Minutes of the meeting of the Western Health Board 6th September 1971

28th September, 1971.

To: Each Member of the Board.

Dear Member,

I wish to inform you that the next Meeting of the Board will be held in the Lecture Hall, Galway Regional Hospital, on Monday next, 4th October, 1971, at 4.00 p.m. to consider Agenda as set out hereunder.

An Tánaiste, the Minister for Health, will arrive at the Hospital at 5.00 p.m. and will address the Board at 5.15.p.m.

You are hereby requested to attend.

Yours faithfully,

S. O Laoghaire,
Secretary.

A G E N D A.

1. Opening Prayer.
2. Verification of Minutes of Meeting held on 6th September, 1971, (copy herewith).
3. (1) Overdraft accommodation, £1,000,000 for Quarter ending 31st December, 1971.

   (2) Creation of Additional Offices:

(a) (i) House Officer/Psychiatric Registrar (St. Mary's Hospital)		2 No.
(ii) Ward Sister	"	1 No.
(iii) Deputy Ward Sister	"	1 No.
(iv) Clerk/Typist	"	1 No.
(b) Clinical Psychologist, Psychiatric Hospitals.		1 No.

4. Free Treatment, Drugs, etc., for persons suffering from certain long-term disabilities. (Copy of Circular Letter No. 33/71 of 23rd September, 1971, herewith.)

p.t.o.

P. Flynn, seconded by Councillor E. Haverty, and then signed by the presiding Chairman.

LOAN - £45,000 SANITARY ANNEXES IMPROVEMENT SCHEME, ST. BRIGID'S HOSP., BALLINASLOE:

It was proposed by Councillor T. O'Baoill, seconded by Councillor M. Croffy, and resolved:-

"That we hereby approve of the raising of a loan of £45,000 to meet the cost of Sanitary Annexes Improvement

p.t.o.

5. Business submitted by Chief Executive Officer.
   (1) Progress Report.

6. (1) Notice of Motion submitted by Mr. J. G. Browne:-

   "That I will move or somebody on my behalf, at the next meeting of the Board that, at the meeting to held next February, the working of Merlin Park Chest Hospital since the abolition of the post of Resident Medical Superintendent be reviewed. Furthermore, that, if it is considered desirable, the approval of the Minister be sought to the appointment of an Assistant Resident Medical Superintendent or Senior Medical Assistant to the Resident Medical Superintendent, Dr. N. O'Beirn, who shall administer the medical affairs at Merlin Park Chest Hospital, under the supervision and control of Dr. N. O'Beirn."

   (2) Notice of Motion submitted by Councillors Joseph Cullen and Patrick Concannon:-

   "That the Western Health Board request the Minister for Health to receive a Deputation re allocating moneys for Boyle Hospital the Deputation to include members from Boyle Electoral area and Deputies from Co. Roscommon."

7. Address of An Tánaiste, the Minister for Health.

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were adopted on the proposal of Councillor P. Flynn, seconded by Councillor E. Haverty, and then signed by the presiding Chairman.

LOAN - £45,000 SANITARY ANNEXES IMPROVEMENT SCHEME, ST. BRIGID'S HOSP., BALLINASLOE:

It was proposed by Councillor T. O'Baoill, seconded by Councillor M. Croffy, and resolved:-

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p.t.o.

BORD SLAINTE AN IARTHAIR

(WESTERN HEALTH BOARD)

MINUTES OF MONTHLY MEETING OF BOARD HELD ON MONDAY, 6th SEPTEMBER, 1971 AT 4.00 p.m. IN THE COUNCIL CHAMBER, COUNTY COUNCIL, GALWAY.

PRESENT: Senator M. D. Lyons, Vice-Chairman, who presided.

OTHER MEMBERS: Messrs. P. C. Bresnihan, J. G. Browne, Miss M. P. Byrne, Messrs. T. R. Cahill, E. Carey, P. Concannon, Mrs. Maura Croffy, Messrs. J. Cullen, M. J. Dyar, M. J. Egan, P. Flynn, E. Haverty, P. D. Joyce, J. D. Kennedy, J. Mannion, P. J. Morley, M. Mylotte, T. O'Baoill, J. P. O'Donnell, D. O'Rourke, P. D. Power, M. Ryan, J. R. Shea, and H. M. Weir.

IN ATTENDANCE: Messrs. E. Hannan, Chief Executive Officer, J. Moran, Finance Officer, K. Hickey, Personnel Officer, P. Stack, Secretary, St. Brigid's Hospital, Ballinasloe, Miss A. Breathnach, Messrs. J. Fitzmaurice, and J. Walsh, Staff Officers and J. O'Leary, Secretary.

ADJOURNMENT: On the proposal of Senator M. D. Lyons, presiding Chairman, the Meeting adjourned to 4.30 p.m. as a mark of sympathy to the Chairman, Mr. T. King, on the death of his brother, the late Father Gabriel King, O.F.M., the sympathy of the Board being extended to Mr. King and also to Sister M. Kieran, Matron, Regional Hospital, Galway, on the death of her sister and to Miss M. Tansy, Matron County Hospital, Roscommon, on the death of her mother.

Mr. Hannan, Chief Executive Officer, associated himself with the expressions of sympathy on behalf of the Staff and his own behalf.

OPENING PRAYER: On the resumption ofthe Meeting, the Opening Prayer was recited in Irish by the Chief Executive Officer.

FINANCE AND PERSONNEL OFFICERS: The Chief Executive Officer introduced Mr. James Moran, Finance Officer and Mr. Kieran Hickey, Personnel Officer, who had taken up duty on 1st September, 1971. Senator Lyons, Presiding Chairman, welcomed the new Officers who were greeted with acclamation.

MINUTES: Minutes of monthly Meeting of the Board held on the 3rd August, 1971, in Merlin Park Regional Hospital, Galway, copies of which had been circulated, were adopted on the proposal of Councillor P. Flynn, seconded by Councillor E. Haverty, and then signed by the presiding Chairman.

LOAN - £45,000 SANITARY ANNEXES IMPROVEMENT SCHEME, ST. BRIGID'S HOSP., BALLINASLOE: It was proposed by Councillor T. O'Baoill, seconded by Councillor M. Croffy, and resolved:-

"That we hereby approve of the raising of a loan of £45,000 to meet the cost of Sanitary Annexes Improvement

p.t.o.

