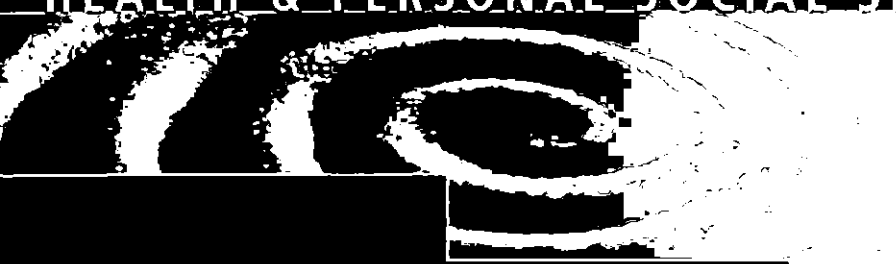
HEALTH & PERSONAL SOCIAL SERVICES
ANNUAL REPORT 2001

BÓRD SLÁINTE
AN MHEÁN-IARTHAIR

for the health and well-being of the community

HEALTH & PERSONAL SOCIAL SERVICES



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CHAIRMAN'S FOREWORD

As Chairman of the Mid-Western Health Board, it gives me great pleasure to introduce the Annual Report for 2001.

The year under review was an exciting one for all sections of the health and personal social services in Ireland with the long awaited publication of the National Health Strategy, 2001 - "Quality and Fairness - A Health System for You". This set out a blueprint for the re-organisation and development of the health services over the next ten years with a framework for long term development set against measurable goals. The Board is committed to the achievement of the goals, which is contingent on the allocation of the necessary funding.

While much attention has been focused on the reduction of hospital waiting lists, and significant achievements have been made through the various waiting list initiatives, much remains to be done.

Kevin Sheahan
Chairman

May 2002

I am pleased to note that bed capacity has increased throughout the region and a reduction has been achieved in waiting list activity. The establishment of a Minor Injuries Clinic at St John's Hospital, in partnership with the Mid-Western Regional Hospital, has helped to reduce pressure at the Accident and Emergency Department in Dooradoyle

The development of the first General Practitioners' Co-Operative in the Mid-West has progressed to the stage where "Shannondoc" will be launched in Clare in June, 2002 and will eventually provide a valuable out-of-hours service.

Staffing levels increased across all disciplines in 2001, which will impact positively on the level of services provided. The increasing pressures to recruit and retain professional staff presents many challenges for the Board, which need to be addressed with imaginative initiatives.

I am pleased to note that there have been many positive developments but I regret the failure to secure a radiotherapy service for the new Oncology Unit in Limerick. The public can be assured that the Executive and the Board will continue to press for a resolution of this most important issue.

The increasing demand for a responsive and quality service, while working within budgetary constraints, remains a constant challenge for the Board. This challenge could not be met without the commitment and dedication of our own staff and associated provider agencies and I wish to acknowledge their contribution. We are jointly committed to the achievement of excellence in all our endeavours.

I would also like to compliment my fellow Board Members for their co-operation during my year as Chairman and to thank them for their dedication.

I look forward to the Mid-Western Health Board continuing to provide for the health and social well-being of our community.

CHIEF EXECUTIVE OFFICER'S OVERVIEW

INTRODUCTION

This statutory report is a performance review statement with specific reference to the Board's Service Plan 2001. Together with the Board's Annual Financial Statement 2001, it provides a comprehensive position on current services performance against targets. This report is specifically designed to reflect the various Care Groups and their service elements in terms of activity, development, performance indicators, review initiatives and significant issues.

This region's health and social status profile indicates that the principle causes of mortality are cancer, cardiovascular disease and accidents. Cancer was the cause of 22% of all deaths in 1999. Death rates from coronary heart disease for women were lowest in the country and for men, lower than the national average. Accidents account for one third of deaths in children over one year i.e. mostly road traffic accidents. Immunisation rates are below the national average. In our adolescent population alcohol, as the major drug of abuse, is the link to all other drug use.

The region's population was projected to increase to 331,000 at the end of 2001. Areas of deprivation as defined by the Small Areas Health Research Unit point primarily to parts of Limerick City. Over 33% of the region's population belong to social classes 5,6 and 7. In Limerick City, the position is closer to 45%. The self-declared unemployment rate in the Mid-West fell to 3.9% in November 2000, which is similar to the national rate.

Stiofán de Búrca
Príomh Oifigeach
Feidhmeacháin

May 2002

STRUCTURE OF REPORT

Care group performances against plans are reviewed in a standardised format i.e.

- Statement of purpose, strategy and objectives
- Organisational structure of services
- Core and development performance 2001
- Performance indicators
- Performance review
- Significant issues.

FINANCE

The Board's total income was £368.2m, which represents an increase of 26% on the total income for 2000. The total expenditure was £365.6m. The pay costs for the year increased by £30.2m. Non-pay costs increased by £45.3m. Pay costs were 49.75% of expenditure of which 40% related to nursing. The major non-pay spends related to grants to voluntary agencies, clinical costs, capitation payments and the Community Drugs Scheme. Acute Hospitals were 35% and Primary Care 14% of the Board's net expenditure. The Board had a cumulative surplus of £3.4m, primarily due to additional funding late in the year and delayed developments due to recruitment difficulties.

SERVICES

The service groups include acute hospitals, ambulance service, primary care and community services, child health, child care and family support, older people, mental health, disability (physical and sensory, intellectual), welfare and environmental health.

ACUTE HOSPITAL SERVICE

Activity:

In the Mid-Western Regional Hospitals, in-patient activity was 1.8% above target. The increase occurred mainly in medicine, paediatrics and obstetrics. Day cases exceeded targets by 8.4% and out-patient attendances by 10.4%. A & E activity was marginally down on the previous year. In-patient waiting lists reduced by 36.5%. The number of live births increased by 1.3% on 2000.

In Ennis General Hospital overall in-patient activity was 8% below target. This is in part attributed to the foot and mouth outbreak and a reduction in tourist numbers in the area and a significant decrease in surgical activity. Day case and out-patient activity was slightly ahead of target. Casualty attendances decreased by 10%.

In Nenagh General Hospital, in-patient activity was 9% above target. Day cases were close to target and out-patient attendances were slightly down. Casualty attendances were 6.2% above target.

Developments:

Service expansion and/or improvement in staffing resource levels occurred in Medical, Surgical, Anaesthetics, Obstetrics/Gynaecology and A & E departments of the acute hospitals. This included dermatology, oral/maxillofacial, anaesthetics, diagnostics and cancer services in the Mid-Western Regional Hospital; cardiac rehabilitation, elderly care, A & E, anaesthetics and diagnostics in Ennis General Hospital and medical, cardiovascular, elderly care, diabetics, surgical, diagnostics and anaesthetics in Nenagh General Hospital.

Performance Indicators:

Some of the significant indicators are as follows:
Waiting times for out-patient appointments reduced by 12% in the Mid-Western Regional Hospital. In Ennis, the time range is 1 month (min) to 18 months (max). In Nenagh, 50% had been waiting for 12 months or more and 20% for less than 3 months at year-end. The new out-patient recall ratio was 1: 3.5 (MWRH), 1: 2.37 (EGH) and 1:3 (NGH). The average length of stay (days) for the top 30 DRGs was 3.58 (MWRH), 6.4 (EGH) and 5.63 (NGH).

Performance Review:

This focuses on research, quality, evaluation and value for money. Research projects were completed in Medicine and Surgery (MWRH) and Medicine (NGH). Quality projects were initiated on patient satisfaction, diagnostics, blood transfusion and health promotion, (MWRH). The Cardiac Catheterisation Laboratory achieved the ISO 9001 accreditation award and the Clinical Risk Management pilot project at the Regional Maternity progressed satisfactorily.

Patient satisfaction, clinical audit and risk management were the focus of quality management in Ennis and clinical information, laboratory accreditation and blood transfusion in Nenagh. Value for Money addressed cost reduction in specific areas e.g. diagnostics and support services.

Significant Issues:

In the region, the key issues are bed capacity, public/private provision, gaps in clinical services e.g. neurology, radiotherapy and rheumatology, maternity, clinical costs, information systems and increasing exposure to abuse by the public. In Ennis and Nenagh General Hospitals the planning teams will review the accommodation and bed capacity issues. Anaesthetic and A & E cover, staffing levels and skill mix are under review.

REGIONAL AMBULANCE SERVICE

Activity:	Urgent and emergency calls increased by 33%.
Developments:	Two-person crewing was completed in Ennis and eight new front-line ambulances were put into operation.
Performance Indicators:	These relate to response times, training standards and equipment.
Performance Review:	Research on the chain of survival with GPs in Clare; clinical audit of pre-hospital cardiac arrest; review of patient transport processes; evaluation of fuel management and field trials of the electronic patient report form.
Significant Issues:	Two-person crewing, equipment and stations.

PRIMARY CARE AND COMMUNITY SERVICES

GENERAL MEDICAL SERVICES

Activity:	The dental treatment of children was 6% below target and 8.1% over target for adults. The primary childhood immunisation uptake rate was 82% for DT/DTaP, Polio and Hib and 70% for MMR among children aged 2 years. The uptake rate for Men. C vaccination to date is 65%. Influenza vaccination uptake was 80%.
Developments:	The GP Co-op. "Shannondoc" was launched with a view to implementation in 2002. Phases I and II of the Men. C Immunisation Programme were funded and completed. Phase III commenced in Dec. 2001. A crisis pregnancy project was developed. Resource persons and programmes for Traveller Health progressed.
Performance Indicators:	These include GP practices improvement; registration of persons for the Drugs Payment Scheme; uptakes on immunisation and vaccination programmes, dental screening in national schools, reduction in waiting times for Community Ophthalmic service and the fluoridation of water schemes.
Performance Review:	The report on research of traveller women's perceptions and experiences of maternal and early child health services was published. A survey on adult dental health was completed and the report is due for publication. The Primary Care Unit monitored GP costs and general prescribing. Increased savings were realised on the Indicative Drug Target Scheme.
Significant Issues:	GP practice structure and out-of-hours arrangements; the demand led effect on expenditure of DTSS; recruitment and retention of dental staff, accommodation and equipment; Travellers' health status and the uptake on the primary childhood immunisation scheme.

ENVIRONMENTAL HEALTH

Activity:	An increase of 11% on the work undertaken for local authorities; 76% and 98% of target for food control inspections and food sampling respectively.
Developments:	Additional staff resources and improved services for food safety, tobacco control; training in food hygiene and HACCP in high-risk food businesses.
Performance Indicators:	Compliance with the Food Safety contract achieved for high-risk premises in Clare and Tipperary N.R./East Limerick areas. Targets for nursing home team inspections were not reached in all areas. Premises with HACCP systems in place increased.
Performance Review:	This service has ISO 9001 Accreditation and was successful with the NSAI surveillance audit. Standard Operating Procedures and guidance notes produced for outbreak investigation and classification of infringements.
Significant Issues:	Recruitment of EHOs; the integration of Regional and National HACCP campaign and provision of outbreak control teams.

WELFARE SERVICES

Activity:	The number of persons who attended CWO clinics was 82,549. The relocation of 350 asylum seekers and the payment of the Back to School Clothing and Footwear Scheme through SWA, increased CWO activity. There are 10 Direct Provision Centres catering for approximately 710 asylum seekers and an estimated 700 living in private rented accommodation in the region. 692 persons presented as homeless in the Limerick City unit.
Developments:	Establishment of a Directorate of Welfare Services; services to homeless and asylum seekers enhanced; additional CWO posts for Older Persons and Disabilities services agreed.
Performance Indicators:	Control exercises in the reduction of fraudulent claims; increase in contact with local agencies; joint casework with MABS, uptake on diet/crèche/heating supplements; individual care packages in Care Groups; uptake rates in medical screening/vaccination of asylum seekers and services to homeless persons; reduction in evictions for non-payment of rent.
Performance Review:	Research on homelessness, customer survey on an ongoing basis; 9 additional CWO locations received ISO 9002 Certification and "Directory of Services" to voluntary agencies.
Significant Issues:	The high level of Rent Supplementation; financing of homeless services; the voluntary nature of the health screening of asylum seekers and rate of SWA basic payment to them and the impact on services of the increasing number of asylum seekers.

CHILD HEALTH SERVICE

Activity: Home visits to children were 3.7% under target due to public health nurse recruitment difficulties. The development/welfare clinic target was exceeded by 17%. The school medical services were significantly under target. The target for pupil audiometry was 25% under and 8% over for pupil vision.

The majority (77%) of infants received their first child welfare visit within 24 hours of discharge from hospital. The uptake of primary childhood immunisation was approximately at the national average rates. The uptake on the Men. C Campaign was 82% for the 0-4 year olds, 91% for the 5-14 year olds and 18% for the 18-22 year olds.

Developments: A regional sub-committee was appointed to implement the recommendations of "Best Health for Children" and the Board's Child Health Strategy. A Regional Co-ordinator of Immunisation and support staff were appointed to improve the uptake of vaccination. The Personal Health Record pilot phase was implemented.

Performance Indicators: These include post-discharge visits by public health nurses to new-born children; the percentage mothers breastfeeding at the first public health nurse visit and at four months; uptake of each stage of paediatric surveillance, developmental clinics and reduction of numbers on waiting lists for Speech and Language Therapy.

Performance Review: A study of paediatric surveillance uptake for children born in 2000 indicates Limerick, 89%; Clare, 92%; and Tipperary N.R., 93%; protocol for screening hearing in development; an evaluation of the uptake rate in developmental examinations (Tipperary N.R./East Limerick) indicates 91% for babies born in 1999; an evaluation of the impact of the Breast Feeding Strategy, in Limerick, indicates 32% at initiation stage and 17% at 3 months.

Significant Issues: The birth rate; increase in teenage pregnancy, lone and multi-parent families, asylum seekers/refugees, family mobility, loss of extended family support, traveller community, immunisation uptake, absence of community paediatrician with special interest; recruitment and retention of staff, accommodation and information.

SERVICES FOR OLDER PEOPLE

Activity: Acute admissions, 65 years and over, accounted for 32% of all admissions to MWRH, 50% in Ennis, 46% in Nenagh and 51% in Croom. Total admissions to hospitals for older people decreased by 1%. Day hospital admissions increased by 4.2%. There was a 2% increase in the number of persons in receipt of subvention. Maximum dependency accounted for 74%.

Developments: Increased home help hours to new and existing clients; support of carers and organisations for older people; improved community support structures; increased completions in housing aid for the elderly; dementia unit in Clare, improvement of the old age psychiatry service in Clare; staffing levels in residential care.

Performance Indicators: The percentage of elderly persons 65+ years and 75+ years in the Board's elderly care institutions.

Performance Review: Research projects in the Department of Medicine for the Elderly, Limerick; patient satisfaction surveys in Kilrush and Thurles Day Centres; draft protocols for the Elder Abuse pilot project; Falls Audit Tool and physiotherapy information system implemented in St. Ita's Hospital, Newcastle West.

Significant Issues: In acute services, increasing dependency, assessment and rehabilitation beds and assistive equipment and appliances on discharge. In the community, demographic factors, staffing including home helps, housing aid for the elderly. In residential care, therapies, care plans, continuing care places and funding for the enhanced subvention payments for persons in private Nursing Homes.

CHILD CARE AND FAMILY SUPPORT SERVICES

Activity: The number of child protection reports decreased by 38% on 2000. Children admitted to care increased by 53% due to admissions of large sibling groups for short time periods. The Teenage Pregnancy Prevention Programme provided services to 57 young people.

Developments: 10 additional residential high support places were provided with the opening of 2 new facilities. The Relative Care Project expanded with 89 children placed with relative foster carers. Community Development & Family Services were strengthened. Additional staff resources, training and systems were provided for Protection and Treatment services. A Regional Co-ordinator for Violence against Women was appointed and additional team leaders for adolescent service teams. The child care information system was expanded.

Performance Indicators: They include; the first inspection of new pre-school services, 100% achieved; second (58%) third (60%); inspection of all existing services, 63% inspected on an annual basis; 90% of children in residential care had a care plan drawn up and reviewed; 30% of all children in care are re-united with their family each year. The median time waiting from receipt of adoption tracing request to commencement of the tracing process is 12 months.

Performance Review: A research framework for child care and family support services was drafted. "Keeping Children Safe", a study of child abuse, protection and the promotion of welfare in children was published.

Significant Issues: Considerable demands are placed on resources due to the volume and complexity of legal activity. There are accommodation, staffing, support and capacity issues. Particular pressures arose from the lack of dedicated emergency beds in residential care, the need for an integrated model of care within all residential units and the lack of an out-of-hours service.

MENTAL HEALTH SERVICE

Activity: The overall in-patient admission rate reduced to 5.1%. Day hospital attendances increased by 3.7%; out-patient clinic attendances reduced by 5.6% and day centre attendances increased by 7.6%. There were 514 referrals to the Child and Adolescent Service, one third of whom were diagnosed as ADHD. There were 228 referrals to the AVPA service.

Developments: In preventative and anticipatory care, voluntary organisations were funded to provide informal support structures. Guidelines were introduced for post-primary schools on suicide prevention and awareness. Teacher and staff training was undertaken.

In Community services, a temporary Consultant with a special interest in Rehabilitation was appointed. A third child psychiatric team was additionally resourced.

Staffing in the community residences was enhanced. Day centres in Limerick City and Kilmallock were opened. Plans to close Our Lady's Hospital, Ennis were significantly advanced.

36 patients with an intellectual disability transferred from St. Joseph's Hospital Limerick to purpose built facilities at the Daughters of Charity, Lisnagry.

A proposal to develop a doctoral programme in clinical psychology with UL was at an advanced stage at year end.

Performance Indicators: The implementation of the Suicide Action plans progressed satisfactorily. The suicide rate for this region is above the national average for males and females. Provision of in-patient, community residential places per '000 population and admission and average length of stay rates are indicated.

Performance Review: A parasuicide intervention research project was initiated in the Limerick area. The first results of client satisfaction with clinical psychology research were published for Tipperary N.R. An audit of the recording of clinical information was undertaken in the Acute Unit, Limerick. A review of the crisis intervention nursing service in Limerick and Clare was completed. The Child & Adolescent Service undertook research into psychiatric disorders in children aged 14-16 years.

Significant Issues: The transfer to alternative mental health services presents significant resource and change management challenges. The development of a regional secure unit, acute unit in Nenagh, community residences, respite care, continuing care, community based rehabilitation and a high observation unit in Limerick are priorities. The child and adolescent service requires an acute unit, additional teams and enhanced addiction services. The Mental Health Act, 2001 has significant implications.

DISABILITY SERVICES

PHYSICAL AND SENSORY

Activity: Referrals to the Speech & Language Therapy Service exceeded targets leading to higher caseloads per therapist and the average waiting time for further therapy is now 9+ months. There was a significant increase in the number of occupational therapy interventions and in the number taken off the physiotherapy assessment waiting list.

Developments: An additional 21,000 hours of personal assistant services benefited 337 persons. There were also significant additions in home care, socialisation and transport services. Occupational therapy, physiotherapy and speech and language therapy services were extended. A six-bed residential facility for adults with significant physical disabilities was provided in collaboration with Rehabcare.

Performance Indicators:	These include new service implementation within agreed timescales, reduction in time between assessment and commencement of treatment in therapy services, formal service agreements with voluntary sector providers and Section 65 funded agencies in receipt of more than £10,000.
Performance Review:	Research on best practice in the provision of services for persons with acquired brain injury; information needs of healthcare professionals working in disability services and service models for a Child Development Service. A computerised client information system was piloted within the Community Occupational Therapy Service. An asset tracking, maintenance and cleaning service for aids and appliances was adopted.
Significant Issues:	Recruitment and retention of therapy personnel; independent advocacy in the needs assessment process; the absence of a national database; the need for a Child Assessment and Intervention Service; to improve linkages with mainstream services and additional facilities and counselling services.

INTELLECTUAL

Activity:	There was a 3% increase in the number of residential and day care places and 11 (40%) additional respite places. Occupational guidance provided services to 178 persons.
Developments:	An additional 22 residential, 11 respite and 26 day places, developed by voluntary agencies on behalf of the Board, benefited 101 persons. 26 children benefited from the further development of multi-disciplinary inputs. Area intervention teams for autism services commenced in Limerick and Clare. 54 children and 13 adults benefited from these services. A 4 place residential respite facility with a comprehensive out-reach service in Clare, was provided by the Board in partnership with the Brothers of Charity. A 6-place rehabilitation facility was provided in Limerick. A regional occupational guidance and assessment service was developed.
Performance Indicators:	They include, early identification and intervention; improved access to local services; reduction of clients in inappropriate settings and extension of the minimum dataset to all voluntary agencies.
Performance Review:	Research completed on best practice in the provision of rehabilitative training; the impact of auditory integration training on children with autistic spectrum disorders. The National Quality Standard for rehabilitative training services was adopted. A detailed client database was developed by the Speech and Language Therapy Department in Tipperary (N.R.).
Significant Issues:	The need for, an integrated Child Assessment and Intervention Service, Community Paediatrician input, Speech and Language Therapy, rehabilitation training programme for adults and residential and respite and day places. There are considerable difficulties in the recruitment and retention of therapy staff and in the provision of accommodation. There is an increased demand for specialised services.

CARDIOVASCULAR HEALTH STRATEGY

Activity:	141 coronary angioplasty procedures were undertaken, 518 persons were referred to the Cardiac Rehabilitation Unit.
Developments:	Some progress was made in setting up community health promotion/disease prevention teams. A health promotion campaign is focused on the work place and hospitals. An angioplasty service was provided, supporting diagnostic and therapeutic services and cardiac rehabilitation were expanded to Ennis and Nenagh Hospitals.
Performance Review:	Progress reports are produced on a quarterly basis.
Significant Issues:	Difficulties in recruiting staff for specialist posts and funding inadequate for infrastructure and equipment.

