Comhairle na nOspideal


1 Dublin North City Area.
2 Dublin South City Area.

Mr. Brendan Corish, T.D.,
Tanaiste, Minister for Health and Social Welfare,
Custom House,
Dublin 1.

Dear Tanaiste:

As you know, some months ago, Comhairle na n-Ospideal set up two Sub-Committees under Section 41 (7) of the Health Act, 1970 to advise on future hospital development in the Dublin area. One was concerned with the North City and the other with the South. Both, with your permission, contained persons connected with appropriate hospitals who are not members of the Comhairle.

These sub-committees have now reported to the Comhairle which considered them at a meeting on Saturday, November 3rd and agreed to send them to you. I enclose copies.

In sending these reports to you, the Comhairle is satisfied that the proposals they contain offer a reasonable and practicable strategy for acute hospital development in Dublin. The Comhairle was pleased to notice, and wishes to draw to your attention, the option explicitly provided for in the report on the North City area, for the development of a large hospital complex on a single site, namely Beaumont, should this be considered desirable and practicable in the future. The Comhairle believes that it is necessary to keep open a similar option on the South side. It, therefore, urges you, when making decisions on this matter, to ensure that such options remain open for future consideration.

In this connection, the Comhairle would draw your attention to the available site space at St. Vincent's Hospital and at St. James's Hospital and to the need, in planning their short-term development, to keep in mind the possibility that one of them might eventually be the site for a major hospital complex. Similarly, in acquiring a site on the Western periphery, as is suggested, sufficient land should be acquired and appropriate site development planned as to allow a major complex to be built here, if that should prove to be the best location. In this way, the widest possible choice of sites on the South side will be available should it, in the future, become desirable and practicable to proceed with a major complex.

Finally, the Comhairle desires to draw to your attention the fact that no formal consultation with hospital management authorities has taken place on the contents of these two reports.

Yours sincerely,
Professor Basil Chubb.
Comhairle na n-Ospideal

Report of the Sub-Committee on General Hospital Services in the Dublin North City Area

At the first meeting of the sub-committee, a proposal was put forward that, as there appeared to be practical difficulties in providing a solution on the lines recommended in the Fitzgerald Report in relation to the Mater site, development on another site should be considered. Attention was drawn to the strong representations made by residents’ organisations about the need for hospital services more convenient to the large and growing population in the north-east of the City. Information on prospective population expansion as seen by the Dublin planning authorities was obtained and is set out in Appendix I to this Report. This envisages that the population in North Dublin will increase from 356,000 to 481,000 in 1980 and 535,000 in 1990 - an overall increase of 50% in 20 years. The areas which will show an increase and the extent of this increase are also clear from Appendix I. The map which is the basis of Appendix II is taken from the Foras Forbartha Report "Transportation in Dublin" and it has been modified to show, by hatching the main development areas, how the new population will relate to the proposed road network. The 1990 situation points to:-

(i) a central, northern and north-eastern population block totalling (with the east of North County Dublin) 400,000 people and
(ii) a somewhat detached western block comprising (with the west of North County Dublin) a total of 135,000 people. For hospitalisation purposes, the adjacent population of about 40,000 in South Meath who have traditional ties with the Dublin hospitals could (subject to the agreement of the North-Eastern Health Board) be included in this western block.

The sub-committee agreed that the site at Blanchardstown was suitably located to cater for the western block.

The remaining areas, comprising 400,000 people, were carefully looked at in the light of the projected population distribution and the availability of sites of a suitable size for hospital development on a large scale. The suggestion emerged that the extensive area (about 90 acres) surrounding the Beaumont Convalescent Home might be a suitable location for hospital development. Two main problems were posed in the discussion of this proposal - (i) what were the relative merits of this site over the site of the Mater Hospital suggested for development in the Fitzgerald Report and, (ii) whether all of the general hospital facilities should be concentrated on one site or be divided between the Mater and the Beaumont sites.

With regard to the first problem, attention was drawn to the Sahl report on the feasibility of developing a major hospital on the Mater site but on the basis of a unified hospital organisation as opposed to a "cluster" of three hospitals with sharing of appropriate facilities as proposed in the Fitzgerald Report. It was decided that a further independent architectural evaluation should be carried out on this issue. With the co-operation of the Scottish Home and Health Department, and with the agreement of the Mother General of the Sisters of Mercy, who own both sites, this was arranged. The report of the two Scottish Department Architects, Mr. Bott and Mr. Quinn, is attached at Appendix III. Having considered the report of the Architects, the sub-committee came to the conclusion that development on the Beaumont site as had been proposed was desirable.

