

## EASTERN HEALTH BOARD

*Minutes of Monthly Meeting of the Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grange-gorman, Dublin on Thursday, 1st February, 1979 at 6 p.m.*

### *Present*

Cllr. Mrs. J. Barlow	Ms. Noreen Kearney
Dr. J.D. Behan	Mr. D.G. Kelly
Cllr. Dan Browne	Cllr. D. Kinsella
Cllr. Michael Carroll	Deputy Thos. Leonard
Cllr. J. Connolly	Dr. Patrick McCarthy
Cllr. H.P. Dockrell	Prof. J. McCormick
Prof. J.S. Doyle	Dr. A. Meade
Alderman A. FitzGerald	Deputy C. Murphy
Cllr. Mrs. A. Glenn	Dr. B. Powell
Cllr. Austin Groome	Dr. B. Sheehan
Cllr. Thos. Hand	Cllr. Emmet Stagg
Mr. Kevin Harrington	Cllr. John Sweeney
Dr. John Walker	

### *Apologies for Absence*

Mr. H. Corrigan and Sr. Columbia McNamara and  
Cllr. P. Hickey

### *In the Chair Alderman Alexis*

FitzGerald

### *Officers in Attendance*

Mr. J.J. Nolan	Mr. F.J. McCullough
Mr. F. Donohue	Mr. P.J. Swords
Mr. T. Keyes	Mr. C. Mansfield
Prof. B. O'Donnell	Mr. H. Dunne
Mr. J. Reynolds	Mr. J. Doyle
Mr. F. Elliott	Mr. A. O'Brien
Mr. J. Sadlier	Mr. T. Barry
Prof. Ivor Browne	Mr. M. Cummins
Mr. P.I. Lyons	Miss K. Dolan
Mr. J. Clarke	Miss E. Larkin

19/79

### CONFIRMATION OF MINUTES

On a proposal by Cllr. Sweeney seconded by Dr. Behan the Minutes of the monthly meeting held on 11th January, 1979 were adopted.



- (b) Dublin County Local (Health) Committee held on 9th January, 1979.

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

- (c) Wicklow Local (Health) Committee held on 17th November, 1978.

On a proposal by Cllr. Sweeney seconded by Cllr. Murphy the report was noted.

In reply to Cllr. Sweeney's enquiry about the motion in the name of Mrs. Hynes, Mr. Sadlier said that the Board could not meet the extra demand at present for transport. In relation to the capital programme Cllr. Kinsella expressed concern at the delay in starting the new projects scheduled for the Wicklow area. Mr. Donohue and Mr. Sadlier explained the difficulties and delays that are experienced in preparing schedules of the accommodation and clearing these with the Department and Mr. Reynolds explained the way in which capital projects were financed. In the discussion to which Dr. McCarthy, Deputy Murphy, Dr. Walker, Alderman FitzGerald, Cllr. Sweeney, Cllr. Mrs. Glenn, Cllrs. Browne, Carroll and Dr. Behan contributed, members expressed concern that undue delays might arise in the administrative procedures involved in planning a capital project and were critical of the Departmental sanctioning function, whereby professional staff in the Department of Health examined proposals submitted by the Board's own professional advisors. The following proposals in relation to the new Health Centre and Community Care Office in Wicklow were put to the meeting and passed unanimously:

- (a) Proposed by Deputy Murphy and seconded by Cllr.

Kinsella:—

'That the dates and items relating to the on-going Wicklow project, of communications between the E.H.B., Department of Health and Director of Community Care, Wicklow, be circulated to members of the Board.'

- (b) Proposed by Deputy Murphy and seconded by Cllr.

Kinsella:—

'That the Wicklow Project monies be re-imbursed to this project immediately, even before the 1979 Capital Programme.'