HEALTH PROMOTION

Activity:	111 clients attended Sláinte Health Advice Centre for counselling. 204 teachers and 32 principals attended health education training. The Clinical Dietetic Service in Ennis and Nenagh had 85 and 94 patient contacts respectively.
Developments:	Additional drugs counselling and outreach services were provided. A Level 2 Methadone service was introduced. Nutrition policy and guidelines for school and elderly care settings commenced. Other developments include community health needs assessment, parent and family support programmes.
Performance Review:	Research on health influences impacting on the people of West Clare and East Limerick and the barriers to exercise among young women in Clare. The evaluation of the Bí-Folláin project was completed.
Significant Issues:	Health Promotion awareness as a Board wide service, review of drug and alcohol services.

CONCLUSION

This report also contains sections on human resources, information access and appeals. They reflect the people dimension of the organisation as service providers and users experience. At year end there were 5,975.7 WTEs directly employed by the Board to provide an extensive range of services for the people of the Mid-West region. There are also many voluntary organisations and associations across a broad spectrum of interests who work collaboratively with the Board.

I am very grateful to the Board and to our internal and external partners which includes the Department of Health and Children and many state and voluntary agencies, local and national for their commitment and contribution to the health and well-being of our communities in the Mid-West region. I am particularly grateful to our staff for their continuing commitment to excellence in serving the people of this region. With the implementation of the National Health Strategy 2001, we all hope for greater investment and a new energy to ensure delivery of the vision for the service in the years ahead.

Seated from left	Standing from left
Cllr. M. Hourigan	Dr. D. Clinch
Ms. M. O'Donnell	Cllr. J. Casey
Cllr. T. O' Malley	Mr. L. Mac Namara
Deputy J. O'Sullivan	Cllr. P. Bugler
Cllr. K. Sheahan (Chairman)	Cllr. N. Coonan
Mr. S. de Búrca (CEO)	Cllr. R. Butler
Ms. A. Kenny-Ryan	Cllr. S. Hillery
Dr. M. Donovan	Dr. T. Casey
Cllr. J. Bourke	Cllr. J. Egan
	Cllr. B. Chambers
	Cllr. P. Daly
	Cllr./Dr. J. Hennessy
	Dr. R. O'Flaherty

Missing from Photograph

Mr. P. Burke, Cllr. J. Clifford, Sen. J. Cregan, Dr. M. Gray, Dr. J. Lemasney, Cllr. S. Marsh, Mr. D. Mc Avinchey

BOARD COMMITTEES

ACUTE HOSPITAL SERVICES STANDING COMMITTEE OF THE BOARD

Cllr. Kevin Sheahan	Member of Limerick County Council, and Chairman of MWHB
Cllr. Bill Chambers	Member of Clare County Council, and Vice Chairman MWHB
Mr. Paul Burke	Registered Medical Practitioner, Limerick
Dr. David Clinch	Registered Medical Practitioner, Limerick
Cllr. Noel Coonan	Member of Tipperary N.R. County Council
Cllr. Pat Daly	Member of Clare County Council
Dr. Mary Gray	Registered Medical Practitioner, Limerick
Ms. Ann Kenny-Ryan	Registered General Nurse, Limerick
Dr. Joseph F. Lemasney	Registered Dental Practitioner, Limerick
Cllr. Mary Mannion	Ministerial Nominee to Board, Clare
Mr. David McAvinchey	Ministerial Nominee to Board, Tipperary N.R.

ELDERLY, PRIMARY/COMMUNITY SERVICES STANDING COMMITTEE OF THE BOARD

Cllr. Kevin Sheahan	Member of Limerick County Council and Chairman MWHB
Cllr. Bill Chambers	Member of Clare County Council and Vice Chairman MWHB
Cllr. Jack Bourke	Member of Limerick City Council
Cllr. Jim Casey	Member of Tipperary N.R. County Council
Sen. John Cregan	Member of Limerick County Council
Dr. Mary Donovan	Registered Medical Practitioner, Limerick
Cllr. Sean Hillery	Member of Clare County Council
Cllr. Michael Hourigan	Member of Limerick City Council
Cllr. Sandra Marsh	Member of Limerick County Council
Dr. Richard O'Flaherty	Ministerial Nominee to Board, Limerick
Dep. Jan O'Sullivan	Member of Limerick City Council, Limerick

CHILDREN, DISABILITY AND MENTAL HEALTH STANDING COMMITTEE OF THE BOARD

Cllr. Kevin Sheehan	Member of Limerick County Council and Chairman MWHB
Cllr. Bill Chambers	Member of Clare County Council and Vice Chairman MWHB
Cllr. Paul Bugler	Member of Clare County Council
Cllr. Richard Butler	Member of Limerick County Council
Dr. Tony Casey	Registered Medical Practitioner, Limerick
Cllr. John Clifford	Ministerial Nominee to Board, Limerick
Cllr. John Egan	Member of Tipperary N.R. County Council
Cllr./Dr. Joe Hennessy	Member of Tipperary N.R. County Council
Mr. Liam MacNamara	Registered Psychiatric Nurse, Limerick
Cllr. Tim O'Malley	Registered Pharmacist, Limerick

SERVICE PLANS
MEMBERS OF THE SUB COMMITTEE

Cllr. Kevin Sheehan	Member of Limerick County Council and Chairman MWHB
Cllr. Bill Chambers	Member of Clare County Council and Vice Chairman MWHB
Cllr. Jim Casey	Member of Tipperary N.R. County Council
Cllr. John Clifford	Ministerial Nominee to Board, Limerick
Cllr. Sean Hillery	Member of Clare County Council
Cllr. Michael Hourigan	Member of Limerick City Council
Mr. David McAvinchey	Ministerial Nominee to Board, Tipperary N.R.
Dep. Jan O'Sullivan	Member of Limerick City Council, Limerick
Mr. Liam MacNamara	Registered Psychiatric Nurse, Limerick
Ms. Ann Kenny-Ryan	Registered General Nurse, Limerick
Cllr. Tim O'Malley	Registered Pharmacist, Limerick

STANDING ORDERS
MEMBERS OF THE SUB COMMITTEE

Cllr. Kevin Sheahan	Member of Limerick County Council and Chairman MWHB
Cllr. Bill Chambers	Member of Clare County Council and Vice Chairman MWHB
Cllr. Jack Bourke—	Member of Limerick City Council
Cllr. Paul Bugler	Member of Clare County Council
Cllr. Richard Butler	Member of Limerick County Council
Cllr. Jim Casey	Member of Tipperary N.R. County Council
Cllr. John Clifford	Ministerial Nominee to Board, Limerick
Cllr. John Egan	Member of Tipperary N.R. County Council
Cllr./Dr. Joe Hennessy	Member of Tipperary N.R. County Council
Cllr. Sean Hillery	Member of Clare County Council
Cllr. Sandra Marsh	Member of Limerick County Council

CHILD CARE
ADVISORY COMMITTEE

Members nominated by the Board

Cllr. Kevin Sheahan
Ms. Ann Kenny-Ryan
Cllr. Tim. O'Malley

Members nominated by the Chief Executive Officer

Dr. Miriam O'Mahony-Tuohy
Ms. Marie Molloy
Mr. Kevin O'Farrell

Members representing Service Areas

Fr. Gerard Nash	Adoption and Fostering
Mr. Bernard Gloster	Residential Care Services
Ms. Annette Kearney	Services for Pre-School Children
Ms. Pearl Mitchell	Educational Services
Dr. M. Donovan	Services for Homeless Children
Dr. Keith Holmes	Child and Adolescent Psychiatric Services
Mr. Tim Ryan	Support Services for Children and their Families
Ms. Ann Rennison	Support Services for Children and their Families
Ms. Margaret Rodgers	Support Services for Children and their Families

Nominated by the Probation and Welfare Service

Mr. Sean Moriarty

Nominated by an Garda Siochana

Inspector John Murphy

ST. LUKE'S HOSPITAL, CLONMEL VISITING COMMITTEE

Members nominated by the Board

Cllr. Richard Butler
Cllr. Jim Casey
Cllr./Dr. Joe Hennessy
Cllr. Noel Coonan
Sen. John Egan
Mr. P.A. Sheehan

John O'Brien
Asst. CEO
Acute Services

Ger Crowley
Asst. CEO
Primary, Community and Continuing Care

Stiofán de Búrca
Príomh Oifigeach Feidhmeacháin

James Conway
Asst. CEO, Services for Older People, Community Services and Ambulance Service

Tommy Hourigan
A/Asst. CEO
Primary Care, Child Health and Mental Health Services

James O'Grady
A/Asst. CEO
Childcare and Disabilities

Kevin Kelleher
Director of Public Health

Jerry Mac Namara
Technical Services Officer

Marie Corcoran
Director of Human Resources

John Hennessy
General Manager Limerick Acute Services

Paddy McDonald
Director of Finance

Seamus Mc Nulty
General Manager Clare Catchment Area

Richard Mc Mahon
Director of Information Systems

Dympna Kavanagh
General Manager Limerick Non-Acute Services

P.A. Sheehan
General Manager Tipperary Catchment Area

Ita O'Brien
Director of Child Care & Family Support Services

Pat Brosnan
Regional Co-ordinator for Planning and Development of Mental Health Services

INTRODUCTION

A lot influences our health and our need for health care. Thus there is a need to understand those influences to allow us to plan for and measure the impact of our actions. Whilst the rest of the report shows the immediate impact of those actions the information here gives the longer-term impact and the final impact.

PUBLIC HEALTH PROFILE

Public health is not what the Department of Health and Children does, but what we all do individually and collectively to create the conditions in which people can be healthy. Public Health must communicate information about local and national public health issues and challenges to the public, and engage with the public in finding solutions to problems. There is a major role for public health education and providing information that is relevant, accessible and framed in a language that can be understood. Public Health must determine the factors responsible for ill health, frame hypotheses and find solutions to the problems it presents. This must be a multi-disciplinary activity and a joint responsibility between public health, local authorities and primary care.

Mortality

The principle causes of premature mortality in the region are cancer, cardiovascular disease and accidents. The number of deaths from all causes is higher in Limerick City and County in most age groups than in all other Health Board sectors. On a more positive note, the incidence of and mortality from cancer in the Mid-Western Health Board region are lower than corresponding Irish and European rates. Death rates from coronary heart disease amongst females in the region have been the lowest in the country in recent years and rates amongst males are also falling. Death rates from stroke have also fallen in all counties in the Health Board region.

In the Mid-Western Health Board region, as in Ireland as a whole, cancer was the cause of 22% of all deaths in 1999, being second only to cardiovascular disease as the principal cause of mortality.

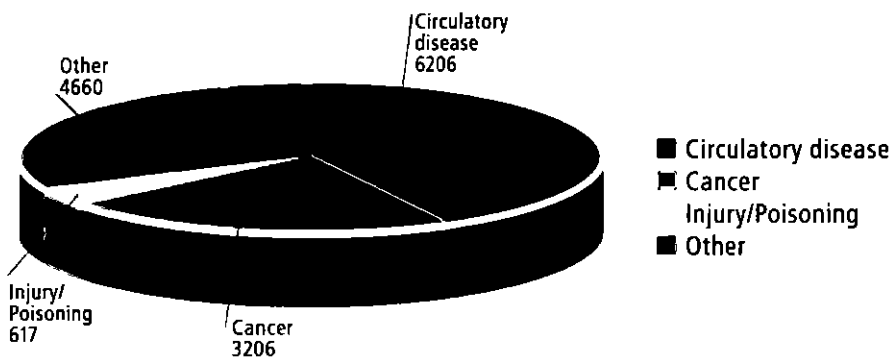


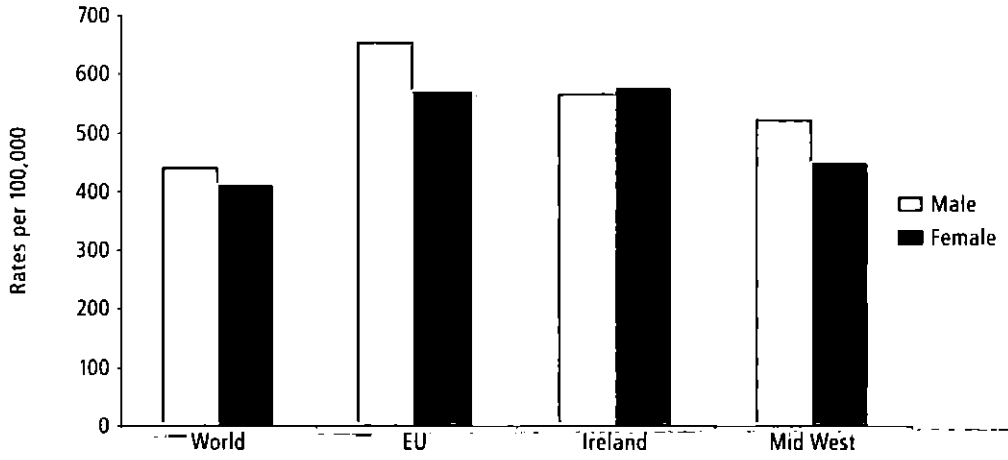
Figure 1. Causes of mortality in the Mid-Western Health Board region, 1999
Source: PHIS v4

In Ireland the commonest incident of cancer was non-melanomatous skin cancer (26.8%) followed by cancer of the breast (8.3%), lung (8.3%), prostate (6%) and colon (5.6%).

Cancer incidence in the Mid-Western Health Board

The National Cancer Registry records just over 20,000 cancer cases yearly, slightly more in women than men. The number of new cancers registered in the Mid-West region yearly is 750 among men and 720 among women, giving crude incidence rates of 472 and 559 per 100,000 for men and women respectively. Excluding non-melanomatous skin cancer, there were 500 new cancers among men and 530 new cancers among women in the Mid-Western Health Board region annually.

Figure 2 compares the age-standardised incidence rates for the Mid-West, Ireland with the EU and the world standardised incidence rates for all cancers. The rates in the Mid-West for males and females are lower than both Irish and EU rates, particularly in females.



(Non-melanomatous skin cancer is often excluded from cancer analyses as it is very common, usually treatable and rarely fatal.)

Figure 2. Age-standardised incidence rates: all cancers 1994-6
Source: National Cancer Registry, 1999

Cardiovascular Disease

Cardiovascular disease, which includes both heart disease and stroke, is the single largest cause of death in Ireland with over two in five of all deaths in 1998 being attributed to this group of diseases. Despite a decline in deaths from cardiovascular disease in recent years, death rates from coronary heart disease remain high in Ireland compared to rates in other EU countries. The 1999 Cardiovascular Strategy Document 'Building Healthier Hearts' outlined a strategic approach to the prevention and treatment of illness caused by cardiovascular disease in Ireland. A Regional Cardiovascular Disease Steering Committee has been formed in the area to oversee the development of services for people with cardiovascular disease in the Mid-Western Health Board region. The Director of Public Health chairs this committee. Major improvements in the provision of services at a primary, secondary and tertiary level will be seen in the region as a direct result of the Cardiovascular Disease Strategy.

There is some geographical variation within Ireland in death rates from coronary heart disease. In the Mid-Western Health Board region:

- Death rates from coronary heart disease for women were the lowest in the country using data from 1994 to 1999.
- Death rates for men, which were above the national average in the 1980s, were similar to the national average between 1995 and 1998, but lower for 1999. (Figure 3).

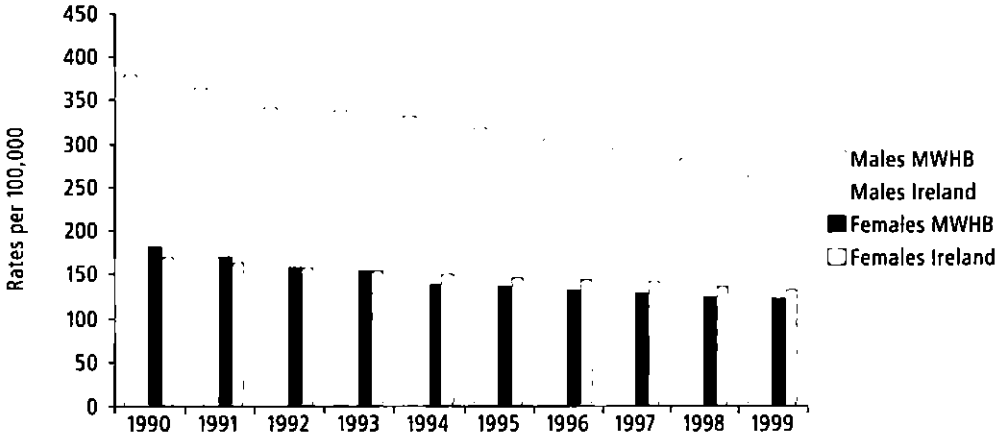


Figure 3. Age-standardised death rates from coronary heart disease per 100,000 in Mid-Western Health Board region and in Ireland for all ages, 1990-99
Source: PHISv4

The Mid-Western Health Board region has gone from being the area with the highest standardised mortality ratio nationally to being just above the national average. This reflects the relative improvement in the pattern of mortality from circulatory diseases in the region over the last 10 to 20 years.

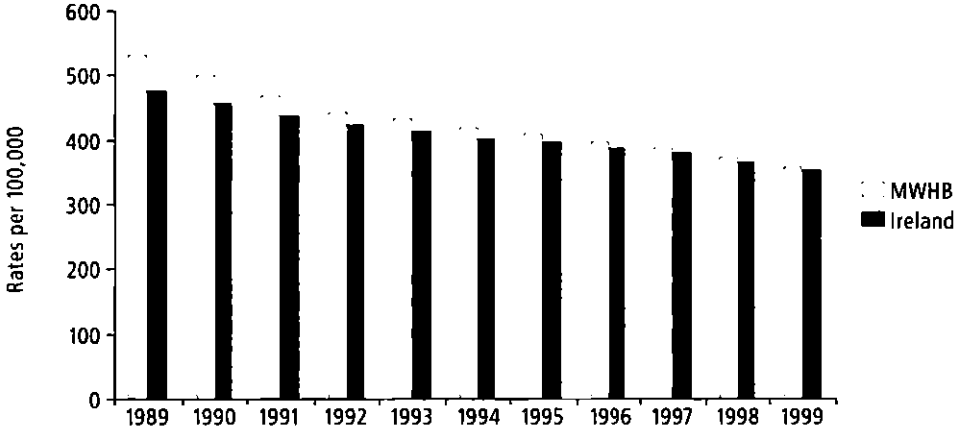


Figure 4. Standardised mortality ratios for circulatory disease for all ages; Mid-Western Health Board and Ireland, 1989-99
Source: PHIS v4

Child Health

The Public Health report for 2001 focused on children. The report demonstrates the many factors that determine the present and future health of children as well as highlighting the current limitations in measuring children's health status.

In our adolescent population, alcohol as the major drug of abuse, is the link to all other drug use. In addition over half this population are not physically active enough for health enhancement while for younger children the provision of playgrounds is inequitable. In the area of childhood morbidity and mortality immunisation rates and childhood accidents are highlighted. Immunisation rates in the MWHB are below the national average. We cannot afford to be complacent about immunisation. Immunisation is a safe and effective way to prevent potentially fatal childhood diseases. Accidents account for one third of deaths in children over one year and here it is mostly road traffic accidents. 15% of the road traffic deaths in the Mid West in 1999 were of children under 18.

The report demonstrates that there are many positive features in the health status of children and adolescents in the Mid-West. It concludes that though hospital admission rates are falling and childhood death rates are low coupled with an overall reduction in the population under 18 in recent years, there is no reduction in the need for children's services. The shift in emphasis from predominantly physical health problems to psycho-social and lifestyle-related problems in young people identified reflects the situation in most developed countries.

Inequalities in child health are now clearly linked to parental circumstances and ethnic grouping. This challenge needs to be addressed by the concerted efforts of many agencies; it is outside the scope of the health services alone. The report takes the opportunity to outline specific elements that would help enhance childhood experience in the Mid-West.

POPULATION PROFILE

The Mid-Western Health Board encompasses Limerick City & County and counties, Clare and North Tipperary. The population of the Mid-West region decreased steadily from the turn of the 20th century until the early 1970's. Since 1971 the population increased by over 17.5%. There was a temporary decrease in population in 1991, which reverted in 1996. At the time of the 1996 Census the population of the Mid-West was 317,069. This was projected to increase to 331,000 at the end of 2001. Figure 5 shows the projected population increase by age.

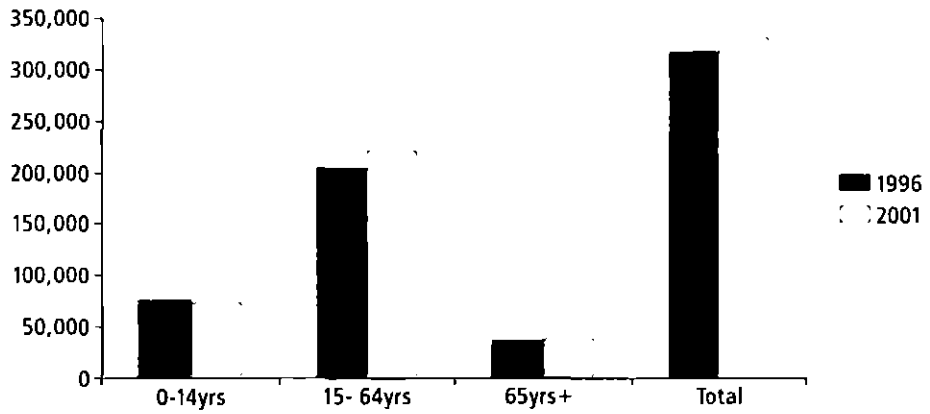


Figure 5. Population increase 1996 - 2001 (projected)
Source: CSO

There were 4,789 births in the Mid Western Health Board region in 2000 representing 8.8% of the total births in Ireland during that year (figure 6).

