



PROGRESS REPORT

DEPARTMENT OF HEALTH

MANAGEMENT INFORMATION STUDY

APRIL 1982

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This report covers progress in the investigation of the information needs of the Department of Health, from January to March 1982. The initial investigation within the Planning, Personnel and Finance units is completed. We should now proceed with the more detailed definition of a minimum set of information and with the investigation of the Line Divisions' requirements.

At this stage the shortcomings of the existing information systems appear to be in

- reliability
- timeliness
- completeness of coverage
- consistency of interpretation
- sharing access to the information within the Department

Perhaps the most valuable consequence of better information systems would be a more responsive exchange between the Department and the Health Agencies.

Following some preliminary discussions and meetings in late 1981 the Study began in earnest in mid-January 1982 using the document 'Management Information requirements of Department of Health' - Appendix I - as a guideline.

The Working Group members (see Appendix III) have met formally on January 15th, January 29th and February 26 to agree an approach and informally on other occasions to further the study-

The approach agreed was as follows:-

- (a) The identification of the information requirements of the Personnel, Planning and Finance Units was to be carried out by a combination of finding out what information was available at present - by means of a standard questionnaire, and how it was considered this set of information should change - through interviews with Senior Managers. Appendix II is a letter sent to members of the Working Group and to Senior Managers in the 3 Staff Units setting out in more detail the philosophy of the approach and enclosing copies of the questionnaires.
- (b) Following the completion of this primary 'data collection' stage of the study a progress report would be presented to the full Working Party and the Steering Committee by Easter.
- (c) At a meeting of the Working Party and Steering Committee this report would be discussed and work programme for April-June - see section 5 - agreed. This meeting will be held on Thursday April 22nd at 3.00 p.m. in Room 129, Custom House.

The activities of the various members of the Working Group have been as follows

T D Thurston and N Cahill DPS (4 days per week) and R Smyth (2 days per week) have been:-

- Reading background information
- Designing questionnaires
- Analysing returned questionnaires
- Charting Systems
- interviewing
- Writing up interviews

The Unit Representatives have been interviewed at least twice, have been involved in their Units' Senior Management interviews and have done much of the basic data collection through the questionnaires (up to 1 day per week). Organisation representatives have also been involved in Senior Management interviews and providing advice and background information.

The 'present information' questionnaires submitted were primarily regular returns from the agencies and some computer printed reports. Full analysis and discussions with the processors are not yet completed. The questionnaires sent to senior managers may have served a purpose to prepare them for the approach at interviews but none were returned. Finance Unit provided statements of current functions and proposed changes.

## PRELIMINARY FINDINGS

## 3.1 SOME GENERAL COMMENTS ON INFORMATION NEEDS WITHIN STAFF UNITS

- There are considerable amounts of information coming into the Staff Units from Health Boards and other Agencies, but there is not a full awareness of what is available and there is duplication of data collection and processing in agencies and within the Department.
- There are examples of information systems which have been developed and introduced within the last 5 years but which do not meet needs or have not permitted the achievement of the maximum benefit due to insufficient coverage, accuracy or reliability i.e. Peri-Natal Statistics, Staff Census.
- There are clear needs for updated/new 'sets' of information e.g. Hospital/Agency profiles - Grade profiles - Costing data.
- In the present economic climate there is a clear need for monitoring/control of Health Expenditure. It is important to formalise allocation criteria and develop agreed techniques for measurement of performance based on sensitive indicators, key ratios, norms and valid methods of comparison.
- In order to ensure that resources, including those invested in information processing, may most effectively be allocated, the policy guidelines are vital. The task of formalising such guidelines needs to be completed as a matter of urgency.
- The delineation of responsibilities between Hospitals, other Agencies, Health Boards, Line Divisions, Staff Units and other Departments appear in a number of instances to be blurred. Policy decisions may be necessary to draw the lines more clearly before final details of who requires what information may be agreed.

### 3.2 PERSONNEL

#### 3.2.1 GENERAL COMMENTS

(a) Staff from both within Personnel Unit and in other units and departments have expressed the difficulties they face due to the lack of a reliable set of data concerning Personnel information in general and complements within Hospitals in particular.

