EASTERN HEALTH BOARD

Minutes of Proceedings of monthly meeting of Eastern Health Board held in the Boardroom, St. Brendan's Hospital, Grangegorman, on Thursday 4th October, 1979 at 6 p.m.

Present

Ald. B. Ahern, T.D.
Dr. J.D. Behan
Cllr. L. Belton, T.D.
Cllr. D. Browne
Cllr. Michael Carroll
Cllr. Jos. Connolly, P.C.
Cllr. Eric Doyle
Prof. J. S. Doyle
Cllr. B J. Durkan
Ald. Alexis FitzGerald
Cllr. Mrs. A. Glenn
Cllr. A. Groome
Cllr. T. Hand P.C,
Mr. Kevin Harrington
Cllr. F. Hynes
Ms. N. Kearney
Dr. D.G. Kelly
Dr. Patrick McCarthy
Prof. James McCormick
Sr. Columba McNamara
Mr. Michael Matthews
Dr. Aidan Meade
Cllr. Mary Freehill
Dr. Brendan Powell
Dr. B. Sheehan
Cllr. Emmet Stagg
Cllr. John Sweeney
Cllr. G. Timmins, T.D.
Dr. John Walker

Apologies **Mr. H. Corrigan and Cllr. P. Hickey**

In the Chair **Ald. Alexis FitzGerald**

Officers in Attendance

Mr. J J. Nolan
Mr. F. Donohue
Mr. T. Keyes
Mr. P J. Swords
Prof. B. O'Donnell
Mr. J. Reynolds
Mr. J. Sadlier
Prof. I. Browne
Mr. F. McCullough
Mr. J. Doyle
Mr. P. I. Lyons
Mr. C. Mansfield
Mr. A. O'Brien
Miss B. Kelly
Mr. M. Cummins
Miss E. Larkin

126/79 CONFIRMATION OF MINUTES

Dr. Walker pointed out that the date of the September monthly meeting shown on the minutes should have read 6th September, 1979.

Dr. Behan referred to Paragraph 4, Page 203 of the minutes and said that it had been accepted in principle that the Board should research and develop non-pharmacological treatments of conditions at present requiring drug therapy and that Mr. Donohue and himself would prepare a report in the matter.

The alterations in the minutes were agreed and on a proposal by Dr. Walker seconded by Dr. Behan the minutes were adopted.

127/79 MATTERS ARISING

Dr. Behan complained that members were receiving their notices of the meeting very late^and members registered their dissatisfaction at the present 'state of the postal services.

Referring to item 124/79 (a) Mr. Donohue undertook to speak to Cllr. Connolly about a particular case. In reply to Cllr. Hynes Mr. Donohue said that while there was no fixed amount for burial expenses any subvention made is related to the cost at which the Board could have carried out the burial if it had been asked to do so.

As arranged at the last meeting the Finance Officer explained the way in which overdraft accommodation is used by the Board. He said that expenditure averages £6%—7 million per month and instalments of Health Services Grant each averaging about £3% million are paid on the 16th and last day of each month. When an instalment is paid the Board Is substarrrjatty in credit but this reduces between payments. However, when the Board is in credit those funds are invested and earn interest and this interest is usually sufficient to offset any overdraft interest charged. Overdraft accommodation did not cost the Board anything last year. To date this year overdraft interest has been £39,000 but the Board has earned interest of £119,000.

128/79 CHAIRMAN'S BUSINESS

(a) The Chairman advised members that since the last meeting Cllr. Durkan's father had died. The members stood in silence as a mark of respect and the Chairman asked that the Board's sympathy be conveyed to the bereaved family. Cllr. Durkan replied on behalf of his family.

(b) The Chairman advised members that he had just returned from a function at St. Mary's Hospital with the Chief Executive Officer, to congratulate the staff on their response to the heavy extra duties involved in providing a first-line service on the occasion of the Papal Mass in the Phoenix Park. His proposal to convey the members' congratulations to the Resident Medical Superintendent, Matron and all staff concerned was agreed with applause. The Chief Executive Officer stated that he hed written separately on behalf of the Board to the Consultants and Staff from other hospitals who had also given unstinted service it St. Mary's on that day.

(c) The Chairman advised the members that as part of Cuspoir's Sport for Cllr Day, the Facilities Committee for the provision of the staff social and sports complex was organising a sponsored walk in which he would participate. He invited any members who wished, to join in the walk and praised the efforts of the Committee towards providing this much needed complex. He drew the members' attention to the brochure on the proposed complex circulated at the meeting.

(d) Replying to Cllr. Hand, the Chairman asked Mr. Keyes to comment on the subject of unsuitable patients being admitted to Dundrum Hospital, having regard to the Board's concern expressed at earlier meetings. Mr. Keyes said that following the meeting of the Ad Hoc Committee which recommended the provision of a different facility for these patients, letters had been sent to the Minister for Health in March and July asking for a joint meeting between Board representatives and the Ministers for Health and Justice on the matter, but that no reply had yet been received. He said, however, that since then, no patients of that type had been admitted to Dundrum and there were none there at present.

Members agreed to the Chairman's suggestion that he would write to the Minister direct and press to have the delegation received at an early date. The Chairman asked that the members' best wishes for a speedy return to health to enable him to resume his duties as a Board member be conveyed to Mr. H. Corrigan. He also asked that the members' regards be conveyed to Mr. PJ. Burke, former chairman of the Board.

Cllr. Carroll paid a tribute to the former Secretary, Mr. Kevin Quinn, particularly in relation to his work in aiding the Committee for the Social and Sports Complex and the members agreed that their best wishes be conveyed to him also.

129/79 PROCEEDINGS OF VISITING COMMITTEES

The reports of the following Visiting Committees havinq been circulated were dealt with as follows:-

(a) No. 3 Visiting Committee meeting held at St. John's Day Centre, Seafield Road, Clontarf on 20/9/79.

On a proposal by Cllr.Groome seconded by Cllr. Durkan the report was noted.

Cllr. Stagg said that the situation at the St. John's Day Centre was not good, that routine repairs and maintenance work had not been done and that the condition of the building was very bad. While he complimented the efforts of staff he said that the condition of the building was having an affect on the type of patient attending there and replacement of this Centre must be. made a top priority. Cllr. Groome supporting Cllr. Stagg said that since the Committee last visited there in April, 1978, work such as painting, which had been promised to be done quickly, had not been carried out and there were other complaints such as a cooker unserviceable for four months and furniture and lights left unrepaired. There was abo criticism of the system of food delivery. While the Centra was an excellent alternative to hospitalisation, it now looked as if the service was collapsing for want of support. Mr. Matthews concurred with the previous speakers and said he was disappointed with the lack of attention to the surroundings in which the patients spend their time.