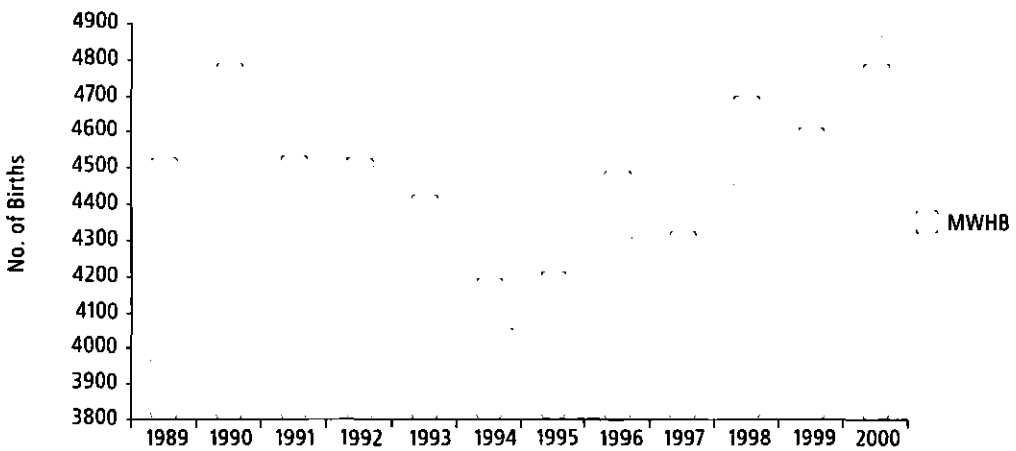


Figure 6. Number of births to Mid-Western Health Board residents 1989-2000
Source: MWHB

While the population and birth rate in the Mid Western Health Board region continues to increase the relative number of those aged 18 or less is decreasing owing to the decrease in the birth rate experienced in the 1980's. This is in line with national trends as demonstrated in figure 7.

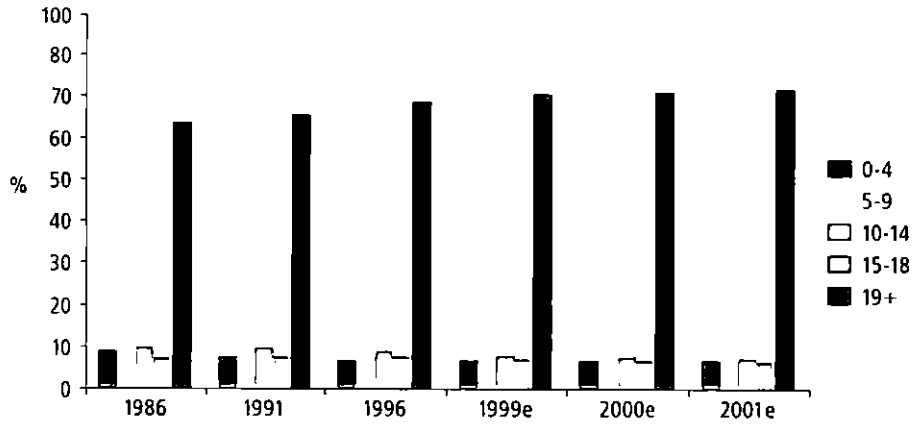


Figure 7. Percentage of total population of Ireland by age bands 1986 - 2001
Source: CSO 1999- 2001 figures estimated

There is a growing body of knowledge as to what determines health and inequalities in health, and how these determinants can be influenced so as to improve health. Poverty is the single most important determinant of an abnormal developmental score in children (Millar 1999). There is also a body of international evidence in relation to the healthiest nations not being the richest nations but the nations where there is the smallest gap between the rich and the poor (Wilkinson 1996) e.g. Nordic countries and Japan.

Many measurements of health demonstrate a persistent social gradient for numerous health and lifestyle measures. International evidence would suggest that the burden of ill health falls mainly on children from low-income families. Unfortunately Ireland differs from most other Western countries in its cultural reluctance to adopt geo-coding and unique personal identifiers. Therefore it is not possible at present to link actual health experience and social circumstances. However, it is anticipated that information from Census 2002 will at least partially remedy this.

Areas of Deprivation in the Mid-West
Geographical areas of deprivation can be identified at both national and local health board level. Two deprivation indices are under development in Ireland, Small Areas Health Research Unit (SAHRU) and Häse. Both draw on information gathered in the census, which is collected every five years and will be updated by the 2002 census. The SAHRU deprivation index considers unemployment figures and the percentage of the population in the lower socio-economic groups.

Figure 8 illustrates areas of deprivation as defined by the SAHRU deprivation index in relation to the norm in the Mid-West.

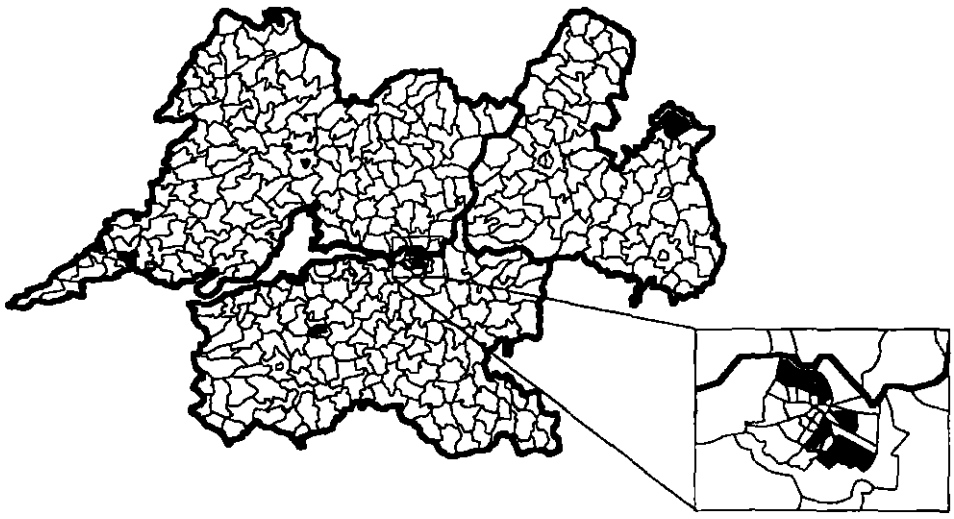


Figure 8. Deprivations 1996 – Mid-Western Health Board Region (SAHRU)

The Häse index on the other hand is constructed using data collected in the census by scoring components categorised as 'social class', 'urban' and 'rural' disadvantage.

Both indices have achieved a high degree of consensus about the relative degree of disadvantage experienced by different areas and have made an important contribution to the effective targeting of resources.

Deprivation appears to be concentrated though not exclusively, in urban areas and it is here that

many initiatives are targeted. One such programme is the Operational Programme for Local Urban and Rural Development (OPLURD 1994-1999) programme. This is part of an area-based approach to combat long-term unemployment and target social exclusion through local development. Currently funding is provided to 38 Partnership Companies and 33 community groups throughout the country. In the Mid-West the areas covered are Limerick City and Limerick West. Designation of partnership areas was made on 'The Häse Index of Relative Deprivation'.

In addition to this programme there is also a fast-track system in operation. RAPID, is a government policy, aimed at fast tracking existing resources to areas of maximum need. This programme is in operation here since earlier this year and is as yet confined to Limerick city.

Unemployment

The unemployment rate is the number of people unemployed expressed as a percentage of the total labour force. In recent times the trend in unemployment has been downward. Figure 9 shows the estimated trends in self-declared unemployment rates in the Mid-West compared with national trends between April 1996 and November 2000. In 1996 the national rate was 11.9% while the Mid-West rate was 9%. In November 2000, the rate in the Mid-West had fallen to 3.9%, similar to the national rate. On average, employment in Ireland increased by 4.7% in 2000, compared to 6.3% in 1999. Unemployment fell by 19,900 with long-term unemployment down by almost 12,000 to 24,200. The unemployment rate fell to 3.9% in the fourth quarter of 2000. This compares with 5.1% in the same quarter of 1999.

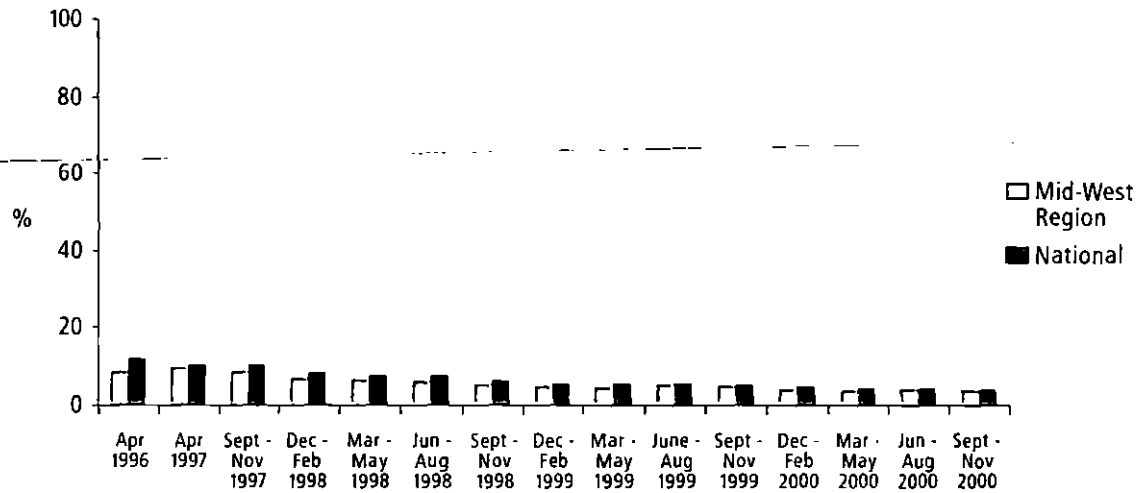


Figure 9. Trends in Mid-Western Regional and National unemployment rates
Source: CSO Quarterly National Household Survey; 1st Quarter 1996 to 4th Quarter 2000

Figure 10 shows the portion of the population in each social class in the Mid-Western Health Board and Ireland. The proportions in each class in the Mid-Western Health Board region are similar to the national picture.

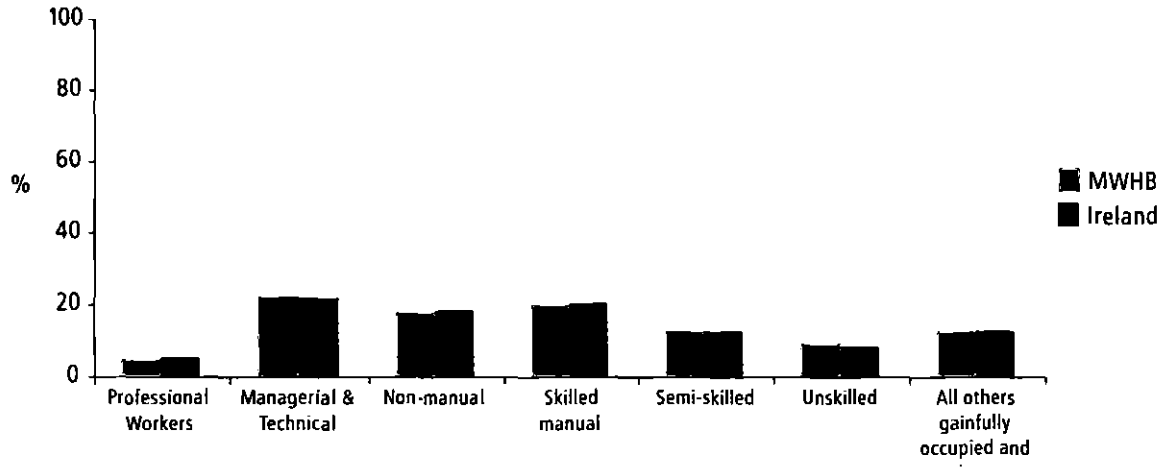


Figure 10. Social Class Distribution
Source: CSO

Less than 5% of the population is social class 1 with 22% being in social class 2. Limerick County has the highest percentages for social classes 1, 2, 3, closely followed by Clare. Limerick City has the highest proportions of population in the social classes 5 and 6. Over one-third of the population belong to social classes 5, 6 or 7 and in Limerick City, this figure is closer to 45%. Figure 11 gives a breakdown of the percentage in each county and the region occupying the social class.

Figure 11. Percentage of population in each social class by Region
Source: CSO

CONCLUSION

The health of the population of the Mid-West is improving. However the demand/need for health care is also rising. The population is increasing particularly with more older people, and we are seeing a more socially and culturally diverse community. What health services can do to remedy ill health is expanding dramatically and what the public expects is also rising. All of this shows a significant need for an increased and more effective health system. It is also clear that the health system needs to be sensitive to the needs of our more disadvantaged citizens and provide particularly for them.

The Board's total income for 2001 was £368.2m, which represents an increase of £77m or 26% on the total income for the year 2000. The Board's allocation from the Department of Health and Children was £340.5m, an increase of £73.7m on the final allocation for 2000. Some of the large items making up this additional funding are as follows, General Pay Awards £3.9m, Special Pay Awards £7.93m, Mental Health Initiatives £2.1m, Intellectual and Autism Services £3.3m, Cardiovascular Health Strategy £1.1m, NCHD Pay £1.8m, Child Care Services £3.3m, Dental Services £1.0m, Waiting List Initiatives £1.29m, Pre Hospital & Ambulance Services £1.35m, and Meningococcal Immunisation Programme £1.3m. Other income for the year 2001 was £27.7m as against £24.4m for 2000. The increase in other income was a result of increased superannuation and patient income.

The total expenditure of the Board for the year 2001 was £365.6m, which represents an increase of £75.5m on the year 2000. The pay costs for the year increased by £30.2m, this was mainly due to an increase in nurses pay of £9.6m and medical pay of £5.6m. Non-pay costs increased by £45.3m, as a result of an increase in Other costs of £21.5m (other costs includes office expenses, insurance and financial costs and travel & subsistence expenses) and also due to increases of £8.5m in Grants to Voluntary Agencies. The charts below illustrate the percentage split of pay and non pay in the various categories.

The Board recorded a surplus overall in 2001 of £2.6m. In addition the Board had a carried forward surplus of £1.2m, of which £400k was capitalised during 2001. A cumulative surplus of £3.4m rolled forward into 2002.

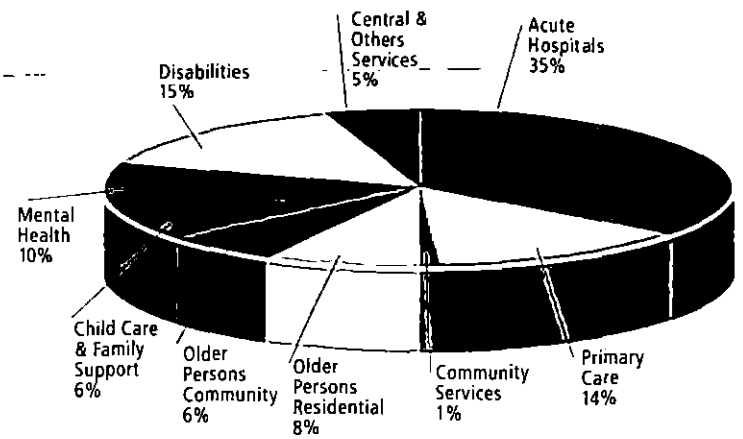


Figure 12. Programme Analysis of Net Expenditure

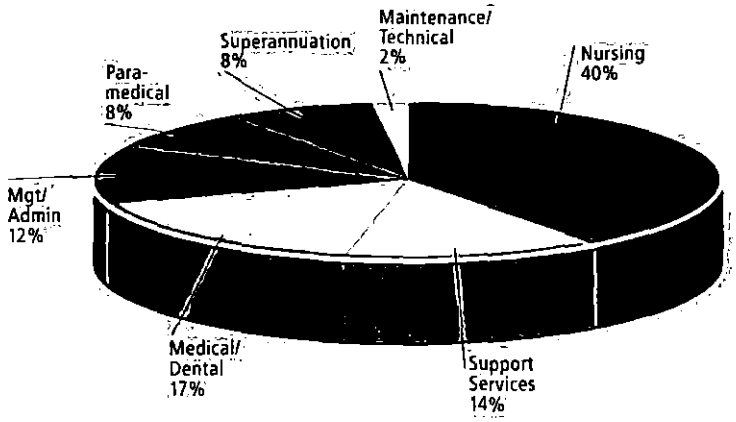


Figure 13. Analysis of Pay Expenditure

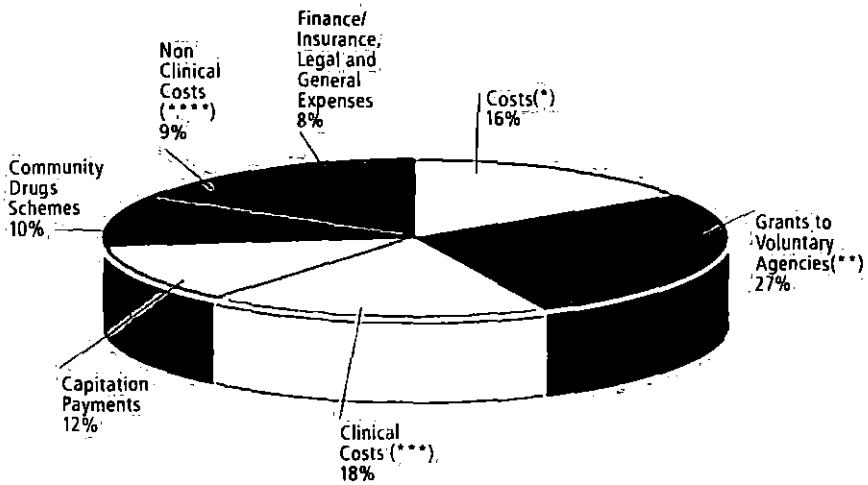


Figure 14. Analysis of Non-pay Expenditure

* Other Costs include security costs, approved transfers from revenue to capital and general cost pressures.

** Grants to Voluntary Agencies includes £33.587m in direct funding

*** Clinical Costs include drugs & medicines, medical & surgical supplies, blood, medical gases, pathology & radiology costs.

**** Non Clinical Costs include catering, heat and power, cleaning and washing, furniture, crockery, bedding and clothing.

Table 1 shows how the Board arrived at its cumulative surplus of £3.4m at the end of 2001.

Income	IR£m	Euro m
2001 Allocation	340.5	432.3
Patient Income	14.1	17.9
Payroll Deductions	6.5	8.3
Sales & Other Income	7.1	9.0
	368.2	**467.6**
Expenditure		
Pay	181.9	231.0
Non-Pay	183.7	233.3
	365.6	**464.3**
Surplus for Year	2.6	3.3
Surplus b/fwd from 2000/1999	1.2	1.5
Surplus Capitalised	(0.4)	(0.5)
Surplus c/fwd (cumulative)	3.4	4.3

Table 1: Summary Financial Position

	Pay IR £m	Non-pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m	%
Acute Hospitals	90.8	43.4	134.2	15.1	119.1	35%
Primary Care	15.4	34.2	49.6	1.5	48.1	14%
Community Services	1.7	1.2	2.9	0.3	2.6	1%
Older Persons Residential	25.7	6.7	32.4	5.4	27.0	8%
Older Persons Community	5.1	15.4	20.5	0	20.5	6%
Child Care & Family Support	5.7	13.8	19.5	0.3	19.2	6%
Mental Health	28.1	8.7	36.8	2.4	34.4	10%
Disabilities	3.2	50.1	53.3	1.7	51.6	15%
Central & Other Services	6.2	10.2	16.4	1.0	15.4	5%
Total	181.9	183.7	365.6	27.7	337.9	100%
Percentage	49.75%	50.25%	100%			

Table 2: Programme Analysis of Expenditure & Income 2001

Table 3 showing the analysis of Acute Hospital Expenditure illustrates that the Regional Complex accounts for 76% of all expenditure in the Acute Hospitals.

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Regional Complex	67.7	35.1	102.8	12.3	90.5
Nenagh General	9.0	2.9	11.9	1.1	10.8
Ennis General	10.0	3.0	13.0	1.4	11.6
Ambulance Services	3.4	1.7	5.1	0.2	4.9
Orthodontic Service	0.5	0.6	1.1	0.1	1.0
Programme Admin	0.2	0.1	0.3	0	0.3
Total	90.8	43.4	134.2	15.1	119.1
Percentage	68%	32%	100%		

Table 3. Acute Hospitals Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	5.4	12.6	18.0	0.6	17.4
Tipperary N.R.	4.7	7.8	12.5	0.3	12.2
Clare	4.2	8.5	12.7	0.2	12.5
Regional	1.1	5.3	6.4	0.4	6.0
Total	15.4	34.2	49.6	1.5	48.1
Percentage	31%	69%	100%		

Table 4. Primary Care Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	0.5	0.3	0.8	0	0.8
Tipperary N.R.	0.4	0.1	0.5	0	0.5
Clare	0.6	0.2	0.8	0.1	0.7
Regional	0.2	0.6	0.8	0.2	0.6
Total	1.7	1.2	2.9	0.3	2.6
Percentage	59%	41%	100%		

Table 5. Community Services Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	12.3	3.2	15.5	2.9	12.6
Tipperary N.R.	4.9	0.9	5.8	0.8	5.0
Clare	8.4	2.5	10.9	1.7	9.2
Regional	0.1	0.1	0.2	0	0.2
Total	25.7	6.7	32.4	5.4	27.0
Percentage	79%	21%	100%		

Table 6. Older Persons - Residential Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	3.0	0.7	3.7	0	3.7
Tipperary N.R.	1.9	5.6	7.5	0	7.5
Clare	0.1	2.0	2.1	0	2.1
Regional	0.1	7.1	7.2	0	7.2
Total	5.1	15.4	20.5	0	20.5
Percentage	25%	75%	100%		

Table 7. Older Persons - Community Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	2.5	8.1	10.6	0.1	10.5
Tipperary N.R.	1.3	2.3	3.6	0	3.6
Clare	0.8	2.2	3.0	0.1	2.9
Regional	1.1	1.2	2.3	0.1	2.2
Total	5.7	13.8	19.5	0.3	19.2
Percentage	29%	71%	100%		

Table 8. Child Care & Family Support Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	15.2	4.0	19.2	1.4	17.8
Tipperary N.R.	0.8	0.2	1.0	0.0	1.0
Clare	10.8	3.7	14.5	0.9	13.6
Regional	1.3	0.8	2.1	0.1	2.0
Total	28.1	8.7	36.8	2.4	34.4
Percentage	76%	24%	100%		

Table 9. Mental Health Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Limerick	0.9	6.1	7.0	0.6	6.4
Tipperary N.R.	0.4	2.3	2.7	0	2.7
Clare	1.2	2.9	4.1	1.0	3.1
Regional	0.7	38.8	39.5	0.1	39.4
Total	3.2	50.1	53.3	1.7	51.6
Percentage	6%	94%	100%		

Table 10. Disability Services Analysis of Expenditure & Income

Area	Pay IR £m	Non-Pay IR £m	Gross Expenditure IR £m	Income IR £m	Net Expenditure IR £m
Central Services	6.2	10.2	16.4	1	15.4
Total	6.2	10.2	16.4	1	15.4
Percentage	38%	62%	100%		

Table 11. Central & Other Services Analysis of Expenditure & Income

PROMPT PAYMENT OF ACCOUNTS ACT 1997

- This Act stipulates that payment must be made to suppliers of goods or services

  - on or before the date on which payment is due under the terms of a written contract

or

  - where there is no written contract, or if the written contract does not specify a payment date, within 45 days of receipt of the invoice or delivery of the goods or services, whichever is the later.

