EASTERN HEALTH BOARD

Minutes of Proceedings of Monthly Meeting of the Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegorman on Thursday 2nd November, 1978 at 6 p.m.

Present:
Cllr. Mrs. J. Barlow
Cllr. D. Browne
Cllr. M. Carroll
Cllr. J. Connolly
Cllr. O. Cooney
Mr. H. Corrigan
Cllr. H. P. Dockrell
Prof. J. S. Doyle
Ald. A. FitzGerald
Cllr. Mrs. A. Glenn
Cllr. A. Groome

Cllr. T. Hand
Mr. K. Harrington
Ms. N. Kearney
Dr. D. G. Kelly
Deputy Mrs. E. Lemass
Mr. M. Matthews
Dr. A. Meade
Dr. B. Powell
Cllr. E. Stagg
Dr. J. Walker

Apologies for Absence
Dr. J. D. Behan, Prof. J. McCormick

In the Chair
Alderman Alexis FitzGerald, Chairman

Officers in Attendance
Mr. J. J. Nolan
Mr. F. Donohue
Mr. T. Keyes
Mr. F. Elliott
Mr. J. Reynolds
Mr. R. N. Lamb
Mr. J. Sadlier
Dr. B. O'Donnell
Mr. F. McCullough
Mr. J. Clarke
Mr. P. J. Swords

Dr. B. McCaffrey
Mr. J. Doyle
Mr. H. Dunne
Mr. A. O'Brien
Mr. C. Mansfield
Mr. T. Barry
Mr. M. Cummins
Miss K. Dolan
Miss R. Carolan
Miss F. Heaney

121/78 CONDOLENCES

The Chairman informed the members of the death of Mrs. C. Matthews, wife of Mr. Michael Matthews, a member of the Board, and also of the death of Mr. Robert Howett, a former officer of the Board. The members stood in silence as a mark of respect and directed that their condolences be conveyed to the bereaved families.
CONFIRMATION OF MINUTES

The Minutes of the monthly meeting of the Eastern Health Board held on 5th October, 1978, having been circulated, were confirmed on a proposal by Cllr. D. Browne seconded by Mr. Harrington.

(a) MATTERS ARISING FROM MINUTES

Arising from the Minutes Dr. Walker referred to the report of the No. 1 visiting committee meeting held on the 24th August, 1978 at Clonskeagh Hospital. He asked permission to introduce a motion regarding pertussis vaccination which he had intended to put to the last meeting of the Board. The following motion proposed by Dr. Walker and seconded by Cllr. D. Browne was agreed: —

"(1) That the Eastern Health Board should now as a matter of urgency, embark upon an intensive advertising campaign with the object of encouraging young mothers to bring their small children to family doctors or to Health Centres for immunisation against pertussis (whooping cough).

(2) That such campaign should publicise the grave risk attendant upon neglect of immunisation of susceptible children.

(3) That great emphasis should be placed on the positive benefits of such immunisation,

(4) That in conducting this campaign the Eastern Health Board should enlist the co-operation and assistance of the Health Education Bureau."

PROCEEDINGS OF VISITING COMMITTEES

The reports of the following visiting committee meetings having been circulated were dealt with as follows:—

(a) No. 1 Visiting Committee meeting held on 20/9/78 at Newcastle Hospital and Welfare Home, Bray

Dr. Walker asked about the filling of the post of consultant psychiatrist vacant since September 1975. Mr. Keyes said that a recent discussion document from the Comhairle na nOspideil inviting comments on staffing ratios is being considered and will be reported to the Ad Hoc Committee which will report in due course to the Board on the situation. On a proposal by Dr. Walker seconded by Mr. D. Kelly the report was noted.

(b) No. 2 Visiting Committee meeting held on 27/9/1978 at Central Mental Hospital, Dundrum
The Chairman referred to the need for rehabilitation accommodation which was stressed by Dr. Daly. Mr. Keyes said that the new unit to accommodate 10 patients was almost ready and another was proposed for next year. The proposed 30 bed unit could start at the end of 1979 if money was available and the project would take about 21/2 years. In reply to Cllr. Hand, Mr. Keyes said that almost all the Board's recommendations regarding security had been implemented. CLE. had been asked to move the 'bus shelter but said that they had been advised by the Gardai that it was not a security risk in its present position. The Chairman asked the visiting committee to examine these matters further at their next meeting and report back to the Board. On a proposal by Mr. Corrigan seconded by Dr. Powell the report was noted.