The Staff Census is the present source of this information but in its present form it is known to be unsuitable for most users as:-

- it is only run on an annual basis
- it does not include all agencies
- its accuracy is questionable and its not checked - against payroll or any other data
- it is done in January and therefore summer part-timers and locums are not covered
- it is not updated within the year

A policy and co-ordinated programme for Manpower Planning and Development cannot be constructed without good information of this kind.

(b) A suitable set of Personnel information would include:-

- A profile of all grades
  - Current Pay Scales
  - Relativity links/Pay Groupings
  - Conditions of Service, Job Descriptions
- A profile of all Hospitals/Agencies
  - Nature and extent of services/specialities
  - Numbers and Grades and Point on Scale
  - Age Structure/Retirement Patterns

(Information contained in a comprehensive Hospital Annual Report would be relevant to such a profile)

- Turnover Rates - both outside and within the service
- Training records

(c) A need for some more formal record and analysis of information concerning Industrial Relations was voiced

(d) Cost information re training and recruitment

#### 3.2.2 FURTHER ACTION

(a) The team will discuss with E McConnon and M O'Connell work they have done on Personnel Information, will investigate in more detail the systems in operation in the DPS and other agencies and specify the needs in more detail.

(b) The team will visit the Information Office in the LCCNIS and consider further the extent to which more formal records of IR negotiation outcomes and other Personnel and Financial information might contribute to the IR effort.

### 3.3 PLANNING

#### 3.3.1 GENERAL COMMENTS

- (a) No major new set of information was identified in the Planning Unit. Apart from the GAO, Eligibility and Migrant Workers functions, which are within the Unit for convenience reasons rather than their involvement with any planning activity, the main effort in the Unit is divided between the processing of statistical information, primarily for the publication of annual statistics, and the carrying out of studies mainly to recommend planning guidelines for services. The annual statistics publications are a prime example of shared information.
- (b) Of the Monthly Statistical returns we were particularly directed to the Peri-natal information system which, in spite of being set up with a high level of user involvement and agreement, is not proving satisfactory. An investigation into this will give us an insight into the problems which may be anticipated in implementing any agreed systems!
- (c) Some of the other returns in the process are being reformed.
- (d) Additional information needed for the main planning output will depend on the scope of the studies.

#### 3.3.2 FURTHER ACTION

- (a) The Team will discuss the difficulties being experienced with the Peri-Natal system with P Grant and Dr O'Dwyer
- (b) In order to ensure that the statistical output of the Unit is contributing to the objectives of those who receive it we will question the Line Divisions as to its value.

3.4 FINANCE

3.4.1 GENERAL COMMENTS

A considerable amount of thought has been given by the Unit to plans to develop financial systems and improve the units ability to monitor expenditure.

Ideas put forward - at various stages of implementation - include:-

- (a) Review the present suite of monthly returns to improve level of suitability and timeliness, standardisation and reliability
- (b) Set up a multi-annual estimate system based on specific basic indices
- (c) Bring closer together capital and revenue budgeting
- (d) Incorporate into the estimating procedure a functional dimension
- (e) Standardise forms of account
- (f) Involve Agencies in estimating procedure
- (g) Develop policies re auditing
- (h) expand the comparative costing exercises for service areas and refine and prove the measurement criteria required (The danger of the norm levels becoming the max/min levels was recognised)
- (i) The unit is also a prime user of Personnel information and requires a more complete and reliable set.

The importance of these investigations is reflected in a proposal to set up a Research Unit to supplement the development effort of the Management Accounting Section at present.\*

### 3.4.2 FURTHER ACTION

The developments listed in 3.4.1 all impinge to some extent on the ideal minimum set of information for the Unit and how it might be structured. The set might be sub-headed:-

- (a) Overall Policy Guidelines
- (b) A standard form of multi-annual Budgets - by programme and function
- (c) A standard form of Monthly Returns - by programme and function - basic
- (d) As (c) but in more detail - less urgent - for subsequent costing and auditing activities
- (e) Basic personnel information - by Agency - by service
- (f) basic financial information (historical)

In our discussions at AP, HEO level these details will become clearer.

## LIKELY DIRECTION OF DEVELOPMENT

### 4.1 FIRST DEFINITIONS OF REQUIRED SET OF INFORMATION

Having identified requirements on a broad base the Team will now work on detailing them and interviewing at AP level and below. It is likely that the Unit Representatives and the Organisation members will be involved in this exercise.