- The Board has put comprehensive procedures in place to ensure, as far as possible, that payment is made to suppliers on time. Where this is not achieved interest is paid in accordance with the Act.

- The number of late payments in excess of £250 was 2,498 with a total value of £2.96 million (€3.76 million). These were late by an average of 22.8 days.

- During 2001 a total of £22,307 was paid in interest.

- Late payments accounted for approximately 2.6% in value of all payments.

- The Board continues to focus attention on this area to ensure, as far as is practicable, the late payments (and the interest they attract) are kept to an absolute minimum.

EMPLOYMENT LEVELS

Overall	Management /Admin	Medical / Dental	Nursing	Paramedical	Support	Technical / Maintenance	Total
Revised 01/01/01	887.06	394.02	1989.11	550.54	1137.44	157.68	5115.85
Changes/ Developments 2001	185.05	46.27	129.81	133	360.41	5.31	859.85
31/12/01	1072.11	440.29	2118.92	683.54	1497.85	162.99	5975.7

Table 12.

The above Table illustrates the change, by major staff category, in the Board's employment between 1st January, 2001 and 31st December, 2001.

ACUTE HOSPITAL SERVICE

Purpose

To participate fully in an integrated system of health care which aims to ensure that individuals and the community as a whole, obtain the greatest quality of service within available resources.

Strategy

The Board's Acute Services Strategy was published in July 2001 and sets out the future direction for the delivery of services in the region. The strategy outlines the role of the acute hospitals in the region and proposes the delivery of services through a series of managed clinical networks integrated with other service providers, both internal and external. This plan, which is currently being costed, reflects the general thrust of the National Health Strategy.

Objectives

- To provide appropriate, timely and effective services for the diagnosis and treatment of acute illness and injury and to provide maternity services.
- To use available resources to achieve equity, quality, accountability and value for money.
- To measure results as an indicator of progress in achieving these objectives.

Organisational Structure of Services

Hospital Executive Committees, with multi-disciplinary input, are in place in all acute hospitals. Proposals for a more devolved system of management are under consideration. The purpose is to provide operational management locally. Key tasks include the implementation of the service and operational plans, service integration, consultation and communication and performance review. Hospital Advisory Groups, with multi-disciplinary participation, provide input on a general consultation basis on operational policy and practice.

Organisational functions, e.g. Finance, H.R., Management Services and Technical Services, have been devolved to support General Managers locally.

MID-WESTERN REGIONAL HOSPITAL

SERVICE PROFILE

The Mid-Western Regional Hospitals (Mid-Western Regional Hospital, Regional Maternity Hospital and Regional Orthopaedic Hospital, Croom) provide acute in-patient services in Medicine, Surgery, I.C.U., C.C.U. and Psychiatry for the local catchment area. In addition, regional in-patient services are provided for a range of specialties, e.g. Paediatrics, E.N.T., Maternity, Cardiology, Orthopaedics and Oncology. Support services include Radiology, Laboratory, Physiotherapy, Dietetics and Pharmacy.

Day care is provided in the surgical specialities and a Medical Day Unit is in operation to treat medical patients without the need to admit to hospital.

A range of out-patient services are provided in the above specialties in addition out-patient clinics are also provided in Neurology, Dermatology, Rheumatology, STD/GUM and Orthodontics.

The total bed complement at 31st December 2001 was 572 in-patient beds and 84 day beds (ref. Table 13).

Access to services is by referral from general practitioners, out-patient clinics, consultants' private rooms, accident and emergency departments, self referral and as accident cases via the Ambulance Service.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

Activity details are set out in tables 14 to 18. In-patient activity was above target by 1.8%, the increase occurred mainly in medicine, paediatrics and obstetrics. A total of 30,074 in-patients were treated in 2001. Day case activity at 16,040 patients exceeded targets by 8.4%. Out-patient attendances were significantly ahead of target by 10.4% at 104,118. A & E activity was marginally down on the previous year at 55,331 attendances.

The number of live births in the Regional Maternity Hospital was 4,042 which represents a 1.3% increase on 2000.

Waiting List Initiative

In-patient waiting lists have been reduced by 36.5%. This significant reduction was achieved by contracting 150 procedures with a private agency. The greatest reductions were achieved for patients waiting over 12 months where a net reduction of 42% was achieved. Significant reductions were also achieved in ENT waiting lists due to the opening of 13 beds which accommodated additional waiting list patients.

Finance

The overall financial outturn was satisfactory with a net expenditure of £90.659m.This outturn reflects overspends in clinical costs, recruitment costs and medical equipment which were offset by savings in pay and income buoyancy and delays in the implementation of some developments.

Staffing

The WTE control for Acute Services was 1,969.82. This includes an additional 16 posts in respect of clerical supports for front line nurse managers, which were previously included in Corporate Services.

DEVELOPMENT PERFORMANCE

Medicine

Target: *Appointment of a Consultant Dermatologist and 4 support staff.*
Outcome: Achieved.

Target: *Expansion of Renal Services with the commencement of home dialysis (CAPD) and employment of an additional 7.5 WTEs*
Outcome: Improvements in the acute Haemodialysis Service were achieved with the introduction of CAPD (Continuous Ambulatory Periotoneal Dialysis). 7.5 WTEs were employed of which 2.5 were in Renal Dialysis.

Target: *Open the Medical Day Unit and finalise the appointment of a Consultant Physician*
Outcome: The Medical Day Unit opened in August with the appointment of a Consultant Physician and 9.5 support staff.

Surgery

Target: *Provide additional capacity during the second half of the year subject to funding under the National Review of Bed Capacity.*
Outcome: Additional bed capacity deferred until 2002.

Target: *Appoint an additional Consultant Oral/Maxillofacial Surgeon.*
Outcome: A Consultant Oral/Maxillofacial Surgeon was appointed.

Orthopaedics

Target: *Provide additional capacity electives and trauma in the latter part of the year subject to funding under the National Review of Bed Capacity.*
Outcome: Additional Bed Capacity deferred until 2002. An additional SHO was appointed to provide improved medical cover for trauma patients.

Obstetrics/Gynaecology & Paediatrics

Target: *Address staffing deficits in Obstetrics with the appointment of 6 additional nursing WTEs.*
Outcome: 4 additional nursing staff were appointed, the balance of the funding was expended on the provision of additional security measures.

Target: *Appoint 4.5 additional WTEs (including medical, clerical and laboratory staff) to support the new Consultant Obstetrician/Gynaecologist.*
Outcome: 4 WTEs were appointed.

Target: *Appoint 4 additional WTEs to support the second Consultant Neonatologist.*
Outcome: 3 additional support staff were appointed (including medical, clerical and technical staff).

A & E, Theatre & ICU

Target: *Appoint 3 additional A & E Consultants and 2 additional Consultant Anaesthetists subject to funding from the Department of Health & Children and approval from Comhairle na nOspideal.*
Outcome: One additional A & E consultant was appointed on a temporary basis.

Target: *Open the High Observation Unit.*
Outcome: The Observation Unit opened in August with the appointment of 13 additional staff

Target: *Commence a review of anaesthetic services and consider opening an additional theatre.*
Outcome: Discussions commenced with the Department of Anaesthetics concerning the terms of reference for a regional review of Anaesthetic services.

Orthodontics
Target: *Appoint 2 additional specialists with M. Orth. qualification, a consultant in restorative dentistry, 3 dental surgery assistants and 2 clerical personnel. Commence assessment, validation and prioritisation of waiting lists.*
Outcome: 5 private Orthodontists were contracted to provide treatment to 150 public patients. Additional clerical support was provided. Additional sessions in restorative dentistry commenced in November. Validation of waiting lists commenced.

CLINICAL & DIAGNOSTIC SERVICES

Radiology
Target: *Progress the expansion of the PACS System.*
Outcome: The expansion of PACS system to all ward areas, out-patient departments and theatres was completed.

Laboratory
Target: *Appoint 29 additional staff to complete commissioning of the laboratory.*
Outcome: An additional 22 staff were appointed as part of the commissioning process.

Target: *Continue the process of laboratory accreditation with the assignment of dedicated staff and ongoing training.*
Outcome: The laboratory accreditation programme continued and is on target for accreditation in 2003.

Target: *Appoint an additional 6 WTEs support staff with the appointment of the Consultant Cytohistopathologist.*
Outcome: This post is being re-advertised by the Local Appointments Commission (LAC) due to recruitment difficulties in 2001. The additional support staff will be appointed with the Consultant.

Blood & Blood Products
Target: *Achieve a reduction of 2% in the use of blood components.*
Outcome: Very significant reductions (in the range of 6% to 30%) took place in the use of blood components in all hospitals in the Mid-West region. This was due to the work of the Haemovigilance Team. This continued reduction of blood usage follows trends from previous years. There was also an improved share care for Haemophiliacs. There are 75 patients currently on the Haemophilic Register.

CANCER SERVICES

Oncology

Target: *Appoint 8 nursing and 2 non-nursing staff, a pharmacist in cytotoxic chemotherapy and secretarial support.*

Outcome: Nursing, non-nursing and secretarial support services were expanded with the appointment of 10 staff.

Other Cancer Services

Haematology

Target: *Appoint an additional Consultant Haematologist and support staff.*

Outcome: A second Consultant Haematologist commenced duty in October. 5 additional support staff were appointed.

Symptomatic Breast Disease

Target: *Expand the dedicated breast clinic established in 1998 and appoint an additional nurse.*

Outcome: A Breast Services Co-ordinator was appointed in May in line with the recommendations in the national report "Development of Services for Symptomatic Breast Disease", and the multi-disciplinary case conference commenced in June. A second breast clinic commenced in September to cope with the increase in referrals. Administrative support was provided.

Cancer Services Management

Target: *Appoint a Clinical Nurse Manager Grade III and secretarial support.*

Outcome: CMN III post not filled. 3 nurses completed the Higher Diploma in Oncology and 1 nurse commenced. Training in I.T. continued for all staff

Waiting List Initiative

Target: *Reduce the waiting lists by 30% approximately.*

Outcome: There was an overall reduction of 17% in the waiting lists up to the end of December. The greatest reductions were achieved for patients waiting over 12 months where a net reduction of 42% was achieved.

Organisation Developments

Target: *Continue development of integrated service units with multidisciplinary self managed teams. Provide additional training, locum cover and additional supports including business management and clerical inputs.*

Outcome: Additional resources were allocated to support Clinicians in Management at the Regional Maternity and Orthopaedic Hospitals and for clerical support.

Target: *Implement training and development programmes.*

Outcome: A training and development programme for nurses was implemented. A Management Development Programme was initiated for Nurse Managers. A Customer Service Programme for front line staff and a Health and Safety Programme commenced.

Target: *Provide additional supports to HIPE coding (2 WTEs).*

Outcome: Staff in place.

Other Developments

Medicine

- Eight additional nursing and support staff were employed to address staff deficits in the Department of Medicine.
- Additional Phlebotomy staff were employed.

Surgery

- The High Dependency Unit opened in December.

Orthopaedics

- A Bone Bank Nurse Specialist at the Mid-Western Orthopaedic Hospital and an additional plaster nurse at the Mid-Western Regional Hospital were employed.

Obstetrics/Gynaecology & Paediatrics

- Two extra security staff were contracted to extend security cover at the Maternity Hospital.

A & E, Theatre & ICU

- A Minor Injuries Clinic commenced in July at St. John's Hospital.
- Clerical support services in A & E were extended to cover the period 8.00a.m. to 12.00a.m. on a 7 day week basis at the Mid-Western Regional Hospital.
- A CNM III was appointed to Theatre in the Mid-Western Regional Hospital.

Radiology

- A CT Specialist commenced in the Mammography Department and additional radiographers were appointed as part of the commissioning process.

Pharmacy

- Significant improvements in pharmacy staffing were achieved, 3 pharmacy technicians and all temporary pharmacists positions were filled.

Physiotherapy

- An additional 3 physiotherapists were appointed.

Dietetics

- A basic grade dietician has been appointed to support Adult Cystic Fibrosis services in the Mid-West region.

Winter Initiative

- A Management Group was established to manage this scheme and between January and March, 70 beds were contracted in 23 nursing homes in the region. The initiative re-commenced in October and 13 nursing homes are currently participating in the scheme.
- Additional funding was made available to provide a range of supports, including medical aids and appliances, to facilitate the discharge of older people from acute hospitals and reduce the level of hospital re-admissions. A number of additional proposals are being considered including the expansion of rehabilitation services.

Commission on Nursing

- A total of 16 secretarial/ward clerk supports were appointed to the Directors of Nursing and front line nursing staff.

PERFORMANCE INDICATORS

P.I. *Waiting times for out-patient appointments*
Outcome: The number of patients waiting for outpatient appointments was reduced by 12%.

P.I. *New out-patient recall ratio, i.e. new patient : return patients*
Outcome: The recall ratio was reduced from 1: 3.5 to 1: 3.46.

P.I. *Percentage of re-admissions within 14 days*
Outcome: The re-admission rate within 14 days was 0.2%.

P.I. *Percentage of re-attendances at A & E Department*
Outcome: Percentage of re-attendances at A & E was 8.5%.

P.I. *Average length of stay for top 30 DRGs*
Outcome: Average length of stay for top 30 DRGs was 3.58 days.

P.I. *Monitoring of target waiting times for in-patient admissions*
Outcome: This was monitored quarterly. The average waiting times were: cardiology - 2 weeks; ENT, general surgery including urology - 12 weeks; G.I. - 7 weeks; gynaecology - 8 weeks; ophthalmology - 24 weeks; orthopaedics - 50 weeks and vascular surgery - 12 weeks.

P.I. *Monitoring of percentage of complaints relative to patient throughput*
Outcome: This was monitored quarterly. The percentage of complaints relative to patient throughput fell from 0.10% in 2000 to 0.06% in 2001.

PERFORMANCE REVIEW

RESEARCH

Project: *Support clinical research in urology, vascular surgery and orthopaedics*
Outcome: 7 papers in Urology and 15 papers in Vascular Surgery were published.

QUALITY

Project: *Conduct patient satisfaction surveys*
Outcome: Patient satisfaction surveys were conducted in A & E and out-patients. A further in-patient satisfaction survey in dietetics at the Mid-Western Regional Hospital is being developed at present.

Project: *Blood Transfusion Committees*
Outcome: The Blood Transfusion Committees met on 4 occasions. Significant reductions were achieved in blood usage. The committees also dealt with adverse events, improvements in phlebotomy services and more appropriate use of blood and blood products through audit and feedback from users.

Project: *National Health Promoting Hospitals*

Outcome: Phase I of the internal Sli na Slainte hospital route for patients and staff was introduced into the hospital. Funding was received from the National HPH Network for a HPH co-ordinator in the Regional Maternity Hospital on a pilot project for 3 years. Funding was received from the Cardiovascular Strategy for a HPH co-ordinator in the Mid-West Region. A number of abstracts were presented at the 9th International HPH Conference in Copenhagen.

Project: *Catheterisation Laboratory*

Outcome: The Cardiac Catheterisation Laboratory achieved the ISO 9001 accreditation award.

Project: *The Risk Management Programme in maternity services*

Outcome: The pilot project on Clinical Risk Management at the Regional Maternity Hospital continued. Improvements as a result, included a patient information booklet, staff handbook and induction programme for junior doctors. Clinical Incident Reporting has also commenced.

Project: *Patient Information Leaflets*

Outcome: Patient information leaflets were introduced at the Regional Hospitals and a pilot feedback project was launched at the Mid-Western Regional Hospital.

VALUE FOR MONEY

Project: *Review laundry service for acute hospitals.*

Outcome: The linen and scrub suit losses were audited over the last two years. New linen and scrub suits were provided to deal with the losses.

Project: *Clinical Costs, particularly the purchase of new products, consumables and random checking of stock levels.*

Outcome: Clinical Costs were monitored by the Clinical Cost Manager.

Project: *Centralise catering services.*

Outcome: A report was finalised and a bid prepared for the development of catering services.

Project: *Expand the PACS system.*

Outcome: Significant savings in film costs were made as a result of the PACS extension.

OTHER INITIATIVES

Research

- Research in Breast Services continued and a database to provide statistical information on treatment types, figures, incidence and outcomes in the region was set up.
- Haematology studies on "Talking to Patients/Writing to Patients" were extended for a further year and are supported by the Health Research Board.
- A range of studies was undertaken by the Dermatology Service.
- A study was carried out on renal anaemia and the role of intravenous iron and the management of anaemic patients.
- A research project on the fortification of hospital food was undertaken and presented at the HPH International Conference in Copenhagen.

- Research in pathology included an evaluation of the assessment of diabetes control in Irish hospitals. A joint study (with the University of Limerick) was undertaken on the validity and usefulness of serum and urine markers of bone mineral density. A joint study (by the Colorectal Cancer Unit, Department of Surgery and the Department of Clinical Biochemistry) on colorectal cancer was completed.

Risk Management

- Inter-disciplinary staff were selected and trained as trainers in the areas of manual handling and non-violent crisis intervention.
- Safety Statements were updated and hazard identification exercises were undertaken.
- A consultative process commenced on the development of an incident reporting policy and forum. A comment and complaints policy was introduced and supported with inter-disciplinary staff training.
- A health & safety training programme was delivered to 200 staff members.

Quality

- A Quality Assurance Audit on the Major Emergency Plan was undertaken and the hospital plan was revised and updated.
- A weekly audit of activity in the Haematology Oncology Day Unit commenced in September.
- Audits on pressure sores, mouth care and medication policy were undertaken in all medical wards at the Mid-Western Regional Hospital.
- The Blood Transfusion Committee undertook audits of the quality of blood and blood products.
- The Clinical Biochemistry Laboratory became a full participating member of the Irish External Quality Assessment Scheme (IEQAS); UK National External Quality Assessment Scheme (UKNEQAS); Health Control EQA and Bio-Rad International Quality Assessment.

Clinical Services

- A total parental nutrition protocol was developed and approved by the Medical Board.
- The Pharmacy was registered with the Pharmaceutical Society of Ireland.
- A clinical audit group in the Physiotherapy Department completed a variety of care protocols.
- A database in medical oncology, malignant haematology, palliative care and radiotherapy was established.
- The Medicine for the Elderly database was used for audits on drug utilisation, prescribing patterns, referrals and discharges.
- A committee was established in the Nurse Practice Development Unit to examine the provision of core pharmacy services.
- The findings of a review of adult emergency resuscitation drugs were implemented.

General

- A staff newsletter and information leaflets were published.
- An audit was carried out on ward documentation using agreed criteria. Deficits were addressed.
- A G.P. information booklet was published.

Evaluation

- An evaluation of the cost/benefits of Near Bedside Testing commenced.
- Validation of out-patient waiting lists and times commenced in a number of specialties.
- A report on the development of best practice for the preparation of aseptic chemotherapy was presented.
- A review of extemporaneous dispensing was undertaken which aimed to evaluate procedures to reduce the risk of error.
- Outcome measurements were developed in the physiotherapy department for children with cystic fibrosis, cardiac rehabilitation patients, isokianties and trauma client groups.

Value for Money

- The establishment of a pre-assessment clinic resulted in savings on bed days used.
- A procurement process for new twin immunoassay analysers was completed and a contract was awarded in May.
- Monitoring of the cost of supplies from the Central Supplies Department continued throughout the year.
- Procedures for ordering controlled drugs were reviewed with the Nurse Practice Development Unit.
- Monthly meetings were established to enable Unit Managers to account for expenditure within the Radiology Department.

SIGNIFICANT ISSUES

- Demographic changes, including increases in the population generally (17.5% since the early '70s), a rising birth rate and more older people, create a significant increase in demand on the acute hospital services which is reflected in ever increasing activity levels.
- Inadequate bed capacity leading to occupancy levels continuously above 85%, which in turn leads to bed shortages on an ongoing basis. The balance between public/private bed provision requires adjustment as part of any increase in capacity. The commissioning of new units, which commenced in 2000, is not yet complete. Gaps in current service provision including some consultant led services (e.g. Neurology, Radiotherapy, Rheumatology) and inadequate capacity in some service areas, place an additional burden on core service providers or on patients who may have to wait for services or travel outside the region. Similarly, gaps in other service areas tend to impact in inappropriate referrals to A & E Departments, which in turn contribute to long delays and inappropriate lengths of stay.
- Deficits in maternity services highlighted in a report in January 1999 and confirmed by a recent project on clinical risks in obstetric services.
- Clinically driven costs continue to increase significantly resulting in severe budgetary pressures on medical and surgical supplies, pathology, drugs & medicines and blood products. Other cost pressures include increases in energy costs, exchange rate differentials, increases in the numbers of diagnostic procedures and changes in clinical practice. Some additional funding has been provided in the past 3 years to address these issues.
- An increasing number of incidents where staff are exposed to verbal and physical abuse.
- Increased demands for clinical and management information requires significant enhancement and additions to existing systems and the maintenance of such systems.