The second problem i.e. the question of whether all general hospital facilities for 400,000 people should be concentrated on one site, presented great difficulties. There was a strong body of opinion in favour of the concentration of all facilities on the Beaumont site involving, in the long-term, the transfer of the Mater Hospital to Beaumont. It was argued strongly that, in terms of the quality and range of services, the proper development of specialist departments, the avoidance of wasteful competition and duplication of expensive equipment and on economic grounds generally, this was the better solution. In favour of the two hospital concept, it was argued that a catchment of 400,000 people was too large in our circumstances to be reasonably catered for in one hospital centre and that urban transport difficulties and the growing volume of accident and emergency work pointed to the continuing need for a hospital reasonably related to the City centre. There were lengthy discussions on all aspects of this problem, including the practicalities of the current situation, such as financial and planning considerations, and the character of the existing hospitals. It was finally agreed that in the initial period, of say, 15 years, the general hospital services for a population approaching 400,000 in the North City area, together with specialist units catering for the northern portion of the Dublin Regional Hospital Board area and some highly specialised units of national significance would be concentrated in two hospital centres - the existing Mater Hospital, which would be developed and modernised, and a new hospital to be built at Beaumont. Both of these hospitals would be modern teaching hospitals of a scale of the order of 500-600 beds and operated in a co-ordinated and
complementary manner. The sub-committee agreed that the necessary upgrading and appropriate expansion of the Mater Hospital should be undertaken in conjunction with the planning of the new hospital at Beaumont. The sub-committee considered that after the initial period, the position should be reviewed in the light of further projected population growth and that it might then be desirable to combine the Mater and Beaumont into a single hospital complex, with two separate co-operating management authorities, on the Beaumont site. It was agreed that provision should be made in the planning of Beaumont for the possibility of such a development.

The sub-committee understand that the Congregation of the Sisters of Mercy who own Beaumont are likely to be well disposed to negotiating the transfer of the site space required on appropriate terms to the body which will be responsible for providing the new hospital there.

The question of an appropriate management structure (including the idea of a single management authority covering all of the general hospitals in North Dublin) was considered very carefully. Particular importance was attached to this issue because of the potential dangers, from a medical organisational standpoint, inherent in dividing geographically, the proposed regional hospital complex. Proposals relating to a management structure, drawn up by the sub-committee, are attached as Appendix IV to this Report. The sub-committee believe that the Special Joint Board, which they hope to see established at an early date, can do much to ensure the integration and co-ordination of services between the individual hospitals which must be built into the system if the hospital structure now proposed is to work satisfactorily. It should result in the avoidance of wasteful competition and the control of the growth of specialist departments with a view to preventing the fragmentation of specialist activity. The responsibility of ensuring the provision of good community services in each individual hospital would also rest with the Special Joint Board in addition to the proper sharing of the community services workload between hospitals and the maintenance of a balanced distribution of services both within and between the individual hospitals.

The sub-committee recommends that a corporate body should be established strictly for the purpose of planning and building the new hospital at Beaumont. The majority of the corporate body should be nominated by the Special Joint Board by arrangement with the Minister for Health; representatives of the Eastern Health Board and the Department of Health should also be included in the membership.

The sub-committee wish to record their appreciation of the help given by the Scottish Home and Health Department and their officers, Mr. Bott and Mr. Quinn, whose report has been of great value in pointing the way in which practical progress might be made. The sub-committee also wish to record their appreciation of the co-operation of the Congregation of the Sisters of Mercy.

Members of sub-committee
Dr. H. E. Counihan (Chairman)
Professor Eoin O'Malley
Dr. Donal O'Sullivan
Dr. Cyril Joyce
Mr. Brendan Herlihy
Dr. B. G. Alton
Professor W. F. O'Dwyer
Mr. William Finlay
Mr. Denis McCarthy
Mr. Thomas Stafford
ALL-DUBLIN POPULATION PROJECTIONS ('000)

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<td>Totals</td>
<td>807.5</td>
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Note: The plus figures on map indicate the increment by 1980 and the further increment by 1990 (if any).
### MATER/BEAUMONT SITE EVALUATION

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Introduction

1.1 Directive

We have been asked to consider two sites in North Dublin and report on the feasibility of each for the development of a Regional and Teaching Hospital. The alternative sites under consideration are at the Mater Hospital not far from the City centre and at Beaumont Convalescent Home in the newly developing north-eastern suburbs. An evaluation was required of the potential of the Mater site for the development of a second hospital of 500/600 beds sharing appropriate facilities with the existing Mater Hospital, or alternatively for the development of a cluster of three hospitals maintaining the identity of the existing St. Laurence's and Jervis Street Hospitals. Evaluation of the Beaumont site related to the development of a 500/600 bed hospital with the prospect of the ultimate development of a further hospital of roughly similar scale sharing appropriate services. Whatever site is chosen the first priority is to re-accommodate the St. Laurence's and Jervis Street Hospitals, either fully integrated or retaining separate identities, and in the long term to redevelop (Mater site) or relocate (Beaumont site) the Mater Hospital, thus producing the integrated hospital envisaged in the Fitzgerald Report.