Mr. Keyes explained that the premises is not owned by the Board and the Board has not exclusive use as it is also used at night, by other groups. In addition, the premises has been broken into several times and vandalised. The Board is planning alternative accommodation for the Centre at St. Laurence's Road for which the Minister has approved the schedule of accommodation and which will be in the capital programme in 1980 and will probably be completed in 1981. For this reason he is reluctant to propose substantial expenditure on the present building. The food is prepared-in St. Brendan's and delivered to the Centre. While they recently experimented in delivering the food already plated, this has not worked out and delivery is again in bulk, and is plated at the Centre. He undertook to keep the question of the serving of food under review.

Mr. Sadlier said that scarcity of money and labour made it difficult to cater for all routine demands for maintenance but he undertook to examine the items raised by the members.

In reply to a suggestion by Dr. Meade that the Centre be transferred to St. Vincent's Hospital, Fairview, pending the provision of a new building, Mr. Keyes said that mere was no accommodation available at St. Vincent's and the Clinical Director was of the view that a Day Centre should not be sited at a hospital.

In response to a suggestion that the Centre be closed pending the new facility at St. Laurence's Road, Prof. Browne said that such a move would put increased pressure on St. Brendan's Hospital and patients might end uo in worse conditions than they have at present. On the suggestion of the Chairman it was agreed that a further visit would be arranged to St. John's and that he and the Programme Manager would attend.

Dr. Behan pointed out that the Ad Hoc Committee was due to meet the Minister again and it might be possible to raise this matter at such meeting. On a proposal by Cllr. Freehill, seconded by Cllr. Stagg the following motion was agreed:—

"That an urgent meeting be arranged with the Minister for Health to communicate to him the serious condition that prevails in St. John's Day Centre, and to ask for further finance to remedy the problem."

(b) No. 4 Visiting Committee meeting held at Mountpleasant Day Centre on 12/9/1979.

On a proposal by Mr. K. Harrington seconded by Cllr. Mrs. Glenn the report was noted. Mr. Harrington expressed disappointment at the poor attendance at this meeting and previous meetings of this committee. Cllr. Freehill said that it had clashed with a Corporation meeting at which she had to be present. She asked that the Secretary try to arrange that Board committee meetings would not clash with meetings of other local authorities in the area. Mr. Harrington again drew attention to the lack of maintenance and repairs in the premises, e.g., when treating for dampness the electric heaters were cut off and were not yet restored. Mr. Sadlier said he would attend to the matter.

130/79 PROCEEDINGS OF LOCAL (HEALTH) COMMITTEES

The Minutes of the following local health committee meetings having been circulated were dealt with as follows:—

(a) Dublin County Local (Health) Committee meeting held on 3/9/1979.

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

(b) Kildare Local (Health) Committee meeting held on 19/7/1979.

On a proposal by Cllr. Groome seconded by Cllr. Stagg the report was noted.

Ci!r. Stagg referred to the Chief Exscutive Officer's assurance that elderly patients from Kildare would be treated on the same basis as Dublin patients tor admission to Dublin Hospitals and said that at the last Care of the Aged Committee meeting the geriatric consultants said that in present circumstances they could not take patients into St. Mary's Hospital who lived beyond Lucan.

Cllr. Freehill asked if the nurses who were stated to be giving family planning advice were providing a comprehensive family planning service and what training did they have. Mr. Donohue said that it was inappropriate for the Board to dictate to professional people how to conduct their professional duties and while nurses do attend courses the Board does not have a family planning service as such. However, the nurses do advise persons on family planning in as much as it related to their health.

On a question regarding the development of the County Hospital at Naas Mr. Nolan said that he assumed that the Board would reaffirm their longstanding and repeated recommendation that Naas Hospital, (and St. Columdlle's Hospital) would each be continued as an active general hospital with adequate staffing, including consultants, at the proper level. On that basis he would continue his representations to the Department and to the Comhairle for the necessary consultant appointments in medicine, surgery, radiology, etc. at each hospital. The present method of trying to obtain consultant staff, as and when they become available and on a short-term temporary basis was most unsatisfactory and adversely affected the standard of service available to the public. It was also an unwise and potentially dangerous situation for the Board to purport to make available in St. Columcille's Hospital — which is on a main road with a high incidence of serious traffic accidents — an accident and emergency department unless it is properly equipped and adequately staffed, on a constant basis, at consultant level. He wishes to emphasise that the staffing situation at consultant level in both hospitals was becoming critical and if no improvement was soon effected, consideration would need to be given to limiting admissions of serious acute cases.

At this stage the Chairman referred to item No. 7 on the agenda relating to St. Columcille's (Report No. 45/1979) and suggested that as the policy and proposals in relation to both hospitals were so closely linked, the two be considered together. On a proposal by Cllr. Carroll seconded by Or. Powell it was agreed that the items 3 (b) and 7 be taken together. The following Report No. 45/1979 by Mr. R.N. Lamb, Programme Manager, General Hospital Care was then submitted:

"ST. COLUMCILLE'S HOSPITAL

The Board has power to provide and maintain hospitals. The Minister for Health has power "to give to the Board such directions as he thinks fit in relation to the arrangements for providing service" in hospitals and the Board is obliged by law to comply with such directions. In effect, the Minister has the power to direct what services should be given in a Board hospital. Since he nowadays provides all the monies

for the Board's activities and can grant or withhold sanction to the creation of posts, his persuasive influence apart from his statutory power, is considerable.

Comhairle na nOspideal is a statutory body whose functions include regulating the number and type of appointment of consultant medical staffs and advising the Minister or the Board on matters relating to the organisation and operation of hospital services.

The Comhairle has, over the last seven years produced a number of recommendations on the future development of hospital services. It originated the proposal, now accepted as policy, that there be six major general hospitals in Dublin — three northside, three southside. It has joined in producing suggestions as to how specialist units might be developed and distributed throughout that new Dublin hospital system. It has given thought to the relationship between smaller existing hospitals, such as St. Columcille's, not proposed for absorption into the new major system and the major groupings and to the place of specialist hospitals, (maternity, cancer, childrens) in the system. It has put out guidelines on consultant medical staffing and related population catchment for general hospitals. The starting point was that "recent developments in practice of medicine in hospitals have laid increasing emphasis on the contribution of laboratory, radiological and other scientific investigation to patient care and, in addition, have called for the involvement of a number of clinical consultants in dealing with difficult problems of complex disease and injury. The general move in the direction of a shorter working week has also been felt in the hospital service and there is wide recognition of the importance of avoiding the dangerous effects of fatigue on the quality of work of people whose duties involve sustained concentration. All of these developments, coupled with the beneficial tendency towards a greater degree of specialisation by consultants, have pointed towards the need for the organisation of general hospital services on a broader medical and technological base within the hospital and an enlarged population catchment related to the increased capability of the larger hospital. In short, the idea of a single-handed Surgeon or Physician attempting to provide a twenty-four hour service with the assistance of supporting medical staff and less than adequate laboratory and radiological services is no longer acceptable from the point of view of the patients best interests."