It is realised that the exact nature of the Department's requirements will only become apparent after initial systems have been running for some time. The first step should concern a clear set of minimum information central to the Department's needs yet allowing new needs to be incorporated.

There was a tendency in the questionnaires to categorise most returns as 'vital'. The extent of their real value will be rigorously questioned during the next phase. Any information which is useful rather than vital will of course be catered for even if it is not considered to warrant inclusion in the minimum set.

### 4.2 LINE DIVISIONS

During the next 3 months we will begin gathering the basic information from the Line Divisions. A similar approach will be used here as for the Staff Units and Line Division representatives will be included in the Working Group.

### 4.3 COMPUTERISATION

The Review body's report on Computerisation in the Public Service including strategy in the Health Sector and hardware/software policies and subsequent work done by the Organisation Unit will have recommended/reviewed many aspects of computerization relevant to this study.

During the first phase we have attempted to concentrate on the information required to meet the Unit objectives ignoring any possible constraint in obtaining it - either political, financial or system - or likely method of processing it. As we clarify our ideas on an Information Profile for the staff units we will begin to consider how best this could be provided.

#### 4.4 ORGANISATION

There are a number of pointers to the need for a single set of information rather than individual units developing their own sets in the Department. The Team will be considering the organisational implications of this aspect.

The information needs of the Organisation Unit will also be covered during the next phase.

#### 4.5 LIKELY EFFECT OF IMPROVED INFORMATION SYSTEMS

The 2 main justifications of an investment in time and money in improving the processing of information are

- (a) A reduction in the time and cost of processing it and
- (b) Better decisions as a result of its availability

In this study (a) is likely to be achieved through the successful implementation of systems solutions, duly tested and agreed; supported by personnel, organisation and environmental considerations. 2 primary aspects influence the achieving of (b):-

- The right information, expressed in the right way, at the right time
- The ability of the decision makers to work the system and to interpret the information.

The latter requires an education programme and the Team agrees that workshop sessions should be held to discuss the effective use of any new information resource.

HEALTH M/S

WORK PROGRAMME

APRIL - JUNE 1982

APRIL

MAY

JUNE

DISCUSSIONS - UNIT REGS. & AP LEVEL

COMPLETE DEFINITION  
OF MINIMUS SET FOR  
STAFF DIVISIONS

PLAN APPROACH TO LINE DIVISIONS

BACKGROUND READINGS

SEND OUT

QUESTIONNAIRES  
AND STAFF IDEAS,  
MINIMUS SET  
TO LINE DIVISIONS

ANALYSE QUESTIONNAIRES

COMPLETE  
INTERVIEW  
WITH LINE  
DIVISIONS

WRITE  
PROGRESS  
REPORT

Management Information Requirements of Department of Health1 Background

- (a) The Study Group established by the Review Body on Computerisation in its report referred to the expected systems requirements of the Department of Health as follows:-
  - (i) Management information systems in the financial, patient care, epidemiological and other areas, based on data transmitted from health board computers;
  - (ii) National registers on special conditions such as mental handicap etc.; and
  - (iii) Special systems - such as recording etc. in the GBO
- (b) Proposed reforms in financial planning and procedures will require timeliness and more accurate information - particularly in the light of proposals to bring forward the annual estimates, the linking of supplementary estimates with measures needed to finance them, and monitoring of expenditure against budget.
- (c) A recent management consultancy assignment in the South-Eastern Health Board identified some 52 separate reports which health boards are required to submit to the Department at regular intervals (monthly, quarterly or annually). This list may not be comprehensive.
- (d) There have been complaints by health agencies from time to time about the lack of feed back to the agencies from the Department arising from the regular reports. Even in some of the medium to larger sized voluntary hospitals we have ascertained that the equivalent of almost 2 heads of clerical staff are full-time employed on compilation of statistical returns.
- (e) No serious effort has yet been made within the Department to rationalise and harmonise the information submitted by health agencies on a regular basis. Information at present being submitted to one Division or Unit may be of interest to other areas of the Department but is not always made available (except possibly on request) to such other areas. Inadequacies in form design and layout have also been highlighted in some consultancy assignments.

2. Action to date

- (i) It has been agreed to undertake a study to examine the current and expected future information requirements of the Department. Steps have been taken within the Department to set up a Steering Committee to monitor this study. This Steering Committee is representative of the staff units and line divisions in the Department and of CDPS.
- (ii) All divisions and units of the Department have been circulated with the list of returns identified in the Study assignment and have furnished particulars as to why the information is required, the use to which it is put etc.
- (iii) The information collected at (ii) above has been discussed with CDPS on a preliminary basis with a view to proceeding towards a more comprehensive examination of the future information needs of the Department.