Regarding the ambulance service in Arklow, Cllr. Kinsella indicated that stationing an ambulance in Arklow from 8 a.m. to 6 p.m. would not be acceptable. After a discussion the following motion proposed by Cllr. Kinsella and seconded by Cllr. Sweeney was adopted:—

**"That the Board request the Minister to provide a full-time ambulance service 24 hours a day 7 days a week in Arklow."**

24/79

**ITINERANTS**

The following report No. 5/1979 from the Dublin Medical Officer was submitted:—

"Among the commonest type of complaint received from the public at my Department are complaints from householders or Resident Associations about itinerants camping in their particular vicinity. The usual allegation made is that the itinerants are creating a health hazard, but probably the main motivation for making the complaint is the fear that if the itinerants remain over a period the value of the property in the locality will be down-graded. Undoubtedly, unauthorised itinerant encampments interfere with the amenities of a locality, as well as being a possible health hazard, as itinerants may go from door to door begging, and they have dogs and horses which are not under control. Also they deposit garbage, scrap, etc. on the roadside and unless they are on an authorised camping site they do not have any proper sanitary facilities.

There are many unauthorised itinerant encampments around the City perimeter, and also on vacant spaces within the City. Some of these are occupied by itinerant dealers who have good quality caravans, and cars and vans. Other Itinerants are obviously poor, living in poor quality caravans or under canvas.

The usual request made to us is to "get them to move on", which is a futile exercise, as if we succeed in doing so all that is achieved is that the itinerants move to some other camping site and give rise to complaints from other residents.

A survey carried out last year by the Dublin Corporation Inter-Departmental Committee on itinerants showed that the majority of unauthorised sites occupied by them are owned by the Local Authority. These sites were acquired for housing purposes or for development. In most cases all the buildings, including those on the edge of the sites, had been demolished, thus affording unimpeded access to the itinerants. The cost of fencing or erection of other barriers is considerable and is not always effective. Itinerants also tend to park on undeveloped sections of housing estates.

Current legislation is inadequate and unsuitable to deal with the problem of itinerants. Enforcement procedures rely on the procedure for dealing with statutory nuisances under the Public Health Act of 1878, also the Sanitary Services Act 1948 which deals with temporary dwellings.

If he is to take action against itinerants a Health Inspector must initially be satisfied as to the existence of a statutory nuisance on the camp site.

Even if such a nuisance is evident it is not always easy to determine which individual or which family is responsible, and as need hardly be stated they are never co-operative in supplying information.

Assuming the Health inspector is satisfied as to the person or persons responsible, he will have an Abatement of Nuisance Order served on the person giving him a specified time to comply with it. If the Notice is not complied with a summons is issued and the case is listed for hearing in due course at the District Court. A delay of several weeks may occur before the Court hearing and usually the District Justice will make a Court Order directing the abatement of the nuisance, and giving a further period of time. If this Order is not complied with a Disobedience Summons is issued and in due course the case comes up again in Court and a fine is imposed.

In most cases, itinerants do not attend Court, but move a short distance away from the original site. This means that fresh proceedings must be taken in the case of each individual occupation. When eventually fines are imposed they are often nominal and in most cases they cannot be collected for one reason or another.

Local authorities have power to declare certain areas to be Prohibition Areas, within which the erection of temporary dwellings is prohibited. (Section 31 of the Local Government (Sanitary Services) Act, 1948). Both Dublin County Council and Dublin Corporation have made a number of these Orders, but they have not been always effective, as some itinerant families have camped within them and have been prosecuted for so doing, but the fines imposed upon them were purely nominal.

I have already referred to the Inter-Departmental Committee which has been set up by Dublin Corporation to consider the problems arising from the irregular parking of itinerants within the City area, and to co-ordinate the work of various interests. This Committee has got on it representatives from the Health Inspectorate, the Sanitary Services Section of the Corporation, the Community & Environment Department of the Corporation and the Development Department of the Corporation. A Garda Superintendent and a Senior Social Worker have also been co-opted and other Senior Officers, e.g., a Solicitor from the Law Agent's Department, may attend a meeting on request. Meetings have been held monthly. Mr. George Bowles, Itinerant Settlement Officer of the Corporation, is also a member of the Committee.

The Committee keeps the movement of itinerants under observation and endeavours to co-ordinate the efforts of different Departments to deal with the problem.

The news media tend to concentrate on the undoubted hardships suffered by itinerant families, but less mention is made of the considerable amount of help that has been given to them by the Corporation and the Health Board. For instance:—

- (1) An itinerant family without proper housing, i.e., in a tent, will be provided with a caravan provided that they occupy it on an approved site.
- (2) A fully serviced site for itinerants with their own caravans is available at Dunsink Lane.
- (3) Vacancies in tigeens are usually available at one or other of the available chalet sites.
- (4) Accommodation for scrap collected by itinerants as a means of livelihood is made available at all approved camp sites.
- (5) Health Board social services are readily made available to itinerants at all regular camp sites."