1.2 Description of Sites

1.2.1 The Mater site of about 12 acres on the North side of the City centre contains a major hospital of 450 beds and a private nursing home of 100 beds with associated medical facilities and also teaching and residential accommodation. About three quarters of the site is extensively developed but despite the age of many of the buildings it represents a substantial investment and is seen as a base from which a much larger hospital complex could grow.

1.2.2 The Beaumont site of about 90 acres close to the edge of the built-up area on the North side of the city contains a Convalescent Home of 50 beds in a cluster of small buildings. There are some minor farm and horticultural buildings forming a part of the original estate the grounds of which, though much reduced in extent, represent one of the largest tracts of land available for development in the area. The bulk of the site is at present used mainly for grazing.

1.3 Visits and Consultations

At the invitation of the Irish Department of Health we visited Dublin on 30/31 August 1973. We spent some hours studying the character and content of the buildings and undeveloped portions of each site and also noted the scale and character of the neighbourhood. We were furnished with site plans and were given much useful background information by the staffs of each hospital. Subsequently we had a most helpful and informative discussion at the Dublin Planning Department of long term proposals and current planning policies which could have a bearing on possible development of either site.

Comparative Study

2.1 Analysis of 3 Scottish Hospitals

2.1.1 We have analysed the sites, the briefs and design of three Scottish hospitals in order to produce a basis for assessing the probable scale of development and site requirements for the Dublin project. Though none of these hospitals corresponds exactly to the eventual bed requirement in Dublin they illustrate current hospital design practice and in particular space standards from which can be deduced factors relevant to a discussion of the Mater and Beaumont sites. These hospitals have been selected because two of them represent one of the earliest and one of the latest of the current programme of District General Hospitals in Scotland with contrasting design philosophies. The third is a teaching hospital and illustrates the effect of the teaching component largely absent in the other two. It also graphically illustrates the problems of phased development. In discussing site and building areas in relation to the North Dublin project whose content is not yet defined we have used the coarse but easily appreciated measure of acres for comparative purposes rather than a finer measure such as square feet which would give a false impression of exactness in an indeterminate project of this scale. The buildings are discussed in terms of gross area including all circulation and plant space.

2.1.2 Gartnavel is a 600 - bed District General Hospital designed on the "matchbox-on-a-muffin" principle. In this compact design the wardblock and podium provide about 10 acres of floor area. There is a further 2 acres of low-density residential and nurse training accommodation to the west of the main building, and a further 2 acres of ward and other
accommodation is proposed to the south, adding a further 240 beds to the total complement. This effectively occupies about 24 acres of ground, and in order to provide the necessary car parking area a bridge has been constructed over the flanking railway line giving access to a further one and a half acres.

2.1.3 Paisley is an 830-bed District General Hospital designed rather in the form of a campus of free-standing blocks with separately articulated communication links. The main ward block is 5-storey, and other accommodation is mainly one and two storey. The hospital contains about 15 acres of floor area with a further two acres of residential accommodation. Including car parking the total development effectively occupies about 45 acres of ground.

2.1.4 The Western General Hospital, Edinburgh, is being developed as one of the city's two complementary major teaching hospitals. The present bed complement is 530 and the development plan envisages an increase to 1,050. The grouped hospital buildings have been developed around an up-graded 1868 Poor Law Institution, and include several university departments. In addition to regional specialties such as surgical neurology and transplantation surgery this site also accommodates the Scottish Hospital Centre and a large sub-regional central laundry. At its present (mid 1973) stage of development the total floor area is about 20 acres. This includes a nurses home, but no substantial residential zone comparable to the other two examples. The effective ground area, which is the total available for the ultimate development is 35 acres.

2.2 North Dublin Project: Size and Site Requirements

2.2.1 Allowing for the fact that Paisley has a group kitchen and includes a teaching centre, there is a strong correspondence between the floor area of the two District General Hospitals of 830/840 beds. The increase in ward accommodation alone to bring the bed complement up to the anticipated Dublin total of 1,200 would add another three acres of floor area. On to this must be added teaching accommodation, and the Western General example shows significant increases in total floor area over a non-teaching hospital. This suggests that the 1,200-bed Dublin hospital might well extend to some 25 acres of floor area. Even allowing for the off-siting of such elements as the laundry, stores, pharmacy etc. and placing a reasonable limit on the amount of residential accommodation, it seems unlikely that the total floor area would be less than about 20 acres. This appears to us sufficiently reasonable to be accepted as a working hypothesis.

