Bord Sláinte an Oir Thuaiscirt

North Eastern Health Board

27/11/95.

C433

North Eastern Health Board
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To/ Chairm

November, 1995

The next meet...g ... in the Boardroom, Head Office, Kells, Co. Meath, **at 3.00 p.m. on Monday, 27th November, 1995.**

Please arrange to attend.

DONAL O SHEA,
CHIEF EXECUTIVE OFFICER.

AGENDA

1. Chairman's Business.

2. To adopt Minutes of Meeting held on 23rd October, 1995, (enclosed). **[INDEX 1.]**

3. To note report of Chief Executive Officer.

4. To note report on Voluntary Health Insurance Bill. (Report from Programme Manager Acute Hospital Services enclosed, together with copy of Explanatory Memorandum). **[INDEX 2.]**

5. To note report on Information for Health. (Report from Chief Executive Officer enclosed). **[INDEX 3.]**

6. To note report on Substance Abuse Initiatives in the North Eastern Health Board. (Report from Deputy Chief Executive Officer enclosed). **[INDEX 4.]**

7. To note report on developments in Dental Services for Children and Adolescents in the North Eastern Health Board. (Report from Deputy Chief Executive Officer enclosed). {INDEX 5.}

8. To note report on Environmental Health Services in the North Eastern Health Board. (Report from Deputy Chief Executive Officer enclosed). {INDEX 6.}

9. To note 1994 Annual Report of the Adoption Board. (Report from Deputy Chief Executive Officer enclosed). {INDEX 7.}

10. To note 1994 Annual Report of An Bord Altranais. (Report from Programme Manager Acute Hospital Services enclosed). {INDEX 8.}

11. To note report on Survey of Children in the Care of Health Boards in 1992. (Report from Deputy Chief Executive Officer enclosed, together with copy of Survey issued by the Department of Health). {INDEX 9.}

12. To note date and time of next meeting - **Tuesday, 19th December, 1995 at 3.00 p.m. in Head Office, Kells - to be followed by Chairman's Dinner.**

Circulated for information:

- Minutes of Community Services Committee Meeting held on 26th October, 1995.
- Minutes of Hospital Services Committee Meeting held on 21st September, 1995.
- Information Booklet SW 90 on Disability Benefit issued by the Department of Social Welfare.

5.00 p.m. approx. ***Launch of "HEALTHY SCHOOLS" PILOT PROJECT immediately following Board Meeting.***

North Eastern Health Board
Bord Slainte An Oir Thuaiscirt

Kells,
CO. MEATH.

MINUTES OF MEETING OF NORTH EASTERN HEALTH BOARD HELD IN THE BOARDROOM, HEAD OFFICE, KELLS, on 23rd October, 1995, at 3.00 p.m.

MEMBERS PRESENT:

Dr. H. Dolan, (Chairman)
Mr. J. Leonard, T.D. (Vice Chairman)
Mr. T. Bellew
Dr. F. Bereen
Mr. D. Brady
Mr. D. Breathnach
Mr. P. Conaty
Mr. J. F. Conlan
Mr. S. Conway
Sen. J. Farrelly
Ms. S. Faulkner
Mr. E. Feeley
Dr. E. Hartmann
Mr. B. Hughes
Dr. W. G. Hyland
Mr. M. Lynch
Mr. J. Mangan
Mr. G. Marry
Ms. M. Martin
Mr. N. Mc Cabe
Dr. P. Mc Carthy
Mr. H. Mc Elvaney
Mr. T. Murphy
Mr. A. O'Brien
Mr. F. O'Dowd
Mr. P. O'Reilly
Mr. T. Scannell
Dr. P. Wahlrab

Apologies: Mr. B. Fitzgerald, T.D. and Mr. M. F. Shine.

OFFICIALS PRESENT:

Mr. D. O Shea	Chief Executive Officer.
Dr. A. Mc Loughlin	Deputy Chief Executive Officer and Programme Manager Community Care.
Dr. S. Ryan	Programme Manager Acute Hospital Services.
Mr. L. Walsh	A/Programme Manager Mental Health Services
Mr. S. O'hAodha	Finance Officer.
Mr. A. Reilly	Management Services Officer.
Dr. R. Corcoran	Director of Public Health
Mr. R. Bruton	Senior Executive Officer, CEO's Office
Ms. M. Flanagan	Secretary

VOTES OF SYMPATHY:

Votes of Sympathy were passed with the following:-

Ms. N. Rafferty, Louth County Hospital, on the death of her father.

Ms. Margaret Sharkey, Louth County Hospital, on the death of her husband.

Ms. A. Dawdry, Louth County Hospital, on the death of her brother.

Mr. John Carroll, Monaghan Ambulance Services, on the death of his baby son.

Ms. Mae Ferguson, Cavan Psychiatric Services, on the death of her mother.

Ms. Brigid Gallagher, Cottage Hospital, Drogheda, on the death of her son.

Ms. Margaret Kelly, Boyne View House, Drogheda, on the death of her father.

On behalf of the Board's staff, and on his own behalf, the Chief Executive Officer associated himself with the votes of sympathy which were passed, all present standing in silent prayer.

1. **CHAIRMAN'S BUSINESS:**

The Chairman extended his congratulations to Deputy Jimmy Leonard on attaining 21 years in Dail Eireann, to Mr. Hugh Mc Elvaney on attaining 21 as a public representative and to Mr. John F. Conlon on 40 years as a public representative.

2. MINUTES OF PREVIOUS MEETING:

The Minutes of the Meeting held on Monday, 25th September, 1995, having been circulated with the Agenda on the 17th October, 1995, were adopted by the Board on the proposal of Mr Farrelly, seconded by Mr. O'Brien.

3. CHIEF EXECUTIVE OFFICER'S REPORT:

The Chief Executive Officer read his Report (copy appended to the official minute), which was circulated to the members and which dealt with:-

3.1. Additional Allocations:
Safety Health and Welfare at Work
Learning Disability Services - (Mental Handicap)
Services for the Elderly
General Practice Development Fund
Task Force on Special Housing Aid for the Elderly

3.2. St. Mary's Hospital, Drogheda:

3.3. Health Care Unit, Dunshaughlin:

3.4. Minister's Meeting with Chairmen and CEOs:

3.5. Launch of STAR Project:

3.6. Launch of National Ambulance Standards:

3.7. Introduction of CT Scanning Service to the Cavan/Monaghan Hospital:

3.8. Acute Hospital Services:

3.9. Irish Medicines Board Bill, 1995:

3.10. Advisory Group on the Transmission of Infectious Diseases in Health Care Settings:

3.11. Adoption Act 1991:

3.12. Europe Against Cancer Week:

3.13. Extension of Breast Screening Programme:

3.14. Child Protection - Cross Border Co-operation:

3.15. Provision of Creche/Nursing Facilities in the Workplace:

3.16. Curraghbeg Farm Committee:

3.17. Daffodil Day Funded Grant:

3.18. Donations:

Members welcomed the report particularly the additional allocations and the statement in relation to Acute Hospital Services.

The Chief Executive Officer responded to and clarified a number of issues raised by the members.

The report was noted by the Board.

4. **POLICY ON THE PROVISION OF UROLOGY SERVICES IN THE NORTH EAST REGION.**

The Programme Manager Acute Hospital Services presented a report (copy appended to the official minute) outlining the Board's policy on the provision of urology services in the region.

On the proposal of Mr. Conaty, seconded by Mr. Bellew, the report was unanimously adopted by the Board.

5. **REPORT ON WHITE PAPER ON MENTAL HEALTH SERVICES.**

It was agreed to defer this Item to the November meeting of the Board.

6. **POLICY ON EAR, NOSE AND THROAT (E.N.T.) SERVICES IN THE NORTH EAST REGION.**

The Programme Manager Acute Hospital Services presented a report (copy appended to the official minute) outlining the Board's policy on the provision of ENT services in the region.

On the proposal of Mr. Breathnach, seconded by Mr. Mc Elvaney, the report was unanimously adopted by the Board.

7. **REPORT ON IMPLEMENTATION OF PARTS III, IV, V AND VI OF THE CHILD CARE ACT, 1991.**

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) outlining some of the main sections of the legislation which would come into operation with effect from the 31st October, 1995.

The report was noted by the Board.

8. **REPORT ON AUTISM SERVICES IN THE NORTH EAST REGION.**

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) in relation to the proposed recommendations for the development of Autism Services in the region.

On the proposal of Mr. Lynch, seconded by Mr. O'Brien, the report was unanimously adopted by the Board.

9. DEVELOPMENT PLAN FOR SPEECH AND LANGUAGE SERVICES IN THE NORTH EAST REGION.

The Deputy Chief Executive Officer presented a report (copy appended to the official minute) outlining the proposed developments for speech and language services in the region.

On the proposal of Mr. Conaty, seconded by Mr. O'Brien, the report was unanimously adopted by the Board.

10. ANNUAL REPORT OF THE HEALTH RESEARCH BOARD, 1994.

The Chief Executive Officer presented a report (copy appended to the official minute) outlining the work undertaken by the Health Research Board in 1994.

The report was noted by the Board.

11. REPORT ON NATIONAL FUEL SCHEME, 1995/96

The Chief Executive Officer presented a report (copy appended to the official minute) outlining the operation of the Fuel Scheme as it applied to the Health Boards.

The report was noted by the Board.

12. ANNUAL REPORT OF C.A.W.T. 1994/95.

The Chief Executive Officer presented a report (copy appended to the official minute) outlining the progress of C.A.W.T. during 1994.

The report was noted by the Board.

13. DATE, TIME AND VENUE OF NEXT MEETING

It was agreed that the next Meeting of the Board would take place on Monday, 27th November, 1995, at 3.00 p.m. in the Boardroom, Head Office, Kells.