B. O'Donnell  
Dublin Medical Officer.

22nd January, 1979.

Professor McCormick said that the Health Board's main effort should be directed towards ensuring that better health services are brought to itinerants wherever they may be. It might be necessary to assign public health nurses who would keep in touch with them wherever they might move. Experience shows that itinerants were normally distrustful of individuals and official bodies and it was necessary to build up contacts on a personal basis. Dr. Walker agreed with this view and cited a case where this had been most successful.

Referring to Cllr. Stagg's view that itinerants should be housed rather than accommodated in caravans Miss Kearney said that from experience it was found that itinerants do not normally wish to move into a house and the endeavour should be to provide serviced sites. The Dublin Corporation has a special team that keeps in contact with itinerants and the Board should do the same. The Chairman said the settlement provided at Holy lands was an example of what could be done and he congratulated the voluntary organisations and persons who visited there. Deputy Murphy said that the Wicklow County Council has recently appointed a Social Worker in this connection. Although many appear to want to continue their way of life he considered that it would be possible to integrate one or two families in each housing estate built.

25/79

**CREATION OF POSTS  
PSYCHIATRIC SERVICE**

The following Report No. 6/1979 was submitted by the Chief Executive Officer:—

**"DEVELOPMENT OF COMMUNITY MENTAL HEALTH SERVICES  
- CREATION OF POSTS**

The formal approval of the Board is requested to the creation of the following posts in accordance with the recommendations of the Ad Hoc Committee on Development of Community Mental Health Services:-

6 medical posts of house officer level for assignment to the following areas —

Vagrant Programme  
Research and Development  
Forensic Programmes (St. Brendan's)  
North Kildare  
Alcoholism  
Geriatric Services (St. Brendan's — Lower House)

2 posts of senior clinical psychologists in lieu of two posts of basic psychologist."

On a proposal by Cllr. Sweeney seconded by Cllr. Mrs. Barlow the following resolution was adopted:—

"That the Eastern Health Board hereby approves the proposals contained in Report No. 6/1979."

26/79      **APPOINTMENT TO VACANCIES ON  
BOARD OF JAMES CONNOLLY MEMORIAL HOSPITAL**

The following Report No. 7/1979 from the Chief Executive Officer was submitted:-

**"JAMES CONNOLLY MEMORIAL HOSPITAL**

Information in regard to the continued progress of the Hospital during 1977 is given in the Annual Report for that year which has recently been furnished to the Minister for Health. Extracts from the reports of the Chairman of the Hospital Board, Councillor Sam Carroll and the Medical Administrator, Mr. H. Browne, F.R.C.S.I. dealing with development during that year and further development which the Board hoped to undertake during 1978 are appended. A list of the senior medical staff is also attached for information of the Health Board. Arrangements are in hand for the appointment of an additional Consultant Physician and a second Consultant Pathologist.

Generally, 1977 was a year of increased demand for service. This applied in particular to Out-patient and Casualty referrals. As the extracts show, these increasing demands had to be coped with in accommodation which is quite inadequate.

The pressures have continued to grow in 1978 especially in relation to casualties which are now running at a rate approaching 10,000 a year. No increase in casualty staff has, however, been approved by the Department of Health to date and the situation is a matter of considerable concern to the Hospital.

I regret also having to report that, while the Hospital received a capital allocation to plan the adaptation and linking of two of the pavilion units to provide a 62 bed acute medical unit, incorporating a fully modern coronary care unit, approval to proceed with the work has not yet been received from the Department of Health. This is particularly to be regretted as the project represented a very co-operative approach by the Board and the Hospital staff to the utilisation of these units which are situated at some distance from the main building in which the principal support services are located.

Nor is it possible to report any positive advance in regard to the provision of a full-scale Accident and Emergency department and an adequate Out-patient department or a decision about the construction of a Maternity department to the need for which the Health Board has repeatedly subscribed.