Scheme - Stage 2, at St. Brigid's Hospital, Ballinasloe".

ADDITIONAL OFFICES: Following a discussion, in the course of which the Chief Executive Officer explained in detail the need for the additional posts, the Board, on the proposal of Dr. Shea, seconded by Mr. Egan, consented to the creation of the following offices:-

(a)	(i)	Wholetime Consultant Anaesthetist	1 No.
	(ii)	Anaesthetic Registrar	1 No.
(b)	E.E.G. Technician		1 No.
(c)	Senior Laboratory Technician (Grade 1)		1 No.
(d)	Public Health Nurses		2 No.
(e)	(i)	Clerk Typist	1 No.
	(ii)	Phlebotomist	1 No.
	(iii)	Laboratory Technician	1 No.
(f)	(i)	Wholetime Consultants - E.N.T.,	2 No.
	(ii)	Registrar "	1 No.
	(iii)	House Officer "	1 No.

VISITING CHILDREN IN INSTITUTIONS - FREE TRAVEL SCHEME: The Chief Executive Officer explained the terms of Department of Health Circular, No. 30/71 dated 19 Lunasa, 1971, copies of which had been circulated to each Member of the Board, authorising free travel for parents and families, in the lower income group, of children in institutions, from the 1st September, 1971, the cost of which scheme will be fully recouped.
On the proposal of Councillor E. Carey, seconded by Dr. P. D. Power, the Board approved of the implementation of the scheme, with a recommendation that it should be extended to provide for daily visiting of children under five years of age where possible.

PROGRESS REPORT FROM CHIEF EXECUTIVE OFFICER: The Chief Executive Officer reported that:

(1) Boyle District Hospital

The revised bed complement was 48 Welfare and 4 Hospital Beds - Total 52 Beds.
A conference of technical advisers was held in the Department of Health on the 30th August, 1971, to clear a number of matters. The estimated cost of the scheme was £150,000. The Minister's approval to advertise for tenders was now awaited. The position was noted.

(2) Presentation of Nursing Diplomas and Prizes on 4th October, 1971.

Student Nurses from Galway Regional Hospital had obtained 1st and 2nd places in the final examinations held recently by An Bord Altrainis. An Tánaiste, the Minister for

p.t.o.

Health had agreed to present the Nursing Diplomas and Prizes on Monday, 4th October, 1971, and also address the Board. Mass would be celebrated in the Regional Hospital Chapel following the presentation to the Nurses. The Board Meeting would be held in the Regional Hospital. The arrangements made were approved.

(3) Health Contributions Act, 1971.

A preliminary Circular dated 12th August, 1971, on the recently enacted Health Contributions Act, 1971, was explained. The operative date would be the 1st October, 1971. The Act would impose a levy on the former middle income group of 15 new pence per week for insured workers and £7.00 per annum for farmers (£60 valuation and under) and others. The contribution would be collected from insured persons through the Social Welfare Stamp, from farmers by the Health Board and from others by the Revenue Commissioners. Later, a scheme of contribution graduated in accordance with incom will be introduced. The Hospital charge of 50 new pence per day would be abolished.

(4) Former T.B. Hospital, Belmullet, Facilities for Mayo County Council

Mayo County Council on being asked to vacate the premises earmarked as a Welfare Home in Belmullet had requested the use of land at the rear of the building for temporary offices and courthouse and also that ownership of the land, on which the water reservoir stands, be transferred back to the County Council. The Board agreed to facilitate Mayo County Council on terms to be negotiated by the Chief Executive Officer with the County Manager and County Engineer.

IMPROVEMENTS SCHEME - COUNTY HOSPITAL, CASTLEBAR - DETERMINATION OF PRIORITIES:

The Chief Executive Officer informed the Meeting that a number of proposals in relation to the County Hospital, Castlebar, had been submitted to the Department of Health in recent years. Having had discussions with the Consultant Medical Staff and Matron, he recommended the following priorities on a three to five year programme for execution as funds become available.

(1) Pathology Department - New section-built building with benches, equipment, etc., as outlined by the Pathologist.

(2) Additional Accommodation for children, the actual number of beds to be agreed with the Department of Health.

(3) Accommodation for Junior Medical Staff.

p.t.o.

(4) Erection of building and provision of equipment of Nurse Training School.

(5) Accommodation for Medical Reports. Agreement had been reached with the Chief Medical Officer to facilitate the Consultant Medical Staff in regard to Out-Patient Clinics and work would proceed on the necessary alterations at the County Clinic in the near future.

The Board agreed to the recommendationson the proposal of Councillor P. Flynn, seconded by Councillor E. Carey.

I.P.A. SEMINAR FOR HEALTH BOARD MEMBERS:

The Chief Executive Officer informed the Board of a Seminar for Health Board Members from the Western and North-Western Health Boards to be conducted by the Institute of Public Administration in Sligo on Friday, 1st October, 1971, lasting from 10.30 a.m. to 6.00 p.m. approximately. The Board would pay travelling expenses and subsistence allowances at the approved rates as well as the Seminar fee. Further details would be issued later by the Institute. It was agreed to support the Seminar.

DENTAL SERVICES:

It was decided to take no action on the following resolution passed by the North-Western Health Board at their June Meeting:-

"That as a prerequisite to entry into the various Dental Schools, candidates be required to spend at least two (2) years immediately after graduation, in the State in the practice of their profession.

PROGRAMME MANAGERS:

Consequent, on notice duly given, Dr. John R. Shea, seconded by Dr. P. D. Power, proposed the following motion:-

"That at least one (1) medically qualified person should be appointed as Programme Manager in every Health Board area".

The Chief Executive Officer pointed out that qualifications for the office were a matter for the Minister for Health and that any person recommended by the Local Appointments Commission must be appointed by him. Following discussion, it was agreed to recommend the proposal to the Minister for Health and the Taoiseach.

This concluded the business of the Meeting.

p.t.o.

Certified Correct.

Signed: S Ó Laoghaire
S. O Laoghaire,
Secretary.

Confirmed and adopted at Meeting of the Western Health Board held on 4th October, 1971.

Signed: Tomás Mac a Ríogh
Chairman.

7th October, 1971.

To: Each Member of the Board.