(c) No. 4 Visiting Committee meeting held on 11/10/78 at the Legion of Mary Hostel, North Brunswick Street

Ms. Kearney referred to the limited amount of accommodation available for homeless families. On the suggestion of the Chairman she agreed to put down a resolution in the matter for a later meeting. On a proposal by Mr. Harrington seconded by Cllr. Mrs. Barlow the report was noted.

124/78 PROCEEDINGS OF LOCAL HEALTH COMMITTEES

(i) Dublin City Local Health Committee — meeting held 9/8/78

In reply to Cllr. Connolly's enquiry about replacement of the chalets at St. Ita's, Mr. Keyes said that it was hoped to open the new 72 bed unit very shortly. On a proposal by Cllr. Carroll seconded by Cllr. Dockrell the report was noted.

(ii) Dublin County Local Health Committee - meeting held 4/9/78

Cllr. Carroll enquired about progress on the provision of a cardiac ambulance service. In reply Mr. Sadlier said that approval in principle had been received from the Department for the provision of a cardiac ambulance service and the Board's officers were now in consultation with the unions and various other agencies regarding equipment, courses of training, allowances to be paid, transfer of emergency telephone calls and such other matters. A long discussion on the ambulance service followed in which it was agreed that the matters raised would be referred to a committee comprising Mr. J. Sadlier, Technical Services Officer, Mr. T. Brady, Chief Ambulance Officer and Prof. B. O'Connell, Dublin Medical Officer. On a proposal by Cllr. Carroll seconded by Cllr.
Hand it was agreed that Prof. J. S. Doyle should join the committee.

Following a reference by Cllr. Carroll to the question of provision of a Casualty Unit and Maternity Unit at the James Connolly Memorial Hospital Mr. Elliott said that the next Dublin County Local Health Committee meeting on Monday 6th November, 1978 would have before it a detailed report on the proposal for a Maternity Unit at the Hospital. Regarding the Accident and Emergency Unit, proposals have been worked out in detail by the Hospital and it will be the subject of a meeting with the Department of Health within the next few weeks.

Asked to comment on the problem of roadside traders. Prof. O'Donnell said that these fell into two types. The first were those who opened shops in caravans in new housing areas and provided a good service in the absence of any other local shopping facilities. The second type were those who sold blankets, radios, etc. on the roadside and these were the traders to which the members referred. While there was no law to stop them trading, it could be that because of dumping of rubbish or lack of toilet facilities, a public nuisance would thereby be created. If it is considered that a public nuisance exists, a notice is served, if this notice is disobeyed a summons is issued and the offenders are brought to Court. The only penalty is a fine and this on occasion is only nominal and often not paid. While this process is used against traders it is very slow and unsatisfactory.

It was agreed that Dr. O'Donnell would attend the next meeting of the Dublin County Local Health Committee and report to the Committee on the position, as requested.

On a proposal by Cllr. Connolly, seconded by Mr. Corrigan the report was noted.

(iii) Dun Laoghaire Local Health Committee meeting held 27/7/78.

On a proposal by Cllr. Dockrell seconded by Cllr. Carroll the report was noted.

125/78 DEVELOPMENT OF NAAS HOSPITAL

Mr. Nolan said that since the last meeting, the Department had asked for further information regarding the activity at the hospital. In addition, groups representing the surgeons and physicians and the consultant pathologists and haematologists at St. James's Hospital had also visited the Naas Hospital to examine the facilities there, the needs of the
hospital and the surrounding area, the feasibility of the deployment of Registrars from St. James's Hospital and the possibility of having linked appointments at consultant level for in-patient and out-patient services.

Mr. Nolan said that he would report again to the Board within the next two months and he agreed with the request from Cllr. Groome that this item remain on the agenda.

126/78 ENVIRONMENTAL COUNCIL

The following Report No. 30/1978 from Prof. B. O'Donnell was submitted:

"I have studied the letter of the 21/8/78 from the Department of the Environment and it would appear to me that it is meant more for bodies such as Bord Na Mona, E.S.B., Foras Taluntais, etc. rather than Health Boards who, while they might make some impact on the social environment, make very little impact on the physical environment. The letter asks six questions and I would suggest replies to them as follows.

(1) What are the major activities of the Eastern Health Board which are related to the protection and improvement of the physical environment?

