The Organisation of General Hospital Services in the South-East Dublin and East Wicklow Area

Report of a Working Group
May, 1981
THE ORGANISATION OF GENERAL HOSPITAL SERVICES IN THE SOUTH-EAST

DUBLIN/EAST WICKLOW AREA

REPORT OF A WORKING GROUP

MAY, 1981
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1.1 As part of the continuing implementation of the Government's plans for the re-organisation and development of general hospital services in the Dublin area, the Minister for Health, in August, 1980, established a working group to consider the future organisation of the services in the south-east Dublin, Dun Laoghaire and east Wicklow area.

1.2 The terms of reference of the group were:-

"To consider the general hospital services, specialties and bed numbers required to serve the population of south-east Dublin City and County, Dun Laoghaire and the eastern portion of County Wicklow.

To consider how best these requirements can be provided having full regard to the existing general hospitals in the area and their capacity for development and to report on these matters".

1.3 Those appointed to the group were:

Department of Health

Dr. B.J. Hensey, Secretary (Chairman)
Dr. N. Tierney, Senior Medical Officer
Mr. J.A. Enright, Principal Officer

Eastern Health Board

Dr. J. McCormick, Professor of Community Medicine, University of Dublin.
Dr. A. Meade, General Practitioner
Councillor J. Sweeney, Member, Wicklow County Council, Member, Arklow Urban District Council
Mr. F.J. Swords, General Administrator

St. Michael's Hospital

Mr. J.G. Mathews, Surgeon
Mr. K.P. O'Connor, Secretary/Manager
Mr. C.J. Russell, Member, Board of Management
St. Vincent's Hospital  Sr Joseph Cyril, Matron

Mr. S. Pagan, Financial Controller

Mr. D. Kelly, Surgeon

Comhairle na nOspideal  Dr. R. Carroll, Pathologist

Mr. G.P. Martin, Chief Officer

Secretary of the Group  Mr. P. Patterson, Department of Health

Mr. Shaun Trant, Planning Unit, Department of Health also attended the meetings as necessary.

1.4 The group held its first meeting on 3 September, 1980 and met on fifteen occasions.
2.1 In 1973, Comhairle na nOspideal established sub-committees to examine and advise on the future development of general hospital services in the Dublin area. The reports* of the sub-committees were accepted by the Government and in October, 1974, the plans for hospital development in the Dublin area were announced.

2.2 These plans provide that in the future the Dublin area should have six major general hospitals - three on the north side of Dublin and three on the south side of Dublin. Each of the six hospitals will have a defined catchment area within the Eastern Health Board area which they will serve in so far as general hospital services are concerned.

2.3 The three hospitals on the north side of Dublin will be:-

   Beaumcnt Hospital
   The Mater Misericordiae Hospital
   James Connolly Memorial Hospital, Blanchardstown

2.4 The three hospitals on the south side of Dublin will be:-

   St. James's Hospital
   St. Vincent's Hospital
   A new hospital at Tallaght

In relation to St. Vincent's Hospital it was envisaged that the existing general hospitals in the area i.e. St. Michael's Hospital, Dun Laoghaire and St. Columcille's Hospital, Loughlinstown should have a close working arrangement with St. Vincent's Hospital.

* These reports were published in a document entitled: "Report on future development of General hospital Services - 1 Dublin North City Area and 2 Dublin South City Area." This is available from Comhairle na nOspideal, Corrigan House, Fenian Street, Dublin 2.
The plans involve a radical and wide-ranging re-organisation of the general/hospital system in the Dublin area resulting in the transfer of the services at present provided in the existing hospitals to the six major hospitals mentioned above. On the north side, the services provided at Jervis Street Hospital and St. Laurence's Hospital will transfer to Beaumont Hospital. On the south side, the services provided at Sir Patrick Dun's Hospital, Mercers' Hospital, the Royal City of Dublin Hospital, Baggot Street and Dr. Steevens' Hospital will transfer to St. James's Hospital. The services provided at the Adelaide and Meath hospitals will transfer to the new hospital at Tallaght.

In respect of highly specialised services in the Dublin area, a joint working group of the Department of Health and Comhairle na nOspideal was set up in 1976 to examine the development of specialist services in the Dublin hospitals. The recommendations which emerged from its reports* were drawn up with a view to achieving the highest possible standard of service and the best utilisation of resources, viewing the hospital services in Dublin as a whole rather than isolated hospital units. The basis of the recommendations was that hospitals must complement each other to ensure a comprehensive range of services, while avoiding unnecessary duplication of highly qualified personnel and scarce resources.

Arising from the recommendations in the reports of the Joint Working Group, the Minister for Health in July, 1980 issued his decisions on the development and allocation of specialist services in the Dublin hospitals. A copy of the Minister's decisions is at Appendix 1.

*Two reports were produced each entitled "Discussion Document on the Development of Specialist Services in Dublin Hospitals - Report of the Joint Working Group of the Department of Health and Comhairle na nOspideal". The first report was produced in January, 1977 and the second report in November, 1978 (The reports are available from the Department of Health, Custom House, Dublin 1)
3.1 The catchment area under consideration by the working group was the south-east part of Dublin County Borough, Dun Laoghaire Borough, the south-east part of Dublin County and east County Wicklow. This catchment area is shown in the map at Appendix II. A detailed break-down of the catchment area is given in Appendix III.

3.2 We accepted that defining strict boundaries between hospital catchment areas was unrealistic and that inevitably there would be a blurring at the edges of the area. For example, in Dublin City, the boundary with the St. James's Hospital catchment area could not be drawn precisely. It would have to be accepted that the population on the boundaries could opt for either hospital area. However, it was not considered that this would have any significant effect on the requirements of either area. Likewise, it could be expected that health board boundaries would not be strictly adhered to and, for example, part of the population of north County Wexford could find it more convenient to attend Dublin hospitals.

3.3 In our estimation of the projected population of the catchment area defined in Paragraph 3.1 we had available to us the returns of the 1979 Census of Population, the changes which had taken place in the population in recent years due to natural increase and to migration and the development plans of the local authorities, including housing developments. We made a special examination of the age structures in the area, particularly the areas with a high percentage of elderly people and the areas with a high percentage of children and high birth rates.

3.4 The main factors which we noted were that

(a) the population of Dublin County Borough has been declining since the late 1960's but that it may
now be levelling out,

(b) the main areas of population expansion were south county Dublin and north county Wicklow and the environs of Bray, Greystones, Wicklow and Arklow,

(c) a high percentage of the population of Dun Laoghaire Borough is over 65 years.

(d) the parts of County Dublin and County Wicklow in the area had a high percentage of young people i.e. under 14 years.

3.5 While the differences were noted within the catchment area, it was also noted that over-all the characteristics of the area as a whole did not differ greatly from the national averages.

3.6 Taking into account all the information at their disposal, we agreed that the population of the catchment area by the early nineteen-nineties would be of the order shown in the following table:

Population; Comparison 1979/1991

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<th></th>
<th>1979</th>
<th>1991 (Projected)</th>
<th>% Difference</th>
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<tr>
<td>Dublin County Borough (south-east)</td>
<td>58,000</td>
<td>58,000</td>
<td>nil</td>
</tr>
<tr>
<td>Dun Laoghaire Borough</td>
<td>54,000</td>
<td>54,000</td>
<td>nil</td>
</tr>
<tr>
<td>Dublin County (south-east)</td>
<td>117,700</td>
<td>135,000</td>
<td>+14.7</td>
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<tr>
<td>east County Wicklow</td>
<td>67,300</td>
<td>81,000</td>
<td>+20.6</td>
</tr>
<tr>
<td>TOTAL</td>
<td>297,000</td>
<td>332,000</td>
<td>+11.8</td>
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PART 4

PRESENT ORGANISATION OF GENERAL HOSPITAL SERVICES IN THE AREA

4.1 The three major public general hospitals serving the area are:

(a) St. Vincent's Hospital, Elm Park
(b) St. Michael's Hospital, Dun Laoghaire
(c) St. Columcille's Hospital, Loughlinstown

St. Vincent's Hospital, Elm Park

4.2 St. Vincent's Hospital is a public voluntary hospital, which was founded by the Sisters of Charity in 1834. The original hospital which was situated at St. Stephen's Green consisted of 240 beds. The Sisters of Charity acquired a site, which consists of 24 acres, at Elm Park in 1934 and a new 500 bedded hospital was built and commissioned on the site in November 1970. The St. Stephen's Green hospital was closed and transferred to the new hospital. The hospital is administered on behalf of the Sisters of Charity by a board of management which was established in September, 1972.

4.3 The hospital is an acute general hospital providing a general and specialist service at local, regional and national level. The services provided are listed in Appendix IV. The hospital throughput in 1980 was 18,279 in-patients, 121,986 out-patients and accident and emergency and a variety of tests totalling 98,680. The present staffing is 1,189 plus 61 consultants.

4.4 In conjunction with the Mater Hospital, St. Vincent's shares equal responsibility for undergraduate teaching of students in the Faculty of Medicine, University College, Dublin. In addition to this the hospital plays a major role in postgraduate education. There are schools of nursing and radiography on the campus
and the hospital also facilitates the training of other paramedical groups.

4.5 Active clinical research is carried out not only by the service medical staff but also by a number of full-time medical research workers at St. Vincent's in addition to the basic research being carried out in the adjacent departments of experimental medicine and surgery at Woodview, University College.

St. Michael's Hospital, Dun Laoghaire

4.6 St. Michael's Hospital is a public voluntary hospital, which was founded by the Sisters of Mercy in 1876. The hospital is administered on behalf of the Sisters of Mercy, by a Board of Management, which was established in 1977 in accord with the policy of the Department of Health. There was a major development in the 1940's increasing the bed complement to 136 and providing new operating theatres, a pathology department, an x-ray department, and a casualty and out-patient clinical department. Further development to date has increased this number to the present figure of 144 beds.

4.7 St. Michael's is an active general hospital, providing in conjunction with the other general hospitals in this area a comprehensive range of services for Dun Laoghaire, south County Dublin and east Wicklow. The in-patient services include general medicine, general surgery, gynaecology, otolaryngology ophthalmology and orthopaedics. The in-patient services of urology and endoscopy are currently being developed. In 1980 a total of 4,492 in-patients were treated in the hospital.

4.8 The out-patient services include accident & emergency, x-ray, pathology, a wide range of out-patient clinics and a physiotherapy department. There are two theatres in daily use. The x-ray and pathology departments provide an extensive service for the local general practitioners.

4.9 The services in St. Michael's Hospital are being developed in co-operation with St. Vincent's Hospital.
St. Columcille's Hospital, Loughlinstown

4.10 This hospital was originally built as part of the country wide programme for the provision of workhouses. It was opened in 1801. In the nineteen-fifties major alterations and extensions were carried out and many of the older buildings were demolished. As Wicklow County Council about that time abandoned its proposals to build a county hospital on a site acquired near Rathnew, St. Columcille's has been regarded as the county hospital for north and east Wicklow.