SIGNED: _____

CHAIRMAN OF THE BOARD

DATE: _____

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

Board Meeting - Monday 27th November,1995

Agenda Item No. 4

Voluntary Health Insurance Act

To/ Chairman and Each Member of the Board

1. INTRODUCTION

The Minister for Health, Mr. Michael Noonan, T.D. announced on 9th November, 1995, the publication of a Bill to amend the Voluntary Health Insurance Act, 1957.

2. BACKGROUND

The VHI was established by the VHI Act of 1957 and in the intervening years it has served the needs of countless citizens by indemnifying them against the significant medical costs arising from injury or illness, particularly serious or long-term illness. It has grown over those years into a major health insurance undertaking and has extensive linkages into the economy through public hospitals, private hospitals, hospital consultants, etc.

3. CHALLENGES

The VHI has entered a period of challenge the outcome of which will be critical both in terms of securing its position and developing its future role in a changing market environment. If it is to continue to be the major force in private health insurance it must have the capacity to compete successfully in the open market environment created under the EU Single Market.

Steps have already been initiated to enhance the operational capacity of the VHI. Earlier this year Mr. Brian Duncan, who has extensive experience in the insurance sector, was appointed as Chief Executive and a re-structuring of the VHI's top level management is taking place which will strengthen its ability to maintain its market position.

4. PROPOSED LEGISLATION

There is a clear need to update the legislation, now nearly forty years in existence, under which the VHI operates. The VHI (Amendment) Bill, 1995 makes a significant start on this process and contains a number of provisions which will strengthen and assist VHI in the performance of its functions. The **key features** are set out below:

Greater Product Scope
Section 2

The Bill will open the way for the VHI, subject to the Minister's consent, to provide products beyond its traditional portfolio of indemnity insurance cover. This will open up the possibility for VHI to develop a flexible range of products.

Provider Arrangements
Section 2

The 1957 Act made no provision in regard to the VHI's arrangements with health service providers for the care and treatment of its members. It is proposed, therefore, to address this shortcoming and specify the powers which the VHI may exercise in making arrangements and entering into agreements with providers.

Premium Increases
Section 3

It is intended to make statutory the notification by the VHI to the Minister concerning proposed premium increases. The Minister will have the power, within a specified period of 30 days of the notification, to issue a direction against the implementation of any premium increase but must give reasons in writing for so doing.

Extended Board
Section 4

The Bill provides for the size of the Board to be increased from 5 up to 12 persons to enable its composition to reflect the balance of skills and expertise appropriate for that of a commercial company.

5. FUTURE DEVELOPMENTS

The VHI Review Group, under the chairmanship of Professor David Kennedy, had recommended to the then Minister that the relationship between the VHI and the Minister should be that between a commercial corporate entity and a 100% shareholder. In that context it perceived the appropriate future corporate structure for the VHI to be that of a limited liability company.

The Minister considers that this recommendation should be further explored. He believes that this would be most appropriately and effectively undertaken when the proposed new arrangements to enhance the expertise of the VHI at Board and top management level have been carried out. Should circumstances determine that a change in corporate status would have a real and beneficial impact of a significant nature on the VHI, the Minister would be open to introducing any necessary enabling legislation.

Donal O Shea,
CHIEF EXECUTIVE OFFICER.

20th November, 1995

AN BILLE ÁRACHAIS SLÁINTE SHAORÁLAIGH (LEASÚ), 1995
VOLUNTARY HEALTH INSURANCE (AMENDMENT) BILL, 1995

EXPLANATORY MEMORANDUM

INTRODUCTION

Object of Bill

1. The Bill has been prepared to extend and update the Voluntary Health Insurance Act, 1957 by the introduction of new provisions and the repeal of obsolete sections.

Main Features

2 (1) The Bill will enable the Voluntary Health Insurance (VHI) Board, with the consent of the Minister, to develop new health insurance products and activities beyond its present business of strictly indemnity based insurance to areas such as cash schemes in respect of serious illness.

(2) Explicit powers will be given to the Board as to the basis on which it may make agreements and enter into arrangements with health service providers for the treatment and care of its members and subscribers.

(3) The number of persons on the VHI Board will be increased from the present limit of not more than 5 to not more than 12. This will enable the Minister to ensure that the balance and range of skills and expertise available at Board level is sufficient to meet the demands of a modern health insurance business operating in the Single Market.

(4) The VHI Board will be obliged to give the Minister for Health specified prior notice of an intention to increase premiums. Such proposed increases will have effect unless the Minister issues a direction to the contrary within a specified period and provides his/her reason(s) for doing so.

(5) The title of Chief Executive of the Board will be put on a statutory footing.

(6) The Bill will prohibit the disclosure of confidential information by a member or staff of the Board or an advisor or consultant to the Board unless he or she is authorised to do so.

PROVISIONS OF BILL

Section 1 contains the definition of terms used in the Bill. It provides for the continuation in force of health insurance schemes currently operated by the VHI after the new section in the Bill relating to VHI schemes takes effect.

Section 2 gives the VHI explicit powers under which it can make agreements with health service providers in relation to the provision of treatment and care to its members and subscribers. It entitles the Board to have regard to certain aspects relating to the services to be provided in determining whether or not it considers it appropriate to enter into an agreement. Under this section the VHI is to be enabled, with the consent of the Minister, to provide health insurance cover other than of a strict indemnity nature. This section repeals section 4 of the 1957 Act but retains the provision which defines the VHI as a not-for-profit organisation.

Section 3 obliges the VHI to give the Minister specified minimum notice of increases in premiums which it intends to apply. It provides that the increases shall have effect unless the Minister issues a direction to the contrary within the specified minimum period. The Minister is obliged to give the VHI the reasons for issuing a direction against implementation of any proposed increase.

Section 4 provides for the size of the VHI Board to be increased from not more than 5 to not more than 12 persons. It is generally accepted that the constitution of the Board as defined in the 1957 Act is no longer sufficient in terms of the contemporary needs of a major health insurance business. This section will enable the Minister to enhance the range and diversity of skills and experience available at Board level to ensure that it is best equipped to meet the needs of the organisation. It limits membership on the Board for health service providers to two persons. This section repeals section 5 (1) of the 1957 Act.

Section 5 provides a statutory basis to the creation of the post of Chief Executive of the VHI. This section repeals section 13 (4) in the 1957 Act which dealt with the appointment of a general manager.

Section 6 prohibits members of either House of the Oireachtas or of the European Parliament from membership of the Board. This section repeals section 9 of the 1957 Act.

Section 7 provides that the determination by the Board of remuneration or allowances to be paid to its staff will be subject to Government policy or nationally agreed guidelines prevailing at the time and that the Board shall comply with directives from the Minister regarding remuneration, allowances, terms or conditions.

Section 8 prohibits the unauthorised disclosure of confidential information and stipulates the penalties which will apply in the event of a contravention.

Section 9 provides for the accountability of the VHI Board to the Minister in terms of the provision of information relating to the performance of its functions. The Board will not, however, be required to provide information relating to an individual or any single health service provider, thereby preserving the confidentiality of its dealings with individual parties. This section repeals section 21 of the 1957 Act.

Section 10 amends section 6 (5) of the 1957 Act in order that the payment of remuneration and allowances to members of the Board will be determined by the Minister with the consent of the Minister for Finance and not, as previously stipulated, after consultation with him/her.

Section 11 specifies the sections in the 1957 Act which are being repealed. These include the now obsolete sections relating to the making of loans to the VHI by the Minister (sections 16 and 17). Provision is also made for the repeal at a future date — to be determined by the authorisation of the VHI under the relevant regulations — of section 25 which exempts it from the scope of the Insurance Acts 1909 to 1953.

Section 12 sets out the short title, construction and collective citation which is to apply on the enactment of the provisions of the Bill.

An Roinn Sláinte,
Samhain, 1995.

Wt. P38954/B/11. 925. 11/95. Cahill. (X28890). G.16.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

Board Meeting - Monday 27th November, 1995

Agenda Item No. 5

Report on Information for Health

To/ Chairman and Each Member of the Board

CONTEXT AND SCOPE

Information is essential for the effective functioning of all organisations and individuals. In the provision and management of healthcare services, easy access to relevant up-to-date information can make a difference between life and death. Many factors can affect an individual's need for and use of information, from educational background and professional status to work environment and accessibility of information services.

To address information requirements, a research project was commissioned in 1994 against a background of change in the healthcare project environment with the publication of ***"Shaping a healthier future"*** by the Department of Health and the report on ***"The future of nurse education and training in Ireland"*** published by An Bord Altranais. An experienced independent consultant was appointed by the Library Association of Ireland to conduct the research and this was funded by the Department of Health with money from the National Lottery.

The research project was set up to review access to library and information services for healthcare staff and patients in Ireland and to make recommendations for service development. This report provides an evaluation of the information needs of medical practitioners (including doctors, dentists and nurses), the paramedical professions (including physiotherapists, occupational therapists and nutritionists), administrators, managers, environmental health officers, scientists, technical and ancillary staff as well as patients and carers.

The main objectives of the research were to:

- determine the information needs of medical practitioners, paramedical staff, senior managers, environmental health officers, scientists, technicians as well as patients and their carers;

- determine best practice internationally;
- make recommendations for the future development of healthcare information services in Ireland.

The methodology included:

- Interviews with senior health services managers, professional organisations, academic institutions and voluntary bodies representative of staff, patients, carers and the public in Ireland.
- A national postal questionnaire survey of 500 healthcare staff from different grades and specialties.
- A telephone survey of all city and county libraries.
- A literature search and review of best practice internationally.

SUMMARY OF RESULTS

The survey of health service professionals in Ireland showed that the most important reasons fro seeking information were:

- to keep up-to-date,
- to help the particular case,
- for continuing education purposes.

Seventy per cent of doctors regularly need to access information within 24 hours although methods of obtaining information vary widely. One third of respondents needed to access information out of normal office hours while less than 50% of respondents were successful in satisfying their information needs.