Bed complement Mid-Western Regional Hospitals, 31 December 2001

Specialty	Regional Hospital	Regional Maternity	Regional Orthopaedic	Total
General Surgery	77			77
Intensive Care Unit	7			7
Orthopaedic	12		89	101
General Medicine (inc. Geriatric Medicine)	116			116
Oncology	9			9
Coronary Care Unit	7			7
Paediatrics	53			53
Gynaecology	25			25
E.N.T.	16			16
Ophthalmology	12			12
Psychiatry	50			50
Obstetrics		80		80
Neo-Natal		19		19
Total In-Patient Beds	384	99	89	572
Total Day Beds	74		10	84

Table 13.

Service Targets

Speciality	In-Patient		Day Cases	
	Target 2001	Actual 2001	Target 2001	Actual 2001
Medicine (all)	8050	8280	5070	5675
Surgery (all)	11,720	11,271	9680	10184
Paediatrics	3830	4180	50	181
Obstetrics	5950	6343	0	0
Grand Total	29,550	30,074	14,800	16,040

Table 14.

Out-Patient Activity Summary

Speciality	Target 2001		Actual 2001	
	New	Return	New	Return
Total	21,129	73,138	23,608	80,510

Table 15.

Summary of Accident and Emergency Targets and Attendances

Activity	Target 2001	Actual 2001
New Attendances	54,100	50,895
Return Attendances	2847	4436
Total	56,947	55,331

Table 16

Outpatient Waiting List (Targeted Specialities 31st December 2001)

	3-12 Months	>12 Months
Total Outpatients	1455	2584

Table 17.

Increases/Reductions in Waiting List since 31/12/2000

Numbers on Waiting List at 31/12/2000	760
Number Added during 2001	1573
Baseline Activity	577
Waiting List Initiative Activity	983
Validation	282
Number on Waiting List at 31/12/2001	482

Table 18.

SERVICE PROFILE

Ennis General Hospital has 88 in-patient and 6 day beds. It provides acute services to patients within the Clare catchment area. In-patient services include Medical, Surgical, Geriatric Assessment, Accident and Emergency, ICU/CCU and Day Surgery. The support activities on campus include X-Ray, Laboratory, Physiotherapy and Pharmacy. Out-patient services include Medicine, Surgery, Orthopaedics, Ante-natal and Gynaecology, ENT, Urology and Paediatrics.

Access to services is by referral from general practitioners, out-patient clinics, consultants' private rooms, accident and emergency departments, self referral and as accident cases via the Ambulance Service.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
In-patient activity overall was below target by 8%. There was a significant decrease in surgical activity (19%). Day case and out-patient activity was slightly ahead of target, at 1.6% and 4.2% respectively. There was a 10% decrease on target activity in the A & E Department.

Targets for these areas were set quite high based on previous years' activity. However, the Foot and Mouth outbreak and events of September 11th impacted significantly on tourist numbers in the Clare area and consequently led to a decrease in activity.

Finance
The budget was £11.261m and was exceeded by £400k. This was caused by overtime payments for NCHDs, sick leave, maternity leave cover and higher clinical costs.

Staffing
The WTE control figure was 251.9. Staffing was in excess of the control figure due to long-term sick leave and maternity leave.

DEVELOPMENT PERFORMANCE

Medicine

Target: *Commission the Cardiac Rehabilitation Unit.*
Outcome: The Cardiac Rehabilitation Unit was opened and is supported by a range of services co-ordinated by the cardiac rehabilitation co-ordinator.

Target: *Appoint a Senior Physiotherapist, EEG Technician and ECG Technician.*
Outcome: Both basic grade Physiotherapy posts were upgraded to senior level. EEG and ECG technicians were appointed.

Target: *Enhance the Diabetic Service through a shared care principle in tandem with a nutritionist link with the community.*
Outcome: The Consultant led diabetic clinic continued to develop. There was increased G.P. involvement and support in facilitating this clinic. A podiatry service was initiated in conjunction with the diabetic clinic.

Target: *Appoint a Registrar to the Elderly care unit.*
Outcome: Appointed.

Surgery
Target: *Appoint an additional Senior House Officer in Surgery.*
Outcome: 5th SHO post in surgery was filled.

Target: *Fund additional nursing hours in Theatre and Recovery Suite.*
Outcome: 1 WTE appointed.

A & E, Theatre & ICU
Target: *Appoint, on a shared basis with the Mid-Western Regional Hospitals, a Consultant in A & E and a Consultant Anaesthetist*
Outcome: A registrar was appointed to A & E which enhanced the quality of service and facilitated the faster turnover of patients. A third Consultant Anaesthetist post was approved by Comhairle na nOspideal. A & E reception cover was extended.

Administration Support
Target: *Provide secretarial support to the Director of Nursing and senior nursing management.*
Outcome: 2 ward clerks and clerical support to Director of Nursing were appointed.

OTHER DEVELOPMENTS

Medicine
- A Heart Failure nurse was approved.
- Waiting times for general medicine clinics were reduced from 18 months to 8 weeks due to extension of clinic hours and extra nursing hours.
- Re-introduction of expanded orthopaedic clinics.

Surgery
- Extra dental sessions were introduced for the Autumn leading to a reduction in the waiting list.

Winter Initiative
- 7 beds were provided, in private nursing homes, as a step down facility through the winter initiative to accommodate the transfer of patients who had completed active treatment at Ennis General Hospital, but needed convalescent care prior to discharge.

Radiology
- The mammography service re-commenced in September.

Physiotherapy
- The Keogh Software package for out-patient services was implemented.

Pathology
- The APEX Laboratory Information System was implemented in Haematology and Clinical Chemistry. Administration support for the introduction of this system was provided.
- An inter-laboratory Health and Safety committee was established in the region.
- A hospital Blood Transfusion Committee was set up.

Stores
- A computerised system for materials management was installed.

Palliative Care

- The palliative care service distributed information to families/patients, health service workers and provided education/advice to medical and nursing staff within the Hospital. The service was relocated to the ground floor of the nurses' home to provide a more user friendly and confidential service.

Hospital Sterile Supplies Unit

- New guidelines for instrument care were implemented.

Elderly Care Unit

- A protocol for the prevention of hospital-acquired infection was developed and implemented.

Nursing

- Ennis General Hospital was selected as a pilot site for the National Health Care Assistants Programme. This involved the training and placing of 20 Health Care Assistants throughout the Clare Health Services. A Clinical Nurse Manager II post was appointed as course co-ordinator.
- Phlebotomy services were extended.
- The drug documentation system was revised.

PERFORMANCE INDICATORS

P.I. *Waiting times for out-patient appointments.*
Outcome: min. 1 month - max. 18 months.

P.I. *New out-patient recall ratio, i.e. new patient : return patients.*
Outcome: 1: 2.37

P.I. *Percentage of re-attendances at A & E Department.*
Outcome: 20.82%

P.I. *Average length of stay for top 30 DRGs.*
Outcome: 6.40 days.

P.I. *Monitoring of percentage of complaints relative to patient throughput.*
Outcome: 11 complaints were received (0.19%).

PERFORMANCE REVIEW

QUALITY

Project: *Patient Satisfaction Survey.*
Outcome: A survey was carried out in spring of 2001.

Project: *Clinical Audit.*
Outcome: A Clinical Audit Research Officer was appointed with 0.5 WTE administrative support and a clinical audit service was established.

Project: *Medical Records Committee.*
Outcome: A new hospital chart was developed on the recommendation of the Medical Records Committee, which reviewed the quality and content of existing charts.

Project: *Patient Information.*
Outcome: Patient information leaflets were developed and distributed to patients and families.

Risk Management
Project: *Risk Management Committee.*
Outcome: A Risk Management Committee was established.

Project: *Develop Training and Awareness Programmes in Risk Management focusing particularly on health and safety, fire safety and manual handling.*
Outcome: The Board's Fire & Safety Officer provided a training and awareness programme in fire safety and health and safety.

VALUE FOR MONEY

Project: *Upgrade the telephone systems within the hospital*
Outcome: A new telephone system for Ennis General Hospital, Mental Health Services, St Joseph's Hospital and the Child Care Department was installed.

Project: *Evaluate clinical costs particularly the purchase of new products and consumables.*
Outcome: A product evaluation committee was established

Project: *Finalise the centralisation of catering at Ennis General Hospital*
Outcome: Rationalisation of catering was progressed.

Project: *Develop a protocol on drug usage and purchase.*
Outcome: A drugs protocol was developed by the Drugs and Therapeutic Committee.

Other Initiatives
- An initiative commenced to minimise the waiting times for priority 1 and 2 out-patient referrals in physiotherapy.
- A 'standard of care' was developed for diabetic patients.
- Protocols for management of patients for angiography, angioplasty, coronary artery by-pass graft and insertion of pacemaker were developed.
- The Pathology Department participated in the National External Quality Assurance Scheme in blood transfusion, the Welsh Quality Advance Scheme in clinical chemistry and the West Midlands Quality Assurance Scheme in haematology.
- The Healthy Living Expo took place in Ennis in September. This initiative was designed to promote awareness of health services, encourage healthy living and strengthen communications with voluntary organisations and the public.

SIGNIFICANT ISSUES

- The core budget underfunding continues to present major difficulties.
- The recruitment and retention of all grades of staff continues to present difficulties.
- The need to continually replace/upgrade equipment is an ongoing requirement.
- Due to the design and nature of the hospital space and accommodation is at a premium with no room for extension.
- Increased activity levels at departmental/ward level and higher bed turnover, has resulted in a significant increase in workload and this has not resulted in a corresponding increase in staffing levels.
- The lack of substantial education/training budget impacts on the ability to further educate/train staff as services require.
- Appropriate support staff at department/ward level need to be put in place to alleviate the inappropriate use of specialist skills.
- Dietician/ophthalmology/diabetic nurse specialist services need to be initiated.
- Lack of Triage Nurse in Accident & Emergency.
- Lack of Anaesthetist cover during transfer of critically ill patients.
- Anaesthetist department assessed for training purposes with possible funding implications for any posts.

Bed Complement Ennis General Hospital, 31 December 2001

Specialty	Complement
Medical	42
ICU	6
Geriatric Assessment	10
Surgical	30
Total in-patient beds	88
Day Beds.	6
Overall Total	94

Table 19.

Ennis General Hospital Activity

Service	Speciality	Target Activity for 2001		Actual Activity 2001	
In-patient	Medical	2393		2370	
	Surgical	1729		1395	
	Geriatric Med	676		642	
	Dental	2		0	
	Total	4800		4407	
Day Cases	Total	1750		1779	
Out-Patients		New	Review	New	Review
	Total	3861	9139	4113	9440
Accident & Emergency	New	19,763		16,370	
	Review	2009		3149	
	Total	21,772		19,519	

Table 20.

SERVICE PROFILE

Nenagh General Hospital is a 69 bed hospital with 6 day beds. It provides acute services for a population of approximately 60,000. In-patient services include Medical, Surgical, Geriatric Assessment, Accident and Emergency, ICU/CCU and Day Surgery. The support activities on campus include X-Ray, Laboratory, Physiotherapy and Pharmacy. Out-patient services include Medicine, Surgery, Orthopaedics, Ante-natal and Gynaecology, ENT, Urology, Paediatrics, Psychiatry and Ophthalmology.

Access to services is by referral from general practitioners, out-patient clinics, consultants' private rooms, Accident and Emergency Departments, self-referral and as accident cases via the Ambulance Service.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

In-patient activity was up 9% on target for 2001 while day case activity was almost exactly on target. Out-patient attendances were slightly down but A & E figures followed their usual upward (6.2%) trend. This represents an increase of 988 attendances over 2000.

Finance

Expenditure exceeded the budget of £9.843m by £889,000. This is made up of negative variances in pay of £466,000 and non-pay of £583,000 and superannuation of £12,000. There was a positive variance in income of £172,000. The variances in pay were due to consultant locum cover, additional N.C.H.D. staff and replacement of staff on sick and maternity leave. A severe shortage of nurses resulted in overtime costs. The overspend in non-pay was due in the main to clinically driven costs, purchase of both medical and non-medical equipment and energy costs.

Staffing

The WTE complement is 211.60. Staffing levels were in excess of the complement throughout the year due to increased activity and sick/maternity leave cover.

DEVELOPMENT PERFORMANCE

Medicine

Target:	*Appoint nursing and support staff to address core service deficits in staffing in the Medical Department.*
Outcome:	8 additional nursing and support staff posts were created.
Target:	*Provide additional staff to enable the provision of care to patients in the areas of dietetics, diabetes and asthma.*
Outcome:	A diabetic Clinical Nurse Specialist was appointed.
Target:	*Establish a nurse led diabetic clinic.*
Outcome:	A nurse led diabetic clinic commenced during the year and additional nursing posts were provided in dietetics and asthma.

Target: *Undertake initiatives in the areas of patient education/advice and patient discharge.*
Outcome: Initiatives were undertaken in the areas of patient education and discharge planning.

Target: *Further develop cardiovascular services in accordance with the Board's policy on cardiovascular services.*
Outcome: Additional funding under the Cardiovascular Health Strategy enabled the extension of the phlebotomy and E.C.G. services to cover the weekends. Funding was also received for three additional nursing posts, a cardiac technician post and a physiotherapist post.

Target: *Additional funding will enable the Elderly Care Unit to remain open during the summer months.*
Outcome: The Elderly Care Unit was closed due to its proximity to the extension work at the hospital.

Surgery
Target: *Appoint an A & E Consultant with a commitment to the Mid-Western Regional Hospital.*
Outcome: Not achieved due to recruitment difficulties

Target: *Appoint a Consultant Anaesthetist with a commitment to the Mid-Western Regional Hospital.*
Outcome: A temporary Consultant Anaesthetist was appointed.

Target: *Open the Surgical Day Unit during the summer months. Employ an additional NCHD to address the staffing problem at weekends.*
Outcome: Funding was provided for the employment of an additional NCHD in surgery.
The Surgical Day Unit remained open during the summer months.

Endoscopy Service
Target: *Develop an endoscopy service.*
Outcome: 2.5 nurses were funded to develop the endoscopy and day care services.

Target: *Appoint a Consultant Physician/Gastroenterologist.*
Outcome: A Consultant Physician/Gastroenterologist took up duty at the end of 2000.

Target: *Complete a dedicated endoscopy room.*
Outcome: The Endoscopy Unit was not completed.

Clinical & Diagnostic Services
Radiology
Target: *Assess the feasibility of introducing x-ray digitising to reduce storage requirements.*
Outcome: The digital imaging equipment was commissioned.

Laboratory
Target: *Provide funding to progress and support the introduction of the APEX computer system and to enable the commencement of the laboratory accreditation process.*
Outcome: 1 WTE administrative support was provided to progress the introduction of the APEX computer system.
An equipment purchasing programme commenced.

Infection Control
Target: *Develop the post of Infection Control Officer.*
Outcome: An Infection Control Clinical Nurse Specialist was appointed.

Winter Initiative
Target: *Continue the provision of nursing home beds under the Winter Initiative Scheme.*
Outcome: Seven beds were provided in nursing homes.

Security
Target: *Engage a security firm to provide a security service. Install surveillance and monitoring equipment in the main building.*
Outcome: Security cover was provided from Thursday to Sunday. A C.C.T.V. system, covering 10 areas of the hospital was installed.

Administration Support
Target: *Provide secretarial support to the Director of Nursing and senior nursing management.*
Outcome: Secretarial/ward clerk supports were provided to the Director of Nursing and to the medical and surgical wards.

PERFORMANCE INDICATORS

P.I. *Waiting times for out-patient appointments.*
Outcome: There were 2,141 patients waiting for out-patient appointments at 31st December of which nearly 50% had been waiting for 12 months or more. 20% have been waiting for less than 3 months.

P.I. *New out-patient recall ratio, i.e. new patient: return patients.*
Outcome: The ratio of new patients to review patients is 1:3 approx.

P.I. *Percentage of re-attendances at A & E Department.*
Outcome: Re-attendances at A & E amounted to 33.3% of the total attendances.

P.I. *Average length of stay for top 30 DRGs.*
Outcome: The average length of stay for the top 30 DRGs is 5.63 days.

P.I. *Monitoring of percentage of complaints relative to patient throughput.*
Outcome: 11 complaints were received (0.5%).

PERFORMANCE REVIEW

RESEARCH
Project: *Continue the Medical Admissions Predictor Study.*
Outcome: The study is ongoing and 2,796 records were processed.

Project: *Consider the feasibility of providing a service for the detection of Helicobacter Pylori in patients with dyspepsia.*
Outcome: This service was established.

QUALITY

Project: *Continue the pilot Clinical Information System.*
Outcome: The pilot project continued.

Project: *Continue the Blood Transfusion Committee.*
Outcome: The committee met regularly during the year.

Project: *Continue laboratory accreditation.*
Outcome: Accreditation is ongoing with new equipment and staff requirements being identified.

VALUE FOR MONEY

Project: *Review the laundry service.*
Outcome: Review commenced.

Project: *Monitor clinical costs particularly the purchase of new products, consumables and random checking of stock levels.*
Outcome: Clinically driven costs were monitored on a monthly basis.

Project: *Develop policies and protocols on drug purchase and usage.*
Outcome: The Drugs and Therapeutic Committee developed suitable policies and protocols.

Project: *Expand the PACS system to reduce the use of x-ray film.*
Outcome: Not progressed because funding was not provided.

Project: *The supplies function in the hospital comes under the remit of the Materials Management Department and the hospital will continue to avail of Value for Money initiatives arising there from.*
Outcome: Availing of Central Contracts System and Central Stores Supplies in accordance with Policy and Guidelines.

SIGNIFICANT ISSUES

- The closure of the Elderly Assessment Unit has impacted on the delivery of a consultant led elderly care service.
- An occupational therapist, social worker and CNM II are needed to further develop and manage the totality of an institutional service for older people.
- A social worker is urgently required to assist in discharge planning.
- Increased activity levels throughout the hospital and service developments have significant implications for the recruitment, retention and training of staff including NCHDs, nurses and para-medical staff.
- Additional administrative support is required in the A & E, Anaesthesia, Physiotherapy and Laboratory Departments and on the medical and surgical day wards.

Pathology

- Increased activity in the Laboratory has staffing, on-call and locum cover implications and a significant proportion of work is being done outside normal hours.
- As part of the accreditation process additional staff are required and an equipment replacement programme is a priority.

Radiology

- Increased activity has staffing implications and a significant proportion of work is being done outside normal hours.
- The PACS system, which was introduced last year, needs to be extended to the wards and an archiving system put in place so as to reduce the expenditure on x-ray film.

General Issues

- Clinically driven costs continue to increase. Additional funding is required to address expenditure on medical and surgical supplies, pathology, drugs and medicines and blood products.
- The new extension has incurred additional costs in catering, portering, cleaning/housekeeping and maintenance.
- The development of the Breast Screening Service and the Cardiology Service in the Mid West Regional Hospital has incurred additional costs that have not been funded.
- A security presence on a continuous basis is required, given the increasing number of incidents where staff have been exposed to verbal and physical abuse, particularly in the A & E Department.
- The laundry service needs to be reviewed in light of the impending replacement of the existing laundry equipment.
- A medical and non-medical equipment replacement programme is required.

APPENDIX

Bed Complement Nenagh General Hospital, 31 December 2001

Specialty	Complement
Medical	32
ICU/CCU	5
Geriatric Assessment	8
Surgical	24
Total in-patient beds	69
Day Beds	6
Overall Total	75

Table 21.

Nenagh General Hospital Activity

Service	Speciality	Target Activity 2001	Actual Activity 2001
In-Patient	Medical	2210	2750
	Surgical	1700	1774
	Geriatric Med	240	Nil
	Total	4150	4524
Day Cases	Total	1950	1948
Out-Patients	Total Seen	10,511	10,386
Accident & Emergency	Total Seen	11,336	12,061

Table 22.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
The main purpose of the Ambulance Service is to provide pre-hospital emergency care services in the community. Its secondary role is to provide a patient transport service within specified parameters and budgets.

The objectives of the service are:-
- The care and transportation of the seriously ill and injured to hospital and between hospitals.
- The provision of health service primary response in major emergencies

Strategy
A Strategy and Action Plan for the Ambulance Service was completed in early 2001. The Strategy reviewed progress to date on the recommendations of the Review of the Ambulance Service (1993) and established baseline data on the service. It is envisaged, that by the end of 2005, all front line emergency ambulance stations will be fully two-person crewed, with no on-call element. The capital infrastructural and training and development requirements (including information communications technology) are detailed in the document. The Strategy also dealt with aspects of major emergency planning and responses. The completion targets outlined are contingent adequate funding provision.

Organisational Structure of Services
Management of the service is the responsibility of the Chief Ambulance Officer who works with a management team of six. The areas of responsibility of the individual managers are as follows:

- Operations
- Human Resources and Finance
- Fleet Management and Emergency Planning
- Technical Support, Logistics and Health & Safety
- Training and Development
- Information Communications Technology and Project Management.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
Urgent and emergency calls increased to 14,654 (33%) in 2001. Routine and planned calls were under target by 1,964 (8.2%) and the number of patients transported was also just under target by 713 (1.6%). Internal arrangements were made in relation to more cost effective use of resources, i.e. greater use of private contractors in the transport of non-urgent patients.

Finance
The Ambulance Service budget was £4.798m.