2.2.2 Gartnavel is a compact high-rise design but makes full use of a 25 acre site. Paisley is a more loosely knit design disposed fairly generously on a hilly 45 acre site; on a flatter and well shaped site we would estimate that the ground requirement might be 10 acres less. The 35 acre site of the Western General Hospital is already heavily developed, and the planning of the later phases will only be possible by accepting high density solutions. From this limited comparison we suggest that an effective site area of less than 35 acres would prove restricted for the planning of a 1,200-bed hospital complex and would be likely to require extreme solutions which would be undesirable for environmental or other reasons. In as much as Paisley reflects current thinking about organisation and design, with a premium on adaptability and response to changing and sometimes unforeseen demands, a similar planning approach in Dublin would require substantially more ground than the 35 acre minimum suggested above.

Detailed Site Analysis

Each of the following considerations will be discussed from the stand point of ideal circumstances and then in relation to each site.

3.1 General

3.1.1 Location/Access

A teaching hospital with regional specialties necessarily draws patients from a large catchment area and its precise location is not critical. However its district hospital service function requires that it be easily accessible for patients, visitors and staff. This implies good communications with the population served and relates more to the transport network than to simple geographical centrality. In addition it may have to relate to existing hospitals and service or industrial sites, and to teaching and research establishments. The Mater site is well located, particularly in terms of visiting and attending clinics, because of the large numbers not only living but working in the area and because of the concentration of transport facilities. It is close to existing maternity and paediatric hospitals which are to be retained, to the medical schools and to the South Dublin hospital complex. However
traffic congestion in the central area presents difficulties. The Beaumont site is entirely surrounded by suburban housing and is geographically well related to its catchment area although the population density is lighter than in the central areas of the city. To some extent therefore it is more dependent on traffic accessibility, and is well related to radial and cross routes. With the planned improvement of existing roads it should be well linked, and although bus routes will be sparser than in the down town area a hospital of the size contemplated would justify a direct bus service to the city centre. In terms of serving the wider region it would be accessible to service vehicles with relatively little congestion.

3.1.2 En viron mental

Current concern regarding factors of noise, air pollution and visual stimulus becomes particularly relevant in hospitals with their function of health care. The Mater site suffers seriously from heavy and increasing traffic noise. To judge from experience in other cities air pollution can be expected to become an ever increasing problem. Further major development of the site will all but eliminate the remaining green space. With the exception of the garden opposite the original 1854 building, there is no outside view of green space from the site. The surrounding buildings are of little visual interest and indeed many of them turn their undistinguished backs on the site. The visual attractions of the Beaumont site make an immediate impact with its mature country park landscape. The site is well screened by trees from the surrounding housing which in turn effectively isolates the site from traffic noise. There is no evident air pollution.

3.1.3 Statutory Controls

While no specific town planning restrictions apply, the sheer bulk of the proposed development and the volume of traffic it will generate are factors which must be carefully considered. There is a general policy of maintaining the low profile of the City and new developments are expected to reflect the scale of the milieu. This is not to suggest any embargo on all high building which might in some cases provide a welcome contrast, but to emphasise the importance attached to architectural good manners. Bearing in mind these considerations it would be much more difficult to design this necessarily large building and achieve satisfactory relationships with the surrounding buildings on the closely circumscribed Mater site than at Beaumont where the transition in scale would be relatively easy to achieve.

3.2 Specific

3.2.1 Levels an d Natural Features

Changes in level and marked natural features can be both advantageous and disadvantageous to the designer of a hospital depending on their degree and also on the extent to which they can be exploited. A perfectly flat rectangular site may well produce a simple and cheap solution with straightforward relationships between blocks and levels, but reasonable changes in level can often be exploited to achieve access on two levels thereby gaining segregation of traffic while maintaining complex relationships. If trees, water and visual stimuli in general are as important as we believe, the existence of good specimen trees and any potential for ground shaping and planting must be considered a bonus. It might be possible to utilise the slight fall on the Mater site, but the density of development which would be almost inevitable makes this largely irrelevant. As noted previously there would be little chance of retaining open ground and existing trees, and it is most unlikely that space would permit the introduction of substantial landscaped courtyards. Because of the size of the Beaumont site there are several options for the location of a hospital and there are sufficient variations in ground level to permit exploitation if required. Bearing in mind the virtue of preserving mature trees it might be noted that the disposition of trees on the site is unlikely to constitute an obstacle to development. There are signs of a one-time lake which might if desired be recreated to form both a decorative feature and a fire reservoir. There appear to be no special difficulties attaching to road construction or drainage on this site.