The most frequently used information sources were colleagues at work, followed by journals. Almost a third of staff seldom or never read any government publications. The regular use of libraries was in direct relation to accessibility with hospital doctors being the highest users amongst the medical and nursing professions and were the most likely to have relevant libraries easy accessible to them. However, many doctors experienced difficulties in obtaining specialised information.

Reasons for non-use of libraries by doctors were mainly related to GPs and hospital doctors who lived in rural areas and/or had no access to medical libraries.

The greatest restrictions to accessing information were lack of time and geographical location; a third of health service staff worked at least ten miles from the nearest specialist collection relevant to their work. Lack of access to specialist information was felt to be a restriction by over a third of respondents overall.

Suggestions on improving access to library information services were most frequently concerned with increasing access to computers, networks and CD-ROMS and to greater awareness of information resources and services available in health science library. Increased access to libraries and more education and training in the use of libraries and information searching and retrieval was seen as very important by many respondents.

Health services professionals surveyed expressed overwhelmingly that there was a lack of adequate information on healthcare and related matters at the right level for the public, patients and their carers. Although the situation in consumer health information was improving, particularly with the publication of leaflets by voluntary bodies, charities, the health promotion unit and television and radio programmes, there were gaps in coverage in some areas. The lack of public availability and awareness of healthcare information was also a matter for concern to many staff particularly in rural areas.

The survey of public library provision in this area revealed an increasing demand over recent years for information on all aspects of healthcare, self help, alternative and preventative medicine and diet and fitness. There was a need for better co-ordination of the dissemination of consumer health information and a directory or listing of material available, particularly of leaflets and booklets.

CONCLUSIONS AND RECOMMENDATIONS

Although many health science libraries and librarians were praised and obviously well used by health services staff, the research identified serious deficiencies on access, awareness and availability of healthcare information for both staff and the public. Overall the research reveals an unsystematic and uneven approach to the provision of health sciences, library and information services. Although there are many samples of excellent service provision in spite of limited resources and initiatives such as Irish Medical Libraries, Journal Holdings Scheme, are very successful. Many health service staff and patients, particularly in rural areas have been severely disadvantaged in their access to up-to-date specialist information. The lack of appropriate resourcing and recognition from central government of the importance of information and it, or a central lead in strategy and future planning has meant that the development, co-operation and co-ordination of healthcare information services has been restricted.

From the results of the survey, it must be concluded that the sophisticated access required to the words of knowledge in the health science field (including the Internet) is not available to many healthcare professionals in Ireland. From the literature review on the study of international best practice, (including countries such as New Zealand with similar sized population) it has been shown that professional library and information services have the ability to identify information needs cost-effectively and provide timely access to relevant information in the required format, thus saving the time of health professionals and cutting institution costs. It has also been shown that library services influence patient care outcomes, effective management decision making, research activity and the continuing education and development of all healthcare staff.

The recommendations stress the urgent attention required for a major review of library and information provision in line with best international practice. Minor changes to the system would not have the desired effect of ensuring that the needs of healthcare professionals are met and it is argued that they should have the best possible facilities that the Government can afford for the benefit of the nation's health.

The recommendations place the emphasis on the structured review of library and information services for healthcare in Ireland. The involvement of librarians and information specialists is essential. The Department of Health has a key role in any review and should be involved at every stage of the planning process, if it does not, then the exercise would be much less effective.

The objective of the recommendations is to provide a cost-effective and realistic way forward for the future planning of information support services for Irish healthcare professionals and the public. The recommendations also emphasise the need for further investment in information technology and integration of computer systems and services to ensure value for money and to avoid the perils of heavy investment without effective information management strategies.

CURRENT SITUATION IN NORTH EASTERN HEALTH BOARD

The Board recognises the need to improve the quality of healthcare information available on CD ROM within the region. In this regard, Cumulative Index of Nursing and Allied Health Literature (CINAHL) and Med-line Databases are available on CD ROM within the region. CINAHL is available on nine sites and Med-line is available in three.

Education days have been provided for staff in the use of these databases.

In order to provide for the development of a regional healthcare library and information strategy, the Board has requested a librarian to carry out a

complete assessment of our current facilities and to make recommendations on the future of the library services in the North Eastern region. The Board is placing an emphasis on multi-disciplinary co-ordinated approach to the development of this service. It is hoped to have this report available in early 1996.

There have also been significant library developments in Cavan General Hospital over the last twelve months. The number of text books and subscriptions to nursing and medical journals have doubled. In the development of this library, we acknowledge the support and assistance of Our Lady of Lourdes Hospital, Drogheda.

Donal O Shea,
CHIEF EXECUTIVE OFFICER.

20th November, 1995

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - Monday 27th November, 1995

Agenda Item No. 6

Report on Substance Abuse Initiatives in the North Eastern Health Board

To/ Chairman and Each Member of the Board

The Health Promotion Unit of the North Eastern Health Board has supported a number of initiatives in the region in the last number of years.

Substance Abuse Prevention Programme (S.A.P.P.)

The overall aim of the S.A.P.P. programme is to enable post-primary students to develop their ability to take charge of their health, and specifically to make conscious and informed decisions about the use of drugs (legal and illegal) in their lives. In the 1993/94 academic year the Health Promotion Unit worked closely with the Departments of Health and Education in the planning and organisation of two teachers training courses on the Substance Abuse Prevention Project (S.A.P.P.), in Navan and Drogheda.

Approximately 40 tutors from 19 schools in the region availed of this training. A further 11 tutors from 7 schools in counties Louth and Meath have enroled for a S.A.P.P. training course in Navan in the 1995-96 academic year.

The schools involved in the S.A.P.P. project are:

LOUTH

Ardee Community School; Colaiste Ris, Dundalk; De La Salle College, Dundalk; Dun Lughaidh, Dundalk; Our Lady's College, Drogheda, St Cillians Community School, Ardee; St Josephs CBS, Drogheda; St Laurence Community College, Drogheda; St Marys Diocesan School, Drogheda; St Olivers Community College, Drogheda

MEATH

Ashbourne Community School; Athboy Vocational School; St Josephs Secondary School, Athboy; St Peters Dunboyne; Dunshaughlin Community College; Eureka Secondary School, Keels; Kells Community School; Pobalscoil Chiaran, Kells; Scoil Dara, Kilcock; St Michaels Loreto, Navan; Navan Community College; Scoil Mhuire, Trim; St Josephs Mercy Convent, Navan; St Michaels, Trim; St Pats, Navan; O'Carolan College, Nobber; St Olivers, Oldcastle; Trim Vocational School; Youthreach, Navan.

Healthy Schools/Life Skills Project

In the 1994-95 academic year a pilot project on social, personal and health education was established, under the direction of a steering group, by the Board in 10 post-primary schools in the region, This work is being carried out with the assistance of the Schools Health Education Programme, NWHB, in terms of consultancy and inservice training and materials provided for teachers.

In the first year of the project, school based training was provided for approximately 300 teachers in these schools, in keeping with the "whole-school" approach to health education adopted by the pilot project. In addition, more intensive in-service training was provided for the 40 "core" tutors and the 10 school co-ordinators and principals.

Topics covered in the programme for 1st year students under a section on drugs education include smoking and alcohol, and the appropriate use of medications. Other forms of substance abuse, such as solvent abuse and cannabis, are covered in the programme for 2nd year students. At present, the pilot project for the 1995-96 academic year is arranging in-service training for a further 40 tutors in these schools, to implement the programme for 2nd year students on:

- Smoking
- Alcohol
- Appropriate use of medications
- Solvent abuse and cannabis

The schools involved in the NEHB pilot project are:

Ardee Community School, Co. Louth
Ard Scoil Lurgan, Castleblayney, Co. Meath
Ashbourne Community School
Bailieboro Community School
Eureka Convent, Kells
Loreto Convent, Cavan
St. Vincents Mercy Convent, Dundalk
St. Mary's, Castleblayney
St. Pats Classical School, Navan
Trim Vocational School

Drink Awareness and Youth Programme (D.A.Y.)

The Health Promotion Unit ran specific training courses for youth club leaders in relation to the Drink Awareness and Youth programme (D.A.Y.) and other "Lifeskills" related training programmes. A number of external consultants were involved in this initiative, including: Mr S Carr, Drugs Education Officer, SHSSB; Ms S McGrory, Health Education Officer, National Youth Council and Mr B Murtagh, National Youth Federation of Ireland, in addition to Health Board staff.

Tailored Programmes

A number of schools have requested specific supports and inputs from the board's Health Promotion Services in relation to alcohol and drug abuse. Following a request from Beaufort College in Navan, the Health Promotion Unit designed a special one week programme, for students focusing on choices and issues for young people in relation to substance abuse generally.

Following the design of the week's activities, a full day's training was provided for the teachers involved, with input from Health Promotion and National Youth Council staff, focusing on the Drink Awareness and Youth programme and other Lifeskills materials and teaching packs. In addition to the ongoing programme, focusing on lifestyle and health issues, expert speakers were involved, each day, focusing on a different aspect of the overall programme, culminating in the highlight of the week, a visit and presentation by Ms Caitriona McKiernan, the international long distance runner.

Ms McKiernan was presented as a positive role-model to the young people involved in the week's activities and participated in a lively question and answer session, on the final day, highlighting the success that somebody from a similar background can achieve.

Cross Border Initiative

The Board's Health Promotion Unit recently organised a major cross-border multi-sectoral planning conference on drug abuse, in association with the SHSSB, designed to develop more effective inter-sectoral working between health legal education and community sectors on both sides of our common border.

Conclusion

The Board's services respond on an ongoing basis to requests for advice and assistance, from a wide range of individuals and groups, in relation to issues around alcohol and drug abuse particularly through its health promotion and child protection services

Dr. Ambrose McLoughlin,
DEPUTY CHIEF EXECUTIVE OFFICER &
PROGRAMME MANAGER COMMUNITY CARE.