3 Approach to Assignment

- (a) A Study Group representatives of Organisation Unit, Planning Unit and CDPS will carry out the field work relevant to the assignment. This group will report at regular intervals to the Steering Committee.
- (b) The Study Group will consult senior staff in each line division, staff unit, and executive unit within the Department over an extended period to establish:-
  - whether the returns already identified are comprehensive
  - whether such returns are adequate for the present management of the service provided by the division staff unit, or executive unit
  - the information requirements for expected future developments
  - whether information can be held locally (e.g. at health board level) rather than by regular submission to Department
  - the feasibility of having identified information requirements computerised.

- (c) A specification for an integrated computerised system covering the minimum essential information requirements of the Aireacht areas of the Department will be developed. This system should be capable of expansion as developments permit.
- (d) For non-Aireacht areas (i.e. HPO, VHSS, GRO) the feasibility of developing individual computerised systems for these offices will be examined. Similar arrangements will apply in the case of the Aireacht areas which will not be comprehended by the integrated system referred to at 3 (c) preceeding.
- (e) The assignment will cover non-computerised systems also, including form design, frequency of returns and usage to which information is put.
- (f) Information requirements which are non-statistical in nature will also be included.

#### 4 Terms of Reference

Based on the foregoing the terms of reference for the assignment may be summarised as follows:-

- (i) To examine the management information requirements of the Department taking into consideration expected future developments
- (ii) To make arrangements for the development of an integrated computerised information system for the Aireacht areas of the Department
- (iii) To make arrangements for the development of other computerised information systems where these are found to be feasible and cost-effective
- (iv) To recommend the appropriate computer hardware and software to meet the foregoing requirements.

5 Priorities

These will be determined by the Steering Committee. In view of the Department's role in monitoring and controlling expenditure and staffing numbers it is reasonable to expect that both Finance Unit and Personnel Unit should be examined at a very early stage of the assignment.

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Organisation Unit

Samhain 1981

From: T D Thurston To: J O'Dwyer - Dept. of Health - Personnel  
 G Hogan - " "  
 T Tansley - " "  
 J O'Sullivan - " " - Finance  
 A Boushell - " "  
 C Mulvihill - " "  
 S Trant - " " - Planning  
 c.c. All members of Working Group

## DEPARTMENT OF HEALTH - MANAGEMENT INFORMATION STUDY

## SENIOR MANAGEMENT QUESTIONNAIRE

Following the agreement by the Steering Committee or the draft Terms of Reference for this Study, the Working Group, comprised of:

|              |                                   |
|--------------|-----------------------------------|
| M Whelan     | - Organisation                    |
| T D Thurston | - DPS                             |
| S Phelan     | - Personnel (Unit Representative) |
| R O'Sullivan | - Planning (Unit Representative)  |
| G McCartney  | - Finance (Unit Representative)   |
| D Cronin     | - Organisation                    |
| R Smyth      | - CDPS                            |
| M Mullen     | - Organisation                    |
| N Canill     | - DPS                             |

- has agreed to the approach to be taken and a work programme for the first phase. Part of this phase is to interview the Senior Management of the Personnel, Finance and Planning Units. This letter is intended to set out our views of the philosophy behind the approach and some guidelines on why and how we feel the attached questionnaires might stimulate a new and critical look at the information needs of the Units and provide a basis for our subsequent discussions.

Our primary task during the first phase of the study is to gather a comprehensive and agreed 'ideal set' of information to enable the Staff Units effectively to carry out this function. We have agreed to tackle this in two ways -

- 1 To gather details of present information flows
- 2 To gather details on how this set of information should change

I will be achieved by the 'Analysis of information' forms - I attach a copy for your interest, Appendix 1. Your Unit Representatives are arranging for this exercise to be carried out. You will notice that these forms contain prompts to encourage the 'processors' of the information to consider the value of the information expressed as the actions/decisions taken on its receipt, to comment on all aspects of its suitability, and to suggest ways in which it might be improved. Some ideas on the nature and constituents of an 'ideal set' will thus be generated from this approach.