Staffing
The approved WTE for the service at year-end was 121.5 (1 additional post is funded by the Cardiovascular Strategy). Staffing levels were maintained within the approved WTE allocations.

DEVELOPMENT PERFORMANCE

Two Person Crewing

Target: *Provide for the employment of 13 additional EMTs to further implement two person crewing.*

Outcome: Two-person crewing was completed in Ennis.

Organisation

Target: *Intensify recruitment in Ireland and abroad in order to fill vacant EMT posts.*

Outcome: The service had three recruitment drives during the year and 18 EMTs were recruited.

Vehicles

Target: *Purchase new vehicles.*

Outcome: Two new ambulance specification vehicles were purchased with a view to full conversion in 2002.

Ambulance Stations

Target: *Ambulance stations will be prioritised for development/refurbishment, predominantly through NDP funding, but with revenue funding assistance.*

Outcome: The EMT quarters at the Limerick City Station, Dooradoyle was upgraded in mid 2001.

Major Emergency Planning

Target: *Launch a new version of the Health Board Major Emergency Plan including new versions of Plans of the Ambulance Service; the Mid West Regional Hospital; Ennis and Nenagh General Hospitals. Introduce a new system of ongoing awareness and training for all key staff. Organise a Major Emergency exercise in which the Board will play an active part.*

Outcome: The Major Emergency Plan, with Ambulance Service input, was launched.
The Ambulance Service organised and ran a Major Incident Medical Management Support (MIMMS) training course in June. The faculty and candidates were drawn from many healthcare disciplines north and south of the border.
A major emergency exercise, involving the Ambulance Service in conjunction with the Mid-West Emergency Planning Group, was successfully undertaken in May (Exercise Croom By-Pass).

OTHER DEVELOPMENTS

Organisation

- An Information Communications Technology Officer was appointed.

Vehicles

- Field trials on an ambulance using automatic transmission commenced.
- Eight new front line ambulances were put into operation in keeping with the Ambulance Service Fleet Replacement Policy.

Others

- First steps in developing a first responders scheme commenced in Kilrush, July 2001.
- Two new masts were erected, replacing the masts at Knockanimpha, Newcastle West and Kilduff Mountain, Tipperary.
- A mast to replace the Mid-West Regional Hospital mast was purchased.
- A new call recording system was purchased and installed.

PERFORMANCE INDICATORS

P.I. *A reduction in response times for calls in Limerick City where two person crewing is now fully in operation.*

Outcome: The Service continued to monitor response times and pursue improvement, which will further improve when an ambulance station is located on the north side of the city. A quality project focusing on response time improvements commenced in August.

P.I. *Percentage of calls for which a patient report form has been completed.*

Outcome: The majority of emergency calls in Limerick have patient report forms completed and this will be extended throughout the region with the further development of two person crewing.

P.I. *Percentage of calls for which the hospital concerned has received a patient report form as completed by ambulance personnel.*

Outcome: This figure can only be validated by the receiving hospitals.

P.I. *Extension of defibrillation capacity to additional stations.*

Outcome: Raheen and Newcastlewest stations are complete.

P.I. *The achievement of training standards as laid down by the National Ambulance Advisory Council (now the Pre-Hospital Emergency Care Council).*

Outcome: All new entrants are trained to the required standards and validation of cardiac qualification is ongoing.

PERFORMANCE REVIEW

RESEARCH

Project: *Continue research on the role of General Practitioners in the community providing emergency care services.*

Outcome: Initial research on the chain of survival with general practitioners in Clare has been completed. The results indicated a significant percentage of the GP population equipped to provide emergency response and interested in further training in immediate care skills. This research is on going. A proposed focus group was deferred due to the Foot & Mouth epidemic.
An Accreditation Executive presented a portion of the above research from the National Health Care Accreditation Body at the International Society of Quality in Healthcare's Conference in Argentina in October.

QUALITY

Project: *Consider the EFQM Business Excellence Model in the context of the ongoing organisational development research project and as an appropriate tool to improve services.*

Outcome: The organisational development research project was deferred due to the Foot & Mouth disease.

Project: *Purchase of vehicles for transport of non-acute patients, both stretcher and seated.*

Outcome: The vehicles were purchased.

EVALUATION

Project: *Extend the Fuel Management System throughout the Board's region.*
Outcome: The Fuel Management System was extended and continued to monitor fuel usage.

Project: *Continue the piloting of the electronic Patient Report Form and the evaluation will determine the next developmental steps, leading eventually to the commencement of a clinical audit process.*
Outcome: Field trials for the electronic Patient Report Form continued.

VALUE FOR MONEY

Project: *Purchase vehicles, equipment and supplies in accordance with the National Ambulance Purchasing Contract and equipment/supplies under the Regional Materials Management purchasing policies.*
Outcome: Vehicles and equipment were purchased in accordance with national contracts and/or Regional Materials Manager's recommendations.

Project: *Continue the appropriate use of private contractors for transport of patients.*
Outcome: The use of more appropriate means of transporting non-acute patients was positively affected by continuing the use of private contractors.

OTHER INITIATIVES

Quality

- A clinical audit of pre-hospital cardiac arrest data commenced in August.
- A review of patient transport processes between the Ambulance Service, Mid-West Regional Hospital, Ennis General Hospital and Nenagh Hospital commenced in Autumn.

SIGNIFICANT ISSUES

Personnel/Industrial Relations

- Implementing two person crewing is a priority and is entirely contingent on funding and recruitment.
- There is increasing difficulty in recruiting appropriate personnel to train as EMTs.
- Leading ambulance person/station supervisor posts in the peripheral stations with two person crewing.
- The development of assistant training instructors.

Budget/Funding

- Major Accident Casualty Clearing Station/Decontamination Equipment: While the Fire Service has responsibility for decontamination services the Board needs to review the purchase of additional tents and ancillary equipment to facilitate provision of an adequate casualty clearing station in the event of a major accident. In view of the Seveso regulations now in place, it is necessary to consider provision of a decontamination unit as part of this field facility. The purchase of such equipment will also have ramifications for the fleet budget as it would be necessary to purchase a cab and chassis vehicle and custom build a body to cater for the transport of this equipment.

National Development Plan

- A number of ambulance bases require redevelopment including Scarriff, Roscrea, Thurles, Limerick and Ennis. A new headquarters and control centre are also required.

Operations

- Redeployment of stations to more appropriate locations away from hospital campuses is under investigation.
- Escort implications for all hospitals as a result of the transition to full two-person crewing.
- The separation of routine non-emergency work from emergency work.
- Introduction of a preventative maintenance programme for ambulance equipment.

AMBULANCE SERVICE ACTIVITY

Activity	Target 2001	Actual 2001
Emergency and Urgent Calls	13,500	14,654
Routine and Planned Calls	24,000	22,036
Contracted/Taxi	6000	6097
Number of Patients	43,500	42,787
Mileage	748, 000	742,666

Table 23.

GENERAL MEDICAL SERVICES

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
The purpose of the Primary/Community Care Service is to maintain and improve the health, welfare and quality of life of the community through the provision of appropriate and timely prevention, treatment and support services. The Community Care Service encompasses all of those services provided directly by the Health Board as well as those services provided on its behalf by partner organisations, contractors and individuals.

The World Health Organisation (WHO, 1978) in defining Primary Health Care said "....It is the first level of contact of individuals, the family and the community with the national health system, bringing health care as close as possible to where people live and work and constitutes the first element of a continuing health care process."

Primary Care is distinguishable from secondary and tertiary care by providing first contact care and a longitudinal care responsibility, whereby the relationship with a patient may continue for a lifetime.

Strategy
The strategy is to provide primary health care interventions through an integrated and effective medical, para-medical, nursing, dental, pharmaceutical and ophthalmic service in the community.

The National Health Strategy (DoH, 1994) recognised the development of General Practitioner Services as the key ingredient of primary health care and identified the development of the General Medical Services as of major importance. The Health Strategy also recognised that General Practitioner Services should be better organised and supported in fulfilling a wider and more integrated role in the health care system. The Dental Health Action Plan (DoH, 1994) informs developments in the Board's Dental Services.

Objectives
The strategic objectives are given effect by;

- Raising standards and improving the organisation of primary care services.
- Extending the range and quality of services being provided by General Medical, General Dental and Ophthalmic Practitioners and other community focused health care professionals and service providers.
- Improving the interface between general practice and other health services.

Organisational Structure of Services
The organisation of this group of services reflects a mixture of services provided directly by the Board and by contractual arrangements.

The Board's regional Primary Care Unit provides management and administrative support for the various strands of Primary Care. The unit, which has a manager, is staffed by family doctors and pharmacists with administrative support from the Board. The role of the Primary Care Unit has been expanded in recognition of the need to develop an inclusive, interactive process with all providers of care including General Medical Practitioners, Community Pharmacists and Medical Dental Practitioners. With the developing role of Opticians/Optometrists in Primary Care, their participation in the Unit is also necessary.

The General Medical Practitioner and Community Pharmacy services are contracted to private practitioners. Dental Services are provided by Health Board Dental Surgeons and by contracted Dental General Practitioners. Health Board Dental Surgeons provide dental services mainly for children, special needs groups, and hospital and institutionalised patients. Private Dental General Practitioners provide services for adult medical cardholders under the Department of Health & Children Dental Treatment Services Scheme (DTSS), under contract with the Board.

The DTSS was introduced on a phased basis, the final phase of which was introduced during 2000 (35-64 year old cohort). The implementation of the scheme led to the setting up of local Dental Monitoring Committees, representative of the Health Board and the Dental Contractors.

Under re-structuring of the Board's Dental Services, regional roles are assigned to Principal Dental Surgeons for planning and evaluation, dental public health, Services and Resources.

With the introduction of the Adult Ophthalmic Service from mid-1999, the Board has contracted with private Opticians/Optometrists to provide sight testing and provision of spectacles to eligible persons.

Regional structures are in place for the planning and delivery of services relating to Women's Health and Traveller Health.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
Activity (Tables 24 & 25) was generally in line with or in excess of targets.

General Practitioner

Primary Childhood Immunisations

- The routine Primary Childhood Immunisations Programme (PCIP) continued to be administered by General Practitioners under the scheme, which commenced in December 1995. Significant efforts were made during 2001 to increase uptake levels and a Regional Immunisation Co-ordinator was appointed for this purpose. The Senior Public Health Nurses appointed to each of the three community care areas in 2000, continued to work on improving uptake levels during 2001.
- Health Boards enter into contracts with general practitioners for the provision of the PCIP to children up to the age of two years. Parents can have their children immunised, free of charge, by the general practitioner of their choice. In the Mid-Western Health Board, the uptake rate at 31st December, 2001 for DT/DTaP, Polio and Hib was 82% and MMR was 70% among children aged 2 years.
- The effectiveness of the immunisation programme is compromised when a sufficient uptake level to generate "herd immunity" is not achieved. Attainment of the national target of 95% is, therefore, a major objective nationally, and for each Health Board. Irish uptake rates compare unfavourably with other developed countries.

Meningococcal C Vaccination Programme

- A major new immunisation programme, Meningococcal Group C commenced in October 2000. Phase 1 of the programme was completed in February 2001 and focused on immunising the high-risk groups, i.e. children under 5 years old and the 15-18 year olds. General Practitioners immunised the under 5 years cohort and community care teams immunised the 15-18 year old group. The overall uptake rate for the campaign to date is 65%.

Influenza Immunisation

- The influenza immunisation campaign for the winter 2001 was in the main administered by G.Ps.
  Nationally, an uptake of at least 65% was targeted for persons aged 65 and over.
  The uptake for the 2000 campaign was 80%, a similar uptake rate is anticipated for 2001.

Prescribing

- Savings were achieved in relation to the Indicative Drug Target Scheme.

Medical Cards

- The Minister granted automatic entitlement to Medical Cards to those over 70 years of age from 1st July, 2001. This had the effect of increasing GMS lists for participating General Practitioners.

Dental

Children

- The number of children treated in 2001 was 6.0 % below target due to an insufficient number of dental surgeons in post. The number of attendances was slightly below the 2000 level. Approvals by the Department of Health and Children for additional posts required for the national re-structuring of the dental services were not received until well into 2000, and delays in recruitment, both through the Local Appointments Commission and locally were experienced.
- Children in three classes in national school were seen in all areas and this increased to four classes in some areas. The uptake on screening was 90%.
- The school based oral health education programme continued during 2001. Children in some schools received group oral health education.
- All children in targeted classes were offered fissure sealant treatment. 32,730 (36,004 in 2000) teeth were fissure sealed during 2001. The decrease is due to increased screening activity, with many of the vulnerable teeth having been previously fissure sealed. In the period 1984 – 1997 the DMFT (Decayed, Missing, Filled, Teeth) of twelve year olds in the Mid West fell from 3.1 to 1.4 in fluoridated areas, and from 3.7 to 2.1 in non-fluoridated areas (MWHB Survey of Oral Health Children & Adolescents 1997).
- All health board dentists and the majority of dental surgery assistants participated in the structured continuing dental education programme.
- Dental general anaesthetic sessions were transferred from St. Camillus' Hospital to the Mid-Western Regional Hospital. The revised arrangements accommodate some dental treatments for children/adolescents with special needs.
- Some aspects of the development plans for year 2001 were not accomplished. While funding was allocated for the Health Board Services to provide for the extension of eligibility to the 14-16 year old age group, so far it has not been possible to recruit the full teams in some areas. This is partly due to delays encountered with competitions conducted by the Local Appointments Commission. In the meantime, emergency treatment was provided for this age group.

Adults

- Adult dental treatments were 8.1% over target for 2001 due to an increasing number of participating contractor dentists and improved access to the scheme for medical cardholders. The introduction of the final phase of the DTSS scheme (provision of routine dental services for the 35 – 65 year old cohort) and the provision of medical cards for the over 70's has increased both demand and activity. A total of 85 Dental General Practitioners were contracted by year-end representing an increase of 13% over the service plan target for 2001.
- Routine dental treatment for eligible adults was provided by 85 general dental practitioners who are contracted with the Health Board under the DTSS to provide dental treatment for all medical cardholders over 16 years of age.
- Treatment was also provided by Health Board dental surgeons in respect of some items of treatment, not covered by the DTSS and for patients who failed to access treatment under the DTSS.
- Health Board dental surgeons also provided dental treatment for patients with complex medical problems, for mentally handicapped patients and for patients in Health Board hospitals and institutions.
- An increase in uptake under the DTSS Scheme has occurred due to the extension of eligibility to over 70 year old persons from July 2001.

Fluoridation

- The Board continues to extend the fluoridation of public water supplies in co-operation with Local Authorities. Fluoridation of some water supplies ceased in Limerick and Tipperary N.R. due to technical considerations. Currently 62% of the Board's population have a fluoridated domestic water supply. 21,000 primary school children are not covered by water fluoridation. However 10,000 children are covered by the school fluoride mouth-rinsing scheme.
- Minor local extensions to the fluoridated public piped waters supplies continued.
- The impact of fluoridation on the oral health of the population will be measured as part of recent national surveys of adult and children's oral health status.
- The Board has made a submission to the National Forum on Fluoridation and a report is expected in 2002.

Community Pharmacy

- In relation to prescribing and pharmaceutical costs, the appointment of a Community Pharmacist in 2000 continued to provide opportunity to carry out examinations of the schemes and this will continue in 2002.
- The Community Pharmacist carried out a review of the High Tech Scheme and introduced new policies and procedures to make the scheme more efficient and cost effective.

Community Drugs Schemes

- The Drugs Payments Scheme (DPS) introduced from 1st July, 1999 to replace the Drug Cost Subsidisation Scheme and the Drugs Refund Scheme continued to be implemented. The Board actively promoted the scheme and co-operated with Community Pharmacies in order to maximise the scheme uptake.
- There was a significant increase in uptake during 2001 (+21%). It is considered that registration has yet to reach full potential and it is expected that additional registration will continue into 2002.

Community Ophthalmic Scheme

- A new scheme was introduced from July, 1999 and the Board has entered into agreement with contractors for service provision to eligible persons. The objectives of the scheme are: to provide eye examinations for eligible persons; to achieve significant benefits for eligible persons in terms of health and social gain; to eliminate waiting lists for services; and to apply the scheme consistently on a national basis.
- The Board's waiting time prior to 2001 was on average longer than the expected norm of four weeks. In Clare, the waiting time during 2000 was considered to be exceptionally long and steps were taken towards the end of 2000 and during 2001 to redress this difficulty. Performance statistics now indicate a significant improvement in the Clare area, which has the impact of improving the Board's overall average waiting list/waiting time statistics. Average waiting times throughout the region were within the norm of four weeks at the end of December 2001.

Traveller Health

- Travellers have been identified as a specific health and social gain target population in many recent government policy/strategy documents. Developments at local level have been guided and provided in line with these policies/strategies. The impending national Traveller Health Strategy (currently in draft form), the Equal Status Act 2000 and the National Health Strategy, published in November 2001, will guide future traveller health service development within the Board.
- A community development worker for traveller health was appointed in Clare and approval was granted by the Department of Health and Children for the appointment of 3 dedicated PHNs for traveller health.
- The pilot triage clinic in Rathkeale provided a complementary service to mainstream general practice in the Rathkeale area during the December 2001/January 2002 holiday period. The pilot was an outstanding success, and 950 consultations took place over the 25-day period. It is envisaged that this service will be provided on an annual basis.

Services to Persons with Hepatitis C

- The Primary Care Unit continued to provide responsive and appropriate primary health care services to persons who have contracted Hepatitis C. Services provided include GP services; prescribed medication; medical & surgical appliances; dental services; home support; oral, ophthalmic and nursing home services.
- There are currently 105 persons registered with this Board under the Health (Amendment) Act 1996; 80 with Anti D related Hepatitis C, 9 haemophiliac and 16 with post transfusion.

Palliative Care/Cancer Services
Palliative Care/Cancer services were supported through the Primary Care Unit by:

- Supporting education of Doctors in Palliative Care methodology and best practice,
- Provision of information to the Cancer Register through GPs,
- Co-operation by GPs with the Cancer Hotline to the Mid West Regional Hospital.

Finance
Expenditure was contained within budget for the year.

Staffing
Employment levels were within approved WTEs.

DEVELOPMENTS

General Practitioner

Target: *Commence preparation for introduction of General Practitioner Co-operative (Out-of-Hours) arrangements.*

Outcome: A proposal to introduce G.P. Co-operative arrangements throughout the region was completed and submitted to the Department of Health and Children. The G.P. Co-operative 'Shannondoc' was formulated during the year and launched in November 2001.

Meningococcal Group C Immunisation programme

Target: *Implement phases 1, 2 & 3 of the national Meningococcal C Immunisation Campaign.*

Outcome: Phase 1 of the campaign was completed in February 2001 and focused on immunising the highest risk groups: children under 5 years old and 15-18 year olds. GPs immunised the under 5 year olds and community care teams immunised the 15-18 year old group.

Phase 2 of the programme was undertaken between March and June 2001 and children/young adults in the 5-6 and 18-22 year old age group were targeted.

Phase 3 of the campaign commenced in September, 2001 and was scheduled for completion in December, 2001, however it was extended into 2002 to target young adults over 18 years. This phase targeted children/young adults not vaccinated in previous phases of the campaign.

Adult Ophthalmic Scheme

Target: *An additional allocation was provided on a once-off basis to cater for the increase in uptake levels in adult ophthalmic services.*

Outcome: Waiting times within the region were within the norm of 4 weeks at 31st December 2001.

Family Planning & Pregnancy Counselling

Target: *Additional funding was provided to enhance family planning & pregnancy counselling services, having regard to the Government's wish to address the issue of crisis pregnancy and the principles, which have been identified in this regard.*

Outcome: A Crisis Pregnancy project was developed by a committee of General Practitioners, Psychologists, Nurses and Chaplains under the guidance of the Primary Care Unit. The programme provides women with choice in regard to accessing services. Training for some General Practitioners in counselling was undertaken but more GPs are required to undertake training. The University of Limerick facilitated some of the training. The new service offered by GPs commenced in late 2001 and it is intended to expand the service in 2002.

Traveller Health

Target: *Fund initiatives in relation to Traveller health.*

Outcome: A Community Development Worker for traveller health in County Clare was appointed to develop and co-ordinate traveller groups.

A Community Development Worker for traveller health in Rathkeale was appointed to assist travellers in identifying and expressing their needs and to develop appropriate responses to same.

The recruitment of a designated Public Health Nurse for each of the three community was initiated.

The Primary Health Care Programme for traveller women commenced in Limerick City.

Introductory health programmes commenced with men's groups in Nenagh, Roscrea and Ennis; and for traveller women in Thurles.

A Community Response programme with a health component commenced for traveller women in the Kilmallock area. Modules to be included in this programme will be accreditated to N.C.V.A. and include nutrition, personal development, health and fitness, literacy and first-aid.

Public Health Nursing

Target: *Provide additional funding for administrative support (3 posts) and information technology services for Public Health Nurses.*

Outcome: Three appointments to administrative support posts for Public Health Nurses were made.

OTHER DEVELOPMENTS

Dental

In Clare dental premises/surgeries at Ennis were refurbished and extended, including provision of a Special Needs Dental Surgery, and the surgery in Lisdoonvarna was also refurbished. In Limerick dental premises/surgeries in Rathkeale were extended and refurbished and refurbishment was also carried out in surgeries at Newcastle West, Abbeyfeale, Dooradoyle, St. Camillus, Southill and Askeaton. In Tipperary refurbishment was carried out on the dental surgery in Roxtown. The provision of a new building for dental surgeries at Roscrea is at an advanced planning stage and will be operational in 2002. Replacement equipment was also purchased for dental surgeries throughout the Board.

The review of dental services relative to the Dental Health Action Plan continued in preparation for development of the Board's Dental Strategy.

Community Pharmacy
Three new Community Pharmacy Contractor Agreements were granted. This brings the total number of Contractor Agreements throughout the Board to 119.