17th November 1995.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - Monday 27th November 1995

Agenda Item No. 7

Report on Developments in Dental Services for Children and Adolescents in the North Eastern Health Board

To/ Chairman and Each Member of the Board

Introduction

The North Eastern Health Board has been very anxious to respond positively to the targets contained within the health strategy "Shaping a Healthier Future". The Dental Action Plan recommends the setting up of a standardised oral health database within the health board. The Oral Health Services Research Centre in University College Cork was commissioned to carry out a survey into the oral health status of children and adolescents in the North Eastern Health Board. This guarantees the reliability of the results and ensures that valid comparisons could be made with other surveys both national and international. The main purpose of the survey was to measure the oral health status of selected age groups of children and adolescents.

Another important aspect was to assess the knowledge and attitudes to oral health of the clients of the Oral Health Services.

The Main Results - Oral Health Gain

We are in a position to measure the outcomes of our existing oral health programme. The major policy implications can be identified, but further analysis of these results will be required so that detailed strategies and realistic targets can be identified.

A representative sample of 5, 8, 12, and 15 year old children and adolescents from each community care area was examined. Approximately equal numbers of boys and girls were selected to balance the sample. The sample was also balanced so that children and adolescents living in both fluoridated and non-fluoridated areas were included.

- There has been a considerable drop in tooth decay levels in 12 and 15 year olds in the North Eastern Health Board since 1984. Decay levels in 8 year olds have improved slightly but there has been a slight increase in the level of tooth decay in the baby teeth of 5 year olds.

- Children who live in areas with effective water fluoridation have much less tooth decay than those in non-fluoridated areas.

- There has been a considerable improvement in the treatment services for 8 and 12 year olds, as fewer permanent teeth are untreated in 1995 compared with 1984. There has been a 100% improvement for these age groups.

- Almost 50% of all 12 and 15 year olds need help with toothbrushing, some need professional cleaning of their teeth, even though more than two thirds say they brush their teeth twice a day. All of this treatment can be carried out by dental hygienists.

- One quarter (25%) of 12 year olds and one sixth (16%) of 15 year olds were considered to require orthodontic treatment to correct crowded teeth. More than half of the 15 year olds said that they would like to have orthodontic treatment even though they did not need it.

Policy Implications

The main policy implications are as follows

- Carefully researched and monitored programmes are required to prevent dental decay in pre-school children. The Board's Principal Dental Surgeons are consulting the World Health Organisation on how best to approach this in the North Eastern Health Board area.

- Increased use of fissure sealants is required for the children and adolescents in all target classes. Substantial progress has been made in 1st class and 6th class children in this region in 1994/95.

- There is a need to improve the effectiveness of the existing water fluoridation schemes and where possible to fluoridate additional water supplies.

- Where water supplies cannot be fluoridated, supplemental fluoride regimes are recommended and will be included in our Service Plans for 1996.

- Carefully researched and evaluated oral health promotional programmes are required to promote healthy eating and effective brushing habits in children and adolescents. This will also be considered in our 1996 Service Plans.

Service Developments

Training

In 1995 the North Eastern Health Board has made a particular effort to provide access to training opportunities for Dental Staff. Included in this initiative is a training day to discuss the implications for the service of the report on Oral Health Status.

Extra funding was received for capital development within the region, £435,000 in total. This has allowed for several extra surgeries and units to be developed in areas of growing population. Many other surgeries have been considerably upgraded to conform to the highest standards for the practice of modern dentistry.

Oral Surgery

A General Anaesthetic facility is fully operational in the Cottage Hospital in Drogheda and arrangements are in place to commence a visiting Oral Surgery service as soon as possible. This will provide a very valuable and accessible service to patients from the region. The service is already highly developed in Cavan, Monaghan and Dundalk.

Orthodontics

Extra funding of £80,000 was received in 1995 which helped to reduce the waiting times for high priority orthodontic cases. This extra allocation was sufficient to fully treat 85 additional cases. Additional resources for this service are anticipated for 1996.

The Board's Dental Service, in order to improve its response to customers will make application for ISO 9002. The process involved will enhance the services to patient and customer needs.

Each Member of the Board will be supplied with a copy of the Oral Health Survey Report.

Dr. Ambrose McLoughlin,
Deputy Chief Executive Officer and
Programme Manager Community Care.

17th November 1995.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - Monday 27th November, 1995

Agenda Item No. 8

Report on Environmental Health Services in the North Eastern Health Board

To/ Chairman and Each Member of the Board

INTRODUCTION

As a result of the European Unions (EU) new approach to food safety and recent legislative changes all food premises subject to health board control have been categorised as to risk (low, medium and high risk) in accordance with Department of Health Guidelines. A programme of visits has been drawn up based on this categorisation with the emphasis on high risk operations. Food control has been extended into areas hitherto excluded - nursing homes, guest houses, export premises, educational and other institutions.

Environmental Health Officers are currently undergoing training as they are required to be familiar with a new process-led approach to food control using hazard analysis and risk assessment techniques e.g. HACCP. A thorough knowledge is needed of food processes, risk assessment and technical aids/controls. Familiarity is also required with quality assurance schemes in the food sector such as ISO 9000, IQA etc. provided for in the EU Directive on Food Hygiene.

HAZARD ANALYSIS/CRITICAL CONTROL POINTS

The EU open market regime now ensures freedom of movement of food transport and reduced border/port control and consequently increased vigilance on the ground is essential.

Food sampling has now been integrated with food control visits and takes place as much during processing as at end-product of off-the-shelf stage. Reliance on a Dublin based laboratory for the micro-biological examination of food specimens has proven to be quite unsatisfactory in a number of respects. Principal among these would be the excessive time delay between the taken of the sample and the subsequent examination and also the need to book samples in advance and adjust the timing of compositional samples accordingly. Strong efforts are being made to secure adequate laboratory facilities for the micro-biological testing of food at Cavan General Hospital where such facilities would be required at any rate if the standards laid down by the Food Safety Advisory Committee on cook chill processes are to be complied with. The availability of a local laboratory would also facilitate the taking of more samples.

RAPID ALERTS

The European Commission system of notification of food alerts now results in Rapid Alerts being received routinely by the Board. These result in follow-up actions by the Environmental Health Service including inspections and food seizure as appropriate.

PLANNING & DEVELOPMENT

As a result of recent changes to planning legislation there is now a statutory requirement to notify health boards of developments requiring Environmental Impact Statements and to refer details for observations where there may be significant dangers to public health. Such referrals include, where appropriate, details of proposed local authority developments. Thus the health board (via the Environmental Health Service) now has a statutory involvement in Environmental Impact Assessment. This is in addition to existing agency arrangements whereby an advisory service is delivered to the local authority on health matters.

Similarly there is now a statutory requirement on the Environmental Protection Agency to notify health boards of Integrated Pollution Licence applications and to refer details for observations where necessary having regard to nature and extent. The health board is a Competent Public Authority under the Environmental Protection Agency Act 1992. A number of such licence applications have already been referred to, and dealt with by, North Eastern Health Board Environmental Health Service.

SPORTS AND CONCERT VENUES

Of increasing significance for our service in terms of their environmental health protection impact and impacts on staffing are outdoor events such as Slane concert, vintage rallies, agricultural shows, bar-b-ques, race meetings and the like. Advance negotiations with all interested parties including the promoters are based on the procedures of the Hamilton Report and its draft Code on Safety at Sports and Concert venues. All meetings are approached with a clear agenda relating to food vending, water, toilets, refuse disposal and noise pollution. Considerable amounts of EHO time, including overtime, are invested in preparation for meetings, inspections, on-site visits etc.. Although very time consuming and not without its effect on other aspects of our service this is time well spent. There have been no reported cases of food poisoning during or after such events. Monitoring of the environmental health impacts of such events does, however, put a considerable strain on the resources of a small environmental health service.

Liaison with Gardai, local authority and other health board services is necessary, and has been built up, to ensure adequate controls.

COMPUTERISATION

A Boardwide food control information system has now been installed enabling details of all visits, samples, complaints etc. to be stored and manipulated. The networks links 5 EHO centres with headquarters in Kells and information can be exchanged between all centres as well as E-Mail communication, All EHOs have been provided with a terminal for immediate access to the system. In addition to facilitating and improving food control management the system is also designed to provide annual Department of Health/EU returns and other statistical information. Details for all food business on record, as well as ongoing visits etc., have been entered. 1994 and 1993 data and Food Register detail have also been entered.

Computer training has been provided for all EHOs to the extent that all now use the system readily. Further training is planned to exploit the system's full potential. Selected clerical/administrative staff have also received preliminary training.

A User Group has been established comprising PEHOs, M.S.O. and employees of Task Software Ltd. to monitor the introduction of the system and plan future development.

LIBRARY/IT ROOM

A library/IT room has been provided for the Meath Community Care Environmental Health Service which is linked to the Board computer network. A library of books, journals and other written material on a range of environmental health topics is maintained. A large stock of educational materials, the Barbour Microfiche system and the EHB Review system (both with hardcopy and electronic indexes) are available and regularly updated. In addition PC-based database, spreadsheet, graphics and work processing facilities are provided. Such information systems are essential to the effectiveness of a technical service such as the Environmental Service.

ENVIRONMENTAL HEALTH

The second European conference held in Helsinki in 1994 by the WHO Regional Office for Europe agreed on the drawing up of an Environmental Health Action Plan for Europe. This will be based on National Action Plans which must be finalised by 1997. The recent establishment of an Environmental Health Unit in the Department of Health is a step towards this goal hopefully which can facilitate the development of environmental health policies at Department and health board level. Such action would shape and direct the Board's statutory and preventive responsibilities and facilitate strategic planning of the service.

HEALTH STRATEGY

As stated in the Health Strategy the Minister for Health has established a new Food Safety Advisory Board. Its role includes the formulation of health and food policies and review of the regulatory and legislative framework so as to ensure consumer protection.