Re: Health Board Management

Dear Member,

I enclose, for your information, copy of the fourth and final volume of the McKinsey Report titled Health Board Organisation, which deals with the organisation of Health Boards below the management team level, together with copy of covering letter dated 30th ult. received from Department of Health.

As soon as the necessary consultations have been held with the organisations representing the professional and administrative staffs, I will submit my proposals on this report to the Board for decision.

Yours sincerely,

E. Hannan,
Chief Executive Officer.

as effective as it could be. Everyone was perhaps more familiar with the second disease - "management by intuition". When speaking about intuition, most people had in mind such factors as experience in professional judgment. These would always, of course, play a very large part in the management process, but they must not diminish the constant search for hard facts and the subsequent evaluation of results. All management organisations must be constantly on guard against these two diseases, but when looking at the very difficult field of health services it was

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BÓRD SLÁINTE AN IARTHAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY.

14th October, 1971.

A Chara,

I enclose for your information, copy of address given by An Tanaiste, the Minister for Health, to the Western Health Board at Meeting of the 4th inst.

Mise le Meas,

E. O h-Ainin.
Priomh Oifigeach Feidhmiuchain.

as effective as it could be. Everyone was perhaps more familiar with the second disease - "management by intuition". When speaking about intuition, most people had in mind such factors as experience in professional judgment. These would always, of course, play a very large part in the management process, but they must not diminish the constant search for hard facts and the subsequent evaluation of results. All management organisations must be constantly on guard against these two diseases, but when looking at the very difficult field of health services it was

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ADDRESS BY MR. ERSKINE CHILDERS, TÁNAISTE AND MINISTER FOR HEALTH, TO THE WESTERN HEALTH BOARD ON THE OCCASION OF THE PRESENTATION OF NURSING DIPLOMAS AND PRIZES AT GALWAY REGIONAL HOSPITAL ON MONDAY, 4th OCTOBER, 1971, AT 5 p.m.

The Tánaiste commenced by saying that he was very glad to accept the kind invitation extended to him by the Western Health Board and its Chief Executive Officer, Mr. Hannan, to be present on this occasion. This was the first occasion on which he had had an opportunity of addressing the members of a Health Board since the Boards had taken over responsibility for the administration of the health services on 1st April of this year, and he would like to speak briefly about the task which faced this Health Board and the other Boards in bringing to reality and fruition the objectives underlying their establishment. In particular, he would like to put before the Board some thoughts which had occurred to him in relation to the management problems facing the Boards and their management teams.

New concepts, in whatever field they occurred, were not always easy to accept and they were almost invariably still more difficult to implement. As individuals, people tended to trust the known, to distrust the unknown. Similarly, all organisations, and particularly the larger ones which were usually organised on bureacratic lines, tended to adopt a static system of management, unless there were continuous and conscious efforts made to ensure that this did not come about. Mr. Childers said he had recently come across a most interesting publication on "Management and the Health Services" which maintained, and he thought, quite rightly, that static management was sustained by two diseases - the disease of "carrying-on" and the disease of "management by intuition". The disease of "carrying-on" was sustained by complacency, which was the antithesis of a questioning approach which never assumed that the organisation was as efficient or as effective as it could be. Everyone was perhaps more familiar with the second disease - "management by intuition". When speaking about intuition, most people had in mind such factors as experience in professional judgment. These would always, of course, play a very large part in the management process, but they must not diminish the constant search for hard facts and the subsequent evaluation of results. All management organisations must be constantly on guard against these two diseases, but when looking at the very difficult field of health services it was

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absolutely essential, at central and local level, to constantly guard against complacency or subjective judgment based entirely on intuition.

In the foreword to the publication to which he had referred, there was a very succinct statement which he thought was well worth quoting in this context. Although the author, Professor R.C. Wofinden of Bristol, was specifically referring to the situation in Britain, the situation was parallel in almost every other modern country.

> "With so many competing claims on the national budget and obvious limitations in manpower and other capital resources, it has become imperative to use them wisely and careful priorities have to be worked out for the promotion of health and the prevention, diagnosis and treatment of sickness. Sound management of health services can only be achieved if the men and women in key executive positions are knowledgeable and well trained. The modern health service administrator can no longer operate effectively and efficiently on hunches and guesstimates. He needs hard data with which to formulate his plans and work out his programmes and budgets. He needs to know what objectives he is seeking, the most efficient and economic way of achieving them and whether, in fact, the community is getting "value for money". Management development, it has been said, has become a national growth industry and medical administration must be part of it. In working out its own administrative and management techniques medicine is borrowing heavily from the industrial and commercial worlds, but the parallels are by no means complete, for the human (particularly emotional) factors involved in sickness often enforce considerable modification. Pressure groups (of people representing persons suffering from a particular disease) and the need within a democratic system to implement decisions reached through political expediency sometimes vitiate rational planning and administration."

Mr. Childers said he felt that everyone could subscribe to the basic truth of this statement, which summarised rather neatly the background against which an ever-increasing range of services had to be provided, with no great expectation of

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any spectacular increase in the overall proportion of a wealth which could be devoted to these services. In the situation which existed in this and most other countries, of unlimited demands on limited resources, escalation of costs and wages, and the provision of more effective services largely depended on greater efficiency. It was necessary to ensure that the right services were provided for the right people at the right time and also to ensure that these services were provided efficiently. In this situation, reducing costs became a major responsibility and required constant attention from those responsible for managing the health services, either as members of the Boards or as part of the management teams of the Boards.

The members of the Board had a special part to play in planning and setting objectives and, having decided on these, in controlling the fulfilment of the plans. They were largely dependent on their Chief Executive Officer and his team to organise the available resources and to motivate and train the staff at all levels. These four tasks comprehended the essentials of management and in bringing them about both the Board and the management team required a level of support which ensured that the right information was available at the right time, that decisions were taken when they could be of the maximum value, that there was a proper and accurate presentation of the various options and priorities to the Board, whose task it was to take the major policy decisions, and that the management team was afforded the opportunity to concentrate when identifying and recommending rational clearcut solutions to the key issues facing the Board.

He wished to stress again the reasons underlying the formation of larger health administration units. We would have more efficient local community services if we recruited top level staff who could concentrate on planning local services and the career structure would attract good talent. We needed to have superintendent social workers and other similar posts of administration if we were to develop geriatric, psychiatric and home nursing services.