Reply:
The Health Inspectors who are employed by the Health Board spend approximately two-thirds of their time working on behalf of the Sanitary Authorities. They deal with such matters as refuse disposal, abatement of statutory nuisances, monitoring of water supplies and sewage disposal systems, unfit housing, atmospheric pollution, etc. In all these activities they act as agents of the sanitary authority and so they contribute to the protection and improvement of the physical environment.

(2) What other activities of the Health Board affect the physical environment, and in what way? Indicate what action is taken to prevent or minimise any harmful effects?

Reply:
There are two activities which come to mind, as follows:—

(i) Some of the hospitals in the Health Board area use isotopes and as a result they produce small quantities of low-level radio-active waste. There is no need for concern over this, as the Nuclear Energy Board keeps a tight control on the importation of these isotopes and on the method of disposal of radioactive waste.
(ii) It is common-place now to refer to excessive noise as noise pollution. In this connection complaints are made to me from time to time about the use of sirens by the D.F.B. and Health Board ambulances within the City area. There is some evidence that these sirens are used unnecessarily. The necessity for their use in ambulances is a matter which should be considered.

(3) Are there any developments foreseen by the Health Board which are likely to affect the physical environment?

Reply:
No.

(4) Are there any new programmes or projects (or expansion of existing programmes) for the protection or improvement of the physical environment which the Health Board would favour or recommend?

Reply:
The Health Board is aware of and welcomes a number of E.E.C. Directives on Environmental Pollution which will become operative in this country within the next few years. Examples are — The General Directive on Waste, which will involve the control of the dumping of toxic chemicals, also Directives on the discharge of toxic substances into lakes, rivers and coastal waters, also the Directive on the quality of bathing waters, etc.

(5) Has the Health Board any views as to what should be the objectives of Environmental policy in the area with which it is concerned, or generally?

Reply:
Our Board sees the ultimate objectives of an environmental policy to be the preservation of health and of the amenities of the physical environment. Among the objectives we would hope to see an improvement of civic consciousness which would result in a reduction in the indiscriminate dumping of waste material generally, and also an attempt being made by education or otherwise to curb vandalism of all sorts.

(6) What, if any, activities of the Health Board are likely to provide an input to reports on the state of the environment?

Reply:
Our Health Inspectors do continuous monitoring of atmospheric pollution, of public water supplies and of
coastal sea-waters. The data obtained is available to the Department of the Environment."

The Chairman said that a number of issues had been raised over the years on the broad subject of environmental health and he wished to have an opportunity to discuss this question with Prof. O'Donnell and Mr. Nolan and have a further report submitted. Dr. Walker and Mr. Harrington asked that question No. 3 in the report be clarified as to its meaning before the replies be sent. Dr. Walker congratulated Dr. O'Donnell on the answers he had given to the six questions.

127/78 AMBULANCE SERVICE EAST WICKLOW, NORTH WICKLOW AND SOUTH CO. DUBLIN

The following report No. 31/1978 from the Chief Executive Officer was submitted:—

"The Board are aware from discussions at Local Health Committees that the question of providing an ambulance in the Arklow district during normal business hours has been under consideration for some time past. The Technical Services Officer has now recommended that an additional ambulance be provided at the Wicklow base which will be located at Arklow between 8 a.m. and 6 p.m. and to provide for this arrangement and other improvements in this area he has recommended that five extra ambulance personnel be employed.

The Board are also aware that the ambulance service in the North Wicklow and South Co. Dublin area has been depleted since Dublin Ambulance Ltd. ceased functioning in May of this year. In order to restore the service to the level required for this rapidly expanding area the Technical Services Officer has recommended improvements in the staffing arrangements at St. Columcilles Hospital base and this will involve the employment of six extra ambulance personnel. The cost of the additional ambulance staff in both areas will be met from savings in the Board's expenditure on hiring and no additional expenditure is likely to arise under this heading in the current financial year.

I request the formal approval of the Board to the employment of eleven (11) additional ambulance staff."

On a proposal by Cllr. Dockrell seconded by Dr. Meade the report was noted.

128/78 PSYCHIATRIC NURSING STAFF

The following report No. 32/1978 from Mr. Keyes was submitted:—
"At the September and October meetings of the Board, discussions took place regarding psychiatric nursing staff. These discussions covered the following three areas which I will deal with separately.

(1) Shortage of male nursing staff.

(2) Integration of male and female nursing staffs.

(3) Training of student nurses.