We feel, however, that to rely on ideas from the standpoint of reactions to shortcomings in the present system would limit the comprehensiveness and longer term suitability of the ideal set. Through a disciplined approach to information requirements via Unit functions, the objectives within these functions and the decisions/actions required to meet those objectives, we hope to:-

- (a) Identify information which does not directly contribute to the meeting of objectives and which therefore should be given a lower priority - or possibly dispensed with altogether
- (b) Identify information gaps which can at a later stage be filled

This is the reason why we have designed the 2 parts of the questionnaire in such a way as to concentrate in the first part, Appendix 2, on the functions/roles, and on what changes you see in these functions or the way they are organised, whether as a result of better information or for any other reason. Appendix 3 sets out some possible changes in information and its use which may help to focus on this aspect. In the second part, Appendix 4, we are asking you to consider for each area of responsibility the objectives, the decisions/actions necessary to meet them, and then the information required.

The areas of responsibility have been taken in the main from the list of 'Major Activities', 'Identifiable Systems' and 'Main Purposes' also enclosed, Appendix 5, which was the result of a previous investigation. It may well be that this is incomplete or no longer accurate, some spare sheets are enclosed in case you feel, following your completion of Part 1, that additional areas of responsibility should be covered. We would also ask that wherever possible your entries in the decision/action column should indicate an actual action rather than a general statement such as 'monitor', 'control', etc.

We will also be grateful by you as to who else in your unit we should interview to gather similar views on details of decision making in which you are not directly involved.

If you could send the completed questionnaire in to me by 23rd February they will give us an opportunity to prepare in some detail for our meeting. You may however prefer to use them as a working document for the discussions and to go through them point by point at that stage. Denis Cronin will be contacting you during that week to set up times suitable for you to meet.

If you have any queries or wish to discuss any aspect of the exercise with me prior to our meeting please ring me at 779001 Ext. 515.

| UNIT            | III                     | IV | V | REF |
|-----------------|-------------------------|----|---|-----|
| TITLE OF RETURN | ANALYSIS OF INFORMATION |    |   |     |

| DETAILS OF RETURN    | TYPE OF RETURN | YEAR FORM SUBMITTED | NUMBER OF FOLDS | FREQUENCY   | COMPILED BY | COMPILED FROM                                 |
|----------------------|----------------|---------------------|-----------------|-------------|-------------|---|
| SENT TO - ALL COPIES |                |                     |                 | PRIMARY USE | SENT ON TO  | FILED FOR STATUTORY<br>CHARGE LONG OBLIGATION |

USE / VALUE OF INFORMATION - PRIMARY USES - SEE OVER FOR SECONDARY USES

| CIRCUMSTANCES | ACTION / DECISION | PERFORMED BY |
|---------------|-------------------|--------------|
|               |                   |              |

|                                    |         |  |
|------------------------------------|---------|--|
| CATEGORISATION OF<br>VALUE OF DATA | VITAL   |  |
|                                    | USEFUL  |  |
|                                    | IN CASE |  |

COMMENTS

In time as requested.

**TIMING** Is this the best time frequency?

Is the content appropriate?

**SUITABILITY** Is it expressed in the right form?

Is the right person filling in the form?

**ACCURACY** Is the data of sufficient accuracy?

Is it too high a level of accuracy?

Is it always reliable?

Is there complete standard coverage?

**COMPLETENESS** Is all data listed in?

Is most data required?

**CONSISTENCY** Is the data consistent from year to year?

Is it consistent from source to source?

IDEAS FOR IMPROVEMENT / LIKELY CHANGES / GENERAL COMMENTS

**HEALTH M.A.S - ANALYSIS OF INFORMATION** contd

**SECONDARY AND SUSPECTED USES**

| INCIDENCY<br>OF USE | PERFORMED<br>BY | WHICH DATA | ACTION / USE | USED WITH WHAT<br>OTHER DATA |
|---------------------|-----------------|------------|--------------|------------------------------|
|                     |                 |            |              |                              |

**CHECKING -** Is there any feedback to the source / providers of the data?

**FEEDBACK -** Is there any feedback to the source / providers of the data?

COMPLETED BY

DATE

## HEALTH M.I.S. QUESTIONNAIRE

REF

NAME

GRADE

UNIT

OUTLINE OF PRESENT FUNCTION

## CHANGES / IMPROVEMENTS - SHORT TERM.

Changed Information needs, Opportunities due to quicker access to more relevant data  
Changes in function, areas of responsibility, Organisational Change

complete &amp; accurate

## FUTURE DEVELOPMENTS - LONGER TERM

## HEALTH M.S. QUESTIONNAIRE

KEF

1121  
2.