4.11 The hospital provides for surgical, medical, casualty, obstetric and gynaecology services. There is an active radiological department which also services general practitioner referrals. The physiotherapy service has been developed in recent years and is also available to general practitioner referrals. While there is accommodation for a hospital based pathology service, at the moment this is being provided mainly by St. James's Hospital and University College Dublin. In association with the Dublin Dental Hospital an in-patient service is available on a regular basis.

4.12 At the moment, the accommodation in the hospital is as follows:--

- medical ...............90
- surgical .............40
- obstetrics ..........36
- children ...........28
- Total...............194 beds

4.13 The number of patients admitted to the hospital has increased yearly and is now almost 5,000 of which 49% are from County Wicklow. With the substantial growth in housing development in the area served by the hospital, there has also been a marked increase in activity in the obstetrical unit. The number of births in the hospital in 1980 was 940. Out-patient clinics are provided by the obstetrical unit at Dun Laoghaire, Wicklow and Arklow.
4.14 The Eastern Health Board and its predecessor, the Dublin Health Authority, have maintained the Hospital at a high standard. The programme of improvements completed to date has covered such services as x-ray, theatre, physiotherapy, electrical and mechanical services as well as in the catering department.

4.15 The hospital site is approximately 24 acres and the Board's proposals to develop a residential and day care facility for the mental handicapped are at present at the planning stage. This new development will occupy a considerable proportion of the available land on the west side of the site.

Other hospitals in the area

4.16 In addition to the private nursing homes attached to St Vincent's Hospital (144 beds) and St Michael's Hospital (64 beds) there are two private hospitals in the area. These are Mount Carmel Hospital, Rathgar with 126 beds and St Gabriel's Hospital, Cabinteely with 50 beds. The contribution that these hospitals would make to the requirements of the area was considered in some detail. An aspect of significance in this consideration was that the patients treated in these hospitals and homes were drawn from a very wide catchment area. Consequently, the contribution which they make to the beds and facilities required for the population of the south-east Dublin/east Wicklow area in no way equates to their total bed complement. However, an allowance in respect of the availability of these beds was made when determining the over-all needs of the area as set out in Part 6.

4.17 Monkstown Hospital, which is also in the area, is a public voluntary hospital of 34 beds providing a service in general medicine, general surgery, otolaryngology and gynaecology. Again, the contribution of this hospital was taken into account in our calculations.
4.18 Sir Patrick Dun's Hospital, the Royal City of Dublin Hospital, Baggot Street, the National Maternity Hospital, Holies Street, the Royal Victoria Eye and Ear Hospital and the National Rehabilitation Centre, are also located in the catchment area. The future of Sir Patrick Dun's Hospital and the Royal City of Dublin Hospital has been referred to in Paragraph 2.5. It was noted that the National Maternity Hospital, the Royal Victoria Eye and Ear Hospital, and the National Rehabilitation Centre provide services for a much wider area than the south-east Dublin/east Wicklow area. Consequently, we did not consider that it was within our remit to make general recommendations as to their future in the context of the specific needs of the catchment area which we dealt with. We do, however, discuss the future relationships of the National Maternity Hospital with St Columcille's Hospital in paragraph 6.14.
CONSULTATIONS BY THE GROUP

5.1 Having determined the projected population of the area, we proceeded to consider the services which should be provided and how they should be organised in the area to meet the needs of that population, in the light of the decisions which had already been taken by the Minister for Health regarding the development of specialist services.

5.2 We met representatives of the following bodies and groups to hear their views on the development of general hospital services in the area:

- the Dun Laoghaire Local Health Committee of the Eastern Health Board
- the Dublin County Local Health Committee of the Eastern Health Board
- the Wicklow Local Health Committee of the Eastern Health Board
- the Arklow Hospital Committee
- the South County Dublin and North County Wicklow branch of the Irish Medical Association
- a group of County Wicklow general practitioners.

We would like to thank these representatives for making themselves available to the group and for the views they put forward which proved most valuable in our deliberations.

5.3 We noted the emphasis placed on the importance of St. Columcille’s Hospital in the provision of general hospital services in the south County Dublin/east County Wicklow area. The statistics produced by the deputations received in relation to the increasing population, particularly in south County Dublin and east County Wicklow, substantiated the information already available to us.

5.4 We also invited representatives of the National Maternity Hospital, Holles Street and the Royal Victoria Eye and Ear Hospital to meet us.
The organisation of obstetric, gynaecology and neo-natal services was discussed with the National Maternity Hospital and the organisation of ophthalmology and otolaryngology services were discussed with the Royal Victoria Eye and Ear Hospital. The Royal Victoria Eye and Ear Hospital made a written submission to us. We noted that the hospital had also made a submission to the Minister for Health regarding its future.
PART 6

RECOMMENDATIONS FOR THE PROVISION OF SERVICES IN THE FUTURE

6.1 It is clear that extra beds and facilities will be needed to meet the requirements of the population projected for the area which, as indicated in paragraph 3.6, will show a substantial increase in the next decade. We are indeed aware that current pressure on accommodation and on out-patient services in the area is such that early attention must be given to their improvement. We considered at some length the number of beds and the services required to meet the expanding needs.

6.2 Our consideration of the hospital requirements for the area was directed to its broad community needs including general medicine and general surgery (we saw these as being available in each of the hospitals) and the more specialised needs of the area as set out in Appendix I.

6.3 In determining the bed numbers required in the area for the services referred to in Paragraph 6.2, we used standard bed/population ratios which have been developed over the last few years and which have been used in all other hospital planning throughout the country. We applied these ratios, as appropriate, to the population projected for the area by the early nineteen-nineties, as set out in paragraph 3.6. On this basis, we see a minimum requirement of 1,000 beds for all the hospital needs of the area. The present number of beds in St. Columcille's, St. Michael's and St. Vincent's for these purposes total about 800 at present.

6.4 We recognised that the specialised services for the area would largely be centred on St. Vincent's Hospital. The authorities of St. Vincent's Hospital have, however, registered their disagreement with the Minister's decisions on the grading of some of their specialties and have made a submission to the Minister in this respect. A summary of this submission is produced at Appendix V. In the light of such decisions as may be taken by the Minister on the submission the total bed requirements for the area could turn out to be higher than the 1,000 beds referred to in Paragraph 6.3.
Architectural Surveys

We considered that it would be essential to our deliberations that we should have available to us up to date architectural surveys of the existing general hospitals in the area. Consequently, we commissioned such surveys and these are attached at Appendix VI. It will be noted from the reports that the standard of accommodation at St. Vincent's Hospital is in general regarded as up to modern hospital standards, and has the capacity for considerable expansion. St. Michael's Hospital requires some up-grading of existing accommodation and has the capacity for the net addition of about 70 beds. St. Columcille's Hospital, while well-maintained at present, would require major renovation to enable it to continue in the long-term to provide services as a general hospital.

Options for long-term development

We recognised that many options could be considered for the long-term development of the services in the area but, in framing our proposals, we decided that we must give considerable weight to the existence of services in their present location. Thus, a theoretical option whereby all the services would be concentrated in one hospital was not developed. Such a hospital would need to be very large - with at least 1,000 beds - and, bearing in mind the configuration of the area with which the group were concerned, it would be difficult for one hospital to serve the entire population conveniently.

In considering options which would be realistic, we had to have particular regard to the architectural report on St. CoJumcille's Hospital. We recognised that this hospital is conveniently situated from many points of view and that the population in its part of the area has a particularly high growth rate. However, bearing in mind the projections which were before us on the future population of the south Dublin and north Wicklow districts, we concluded that it would not be desirable in the Long-term to retain and develop St. Columcille's Hospital to meet the need of that part of the area. In coming to this conclusion, we had regard to the restricted site available (bearing in mind the Eastern Health Board's approved
project for a centre for the mentally handicapped there), the difficulty and
cost of adapting old buildings to the standards of a modern hospital and the
problems that would arise in maintaining services in St. Columcille's while it
was being re-developed. We accordingly came to the conclusion that, in the
long-term plan, the acute general hospital services at St. Columcille's should
be discontinued.

We concluded that, in the light of these considerations the development of a new
hospital would be an essential feature of the long-term planning of the extra
accommodation needed to meet the requirements of the area. This hospital would
be designed to meet the growing needs of east Wicklow and the area around the
Wicklow-Dublin border now served by St. Columcille's. It would be built on a
"greenfield" site, probably in Co. Wicklow, chosen to suit the convenience of most
of the people served. It would be roughly equivalent in size and in the
facilities provided, to a county hospital and would thus have about 250 beds.

While the members of the group are unanimous in recommending the provision of
such a hospital, there was some difference of opinion as to whether a new
hospital developed in this way would replace St. Michael's Hospital as well as
St. Columcille's. Some members of the group favoured this, particularly in
view of the proximity of St. Michael's Hospital and St. Vincent's Hospital.
Other members considered that the special rapport which St. Michael's Hospital
had developed over the years with its local community and general practitioners,
had resulted in an important hospital service which should be retained. All-in-all
we thought that in the context of our other recommendations for the area, it
would be most difficult to arrive at any definite conclusion as to the role of
St. Michael's in the long-term. However, we felt that it was essential that the
hospital should develop the closest links with St. Vincent's Hospital.

The Arklow Hospital Committee, in their submission, had made a case for a new
hospital in Arklow. In making this case, they were not, of course, aware of the
possibility that the group might recommend the replacement of St. Columcille's in
the way outlined above. Our recommendation would obviously go some way towards meeting the point made by the Arklow group. We would not make a recommendation that the new hospital should be sited at Arklow as this would not serve the convenience of most of the people who would attend the hospital. The site for a new hospital should be chosen after a special technical study which would take into account the details of the projection of the growth of population and future developments in housing and roads and the availability of public transport.

6.11 In brief, therefore, the general pattern which we would see for the future is:

(a) the retention and development of St. Vincent's Hospital as the major hospital in the area and as the hospital to provide all, or nearly all, the specialised services required for the area;

(b) St. Michael's Hospital being extended and developing the closest links with St. Vincent's Hospital, and

(c) the provision of a new hospital to cater, generally on a non-specialised level, for the population of east Wicklow and some parts of south Dublin.

We do not make specific recommendations on the extent of development by way of extra beds and new facilities which would be appropriate to the individual hospitals. The new hospital, with 250 or more beds, would be considerably larger than St. Columcille's but, on our assumption of a need for at least 200 extra beds, we would see both St. Vincent's and St. Michael's Hospital requiring extension. We note the limitations on the addition of beds in St. Michael's, as referred to in paragraph 6.5 and it seems to us therefore that there must be some expansion of St. Vincent's to meet general medical and surgical needs, as well as for any needs which may arise from the consideration mentioned in paragraphs 6.4 and 6.16. For future planning, we submit that early
joint consideration should be given to these issues, so that each hospital will see its role developing clearly into the future.

**Accident and emergency Services**

6.12 The accident and emergency services for the area should be closely co-ordinated. The major trauma centre should remain in St. Vincent's Hospital and the services in St. Columcille's and St. Michael's should be linked with that centre and be dependent on it, particularly in relation to serious accidents and emergencies. These services should be properly co-ordinated and there should be a clear admissions policy. The co-ordinating body recommended in paragraph 7.6 should pay particular attention to this issue.