The result of the negotiations between the Health Board and the Department of Health in regard to the schedule of accommodation etc. for the proposed Psychiatric unit is still awaited as the members will have noted from the recent further report of the ad hoc committee on the development of the Mental Health services.

All the above matters were brought to the attention of officers of the Department of Health some weeks ago when they met the Hospital Board and representatives of the medical and nursing staffs. This discussion was of a preliminary nature in preparation for the detailed consideration by a group representative of the Hospital and the Department of Health of the range of services which the Hospital is to provide as one of the six major General Hospitals for Dublin.

With regard to Dental Surgery to which the Medical Administrator refers in his report it is a matter of considerable regret to the Hospital that it cannot provide the additional "Anaesthetic cove" required for an increase in the operating sessions made available for the Health Board for mentally handicapped patients in particular. Comhairle na n-Oispideal has not to date approved of a third post of Anaes-

thetist the need for which has been clearly demonstrated for this and other purposes.

I would draw attention to the fact that the term of appointment of Mr. FJ. Elliott and myself on the James Connolly Memorial Hospital Board will terminate next March.

#### **JAMES CONNOLLY MEMORIAL HOSPITAL BOARD**

##### **Extract from Chairman's Report for 1977**

During the year the Establishment Order was amended to make provision for representation of the North Eastern Health Board. This was only fitting as portion of its area is included in the Hospital's catchment area as defined in the General Hospitals plan for Dublin. The appointment of Mr. P. McKenna and Mr. P. Clarke has already proved of advantage to our work and we look forward to the development of further lines of co-operation with Our Lady's Hospital, Navan, in particular.

Also during the year, Mrs. J.A. Barlow, S.R.N., S.C.M. was appointed as a representative of the Eastern Health Board on the retirement of Dr. P.C. Jennings. I should like to acknowledge in this report the constructive interest which Dr. Jennings took in the Hospital as a General Practitioner of long and wide experience and a member of the Eastern Health Board.

Much needed additional accommodation for the Medical Social Workers and for the Medical Records Department was provided during the year. There was no alternative but to use a pre-fabricated building for extended medical records storage. The programme of ward improvements was continued and is now well in hand.

While the need for a Maternity Department and for an adequate out-patients and an Accident and Emergency Department are still unmet the Board did receive approval from the Department of Health to upgrade and link pavilion units 11 and 12 to form an acute Medical Department of 62 beds. It is to incorporate substantially improved coronary care facilities. Every effort is being made to obtain formal approval to proceed with the placing of contracts for this work so that the very necessary increase in the complement of acute medical beds can be obtained with as little delay as possible.

Pressure is mounting from a number of sources for the establishment of a Maternity Department and the Board has continued to bring the desirability of proceeding with the provision of this facility to the attention of the Minister for Health. The Board's views in this matter are we know, strongly supported by the North-Eastern Health Board. In

the matter of an Accident and Emergency Department, the attention of the Department of Health has been drawn to the significant increase in the number of casualties coming to the Hospital and to the limited facilities for dealing with them. The implications for the Accident and Emergency services of the City as a whole and for the North City in particular of the move of St. Laurence's Hospital and Jervis Street Hospital to Beaumont in the near future have been pointed out in this connection. It is clearly of prime importance that the Hospital be authorised immediately to prepare plans for a full scale Accident and Emergency Department. Of equal importance is the provision of a suitable Out-Patients Department, as the accommodation presently available is quite inadequate, and of a modern Psychotherapy Department of sufficient size.

Discussions with the Eastern Health Board with regard to the establishment of a Psychiatric Unit by conversion and linking of Pavilion Units 9 and 10 continued during the year and should shortly be finalised.

I am pleased to record the addition to the Medical Consultant staff of Dr. Michael V. O'Reilly who has had extensive experience in Canada and the United States of America.

Discussions are being held with An Comhairle with regard to an additional Consultant post in Medicine and to necessary strengthening of the Hospital resources in Surgery, Anaesthetics and Pathology.

The Nurse Training School continues its good work. Another 16 students were presented with their certificates and badges during the year having maintained the young School's record to date of 100% success in the State examination. Our thanks are due to Matron, to the Tutorial Staff and to the Medical, Nursing and other staffs who have contributed to this very satisfactory position. Further development of the School is currently being planned.