On the other hand, we would not be able to recruit consultants, paid medical staff and other specialists for team work in acute care hospitals unless we co-ordinated and integrated the hospital services to the maximum consistent with good service.

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We here in Ireland were subject to the same influences as all other western countries in all major aspects of our daily lives. The expectations of our people with regard to the services to be made available for them, particularly in the field of health services, were conditioned by international standards. We must inevitably, therefore, adopt and improve, where possible, methods which had been successfully used in other countries, as well as noting particular Irish problems. We must be prepared to invest resources in terms of time and people in solving our own particular problems. We were very fortunate that, because of the diligent and unceasing efforts of the officers in local authorities and now in Health Boards, our administration costs had been kept to a very tolerable level indeed. In the current year, the total expenditure by Health Boards, both revenue and capital, would come to about £72 million. The overall cost of administration of this huge amount of resources was just over £2 million, or approximately 3% of the total expenditure. Looking at the cost of top management, it was quite remarkable that the very modern form of organisation adopted by the Health Boards was costing almost exactly the same as it would have cost to put in each Health Board an organisation similar to that which existed, for example, in the Dublin Health Authority prior to its dissolution. Looking at the costs of management now as compared with management under local authorities, and making some reasonable assumptions about the proportion of time spent by the top management of local authorities on health prior to the establishment of the Health Boards, it could be seen that the current cost was just under 30% greater than the cost was under local authorities. However, balanced against this must be the extent to which greater efficiency and effectiveness could be brought about in local authorities by freeing their managements of the very heavy task associated with the health services.

Bringing it down to absolutes, the cost of top management in the health services at present represented about one quarter of one per cent of the expenditure on these services and while the amount of money would inevitably be increased because of escalation and perhaps the addition of some support staff, the Tánaiste said he doubted if anything envisaged at the present would bring about anything but a minimal increase in this percentage. If the management organisation which had been adopted could make a real contribution to the effectiveness and

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efficiency of the health care services, then he would suggest that the cost was indeed worthwhile. It would indeed be a great pity if now, having equipped ourselves with what he was confident was a worthy fleet of ships, we were to spoil them for the proverbial hap'worth of tar.

Mr. Childers said he was aware that there was a certain irony in speaking to the Western Health Board about a management team, because unfortunately their three Programme Managers had not yet been recruited, but he was hopeful that the Board and its Chief Executive Officer would soon be able to bring to bear on their many problems the detailed examination and analysis which would flow from the work of the management team.

The Tánaiste continued by saying that the Board might not categorise it as a problem, but in the work which was being done to amalgamate the Galway Regional Hospital and Merlin Park Hospital into one major institution, they were undertaking one of the most significant tasks at present under way in our health services. He referred to the need to look at the major specialised institutions in the country to ensure that they were all operated in the most effective manner and provided the best and most economical service for our people. For the cost of our hospital services had expanded so much in recent years, and continued to expand to an extent that it had caused an almost intolerable burden for central and local taxation systems. The cost of the hospital services of different types paid for by health authorities in 1966/67 was £24.4 million. In the current financial year it was estimated to be £47.7 million. It had almost doubled in the five year period.

It was mainly because of the strain imposed by these increasing costs that the decision had been taken during the current year to introduce a supplementary source of finance by way of health contribution payable by the middle income group. Under the Health Contributions Act, those in the middle income group who were entitled to the hospital services and some other services were required to pay a special contribution which, if paid weekly, was at the rate of 15 new pence and, if paid annually, was at the rate of £7. Individuals had complained to him about the introduction of this contributory scheme because, they said, its introduction was not accompanied by a wide extension to them of eligibility for health services. In

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reply to those who said this, he would point out that the purpose of the contributions was to aid the existing financial systems by meeting a fraction of the cost of the expensive services available to those paying the contributions. It was estimated that the yield from the contributions would meet only about 15% of the cost of the services available to the group obliged to pay. The hospital system was by far the most expensive part of the health services, accounting for some 75% of the entire cost of the services. With general taxation levels as high as they were now, and the local rating system being recognised as under considerable strain, it was clear that some new source would have to be tapped if the money to provide the proper services for the groups entitled to them were to be found. There was, during the Dáil Debate, controversial comment on the health contributions plan. But when he said that the Minister for Finance would not tax the lower income, medical card group, could not levy and spread tax on the ten percent of people who, with the help of the Voluntary Health Insurance Board, pay largely for their own medical services, there was little contradiction of his comment. The fact was that the middle income group, in paying this contribution, could not be regarded as a social segment of the community who were unable to pay the amount required. They demanded and received more and more elaborate costly treatment and drugs. 4% more of them attended a hospital each year. The restoration of health each year was more and more assured. The 1966 urban household budget enquiry showed that the present amount spent by this group on health services was about 30p. a week and the corresponding expenditure on refreshments, tobacco and entertainment was 162½p. per week. Mr. Childers said he did not believe this contribution was excessive.

The Tánaiste also pointed out that, while the introduction of the contributions did not dramatically extend the scope of the services for the middle income group, that group was simultaneously relieved of the obligation to pay hospital charges, which could be at the rate of 50 new pence per day, that schemes for free hospital treatment and free drugs for certain long-term ailments had been simultaneously introduced and that we had on the statute book, in the Health Act, 1970, a scheme for assisting that income group in meeting heavy expenditure on drugs and medicines. It was hoped that this scheme could come into operation in the not too distant future. X-Ray charges, etc., at out-patient clinics had been abolished.

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If the hospital services were not now available to the middle income group and if these services were now being introduced for that group on the basis of contributions at the rate of £7 a year, he was quite sure that such a scheme would be welcomed universally. He hoped that the scheme of contributions would become accepted as a just requirement on the eligible people to contribute in some measure to the services hitherto provided for them out of general taxation.

BÓRD SLÁINTE AN IARTHAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY

26th October, 1971.

Dear Member,

I wish to inform you that the next Meeting of the Board will be held at the Sacred Heart Home, Castlebar, on Tuesday, 2nd November, 1971, at 4.00 p.m. to consider Agenda as set out hereunder.

The Board will assemble at 3.00 p.m. to visit the Home. You are hereby requested to attend.