6.13 In the longer term, we would see the new hospital providing accident and emergency services in much the same way as in county hospitals throughout the country. However it too should be closely linked to the major centre at St Vincent's.

**Obstetric and paediatric services**

6.14 The obstetric and neo-natal service at St Columcille's should continue to be provided in the interim period pending the provision of the new hospital. We considered the views presented by the National Maternity Hospital, Holies Street, on the need for a very close association, approaching integration, between it and the obstetric and neo-natal unit at St Columcille's. We think that, pending the provision of the new hospital, the approaches which have already been made by the Eastern Health Board to the National Maternity Hospital, should be urgently pursued with a view to that hospital becoming directly involved in the operation of the obstetric and neo-natal unit at St Columcille's Hospital. We think that in the interim period this is the only way that proper consultant staffed services can be provided at St Columcille's Hospital. We recommend that these arrangements should be reviewed when the new hospital is being commissioned.
6.15 We noted the Minister's decision that a paediatric unit will be provided at St. Vincent's Hospital on the basis as set out in the Comhairle an nOspideal discussion document on the Development of Hospital Paediatric Services.* We recommend that paediatric services should be developed at the new hospital as at a county hospital. However, because of the high percentage of children in the area, we recommend that paediatrics, on an out-patient basis should be developed as soon as possible at St. Columcille's Hospital as in St. Michael's Hospital and that both hospitals should have paediatric consultation available to their children's wards. We saw this service being provided in direct association with Our Lady's Hospital for Sick. Children Crumlin pending the provision of the unit at St. Vincent's Hospital.

Interim arrangements for St Columcille's

6.16 Ilia implementation of the services as outlined above will take some considerable time as this involves the planning, construction and commissioning of the new general hospital. In the meantime, we consider it essential that there should be a firm commitment to the retention of St. Columcille's Hospital on an adequate basis. In particular its consultant staffing should be developed as a matter of urgency at the appropriate level. To this end, we strongly recommend that, other than for obstetrics and neo-natology, there should be joint appointments as necessary between St. Columcille's and St. Vincent's. Such appointments would be on a permanent basis. The exact nature of these appointments, including the question of the appointing bodies and the transfer to the new hospital should be the subject of detailed examination by all the bodies involved.

*Available from Comhairle na nOspideal, Corrigan Hcire, Fenian Street Dublin 2.
7.1 It was very evident to us that if our recommendations in relation to the services to be provided in the area are to be fully effective, arrangements for the proper administration and co-ordination of those services would be essential.

7.2 Our recommendations in this regard are divided into two broad categories, as follows:

(a) recommendations for the administrative structures of the hospitals in the area and

(b) recommendations in relation to the co-ordination arrangements between the hospitals.

Administration

7.3 St. Vincent's and St. Michael's hospitals are voluntary hospitals and St. Columcille's is a health board hospital. This, in our view would make for difficulties in bringing about the desired association between them in the future. In particular, we thought that the different methods of financing of the hospitals would hinder proper co-operation. Consequently, we strongly recommend that the Eastern Health Board should now relinquish the administration of St. Columcille's Hospital and that a new board be established under the Health (Corporate Bodies) Act, 1961 to administer the present hospital. We recommend that the numbers of this board should include representatives of the Eastern Health Board and St. Vincent's hospital, some representation from St. Michael's Hospital and some local representation.

7.4 In the immediate future this board's primary responsibility would lie in the Administration of St. Columcille's Hospital. We recommend that it should also be given the function of planning, building and equipping the propose new hospital referred to in paragraph 6.5. We see this planning process being carried out in the way developed in recent years for major hospital projects.
throughout this country, i.e. through a project team representative of the new hospital board and the Department of Health. When the new hospital is completed and commissioned, this board would administer it instead of the present St. Columcille's Hospital. St. Columcille's could then be returned to the Eastern Health Board for use for some other purpose.

Co-ordination

7.5 We are informed that it is the stated policy of the authorities of St. Vincent's Hospital and of St. Michael's Hospital and of the Eastern Health Board that there should be the closest co-operation between the three hospitals. We fully endorse this policy and would emphasise that it is only through co-ordination between the hospitals that a properly balanced development of services in the area can be achieved.

7.6 We think that such co-ordination can best be brought about by the establishment of a special advisory body for this purpose. This body should have a formal basis and should be representative equally of the authorities of St. Vincent's, St. Michael's and St. Columcille's hospitals, with the chairmanship rotating between these hospitals. In addition we recommend that the local general practitioners, University College Dublin, the National Rehabilitation Board, the National Maternity Hospital, the Royal Victoria Eye and Ear Hospital and the Directors of Community Care, Eastern Health Board should be represented on the body. We would see the functions of the co-ordinating body being confined to the consideration of matters relating to the significant development of services in the area and the structuring of consultant medical posts in the hospitals (applications to Comhairle na nOspideal for new and replacement consultant appointments should be channelled through this body for advice). We recommend that the functioning of the body should be reviewed after a period of five years.

7.7 In paragraph 7.3, we have recommended that the new board for St. Columcille's Hospital should have representatives of the St. Michael's and St. Vincent's Boards
on it. As a corollary, we recommend that the authorities of each of these hospitals should invite some members of the new board to join their management boards.

7.8 We also considered the possibility of the establishment of joint departments or divisions between the hospitals in the area. We think that there would be great benefits in such an approach insofar as the co-ordination of services, the development of teaching arrangements and the efficient utilisation of beds were concerned.
8.1 We would like to record our appreciation of the work of our secretary, Mr. Patterson. The efficiency with which he organised our meetings, prepared the minutes and other documentation, arranged the reception of deputations and assembled our report contributed in no small measure to the speedy completion of our task.

8.2 We would also like to thank the authorities of St. Columcille's, St. Michael's and St. Vincent's Hospitals who, in rotation, provided excellent facilities for our meetings. This arrangement afforded an opportunity to the members of the group to visit the hospitals and see their operation at first hand, which helped us considerably in our work.
PART 9

SUMMARY OF RECOMMENDATIONS

1. A total of at least 200 additional beds will be required to be provided in the area by the early 1990's. (Paragraph 6.3 and 6.4).

2. St. Vincent's Hospital should be retained and developed as the major hospital in the area and as the hospital to, provide all, or nearly all, the specialised hospital services required for the area (Paragraph 6.4 and 6.11).

3. In the long-term, the acute general hospital services at St. Columcille's Hospital should be discontinued (Paragraph 6.7).

4. A new hospital of about 250 beds should be provided, probably in County Wicklow to cater for the growing needs of East County Wicklow and the area around the Wicklow/Dublin border. This hospital would replace St. Columcille's Hospital. (Paragraph 6.8 and 6.10).

5. St. Michael's Hospital, Dun Laoghaire should be retained and extended and should develop the closest links with St. Vincent's Hospital (Paragraph 6.9 and 6.11).

6. The major trauma centre for the area should be established at St. Vincent's Hospital closely linked with St. Michael's and St. Columcille's Hospitals and there should be proper co-ordination of the service in the area as a whole (Paragraph 6.12 and 6.13).

7. The obstetrics and neo-natal unit should continue in St. Columcille's Hospital pending the provision of the new hospital. The approaches which have already been made by the Eastern Health Board to the National Maternity Hospital, Holies Street, should be urgently pursued with a view to that hospital becoming directly involved in the operation of the obstetric and neo-natal unit at St. Columcille's Hospital. (Paragraph 6.14).

8. Paediatric services should be provided in the new hospital as well as at St. Vincent's Hospital. Paediatrics should be developed as soon as possible on an out-patient level, in the interim period, in St. Columcille's as in St. Michael's Hospital and
both hospitals should have paediatric consultation available to their children's wards. This service should be provided in direct association with Our Lady's Hospital for Sick Children, Crumlin pending the provision of the unit at St. Vincent's Hospital. (Paragraph 6.15).

9. In the interim period, the operation of St. Columcille's Hospital particularly its consultant staffing should be put on a firm basis and developed at the appropriate level. Such should be brought about through joint appointments on a permanent basis between St. Columcille's and St. Vincent's. (Paragraph 6.16).

10. The Eastern Health Board should relinquish the administration of St. Columcille's Hospital and a new board should be established to administer the hospital. This board should include representatives of the Eastern Health Board, and St. Vincent's Hospital, some representation from St. Michael's Hospital and some local representation. (Paragraph 7.3).

11. A function of the new board should be the planning, building and equipping of the new hospital. (Paragraph 7.4)

12. A special advisory co-ordinating body should be established representative of the authorities of St. Vincent's, St. Michael's and St. Columcille's Hospitals together with representatives of local general practitioners, directors of community care, University College, Dublin and the other hospitals serving the area. The function of this body would be the consideration of matters relating to the significant development of services in the area and the structuring of consultant medical posts in the hospitals. (Paragraph 7.6).

13. The authorities of St. Michael's and St. Vincent's hospitals should invite some members of the new board to join their management boards. (Paragraph 7.7).

14. The establishment of joint departments between the hospitals should be pursued. (Paragraph 7.8).
SIGNATURES TO THE REPORT

B J Hensey (Chairman)
R Carroll
Rev Sr Joseph Cyril
J A Enright
S Fagan
D Kelly
G P Martin
J G Mathews
J McCormick
A Meade
K P O'Connor
C J Russell
J Sweeney
P J Swords
N Tierney
P Patterson (Secretary)

20 May, 1981
### MINISTER'S DECISIONS ON THE
### DEVELOPMENT OF SPECIALIST SERVICES IN THE SOUTH DUBLIN HOSPITALS

<table>
<thead>
<tr>
<th>SPECIALTY</th>
<th>ST. VINCENT'S</th>
<th>ST. JAMES'S</th>
<th>TALLAGHT</th>
</tr>
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<tbody>
<tr>
<td>Cardiology</td>
<td>Hospital</td>
<td>Regional</td>
<td>Service</td>
</tr>
<tr>
<td>Communicable diseases (see Note 2)</td>
<td>-</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Dermatology (see Note 3)</td>
<td>Service</td>
<td>Service</td>
<td>Regional</td>
</tr>
<tr>
<td>Elective orthopaedics</td>
<td>-</td>
<td>-</td>
<td>Regional</td>
</tr>
<tr>
<td>Endocrinology and diabetes mellitus</td>
<td>Regional</td>
<td>Regional</td>
<td>Hospital</td>
</tr>
<tr>
<td>Gastro-enterology</td>
<td>Regional</td>
<td>Regional</td>
<td>Hospital</td>
</tr>
<tr>
<td>Gynaecology (see Note 4)</td>
<td>Regional</td>
<td>Regional</td>
<td>Hospital</td>
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<tr>
<td>Nephrology (see Note 5)</td>
<td>Hospital</td>
<td>Service</td>
<td>Hospital</td>
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<tr>
<td>Neurology</td>
<td>Regional</td>
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<tr>
<td>Neurological surgery</td>
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<td>Ophthalmology (see Note 6)</td>
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<td>Hospital</td>
<td>Service</td>
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<td>Otolaryngology (see Note 7)</td>
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<td>Service</td>
</tr>
<tr>
<td>Paediatrics (see Note 8)</td>
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<td>Hospital</td>
</tr>
<tr>
<td>Plastic surgery, burns, maxillofacial (see Note 9)</td>
<td>Service</td>
<td>Regional</td>
<td>Service</td>
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<tr>
<td>Respiratory medicine (with pulmonary function laboratory see Note 10)</td>
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<td>Thoracic surgery</td>
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<td>Urology (see Note 11)</td>
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<td>Vascular surgery</td>
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<tr>
<td>Venereology</td>
<td>Regional</td>
<td>-</td>
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In the preceding table, the designations - Regional Unit, Hospital Unit and Service Unit - are used to denote different levels of activity within specialties. These designations are defined as follows:

**Regional Unit**

A regional unit would consist of consultants and full supporting in-patient and out-patient facilities. It would be the focal point for the provision of a specialist service in the South side of Dublin and would contain most expensive resources. In specialties, where only one regional unit would be required for Dublin, it would be the focal point for Dublin as a whole or, perhaps, for a national service.