"The Comhairle would therefore, like to stress the importance, for achieving a high standard of patient care, of ensuring that in as many situations as possible, a -fully satisfactory hospital organisation is provided. Large hospital centres would be highly desirable in situations where the population would justify this."

"Surgery and Medicine
Where elective general surgery is to be carried out and there is, in addition, a volume of emergency and accident work which may require urgent surgical intervention at any hour, a minimum staff of two Consultant Surgeons is required. Similarly, in the case of medical work carried on in association with such a minimum surgical unit, a staff of two Consultant Physicians would be needed. These two clinical departments would need to have appropriate supporting medical staff in accordance with current practice. A minimum of two Consultant Anaesthetists would be needed {subject to adjustment in relation to their work load in obstetrics). These might have other commitments at convenient centres."

"Laboratory and Radiological Work
The availability of immediate laboratory services is essential and the minimum senior staff should be one Consultant Pathologist (preferably with a special interest in morbid anatomy and histopathology) and one Biochemist (not of lower rank than senior grade). There should be ready access to consultant advice on micro-biology and haematology. A minimum of two Consultant Radiologists would be needed — they might have other commitments at convenient centres."

"Obstetrics and Gynaecology
Where a significant volume of maternity work arises justifying the provision of a consultant-staffed unit, a minimum of two Consultants in Obstetrics and Gynaecology is required. Such a unit should desirably be associated with a medical/surgical unit. Adequate anaesthetic, laboratory and radiological services are required. The services of a Consultant Paediatrician should be available in hospitals where there are obstetrical units of this scale. The annual number of births, related to such a minimum unit should lie within the range 1,500 to 2,000 births."

"Population catchment
A minimum scale consultant staffed hospital conforming to these guidelines should in normal circumstances serve the needs of a population of around 100,000.

If, however, there is not convenient access to a larger hospital (to which problems in particular speciality areas could be referred) or if there are special considerations (such 3S very low population density or unfavourable features in the make-up of the population in terms of age and sex) then a lower figure would be appropriate. Only in the most exceptional circumstances should the population catchment be as low as 75,000. The development of a consultant staffed hospital to serve a population as small as this minimum figure would be justified only if another hospital is not within reasonable distance of the population. In general, the aim

should be to provide consultant staffed hospital services so that the population concerned would be within a radius of 30 miles of the hospital centre."

The Comhairle has produced a discussion document (November 1974) on the role of the smaller hospital and one (May 1976) on the development of hospital maternity services. These two are obviously relevant in considering policy regarding St. Columcille's.

Discussion document on the role of the smaller hospitals (1974).
This summarises the basic principles of future hospital development as reflected in the Fitzgerald Report and earlier studies by An Comhairle, as part of a world wide move towards the organisation of general hospital services on a broaaer medical and technological basis within the hospital and an enlarged catchment related to the increased capability of the larger hospital. It states:— "The need for re-organisation on these lines has arisen mainly because of changes in the practice of hospital medicine including increasing emphasis on the contribution of scientific investigation (e.g. laboratory and x-ray), a beneficial tendency towards a greater degree of specialisation by consultants and the involvement of consultant "teams" in difficult problems of complex disease and injury."

"in the future situation, where acute medical and surgica. services will be concentrated into fewer and larger hospital centres with a full range of supporting facilities, it is essential that the maximum utilisation of such expensive resources should ba achieved, it is most important that patients shouri be accommodated in these centres only for such period as they require the extensive facilities available there. Coupled with this concideration is the desirability ofreducing as much as possible the inconvinence to both parents and relatives inherent in the provision of fewer centers. In meeting these requirements the board considers that the smaller hospitals have an important positive role in a re organised hospital system The purpose of this discussion document is to elaborate in some detail on the range of activities which could be appropriate for a smaller hospital. It is hoped that the ideas expressed will be of assistance to the Minister for Health, the Health Board and other bodies charged with responsibility for decision-making in this area.

The Comhairle wishes to emphasise that this document is not intended to influence the question of which particular hospitals should be developed on the lines set out. It is the function of hospital authorities and the Minister for Health to decide on the future role of particular hospitals. The intention behind this document is to explore the potential role of the smaller hospitals in order to stimulate discussion and, hopefully, to assist those who are faced with making decisions about them."

The discussion document then propounds a general model for the smaller hospital in a new role as Community Hospital (the model to be adaptable to the particular circumstances of each hospital) as follows:

'The main focal point to which patients in each Health Board area will be referred for consultant advice and treatment will be the general hospital. A proportion of the inpatient facilities for the population of the area, together with some day hospital could, however, be provided in community hospitals which could provide a service complementary to the general hospital and to the community care services. However, it must be clearly understood that the level of inpatient activity in the community hospitals should be that which can appropriately be supervised by a general practitioner. Seen in this role the community hospitals could play a most important part as a bridge between the general hospital services and the general practitioner services."

In accordance with principles already stated "surgery as a speciality is not suitable for community hospitals, apart from pre-convalescent care. Modern surgical procedures involve an increasing reliance on sophisticated equipment and specialised support staff. It is extremely difficult to safely separate surgery into different categories — a minor operation may have serious consequences whereas a major operation may go very smoothly. The safety of the patient demands that the performance of surgery should be conducted in an environment appropriate to a general hospital staffed by consultants and other highly trained personnel with full facilities including extensive laboratory, radiology and other supporting services. This would not preclude a general practitioner from carrying out procedures which he might normally expect to *do* in the course of his practice in well-equipped premises.

"it is suggested that the available beds in a community hospital might be divided into short-stay (no longer than three weeks) and long-stay for chronic patients (see below, paragraph 3.8). Some patients could be admitted direct to the community hospital for general medical treatment, and pre-convalescent cases could be transferred from medical or surgical wards in the general hospital."

"A wide range of consultant clinics should, depending on the need, be held at community hospitals and suitable facilities should be provided to cater for such clinics. These clinics should be conducted by consultants from the general hospital. Consultant advice should also be available for in-patients of community hospitals. Patients transferred from the general hospital (e.g. post-operative cases) should continue to be the responsibility of the consultant concerned. Facilities for clinical conferences should be made available."

"All seriously injured patients requiring hospital treatment should be taken direct to accident and emergency units at general hospitals which should be staffed and equipped to deal with major injuries and other emergency cases at any hour of the day or night Facilities should be available at the community hospital to provide resuscitation for emergency cases who may find their way direct to the community hospital and who require to be transferred for treatment to the general hospital. It would however, be unreasonable to require a patient with an injury requiring no more than minor treatment to travel a long distance when it might easily be carried out in a treatment room at a community hospital nearer home. It will be necessary to ensure that the community hospital's limited role is clearly known in the locality so that it is not asked to undertake work which ought to be referred to an accident and emergency department. It is essential that an ambulance service should be maintained on the basis of providing speedy and effective response to emergency calls."