Yours faithfully,

S. O Laoghaire,
Secretary.

A G E N D A.

1. Opening Prayer.
2. Verification of Minutes of Meeting held on 4th October, 1971. (Copy herewith).
3. To consider creation of additional office of Senior Psychiatrist St. Patrick's Hospital, Castlerea. (Chief Executive Officers Report dated 25th inst., enclosed).

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BÓRD SLÁINTE AN IARTHAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021.

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY.

4. Business submitted by Chief Executive Officer:

(1) Progress Report.

(2) To pass resolutions re Members' Travelling and Subsistance Allowances, in accordance with Department Circular 11/71 of 31st March, 1971.

(3) To arrange date of special Meeting to discuss Board's priorities.

(4) To arrange date of Meeting to consider Annual Estimates for 1972/73.

5. Notices of Motion:

(1) Councillor E. Haverty will propose:

"That Meetings of the Health Board be held not later than 2.30 p.m. and that Standing Orders be amended accordingly."

(2) Councillor M. Ryan will propose:

"At the next Meeting I will ask the Members of the Board to re-examine the present system of admitting geriatric patients to the Merlin Park Unit. I will also propose to have this Unit enlarged considerably."

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BÓRD SLÁINTE AN IARTAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY

25th October, 1971.

To: Each Member of the Board.

Re: Proposal to appoint additional staff - Board Meeting, 2nd November, 1971.

Dear Member,

It is necessary to approve the creation of the following additional offices for the reasons set out below:-

1. Office - Senior Psychiatrist. One post.

Location - St. Patrick's Hospital, Castlerea.

Annual Remuneration - On scale £4,365 per annum gross.

Reasons for making appointment:

The present permanent staffing complement of this hospital which caters for an in-patient population of 380 as well as an out-patient clinics attendance of 1,809 per annum, and domicillary visits is:-

Consultant Posts - 2 No. i.e. R.M.S. and one Senior Psychiatrist.
Junior Doctors: 3.

This is considered by the R.M.S. to be inadequate and, in a report to me dated 21st October, 1971, consequent on Conference with R.M.Ss. on previous day, he recommended the making of this appointment, and I am satisfied that it is necessary for the reasons above stated and also to obtain the objectives of improving the present psychiatric services. Though the numbers in the hospital are tending to fall, each patient on average demands more intensive specialist care, both in the acute short-stay unit and in the long-stay parts of the hospital, where only fully qualified and experienced Senior Psychiatrists can direct the work of activation and rehabilitation of the long-term patients. The numbers of psycho-geriatric patients also add to the consultant load. Additionally there is a growing amount of administrative work which limits the time which the Medical Superintendent can give to clinical work.

p.t.o.

WESTERN HEALTH BOARD.

FR

BÓRD SLÁINTE AN IARTHAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY

There is also a large demand for consultant time in providing adequate training facilities both for psychiatrists in training, of which we have three, and trainee nurses.

In regard to the training of junior psychiatrists the Accreditation Panel of the Royal College of Psychiatrists have indicated that they regard our present establishment of two consultants, that is the R.M.S. and Senior Psychiatrist, as inadequate and I think it can be expected that unless the number is increased to at least three the hospital will in the future not be recognised for the training of junior psychiatrists.

Cost in current financial year: - Nil, as it is unlikely that a person will be recruited prior to 31st March, 1971.

Yours sincerely,

E. Hannan,
Chief Executive Officer.

FR

BÓRD SLÁINTE AN IARTAIR

WESTERN HEALTH BOARD

Telephone: Galway 4021

HEADQUARTERS,
MERLIN PARK REGIONAL HOSPITAL,
GALWAY

26th October, 1971.

To: Each Board Member.

Dear Member,

At a recent Seminar held at Merlin Park Regional Hospital for Nursing Staff from the Board's area, Dr. M. J. Dyar, Medical Officer, St. Brendan's Home, Loughrea, gave a very interesting and stimulating illustrated talk. After consultation with the Chairman, I have invited Dr. Dyar to address the Board at 6.00 p.m. after the conclusion of our next Board Meeting to be held in Sacred Heart Home, Castlebar, on Tuesday, 2nd November, 1971. The title of his address is:-

"MEDICAL CARE TOMORROW - An illustrated talk."

Yours sincerely,

E. Hannan

E. Hannan,
Chief Executive Officer.

WESTERN Health Board.

FR

Seol aon fhreagra chun:—
(Address any reply to:—)
AN RÚNAÍ
(The Secretary),
Ar n uimhir seo:—
(quoting:—)

AN ROINN SLÁINTE
(Department of Health)
TEACH AN CHUSTAIM
(Custom House),
BAILE ÁTHA CLIATH 1.
(Dublin 1.)

12 November, 1971.

Dear C.E.O.,

I notice that in Volume 4 of the McKinsey reports it is visualised that the Director, Mental Handicap Service, should work with voluntary organisations for the development of plans and will agree revenue and capital grants in regard to services for the mentally handicapped.

Health boards are, of course, concerned with mental handicap as many of the mentally handicapped are maintained in mental hospitals and the vast majority of those in voluntary homes are paid for by Health Boards. It is not, however, visualised that for the present Health Boards should deal with the general question of the development of services, or with the financial aspects of the voluntary bodies. In June of last year representations were made on behalf of a number of the voluntary bodies that there would not be sufficient representation for mental handicap interests on the Health Boards. The Minister intimated that it was not intended to make any change, for some years at any rate, in the administration of these services arising out of the establishment of the Health Boards. He agreed that the Department, and not the Health or Regional Hospital Boards, would continue to decide all such matters as extensions of the services, capital for new buildings and capitation rates and that, in practice, the new Health Boards and the Regional Hospital Boards would have no functions in any of these matters other than such functions as were previously exercised by Health Authorities.

As indicated in Dr. Hensey's circular letter of 30 September it is intended that there will be a discussion on the McKinsey report but I thought it well to let you know, in advance of that discussion, of the Minister's decision in regard to mental handicap.

Yours sincerely,

P. O'Murnaghan

Chief Executive Officer,
WESTERN Health Board.

FR

BORD SLAINTE AN IARTHAIR

WESTERN HEALTH BOARD

30th November, 1971.

To Each Member of the Board.