**Hospital Unit**

A hospital unit would exist in specialties with a large throughput such as endocrinology and diabetes mellitus, where a regional unit would not be able to cope with the work-load. The hospital unit would consist of consultants, beds and out-patient clinics but it would not be as highly staffed or have the sophisticated equipment of the regional unit. Regional and hospital units in a specialty would function in very close association. A clear responsibility would rest with the regional unit to provide full support to the hospital unit which, in turn, would be operated as an integral part of the regional unit. The consultants in the hospital unit would also be members of the staff of the regional unit with full access, as of right, to the more extensive facilities of the regional unit.

**Service Unit**

A service unit would consist of out-patient facilities with a limited number of beds, as appropriate, for minor procedures. There would be no consultant staff based in the unit but staff from the nearest regional unit would provide a consultation and out-patient service on a regular basis.

**NOTE 2** Communicable Diseases

A regional service would be provided at Cherry Orchard to be linked to the general hospitals. In addition, the planning of each general hospital would make provision for the inclusion of a number of isolation beds as part of the bed complement.

**NOTE 1** Dermatology

While, in the future organisation of the services, a service unit will be provided at St Vincent's Hospital, it is accepted that in the period pending the provision of Tallaght Hospital the level of service at present provided in St Vincent's Hospital will continue.

**NOTE A** Gynaecology

Hospital units in gynaecology will also be provided at the Coombe Hospital and at the National Maternity Hospital, Holies Street associated with the regional units at St James's Hospital and St Vincent's Hospitals respectively.
NOTE 5  Nephrology

Chronic maintenance dialysis will be provided only in the hospital unit at Tallaght Hospital.

NOTE 6  Ophthalmology

The organisation of ophthalmology services will be considered again in the light of the pending report of Comhairle na nOspideal on the services.

The provisional distribution of units, as shown in the table, is on the basis that, in the short-term, the regional unit would be located at the Royal Victoria Eye and Ear Hospital and function in close association with St Vincent's Hospital. Ultimately, the unit would transfer physically to the St Vincent's Hospital site.

NOTE 7  Otolaryngology

The organisation of otolaryngology services will be considered again in the light of the pending report of Comhairle na nOspideal on the services.

NOTE 8  Paediatrics

The regional Unit in paediatrics will be provided at Our Lady's Hospital for Sick Children, Crumlin. The organisation of paediatric services in South Dublin would be as set out in the report of Comhairle na nOspideal on the Development of Hospital Paediatric Services.

NOTE 9  Plastic Surgery/Burns/Maxillo-Facial

The major plastic surgery/burns/maxillo-facial unit will be at St James's Hospital. The service units at St Vincent's Hospital and Tallaght Hospital will be in respect of plastic surgery only.

NOTE 10  Respiratory Medicine

It is understood that Comhairle na nOspideal intend to carry out a study on respiratory medicine in the near future and the organisation of the specialty will be reviewed in the light of its report.

NOTE 11  Urology

The Tallaght Hospital and St James's Hospital Units should be seen as a single department with the greater resources located at Tallaght Hospital. The St James's Hospital Unit would not cater for all patients from its own catchment area but rather it would deal with certain levels of urology work in conjunction with the regional unit at Tallaght Hospital.

July 1980
APPENDIX III (PARAGRAPH 3.1)

BREAKDOWN OF CATCHMENT AREA

(a) Dublin County Borough

The following ward areas:

Pembroke East A, B, C, D, E
Pembroke West A, B, C
Rathfarnham A (part), B, C (part)
Rathfarnham South
Rathmines East A, B, C, D
Rathmines West C (part)
South Dock

(b) Dun Laoghaire Borough

(c) South-east Dublin County

The following district Electoral Divisions:

Stillorgan 1, 2, 3, 4, 5
Dundrum 1, 2, 3, 4, 5
Milltown 1, 2
Rathfarnham 1 (part)
Ballybrack 1, 2
Whitechurch (part)
Glencullen
Rathmichael

(d) East County Wicklow:

Arklow Urban District
Bray Urban District
Wicklow Urban District
Delgany
Enniskerry
Greystones
Kilmacanoge
Powerscourt
Altidore
Arklow Rural
Aughrim
Avoca
Ballinaclash
Ballinacor
Ballinderry
Ballyarthur
Ballycullen
Brockagh
Calary
Cronebane
Dunganstown, East
  "  South
  "  West
Ennerfilly
Glendalough
Glendaly
Kilbride
Kilcoole
Killiskey
Knockrath
Moneystown
Newcastle Lower
Newcastle Upper
Oldtown
Rathdrum
Togher
Trooperstown
Wicklow Rural
APPENDIX IV (PARAGRAPH 4.3)

Services provided in St Vincent's Hospital

- Acute Psychiatry
- Cardiology
- Clinical Pharmacology
- Day-care
- Endocrinology
- Gastroenterology
- General Medicine
- General Surgery
- Geriatric Assessment
- Gynaecology
- Haematology
- Intensive Care
- Metabolic Medicine
- Nephrology
- Neurology
- Neuro-surgery
- Oncology
- Ophthalmology
- Orthopaedics
- Ortorhinolaryngology
- Plastic surgery/maxillo-facial
- Respiratory Medicine
- Specialised Rheumatology
- Thoracic surgery
- Urology
- Vascular Surgery
The hospital is an acute general hospital under the care of Irish Sisters of Charity. It has 500 beds, which number includes a geriatric assessment unit of 28 beds and a psychiatric unit of 22 beds. On the site there is a 144 bed private clinic - these beds are not included in the above total. Across the road from the main site there is a paediatric unit with 62 beds (Saint Anthony's) - these beds are not included in the above total. On the latter site there is a rehabilitation unit with occupational therapy and training facilities. There is a convent, a nurses' home, domestic staff home, a students' hostel.

**SITE**

The area of the site (excluding Saint Anthony's site) is 25.258 acres. The main vehicular access points to site are from Merrion Road and Nutley Lane. There are extensive parking areas south and east of the staff home and limited parking for staff adjacent to the main hospital entrance. Elm Park Golf course is immediately south of the hospital and gives a particularly pleasant outlook from the main ward units.

**WARD ACCOMMODATION**

The main ward units are at each of the hospital's five floor levels.

Each Unit is sub-divided as follows:-

- 6 No. 6 - bed wards
- 1 No. 3 - bed ward
- 2 No. (1) single bed wards

Ward ancillary accommodation generally is on opposite side of corridor to the multi-bed wards. Sister's Office, nurses' duty station, patients' day room and doctor's office share a south aspect with the multi-bed wards. There are specialist ward units E.N.T. metabolic, ophthalmic etc.) at 3rd and 4th floor levels and entered off the main vertical circulation areas - these areas also provide vertical access to the main ward units. These specialist units face east or west and have their own ward ancillary accommodation. The ward sub-division is as follows-
3rd Floor

East unit - 2 No. 4 bed wards
   2 No. 2 bed wards
   2 No. (1) single bed wards

West unit - 3 No. 4 bed wards

4th Floor

East unit - 1 No. 4 bed ward
   2 No. 2 bed wards

West unit - 3 No. 4 bed wards
   2 No. (1) single bed wards

The geriatric assessment ward unit and psychiatric ward unit are of recent construction and are entered off a corridor which joins the main hospital to the private clinic.* The accommodation provided is:-

**Geriatric Assessment - 1st floor**

4 No. 6 bed wards
4 No. 1 single bed wards

**Psychiatric unit - basement and ground floor**

6 No. 3 bed wards
1 No. 2 bed ward
2 No. 1 bed wards

**COMMENT:**

(a) Wards have adequate natural lighting and ventilation

(b) Patients' sanitary accommodation gives an acceptable ratio of fittings to bed numbers

(c) Each ward unit has a doctor's room, a treatment room, a sister's office and a duty room.

(d) There are 2 day rooms at each floor level.

(e) The ward and ancillary accommodation are up to the standard required, for a modern general hospital.
OUT-PATIENTS DEPARTMENT

The yearly attendance is approximately 60,000 patients. There are 2,768 clinic sessions per annum – this number does not include the clinic sessions at the paediatric and re-habilitation units. This department is at ground floor level and has its own entrance and a ramped approach to facilitate use by wheel-chair patients. There is an extensive range of consulting rooms supported by groups of examination cubicles. Waiting rooms and patients' toilet accommodation seems adequate.

COMMENTS:

(a) This is an extensive department and seems to be adequate for its work load. A comment made during inspection was that "the turnover is too slow" but reasons for this were not stated. In a development programme prepared in 1976, this is not one of the departments listed as an area "where improvements should be effected".

(b) If hospital bed numbers are appreciably increased there will be a need to extend out-patient facilities. This is one of the vital departments in a hospital and the option for its extension should be provided for in planning. In the case of Saint Vincent's Hospital it will have to be extended, when required, by incorporating accommodation presently used by accident and emergency department.

(c) The department is suitably located with reference to the X-ray department.

ACCIDENT AND EMERGENCY DEPARTMENT

This department receives approximately 56,000 patients per annum. It has its own entrance and is at ground floor level. There is a treatment/examination area with 14 cubicles. There is a minor operating theatre. It has its own X-ray Room.

There is a large waiting and reception area. There was no reference to any inadequacies in this department with exception of that noted in "comments".

COMMENTS:

(a) The need was stressed for a recovery ward for this area. This is an integral facility in a modern general hospital. Due to limitations of present siting it is intended that additions to this department can only be provided by either (1)
including space presently used by the out-patients' department or (2) providing a new accident and emergency department.

X-RAY DEPARTMENT

The number of X-Ray investigations is approximately 61,000 per annum. This department is at 1st floor level. There are 8 radiography rooms together with dark room facilities. There are a number of consulting rooms and a records department. X-Ray facilities and accommodation seems adequate with exception of items referred to under "comments".

COMMENTS:

(a) Waiting accommodation is inadequate. Patients wait in a corridor in what was described as "cramped and draughty conditions".

(b) There are proposals to instal a scanner and this requires new building as the present department" cannot be extended. Studies have been undertaken which include provision of a new wing, north of the present main entrance. This is planned to provide additional space for the scanner.