(1) Shortage of male nursing staff

I set out hereunder for each psychiatric hospital the actual nursing staff employed at 1/10/78 and at 1/10/77:

<table>
<thead>
<tr>
<th>Hospital</th>
<th>1/10/78</th>
<th>1/10/77</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male</td>
<td>Female</td>
</tr>
<tr>
<td>St. Brendan's</td>
<td>256</td>
<td>347</td>
</tr>
<tr>
<td>Si. lias</td>
<td>225</td>
<td>250</td>
</tr>
<tr>
<td>St. Loman's</td>
<td>39</td>
<td>78</td>
</tr>
<tr>
<td>Newcastle</td>
<td>25</td>
<td>25</td>
</tr>
<tr>
<td>Warrenstown House</td>
<td>4</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>549</td>
<td>708</td>
</tr>
</tbody>
</table>

Shortages where they arise are generally dealt with by resorting to overtime or the employment of untrained staff. The present position on the male side is not critical but it does present difficulties from time to time particularly during holiday periods. Our policy is to recruit each year a sufficient number of trainees to fill vacancies existing at the time plus any anticipated vacancies arising due to retirement etc. This, of course, does not take into account developments of services involving additional nursing staff or such other items as increased holidays etc. Male staff generally speaking remain attached to the hospitals in which they train but, in recent years, we lost quite a number of male staff to acute units opened in other parts of the country and we had not provided for this. Recent changes in legislation have added to the difficulties. Prior to 1976, students were recruited by means of separate male and female panels in accordance with our estimated needs for both areas. From 1977 onwards we have used only one panel and the big majority of applications were from women and the actual appointments made generally reflects this pattern.
The following are the details:

<table>
<thead>
<tr>
<th>Year</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>1976</td>
<td>267</td>
<td>469</td>
<td>736</td>
<td>10</td>
<td>16</td>
<td>26</td>
</tr>
<tr>
<td>1977</td>
<td>173</td>
<td>462</td>
<td>635</td>
<td>20</td>
<td>67</td>
<td>87</td>
</tr>
<tr>
<td>1978</td>
<td>246</td>
<td>870</td>
<td>1.116</td>
<td>16</td>
<td>52</td>
<td>68</td>
</tr>
</tbody>
</table>

Female applicants were the more successful. I am not in a position to give definite reasons for the low number of applications from men.

The existing unsatisfactory position cannot be allowed to continue. There are two options available. One is to seek male trainees only, if this is legal and while I accept this will probably have to be done, it is not the most satisfactory arrangement. The second is to seek integration of staff and patients during normal day time hours. This is by far the better solution but it will take a considerable time to negotiate.

(2) Integration of male and female staffs.

Members are aware that on many occasions, the Chief Psychiatrist and his Consultant colleagues have recommended the integration of staff and patients during daylight hours. They consider this necessary for the better treatment of patients. It is fully accepted that there is a need for a basic complement of both male and female staffs in all psychiatric hospitals but I am satisfied that it is not in the best interest of patients to have segregated services. Board members may be aware that there are integrated services in some psychiatric hospitals in this country and, indeed, this is the pattern in such hospitals in other countries where psychiatric services are well developed. No difficulties have been experienced in recruiting female nurses in this area and if integration was agreed to, the existing shortage problems would be eased.

(3) Training of students.

The question of integration has been confused to some extent with training of students. When I took up duty as Programme Manager, I expressed to staff my dissatisfaction with student training where pass rates of about 50% only were being achieved and, as a result, some students were either failing completely or taking an abnormally long period to qualify. In 1975, following consultation, certain changes were made and a pilot scheme set up and it is interesting to note that these students who took part in this scheme achieved 100% success rate in 1978 examinations. I have been endeavouring to seek further amendments to this pilot scheme and one of the amendments was integration of students but this was for purposes of training only and is not to be confused with the wider issue of integration referred to at (2) above."
On a proposal by Mr. Matthews seconded by Cllr. Browne it was agreed to refrain from discussion of this report while the current negotiations with staff representatives were in progress.

129/78 TRANSFER OF WORK OF NATIONAL B.C.G. COMMITTEE TO HEALTH BOARD

The following report No. 33/1978 from the Chief Executive Officer was submitted:—

"The B.C.G. Vaccination Programme is carried out throughout the country entirely by Health Boards in most areas. The Dublin area is one where part of the Programme in the City and County has been carried out by the National B.C.G. Committee. The Department of Health has requested this Board to take over responsibility for the work currently covered by the Committee in the Dublin area because the Committee's work represents only a proportion of the B.C.G. Vaccination Programme in the Eastern Health Board area. The Dublin Medical Officer of Health has no objection to this work being taken over by the Board and recommend that the formal vesting of responsibility for the work by ministerial order be agreed to, including the transfer of the three clerical staff of the Committee to the service of the Health Board."