Re: Delegation of functions to Officers

Dear Member,

I set out below list of the functions delegated by me to Members of the Board's Management Team who have been recruited to date, with effect from 1st October, 1971, in respect of which formal notice of the delegation was given by me at the last Board Meeting held on 2nd November, 1971:-

To the Finance Officer:

1. The authorising of payments;

2. Authorising of expenditure on goods and services up to a maximum of £100 on any single item within limits of Budget provision.

To the Personnel Officer:

1. The appointment, retirement and superannuation of staff other than the following:-

   (a) Permanent staff to whom the Local Authorities (Officers and Employees) Act 1926, applies;

   (b) Permanent Matrons of hospitals;

   (c) Permanent general management, administrative and clerical staffs in grades carrying basic salaries with a maximum exceeding £1,815 a year;

2. Temporary appointments to the senior management staff of the Board and temporary appointments of other officers in the above classes included in paragraph (1) above for purposes other than as substitute for permanent officers absent on annual leave or sick leave;

p.t.o.

I am to enclose, for your information, a copy of a statement made by the Minister in the Dáil on 22 July, 1971 on the implications of the Health Act, 1970 in regard to the management and control of voluntary hospitals.

Mise, le meas,

B Mensey

To the chief executive officer
of each health board.

3. The engagement of industrial, architectural, engineering, survey or allied consultants.

   In the making of appointments under this delegation, the Personnal Officer shall consult with the Programme Manager or Programme Managers concerned and shall have regard to any recommendation they may make in connection with the appointments.

4. The grant or refusal of annual leave, weekend, sick and compassionate leave, and payment of salaries or wages during sick leave other than to Functional Officers and Programme Managers.

5. Appointment of substitutes where necessary for officers and servants.

6. Authorising the payment of overtime.

7. Authorising of expenditure on goods and services up to a maximum of £100 on any single item within limits of Budget provision.

Yours sincerely,

E.Hannan,
Chief Executive Officer.

I am to enclose, for your information, a copy of a statement made by the Minister in the Dáil on 22 July, 1971 on the implications of the Health Act, 1970 in regard to the management and control of voluntary hospitals.

Mise, le meas,

To the chief executive officer
of each health board.

12961

Threagra chun:—
(Address any reply to:—)

AN RÚNAÍ
(The Secretary)

Fé'n uimhir seo:—
(quoting:—) A155/30

AN ROINN ... SLÁINTE
(Department of Health)

TEACH AN CHUSTAIM
(Custom House)

BAILE ÁTHA CLIATH 1.
(Dublin 1.)

25 November, 1971.

Establishment of Comhairle na nOspideál and Regional Hospital Boards

A Chara,

I am directed by the Minister for Health to enclose copies of a memorandum on the content of the regulations establishing the above bodies. I am to ask for the views of your board on the draft.

The Minister is fully committed to the concept of establishing these bodies. Some of the controlling functions outlined in the memorandum are new. Others represent a transfer of controls from the Department of Health and the Hospitals Commission to the new bodies. For the Minister to proceed to such transfer with confidence, it will be necessary for him to be assured that the administrative structure and procedures of the new bodies will be adequate. Clearly, the effectiveness of the work of the members of the hospital bodies will be dependent to a great extent on adequate and efficient administrative backing, on proper working methods and on a very clear-cut definition of the task of each organ within the complex of the new arrangements. The Minister proposes to ask Messrs. McKinsey, who advised on the health boards, to report on the administrative structure and procedures for the new bodies.

As regards the proposal that consultants be employed by these boards and assigned as required to particular hospitals, it will be noted that paragraph (k) in the functions of the regional hospital boards as set out in paragraph 6 of the memorandum has been drafted so that this proposal can be applied in full or in part. This was done because of the points of view expressed on it in earlier consultations.

The Minister had hoped to submit the draft regulations establishing these bodies to the Dáil and Seanad for discussion in the session before Christmas. However, so as to allow adequate time for consideration by all the bodies concerned, it is now thought more realistic to envisage the submission of the draft regulations to the Houses of the Oireachtas in February, 1972. So as to enable this to be done and to give the Minister time to consider and, if necessary, reconcile any conflicting views, I am to ask that observations on the attached memorandum be submitted by 15 January, 1972.

I am to enclose, for your information, a copy of a statement made by the Minister in the Dáil on 22 July, 1971 on the implications of the Health Act, 1970 in regard to the management and control of voluntary hospitals.

Mise, le meas,

B. McKinsey

To the chief executive officer
of each health board.

Statement

1. In Dáil Éireann on the 26th March, 1969, the then Minister for Health referring to certain voluntary institutions (including hospitals) stated that there was no question arising under the Health Bill proposed at that time (now the Health Act, 1970) which would affect "the ownership, operation, or control" of such institutions. In the event, the Health Act, 1970, as enacted does not take from the proprietors of a voluntary hospital their rights of ownership, operation, or control of the hospital.

2. The Minister for Health, with the approval of the Government, wishes to make it clear that he accepts, as a principle, that the ownership of a voluntary hospital, as in the case of any other private ownership, of itself confers on the proprietors a basic measure of control over the hospitals affairs, and that this basic measure of control should not be so reduced or diluted that the ownership itself ceases to be significant.

3. The Minister further wishes to make it clear that, taking due account of such system of financial control as may be settled between him and the voluntary hospitals, the basic measure of proprietory control by the competent authority of the hospital, referred to in the previous paragraph, includes, inter alia, the following:-

(a) the effective day-to-day administration and management of the hospital;

(b) the effective day-to-day control of all hospital staff - medical and other;

(c) the selection, appointment, remuneration and discharge of staff, other than staff referred to at (d) below, subject to the approval, as now, in relation to numbers, remuneration and hours of duty of the Hospitals Commission and, later, the appropriate Regional Hospital Board when established;

(d) the selection, appointment, (or acceptance of assignment from the appropriate Regional Hospital Board when established), remuneration and discharge of consultant medical and other senior medical and senior associated (e.g. biochemist) staff who come within the functions of Comhairle na nOspidéal (when established) subject to -

(i) approval of Comhairle na nOspidéal in regard to numbers and types.

