of my Board and that I was requested to forward a copy of it to you for consideration by your Board at its next meeting:

That the Government be requested to amend the existing Criminal Law so as to allow regulated importation and sale of contraceptives under stringent controls' ".

The meeting terminated at 8.30 p.m.

CORRECT:

EOGHAN O CAOIMH,
Chief Executive Officer.


Chairman.