"If community hospitals undertake the assessment or treatment of patients with minor injuries, there should be an on-call rota of general medical practitioners who would accept responsibility. In certain circumstances, nurses who have been suitably trained may help in such assessments, but the responsibility must remain with the doctor concerned."

The document suggests that the Community Hospital should make available a full range of care for the elderly and as regards children suggests:

"A few children in need of short-term medical or nursing care might be admitted to the community hospital. Arrange ments for their care and management should be planned and co-ordinated in doss co-operation with the paediatric department of the genera! hospital. Children with serious ilinejs should always be tre3ted at the general hospital."

It aiso suggests that radiology, pathology, physiotherapy, occupational therapy, chiropody, etc. services be maintained as appropriate to -he work load of the Community Hospital, but, generally speaking geared into the service of the general hospital with which the Community Hospital is associated.

The document deals also with staffing, working relationships, etc.

Discussion document on development of hospital maternity services This document summarises the objectives of health care in relation to maternity services as — monitoring and maintaining the health of the mother during pregnancy through regular ante-natal care, ensuring safe delivery under skilled

supervision, ensuring that through skilful attention the infant is given the best chance of optimal health and normal development.

It anticipates that whilst population may continue to grow, birth rate may fall although there would be no overall indication of falls in the number of births. (Better based projections in these matters may be possible when details from 1979 census become available).

Having considered care and management needs in critical aspects of the birth process, e.g. premature births, retarded foetal growth, congenital abnormalities, the document concludes "that if the basic aims of ensuring safe delivery and giving the infant the best chance of optimal health and normal development are to be achieved, every expectant mother should have ready access to care at a consultant staffed obstetric neo-natal unit."

It also concludes that such a unit should form part of a general hospital campus where there would be immediately available specialised general hospital services such as radiology, pathology, general and specialised medicine and surgery and (of increasing importance) anaesthetic services and all supporting facilities, medical, nursing, and paramedical; these may be of critical importance to the welfare of the mother and the infant alike.

An Comhairle's conclusion about the operational size of the unit is set out above, i.e. a minimum of two consultants in obstetrics and gynaecology with the services of a consultant paediatrician the minimum sized unit to be related to an annual number of births in the range 1500 to 2000.

The Comhairle puts forward as the widely held medical view that maternity units should form part of, or (where this is not practicable) be closely associated with general hospitals, which arrangement in addition to facilitating specialist medical and surgical care, wouid also facilitate the provision of paediatric services for the newborn.

The Comhairle considers that as long as the three major Dublin maternity hospitals remain as separate entities, close Hrks including shared departments should be formed with appropriate general Hospitals and specialist paediatric hospitals serving the same population. The maternity hospitals would serve the Eastern Health Board area and cater for a number of specially referred cases from elsewhere.

The Comhairle considers that the St. James's Hospital maternity unit might be considered for transfer to Blanchards-town and suggests that, as St. Columcille's "falls substantially below the minimum scale (1,500 to 2,300 births) as laid

down in the Comhairie guideline document and as the National Maternity Hospital "would be in a position to cater for the south-eastern sector (including east Wicklow) as well as some from elsewhere, it should be discontinued as should also the unit at St. Patrick's.

The Role of the Comhairie as it sees it The Comhairie sees itself as having an important statutory advisory contribution to make in the formulation of national policy on future general hospital development, and having a potentially useful role as a catalyst in helping to gain consensus on future lines of hospital development, among the interests concerned (Paragraph 12.1 1st Report).

It states (Paragraph 7.1 2nd report) "that when policy on future development is unclear or undecided the Comhairie naturally wishes to decide the general issue or evoke a statement of policy from the competent authority, often the Minister." Again it says (Paragraph 7.3 2nd report) 'It is the responsibility of the Minister and the Government to determine major policy on the future development of hospital services."

In Paragraph 7.16/17 2nd Report it says:

"Decisions reached so far on the development of general hospital services in Dublin have not clarified the role of the smaller hospitals which continue to provide services in Dublin and its environs. These include St. Michael's Hospital, Dun Laoghaire, St. Columcille's Hospital, Loughlinstown, Monkstown Hospital and Naas Hospital. The Comhairie has had discussions with the Eastern Health Board regarding two of these — St. Columcille's and Naas Hospitals — but, since a decision on the long-term future of these hospitals is a matter for determination by the Minister, the Comhairle's consideration of their problems has had to be limited to the short-term. Both of these hospitals are largely dependent for consultant services on "temporary" appointments. But many of these pre-date the setting up of the Comhairie and are, therefore, in existence for an undue length of time. As a matter of policy, the Comhairie opposes such long-term "temporary" appointments. The Comhairie has indicated that it will not be prepared to approve their continuation for much longer and has requested the Health Board to formulate proposals for permanent arrangements."

"It is evident that the level and range of activity in the smaller general hospitals is such that they cannot be staffed at consultant level except by entering into joint staffing arrangements with a major general hospital. However, the nature of such arrangements can only be satisfactorily defined in the context of their future role within the general hospital system in Dublin. The Comhairie has asked for policy decisions on the long-term role of these hospitals.

The crying need to extinguish "temporary" appointments and to make permanent staffing arrangements make such decisions urgent."

St. Columcille's Hospital is a 186 bed general hospital providing medical, surgical, maternity, paediatric and casualty services, its patient catchment area is South County Dublin, Dun Laoghaire and East Wicklow, estimated population 260,000. That area, is of course, also served by the larger Dublin general and special hospital system, in particular, St. Vincent's Hospital, Elm Park, seven miles away, which is being developed as the regional hospital and large general Hospital for areas of which the St. Columcille's catchment area forms part and likewise the National Maternity Hospital, and Our Lady's Hospital for Sick Children, Crumlin. Links had been established between St. Columcille's and the former St. Kevin's Hospital now St. James's, in the years when both were owned by Dublin Health Authority. The area served by St. Columcille's is also served by St. Michael's and Monkstown Hospitals, both relatively small.

As long ago as 1973, when the Board proposed to employ consultants from paediatric and medical sessions at St. Columcille's, the Department of Health indicated that pending review of hospital needs in the area, no decision on that proposal would be likely to be given. Since then the Board has persistently through its officers and its members sought to enlarge the consultant cover there in maternity, paediatric services as well as maintaining, (with difficulty) medical and surgical cover. These matters have been pursued with a persistence and frequency too extended to set out in detail. There have been approaches to Our Lady's Hospital, Crumlin, National Maternity Hospital, St. James's Hospital, St. Vincent's Hospital, the Department of Health and the Comhairle about different aspects of the current needs and future development of St. Columcille's, e.g. paediatric cover, pathology, obstetrical, casualty, etc.

From the many submissions, suggestions and counter-suggestions recorded, the following are selected to show how the matter has failed to progress over the last 6/7 years.