(ii) the operation of a method of selection introduced under the provisions of Section 41 (1) (v) of the Health Act, 1970, on the understanding that the procedure would reserve to the competent authority in a voluntary hospital the right to refuse, for reasonable cause assigned, to accept the person selected, and

(iii) approval of the Hospitals Commission or the appropriate Regional Hospital Board, when established, in regard to remuneration.

Regulations to establish hospital bodies under Section 41 of the Health Act, 1970

1. Section 41 of the Health Act, 1970 requires the Minister for Health to establish four bodies concerned with the hospital services. One, Comhairle na nOspidéal will be a national body whose main function will lie in governing the numbers and types of consultant medical staff in health board hospitals and in voluntary hospitals providing services under the Health Acts. The other three bodies will be regional hospital boards based on Dublin, Cork and Galway which will be concerned with the general organisation and development of hospital services in three regions based on those centres. These four bodies will be established by regulations made by the Minister for Health. The regulations must, before being executed, be presented in draft form to the Houses of the Oireachtas and cannot be made until approved by resolutions of both Houses (Section 41(14) of the Act). Prior to the submission of the draft to the Houses of the Oireachtas, the Minister wishes to obtain the views of interested parties on what he proposes for inclusion in the regulations. The purpose of this memorandum is to set out his proposals.

Comhairle na nOspidéal

Functions

2. The functions of this body, referred to as 'the Council', are set out in section 41(1) of the Act as follows:

"(b) The functions of the Council shall be -

(i) to regulate the number and type of appointments of consultant medical staffs and such other officers or staffs as may be prescribed *, in hospitals engaged in the provision of services under this Act;

(ii) to specify qualifications for appointments referred to in subparagraph (i), subject to any general requirements determined by the Minister;

(iii) to advise the Minister or any body established under this Act on matters relating to the organisation and operation of hospital services;

(iv) to prepare and publish reports relating to hospital services;

(v) to perform any functions which may be prescribed *, after consultation with the Council and with such bodies engaged in medical education as appear to the Minister to be appropriate, in relation to the selection of persons for appointments referred to in subparagraph (i) and

(vi) to perform such other cognate functions in relation to hospital services as may be prescribed.

* 'Prescribed" means as set out in the regulations mentioned in paragraph 1. It is intended that the offices of biochemist - top grade and senior registrar would be so listed in the regulations now proposed.

/2.....

(c) Before making a decision in pursuance of paragraph (b)(i) in relation to an appointment, the duties in relation to which involve the teaching of clinical medicine or the conduct of medical research under the direction of one or more than one college, the Council shall consult each such college.

(d) A function in relation to the selection of a person for an appointment, the holder of which is a full-time or whole-time professor in a college, shall not be prescribed under paragraph (b)(v) save with the consent of that college.

(e) In this subsection "college" means a college which awards a qualifying diploma mentioned in the Second Schedule to the Medical Practitioners Act, 1927, or a college of a university which awards such a diploma."

It will be noted that the Council can be given functions in relation to selection of consultants for appointments (par. (v) above). No provisions on this will be included in the present regulations. It is only after the Council has been established and can itself be consulted on these provisions that this part of its functions could come into effect and this would call for new regulations, made after consultation and subject to approval in draft form by the Dáil and Seanad.

Membership

3. At least half of the members of the Council must be "registered medical practitioners engaged in a consultant capacity in the provision of hospital services" (section 41 (1) (f)). The Minister intends to include provisions in the regulations specifying that the Council shall have 23 members, including at least 12 persons who are "registered medical practitioners engaged in a consultant capacity in the provision of hospital services." It is envisaged that the other appointees would include persons involved in the health boards and voluntary hospitals and officers of the Department of Health.

4. The regulations made by the Minister will provide for the procedure for the selection of persons for appointment as members of the Council (section 41(2)(g)). The Minister intends to provide that during the period up to 31 December, 1975 all persons appointed to the Council shall be selected for appointment by the Minister. Further regulations, to be made prior to that date, would be necessary to specify the subsequent method of appointment and the same consultative procedure would apply to these.

5. The chairman and vice-chairman of the Council will be selected by the Minister from amongst the members (section 41 (5)(a)). The Council will have authority to establish committees (section 41(7)).

Regional Hospital Boards.

Functions

6. Regional hospital boards will perform "such functions as may be prescribed [*] in relation to the general organisation and development of hospital services in an efficient and satisfactory manner in the hospitals administered by health boards and other bodies in its functional area which are engaged in the provision of services under this Act" (section 41(2)(b)). The provisions of this which he proposes to include in the regulations are as follows:

"(1) The functions of a regional hospital board shall be -

[*] See footnote on page 1 of this memorandum.

/3.....

(a) to consider and keep under review the general organisation and development of in-patient and out-patient services in the hospitals administered by health boards or by other bodies in its functional area which are engaged in the provision of services under the Act, with a view to promoting the organisation and development of these services in an efficient and satisfactory manner,

(b) to make such recommendations as it thinks fit arising from the consideration and review under paragraph (a) to the Minister, to a health board or to any other body concerned,

(c) to consider any proposal of a health board or other body referred to in paragraph (a) for -

(i) a change in the user of a hospital maintained by it,

(ii) an extension of such hospital, or

(iii) the discontinuance of such hospital

(d) to advise the Minister on hospital policy insofar as it affects the functional area of the board,

(e) to make appropriate representations to Comhairle na nOspidéal on the matters referred to in section 41(1)(b)(i) of the Act (see paragraph 2(b)(i) of this memorandum).

(f) to advise hospital authorities in its area,

(g) to govern the numbers and types of officers and employments in such hospitals (other than those referred to in section 41(1)(b)(i) of the Act) and, except insofar as the Minister has the function, the remuneration of such officers,

(h) to examine, to the extent determined by the Minister, the estimates of receipts and expenditure of the relevant health boards (insofar as they relate to hospital services) and of other bodies administering in its functional area hospitals providing services under the Act and to make to the Minister any recommendations on such estimates which it thinks fit,

(i) to allocate to hospital projects (including projects for equipment) in its area the public capital funds made available by the Minister, to the extent that such funds are not specifically allocated by the Minister for projects which, in his opinion, are major projects,

(j) to control the expenditure of capital funds allocated by it under paragraph (i),

(k) to appoint, in accordance with such general requirements as may be determined by the Minister and in accordance with the decisions of the Council, persons in the categories referred to in section 41(1)(b)(i) of the Act and, subject to sub-article (4) below, to assign any such persons to a health board or to a particular hospital or group of hospitals,

(l) to organise advisory services on management for hospitals.