OPERATING THEATRE DEPARTMENT

The number of operations per annum carried out in this department is approximately 13,000. It is located at 2nd floor level. There are 8 major theatres, a septic theatre and 2 theatres for minor procedures. The theatres have the ancillary accommodation that one associates with modern general hospitals plus facilities required in a teaching unit. There is an X-Ray room in the suite with dark room facilities. There was no suggestion that this department is inadequate in any respect. It was said that this facility is "fully utilised".

PHYSIOTHERAPY DEPARTMENT

The number of treatments per annum is approximately 42,000. This department is at ground floor level and close to the out-patients' department and accident and emergency department. This department seems to be adequate for present needs.
ADMINISTRATIVE DEPARTMENT

Is located at ground floor level and adjacent to the main entrance. Its adequacy was not questioned. However, it occupies a very important location in the hospital and could be re-allocated for diagnostic or patient treatment area. This will mean building an administration unit to house the staff who do not need to be close to the patients or medical staff.

NUCLEAR MEDICINE

The number of nuclear tests per annum is approximately 33,000. This department is at basement level and forms part of the underground circulation from hospital to nurses' training school. Apart from its unsuitable location the accommodation was said to be inadequate; the point was made that "there is no room for installation of a second scanner which is in store".

MAIN KITCHEN AND REFECTORY

These are at the east end of the main block and are conveniently sited. In addition there is a separate staff canteen for light meals. These services seem adequate for present demands.

MECHANICAL AND ELECTRICAL SERVICES

The general position re heating and hot water supplies is that there are 3 boilers but only 2 are in use at any one time. There is provision for installation of a 4th boiler if required. The installation can cater for major extensions. The hospital's consulting engineers should be asked for their report and observations when a planning brief is available.

PARKING

There are extensive parking areas provided but due to the road circulation within the site these are not fully utilised. As a result there is an amount of unauthorised parking along the interior roads and immediately in front of the main entrance.

The problem arises from the main access road coming between the main pedestrian entrance to hospital and the main car park. There are proposals to re-route the main access road from a line south of the car parking area to a line north of the car parking area and from there provide well-defined pedestrian routes to the hospital.
PATHOLOGY

The main laboratory facilities are at 1st floor level. Additional laboratories are said to be required and the indications are that these will have to be by way of new building.

CONCLUSIONS

A. The existing hospital accommodation meets the standards required for a modern general hospital with exception of:-
   (a) Nuclear medicine department
   (b) Accident and emergency department
   (c) X-Ray department

   The inadequacies in these areas are (a) this department is unsuitably located and additional accommodation is required. (b) a recovery ward is required in A. and E. department: this is a normal provision in a major hospital (c) patients' waiting accommodation is required: also accommodation for installation of a scanner.

B. Structurally the hospital has a life-span of at least 100 years. The life-span of the accommodation and facilities is difficult to predict in view of the ever-changing demands for additional medical facilities with a resulting demand for accommodation. The area of patient care in which there is least demand for alteration is in the ward units. Additional bed accommodation may be required for existing specialties or for new specialties. There will probably be demands for increased accommodation and facilities in the diagnostic and treatment areas. Since the hospital was opened, the attitudes towards incorporation of geriatric and psychiatric units in a general hospital have changed. Hence the need for the construction of a new wing providing accommodation for these specialties. Provision has also to be made for nuclear medicine. The departments in which there are inevitable demands for increased accommodation are the out-patients' department and the X-Ray department. In the circumstances, it is only possible to say that if demands are anticipated by the planners for additional bed accommodation, and additional treatment and diagnostic facilities, these can be met space-wise at the hospital. This hospital could continue as a modern general hospital for possibly a further 30 to 40 years.
C. The present plot ratio and site coverage figures for Saint Vincent's Hospital are such as to ensure that major future extensions are possible under the provisions of Dublin Development Plan. Studies have been undertaken by the hospital's architects and reports prepared. These were not based on a specific and detailed brief. The purpose was to itemise the areas of the hospital in which changes are required or likely to be required. The report refers to "the main departments in the hospital complex where improvements should be effected" and these are listed as:

(a) Traffic circulation and parking,
(b) Admission and administration,
(c) Accident and emergency,
(d) Intensive care,
(e) X-Ray,
(f) Additional bed accommodation (to increase bed accommodation by addition of 300 beds).

The indications resulting from these preliminary studies are that the hospital site will permit extensions to meet the above listed requirements. Also extensions to pathology department and a new intensive care department.

NOTE

The private clinic is being extended presently so as to provide an additional 25 single rooms, twin operating theatres and X-Ray department. This seems likely to reduce the work load at the operating department and X-Ray department of the general hospital.
EXTRACT FROM SUBMISSION BY ST. VINCENT'S HOSPITAL, ELM PARK TO THE MINISTER FOR HEALTH.

The Board of Management and the Medical Board of St. Vincent's Hospital are gravely concerned with the Minister's decision on the development of Specialist Services in South Dublin Hospitals. The proposed allocation of specialties to St. Vincent's Hospital would seriously erode the effectiveness of the Hospital both in its service and its University teaching role.

THE ROLE OF ST. VINCENT'S HOSPITAL IN THE COMMUNITY

The role of St. Vincent's Hospital is a two-fold one. Firstly, it provides a general and specialist service at local, regional and national level.

Secondly, in conjunction with the Mater Hospital, St. Vincent's shares equal responsibility for undergraduate teaching of students in the Faculty of Medicine, U.C.D. The affiliation between the Hospital and the University is set out in the statutes of University College, Dublin, and in legal agreements between the Hospital and the University.

SPECIALTIES AT ST. VINCENT'S HOSPITAL

There are 22 Medical and Surgical specialties providing a service to the Community at St. Vincent's.

Only 8 of these specialties have been allocated regional status by the Minister for Health. These are Neurology, Endocrinology, Gastroenterology, Urology, Vascular Surgery, Ophthalmology, Otorhinolaryngology and Gynaecology. In fact, the latter 2 specialties have only "paper" regional status because they are conditional on long-term future decisions concerning the Royal Victoria Eye and Ear Hospital and on decisions concerning Gynaecology Services in Dublin. In effect, the Minister's decision makes provision for assuring only 2 of 22 specialties of regional status.

This allocation represents a dramatic down-grading for many of our established major specialties in St. Vincent's Hospital and for the Hospital as a whole. Furthermore, many of our strong specialties have not secured any specialty status whatsoever.

COMPARISON OF SPECIALTY ALLOCATION AT ST. VINCENT'S HOSPITAL WITH OTHER DUBLIN HOSPITALS.

The distribution of specialties in Dublin Hospitals affects St. Vincent's Hospital in two ways. Firstly, at a service level in South Dublin, an equitable distribution of specialties between St. James's Hospital and St. Vincent's Hospital is desirable. However, St. James's Hospital has been allocated vastly superior specialty status compared to that obtaining at St. Vincent's Hospital. With ten major regional specialties St. James's will be in future provided with far greater resources than St. Vincent's Hospital. This will lead to an inferior range of services available to the patients in the St. Vincent's Hospital catchment area and will necessitate large-scale referral to more distant Regional centres. Secondly, at University level, St. Vincent's and the Mater Hospital have always been co-equal partners in providing undergraduate clinical teaching for the students attending University College Dublin Medical School. This balanced partnership has been possible largely
because of the wide range of specialties available in both hospitals which permitted intensive student instruction in all medical and surgical disciplines. This position has been altered radically following the recent allocations of specialties in the Mater and St. Vincent's Hospital. The Mater has been allocated a total of eleven fully-operative Regional Specialties. This contrasts starkly with the mere five fully-operative Regional Specialties at St. Vincent's Hospital. This marked disparity in specialty status is illustrated by the fact that fully three-quarters of the medical specialty beds in the Mater Hospital are associated with specialty units that have been accorded Regional status whereas in St. Vincent's Hospital only one-quarter of the beds are associated with specialty units that have Regional status.

Thus, both in its service and teaching role, St. Vincent's Hospital has been drastically down-graded and will, in the future, be at a great disadvantage in competing for scarce medical and educational resources. In effect, the long standing tradition of St. Vincent's Hospital as a major academic and specialist Hospital and as an Institution which has pioneered many advances in medicine in Ireland will be seriously undermined.

**REQUIREMENT FOR SPECIALTY STATUS AT ST. VINCENT'S HOSPITAL**

The following specialties have either been (a) allocated a status which is inferior to their existing status or (b) have not been allocated any status.

**NEUROSURGERY:**

This specialty has provided a service for a quarter of a century and is the only specialty in the South Dublin area. Its expansion since 1978, with the appointment of a second Neurosurgeon has led to a continued rapid increase in work-load. Neurosurgery at St. Vincent's Hospital commands referral from a wide catchment area. It is anticipated that this specialty will continue to show a growth in its work-load over the next few years.

St. Vincent's has a strong department in Medical Neurology and special expertise in Neuro-radiology. It has specialists in Vascular Surgery and Ophthalmology who have particular and singular experience in the Neurological aspects of their specialties. These experts provide an almost unique environment of excellence for active Neuro-Surgery. When medical Neurology has been accorded "regional" status even more work can be expected in the neuro-surgical unit.

With the arrival of a second neuro-surgeon, the great increase in the number of neuro-surgical patients admitted from the Accident and Emergency Department and the increase in the number of elective referrals, the work of the neuro-surgical unit has increased dramatically. The number of operations carried out has more than doubled in the past two years.

By reason of the work done, the supporting facilities and the standard of care provided in this unit, any status less than "regional" would be illogical and a serious downgrading of an excellent and thriving unit.

**RESPIRATORY MEDICINE:**

This specialty is contained in the Medical Professorial Unit at St. Vincent's, and is one of only three Units in Ireland recognised by the Joint Committee on Higher Training (IJCMT) in the U.K. At St. Vincent's Hospital the unit has a comprehensive Pulmonary Function Laboratory which was specially established by the Department of Health in 1975 and which provides a local community, regional and national service for referring physicians and Government agencies. As well as its strong service standing, the high academic status of this specialty is attested to by the appointment in 1978 of the Consultant Physician in Respiratory Medicine, Dr. M. X. Fitzgerald, as Professor of Medicine at University College, Dublin.
Despite the specialised services provided and the very large research contribution of this unit, no specialty status has been accorded to this Unit. Regional status is strongly urged for this Department.

DERMATOLOGY:

Dermatology is a mainstream medical specialty, which is inter-related with most other specialties. In a large multi-specialty University Teaching Hospital, a strong continuous Dermatological presence is justified not only because of numerous dermatological consultations but also because of continuous undergraduate and post-graduate teaching commitments and research. Dermatology is a long established specialty at St. Vincent's Hospital with a large bed complement of ten and the services of two Consultant Dermatologists. Although it currently functions as a Hospital-cum-Regional Unit, it has been downgraded as a result of the recent allocations to more service status. Hospital status is requested for this Unit.

PLASTIC SURGERY:

The necessity for a strong Department of Plastic Surgery at St. Vincent's Hospital is clearly evident from statistics related to the Accident and Emergency Department alone. St. Vincent's is now a major centre for casualty and trauma cases, up to 60,000 patients being attended to in 1980. The growth of the Accident and Emergency Department over the past decade has been phenomenal.