FOOD HYGIENE EDUCATION

There has been considerable activity in the delivery of food hygiene education and the new Environmental Health Officers Association (EHOA) Course on the Principles of Food Hygiene. This basic course in food hygiene was designed by the EHOA with the co-operation of the Department of Health and the Irish Hotel and Catering Institute. Its aim is to fulfil a need for a uniform national system of training, syllabus and certification and is designed for both food workers and management. Though very time consuming it is time is well spent in raising food safety awareness amongst the staffs of hotel, restaurants, supermarkets etc..

IN-SERVICE TRAINING

In the highly technical and rapidly changing field of environmental health regular in-service and other training is an essential.

The main priorities for the future:

1. The provision of education and assistance to proprietors of food premises in relation to compliance with the EU Food Hygiene directive which is due to come into force on 15th December, 1995. In practice this will mean the implementation of the procedure known as Hazard Analysis at Critical Control Points (HAACP) in the major food premises. It is hoped to give priority in this regard to the Health Board institutions particularly those where the cook chill system is already in operation.

2. There is a need for greater emphasis on hygiene education in the service. This can best be done by the setting up of a Special Hygiene Education Unit in each community care area which would initially mean priority being given to the Health Board Institutions.

3. Finally as a result of the extensive work done by Environmental Health Officers particularly in relation to water sampling and food sampling, a massive amount of information concerning the standards of water supplies and food has been generated. In order to make this information more useful and accessible it is hoped to upgrade the existing computer facilities to enable us produce meaningful reports on these topics at appropriate intervals for interested parties.

Dr. Ambrose McLoughlin,
Deputy Chief Executive Officer and
Programme Manager Community Care.

17th November, 1995.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - Monday 27th November 1995

Agenda Item No. 9

1994 ANNUAL REPORT OF THE ADOPTION BOARD

To/ Chairman and Each Member of the Board

The Adoption Board (An Bord Uchtala) has recently published its annual report for the year ended December 1994.

In its report The Board expresses concern that the adoption code now consists of six separate pieces of legislation and that many of the provisions of the Adoption Acts 1952 - 1991 were obsolete and outdated. The report states that there is a strong case for the consolidation of the legislation within one statute which would form the basis of adoption law into the 21st century. The Adoption Board requests that such a statute should take into account the concerns raised by it in recent years.

The Board also called for legislation, at an early date, to address the issue raised on foot of a European Court of Human Rights and Fundamental Freedoms judgement concerning the position of a natural father of a non marital child in the Irish Adoption process.

The report reiterates the Adoption Board's position on the need to establish a National Contact Register to facilitate post-adoption contact between adopted persons and natural parents. It also raised the issue of access by adopted persons to their original birth records.

The Board also noted the increasing number of private adoption placements. It considered that the interests of children were not effectively safeguarded and called for legislation to address this area of concern.

The Adoption Board again raised the issue of the anomalous position under which the continuing parental relationship is not recognised where the natural mother is adopting with her husband. It recommended that the legislation be amended to allow for a new type of adoption order in such situations which would retain the natural mother's legal relationship with the child while giving her husband the rights and duties of joint parenthood and allowing for the retention of an existing on-going relationship with the natural father.

Statistics:

Irish Adoptions

During 1994 the Adoption Board received 482 applications for adoption orders, a decrease of 47 over the previous year. 286 of these applications were for children being adopted within their natural family.

The Board made 424 adoption orders in 1994 compared to 500 in 1993. There were 200 orders made in respect of family adoptions of which 184 were made in favour of the child's birth mother and her husband.

Foreign Adoptions

During 1994 the Adoption Board received 77 applications from couples wishing to adopt abroad and made declarations of suitability and eligibility in respect of 63 couples. It received 71 applications for recognition of foreign adoptions in 1994. The Board recognised 64 such adoptions during the year.

The chart below shows an analysis, in % terms of orders made in favour of applicants resident in each health board area, comparing the orders made in respect of family adoptions and non family adoptions.

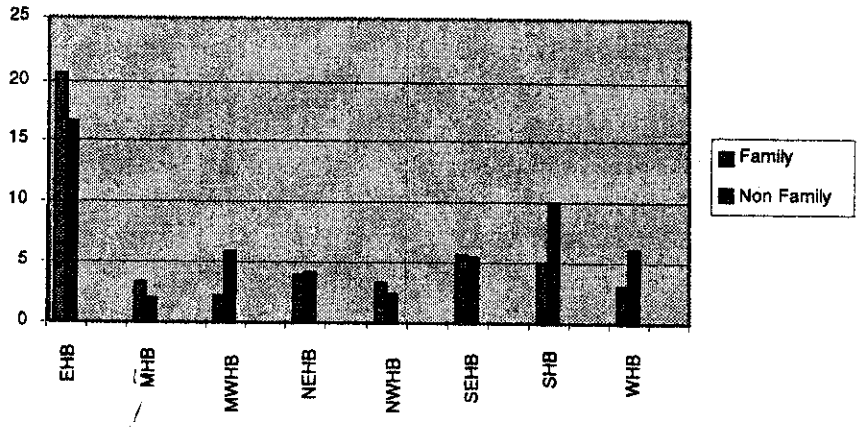
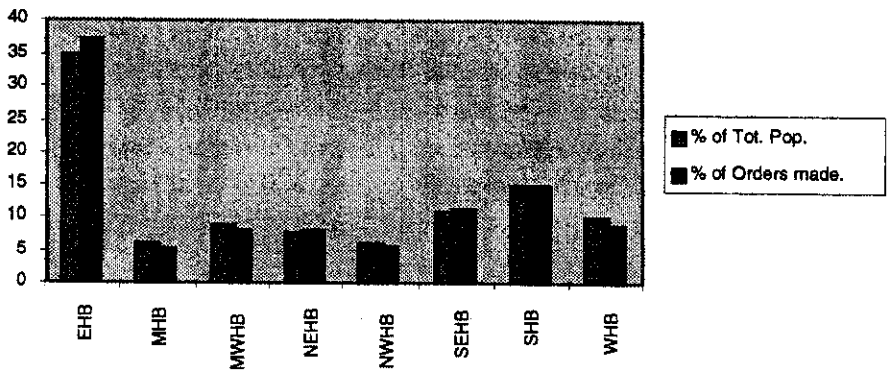


Chart 2 shows a percentage comparison between the total adoptions made in respect of applicants in each health board and the population of each board area.



Dr. Ambrose McLoughlin,
Deputy Chief Executive Officer and
Programmen Manager Community Care.
17th November 1995

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - 27TH NOVEMBER, 1995

Agenda Item No: 10

Annual Report of An Bord Altranais for the Year 1994

To/ Chairman and Each Member of the Board.

Recently an Bord Altranais (the Nursing Board) published its Annual Report and Accounts for 1994. The Annual Report outlines the main activities in the areas of registration, education, training and fitness to practice.

Nurse Education and Training

An Bord Altranais is responsible to ensure the suitability of hospitals and institutions supplying nurse training and to inspect these at least once every five years to ensure the suitability of the education and training being provided..

In addition, An Bord Altranais is responsible for approving and monitoring post-registration courses. In this context, the North Eastern Health Board welcomed the inclusion in the list of accredited courses, its management development course for nurses, which was developed in conjunction with Dundalk Regional Technical College. This course is now an N.C.E.A. Diploma Course currently being undertaken by fifty six of the Board's nursing staff.

In September, 1990, An Bord Altranais established a Committee to evaluate the existing programmes of nurse education and training. This Committee presented its final recommendations for the future development of nurse education and training in June, 1994 to the Minister for Health. The report contains twenty eight major recommendations regarding organisational, educational, training and economic issues surrounding the future of nursing in Ireland and recommends a major overhaul of the current system of training for nurses.

In particular, An Bord Altranais recommends that student nurses should have student status throughout their training and that current dual status of employee and student should be discontinued. The report also recommends that Colleges of Nursing and Midwifery should be established with links to third level institutions giving nurses academic accreditation for their nursing qualifications.

With regard to examinations, An Bord Altranais has a statutory function to regulate and conduct examinations leading to registrations in the register. In the course of carrying out this work, the Board is involved in the compiling of questions, checking of examination papers before issue, briefing examiners, issuing results and arranging for re-checks when requested.

A total of 1635 candidates entered the 1994 registration examination which represented a slight increase on 1993. Pass rates for this examination continue at their previous high levels.

Registration Examination Statistics 1994

	Entered	Passed:	Failed:	Pass Rate
[illegible]	1041	[illegible]	32	[illegible]
[illegible]	105	[illegible]	12	[illegible]
[illegible]	119	[illegible]	19	[illegible]
[illegible]	133	[illegible]	12	[illegible]
[illegible]	220	[illegible]	7	[illegible]
[illegible]	17	[illegible]	3	[illegible]
[illegible]	1635	[illegible]	85	[illegible]

Registration

An Bord Altranais is obliged under the Nurses Act, 1985 to maintain the register of nurses in accordance with rules. The register is divided into divisions. At the end of 1994, 48,945 nurses with 71,316 qualifications were registered.

Fitness to Practice

In 1994, the Fitness to Practice Committee considered applications for enquiries into the fitness of practice of eight nurses during that year. In three cases, the Committee considered that enquiries were warranted, in two cases that enquiries were not warranted and three cases were still under consideration at the end of the year.

The Fitness to Practice Committee commenced three enquiries into the fitness to practice of nurses during 1994 and these were ongoing at the year end.

Overseas Development Programme

The overseas development programme involves the provision of nurse training in Ireland for students from overseas or the provision of in-country training/consultancy on a comercial basis. In the year under review, courses were provided for nurses from Bahrain, Oman and Qutar. Two officers from An Bord Altranais were involved in providing technical assistance for a nurse training programme in Saudi Arabia.

Health & Safety

An Bord Altranais issued a Safety Statement in 1994 in accordance with the Safety, Health and Welfare at Work Act, 1989.

A consultative group, who prepared the report meet at regular intervals to review issues and a revised Safety Statement will be issued annually.

Auditors Report & Financial Statements

Full details of the Auditors Report and Financial Statements for 1994 for the Board are included in the Report.