22nd January 1973. The Comhairle, in response to Board application to extend obstetrical cover and approve 2—3 hours paediatric sessions, approved the obstetrical but enquired as to the paediatric proposal (1) if it was proposed to link the service with one of the paediatric hospitals and (2) whether the appointee would hold an appointment with another hospital and if so how the rest of his time was to be engaged.

28th September 1976. The Comhairle, in response to further Board submission about urgency of paediatric cover for the obstetrical unit (a) in regard to theneo-natal problems arising there, referred to the discussion document on the development of hospital maternity services and its suggestion that the maternity unit at St. Columcille's be discontinued in favour of National Maternity Hospital, which would cope with the needs of the south-eastern part of the area including Wicklow; the Comhairle suggested that, as a temporary measure, pending a decision on the obstetrical unit at St. Columcille's the Board should explore arrangements with National Maternity Hospital to provide additional consultant cover for obstetrics and neo-natology at St. Columcille's. (b) in regard to the in-patient paediatric unit for older children, stated that they were unhappy about its continuation as its scale was not appropriate to full consultant cover and suggested, as a temporary measure pending decision on the future of the unit the Board should explore the possibility of an arrangement with Our Lady's Hospital to supply consultant cover.

Both hospitals replied to the Board's enquiries that they could not give the cover. On being so advised the Comhairle in letters 22nd December, 1976 to the Board and to the Department of Health set out its attitude in the matter as follows:— In its view the basic problem in regard to consultant cover at St. Columcille's lay in the absence of a clear policy decision on the future role of St. Columcille's in relation to obstetrical and paediatric services; without such a decision it was not possible to make satisfactory arrangements for adequate consultant cover; they requested that the Department and the Board clarify the future role of the hospital, pending which seriously ill children should be transferred to other hospitals.

There followed a series of meetings with the Department in the course of which Board officers stressed repeatedly the importance in the public interest of south county Dublin and Co. Wicklow of maintaining and developing St. Columcille's in its status as a general hospital. In regard to paediatric service they stressed too the distance to Our Lady's and the fact that St. Vincent's has not a paediatric unit. It appeared to be the Department's view that the paediatric unit at St. Columcille's should be phased out and children requiring specialist in-patient referred to paediatric hospitals with St. Columcille's having the services of a consultant paediatrician for children and neo-natal.

In 1977 the Department of Health began a series of meetings involving the Board, St. Vincent's Hospital and St. Michael's Hospital to consider areas of co-operation between the three general hospitals in south Dublin on the basis that St. Vincent's would be the major general hospital. From the

beginning the Board's policy in regard to St. Columcille's was firmly stated within the context of a readiness to be linked with St. Vincent's. (Discussions some years previously about linking pathology and surgery have made little progress). When St. Columcille's urgent need of regular paediatric consultant cover was raised the Department indicated that they did not see it as central to the issue for discussion. In the course of these meetings there was general agreement on co-operation in the areas of pathology, surgery, anaesthesia, geriatrics and a number of studies as to details were initiated. As regards paediatric service, it was indicated that the Comhairle was examining the matter of paediatric services as a whole. The then minimum need of St. Columcille's was two paediatric consultant sessions per week phis availability on call.

On 3rd March 1978 the Comhairle visited St. Columcille's Hospital and met members and officers of the Board. At that meeting the case was fully made for continuing the hospital in its present status and staffing it adequately to meet its role. The increasing population in the catchment area, the fact that other hospitals were overloaded, the industrial development in the Wicklow area, the fact that there was no county hospital in Wicklow, worsening traffic conditions, were factors mentioned. Medical members with experience in the area expressed the view that St. Columcille's be continued as an acute hospital for the area providing adequately staffed surgical, medical, accident, paediatric, E.N.T., and x-ray and out-patient services. Again the particular need for a paediatric service side by side with the maternity service was stressed. The actual consultant cover needed was stated and discussions took place about areas of linkage with St. Vincent's. In regard to paediatric service, the suggestion was made from Comhairle that the Board should consider appointments linked to one of the major hospitals.

In due course the Board made proposals to St. Vincent's Hospital along the lines that had been discussed at that meeting. In reply, St. Vincent's Hospital indicated that they would be pleased to co-operate but must await details as to the allocation of specialities being prepared by Comhairle and Department.

Boards officers resumed their pressure for adequate consultant and other staffing at St. Columcille's but were now met with the reply that the Comhairle recommendations on allocation of specialities was being considered. It was now (1979) clearly the Department's view that St. Columcille's must be fitted into the St. Vincent's, St. Michael's and new Tallaght complex. There the matter may be said to rest. But services at St. Columcille's are maintained only with difficulty.

It seems fairly clear from all this that the Comhairle has to date held to the attitude that St. Columcille's should be dealt with according to the general principles of hospital development as it sees them also according to the views set out in its documents on the role of the smaller hospital and the development of maternity services (all set out earlier .in the report). It would seem a fair inference that, since so little progress towards integration has been made over the period of almost seven years covered by this report despite continuous intensive efforts by Board staff that the problems undoubtedly difficult are unlikely to be resolved in the near future. Apart from straightforward logistical difficulties there are probably certain conflicts of interest. The Board is willing to play its part in building up well structured arrangements, but as the health authority responsible for the area, is satisfied that to reduce St. Columcille's to the status of a community hospital as envisaged by the Comhairle would be unrealistic and would impose grave and unacceptable deprivation on the area.

The increasing population of the area and the increasing number of births at the hospital, the closure of St. Michael's maternity unit, the heavy load on National Maternity Hospital are some considerations for retaining the maternity and neo-natal paediatric unit.

There is urgent need for a geriatric assessment unit in the area which could be suitably located in St. Columcille's as a general hospital but not as a community hospital. This can hardly be postponed. The volume of work alone justifies retention of the surgical and medical department.

The question must be raised whether the conclusions of An Comhairle regarding the extent of need for major hospital development in the Dublin area are valid and even if valid, are economically sound. The soundness of their philosophy in trying to apply their model of a "community hospital" in the special situation in the Dublin Kildare and Wicklow area must also be questioned. The serious and pressing need for investment in developing suitable long-stay accommodation for the elderly must be borne in mind when future capital outlay is being considered. Taking into account the very considerable investment over years in building St. Columcille's to its present standard, and the fact that a large new complex for mentally handicapped patients will be built on the site within the next five years, it must be asked if it should not be made a corner stone in development of general hospital services and the services there up-graded, in co-operation of course with other hospitals existing or developing. And whatever view may be taken by Comhairle or Department of Health of long-term development, it will have to be accepted that for a period of at least 10 years whilst other arrangements are being developed, St. Columcille's must be maintained in its present role and fully staffed for the purpose.

As the Department of Health have recently requested a further meeting with officers of the Board, to consider the future of St. Columcille's Hospital, the Board may now wish again to emphasise their view that the Hospital should continue to be developed as an active general hospital in cooperation with St. Vincent's Hospital and with such other acute hospitals as may be appropriate. In that connection further discussions with the new Comhairle would be an essential first step."