3.2.2 Existing Buildings/Roads

Existing buildings, whether they can be demolished or retained upgraded or completely reconstructed for a different use, have a critical effect on new development. Services such as roads and heating lines and drains also have an effect even when the buildings they served have been demolished. The Mater site is extensively built upon, and because certain existing buildings must be retained for aesthetic or economic reasons they constitute a marked limiting factor on additional building proposals. In passing it might be noted that the 1854 building, handsome though it is, will present a formidable up-grading problem because of the floor to floor heights and other practical limitations of a formally conceived institution. Roads and entrances to the existing buildings are a further limitation on new building. On the Beaumont site the existing buildings occupy a key position effectively dividing the site into smaller areas which however remain big enough to leave a number of options for any development of the proposed scale. Existing roads and services within the site would not limit design options.

3.2.3 Vehicle Acess and Parking

There should be sufficient entrances to suit the needs of various categories of pedestrian and vehicle. There
must be sufficient space and a suitable road layout to maintain desired segregation on the site. Practical off-loading and turning areas will be required for service vehicles and parking space provided for staff and visitors. Detailed considerations must include access for fire appliances, the unimpeded routing of emergency traffic, and discreet arrangements for funerals. There is much to be said for providing access to residential accommodation independent of the hospital network. The busy roads on two sides of the Mater site (North Circular/Berkeley) are unsuitable for direct access to a major hospital. It would be difficult to achieve satisfactory access on the other two sides since a substantial amount of traffic would necessarily be led through areas of conflicting land use, residential and educational. Within the site traffic circulation and parking would be an acute problem. At Beaumont convenient access to the site could be provided from Beaumont Road and/or from Kilbarron Road through Trim Road. Within the site there is a wide range of options for circulation, access and parking. There are several potential connections with adjacent housing roads which could give independent access to staff housing.

3.3 Design Factors
3.3.1 Aspect/Prospect
If it is preferred to design with natural light and ventilation then the ideal aspect may prove a factor in economic design. Similarly, if a pleasant prospect is considered to have any importance for staff or patients, this will be a factor in site selection and in the disposition of building elements. On the Mater site the limited area available and environmental factors already discussed seriously limit the designers possible response to these considerations. At Beaumont these limitations do not apply.

3.3.2 Disposition and Relationships
A hospital offering the range of services envisaged consists of numerous departments of various sizes with very complex functional inter-relationships with practical implications for their physical location. Extraneous constraints upon design options can place these relationships at hazard. On the Mater site the inevitable dense building development will raise planning problems arising from the structural consequences of super-imposing unrelated departments on each other. At Beaumont this is unlikely to be a problem.

3.3.3 Height and Density
It is widely believed now that undue height and density of building should be avoided where possible because of the capital and running cost penalties. Moreover, in spite of the technological advances of our times, experience suggests caution in undue dependence upon mechanical/electrical installations. It is likely also that high and dense hospital buildings will not lend themselves readily to alterations and changes of use resulting from changing patterns of health care. The physical limitations of the Mater site are likely to incur these penalties. The Beaumont site is large enough to avoid the problems associated with extreme solutions.

3.4 Further Constraints
3.4.1 Expansion and Phasing
The continuously evolving and changing nature of hospitals makes it highly desirable that they be designed not only for change within the original concept but for expansion. Although certain departments are recognised to house developing and probably expanding specialties expansion requirements are hard to predict. Nevertheless it is self-evident that a site with room for expansion has obvious merit. On these grounds the Beaumont site has advantages over the Mater one. Recent experience of the massive problems associated with very large contracts has suggested that there may be advantages in phased construction to break them into more manageable contracts. While recognising the force of this argument, phasing brings its own problems. It offers another constraint on functional design in that successive phases require to be self-sufficient in terms of mechanical and other supporting services and have to constitute viable operational units. The difficulties of running the first phase of a hospital in what amounts to an active building site for a second phase seldom appeals to the management or staff, although in favourable circumstances it can hold attractions for patients. In practical terms the implications of phasing may demand more space than a single stage contract; certainly room to manoeuvre simplifies the design and construction problems.
3.4.2 Costs
Without going into detail it is helpful to consider the broad cost implications of site selection, and any realistic assessment of these costs will take account of both capital and running costs. There are cost factors attaching to most of the headings discussed in this report. One can safely predict, for example, that special measures to insulate against excessive noise or to make provision for clean air will carry a cost penalty. Similarly where external constraints impose high rise building with associated complex structure and services this again will increase costs. In general any factor which results in a departure from a simple and straightforward planning and structural approach costs money. It is clear that the relative absence of such constraints on the Beaumont site permits a far more economic solution than could be contemplated on the Mater site. No account has been taken in this study of the relative costs of acquiring or disposing of the sites involved.