(2) In considering a proposal referred to in sub-article (1)(c)(i) or (iii) above a regional hospital board shall request and have regard to the views of the relevant local committee established under section 7 of the Act.

/4.....

(3) (a) When a regional hospital board has considered a proposal referred to in sub-article (1)(c), it shall convey its decision to the health board or other body concerned and that board or body may not act as respects the relevant matter save in accordance with the decision of the regional hospital board.

(b) The restriction in paragraph (a) above shall not apply in the case of a project the cost of which is met from private funds and which will not impose a charge on public funds.

(4) A hospital authority other than a health board may, for reasonable cause, refuse an assignment under sub-article (1)(k).

Membership

7. One half of the members of a regional hospital board will be appointed by the health boards whose functional areas are included in that of the regional hospital board. The other half will be appointed by the Minister "after consultation with, or on the nominations of, such bodies representative of persons concerned with the provision of hospital services and such other bodies (including bodies engaged in medical education) as the Minister considers appropriate" (section 41(2)(c)). The chairman and vice-chairman of each regional hospital board will be selected by the Minister (section 41(5)(a)). A regional hospital board will have authority to establish committees (section 41(7)).

Dublin Regional Hospital Board

8. The provisions which the Minister intends to include in the regulations on the regional hospital board based on Dublin are as follows:

"(1) A regional hospital board for a region based on Dublin is hereby established.

(2) The title of the regional hospital board established under this article shall be the Dublin Regional Hospital Board.

(3) The functional area of the Dublin Regional Hospital Board shall be made up of the functional areas of the Eastern Health Board, the Midland Health Board, the North-Eastern Health Board and the South-Eastern Health Board.

(4) There shall be thirty-two members of the Dublin Regional Hospital Board, made up of -

(a) four persons appointed by the Eastern Health Board, four persons appointed by the Midland Health Board, four persons appointed by the North-Eastern Health Board and four persons appointed by the South-Eastern Health Board and

(b) sixteen persons appointed by the Minister after consultation with, or on the nomination of, such bodies representative of persons concerned with the provision of hospital services and such other bodies (including bodies engaged in medical education) as he considers appropriate."

/5.....

Cork Regional Hospital Board

9. The provisions which the Minister intends to include in the regulations on the regional hospital board based on Cork are as follows:

"(1) A regional hospital board for a region based on Cork is hereby established.

(2) The title of the regional hospital board established under this article shall be the Cork Regional Hospital Board.

(3) The functional area of the Cork Regional Hospital Board shall be made up of the functional areas of the Mid-Western Health Board and the Southern Health Board.

(4) There shall be sixteen members of the Cork Regional Hospital Board, made up of -

(a) four persons appointed by the Mid-Western Health Board and four persons appointed by the Southern Health Board, and

(b) eight persons appointed by the Minister after consultation with, or on the nomination of, such bodies representative of persons concerned with the provision of hospital services and such other bodies (including bodies engaged in medical education) as he considers appropriate."

Galway Regional Hospital Board

10. The provisions which the Minister intends to include in the regulations on the regional hospital board based on Galway are as follows:

"(1) A regional hospital board for a region based on Galway is hereby established.

(2) The title of the regional hospital board established under this article shall be the Galway Regional Hospital Board.

(3) The functional area of the Galway Regional Hospital Board shall be made up of the functional areas of the North-Western Health Board and the Western Health Board.

(4) There shall be sixteen members of the Galway Regional Hospital Board, made up of -

(a) four persons appointed by the North-Western Health Board and four persons appointed by the Western Health Board, and

(b) eight persons appointed by the Minister after consultation with, or on the nomination of, such bodies representative of persons concerned with the provision of hospital services and such other bodies (including bodies engaged in medical education) as he considers appropriate."

/6.....

11. The Minister intends to provide that a member of a regional hospital board appointed by a health board will hold office (unless he sooner dies or resigns) until the end of his current term of office as a member of the health board or, if he was appointed by the health board to the regional hospital board for a shorter term, until the end of that term. The term of office of members appointed by the Minister will be fixed by him at the time of appointment but will not exceed five years.

Staff of Comhairle na nOspidéal and Regional Hospital Boards

12. The regulations to be made by the Minister "shall contain such provisions as the Minister, subject to section 41(1)(b), considers appropriate in relation to the numbers, grades, methods of appointment, conditions of service, tenure of office and remuneration of the officers, servants of a body established by the regulations" (section 41(8)). The following provisions are proposed:

"(1) A body established by those regulations may appoint such and so many officers and employ such and so many servants as the body may, from time to time, think proper and in appointing any officer or employing any servant the body shall comply with any directions given by the Minister relating to the procedure to be followed.

(2) Every officer of the body holding office in a permanent capacity shall cease to hold his office on attaining the age of sixty-five years.

(3) The body shall determine the remuneration and conditions of service of each officer and each servant.

(4) The body shall, from time to time, assign such duties as they consider appropriate to each officer and servant of the body and each such officer and servant shall perform the duties so assigned to him.

(5) The Minister may, whenever and so often as he thinks fit, declare that any of the powers conferred on a body by this article shall be exercisable only with the consent of the Minister, and whenever any such declaration is in force, the said powers may, in relation to any officer or employment to which the declaration applies, be exercised only with such consent."

Application of sections of Health Act, 1970

13. Provisions of the Health Act, 1970, affecting health boards may, with specified exceptions, be applied by the regulations to the regional hospital boards (section 41(10)). The provisions of the Act which the Minister proposes so to apply are sections 5(2) and (3) (these permit of changes in certain procedural rules), 11 (joint action between boards), 12 (removal of board from office), 15 (application of Local Authorities (Officers and Employees) Acts), 18 (qualifications for offices), 20 (superannuation), 27 (accounts), 28 (audit) and 33(1) to (4) (borrowing).

14. The proposed regulations will not be a self-contained statement of the constitution powers and functions of these bodies. It is necessary in examining the proposals outlined above to note also the entire content of section 41 of the Act and of the rules in the Schedule to the Act referred to in section 41(3)(d)).

Department of Health.

25th November, 1971.