The Board has welcomed the opportunity provided by the Government's job creation programme to improve the staffing complements in other grades as follows:

- (a) 1 Superintendent, and 2 Basic Grade Physiotherapists.
- (b) 1 Laboratory Technician.
- (c) 1 Dietician (Part-time).
- (d) 1 Pharmacist.
- (e) 20 Staff Nurses.
- (f) 1 House Officer in Pathology.
- (g) 1 E.C.G. Technician, (h) 5 Porters.
- (i) 2 Attendants, (j) 1 Fitter/Plumber, (k) 1 Craftsman's helper. (l) 3 Clerk/Typists.

Extract from Medical Administrator's Report The following report indicates the activity and some of the progress of the Hospital during the year 1977. In general overall there is an increase in the workload, with an increase in efficiency reaching a very acceptable standard of patient care. As well as General Medical and Surgical interest on the medical side. Cardiology, Gastroenterology and Endocrinology are specialist services available to the patients. Pulmonary disorders are cared for in a Special Unit under the control of a Chest Physician who is available for consultations within the Hospital Complex and our Associated Hospitals. Pre-operative assessment of pulmonary status is also available in this area. Throughout the past 4 years a programme of domiciliary oxygen therapy has been organised for patients in the Catchment area with systematised review and assessment to the patients, prior to, and during this therapy. The Unit has been unique in Ireland in initiating a trial of domiciliary Oxygen Concentrator as an alternative supply source, to the conventional cylinder distribution systems.

During 1977 the appointment of a Consultant Physician with a sub-speciality in Cardiology has increased the workload on the Medical side. This was a joint appointment with Our Lady's Hospital, Navan and tightens the association between the Hospitals. An efficient Coronary Care Unit is in operation and we are prepared to go on the Coronary Care Rota for the City of Dublin when necessary adaptation work on two Units of 30 beds each has been completed. The modernisation of these two Units will include the incorporation of a sophisticated Coronary Care Unit with modern equipment and will also overall increase the number of medical beds available.

The Geriatric Department is functioning extremely well with two acute assessment units and a back-up service of long-stay beds. This service is under the direction of two Consultant Geriatricians who link with the Community Care service of the Eastern Health Board. Occupational Therapy and Speech Therapy is carried out in the acute units. The Day Hospital is also very active and very successful.

Psychiatric problems are dealt with in a weekly Out-Patient's Clinic: it is hoped that an acute psychiatric unit will be developed in the near future.

As well as General Surgery, Thoracic, Plastic and Genitourinary Surgery are specialties available, also Gynecology and E.N.T. and Orthopaedics. It is of interest to note that all the Urology work done here is that referred by local General Practitioners and the demand is growing. In addition very special Urology problems arise in connection with the large number of geriatric patients at this Hospital and in fact, our Consultant Geriatricians make it a practice to transfer their patients from St. Mary's Hospital and our associated hospitals

so that their Urological problems can be dealt with within easy reach of the special services of a modern Geriatric Unit. Urological work continues to increase. The total number of procedures is the same as 1976 but there is a significant increase in the major operations.

A full range of Thoracic Surgical procedures, including Lobectomies, Pneumonectomies and Oesophagogastrectomies is performed. Fibro-optic endoscopy is a routine.

Dental Surgery is performed in a special Unit and General Anaesthetics numbered 149 for this service.

The difficulty in obtaining Locum Anaesthetists during annual leave necessitated the cancellation of a number of planned surgical lists.

The Out-Patients' Department continues to function against the overwhelming odds of lack of space. It is quite inadequate for the present volume of patient work. It is imperative that, in the immediate future, a new Out-Patient Department is provided to allow for the volume of work already arising and for the expected increase of work.

The Casualty figures show a further increase in 1977 and over 7,000 patients attended the Casualty Department. This Department is also quite inadequate to deal with the flow of patients and effective action is an immediate necessity. It is of prime importance also that a new Casualty Department be built to enable the Hospital, in the very near future, to go on the full Casualty intake for the City of Dublin. With the expected closure of Jervis Street and St. Laurence's Casualty Departments, both of these Casualty Departments will, presumably move to the new site in Beaumont. It is important that this Hospital has by that time at the latest, a modern Casualty Department.

A decision in regard to the provision of a Maternity Department is still awaited. The housing programmes in progress in the catchment area and the projected young population require this service in the Hospital.