A copy of the report is available to Board members on request.

Dr. Sheelah Ryan,
PROGRAMME MANAGER ACUTE HOSPITAL SERVICES.

BORD SLAINTE AN OIR THUAISCIRT

NORTH EASTERN HEALTH BOARD

BOARD MEETING - Monday 27th November 1995

Agenda Item No. 11

Report on Survey of Children in the Care of Health Boards in 1992

To/ Chairman and Each Member of the Board

The Department of Health has recently published the "Survey of Children in the Care of the Health Boards in 1992". This survey is conducted annually by the Child Care Policy Unit in the Department and covers all children in care whether placed in care voluntarily by parents or guardians or committed by order of the courts. The survey covers all children who were in care during 1992.

The survey is based on questionnaires in respect of each child in care completed by the Social Work Teams in the Health Boards. The questionnaire provides details about each child's case but does not contain any identifying information.

Number of Children in Care

At the 31st December 1992 there were a total of 3090 children in care nationally. This represents an increase of 5% on the number in care, which was 2944, at the same date in 1991. In the North Eastern Health Board there were 249 children in care at 31st December compared to 232 at the end of 1991, an increase of 7.5%.

Nationally 73.9% (2284) of children in care were placed in foster care, 0.5% (15) were placed for adoption, 24.8% (765) were in residential care and the remaining 0.8% were placed in what is categorised as other care. This category includes children in hospital assessment units and boarding schools and children placed by health boards with relatives.

In the North Eastern Health Board 85.5% (213) of children in care were placed in foster care and 14.5% (36) were placed in residential care. There were no children placed for adoption or in other care.

Primary Reason for Admission into Care

The following table indicates the reasons for admission of children into care;

Type of Abuse	National	N.E.H.B.
Parents(s) unable to cope	30.6%	37%
Neglect	19.6%	17.3%
Child abandoned/rejected	9.7%	10.5%
Parental illness	12.1%	8.8%
Physical Abuse	7.7%	7.2%
Sexual Abuse	5%	6%
Child out of control	3.8%	5.2%
Other family crisis	3.6.%	2.8%
Parental Disharmony	2.8%	2.4%
Emotional Abuse	1.7%	2%
Child awaits adoption	3.3%	0.8%

Legal basis of children in care at 31st December 1992

Nationally 50.5% (1561) of children in care are placed in care voluntarily while 48.2% (1489) are in care on foot of court orders. In this Health Board 61% (152) of children in care are placed there voluntarily and 37.7% (94) are in care as a result of court orders.

Age of Children in Care

The following table indicates the age of children in care nationally and in the North Eastern Health Board:-

YEAR	NATIONALLY	N.E.H.B.
Up to 1 year	3%	3.6%
1 - 2 years	2.9%	2%
2 - 4 years	7%	6.8%
4 - 7 years	12.5%	16.9%
7 - 12 years	30%	28.1%
12 - 16 years	27.5%	31.7%
Over 16 years	17.2%	10.9%

Length of Stay in Care

23.6% (730) of children in care at the 31st December 1992 were in care for less than 2 years, 25.8% (796) were in care for between 2 years and 5 years, 28.5% (882) were in care for between 5 and 10 years, and the remaining 22.1% (682) were in care for a period exceeding 10 years.

In this Health Board 28.9% (72) of the children in care were in care for less than 2 years 33.7% (84) for between 2 and 5 years, 20.9% (52) for between 5 and 10 years and 16.5% (41) were in care for a period exceeding 10 years.

Admissions and Discharges during 1992

1181 children were admitted into care during 1992. The reason for admission was given as parent or parents unable to cope in 31.6% (373) of these cases followed by parental illness 18.9% (23) of cases. In this Board's region 101 children were admitted into care during 1992. 34.6% (35) of these admissions were due to parent or parents being unable to cope and 15.8% (16) were due to parental illness.

1043 children were discharged from care in 1992 of whom 31.3% (848) were reunited with their families. In the North Eastern Health Board 85 children were discharged from care of whom 81.8% (69) were reunited with families.

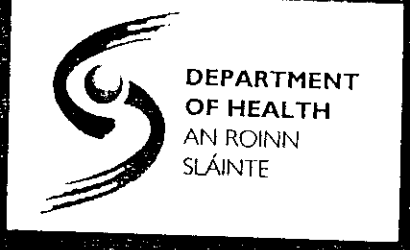
Dr. Ambrose McLoughlin,
DEPUTY CHIEF EXECUTIVE OFFICER &
PROGRAMME MANAGER COMMUNITY CARE.

17th November 1995

SURVEY OF CHILDREN IN THE CARE OF HEALTH BOARDS IN 1992

VOLUME 1

CHILD CARE POLICY UNIT
DEPARTMENT OF HEALTH
HAWKINS HOUSE
DUBLIN 2
TELEPHONE: (01) 6714711



SURVEY OF CHILDREN IN THE CARE OF HEALTH BOARDS IN 1992

Scope of Survey

The survey covers all children who were in the care of health boards at any time during 1992, whether placed in care on a voluntary basis by their parents or guardians or committed by order of the courts.

The survey does not cover children in day care or day fostering, children living with their mothers in sheltered accommodation or women's refuges or children living at home who are being supervised by health boards.

Survey Method

The survey is based on questionnaires in respect of each child in care completed by the Social Work Teams in the 32 Community Care Areas throughout the country. The questionnaire provides details about each child's case but does not contain any identifying information.

Format of Report

The Report is published in two volumes.

Volume 1 is divided into three parts:-

Part A - Tables A.1 to A.10 relate to children who were in care at 31 December 1992.

Part B - Tables B.1 to B.5 refer to children who were in care at any time during 1992.

Part C - Tables C.1 to C.4 deal with children admitted/discharged during 1992.

Volume II provides a breakdown of the tables by Community Care Area.

SUMMARY OF MAIN FINDINGS

Number of Children in Care

There were 3090 children in care at 31 December 1992. This represents an increase of 5% on the number in care on the same date in 1991, which was 2944.

Type of Care

Of the 3090 children, 2284 (73.9%) were in foster care and 765 (24.8%) were in residential care. The comparable percentages for 1991 were 73.4% in foster care and 25.2% in residential care.

Legal Basis

1561 (50.5%) of the 3090 children were in care on a voluntary basis; 1529 children (49.5%) were in care under court orders.

Primary Reason for Admission

"Parent or parents unable to cope" was the most frequent reason for admission at 30.6% (947 children). The next largest categories were 'Neglect' at 19.6% (605 children) and 'Parental illness' at 12.1% (375 children).

Age of Children

Over 44% (1379) of the children were over 12 years, of whom 530 or 17.2% of the total were 16 years and over.

Length of Stay

730 children (23.6%) were in care for less than 2 years, 1678 children (54.3%) were in care between 2 and 10 years and 682 children (22.1%) were in care for over 10 years.

Admissions during 1992

1181 children were admitted to care during 1992, of whom 286 (24.2%) were under 1 year. The main reasons for admission were "Parent or parents unable to cope" at 31.6% followed by 'Parental illness' at 18.9%.

Discharges during 1992

1043 children were discharged during 1992, of whom 848 (81.3%) were re-united with their families or relatives.

LIST OF TABLES

(The tables relating to each health board area have been grouped together)

Part A - Children in the Care of Health Boards at 31 December 1992

Part A

CHILDREN IN THE CARE OF HEALTH BOARDS AT 31 DECEMBER 1992

Table A1: Children in Care at 31 December 1992 by Type of Care.

Health Board	Foster Care	Placed for Adoption	Resident. Care	Other	Total
Eastern	807	4	385	18	1214
Midland	192	1	22	0	215
Mid-Western	253	0	49	5	307
North-Eastern	213	0	36	0	249
North-Western	142	0	6	1	149
South-Eastern	180	3	99	0	282
Southern	347	0	114	2	463
Western	150	7	54	0	211
Totals :	2284	15	765	26	3090
Type of Care as % of total in care	73.9%	0.5%	24.8%	0.8%	100.0%

NOTES

(i) In the case of children who had returned home temporarily for Christmas etc., the type of care prior to return home is shown.

(ii) The 'Other' category includes children in hospitals, assessment units and boarding schools and children placed by the Boards with relatives.

Table A2 - Primary Reason for Current Admission for Children in Care at 31 December 1992

Health Board	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Parent/ parents unable to cope	Parental dis-harmony	Child out of control	Child aband-oned/ rejected	Parental illness	Other family crisis	Child awaits adoption	Total
Eastern	100	53	19	309	326	11	72	105	153	35	31	1214
Midland	26	18	2	48	55	3	0	32	15	5	11	215
Mid-Western	20	15	12	49	89	16	5	33	45	14	9	307
North-Eastern	18	15	5	43	92	6	13	26	22	7	2	249
North-Western	6	13	2	27	56	8	1	6	23	3	4	149
South-Eastern	14	14	3	46	97	5	7	34	35	20	7	282
Southern	38	14	7	64	159	25	15	50	64	22	5	463
Western	16	11	4	19	73	14	4	15	18	5	32	211
Totals :	238	153	54	605	947	88	117	301	375	111	101	3090
As % of total :	7.7%	5.0%	1.7%	19.6%	30.6%	2.8%	3.8%	9.7%	12.1%	3.6%	3.3%	100.0%

NOTES

(i) The Abuse and Neglect categories include both suspected and confirmed abuse or neglect.

(ii) 'Parental illness' includes physical and mental illness, alcoholism and drug abuse.

(iii) 'Other Family Crisis' includes cases where both parents are dead.

(iv) 'Child Awaits Adoption' is only used where natural mother has given her initial consent to adoption (Form 10).