Or. Powell congratulated Mr. Lamb on his report and said that the comments therein would apply equally to Naas Hospital. It was necessary to consider the role not only of the Comhairle but also the role of the Board and the Minister. He felt that much additional information would be required before the case for the hospitals could be examined fully. Agreeing with this view Prof. McCormick said that to have the Comhairle and the Department consider the future of the hospitals it would be necessary to back up the Board's views by an examination in depth on admissions, services, etc. and to quantify what the present demands and requirements needed by way of services. He suggested setting up a small working group to make the necessary enquiries, employing extra or specialist staff if necessary. Ha would see such an enquiry examine admissions as to numbers, diagnosis, length of stay and out-patient services available; whether cases should have been sent to a regional hospital instead; what cases were being treated at other hospitals that should have been admitted to St. Columcille's or Naas; what is the impact on the community and what other services are needed having regard to the population in the general area.

Dr. Sheehan, agreeing with Prof. McCormick, said that the developments should be appropriate to the needs of the area and that the General Practitioners would wish to give their views.

Mr. Kelly said that it would be necessary to consider what links would develop between these two hospitals and the other major hospitals in the area. He did not think that a small hospital would get two consultants on its staff without such. links with major hospitals. Cllr. Groome expressed concern that Naas Hospital would shortly lose the one surgeon it has, when in fact it was pressing xor the appointment of a second.

Cllr. Sweeney, commenting on this, said that the Board must realise the hardship imposed on people from the remoter areas getting to Dublin for out-patient clinics. For his own area he considered that St. Columcille's Hospital should be equipped to provide a full range of in-patient and out-patient services for Wicklow.

Prof. Doyle said there would be no difficulty in running out-patient sessions at any venue if the facilities were there. Consultants could be brought to the patients where they were needed and this may be a future role for Naas and St. Columcille's Hospitals. The Board must give every possible support to the future development of the hospitals.

The Chairman said that it was recognised that since the Fitzgerald Report was presented, great developments have taken place in Wicklow and Kildare which require to have previous views revised. Even the recent Census showed how fallacious forecasting and estimating can be in relation to such factors as population growth and distribution. The Chief Executive Officer must be fully supported by the Board in making representations to theComhairle and the Department. The Board must also with its working party produce the necessary support information for proposals for the future. He would like to see a motion proposed giving the Chief Executive Officer immediate support in the form of a clear statement of Board policy in relation to the development of St. Columcille's and Naas.Hospitals. In addition, a working party should be set up to produce the necessary information for future negotiations. Cllr. Durkan and Drs. Meade and McCarthy supported the Chairman and the following motion proposed by Cllr. Stagg and seconded by Cllr. Carroll was passed unanimously:—

> **"That the E.H.B. taking account of the wide range of essential services provided at St. Columcille's Hospital particularly in relation to the needs of the local populations in South Dublin and Wicklow have accepted as their confirmed policy that the hospital should be maintained and developed as an acute hospital at County Hospital level and that the necessary staffs, with required equipment and related facilities should be provided by the Minister at the Hospital. The Board regard Naas Hospital as being on a similar footing to St. Columcille's requiring corresponding needs in respect of consultant and other staff as well as equipment and facilities."**

A further motion in the following terms was proposed by Prof. McCormick and seconded by Dr. A. Meade and was passed unanimously:— .

> **"That the Board establish a working party, with necessary resource, to enquire into the implications and justifications for establishing and maintaining St. Columcille's and Naas Hospitals as acute general hospitals."**

It was agreed that the membership of the working party would be fixed at the next meeting.

Mr. Nolan, on a point of information reminded the Board that top-level meetings had been held during the past five years between members and officers of the Board and representatives of the Department and of the Comhairle regarding the future of St. Columcille's Hospital and Naas Hospital. For these meetings very detailed statistics and reports had been compiled and made available to members regarding admissions, services, etc. with particular reference to classification, length of stay, out-patient attendances, etc. The statistics and reports had also been given to the Department and the Comhairle for examination. The same statistics and reports could now be examined by the proposed working party, hopefully without influencing the Department and Comhairle to defer any further developments until the said working party had reported.

Mr. Nolan also read two relevant items of correspondence-fa) Letter dated 26th September 1979 from Comhairle na n-Ospideal stressing the urgent need for the Eastern Health Board to formulate proposals for permanent consultant staffing arrangements at St. Columcille's Hospital and on that basis authorising continuation of existing temporary appointments to 31/12/1979 and

(b) Report dated 3rd October 1979 from Dr. E. Malone, Radiologist, on behalf of the Medical Advisory Committee at St. Columcille's. In this report the Committee consider that the hospital should be ranked at County Hospital level, at least, with an adequate number of permanent consultant appointments linked where appropriate with other South Dublin hospitals. The Committee also consider it necessary to draw attention to the dangers inherent in terms of patient welfare and Board responsibility, in not providing at once a proper level of permanent clinical staff.

In reply to Cllr. Freehill's enquiry about the position of the seven federated voluntary hospitals, Mr. Nolan said he would ask Mr. Dempsey, the Chief Executive Officer of the Central Council, to let her have a report. As a member of the Central Council of the F.D.V.H. Cllr. Freehill would also get information on the situation at meetings of that Council. Mr. Nolan said the Chairman had also raised the question of the future of these hospitals but no firm decisions had yet been made. It was possible that the raising of the income level limit for free hospital services may have a big impact on bed occupancy and a report on that aspect of the situation would be submitted in due course.

131/79 QUESTIONS

On a proposal by Cllr. Sweeney seconded by Prof. J.S. Doyle it was agreed that the Chief Executive Officer answer the questions lodged.

(1) Dr.J. Behan:

QUESTION:
"Would the Chief Executive Officer please state the manner of appointment of the Board's advisers (specifically its auditors and legal advisers), if or when their appointments come up for renewal and what steps these advisers are required to take to acquaint the Board of situations of potential conflict of interest."

REPLY:
The audit of the books and accounts of the Board is carried out by a Local Government Auditor who is appointed by the Minister for the Environment. As the Auditor reports directly to the Minister and is not paid by the Board the question of conflict of interest does not arise.

Mr. Denis Greene, Solicitor, of the firm of Roger Greene and Sons, 11 Wellington Quay, Dublin has acted as Law Agent of the Board since its inception and previously for its predecessors, the Dublin Health Authority and the Dublin Board of Assistance. Mr. Greene is remunerated on the standard fee basis for work performed for the Board on the Chief Executive Officer's instructions. In accordance with a professional duty, based on the ethics of his profession, the Law Agent is required to declare a conflict of interest if such should arise and, if necessary, to withdraw from the case. If the parties concerned should be two clients for whom he was acting as Law Agent Mr. Green would, in practice, withdraw from the service of the newer client.