|      |       |      |
|------|-------|------|
| NAME | GRADE | UNIT |
|------|-------|------|

AREA OF RESPONSIBILITY

OBJECTIVES.

|   |   |
|---|---|
| DECISIONS MADE<br>TO ACHIEVE OBJECTIVES | INFORMATION REQUIRED<br>TO MAKE DECISIONS |
|---|---|

SOME POSSIBLE CHANGES IN INFORMATION CONTENT,  
PRESENTATION AND USE WHICH MIGHT ENHANCE ITS VALUE  
AND PRESENT OPPORTUNITIES FOR PROCEDURAL AND ORGANISATIONAL CHANGE

- 1 Agreed standard definition of terms and units and the methods by which information is produced and expressed would lead to a greater consistency and reliability.
- 2 Using new categories of relevance or new items of information may be valuable e.g. whole time equivalents for staffing.
- 3 More detail could help to clarify a position. A narrative comment could add significant meaning to a statistical return.
- 4 The presence of information either too detailed or not directly requiring action makes the identification of the vital information more difficult.
- 5 Statistics may be normalised in a number of ways other than averaging or per unit values e.g. moving averages, discounted or net present values, seasonal adjustments and ratios.
- 6 Sharing of information and having access to or copies of the studies and reports of other units may increase the resource available to each and presents opportunities for combination and reduction in the work involved in processing the information.
- 7 Timing and frequency could be varied to collect information only as often as necessary or to obtain a preliminary report where speed is more important than precision or detail.
- 8 Highlighting of information - by exception, by sampling and by summary, with the ability to delve if necessary, would decrease the work required to take decisions.
- 9 The setting of performance norms, indicators or limits outside which reports are required would greatly reduce the amount of information required.

- 10 Graphs and charts speak more directly than statistical tables and readily show trends and results outside norms.
- 11 A computer system can manipulate large volumes of data to produce analyses or to model a problem or 'what if' situation.
- 12 Ready access to a central set of information - statistics, schedules, profiles - could reduce the duplicate retention and upkeep of files.
- 13 The availability of better, quicker and well presented information, simple to interpret, may, with a satisfactory control and exception reporting system, allow certain areas of decision making to be delegated, either within Units or to Executive Bodies, Health Boards, Hospitals.

## APPENDIX III

## Personnel involved in Management Information Study

| Name            | Unit                   | Working Group | Steering Committee | Interviewed |
|-----------------|------------------------|---------------|--------------------|-------------|
| Mr M Whelan     | Organisation           | *             | *                  | *           |
| Mr D Cronin     | Organisation           | *             | *                  | *           |
| Mr M Mullen     | Organisation           | *             | *                  | *           |
| Mr O Hogan      | Personnel              |               | *                  | *           |
| Mr B Phelan     | Personnel              | *             | *                  | *           |
| Mr H O'Sullivan | Planning               | *             | *                  | *           |
| Mr G McCartney  | Finance                | *             | *                  | *           |
| Mr T Power      | Finance                | *             | *                  | *           |
| Mr D Smyth      | Finance                |               | *                  |             |
| Mr D Devitt     | Psychiatric Services   |               | *                  |             |
| Dr T O'Dwyer    | Senior Medical Officer |               | *                  |             |
| Mr G Devoy      | DOA Services           |               | *                  |             |
| Mr J Kehoe      | General Hosp. Services |               | *                  |             |
| Mr M Kelly      | CDPS                   |               | *                  |             |
| Mr J O'Sullivan | Finance                |               |                    | *           |
| Mr J O'Dwyer    | Personnel              |               |                    | *           |
| Mr A Boushell   | Finance                |               |                    | *           |
| Mr C Mulvihill  | Finance                |               |                    | *           |
| Ms M Deegan     | Organisation           |               |                    | *           |
| Mr T Tansley    | Personnel              |               |                    | *           |
| Mr TD Thurston  | DPS                    | *             |                    |             |
| Mr R Smith      | CDPS                   | *             |                    |             |
| Mr N Cahill     | DPS                    | *             |                    |             |