Plastic Surgery including maxillo-facial surgery and burns is an essential specialty in a Hospital with a heavy Casualty burden. The increasing workload in Plastic Surgery indicates the extent to which this specialty requires to be strengthened rather than weakened.

The rapid and progressive increase in the numbers of patients treated by the Plastic Surgery Unit has been achieved without any expansion of hospital beds or other facilities. A strong Plastic Surgery specialty has now become an indispensable part of the management of many patients with multiple injuries who are referred to St. Vincents from other hospitals for specialist treatment for neurosurgery, vascular, general thoracic and orthopaedic surgery.

An expansion of existing out-patients and in-patient facilities is needed as a matter of urgency in this specialty. The suggestion that the hospital be accorded "service" status is quite inconsistent with the nature and extent of the current work done. To fail to provide, at the very least, "hospital" status to this specialty in St. Vincent's Hospital would be a serious disservice.

RHEUMATOLOGY AND REHABILITATION:

This is one of the largest and longest established specialties in St. Vincent's Hospital, but has not been allocated specialty status.

Arthritis and locomotor disorders constitute one of the commonest group of disorders in our Community. There is a need for specialist facilities in the investigation, management and rehabilitation of patients with these disorders. The available facilities in this specialty are unique in Ireland and exceed those of any other comparable Department in the Country.

The work-load and activity of this Department more than illustrates the need for recognition of this unique service and supporting its further development.

The Hospital considers that Regional Specialty Status adequately represents the existing status of this specialty.
ONCOLOGY:

The specialty of Oncology at St. Vincent's Hospital was pioneered from 1964 onwards by Dr. James J. Fennelly. Its service, educational and research standing has been recognised by the JCHMT and by the Royal College of Physicians in London. In addition, University College Dublin has established the first Professorial Unit of Medical Oncology at St. Vincents Hospital and it is headed by Prof. J. J. Fennelly. Despite these credentials it has not been allocated any specialty status under the ministerial directives. Currently, the Unit functions as a national referral centre for Chemotherapy and should be accorded recognition as a major specialty with regional status by the Minister for Health.

METABOLIC MEDICINE:

This specialty unit was established in 1961 by Prof- F.P. Muldowney and is the only one of its kind in Ireland. Since that time it has acted as a National Referral Centre for highly specialised problems in Metabolic Medicine. Additionally, it has provided a unique and innovative Laboratory service on a National level for metabolic disorders. Also, it is recognised internationally as a centre of excellence for Research in this specialty. As one of the Specialised Professorial Units at University College Dublin its academic standing is unique in Ireland.

Under the Ministerial directives it has not been given recognition of any kind and national or regional status is requested for this prestigious unit.

NUCLEAR MEDICINE:

This specialty is now one of the largest in terms of service and research activities in St. Vincent's Hospital and is one of the largest of its kind in this country. It is headed by Dr. George Duffy, specialist in Nuclear Medicine and provides a vast range of invasive/non-invasive Nuclear Medicine tests on a national referral basis. Dr. Duffy is the co-ordinator of the recently introduced course of Master of Applied Science (Nuclear Medicine) at University College Dublin and his unit at St. Vincents is a focal point of training in the clinical section of this course. Regional status for this unit is requested.

CARDIOLOGY:

One of the oldest Cardiac Centres in the Country, advances in Cardiology, both Nationally and internationally, have been instituted at St. Vincent's Hospital. Its many distinctions include recognition by University College, Dublin as a Professorial Unit. Cardiology is a major National Centre at St. Vincent's Hospital. Its work-load evidences that it is a specialised Cardiological Centre, at least comparable to any other such centre in the Country. Regional Status represents the existing status of this specialty at St. Vincent's.

ELECTIVE ORTHOPAEDICS:

The existing work-load of the Orthopaedic Department is confined to emergency procedures because of available facilities. The Hospital is agreeable to continuing Elective Orthopaedics for S.E. Dublin at St. Mary's Orthopaedic Hospital, Cappagh, until such time as a Unit is developed at St. Vincent's Hospital.

IMPLICATIONS FOR THE MINISTER'S DECISION

Decisions concerning the allocation of specialties to Hospitals in South
Dublin fell short of the recommendations made by the South Dublin Hospitals in 1978.

The arbitrary and selective allocation of South Dublin Hospital specialties does not take account of existing work-load and the anticipated growth of specialties at St. Vincent's Hospital.

The direct consequences of the proposed specialty allocation will be:

1. A drastic reduction in the funding of new equipment in several major specialties.

2. A refusal to consider any additional Consultant and ancillary staffing by Comhairle na nOsp.ideal for specialties without Regional Status, which include the majority of our hospital specialties.

3. A deterioration in the quality of replacement Consultants because of the unattractive prospect of working within a "hospital" or "service" specialty. This would result in a reduction in future hospital standards.

4. A deterioration in the quality and number of Senior Registrars, Registrars, S.H.O.'s and Intern applicants as a consequence of 2) and 3).

5. A marked deterioration in academic standards because of an inability to compete successfully for medical and surgical Departments within the Medical School of U.O.D.

6. A preferential distribution of U.C.D- medical students to the Mater rather than to St. Vincent's Hospital.

The present proposal by the Medical Board of St. Vincent's Hospital is based upon the joint deliberations of St. Vincent's Hospital and the Federated Hospital and St. James' Hospital in 1978.

1. In addition to those regional specialties already approved by the Minister for St. Vincent's Hospital, Neurosurgery and Respiratory Medicine must also have full regional status. The existing work-load and work-load trends as well as specialised facilities and Community needs support this proposal.

2. Dermatology and Plastic Surgery should be allocated hospital specialty status.

3. Four major specialties at St. Vincent's which have not been so far included in specialty allocations are Rheumatology & Rehabilitation, Oncology, Metabolic Medicine and Nuclear Medicine. The existing work-load for these Departments, their highly specialised facilities and the wide regional catchment population justifies each of those specialties being allocated regional status.

4. The work-load of the Cardiac Department completely justifies full facilities for Coronary Care including Invasive monitoring and immediate access to angiographic facilities. The growth in non-invasive techniques justifies complete support for the non-invasive laboratory.

When the proposed move of Baggot Street Hospital to St. James' Hospital occurs, Cardiac Catheter and Angiographic facilities will be required at St. Vincent's Hospital.
Present trends in cardiac surgery will shortly justify the need for this facility in South Dublin. This could be at St. James' Hospital, Baggot Street Hospital or St. Vincent's Hospital.

The preventive Cardiology Department at St. Vincent's Hospital is the only one of its kind in Ireland, and support for its development must be viewed within the context of the Cardiac Department.

Regional status is necessary for Trauma Surgery to cope with the extraordinary expansion of the Casualty Department over the past five years. This includes emergency Orthopaedics, Plastic Surgery and Neurosurgery.

It is agreed that elective Orthopaedics for South East Region will continue to be serviced by St. Mary's Orthopaedic Hospital, Cappagh, until such time as a Unit is developed at St. Vincent's Hospital.
Appendix VI (Paragraph 6.5)
(Architectural survey by Mr. Colm Murphy M.R.I.A.I.)

SAINT COLMCILLES HOSPITAL, LOUGHLINSTOWN

The hospital was originally a county home built in the 19th century. In the 1950s major alterations and extensions were undertaken so as to convert the home for use as a hospital. Planning was influenced by the need to retain the original external walls. The large dormitories were sub-divided to give single and multi-bed wards together with ward ancillary accommodation. A new single storey corridor and ancillary accommodation was built along the centre wing. The original single storey section, which was used for kitchen and dining rooms, was re-designed and extended to provide a main kitchen, a staff dining room and a 2-bed isolation unit for the maternity department.

The hospital is, in the main, two storey with a section of the east wing being three storey. The ground floor is allocated for wards and ancillary accommodation, administration, out-patients department, accident and emergency department, X-ray department.

The first floor is allocated for ward and ancillary accommodation and operation theatre suite. The floor above the maternity unit is allocated as staff accommodation. The second floor of this section is also partially used as staff accommodation. In recent years an extension (single-storey) was built to the centre wing to provide a physiotherapy department and waiting rooms for out-patients and accident and emergency departments.

The total bed accommodation is 184 allocated as follows:

<table>
<thead>
<tr>
<th>Department</th>
<th>Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maternity</td>
<td>36</td>
</tr>
<tr>
<td>Surgical</td>
<td>40</td>
</tr>
<tr>
<td>Medical</td>
<td>36</td>
</tr>
<tr>
<td>Geriatric</td>
<td>41</td>
</tr>
<tr>
<td>Children</td>
<td>28 (beds or cots)</td>
</tr>
<tr>
<td>Intensive care</td>
<td>5</td>
</tr>
</tbody>
</table>
It was explained that the ward allocation, is somewhat flexible. An example given is that a 12-bed female ward is used for psychiatric, gynaecology, dental or medical patients. In the children's unit the single wards may have 2 beds or cots and the 2-bed bays may have beds of 4 to 6 small cots. Day rooms may on occasions be used as wards.

SITE

The area of the site is approximately 24 acres. The Dublin-Bray Road defines the east boundary. Existing buildings are sited on the east side of site. The west half is free of building but feasibility studies have been undertaken with a view to locating a new mental handicapped centre on this site. This centre will not be physically attached to the existing hospital.

There is a marked rise in site levels from east to west. To illustrate how this reflects itself on the building - the east-west wings of the hospital are at ground level, at their east end, whereas the ground is almost level with the first floor at the west end. As the only site space, free for major extension to the hospital, is on the west side this rise in contours will compromise the planning of future hospital extensions.

WARD UNITS

The ward accommodation is sub-divided as follows:

Maternity Unit
2 No. 1 Single bed wards (isolation)
2 No. 2-bed wards
7 No. 4-bed wards

Nursery for sick babies (2 cubicles)

Night Nursery
Surgical Units
3 No. 2-bed wards
1 No. 10-bed ward
2 No. 12-bed wards

Medical Units
2 No. 4-bed wards
1 No. 12-bed wards
1 No. 16-bed ward

Geriatric Units
5 No. (1) single bed wards
2 No. 2-bed wards
2 No. 16-bed wards

Childrens Unit

5 No. (1) single or 2-bed wards
1 ward divided into 6 bays (beds or cots)

COMMENTS.

1. Natural lighting and ventilation of wards is adequate with the exception of the surgical wards at 1st floor level. Here, natural lighting is sub-standard; it was said that on dull days lights are turned on. In the geriatric units, due to windows in opposite walls, natural lighting and ventilation are particularly good.

2. Ratio of sanitary fittings to patients is adequate.

3. Provision of day room accommodation is adequate; at times some of these are used as wards.
4. The limitations imposed, by having to plan the wards within a width of 17'0" (the standard county home dimension), has resulted in some of the wards being excessively distant from sanitary accommodation and duty rooms. This is particularly noticeable in the geriatric units.

5. In the multi-bed wards the area per bed is approximately 80 sq.ft. (modern standards for acute hospitals require a floor area of 100 sq.ft. per bed). Again, this is the result of having to plan within an unusual ward width of 17 ft.