Health Centres
Essential refurbishment and renovations were carried out to Abbeyfeale, Rathkeale, Ballyhahill, Cloughjordan, and Corofin Health Centres. A new Health Centre at Ballynanty (Limerick City) opened in September.

PERFORMANCE INDICATORS

PI: *The percentage of G.P.s employing practice nurses.*
Outcome: Increased from 39% at the end of 2000 to 56% at end of 2001.

PI: *The percentage of G.P. practices with female doctors.*
Outcome: Increased from 30% at end of 2000 to 45% at end of 2001.

PI: *The percentage of G.P. practices with two or more doctors.*
Outcome: Increased from 20% at end of 2000 to 34% at end of 2001.

PI: *The percentage of all GP practices with computerisation.*
Outcome: 10 G.P. practices installed a computerised practice management system, bringing the total number of computerised practices to 106 (84%).

PI: *The number of persons registered for the Drugs Payment Scheme.*
Outcome: The number of persons registered for the Drugs Payment Scheme increased by 21%.

PI: *Improved uptake of the Primary Childhood Immunisation Programme.*
Outcome: The uptake rate in the Mid-Western Health Board at 31st December, 2001 for DT/DTaP, Polio and Hib was 82%. The MMR uptake rate was 70% among children aged 2 years.

PI: *Completion of the Meningococcal C Vaccination Programme.*
Outcome: Phase 1 of the programme was completed in February 2001. Phase 2 was completed in June, 2001 and Phase 3 was scheduled for completion in December, 2001. This phase was extended into 2002 to target young adults over 18 years.

PI: *Improved performance for the Indicative Drug Target Scheme.*
Outcome: Savings under the Indicative Drug Target Scheme increased.

PI: *Waiting time for Community Ophthalmic service of not more than 4 weeks.*
Outcome: This target was met.

P.I. *Increase the uptake of dental screening in national schools.*
Outcome: The uptake of screening was 90%.

P.I. *Provision of a full range of dental services to the 14-16 year old group.*
Outcome: Services were provided on an emergency basis only in some areas pending the appointment of full dental teams.

P.I. *Development of the regional roles assigned to Principal Dental Surgeons.*
Outcome: Regional roles have been assigned.

P.I. *Development of specific services associated with the appointment of Senior Dental Surgeons with specialist interests.*
Outcome: Appointments have been made to 8 specialist Senior Dental Surgeon posts.

P.I. *Improved monitoring of the DTSS.*
Outcome: The appointment of Examining Dentists is the subject of national negotiations.

P.I. *The percentage of water fluoridation schemes within the statutory limits.*
Outcome: 78% of water fluoridation schemes are within statutory limits.

PERFORMANCE REVIEW

QUALITY

Project: *Implementation of the proposed G.P. Co-operative.*
Outcome: Planning was significantly progressed.

Project: *The appointment of Senior Dental Surgeons in the areas of 'special needs' and with other specific duties, and the recruitment of the approved dental teams to enable an expanded and improved quality of service.*
Outcome: Senior Dental Surgeons including "Special Needs" were appointed.

EVALUATION

Project: *Evaluate and publish research by the Department of Health Promotion, N.U.I, Galway on Traveller Women's perceptions and experiences of Maternal and Early Child Health Services.*
Outcome: This report was published in October.

VALUE FOR MONEY

Project: *The Primary Care Unit to provide advice and information to General Practitioners on general prescribing, cost comparisons and the options available relative to the effectiveness of various treatment regimes. The Unit has specialist software installed, which is designed to assist in maximising cost effective prescribing and in the development of formularies.*
Outcome: Performance for the Drug Target Saving Scheme improved during 2001 and increased savings over 2000 were realised.

Project: *The Community Pharmacist to review all Drugs Schemes during 2001.*
Outcome: The Community Pharmacist carried out a review of the High Tech Scheme and introduced new policies and procedures, which made the scheme more efficient and cost effective.

OTHER INITIATIVES

Research

- The Department of Health & Children commissioned a survey in Adult Dental Health during 2001 through University College, Cork. The Board decided to obtain a survey specific to the Mid West region as part of the overall survey and dental staff were seconded to UCC for training. Fieldwork was completed in June, and the report is due for publication in 2002.
- The Board contributed to research under the Health Board's dental epidemiology and research contract. This included epidemiological surveys of oral health in children and adults, research on fluorides and

fluoridation, targeted approach to services, information systems and the DTSS. Research reports are expected in 2002/2003.

- A pilot study was carried out in one dental area in Tipperary N.R. to ascertain the effect of the extension of dental screening to all children under 16 years.

Evaluation

- An evaluation day for membership of the Traveller Health Unit was facilitated by an external resource to identify priorities and agree a framework for the direction of the unit.
- The traveller triage clinic in Rathkeale was evaluated and a report finalised.
- The traveller awareness training programme was re-evaluated.

Value For Money

- The six General Practitioners attached to the Primary Care Unit share the monitoring of the budgets/expenditure of General Practitioners having regard to the Indicative Drug Target Scheme. There is now GP representation on all Drugs and Therapeutic Committees in the Board's region including those for the Acute Services.

SIGNIFICANT ISSUES

General Practice

- Increase the number of G.P. practices with practice nurses, female doctors and support staff.
- Improvement in 'Out-of-Hours' General Practitioner arrangements for both the general public and participating doctors is required: It is intended that the Board's proposal for the establishment of a G.P. Co-operative initiative will address this matter substantially.

Dental

- The fee schedule and protocols for the DTSS have made the scheme demand led rather than a scheme where expenditure can be controlled/limited on an ongoing basis.
- The Local Monitoring Group for the DTSS continued to meet during 2001, however issues relating to the appointment of Examining Dentists need to be resolved without delay, at national level. These appointments are essential for the full monitoring of the scheme to enable compliance with the DTSS agreement. The Board employed interim arrangements for monitoring the scheme during 2001.
- Services are being provided on an emergency basis only to the 14 – 16 age group in some areas, pending the appointment of the full number of dental teams. This is due to delays encountered with the Local Appointments Commission competitions, insufficient staff being recommended for appointment and inability to recruit temporary staff to vacancies.
- The recruitment and the retention of staff is causing difficulties and new and vacant posts need to be filled urgently so that the full profile of services can be provided.
- Significant capital investment in accommodation and equipment is required in order to efficiently and effectively deliver the restructured dental services.

Traveller Health

- The poor health status of travellers is a concern. Travellers are now only reaching the life expectancy that the settled Irish people reached in the 1940s.
- Traveller men and women live on average 10 and 12 years respectively less than settled men and women.
- Infant mortality is 18.1 per 1,000 live births compared with 7.4 for live births in the settled community.

Immunisation

- Improvement in the uptake of the Primary Childhood Immunisation Scheme to reach the national targets is required. Due to negative publicity regarding perceived side effects of vaccines, there may be reluctance upon the part of parents to have their children vaccinated. There is no basis or evidence to support any legitimate concerns in this regard, and therefore, every effort needs to be made to allay unfounded fears and encourage maximum vaccinations uptake.

Cross-Cutting Issues

- Improvement in the liaison and interfaces between primary and secondary care and within primary/community care is required.

PRIMARY CARE & COMMUNITY SERVICES ACTIVITY

General Medical Services

Activity	Target 2001	Actual 2001
No. GMS G.P.s	153	161
Community Pharmacy Contracts	119	119
Palliative Care Grants	305	297

Table 24.

Dental Services

Activity	Target 2001	Actual 2001
Adult Dental Service		
No. Contracted Dentists	75	85
No. of Treatments	70,000	75,715
Children's Dental		
No. of Attendances	54,000	51,706
No. Treated	37,000	34,780

Table 25.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
The purpose of the Environmental Health Service is to protect and enhance public health through the promotion of a healthy environment and by enforcement of environmental health legislation, ensuring the safety of food, water, air, housing, sanitation and places of work and leisure.

Strategy
The Environmental Health Service carries out its food control and food monitoring functions in accordance with a variety of food safety legislation, both national and European, primarily:-

- The European Communities (Official Control of Foodstuffs) Regulations, 1998.
- The European Communities (Hygiene of Foodstuffs) Regulations, 2000.
- The Food Safety of Ireland Act, 1998.

The Food Safety of Ireland Act, which established the Food Safety Authority of Ireland (FSAI), transferred all responsibility for food safety to the FSAI. The Board's Environmental Health Service now operates under a contract agreement with the FSAI for the provision of services for food control and monitoring functions and also implements labelling, tobacco, poison, port health and nursing home legislation.

An agency service is provided to the local authorities, mainly in relation to planning and water sampling, atmospheric pollution monitoring and environmental pollution control. Planning and development legislation, housing legislation, the E.U. (Quality of Water Intended for Human Consumption) Regulations, 1988 and the Public Health (Ireland) Acts, 1878 - 1962 are relevant.

Objectives
The objectives of the Environmental Health Service are to protect public health and to promote a healthy environment.

Organisational Structure of Services
Services are organised on a catchment area basis, and are divided between those carried out under the service contract with the FSAI, those on behalf of the Health Board and those provided to the Local Authorities on an agency basis.

The functions of the service include:

Those carried out under service contract agreement with the Food Safety Authority of Ireland:
- Food safety and hygiene inspections on premises and equipment
- Food sampling activities
- Food alert and food poisoning investigations
- Food labelling controls.

Those functions for which the Board has direct responsibility (non-food functions):
- Airport and seaport health and pest control
- Nursing home and pre-school facilities inspections
- Tobacco control activities
- Food hygiene education.

Local authority agency functions:
- Public health and environment control
- Planning assessments in relation to planning applications
- Housing assessments
- Water quality controls and samplings.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
The activity returns for the Environmental Health Service showed achievement rates of 76% for food control inspections and 98% for food sampling. The target for water sampling was exceeded by 10%. There was an increase of 10% on "Other Health Board Activities" and an 11% increase on the work undertaken for local authorities.

Service

- Core services were provided broadly in accordance with the Service Plan targets except in the area of food control inspections where there was a shortfall of 24%.
- Overall activity during the year was influenced by the difficulties experienced in filling the additional approved posts.
- The pilot project on the development of the food control records system continued to present problems in the earlier part of the year in particular. This also reduced inspection numbers.
- The continuing introduction of new FSAI Guides and Codes of Practice was time consuming.
- The Quality Management System for Food Control and the Standard Operating Procedures were used to the full extent in the area. Local, regional and National Standards Authority of Ireland audits took place throughout the year. The additional workload involved continued to reduce the amount of time available for food control inspections.

Finance
The budget for 2001 including food control was £1.657m.

Staffing
The approved WTE complement was 54.55. Staffing is still a critical issue especially in the Limerick area where approximately half the Environmental Health Officer posts are vacant.

DEVELOPMENT PERFORMANCE

Service

Target: *Provide funding to develop/improve services for food safety.*
Outcome: 4 EHO posts and 1.75 Grade III posts have been filled and information technology support has been provided for these posts. It has not been possible to fill the remaining EHO posts despite an extensive recruiting campaign. It is hoped to address this problem when final year students qualify in June 2002.

Target: *Provide funding for 3 Environmental Health Officer posts and one administrative support staff to implement tobacco free policy initiatives and improve compliance with the law.*
Outcome: 0.5 EHO and 0.33 Grade III posts have been filled in the Clare area.

Target: *Prepare Hazard Analysis Critical Control Points (HACCP) Manual to encourage compliance with legislation and circulate to food premises.*
Outcome: The HACCP Manual was produced and launched. The Manual was circulated to all food businesses in the area and seminars were held in several locations.

Target: *Review the implications arising from the review of the Food Hygiene Regulations 1950-1989.*
Outcome: The new Regulations are not yet published.

Target: *Target the Primary Course in Food Hygiene at high risk food premises.*
Outcome: 20 Primary Courses in Food Hygiene were attended by 330 participants working in high risk food businesses.

Target: *Develop a comprehensive and focused public awareness campaign*
Outcome: The emphasis was on the production of the HACCP Manual and the holding of information sessions throughout the region. A total of 13 seminars were held and the total attendance at these sessions was 919.

Organisation
Target: *Launch a recruitment drive to fill vacant posts.*
Outcome: An extensive recruitment campaign took place.

Information Technology
Target: *Extend the Food Quality Information System to the Limerick and Clare areas.*
Outcome: The Environmental Health Food Control Records System was extended to all areas. Information on all food businesses has been inputted and all inspection visits are being entered on the system.

Accommodation
Target: *Extend and improve staff accommodation.*
Outcome: Arrangements were made for additional and improved staff accommodation.

Quality
Project: *Undertake a survey on the use of the HACCP system in Clare.*
Outcome: Survey indicated that 45% of high risk premises had commenced the implementation of a HACCP System in their businesses.

PERFORMANCE INDICATORS

P.I. *Compliance with the Food Safety Contract for inspections and food sampling.*
Outcome: The Environmental Health Service has achieved its contractual obligations with the Food Safety Authority of Ireland for high risk premises in Clare and North Tipperary/East Limerick areas. The service contract inspection frequencies were not achieved in Limerick due to staff shortages.

P.I. *Compliance with compulsory annual inspection of private nursing homes.*
Outcome: Inspection targets in relation to food control have been fully achieved in all areas. Targets for nursing home team inspections have not been reached in all areas.

P.I. *Increase in the number of premises, which have an acceptable HACCP system in place.*
Outcome: The number of premises with HACCP systems in place continues to increase throughout the region. A national strategy between the Food Safety Authority of Ireland and the health boards has been produced to facilitate an increase in the adoption of Food Safety Management Systems based on the principles of HACCP. The Environmental Health Service will be complying with this national strategy.

PERFORMANCE REVIEW

Generally performance in regard to activities other than food control inspections was well up to target. The inspection targets have been influenced by a number of factors including:

- Emphasis on audit rather than inspection
- Time involved in the Quality Management System
- Time involved in computerisation
- Time involved in continuous professional development
- Use of various new guidance notes from the Food Safety Authority
- Time involved in outdoor events, food complaints, food alerts, product recalls, FSAI committees, etc.

QUALITY

- The Environmental Health Service has the ISO 9002 Accreditation and was successful with the National Standards Authority of Ireland Surveillance Audit.
- Standard Operating Procedures and Guidance Notes were produced for outbreak investigation, classification of infringements, B & B Standards and Drinking Water Protocols.

SIGNIFICANT ISSUES

- Foot and Mouth controls hampered activities in rural areas in early 2001.
- Recruitment of EHOs continued to be a major problem.
- The integration of the regional HACCP campaign and the National Strategy on HACCP being prepared by the FSAI must be developed in order to achieve maximum effect.
- Outbreak control teams centred on EHOs but including medical and laboratory personnel must be set up in each area to deal with appropriate situations.
- A properly resourced out of hours on call service must be established for EHOs.
- Food Control Records System must be further developed and implemented throughout the region.

ENVIRONMENTAL HEALTH SERVICE ACTIVITY

Activity	Target 2001	Actual 2001
Health Board Activities		
Food Control Inspections	4622	3510
Food Sampling	2387	2333
Other HB Activities	Demand Led	3017
Local Authority Functions		
Water Sampling	2232	2455
Other LA Activities	Demand Led	4537

Table 26.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
The purpose of the Welfare Services is to promote sustainable social inclusion, alleviate poverty and improve health gain outcomes for individuals and families suffering social disadvantage through a range of appropriate and timely prevention, treatment and support services, including financial supports.

Strategy
The strategic objective is to ensure that welfare services have the capability to address need in an equitable manner, to improve health and social gain outcomes and to develop internal and external processes to integrate services for those marginalized by poverty, by homelessness and by relocation to this region as asylum seekers.

The Mid Western Health Board's Welfare Strategy is based on principles espoused in Quality and Fairness (2001), Homelessness – An Integrated Strategy (2000), the Department of Social Community and Family Affairs (DSCFA) policy statement "Inclusion, Innovation and Partnership, 1998 – 2001", the Government's draft policy "Report on Reception and Resettlement of Asylum Seekers 2001", the Mid Western Health Board's "Regional Strategy Statement and 3 Year Action Plan – Homeless Services" and the National Anti-poverty Strategy (1997).

Objectives
- To provide a residual support role within the personal social service structure.
- To work across internal and external care lines to ensure a seamless service.
- To support relevant care group strategies.
- To provide linkages with relevant statutory, community and voluntary agencies to ensure a comprehensive and continuous service to the public.
- To promote the concept of self-help to ensure people can live with dignity within the community.
- To initiate projects to eliminate barriers for disadvantaged groups to achieve healthier lifestyles.
- To promote the uptake and utilisation of services by improving the availability of information on entitlements.

The Strategy will support a multifaceted service approach to help the marginalized (those suffering social deprivation, homeless persons, asylum seekers) cope with their situation and ensure access to a high quality, comprehensive and customer care centred service.

Organisational Structure of Services

The development of the Board's Welfare Services is set in the context of the following:

- The organisational arrangements for the delivery of the Supplementary Welfare Allowance Scheme, as set out in the Social Welfare (Consolidation) Act 1993.
- The key responsibilities of Health Boards and Local Authorities as set out in "Homelessness – An Integrated Strategy (Government 2000).
- Government Policy Document 2001 "Report on Reception and Resettlement of Asylum Seekers".
- The National Health Strategy (2001) which recognises the need to improve access to services and eliminate health inequalities.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

Community Welfare Services

- There was a 34% increase in expenditure on SWA during 2001 (ref. Table 27). Overall SWA expenditure increased from £16.3m in 2000 to £21.8m in 2001 (34% increase). The number of claims processed increased from 35,183 to 46,135 (31%). Much of this increase can be attributed to the fact that the Back to School Clothing and Footwear scheme (£851,901) was paid through SWA for the first time in 2001 and to the relocation of 350 asylum seekers in September.
- The increases in Supplements (from £7.48m to £9.67m (29%)) and Emergency Needs Payments (from £2.23m to £3.94m (76%)) is largely attributable to the proactive awareness campaigns undertaken by CWOs through presentations and also the publication of the Community Entitlements Booklets. The extension of the retention of secondary benefits to schemes and employed persons has also impacted on Supplement expenditure increases.

Homeless Services

- Activity recorded by the Homeless Unit for Limerick City showed 692 persons presented as homeless with the number of attendances at 2,605.
- A wide range of financial supports, amounting to £0.5m, were provided to assist the homeless population with accommodation, basic living costs, clothing, travel and other miscellaneous type expenses.
- A Homeless Forum was set up and a three-year Action Plan was developed and adopted in each local authority area. The Board developed a Regional Strategy and three year Action Plan incorporating the plans of each Forum.
- New funding arrangements were put in place under the Homeless Strategy as a result of which the Board provided substantial funding to the voluntary agencies to increase staffing levels.
- Outreach services for the street homeless continued through the Civil Defence.

Asylum Seeker Services

- The number of asylum seekers dispersed to the Mid West continued to increase during 2001. Three new Direct Provision centres were opened in the region, which included the first purpose built centre in the country at Knocklisheen, Meelick. This has the capacity to accommodate 375 persons. There are presently ten Direct Provision Centres operating in the Mid West catering for approximately 710 asylum seekers. It is estimated that there are in excess of 700 living in private rented accommodation in the region.
- Assistance provided under the SWA Scheme by the two dedicated Asylum Seeker Units in Limerick City and Ennis amounted to £2.441m.
- Each asylum seeker was provided with a Medical Card within 48 hours of arrival in the region, thus providing full access to health services.
- Liaison arrangements were developed and strengthened with a number of support groups for asylum seekers in the region.
- The take up in medical screening has been increased to an estimated 70% in the larger centres and 90% in the smaller centres. More effective measures have been put in place to increase uptake.

Finance
The administration costs were £2.735m and within agreed funding levels.

Staffing
Employment was contained within approved complement of 83 WTEs.

DEVELOPMENT PERFORMANCE

The Elderly

Target: *Develop guidelines in relation to financial supports for the elderly.*
Outcome: A focus group was set up by the Regional Co-ordinator to examine the appropriateness of the current financial supports through ENPs.

Target: *Provide training for staff in dealing with the elderly.*
Outcome: Awareness training was carried out with Senior PHNs and CWOs.

Target: *Improve access to Community Welfare Services for the elderly.*
Outcome: Funding for the CWO specialising in services for the elderly was agreed.

Children and Families

Target: *Develop guidelines in relation to financial supports for children and families.*
Outcome: A focus group was held by the Regional Co-ordinators to examine the appropriateness of the current financial supports through ENPs.

Target: *Provide training for staff in dealing with persons experiencing personal difficulties such as separation, bereavement etc.*
Outcome: A session in dealing with bereaved families was provided at the Induction Training Course for new locums and existing CWOs.

Target: *Provide information sessions on entitlements to support groups in the community.*
Outcome: 55 presentations were given across the region to relevant support groups.

Disabilities

Target: *Provide training for staff in dealing with persons with disabilities.*
Outcome: Training session was included in the Induction Course for new locums and existing CWOs. A permanent post of Disabilities CWO was put in place.

Mental Health /Addiction Care Groups

Target: *Develop guidelines in relation to financial supports for persons with addictions.*
Outcome: A focus group was held by the Regional Co-ordinator to examine the appropriateness of the current financial supports.

Target: *Improve interagency and interdisciplinary relationship.*
Outcome: Interagency co-operation with LAs, DSCFA etc. continues. Interdisciplinary co-operation maintained through case conferences etc.

Target: *Provide information sessions on the role of the CWO to relevant Day Hospital staff.*
Outcome: Liaison arrangements have been set up locally and each Day Hospital was issued with copies of the Directory of Services.

Target: *Improve access to Community Welfare Officer Services for Mental Health/ Addiction Programmes.*
Outcome: CWO now deals with 5B directly.

Homeless

Target: *Provide training for new staff to deal with homeless persons.*

Outcome: Awareness training was provided as part of Induction training and for specialist CWOs in Homeless Unit.

Customer Service

Target: *Continue to provide a high quality customer focused service in a cost-effective manner.*

Outcome: The service acted on results of customer survey.