(2) Cllr. Mrs. A. Glenn:

QUESTION:
'To ask the Chief Executive Officer to indicate what the present situation is regarding the provision of a Community Centre at the parish hall at Christ the King, Cabra, with special attention to facilities for the aged."

REPLY:
Christ the King Old Folks Club, Cabra which was formed in 1974 has with assistance from the Board provided services for elderly persons in the Cabra parish area. Approximately 70 elderly are accommodated each week in the local school hall where a light meal and entertainment is provided. Parties and social outings have also been provided during the year.

The Board encouraged the club to develop ful! day care facilities but the hall was in daily use for school activities and no other suitable premises were available.

Recently however the parish authorities have converted some disused premises adjoining the school hall for use as a community centre and it is proposed to make some of the building available for use as a day centre for the elderly.

The cost of this centre was borne in the main by the Parish Authorities but Dublin Corporation and the Board also contributed.

Some work remains to be carried out before the centre can open which should be in the near future.

132/79 ST. VINCENT'S HOSPITAL. FAIRVIEW

The following Report No. 43/1979, from the Programme Manager, Special Hospital Care, was submitted:

"At the last meeting of the Board, the following notice of motion was proposed and seconded:

"That the Chief Executive Officer provide a report on the service provided by St. Vincent's Hospital, Fairview, and its relationship to the Eastern Health Board psychiatric service."

St. Vincent's Hospital owes its foundation in 1857 to a charitable bequest from a former patient. It is administered by a Board of Governors and Trustees in accordance with the bequest His Grace, the Archbishop of Dublin is Chairman and the other members are:

1. **Four laymen.**
2. **Two Consultants from the Mater Hospital, one of whom is Professor of Psychiatry there and is also Medical Director of St. Vincent's.**
3. **The Clinical Director, Eastern Health Board, for the area.**
4. **The local Parish Priest**
5. **A representative of the Vincentian Order who were in volved in the original establishment of the hospital.**
6. **A local public representative.**

The hospital was originally a private psychiatric hospital but over the years its character changed to a position where I would now estimate that 90% of the budget of the hospital is financed from public funds. The hospital has had a very close relationship with the Mater Hospital for over 100 years.

Prior to 1970, all the patients of the hospital were under the care of the medical staff of St. Vincent's but in that year an acute unit for female psychiatric patients from that catchment area was opened under the direction of the Clinical Director for the area. This was in accordance with Board policy to set up a comprehensive range of services in psychiatry in each catchment area and reduce beds at St. Brendan's Hospital. A male acute unit was opened in 1978. Admissions to the hospital may come through the Consultants employed by this Board or through the Consultants employed by the Mater and a division of acute beds as between the two groups of Consultants has been agreed and there is flexibility in this arrangement. These beds are of course to serve the needs of public patients from the Mater Hospital catchment area which includes the catchment area administered by the Clinical Director. The Hospital has been encouraged also to deal with longer stay patients from this area and this is being implemented. Much work remains to be done structurally in the hospital to provide other facilities required but a great deal has already been achieved through the co-operation of the Board of Governors and Trustees and the Sisters of Charity.

The status of the hospital has been changing from private to public. As from 1980, the hospital will be directly funded by the State but it is- the intention that it will remain as a voluntary hospital.

The Board was represented at the recent opening ceremony by the Chairman, Chief Executive Officer, Programme Manager, Chief Psychiatrist and other members of the staff."

On a proposal by Cllr. Stagg, seconded by Cllr. Freehill the report was noted.

Dr. Behan thanked Mr. Keyes for his report on the hospital. He said his concern was to establish the role of the staff in the catchment area in relation to the hospital where there were both public and private beds. He would like to know whether negotiations had been conducted with the Mater Hospital and whether this was without the knowledge of this Board. He also wished to have information on the position of the staff of the hospital in relation to any proposed changes. He said that while the Minister's speech referred to amicable relations between the hospital and the Health Board he was not sure that this was the case. He considered that the Board should advise the Minister of the role of the Board and the inter-relationship that should exist between public and private accommodation, also that the Board should meet the representatives of the Mater and St. Vincent's to discuss relationships between the various bodies and to examine the possibility of Health Board representation on the Board of the Hospital, particularly as 90% of the hospital's funds are from public monies.

Mr. Keyes in reply said that St. Vincent's Hospital is at present a private hospital, run by a Board set up in accordance with the bequest which founded the hospital. It .is now intended to make it a voluntary hospital and the Board will make it clear that beds paid for out of public funds must be for public patients. The Medical Director of the hospital was Medical Director before the Eastern Health Board became associated with the hospital and while it would be desirable to integrate the Health Board staff with the staff of the hospital he would like to discuss the implications of this with the Board's own consultant staff first. At present all the staffing, with the exception of eight medical consultant and non-concultant staff are employed by the Hospital. He suggested that Dr. Behan meet with himself and Professor Browne to discuss the matter further and Dr. Behan agreed to this proposal.

133/79 ST. ITA*S HOSPITAL, SERVICES AND EQUIPMENT

The following Report No. 44/1979, from the Chief Executive Officer, was submitted:

"Arising from the minutes of the meeting of No. 3 Visiting Committee held at St. Ita's Hospital on 25th July, 1979/the Board at its September meeting asked for a progress report on the recommendations of the Committee for the improvement of laundry services and the provision of additional equipment for mental handicap patients.

With regard to laundry services, the position is that plans for the renovation of the laundry have been prepared and it is hoped to go to tender in the first week of October, 1979. It is expected that work will start within six weeks from the receipt of tenders. Provision has been made for the work in the current budget. Meanwhile, the arrangement for the handling of about one third of the laundry requirements of the hospital by a commercial laundry is being continued.

Special nursing beds and other equipment for a group of patients with severe physical handicaps, as requested by the Chief Nursing Officer, and costing about £12,000 have been placed on order."

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

Cllr. Stagg asked what was the present position regarding the new 72 bed unit. He said he understood that the staff had no objection to staffing the new unit for mentally handicapped and even if the old rota system were to continue the patients would be in better accommodation than at present.

Mr. Keyes said that the present rota system worked by the staff was not acceptable to the Director of Mental Handicap as a satisfactory system of nursing for the handicapped patients and in addition there were not sufficient staff trained in mental handicap available. If the staff was prepared to give a satisfactory mental handicap service he would make arrangements to have the mental handicap patients transferred to the new unit.

134/79 PUBLIC RELATIONS OFFICER

The following Report No. 46/1979 from the Chief Executive Officer was submitted:

"At the August monthly meeting of the Health Board, the Chairman, Alderman Alexis FitzGerald proposed the following motion:

'That this Health Board recommend immediate examination of the need for an adequate Public Relations Service for the Board in view of the complexity of the services administered by the Board and the need to keep the public well informed."