A high proportion of wards have piped gases laid on.

The lack of wash-hand basins for staff use was commented on.

OUT-PATIENTS DEPARTMENT

The attendance at out-patients department for the past year was 9,489; of this number 6,970 were obstetrical patients. There are 7 clinic sessions per week; of these, 3 are obstetrical.

This department is at ground floor level and has its own entrance. It is suitably located with reference to physiotherapy. A new waiting room, seating approximately 40, has been provided. There are 2 doctors consulting/Exam. rooms, a room for minor treatment and an office.

COMMENTS:-

1. As the major clinics are obstetrical and may be by appointment, 2 consulting examination rooms may be adequate having regard to the numbers attending.

2. Sanitary accommodation serving this department, also serves accident and emergency and physiotherapy. It consists of a toilet with 2 w.c.s. These facilities are inadequate.

3. This accommodation, subject to above comments, is of good standard.
ACCIDENT AND EMERGENCY DEPARTMENT

Attendance for the past year was 28,199, of which "10% admitted by ambulance".

In recent years a new waiting room was provided which seats 25 to 30. En suite with waiting room is a treatment room with 3 cubicles. En suite with the latter there is a resuscitation room with 2 couches. This department is at ground floor level, with its own entrance.

COMMENTS:

1. An observation-recovery room is required.
2. The shared toilet accommodation is inadequate.
3. A doctor's office is required.
4. Major casualties admitted here and requiring X-Ray and operational procedures have to travel excessive distances to X-Ray department, lift and operating suite.
5. This accommodation, subject to above comments is of good standard.

PHYSIOTHERAPY DEPARTMENT

Attendance during the past year was 20,160 of which "13,800 were in-patients and 6,360 were out-patients".

This is a modern unit of recent construction, it provides a very good standard of accommodation. There are 3 cubicles and provision for traction.

COMMENTS:

1. The shared toilet accommodation is inadequate.
2. Additional equipment is required.

X-RAY DEPARTMENT

Attendance during the past year was 20,457, of which 40% were in-patients and
60% out-patients.

There are 2 X-ray rooms and an ultra-sound room, a viewing room, a dark room, a combined waiting room with enquiry, a radiographers office and a room for X-ray records.

COMMENTS

1. More adequate waiting accommodation and toilet accommodation are required.
2. It was said that an additional X-ray room is required.
3. The 3 undressing cubicles provided are inadequate having regard to the numbers attending.

OPERATING SUITE

The number of operations carried out during the past year was 1,353 of which "320 were major and 741 minor". Obstetrical cases requiring operational procedures are brought to this theatre.

This accommodation is at 1st floor level and immediately over the X-ray department.

The accommodation provided is a major theatre, a combined scrub-up and preparation room, a sluice room, an autoclave room, a doctors changing room, a doctors rest room. Nurses change-room is in the attic overhead which is served by an interior stair.

COMMENTS:

1. It was not possible to achieve the ideal circulation (sterile and non-sterile) due to the limitation of having to plan within the existing building.
2. The absence of an anaesthetizing room is noted. This is not always required by anaesthetists.
3. A recovery ward is required.
4. The theatre suite is approached through the childrens ward unit; this
circulation is open to criticism.

5. Additional stores are required, also a H.M.C.

6. A dark room is required.

7. A sister's office is required.

ADMINISTRATION

The accommodation (beside the main entrance) provides a matron's office, office for medical superintendent, an enquiry office and a waiting room. A few additional offices are provided in a house in the grounds close to the hospital.

COMMENTS

1. The accommodation seems minimal and it would seem that additional office accommodation is required.

2. The division of administration offices as between hospital and a house is undesirable.

PATHOLOGY

All pathology work goes to laboratories in other hospitals. A small laboratory was built in association with a new central stores building but it has never been used.

MORTUARY AND P.M. FACILITIES

These are provided in a single storey wing which was part of the original home.

LAUNDRY

This service is done at Newcastle Hospital. There is a laundry depot at Saint Columcilles.

STAFF ACCOMMODATION

There is a convent for the religious community and a chapel.
The 1st and 2nd floors over maternity unit provide staff accommodation for 12 nurses, 20 domestic staff, 3 cooks, 3 attendants, and 5 doctors who sleep in hospital whilst "on call". The radiologist, the catering superintendent and a doctor "on call", have accommodation in e house in the hospital grounds.

The board own 3 houses in the vicinity of hospital which are occupied by nurses and doctors. The only doctor who resides in the hospital is the surgical registrar.

The standard of accommodation provided in the hospital for staff is good with exception of some of the domestic staff cubicles which have no windows and are vented into corridors. This residence has timber floors and must be considered as being a fire risk.

**KITCHEN AND STAFF DINING**

The main kitchen is well lighted and ventilated and is located in a central position and close to the lift.

A new staff dining room has been built beside the kitchen. It is of ample size and provides a good standard of accommodation.

A new stores building was erected in recent years. It seems of adequate dimensions and is suitably located. The small laboratory is in this building.

**MECHANICAL AND ELECTRICAL SERVICES**

The hospital has been re-wired in recent years.

It is considered that there is ample stand-by in the existing tellers to provide heat for the hospital and reasonably sized extensions. Additional oil storage tanks have recently been installed. It will be appreciated that if the hospital is to be extended the hospital's consulting engineer should be asked for a preliminary report on existing services and the possibilities for extension.
PARKING

Limited parking only is available near to the main entrance. Additional parking is obviously necessary and there seems ample room for this. Its location should be considered in relation to the siting of the proposed centre for mentally handicapped and any possible extensions to the hospital.

CONCLUSIONS

A. In comparing Loughlinstown standards to those required for modern general hospitals the following points are relevant:

(1) The planning of the hospital within the general limits of the county home main structure has resulted in the adoption of an unsuitable planning width of 17'0".

This has resulted in wards which do not provide the standards required. Floor area per bed is, in the main, below the accepted standard of 100 sq. ft. per bed. The bed centres, in the large mult.-bed wards, are less than the accepted norm of 7'0".

(2) The extended linear planning has resulted in patients’ sanitary accommodation being too far from some of the beds. This applies also to the sluice rooms and duty rooms. Visual supervision is not up to the standards required.

(3) The large wards (10–bed, 12–bed and 16–bed) exceed the standard (maximum) of 6–bed wards.

(4) The relative location of the accident & emergency department, the x-ray department, the operation suite and the lift can result in excessive distance having to be travelled. Serious casualties,.admitted to Accident 4 Emergency department, and requiring x-ray and operation, have to be moved approx. 350 yards. If proceeding from theatre to
intensive care a further distance of approx. 130 yards is involved.

(5) The present operating suite does not provide the standards required in terms of circulation and accommodation. Twin theatres would be a normal provision.

(6) On-site pathological services are preferred. The present unused laboratory is much too small and greatly extended accommodation is required for a modern general hospital.

B. In terms of structure, visual inspection indicates that the building is structurally sound and could last a further 50 years at least.

Wards at 1st floor level have timber floors and, apart from the fire risk involved, it is difficult to predict the life of timber floors in old buildings.

In terms of modern general hospital facilities, this hospital does not meet required standards in a number of important respects (see paragraph A).

C. Within the limitations imposed by having to plan within existing walls of an institution which was not originally designed as a hospital Saint Colmcille's offers a good standard of hospital accommodation. Maintenance is of a high standard and colour schemes have been selected that enhance the visual amenity. The provision of curtains between beds ensure privacy, as required, in multi-bed wards. The accommodation allotted to the geriatric units is impressive in that these wards have the benefit of cross lighting and ventilation; the floor area per bed is acceptable for non-acute nursing. The maternity unit gives a good standard of accommodation. The children's unit has the merit of a large number of small wards which is a feature looked for in such units. The diagnostic and treatment facilities are not unreasonable if viewed in relation to the present use of the hospital. In assessing the suitability of the existing accommodation and buildings for up-grading to modern general hospital accommodation it is evident that major alterations and extension would be required with a resulting major expenditure. To achieve modern standards of ward accommodation (floor area per bed, bed centres, etc.) the bed numbers will have to be considerably reduced and/or new ward accommodation constructed. The necessary improvement in bringing ward ancillary accommodation to locations which will facilitate patient supervision and
care will be difficult to achieve in view of the extended linear planning of the
ward units. In terms of modern general hospital standards the diagnostic and treat­
ment services will have to be extended or possibly provided in new extensions, so
as to achieve the required physical relationship between these departments. If
major alterations are to be undertaken it would be advisable to replace all the
existing timber floors (1st floor level) by floor of fire-resisting construction.
The unusual spread of the buildings and the contours of the site will add to the
problem and cost of getting an acceptable planning solution. The limiting factors,
resulting from the planning of the hospital within the general outline of the original
building, will make it difficult to achieve a satisfactory solution in terms of
modern general hospital accommodation. Past experience of similar planning problems
support the view that it could possibly be more economical to provide a hospital,
designed to the required standards, by way of new building.

D. In terms of site space there seems to be adequate room for expansion. Plot ratio
and site coverage, as required by the Planning Authority, are unlikely to cause any
problems.

There are two possible limiting factors in considering further extension. These are:-
(a) Contours
(b) The siting and area required for the proposed mental handicap centre.

Due to the rise in site levels from east to west, extensions may have to begin at
first floor level. This creates problems which are not insurmountable in planning
but are likely to involve additional cost factors. The provision of full laboratory
facilities will involve major expenditure. Up-grading the operation suite, and
providing a second theatre, may not be possible in the present location and a new
theatre complex may have to be built.

Feabhra, 1981.

MK
Saint Michaels Hospital is an acute General Hospital under the care of the Sisters of Mercy. The hospital opened in 1876 with 40 beds and was extended to 136 beds in the 1940's. In addition to the Ward units, there is an intensive care unit of 5 beds and a coronary care unit of 2 beds.

The hospital complex in addition to the general hospital, includes:

(a) A 64 bed private wing
(b) A convent
(c) A nurses home, accommodating 60 student nurses, the matron and the assistant matron
(d) Doctors residence, accommodating 6.
(e) A laundry (now obsolete).
(f) A mortuary and P.M. room.
(g) A building for stand-by generator, and a building for the E.S.B. transformer
The area of the site is approx. 4.5 acres. Vehicular access is from Georges Street, on the South Side, and Crofton Road, on the North Side. On-site parking for visitors to the general hospital is at the Georges Street entrance and accommodates 20 Cars. Here, there is parking for 17 Staff Cars; in addition, an interior court-yard provides parking for 23 staff cars. There is extensive parking north of the private wing. Due to its location and the difficulty of getting pedestrian access from here to the general hospital it is little used by visitors to the general hospital.

Two houses, with gardens, have been purchased by the hospital authorities and are located as to provide useful site space for future extensions.
WARD ACCOMMODATION

Is provided at the following levels:-

Ground Floor

Children - 16 beds, sub-divided into 1 No. 7 bed ward and 1 No. 9 bed ward.