Summary of Conclusions

From the general discussion of factors affecting site requirements it is clear that the balance of advantages for hospital development must lie with the Beaumont site. Indeed we seriously question whether it would be at all possible to produce a solution on the Mater site which would in any way be acceptable in town planning terms, let alone in terms of economic and functional management and design. In order to come to conclusions about the exact siting of a hospital at Beaumont it will be necessary first to define the content and then to prepare an outline development plan. This would show whether, as seems likely, it would be desirable to retain the area of ground to the south east which has been proposed as the site of a new primary school. It does not appear that the existing Beaumont Convalescent Home need be an impediment to hospital development, nor that the proposed link from Trim Road to Montrose Drive will constitute any real difficulty. Access to St. Paul's School should be reconsidered as part of the planning study. A decision to build at Beaumont should be followed by pressure for the bringing forward of the planned up-grading of Beaumont Road/Skelly's Lane. We suggest that the quality of the landscape at Beaumont is such that a survey of existing trees should be carried out and conservation measures put in hand.

We should like to express our appreciation of the help we have received from all quarters in carrying out this short study.

A. R. H. Bott
D. D. Quinn
Scottish Development Department
Edinburgh
October 1973
INTRODUCTION
1. The purpose of the proposed management structure looking, say, 15 years ahead, is to provide for an arrangement whereby the general hospital services for a population approaching 400,000 in the North City area, together with specialist units catering for the northern portion of the Dublin Regional Hospital Board area and some highly specialised units of national significance would be concentrated in two hospital centres - the existing Mater Hospital which would be developed and modernised concurrently with the provision of a new hospital at Beaumont. Both of these hospitals would be of a scale of the order of 500 to 600 beds and operated in a co-ordinated and complementary manner.

2. Each hospital would be under the control of an independent board of management subject to the reserved powers of a Special Joint Board. Each board of management would have its own administrative, medical and nursing structure. Each hospital would have its own particular identity and character.

SPECIAL JOINT BOARD
3. The purpose of the Special Joint Board would be, after consultation with the hospitals concerned, to ensure the development of a co-ordinated hospital service between the two centres; to promote cooperation between the hospitals; to avoid wasteful competition and to control the growth of specialist departments with a view to avoiding the fragmentation of specialist activity. It would be the responsibility of the Special Joint Board to ensure, after consultation with the individual hospitals concerned, (i) the provision of good community services in each individual hospital, (ii) the proper sharing of the community services workload between the individual hospitals and (iii) the maintenance of a balanced distribution of services both within and between the individual hospitals.

4. Without waiting for the situation where the Mater, Jervis Street and St. Laurence's Hospitals will become the Mater/"Beaumont" complex, it is suggested that the Special Joint Board should be established now to achieve the objectives set out in paragraphs 1-3 in relation to these three existing hospitals. Its operation should be subject to review, in the light of experience, after a period of three years.

It is suggested that, in the initial stage, the powers of the Board should be as follows:—

(1) Having due regard to the commitments of individual hospitals in the field of education, to determine policy in regard to the broad development of the medical services of the three existing general hospitals (Mater, Jervis Street, and St. Laurence's Hospitals) with particular reference to the development of specialist departments.

(b) Arising from (a), the three hospitals should bind themselves to accept the ruling of the Special Joint Board, on questions which, in the opinion of the Board, following consultation with the individual hospital concerned, involve significant new developments in specialised departments.

(c) The developments under (b) would include the creation of additional consultant posts over and above the existing complement.

(d) The binding functions of the Board would not extend to the field of medical, nursing and para-medical education and training.

(2) To promote major capital development consistent with policy decisions under (1).

(3) (a) To consider and recommend how the services of medical staff and other resources could best be utilised to complement each other and to make the most effective use of the total available resources of the three hospitals. The boards of the individual hospitals should normally consult with the Special Joint Board in regard to the filling of vacancies in consultant posts.

(b) Any arrangements for the sharing of staff should be on the understanding that such staff would be subject to the regulations of the particular hospital in which they may be working at any given time.

5. It is suggested that the following features should be incorporated in the setting up of the Special Joint Board:—

(a) It should be established by means of a formal agreement between the boards of management of the Mater, St. Laurence's and Jervis Street Hospitals.

(b) The formal agreement should be subject to review by the contracting parties after an initial period of three years.

(c) During the initial period, there should be equal representation for each of the three hospitals concerned. It is suggested that membership of
the Special Joint Board should comprise four members (two medical and two non-medical) appointed by each of the three boards of management. The Board should co-opt three members nominated by the Eastern Meal Board; one member nominated by the Dublin Regional Hospital Board, one member nominated by each of the two medical schools (University College, Dublin and the Royal College of Surgeons in Ireland). The question of representation, after the new "Beaumont" Hospital has been commissioned, should be reviewed by the parties concerned in the light of the new situation.