Table A3: Legal Basis of Children in Care at 31 December 1992

Health Board	Voluntary Care	Place of Safety Order	Fit Person Order	Other	Total
Eastern	484	58	653	19	1214
Midland	121	6	88	0	215
Mid-Western	152	2	151	2	307
North-Eastern	152	4	90	3	249
North-Western	67	0	81	1	149
South-Eastern	185	1	95	1	282
Southern	274	5	180	4	463
Western	126	4	71	10	211
Totals :	1561	80	1409	40	3090
Basis of Admission as % of total in care	50.5%	2.6%	45.6%	1.3%	100.0%

NOTE

This shows legal basis for child being in care as at 31 December 1992.

Table A4: Age of Children in Care at 31 December 1992

Health Board	Up to 1 year	1 - 2 years	2 - 4 years	4 - 7 years	7 - 12 years	12-16 years	Over 16 years	Total
Eastern	38	34	73	162	391	314	202	1214
Midland	9	6	9	16	67	66	42	215
Mid-Western	8	11	28	38	80	85	57	307
North-Eastern	9	5	17	42	70	79	27	249
North-Western	4	7	14	19	42	34	29	149
South-Eastern	8	15	20	26	78	87	48	282
Southern	5	6	35	52	148	135	82	463
Western	13	5	20	30	51	49	43	211
Totals :	94	89	216	385	927	849	530	3090
As % of Total :	3.0%	2.9%	7.0%	12.5%	30.0 %	27.5%	17.2%	100.0%

Table A5 : Age on Admission of Children in Care at 31 December 1992

Health Board	Up to 1 year	1 - 2 years	2 - 4 years	4 - 7 years	7 - 12 years	12-16 years	Over 16 years	Total
Eastern	326	131	201	204	211	128	13	1214
Midland	48	19	40	42	39	25	2	215
Mid-Western	94	39	51	58	43	22	0	307
North-Eastern	68	20	37	45	49	28	2	249
North-Western	53	15	22	23	26	5	5	149
South-Eastern	98	25	40	47	43	23	6	282
Southern	135	43	74	82	88	40	1	463
Western	99	16	23	19	16	34	4	211
Totals :	921	308	488	520	515	305	33	3090
As % of Total :	29.8%	10.0%	15.8%	16.8%	16.7 %	9.9%	1.1%	100.0%

Table A6: Length of Stay of Children in Care at 31 December 1992

Health Board	0 - 6 Months	6 - 24 Months	2 - 5 Years	5 - 10 Years	Over 10 Years	Total
Eastern	103	202	314	353	242	1214
Midland	28	30	34	75	48	215
Mid-Western	20	55	66	72	94	307
North-Eastern	20	52	84	52	41	249
North-Western	4	22	37	56	30	149
South-Eastern	31	54	65	57	75	282
Southern	28	31	141	149	114	463
Western	22	28	55	68	38	211
Totals :	256	474	796	882	682	3090
As % of Total :	8.3%	15.3%	25.8%	28.5%	22.1%	100.0%

Table A7: Sex of Children in Care at 31 December 1992

Health Board	Male	Female	Total
Eastern	640	574	1214
Midland	102	113	215
Mid-Western	162	145	307
North-Eastern	131	118	249
North-Western	68	81	149
South-Eastern	127	155	282
Southern	251	212	463
Western	113	98	211
Totals :	1594	1496	3090
As % of Total:	51.6%	48.4%	100.0%

Table A8: Family Type of Children in Care at 31 December 1992

Health Board	Married Couple	Married, Living Apart	Unmarried Couple	Widow/ Widower	One Parent Unmarried	Other	Total
Eastern	328	240	169	56	389	32	1214
Midland	79	37	34	20	44	1	215
Mid-Western	90	77	31	22	83	4	307
North-Eastern	62	69	14	20	81	3	249
North-Western	40	31	15	15	48	0	149
South-Eastern	92	66	14	16	87	7	282
Southern	147	141	45	41	81	8	463
Western	66	31	9	22	80	3	211
Totals :	904	692	331	212	893	58	3090
Type of Care as % of total in care	29.3%	22.4%	10.7%	6.9%	28.9%	1.9%	100.0%

NOTE

Married Couple	means a couple who are married to each other and living together.
Married but living apart	where the parent caring for the child is deserted by or separated from his/her spouse.
Unmarried Couple	means a couple living together who are not married to each other, although they may be married to others.
Widow or Widower	if a widow or widower has re-married or is living with a new partner, above categories used, as appropriate.
One Parent Unmarried	means an unmarried mother or father who is not living with a partner.
Other	where both parents are dead or missing or their identity is not known.

Table A9: Reason for Admission by Length of Stay for Children in Care at 31 December 1992

Reason for current Admission	0 - 6 Months	6 - 24 Months	2 - 5 Years	5 - 10 Years	Over 10 Years	Total
Physical abuse	12	37	68	70	51	238
Sexual abuse	9	19	55	64	6	153
Emotional abuse	4	8	9	19	14	54
Neglect	35	88	150	211	121	605
Parents unable to cope	72	139	214	247	275	947
Parental disharmony	4	8	12	41	23	88
Child out of control	21	44	36	14	2	117
Child abandoned/rejected	32	34	72	70	93	301
Parental illness	29	64	117	109	56	375
Other family crisis	23	21	29	26	12	111
Child awaiting adoption	15	12	34	11	29	101
Totals :	256	474	796	882	682	3090
As % of Total :	8.3%	15.3%	25.8%	28.5%	22.1%	100.0%

Table A10: Reason for Admission by Age on Admission of Children in Care at 31 December 1992

Reason for current Admission	Up to 1 year	1 - 2 years	2 - 4 years	4 - 7 years	7 - 12 years	12-16 years	Over 16 years	Total
Physical abuse	52	20	45	50	47	23	1	238
Sexual abuse	7	2	17	45	40	31	11	153
Emotional abuse	12	2	7	7	11	13	2	54
Neglect	127	71	131	122	120	32	2	605
Parents unable to cope	341	122	156	148	121	53	6	947
Parental disharmony	26	6	19	16	12	9	0	88
Child out of control	2	0	0	4	30	75	6	117
Child abandoned/rejected	106	37	43	47	39	27	2	301
Parental illness	124	35	56	66	69	24	1	375
Other family crisis	32	11	12	12	24	18	2	111
Child awaiting adoption	92	2	2	3	2	0	0	101
Totals :	921	308	488	520	515	305	33	3090
As % of Total :	29.8%	10.0%	15.8%	16.8%	16.7 %	9.9%	1.1%	100.0%

PART B

CHILDREN IN THE CARE OF HEALTH BOARDS DURING 1992

Table B1: Number of Children in Care during 1992 by Type of Care

Health Board	Foster Care	Placed for Adoption	Resident. Care	Other	Total
Eastern	993	7	527	23	1550
Midland	263	1	28	1	293
Mid-Western	351	1	87	8	447
North-Eastern	281	0	53	0	334
North-Western	178	0	12	1	191
South-Eastern	251	3	138	0	392
Southern	475	0	150	2	627
Western	218	7	68	6	299
Totals :	3010	19	1063	41	4133
Type of Care as % of total in care	72.8%	0.5%	25.7%	1.0%	100.0%

Table B2: Primary Reason for Current Admission for Children in Care during 1992

Health Board	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Parent/ parents unable to cope	Parental dis-harmony	Child out of control	Child aband-oned/ rejected	Parental illness	Other family crisis	Child awaits adoption	Total
Eastern	111	61	20	339	408	22	115	125	220	67	62	1550
Midland	26	21	2	50	96	10	5	34	22	14	13	293
Mid-Western	33	18	13	55	137	24	14	37	70	28	18	447
North-Eastern	23	16	11	48	124	8	18	31	39	11	5	334
North-Western	7	16	2	36	68	13	1	8	28	6	6	191
South-Eastern	19	17	3	52	161	8	12	41	46	23	10	392
Southern	45	17	7	83	197	31	27	58	105	46	11	627
Western	23	12	5	23	100	17	7	16	29	16	51	299
Totals :	287	178	63	686	1291	133	199	350	559	211	176	4133
As % of total :	6.9%	4.3%	1.5%	16.6%	31.2%	3.2%	4.8%	8.5%	13.5%	5.1%	4.3%	100.0%

NOTE

The same explanations apply here as at Table A2.

Table B3 : Age on Admission of Children in Care during 1992

Health Board	Up to 1 year	1 - 2 years	2 - 4 years	4 - 7 years	7 - 12 years	12-16 years	Over 16 years	Total
Eastern	395	162	253	262	267	194	17	1550
Midland	59	21	48	59	57	46	3	293
Mid-Western	121	54	73	76	76	47	0	447
North-Eastern	87	27	50	59	66	42	3	334
North-Western	61	17	33	28	33	14	5	191
South-Eastern	136	37	53	60	57	41	8	392
Southern	170	54	102	100	129	69	3	627
Western	129	21	37	29	36	43	4	299
Totals :	1158	393	649	673	721	496	43	4133
As % of Total :	28.0%	9.5%	15.7%	16.3%	17.4 %	12.0%	1.0%	100.0%

Table B4: Sex of Children in Care during 1992

Health Board	Male	Female	Total
Eastern	830	720	1550
Midland	138	155	293
Mid-Western	233	214	447
North-Eastern	181	153	334
North-Western	87	104	191
South-Eastern	187	205	392
Southern	339	288	627
Western	151	148	299
Totals :	2146	1987	4133
As % of Total:	51.9%	48.1%	100.0%

Table B5: Reason for Admission by Length of Stay for Children in Care during 1992

Reason for current Admission	0 - 6 Months	6 - 24 Months	2 - 5 Years	5 - 10 Years	Over 10 Years	Total
Physical abuse	34	44	79	74	56	287
Sexual abuse	20	21	63	67	7	178
Emotional abuse	6	13	9	20	15	63
Neglect	68	99	159	222	138	686
Parents unable to cope	330	175	226	260	300	1291
Parental disharmony	36	12	12	43	30	133
Child out of control	77	60	46	14	2	199
Child abandoned/rejected	48	42	76	79	105	350
Parental illness	187	79	123	110	60	559
Other family crisis	111	30	29	28	13	211
Child awaiting adoption	73	20	38	12	33	176
Totals :	990	595	860	929	759	4133
As % of Total :	24.0%	14.4%	20.8%	22.5%	18.4%	100.0%