First Floor

Male Medical and Surgical (50 beds), sub-divided into:-

4 No. 5 bed wards. 1 No. 11 Bed Ward. 1 No. 6 Bed Ward

7 No. 1 (Single) Bed Wards (Private) 1 No. 6 Bed Ward (Semi-private)

Second Floor

Female Medical and Surgical (54 beds), Sub-divided into:-

4 No. 6 bed wards. 1 no. 11 bed ward. 1 No. 6 Bed Ward

7 No. 1 (Single bed wards (private) 1 No. 6 bed ward (semi-private)

Mezzamine Floor  (Ground to First Floor)

Female - 1 No. 9 bed ward (Sub-divided into 3 Bays)

Mezzamine Floor  (First to Second Floor)

Female - 1 No. 9 bed ward (sub-divided into 3 Bays)

Mezzamine Floor  (Second to Third Floor)

Male and Female - 6 No. 1 (single) bed wards

Comments

(a) The wards, at first and second floor levels facing on to Georges Street
were originally designed to provide a total of 58 beds. They now provide
a total of 78 beds. As a result, there wards are over-crowded and ratio of
sanitary fittings to patients is inadequate. For instance, in the medical
units there is only 1 W.C. to 17 patients. The ward ancillary
accommodation is inadequate in terms of modern hospital standards. These
wards have adequate natural lighting and ventilation.

(b) The private and semi-private beds at first and second floor level, provide
acceptable accommodation in terms of modern hospital standards.

(c) Wards at Mezzamine levels are sub-standard in terms of floor space per bed
and ward ancillary accommodation. Ratio of sanitary fittings to patients is inadequate. These wards are not served by lifts.
OUT-PATIENT DEPARTMENT

Provides 22 to 24 Clinic Sessions per week and the yearly attendance is 11,000 to 12,000. There is a waiting hall to seat approx. 40 people; This has a small reception office. Consulting/Treatment rooms are associated with undressing cubicles.

Comments

(a) Waiting Hall seems reasonably adequate in floor area and has adequate natural lighting and ventilation. More adequate reception facilities are required. Sub-Waiting areas are necessary in line with modern standards.

(b) Approach to this area is from Crofton Road or through the Main Entrance.
If re-planning permits, the out-patients should not have to come through the Main Entrance.

(c) Present Consulting/Examination/Treatment areas are inadequate by modern standards. This accommodation should be on the basis of a group of standard Consulting/Examination rooms en suite.

(d) Individual treatment rooms should be provided and, if planning allows of it, these can be shared with the A. & E. Department.
ACCIDENT AND EMERGENCY DEPARTMENT.

This Department receives approx. 42,000 to 43,000 patients per annum and is said "to provide a service, 24 hours per day, 7 days per week, 52 weeks per year". Apart from a small waiting room, the main waiting area is in a corridor; there is an external entrance to this corridor which is used by stretcher patients, as an exit for bodies going to morgue and for stores coming into Hospital. There is a treatment room (3 couches) and a minor theatre.

Comments

(1) Having regard to attendances, the treatment/examination room is inadequate. A room with 5 to 6 cubicles is required.

(2) An observation/recovery area is required.

(3) Adequate waiting area, with reception facilities, is required.

(4) Additional offices (Duty Doctor, Sister etc.) are required.

(5) Plaster facilities are required.

(6) A ground level location is to be preferred for this department. It should have its own entrance and have a close relationship with x-ray department, medical records and pathology and ready access (by lift) to operating theatre suite.


X-RAY DEPARTMENT

Attendance per annum is approx. 16,000 patients, requiring approx. 22,000 examinations. There is a major x-ray room and a screening room. This facility meets hospital needs and is widely availed of by local and regional doctors. It is said to be utilised to its full capacity.

Comments

(1) Waiting is inadequate and sub-waiting areas, with dressing cubicles are required.

(2) Close Association with the A. & E. and O.P.D. are indicated.

(3) Having regard to the Work-load, there may be demands for additional facilities in the near future.
OPERATING THEATRE DEPARTMENT

Approx. 2,000 procedures are undertaken per annum. There is 1 major and 1 minor theatre. The theatres are of reasonable dimension and finishes are of an acceptable standard.

Comments

(1) One additional major theatre is required having regard to the number of surgical beds (a widely accepted standard is that 1 theatre is required for every 35 beds. For the higher specialties these figures may not be acceptable).

It is difficult to extend the present suite and the indications are that the additional theatre may require its own ancillary/accommodation.

(2) Nurses changing room requires a shower and W.C. en suite

(3) Anaesthetising room is inadequate in area.

(4) X-Ray developing facilities and provision for storage of portable x-ray are required.

(5) As theatres are not closely associated with surgical beds a recovery ward (minimum of 4 beds) is needed as part of theatre suite.
ADMINISTRATION DEPARTMENT

Present administration offices are well situated but are said to be inadequate. Additional offices are required also a board room (presently, the board meet in the convent).

PATHOLOGY DEPARTMENT

Demands on this service are high as in addition to meeting needs of the hospital and private wing, it is widely availed of by G.P. s. It is obvious that the area allocated to present laboratories is inadequate and there is a need for additional Laboratory space.

PHYSIOTHERAPY DEPARTMENT

This is provided in one room sub-divided into cubicles. It ia overcrowded, is of unsuitable shape and provision of an improved and extended department is necessary.

MECHANICAL AND ELECTRICAL SERVICES

The resident engineer said that there are 3 boilers, installed about 6 years ago. They had the capacity to produce additional heat, to cater for future extensions. A final decision as to the adequacy of the present plant is a matter for the hospital's consulting engineer when a planning brief has been provided for his guicance. Electrical services have to be renewed and this is said to be a matter of urgency. Consultants have prepared documents which could readily be brought to contract stage when finances are available. It is obvious that this service needs upgrading so as to bring it in line with modern hospital standards.

CATERING

The present main kitchen is well lighted and ventilated and has a service lift to wari floors (Mezzamine floors excepted). The kitchen requires re-organisation of provision of some new or additional equipment if it is to meet increased demands.

It is unusual, in a hospital of this size, not to have a staff canteen and a demand for this should be anticipated in the planning. It should cater for all resident and non-reeident staff with the probable exception of the religious sisters.
PARKING

On-site parking is completely inadequate. Extension of hospital, in terms of additional beds, will result in a demand from the Planning Authority for increased parking facilities. The only way to meet an increase in on-site parking is (a) by acquiring additional site space and/or (b) allowing visitors to general hospital to use parking space adjacent to Crofton Road entrance and providing clearly indicated pedestrian routes from here to the general hospital.

MAINTENANCE

It is clear that the standard of maintenance is of a high level. Any appreciable increase in accommodation may involve the appointment of additional maintenance staff.

CONCLUSIONS

A. Saint Michael's is built on a relatively restricted site. The location of the general hospital, at the South-West corner of the site, indicates that limited extensions only are possible unless site space can be acquired to North and West of the hospital. Even in these areas, the presence of a large modern office block (west of site) and a public road (north of site) tend to further constrict the possible options for future extension. The convent and private wing preclude extending towards the east. High rise building is unlikely to be acceptable to the planning authority. In view of this it would seem advisable, if it is decided that this hospital will continue to provide an acute general hospital service, that a firm decision be made as to the specialties to be provided here. This submission is put forward because of the site restrictions and the consequent importance of making the best utilization of available site space.

I. It would be inadvisable to decide on provision of a large increase in bed numbers if, by doing so, the diagnostic and treatment facilities have to be unduly restricted.

It is necessary that the planning should provide for possible future extension to vital areas such as out-patients departments, x-ray department...
and pathology department.

C. Preliminary studies, made without firm decisions on the specialties to be planned for and in the absence of a planning brief, indicate the probability that an additional 100 beds (based on modern standards), together with their ancillary accommodation, can be provided on the present site. In addition the indications are that provision can be made on the site for the necessary improvements and extensions to the outpatients department, the operating department, the accident and emergency department, the x-ray department, the physiotherapy department and the pathology department to bring these supporting services to the standard required for a modern general hospital.

D. If the main ward accommodation is to be viewed in the context of providing acute general hospital beds, based on modern standards, a reduction in the existing bed numbers may have to be accepted. The multi-bed wards facing on to Georges Street are over-crowded and bed numbers may have to be reduced. Improved ward ancillary accommodation is required to meet modern standards. It seems likely that this up-grading can only be achieved at the expense of a reduction in present bed numbers. (Note: the approx. floor area of the present male ward unit of 37 beds is 500s.m.'s. Modern standards for a 30 bed ward unit are based on a figure of approx. 542 s.m.'s).

It is doubtful if the ward accommodation at the mezzamine floor levels can be brought to acceptable modern standards for acute wards. These wards lack adequate ancillary accommodation, are difficult to cater for and maybe uneconomic in terms of staffing. Depending on a more detailed review of requirements I can only suggest that, in the context of up-grading the existing ward units to modern standards, the present bed numbers of 116 may have to be reduced to a figure in the region of 100 beds. I would stress that this conclusion has been arrived at without detailed study based on a planning brief.

E. Structurally, this hospital seems capable of lasting for at least a further 75 years. Regarding the accommodation and facilities it is very difficult to predict their life in view of ever-changing medical requirements. Subject to it being found practicable
to up-grade and extend the existing facilities and bring them to modern standards,
it is suggested that the hospital might continue to provide acute general hospital services for at least 25 years.
Long-Stay Accommodation
Provided by
Private Nursing Homes
and Voluntary Bodies

EASTERN HEALTH BOARD
JULY 1982
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— 0 —
To:  Mr P B Segrave  
     Chief Executive Officer

From:  Mr K J Hickey  
       Programme Manager  
       General Hospital Care

Subject: Long Stay Accommodation Provided by Private Nursing Homes and Voluntary Bodies

1. You asked me some months ago to examine and report on the current situation in relation to private homes providing services for the elderly and to recommend on any policy changes considered necessary, including the question of control of standards. I have pleasure in submitting the attached report.

2. In the course of preparation of this report discussions took place with the Consultants in Geriatric Medicine, the City Medical Officer, the Directors of Community Care, and with representatives of the Irish Private Hospitals and Nursing Homes Association. I should like to thank all concerned for their ready co-operation and for the views expressed, all of which may not necessarily be incorporated in this report.

3. I am deeply indebted to Mr T A McManus who acted as Consultant in the preparation of this report and to Miss Peg Bennett and her staff and not least, to Miss Rom en a Carol an of Secretariat.

K J HICKEY

30 June 1982
Long Stay Accommodation Provided by Private Nursing Homes and Voluntary Bodies

Introduction

This report is concerned with one aspect of services being availed of by the elderly. It is written in the knowledge that there is an inter-relationship between the need for community support services, special housing, sheltered housing, welfare accommodation, long-stay continuous nursing care accommodation, day hospitals, assessment/rehabilitation facilities, and the respective scale of provision of any of these services or facilities. A deficiency in one may manifest itself in an increased demand for another.

The presence of a significant number of private sector homes for the elderly seems to be a distinct feature of the Eastern Health Board area. It is not intended in this report to go into the various reasons as to why this may be so.

This report is concerned with the situation as it exists and with the responses and initiatives which this situation requires of our Board.