POSITION OF JAMES CONNOLLY MEMORIAL HOSPITAL:
6. Because of the management structure of the James Connolly Memorial Hospital, Blanchardstown, which includes representation of the Mater, Jervis Street and St. Laurence's Hospitals and the Eastern Health Board, it is not considered necessary at the present stage to have separate representation for that hospital on the Special Joint Board.
1. Early in their deliberations, the sub-committee considered the data placed before them on the prospective development of South Dublin, as projected by the City and County planning authorities. Appendix I shows the population development in terms of numbers and indicates that the south side population is expected to increase from 451,000 to 630,000 by 1980 and to 749,000 by 1990. This would represent an increase of 298,000 or 66%. The areas which will show an increase and the extent of it are also clear from Appendix I. The map which is the basis of Appendix II is taken from the Foras Forbartha report "Transportation in Dublin". It has been modified to show, by hatching the main development areas, how the new population will relate to the proposed road network.

2. The sub-committee considered the problem of providing general hospital services for this population at three levels:

   (a) services which should be available in all major hospitals.

   (b) more specialised services to cater for the Southern portion of the Dublin Regional Hospital Board area, and

   (c) some highly specialised services of national significance.

3. The sub-committee agreed that, in the light of all the information available, it would be necessary to provide new hospital facilities in proximity to the new major western developments in Lucan/Clondalkin and Tallaght. They debated at some length whether this provision should be on the basis of two hospitals of around 250 beds each or one hospital of 500/600 beds. On the one hand, it was argued that on economic grounds and in terms of the quality and range of services which could be provided, a single hospital was the better solution. However, much concern was expressed regarding the difficulty of controlling specialty development in a single large hospital. The advantages inherent in two smaller hospitals would be, convenience to the local population, ready access to the major central hospitals and a protective effect on the role of the central hospitals as the major hospital centres. It was finally decided that in terms of the quality and range of services, the provision of emergency cover, general ease of consultation between specialties and on economic grounds, that a single large hospital would be the best solution. This hospital should be sited between the two western developments and Newlands Cross was taken as a general indication of a suitable location.

4. For general medical and surgical services the local Dublin population would, therefore, divide into three catchment areas of about 250,000 population in 1990. The services for these three catchment areas would best be provided from three hospital sites each to a scale of 500 to 600 modern acute hospital beds and with major out-patient and supporting services as follows:

   (i) In the eastern and coastal sector (and taking in also east Wicklow), the main hospital site would be St. Vincent's, Elm Park. The existing general hospitals in that sector, St. Michael's, Dun Laoghaire, and Loughlinstown should desirably have a close working arrangement with St Vincent's.

   (ii) St. James's Hospital site would cover the general medical and surgical needs of the south central area, convenient suburbs and, possibly, parts of Kildare.

   (iii) The proposed "Newlands" hospital site would cater for these needs of the western developing areas as well as west Wicklow and Kildare.

5. The implications of such a hospital development strategy for the organisation of appropriate regional and national specialties was considered at some length. It was agreed that the emergence of three large strongly staffed hospitals was likely to lead to wasteful competition unless an effective development regulation and inter-communication system was devised to prevent this. The sub-committee studied the position as to the needs for specialist services for the region and so far as was relevant for the country as a whole. They did not, however, proceed to any detailed conclusions beyond the point that the development of appropriate regional and national specialties would tend to be related to St. Vincent's and St. James's. In the case of the "Newlands" hospital, it would be appropriate to include specialties in the intermediate range. It also seemed probable that obstetric, gynaecological, paediatric and psychiatric departments would be needed in that hospital.

6. The sub-committee in making their recommendations on general hospital development emphasised the importance of providing adequate allied services to the general hospitals if the best utilisation of expensive hospital resources is to be achieved. These allied services would include well-organised medical, nursing
and social services in the community, ample geriatric accommodation both of the welfare home type and the chronic sick type, and a good ambulance service. In addition, the sub-committee stressed the need to include hostel and intermediate care facilities in each major hospital complex.

7. Much time was devoted to the question of regulation and management because of the importance of these features to the effective and economical working of the proposed system. Through the courtesy of the Chairman of the Northside sub-committee, the document agreed by that sub-committee was available for consideration and the sub-committee was glad to note that both sub-committees were on common ground as regards the need for a joint policy board. The recommendations of the sub-committee in relation to a management structure are set out in Appendix III.

8. The sub-committee having noted the desire of the Comhairle to have recommendations as early as possible have decided to put forward this report although there are many aspects of the problem including the question of the general organisation of related special hospital services e.g. obstetrics/gynaecology, paediatrics, psychiatry, geriatrics, E.N.T. and ophthalmology, and malignant disease which require to be pursued further.

9. The sub-committee, in submitting this report to the Comhairle, wish to draw attention to the fact that no formal consultation has taken place with the management authorities of the general hospitals in the South Dublin area on the proposals formulated.