PART C

ADMISSIONS AND DISCHARGES DURING 1992

Table C1: Primary Reason for Current Admission for Children in Care admitted during 1992

Health Board	Physical abuse	Sexual abuse	Emotional abuse	Neglect	Parent/ parents unable to cope	Parental dis-harmony	Child out of control	Child aband-oned/ rejected	Parental illness	Other family crisis	Child awaits adoption	Total
Eastern	21	13	2	45	95	13	48	22	90	38	28	415
Midland	5	1	2	14	34	6	4	11	12	10	3	102
Mid-Western	12	1	0	7	50	4	8	4	38	16	8	148
North-Eastern	6	3	5	7	35	1	9	8	16	9	2	101
North-Western	1	2	0	2	18	6	0	0	5	4	1	39
South-Eastern	0	4	2	5	68	3	7	5	12	8	6	120
Southern	6	3	1	7	42	4	13	12	37	18	4	147
Western	6	2	1	11	31	3	5	1	13	13	23	109
Totals :	57	29	13	98	373	40	94	63	223	116	75	1181
As % of total :	4.8%	2.5%	1.1%	8.3%	31.6%	3.4%	8.0%	5.3%	18.9%	9.8%	6.4%	100.0%

Table C2 : Age on Admission of Children in Care admitted during 1992

Health Board	Up to 1 year	1 - 2 years	2 - 4 years	4 - 7 years	7 - 12 years	12-16 years	Over 16 years	Total
Eastern	88	28	57	71	70	94	7	415
Midland	22	2	10	17	26	23	2	102
Mid-Western	28	16	26	23	31	24	0	148
North-Eastern	26	11	11	21	14	17	1	101
North-Western	10	5	7	4	5	4	4	39
South-Eastern	46	8	14	11	14	21	6	120
Southern	27	8	29	16	31	34	2	147
Western	39	7	11	9	19	23	1	109
Totals :	286	85	165	172	210	240	23	1181
As % of Total :	24.2%	7.2%	14.0%	14.6%	17.8 %	20.3%	1.9%	100.0%

Table C3: Sex of Children in Care admitted during 1992

Health Board	Male	Female	Total
Eastern	227	188	415
Midland	51	51	102
Mid-Western	77	71	148
North-Eastern	56	45	101
North-Western	15	24	39
South-Eastern	67	53	120
Southern	79	68	147
Western	60	49	109
Totals :	632	549	1181
As % of Total:	53.5%	46.5%	100.0%

Table C4: Reason for Discharge of Children from Care during 1992

Responsible Health Board	Reunited with family/ relatives	In after care	Self Sufficient	Adopted	Absconded	Death of Child	Other	Total
Eastern	279	2	12	23	8	0	12	336
Midland	69	2	4	3	0	0	0	78
Mid-Western	121	5	2	10	1	0	1	140
North-Eastern	69	3	7	3	1	0	2	85
North-Western	32	3	3	4	0	0	0	42
South-Eastern	72	5	7	20	0	0	6	110
Southern	141	0	10	11	1	0	1	164
Western	65	6	1	11	1	0	4	88
Totals :	848	26	46	85	12	0	26	1043
As % of Total :	81.3%	2.5%	4.4%	8.1%	1.2%	0.0%	2.5%	100.0%

CIRCULATED FOR INFORMATION OF

BOARD MEMBERS

MINUTES OF MEETING OF THE COMMUNITY SERVICES COMMITTEE

OF THE NORTH EASTERN HEALTH BOARD

Held in the Research Centre, Dental Hospital, Cork

At 2.00 p.m. on Thursday 26th October 1995

Members Present:

Dr. H. Dolan, Chairman.
Councillor J.F. Conlan.
Mr. Sean Conway.
Mr. Eddie Feeley.
Mr. Brendan Hughes.
Dr. W.G. Hyland.
Mr. James Leonard, T.D.,
Mr. N. McCabe.
Councillor T. Murphy.
Dr. P. Mc Carthy.
Mr. P. O'Reilly.
Ms. S. Faulkner.

Officials Present:

Dr. Ambrose Mc Loughlin, Deputy Chief Executive Officer and Programme Manager Community Care.
Mr. Nicholas Smyth, Senior Executive Officer, N.E.H.B.
Kells.

Apologies:

Dr. F.J. Bereen.
Dr. P.M. Wahlrab.
Councillor Michael Lynch.
Mr. J. Mangan.

1. Chairman's Business.

The Chairman Dr. Hugh Dolan welcomed the Members of the Committee to the Research Centre, Cork Dental Hospital and informed them that they would have the opportunity to view the facility and also St. Finbar's Day Hospital.

2. Minutes of Previous Meeting.

On the proposal of Mr. Brendan Hughes seconded by Mr. Jimmy Leonard the minutes of the meeting held on Wednesday 13th September 1995 were adopted.

3. Deputy Chief Executive Officer/Programme Manager's Report.

This report was adjourned until the next Community Services Committee Meeting.

4. Date and Time of Next Meeting:

It was agreed that the next meeting of the Committee would be held on **Wednesday 8th November 1995 in Community Care Centre, Dublin Road, Dundalk at 2.00 p.m. followed by a visit to the Newry Medical Village.**

Signed: _____ **Date:** 8/11/95

CHAIRPERSON

NORTH EASTERN HEALTH BOARD

Minutes of Meeting of Hospital Services Committee

held at

Letterkenny General Hospital,
on

Thursday, 21st September, 1995 at 2.30 p.m.

Members Present	Mr. P. Conaty, Chairman, Mr. T. Bellew, Mr. B. Fitzgerald, Mr. H. McElvaney, Dr. H. Dolan, Mr. F. O'Dowd, Mr. D. Brady, Mr. A. O'Brien, Mr. D. Breathnach, Mr. G. Marry, Ms. M. Martin, Dr. E. Hartmann.
pologies	Mr. J. Farrelly, Mr. J. Leonard, Mr. T. W. Scannell.
Attendance	Dr. S. Ryan, Programme Manager Acute Hospital Services. Ms. A. M. Hoey, Section Officer Acute Hospital Services.

INUTES OF THE PREVIOUS MEETING

e Committee unanimously agreed to adopt the minutes of the Hospital Services Committee d on 20th July, 1995.

ATTERS ARISING FROM THE MINUTES

eply to a query raised by Councillor Marry at the previous Hospital Services Committee eting regarding staffing levels in the orthopaedic unit at Our Lady's Hospital, Navan, Dr. n explained that nurses are allocated on the basis of need to priority areas within the pital. The nurse/patient ratio compares favourably with other orthopaedic units in the ntry.

REPORT OF THE PROGRAMME MANAGER ACUTE HOSPITAL SERVICES

Dr. S. Ryan, Programme Manager Acute Hospital Services advised the Committee that additional capital grant of £250,000 is being made available by the Department of Health f the purposes of upgrading Health Board buildings in 1995 and 1996.

Dr. Ryan advised the Committee of the organisation and deployment of resources, which necessary for the concert held at Slane. It was necessary for six ambulances and the mobi casualty unit to be deployed for the concert, which was held in July of this year. Nir casualties were taken to Our Lady's Hospital, Navan and six to the International Missionar Training Hospital. The cost of the provision of ambulance services is approximatel £5,500, which is recoupable from the concert organisers.

In relation to the Waiting List Initiative for orthopaedic procedures at Our Lady's Hospita the Committee were advised that the target set for additional procedures are progressing we and the hospital is confident that it can complete the targets by December, 1995.

In relation to the recent public media reports, raising questions regarding the future of th Board's hospitals at Dundalk, Monaghan and Navan, Dr. Ryan re-iterated to the Committe that it is the policy of the Board to develop acute hospital services in this region. Thi includes an active role for each of the named hospitals. The Chief Executive officer wil be making a statement on this matter at the Board Meeting in the coming week.

Details of the Tribunal established by the Minister for Health to deal with compensatio claims from the Blood Transfusion Service Board in relation to the Hepatitis C Virus were advised to the Committee.

EAR, NOSE & THROAT POLICY

This report outlined the E.N.T. services, which are available to the Board at present from Northern Ireland and the International Missionary Training Hospital, but which are insufficient to cater for its needs. The Board has made a significant investment in the infrastructural requirements for an E.N.T. service and now wish to recommend to the Department of Health that a sixteen bed unit staffed by two Consultants be provided for the region. The Committee agreed to recommend this report to the Board for approval.

PERSON OF THE YEAR AWARD

The Committee nominated Sonia O'Sullivan to receive a "Person of the Year" award.

QUALITY EVALUATION - PHYSIOTHERAPY DEPARTMENT, CAVAN GENERAL HOSPITAL

The quality review of physiotherapy services at Cavan General Hospital were outlined to the Committee.

TRAUMA SERVICES

The Committee complimented presentations made by the staff of Letterkenny General Hospital regarding the organisation of trauma services at the hospital. These issues will be considered further by the Committee in deciding a policy on trauma for the North East region.

VISIT TO DAY SERVICES UNIT

Members were very impressed with the organisation of day treatment services, medical and surgical at the special unit in Letterkenny. It was proposed to develop similar initiatives in the North Eastern Health Board and to pilot these at Louth Co. Hospital and Monaghan.

ANY OTHER BUSINESS

Mr. P. Conaty said that block bookings still exists in the out-patient department at Cavan and Monaghan General Hospitals and requested that this matter be reviewed.

In reply to a query on C.T. scanning services, Dr. Ryan advised the Committee that the service will be operational within six weeks.

DATE OF NEXT MEETING

It was agreed to meet again on **Thursday, 19th October, 1995, at Cavan General Hospital commencing at 6.00 p.m.**

Signed: _____

Date: 19. 10. 95.