In discussion the members agreed that the Board needed the services of a person assigned full time to Public Relations to keep the public informed of the Board's services and activities. The Chairman's motion was passed unanimously and a further report was requested for submission to the October Meeting on the basis that an appointment would be made from within the Health Board service and of a person well versed in the Board's affairs. Senior management in the Board had already been discussing the need for Public Relations and had decided that such a service was necessary commencing with an assignment in the Special Hospital Programme in relation to St. Brendan's Hospital, which had recently been the subject of adverse public criticism. This arrangement is for a limited period and will highlight the services, which have been developed in line with modem psychiatric treatments and will emphasise the progress achieved in the hospital in latter years.

It is intended to use the experience gained in this specific public relations exercise to assess the value of and requirements for such a service related to the whole of the Board's activities and when proposals in this regard are finalised a further report will be submitted to members."

The Chief Executive Officer told the members that this post would be included in the job creation programme for 1980. The members agreed that in addition to providing information to the public the person appointed should also endeavour to attract staff particularly nursing staff to the service of the Board.

135/79 ENERGY CONSERVATION

The following Report No. 47/1979 from the Technical Services Officer was submitted:

"As stated in the letter of the 13th August, 1979 from the Department of Industry Commerce and Energy, the month of October 1979 has been formally designated as International Energy Conservation Month by tfie International Energy Agency. Conservation month has three objectives:

(1) To provide an international focus for national efforts to stimulate greater public awareness of the continuing and long-term need for energy conservation,

(2) To underline the extent to which the industrial nations are co-operating to conserve energy,

(3) To give member countries an opportunity to plan events which will culminate during the month or to use the month as a springboard for continuing programmes.

Local authorities, health boards and all other public bodies are asked to embark on activities to bring home the message of conservation to as wide a public as possible and to induce implementation of measures which will eliminate waste in the use of energy.

Each employee of the Board has a part to play in the conservation of energy. Whether that part be a small or a significant one there must be a total commitment from all if the maximum results are to be achieved. The annual expenditure under the heading of "heat, light and power" is now far in excess of £1 million. The first and most important function is to create and sustain an awareness in all that energy is easily wasted and that such wastage is an expensive luxury which we cannot afford. This awareness should instil in all the need to be conscious of waste and to point out areas where some can be reduced — unnecessary use of lighting, particularly during daylight hours; use of local electric fires when an adequate central heating installation is in operation or when the outside temperature is not such as to require heating; doors and windows left open; cooking and laundry appliances left on when not required and the over use of domestic hot water. All these "housekeeping" details while they are everyday experiences in our private modern Irving styles do tend to be much more exaggerated in larger institutions.

I am co-operating with the Training Officer in the organisation of a Seminar for senior hospital personnel (Medical, Nursing, Catering and Administration), to be run during this Conservation Month to promote the aforementioned awareness.

Specialised guest speakers will be availed of and by highlighting the various areas of potential savings the resulting effect could be very rewarding financially. Further courses could then be organised in each institution to insure that as many of the staff as possible are made fully aware of what each can contribute to avoid waste.

The other aspect involves the generation, distribution and maximisation of usable energy and is primarily one for my department. All boiler plant should be operating at maximum efficiency at all times and to this end the Institute for Industrial Research and Standards has carried out a "Boiler Efficiency" survey on most of our installations. The remedial actions recommended following these surveys have been attended to and continue to be attended where appropriate. In addition water temperatures were reduced to provide space heating at the lowest acceptable level of comfort and hopefully we will be able to continue this situation in the future. Heat losses should be minimised in all premises by the provision of increased insulation, proper sealing of doors and windows, provision of self-closures for doors and any other methods which make the escape and leakage of heat as difficult as possible.

During this month I will exhort the Engineering Officers and their staffs to pay particular attention to conservation and so make a special effort to attend to all short term improvements, i.e., adjustment of boiler controls, sealing of doors, etc., and to identify the long-term ones which generally involve new equipment and a financial outlay. Because of all the other demands on these officers it is very difficult for them to sustain this level of detailed attention continually, but I am confident that for the month in question no effort will be spared by them to advance the aims of the International Energy Agency.

Energy conservation is fast becoming a specialised field of activity providing full time attention to (a) creating an awareness of need for and rewards of conservation in all the users, (b) monitoring and comparing the performance of all energy usage in each building and (c) new developments in techniques and equipment. This specialisation is inevitably going to increase as the cost of fuels rise; as there are considerable savings to be made if a proper planned course of action is adopted and the support of all involved is obtained and sustained."

On a proposal by Cllr. Mrs. Glenn seconded by Dr. J. Walker the report was noted.

The Chief Executive Officer said that the adoption of the report would authorise the officers of the Board to introduce energy conservation measures in the coming year.

136/79 SEMINAR ON ROLE AND FUNCTION OF THE BOARD AND ITS COMMITTEES

It was agreed that in discussing the date for the Seminar, Dr. Behan's motion at 11 (c) be taken at the same time.

Dr. Behan's motion reads as follows:

"That the Board hold a working seminar for the purpose of reviewing its role and function in the provision of a modem effective Health Service."

Dr. Behan asked that his motion be amended to read —

"That the Board hold a working seminar for the purpose of reviewing its role and function in the provision of a modern effective Health Service and set up an agenda sub-committee for this."

The amended motion was seconded by Alderman FitzGerald and adopted. At the Chairman's suggestion the following group was selected to formulate an agenda which will be put to the next meeting of the Board, at which time a date for the Seminar will also be fixed:

Ald. A. FitzGerald, Professor McCormick, Dr. Behan, Dr. Powell and Mr. J J. Nolan.

136/79 NOTICES OF MOTION

(a) The following motion was proposed by Cllr. Hynes and Cllr. Timmins and seconded by Cllr. Carroll:

"That this Board give a full report on the Dental Services in Wicklow area of the Board, also the ambulance service as it relates to patients in the Social Welfare category."

It was agreed that the report requested would after consideration by the Board be submitted to the following meeting of the Wicklow Local (Health) Committee.

(b) The following motion was proposed by Cllr. J. Connolly and seconded by Cllr. Carroll:

'That an immediate meeting take place with the Executive Council of the Walkinstown Association for the Handicapped with the view of discussing annual assistance towards helping them in administering their new premises in catering for the Handicapped in the Walkinstown and neighbouring area."

Councillor Connolly said that the Association's new premises was now open and working and they wished to meet the Board to seek assistance towards the running costs. The Chairman said he had visited the Association's premises and was greatly impressed by the work being done. Mr. Keyes said representatives of the Association had already met the Director of Community Care for the area and had been asked to submit certain information and if this information was provided the Director would be in a position to deal with their application.

As the meeting had progressed to such a late hour the members agreed to defer items 11 (d), (e) and (f) on the agenda to the November meeting of the Board.

The meeting terminated at 9.35 p.m.

CORRECT. J J. Nolan
Chief Executive Officer

Signed

CHAIRMAN