A Children's Ward is being incorporated in the Surgical Block.

Coupled with the urgent need for new Out-Patient and Casualty Departments is the pressing need for a new Physiotherapy Department. The present Department is totally inadequate and undue strain is placed on the staff in an effort to maintain an adequate service.

A matter of grave concern and one requiring immediate attention to reduce the excessive demands on the Anesthetists is the appointment of a third Anesthetist. A wide range of general and specialty operations are carried out and further expansion of the Surgical Department is being curtailed because of lack of staff in this area.

**SENIOR MEDICAL STAFF****Physicians**

Dr. B.G. Alton, B.Sc., F.R.C.P.I.  
 Dr. J. Devlin, M.D., M.Sc., F.R.C.P.I.  
 Dr. E. O'Brien, F.R.C.P.I., M.R.C.P.  
 Dr. M.V. O'Reilly, F.R.C.P.(C), F.C.C.P., M.R.C.P.I.

**Surgeons**

Mr. R. Lavelle, M.Ch., F.R.C.S.I. (Honorary)  
 Mr. K. Shaw, M.D., F.R.C.S.I.  
 Mr. S.J. Heffernan, M.Ch., M.B., B.Ch., B.A.O., F.R.C.S.I.  
 Mr. B. Lane, F.R.C.S., F.R.C.S.I., F.R.C.S. (Ed.).  
 Mr. G. Lynch, F.R.C.S.I., F.R.C.S., F.A.C.S.  
 Mr. E. Lavelle, F.R.C.S.I., F.R.C.S.  
 Mr. H.I. Browne, L.R.C.P. & S.I., F.R.C.S.I.

**Radiologists**

Dr. J. Toland, M.B., B.Sc., F.F.R. (Lond.) Dr. P. Nicell, M.B., B.Ch.,  
 B.A.O., N.U.I., D.M.R.D. (Lond.). F.F.R.R.C.S.I.

**Anaesthetists**

Dr. E. Gallagher, M.B., B.Ch., F.F.A.R.C.S.I., F.F.A.R.C.S.  
 Dr. P. O'Toole, M.B., B.Ch., B.A.O., D.A., F.F.A.R.C.S.I.

**Paediatrician**

Dr. N. O'Doherty, M.D., M.R.C.P., M.R.C.P.I., D.C.H.

**E.N.T. Consultant**

Mr. M. O'Connor, M.Ch., D.Ph., D.L.O., (R.C.S. London)

**Obstetrician/Gynaecologists**

Prof. de Valera, M.D., M.A.O., F.R.C.P.I., F.R.C.O.G.,  
 F.A.C.S. Dr. A.T. Greene, M.R.C.P.I.,  
 M.R.C.O.G.

**Pathologist**

Dr. J.D. Curran, M.B., B.Ch., B.A.O., F.C.A.P.

**Microbiologist Dr.**

R. Hone, M.D.

**Ophthalmologists**

Dr. D.H. Douglas, M.B., D.O.M.S.  
 Dr. H.N. O'Donoghue, M.B., B.Ch., B.A.O. (N.U.I.), F.R.C.S &  
 F.R.C.S.I.

**Psychiatrist**

Prof. T. Lynch, F.R.C.P.I., F.R.C.

**Urologist**

Mr. A. Walshe, F.R.C.S.I.

**Rheumatoid Arthritis**

**Dr. C. Barry, M.D., F.R.C.P.I., D.Phys. Med.**

**Physicians in Geriatric Medicine**

**Dr. J.G. Noel, M.B., M.R.C.P.K**

**Dr. J.N. Lavan, M.B., B.Ch., B.A.O., M.R.C.P.I.**

**Physician-in-Charge, Respiratory Insufficiency Unit**

**Dr. B. Callaghan. L.R.C.P., & S.I. & L.M., D.P.H.**

**Chiropodist**

**Mr. D. O'Sullivan.**

**On a proposal by Cllr. Mrs. Barlow seconded by Cllr. Mrs. Glenn the following motion was adopted unanimously:—**

**'That Mr. J.J. Nolan and Mr. F.J. Elliott be appointed to act for another term on James Connolly Memorial Hospital Board.'**

In a discussion on the report, to which Cllr. Mrs. Barlow, Mrs. Glenn, J. Sweeney, M. Carroll and Alderman FitzGerald, Dr. Meade, Dr. Powell, Dr. McCarthy contributed, the provision of a maternity unit and an accident and emergency unit was also referred to. The members again expressed their views that these services were urgently required in the hospital to serve the rapidly expanding area.