Professor Patrick Fitzgerald (Chairman)
Professor Peter G. S. Beckett (Vice-Chairman)
Professor Dermot O’B. Hourihane
Dr. Cyril Joyce
Mr. Brendan Herlihy
Mr. Justice Brian Walsh
Mr. R. E. M. Clarke
Professor D. I. D. Howie
Dr. P. J. Blaney
Professor P. B. B. Gatenby
Professor P. N. Meenan
# Appendix (i)

## All-Dublin Population Projections ('000)

<table>
<thead>
<tr>
<th></th>
<th>North side</th>
<th>South side</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1970</strong></td>
<td>356.5</td>
<td>451</td>
</tr>
<tr>
<td><strong>1980</strong></td>
<td>481</td>
<td>630.5</td>
</tr>
<tr>
<td><strong>1990</strong></td>
<td>535.5</td>
<td>749</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td>807.5</td>
<td>1,111.5</td>
</tr>
<tr>
<td><strong>Note:</strong></td>
<td></td>
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<tr>
<td><strong>Note:</strong></td>
<td>The plus figures on map indicate the increment by 1980 and the further increment by 1990 (if any).</td>
<td></td>
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</tbody>
</table>
Management Structure

1. Each of the three hospital centres would be under the control of its own independent board of management working with a South Dublin Hospitals Board exercising the functions set out in paragraph 4 (i). This would be without prejudice to the rights of the owners of St. Vincent’s Hospital, or to the rights of the Federated Dublin Voluntary Hospitals to negotiate their future position as set out in paragraph 3. Each board of management would have its own administrative, medical and nursing structure; each hospital must have its own particular identity and character.

The Board of Management of the new “Western” Hospital should include representatives of St. Vincent’s Hospital and the Federation.

2. It is already agreed and is assumed in this report that three of the Federated Hospitals (Sir Patrick Dun’s, Mercer’s, and the Royal City of Dublin) will amalgamate and move to St. James’s Hospital. It is further assumed that, well within the time period set out in the report (up to 1990), some or all of the Meath, the Adelaide and National Children’s Hospitals and Dr. Steeven’s Hospital will discontinue as acute hospitals and amalgamate and also move.

3. As the hospitals concerned in the rationalisation process are largely hospitals of the Federation, Mr. Clarke as Chairman of the Federated Dublin Voluntary Hospitals brought to the notice of the sub-committee the provisions of the Hospitals Federation and Amalgamation Act, 1961, which makes provision for the federation, and ultimately for the amalgamation of, the hospitals comprising the Federation. The view in the Federation was that such amalgamation would take place as soon as it was possible to achieve physical amalgamation in one or possibly more centres. The proposed hospital developments in South Dublin would make it possible to achieve this physical amalgamation. He considered that it would be necessary from the point of view of the Federation that management arrangements satisfactory to them would be negotiated with the Minister for Health and other interests involved as a necessary part of their agreement to the proposed new hospital developments.

4. (i) The functions of the South Dublin Hospitals Board would be:

(a) To ensure the development of a co-ordinated hospital service. This would include determining policy in regard to the broad development of medical services of the three existing hospitals/hospital groups (St. Vincent’s, St. James’s and the Federation) and the three major hospitals in the future.

(b) To promote co-operation between the hospitals, including the best use of existing staff and resources.

(c) To rationalise and control the development of specialties in the short-term and in the long-term. From the beginning this would include the submission of proposals to Comhairle na n-Ospidéal on additional consultant appointments.

(d) To promote major capital development.

(ii) The membership of the South Dublin Hospitals Board should comprise an equal number of representatives from the three bodies mentioned at paragraph 6 - three lay and three medical nominees from each - and, in addition, there should be three members nominated by the Eastern Health Board. The Board should have adequate administrative support.

5. It is suggested that this South Dublin Hospitals Board be established immediately by formal agreement between the Boards of St. Vincent’s Hospital, St. James’s Hospital, and the Central Council of the Federated Dublin Voluntary Hospitals to achieve the objectives stated in the above paragraphs. This formal agreement should be subject to review, in the light of experience, by the parties to the agreement, after a period of three years.

6. The three existing major South Dublin hospitals/hospital groups (St. Vincent’s, St. James’s and the Federation) should accept the ruling of the South Dublin Hospitals Board on questions which, in the opinion of the Board, involve significant new specialist developments. This would include the creation of additional consultant appointments, i.e. paragraph 4 (c) above. These regulating functions of the Board would not extend to medical, nursing, para-medical or any other field of education or training.

7. The boards of existing hospitals or hospital groups should inform the South Dublin Board in relation to the filling of vacancies for consultants, i.e. replacements.

8. The body to plan and build the new “Western” Hospital should be a body established strictly for that purpose. A majority of its members should be nominated by the South Dublin Hospitals Board by arrangement with the Minister for Health; representatives of the Eastern Health Board and the Department of Health should be included.

APPENDIX Hi