On a proposal by Mr. Corrigan seconded by Dr. Meade it was agreed that report No. 33/1978 be adopted.

130/78 MEMBERSHIP OF COMHAIRLE na nOspideal

The following report No. 34/1978 from the Chief Executive Officer was submitted:—

"By letter dated 28th April, 1978 the Board was advised that the term of office of the present members of Comhairle na nOspideal will end on the 31st December, 1978. The views of the health board were requested with regard to the Minister's proposal to continue in the new regulations to be presented to the Houses of the Oireachtas the provision that the members would be selected by the Minister. It was indicated that the Minister would undertake to continue the practice of seeking lists of persons willing to act on the Comhairle which he would take into consideration.

The Board decided to inform the Minister that, in its view, a majority of the members of Comhairle should be elected. It was proposed also that the current regulation which provides that not less than twelve out of twenty
three members of Comhairle shall be registered Medical Practitioners engaged in a consultant capacity in the provision of hospital services should be amended by exclusion of the words "in a consultant capacity". At the same time the Board decided to nominate four appointments to the new Comhairle.

The following letter dated 24th October, 1978 has now been received from the Department of Health.

"I am directed by the Minister for Health to refer further to my letter of the 28th April last regarding the above and to convey his appreciation of the observations which you have furnished on the proposals as set out in that letter. Because of the early rising of the Dail at the end of the Summer session, and also because of the delay by some organisations in furnishing their views on his proposals, it was not possible for the Minister to put before the Dail before the Summer recess the draft regulations concerning the method of selection for appointment of members of Comhairle na nOspideal. He proposes to introduce such regulations in the present session.

Nearly all the bodies consulted in regard to the Minister's proposals in this regard agreed with his view that the regulations should provide for a continuation of the existing provision that persons would be selected for appointment by him, subject to his taking into consideration the names of persons willing to act on the Comhairie which interested parties might submit to him. The draft regulations, therefore, will provide that further appointees to the Comhairie will be selected by the Minister.

In view of the time scale involved in the process of selection of members of the Comhairie, the Minister considers it necessary at this stage, in anticipation of the making of the amending regulations, to seek from interested bodies lists of persons willing to act on the Comhairie. I am to request that you forward such a list to the Department by 30 November next. (You have already submitted some names.)"

The persons who stand nominated by the Board are:

Prof. I. Browne
Prof. B.O'Donnell
Dr. A. Meade, Prof. J. S. Doyle
Prof. J. McCormick"

On a proposal by Mr. Corrigan seconded by Dr. Walker it was agreed that the names listed in the report be submitted to the Minister for Health.
131/78 CORRESPONDENCE

The Secretary read letter dated 27th October, 1978 from the Private Secretary to the Minister for Health, indicating that the Minister will be pleased to receive a deputation from the Board to discuss the Community Mental Health Service Development Report and will make the necessary arrangements at a later date.

132/78 OTHER BUSINESS

The Chairman referred to the National Drug Formulary recently published and paid a tribute and expressed his thanks to the members of the Committee and the officers of the Board for the magnificent work done in compiling this publication. It was agreed that arrangements should be made for any necessary review of the contents and application of the Formulary in due course.

The Chairman also informed the meeting that the Minister had appointed Mr. J. J. Nolan as temporary Chief Executive Officer until the post was filled on a permanent basis.

Mr. Nolan informed the Board that Dr. Walker was resigning from the Central Council of the Federated Voluntary Hospitals, because of pressure of other commitments. It was agreed to have the filling of the vacancy included on the next agenda.

The Chairman informed the members that he had been advised that Dr. L. Cusack, Medical Superintendent, Verge-mount Hospital is seriously ill in hospital. It was agreed to send the Board's good wishes for a speedy recovery to Dr. Cusack.

Ms. Kearney said that a week's notice advising members of visiting committee meetings was inadequate and on a proposal by Cllr. Mrs. Barlow seconded by Dr. Powell it was agreed that notices advising members of visiting committee meetings be sent out to members nine days in advance of the date set for the meeting.

The meeting ended at 7.30 p.m.

CORRECT. J.J.Nolan

Chief Executive Officer
Chairman