Mr. Elliott said that he understood the Department would be in a position to resume consultations on further developments in the hospital very shortly. On a proposal by Cllr. Mrs. Glenn seconded by Cllr. Mrs. Barlow the following motion was passed unanimously:—

**'To propose, as a matter of urgency, that the Minister for Health give consent to the provision of a maternity unit at James Connolly Hospital.'**

**27/79 DRAFT ESTABLISHMENT ORDER,  
TALLAGHT HOSPITAL BOARD: NOMINATION OF E.H.B.  
REPRESENTATIVES**

Prof. McCormick pointed out that the draft order differed significantly from the orders establishing St. James's, Beaumont and other hospitals which were established as voluntary bodies. This order provides that the Minister will appoint the Board and the Chairman and can ask for the resignation of any member. It also appears that the Minister would have a greater say in the day to day running of this hospital than under any previous order and that these provisions were largely unacceptable and should be considered very carefully.

Dr. Behan said that the representation from the health board at two members was inadequate and he considered that other groups should be represented, e.g., nursing groups, community groups. He considered that Article (6) limited the contribution which medically elected representatives could make and there was a danger that these representatives would have to leave the board when local elections were held. Mr. Nolan stressed that the draft order related to a commissioning board only. The members agreed to his suggestion that the implications of the draft order relative to representation be considered further and that the Department be informed of the Board's reservations on the proposed numerical representation and style of representation as discussed earlier.

#### 28/79 NAAS HOSPITAL

Mr. Nolan reported steady progress. In reply to Cllr. Stagg he said that the diagnostic and pathological services would be developed in conjunction with St. James's Hospital. Mr. Swords said that it was hoped to provide accommodation for the technician staff and equipment in the gate lodge and that additional accommodation for the Coronary Care Unit could be provided when the new kitchen and dining room areas were completed.

#### 29/79 NOTICE OF MOTION

The following motion was proposed by Cllr. Sweeney and seconded by Deputy Murphy:

"Where a person is suffering from terminal disease and is maintained at home by their family special consideration should be given regarding the issue of Medical card."

Speaking to the motion which was accepted in principle Cllr. Sweeney said that persons with terminal illness being nursed at home often needed the very frequent attendance of their G.P. and that this could cause hardship. Mr. Dunne said that the present system provided that if medical card applications were supported by medical certificates indicating a situation as described by Cllr. Sweeney the cases were sympathetically considered. Dr. Meade and Dr. Powell both said that they had found the Board most co-operative in these cases.

#### 30/79 CORRESPONDENCE

The Secretary read the following letters:

- (a) Letter dated 19th January 1979 from the Section Officer, Basin St., Naas, conveying the following resolution which had been agreed unanimously at the Kiidare Local (Health) Committee meeting on 18th January 1979:

**'That the Eastern Health Board propose to the Minister for Health to amend the draft order forwarded with letter dated the 28th December, 1978 from the Department of Health, by the substitution of 'Naas' for Tallaght'at all stages when it appears in the draft order.'**

**Cllr. Stagg said that the Kildare Committee was concerned that the Naas hospital would be run down if a new major hospital was built at Tallaght However, on the assurance given by Mr. Nolan that the Board would continue to seek additional consultative staff and services for the Naas Hospital, the Committee would be satisfied that the future of Naas Hospital would be adequately catered for.**

- (b) Letter dated 5th January, 1979 from the Department of Health advising the Board that the Board of Jervis Street Hospital proposed to transfer the nephrology services at present provided by them in part at St. Mary's Hospital (including the Home Dialysis Training Unit) to the new Beaumont Hospital and that it was proposed to inform Jervis Street Hospital and the Beaumont Hospital Board that the Minister agreed with the proposal.**

**The meeting terminated at 8.50 p.m.**

**CORRECT J J. Nolan  
Chief Executive Officer**

**Signed .....  
CHAIRMAN**