Target: *Assess suitability of clinic times from the client perspective.*

Outcome: Lunch time opening done on a pilot basis in Clare

Target: *Reduce queuing time for customers.*

Outcome: Due to ISO standards and improved efficiency queuing times have been reduced.

Target: *Carry out customer feedback surveys.*

Outcome: Feedback from the Customer Survey was examined, necessary action agreed and changes implemented.

Service Control

Target: *Set up a Special Investigation Unit during 'off peak' locum periods.*

Outcome: Experienced CWS staff carried out control exercises when locum cover was available.

Target: *Undertake and report on control work within agreed policy.*

Outcome: Ongoing as control work takes place.

Accommodation

Target: *Carry out an audit of Health Centre accommodation.*

Outcome: An audit of accommodation standards in Health Centres and some improvement works have commenced.

Code of Practice

Target: *Develop a code of practice on rent arrears with each Local Authority.*

Outcome: Meetings have taken place with Local Authorities with a view to formulating codes of practice in each area.

OTHER DEVELOPMENTS

Community Welfare Services

- During the year the Directorate of Welfare Services was established and a Director was appointed with responsibility for planning and policy.
- An additional CWO post was approved for Community Services for the Homeless and this cost is fully funded by Limerick Corporation.
- Approval was obtained from the Department of Social Community and Family Affairs for the appointment of 4 additional CWOs to provide Community Welfare Services for asylum seekers at new sites in Limerick City, Clare and North Tipperary.
- Computers have been installed in Dooradoyle, Roxtown, Shannon, Ennis, Kilrush, Southhill, Ballynanty, Nenagh and Thurles Health Centres to facilitate access to the NSSB Computer Information System, to enhance the information-giving role of the service.

Homeless Services

- A G.P. protocol was introduced to ensure speedy access to Primary Care Services for homeless persons.
- Pilot 'move-on' accommodation was developed in co-operation with a voluntary service provider.
- Arrangements for a new outreach service were agreed with a voluntary agency.
- A Regional Co-ordinator was put in place.
- Homeless Forum set up in each local authority area in the region.

Asylum Seeker Services

- A detailed policy document for the region in relation to financial supports for asylum seekers was developed.
- A medical screening protocol was developed and adopted.
- A Co-ordinator of Services was appointed for the region.
- An additional G. P. was engaged to carry out medical screening.
- Dedicated GP, PHN, Health Screening and CWO services were put in place in the custom built centre in Knocklisheen, Co. Clare.

PERFORMANCE INDICATORS

Community Welfare Service

P.I. *Reduction in the number of fraudulent claims within the SWA scheme.*
Outcome: Control exercises were carried out in Limerick and Ennis.

P.I. *Increase in the number of contact points at local level with statutory/community agencies.*
Outcome: Contact was made with 330 Community/Voluntary Organisations in 2001.

P.I. *Increase in joint casework with the local MABS services.*
Outcome: Financial supports by way of MABS Supplements have increased by £28,967 or 157% in this area.

P.I. *Increase in the uptake on diet/crèche/heating supplements to improve health and social gain in the community.*
Outcome: Diet by £63,393 (27%) Crèche by £27,096 (58%) Heating £101,501 (112%).

P.I. *Increase in the number of financial supports for individual care packages within the Care Groups.*
Outcome: Supplement payments increased by £2,186,880.

P.I. *Reduction in the number of eviction cases from Local Authority housing.*
Outcome: There were no evictions for non-payment of rent in Limerick City during 2001.

Homeless Services

P.I. *Service agreements to be put in place for all voluntary service providers.*
Outcome: In place by 31/12/2001.

P.I. *All homeless persons to receive a Medical Card within 7 days.*
Outcome: Fast track system introduced.

Asylum Seekers

P.I. *Increase the medical screening/vaccinations take up rates.*
Outcome: Take up rates increased to an estimated average of 65% across all centres.

P.I. *Develop a database to record demographic and medical information.*
Outcome: Database was developed and is currently being enhanced.

PERFORMANCE REVIEW

RESEARCH

Project: *Customer feedback will be sought and analysed with a view to improving services.*

Outcome: An independent customer survey was reviewed and management have used the outcomes to guide policies and planning for service provision. A customer satisfaction form has been devised for distribution in all Health Centres so that customers can provide feedback on the service on an ongoing basis. This system operated from 1/11/01.

QUALITY

Project: *Further Districts will be accredited for the ISO 9002 management system.*

Outcome: During the year 9 additional CWO locations were put forward for assessment against the ISO 9002 Standard and all successfully received certification.

Project: *Provide "Directory of Services" booklet to each voluntary agency.*

Outcome: 330 sent out.

Project: *Improve waiting areas at Community Welfare Officer clinics.*

Outcome: Improvements carried out in Roxtown, Glin, Athea and Ennis Health Centres. New Health Centre opened in Ballynanty.

VALUE FOR MONEY

Project: *Reduce the number of cheque payments (SWA) by increasing the number of postal drafts, thus reducing administrative costs.*

Outcome: A decision was taken to encourage the use of Postdrafts as a payment method for SWA supplements which will result in substantial savings due to the lower costs involved in this payment method. At December 2000 591 Postdrafts were in use. By July 2001 this number had increased to 638.

Project: *Undertake a joint initiative with the DSCFA in order to reduce the number of Substitute Payments, thereby increasing efficiency.*

Outcome: DSCFA are currently reviewing their processes in this regard.

OTHER INITIATIVES

Research

Homeless Services

- Local research was carried out in each local authority area to ascertain the level of homelessness throughout the region.

Quality

Community Welfare Services

- The 23 existing locations with ISO 9002 were the subject of surveillance visits and all were assessed as continuing to conform to the ISO 9002 standard.

Homeless Services

- A new G.P. protocol was introduced in Limerick in order to improve access to General Medical Services for hostel residents.
- An information leaflet outlining health and welfare entitlements was published.

Asylum Seeker Services

- International research was used in developing the Medical Screening Protocol.

SIGNIFICANT ISSUES

Community Welfare Services

- The continued high level of rent supplementation is impacting on the capacity of the service to fulfil its social care role.

Homeless Services

- The implementation of the Board's 3 year integrated action plan is dependent on the allocation of significant funding especially in the area of the development of targeted outreach services.

Asylum Seeker Services

- Some asylum seekers avoid health screening, which is availed of on a voluntary basis.
- The current rate of SWA basic payment to asylum seekers is inadequate and leads to increasing numbers of applications for Exceptional Needs Payments. The Board has made a submission in this regard to the DSCFA.
- Increasing number of asylum seekers in the region is impacting on a range of services including maternity services.

COMMUNITY WELFARE SERVICE ACTIVITY

SWA Expenditure 2001 v 2000

	2000 Total £	2001 Total £	% change
Basic	6,610,108	8,268,642	25.1%
Supplements	7,484,038	9,670,917	29.2%
ENPs	2,236,199	3,942,570	76.3%
Total	16,330,345	21,882,129	34.0%

Table 27.

SWA Expenditure on Supplements 2001 v 2000.

Supplement	2000 Total £	2001 Total £	% Change
Mortgage Supplements	314,531	343,482	9
Diet Supplement	236,910	300,303	27
Heating Supplement	90,431	191,932	112
Travel Costs	34,051	45,486	34
Crèche Supplements	47,076	74,172	58
Money Advice Supplements	18,506	47,473	157
Other Supplements	55,524	105,539	90
Private Rented Accomm.	6,687,009	8,562,531	28
Total	7,484,037	9,670,917	29

Table 28.

SWA Claims Processed during 2001 v 2000.

	2000	2001	% Change
Basic	9347	9998	6.96
Supplement	7627	8636	13.23
Emergency Needs	18,209	27,501	51.03
Total	35,183	46,135	31.13

Table 29.

SWA payments made 2001 v 2000.

	2000	2001	% Change
Basic	82,788	99,605	20.3
Supplement	152,388	180,295	18.3
Emergency Needs	17,832	26,445	48.3
Total	253,008	306,345	21.1

Table 30.

No. of persons who attended CWO Clinics 2001

Limerick	Clare	Tipperary
35,195	20,390	26,964

Table 31.

HOMELESS AND ASYLUM SEEKER ACTIVITY

SWA Expenditure 2001

	Expenditure Homeless Unit Limerick City Total £	Expenditure Asylum Seeker Units – Limerick City & Ennis Total £
Basic	138,898	1,132,017
Supplement	135,058	919,967
ENPs	223,637	394,101
Total	497,593	2,446,085

Table 32.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose

The purpose of the Child Health Service is to ensure that all children have the opportunity to realise their full potential in terms of health, well being and development and that remediable disorders are identified and acted upon as early as possible in life in order to maximise health and welfare, and that the health status of children in the Mid-West region is maximised by recognising and reducing inequalities in child health.

Strategy

The national report, "Best Health for Children" and the Health Board's "Strategic Statement on Child Health" were both published during 1999. The National Children's Strategy was published in November, 2000 and "Best Health for Adolescents" was published in 2001. The Joint Committee on Health and Children reported on Childhood Immunisations in 2001. These publications and the National Health Strategy 2001 will influence future developments in Child Health.

The Board's strategy focuses on the enhancement of child health, the inclusion of child health monitoring in the wider circle of health promotion and the emphasis that preventive health care involves more than the detection of defects. The strategy reflects current thinking on screening and surveillance services in the light of national and international studies.

Objectives

The objectives of the Child Health Service are:

- That all children have the opportunity to realise their full potential in terms of good health, well-being and development.
- That remediable disorders are identified and acted upon as early as possible.
- That the health status of children in the Mid-West region is maximised by recognising and reducing inequalities in child health.

Organisational Structure of Services

The Child Health Service is organised on the basis of the three catchment areas – Limerick, Clare and Tipperary N.R. The area management consists of a multi-disciplinary team including medical, nursing and para-medical personnel in partnership with general practitioners.

"Best Health for Children" and the Board's Child Health Strategy envisaged that a Child Health Co-ordinator would be appointed in each Community Care Area in order to integrate child health services. During 2001, further attention was given to the design of appropriate structures necessary for the management/delivery of child health services in the broadest sense, not just screening and surveillance. Consideration was given to the introduction of the 'standard' care group structure and this was advanced in 2001 with a decision to develop a Directorate for Child and Adolescent Health. A regional Co-ordinator for Immunisation Programmes was appointed in 2001.

A Corporate Policy Council provides strategic review and co-ordination of all children's/young persons' services.

The main Child Health Service activities include:

- Child health monitoring, which involves a programme of screening interventions and support for parents, starting at birth and extending through the pre-school years.
- A range of immunisation programmes.
- Treatment services – referrals from the child health monitoring programme are made to a range of services, including medical (public health), speech and language therapy, audiology, psychology, ophthalmology, physiotherapy, occupational therapy, medical (paediatrics), dental and orthodontics.
- Health education is carried out by a range of professionals with support from the Health Promotion Unit in a variety of settings, including the school and home environments.
- Community development, which is addressed by initiatives targeted at areas or groups with special needs, such as minority groups and locations of social disadvantage.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

Activity for 2001 is set out in Table 33. The following variances in activities against targets are significant:-

- Home visits to children (mother & child and pre-school services) were 3.7% under target. This was due to Public Health Nurse recruitment and retention difficulties and increased visiting and visiting times associated with the Parent Held Record (PHR) arrangements.
- The developmental/welfare clinic target was exceeded by 17%. The clearing of the backlog of developmental assessments in Clare contributed to the increased activity.
- The number of children seen by Area Medical Officers (school medical services) was 52% under target, and 39% below the 2000 activity.
- The immunisation target was under achieved by 28%, and activity was 16% below the 2000 level.
- The target for pupil audiometry was under achieved by 25% and activity was 6% below the 2000 level.
- The target for pupil vision was exceeded by 8% and activity was 35% above the 2000 level.

The under performance against targets for school medical, immunisation and pupil audiometry services was largely attributable to the setting of targets which were significantly in excess of 2000 activity levels, coupled with recruitment and retention difficulties for Area Medical Officer and Public Health Nursing staff. The Meningococcal C vaccination programme placed heavy demands on limited staffing levels.

"Best Health for Children"

Implementation of the recommendations of "Best Health for Children" continued. The School Health Protocol has been revised throughout the region, in line with the recommendations of this report, to include a selective physical examination. Overall, activity has been curtailed due to lack of funding for implementation of recommendations.

Child Welfare Service

This service is offered by Public Health Nurses to all infants and includes a core schedule of visits, with additional visits offered where necessary. The majority (77%) of infants received the first visit within 24 hours of discharge from hospital.

Developmental Screening Examination

Each child between the ages of 6 and 9 months was offered an appointment for a developmental screening examination. In Tipperary N.R., developmental screening examinations were offered to all children between the ages of 7 and 9 months. The uptake was 92% of births.

School Medical Service

School medical services were below target due to staff recruitment and retention difficulties (Public Health Nurses and Area Medical Officers) in all areas. The prioritisation of the Meningococcal C programme also contributed to staff shortages for the schools service. Particular staffing difficulties were experienced in Clare.

Immunisation

Vaccine-preventable diseases represent one area of communicable diseases for which highly effective and cost beneficial measures exist for prevention and control. The currently recommended schedule for childhood immunisations is as follows:-

Age	***Immunisation***
Birth-6 weeks	BCG
2 months	DTaP / Polio / Hib + Men C
4 months	DTaP / Polio / Hib + Men C
6 months	DTaP / Polio / Hib + Men C
15 months	MMR
4-5 years	DTaP / Polio + MMR
11-12 years	MMR (if not received at 4-5 years)
10 -14 years	BCG (interval of 3 weeks post MMR)
School Leaving	Td (Tetanus/low dose Diphtheria).

BCG

Neonatal BCG vaccination is usually given within the first 3 months, more usually within the first 6 weeks of life, by Area Medical Officers. Uptake is estimated to be in the region of 96-97%.

Primary Childhood Immunisation Programme (PCIP)

The Health Board contracts general practitioners for the provision of the PCIP to children up to the age of two years. Parents can have their children immunised free of charge by the general practitioner of their choice. Immunisations against Diphtheria, Tetanus, Pertussis (Whooping Cough), Polio, Haelophilus Influenzae B and Meningococcal C infection are offered at 2, 4, and 6 months. Since July, with the change from oral polio to inactivated polio vaccine, a 5-in-1combination preparation is in use. Meningitis C is given as a separate injection. MMR (Measles, Mumps and Rubella) is given at 15 months.

The uptake of DT/DTaP/Polio/Hib at December 2001 was 82% and MMR was 70%, among children aged two years. The national average uptake was 83% for DT/DTaP/Polio/Hib and 70% for MMR.

The effectiveness of the immunisation programme is compromised when a sufficient uptake level to generate "herd immunity" is not achieved. Attainment of the national target of 95% uptake is, therefore, a major objective. The Board's uptake rates require substantial improvement in this regard.

Booster Diphtheria/Whooping Cough/Tetanus/Inactivated Polio
Vaccines (4 in 1) were administered to junior/senior infants. Uptake was in the region of 94%.

Measles/Mumps/Rubella Vaccination
Measles/Mumps/Rubella vaccine was administered to 6th class pupils. Many of these children had already received MMR vaccine and the second dose acted as a booster dose. Uptake of this vaccination was on average 96 - 97% across schools.

Meningococcal C Campaign
Phase 1 of the Meningococcal C programme, which commenced in October 2000, was completed in February 2001 and focused on immunising the high risk groups i.e. children under 5 years and 15-18 year olds. GPs immunised the under 5 years cohort and community care teams immunised the 15-18 year group.

Phase 2 of the programme was undertaken between March and June 2001 and children/young adults in the 5-6 and 18-22 year old age group were targeted.

Phase 3 of the campaign commenced in September 2001 and was scheduled for completion in December 2001, however it was extended into 2002 to target young adults over 18 years of age. This phase targets children/young adults up to 22 years not vaccinated in the previous phases of the catch-up campaign. Recruitment difficulties for the Meningococcal C campaign resulted in the re-deployment of existing Area Medical Officers and Public Health Nurses, which had implications for the delivery of core child health services.

The percentage uptake at the end of December 2001 was 82% for the 0-4 year olds, 91% for the 5-14 year olds and 18% for the 18-22 year olds.

Speech & Language Therapy
The Speech and Language Therapy Assessment Service provided an assessment and intervention service to pre-school and school-age children. This service involves assessment and programme planning which is implemented by parents, and where possible, remedial and resource teachers. While there has been a decrease in the numbers on waiting lists for both assessment and therapy, the waiting list numbers remain high due to recruitment and retention difficulties. To address recruitment difficulties an interim arrangement was made to engage private therapists on a sessional basis to manage assessment waiting lists.

Children's Ophthalmic Service
Pre-school and school going children were referred by Area Medical Officers and Public Health Nurses to clinics staffed by Community Ophthalmic Physicians.

Audiology

Responsibility for Community Audiology Services (Child & Adult) will transfer from the Northern Area Health Board (ERHA) to the Mid-Western Health Board in 2002 in respect of this region. Preparation for this transition was ongoing during 2001, i.e.

- A Strategy for Audiology Services in the Mid-West region was prepared and work is continuing on the Action Plan.
- An internal project team was established to manage the transition arrangements in terms of resources and organisation, i.e. funding, staffing, training, accommodation and equipping.
- A Trainee Audiologist, sponsored by the Board, was appointed.
- Recruitment and retention of Audiology professional staff caused serious difficulties for service provision and waiting lists/times.

Personal Health Record

Substantial progress continued on the development of the Personal Health Record (PHR).

- The Personal Health Recording system was implemented on a phased basis.
- A multidisciplinary "Train the Trainers" programme was delivered and subsequently a training programme was delivered to professionals throughout the region.
- Professional guidelines pertaining to the use of the record were developed and agreed.
- The BCG vaccination and core health checks are currently being recorded on the Child Health Database.

Finance

A breakeven budgetary position for the year was achieved.

Staffing

Recruitment of staff particularly Area Medical Officers, Public Health Nurses, Therapy and Audiology personnel presented difficulties and had a negative impact on service levels.

DEVELOPMENT PERFORMANCE

"Best Health for Children"

Target: *Appoint a regional sub-committee to implement the recommendations of "Best Health for Children" and the Board's Child Health Strategy.*

Outcome: A regional sub-committee was appointed to implement the recommendations of "Best Health for Children" and the Board's Child Health Strategy. This committee is reviewing the current child health surveillance protocols against the recommended core programmes, and following this will develop an action plan which will include protocols for new programmes, training programmes, evaluation-audit plans and delineation of a clear referral pathway.

Immunisations

Target: *Develop immunisation services.*

Outcome: Funding was provided for the development of immunisation services. A Regional Co-ordinator of Immunisation and support staff were appointed in July. The Co-ordinator has assisted in the enhancement of the management and delivery arrangements for the Primary Childhood Immunisation Programme, with a view to improving the uptake of vaccination and the implementation of the revised booster schedule.

Personal Health Record (PHR)

Target: *Advance the Personal Health Record (PHR).*

Outcome: The Personal Health Record pilot phase was launched in the Limerick area in May 2001 and was extended to the Tipperary N.R. and Clare areas in September 2001. The implementation of the PHR will be evaluated by U.C.C.

Information System for Child & Adolescent Health Services

Target: *Commence the process of computerising all immunisation programmes.*

Outcome: An external consultancy contract to assist the Board in developing a specification of information requirements for Child and Adolescent Health Services was awarded in November.

Audiology Services

Target: *Develop a regional Strategy and Action Plan for Audiology Services (including children).*

Outcome: The Mid-Western Health Board's Audiology Strategy was completed and work on the Action Plan continued. The Regional Working Group on the Review of Audiology Services recommended the establishment of a second tier audiology clinic in Clare, to reduce the waiting list for children over 4 years. The training programme was organised for staff in conjunction with the Western Health Board.

OTHER DEVELOPMENTS

- A number of information sessions for parents of children with normal non-fluency and early stammering behaviour were held in Tipperary N.R.
- Collaborative information fora with pre-school leaders and resource teachers were held in Limerick and Tipperary N.R. and feedback has been positive.

PERFORMANCE REVIEW

RESEARCH

Project: *Undertake a study of paediatric surveillance at 3 months for children born in 2000.*

Outcome: A study was completed and uptake rates were determined as follows: Limerick, 89%; Clare, 92%; Tipperary N.R., 93%.

QUALITY

Project: *Commence work on the development of a protocol for hearing screening.*

Outcome: The protocol for screening hearing was not completed, but will be finalised in conjunction with staff training and the commencement of the second tier audiology clinic in Clare in 2002.

EVALUATION

Project: *Evaluate the uptake rate of 7-9 month developmental examinations for babies born in 1999 and resident in Tipperary N.R./East Limerick.*

Outcome: In Tipperary N.R./East Limerick the uptake rate of 7-9 month developmental examinations was 91% for babies born in 1999. A review and follow up of non-attenders was undertaken by the Public Health Nurses.

Project: *Evaluate the waiting time for medical decisions concerning disabled persons grant and allowance applications in Tipperary N.R./East Limerick.*

Outcome: Currently, waiting time for assessment by an Area Medical Officer for medical eligibility is 4-6 weeks; 8-10 weeks for assessment on appropriateness of structures by an Occupational Therapist. The shortage of Occupational Therapy staff contributed to the delay in waiting times.

Project: *Examine the impact of the Breast Feeding Strategy by monitoring the duration of breast feeding and promoting improvement.*

Outcome: The impact of the Breast Feeding Strategy was evaluated in Limerick by monitoring the duration of breastfeeding and promoting improvement. At initiation stage, 32% were breastfeeding and at 3 months 17% were breastfeeding. These uptake rates fall short of the rates targeted by the Board's strategy, e.g. 50% at initiation stage, and follow-up will be required in order to achieve significant improvements during 2002 and beyond.

PERFORMANCE INDICATORS

P.I. *The percentage of newborn children visited by Public Health Nurses within 24 hours of hospital discharge, and development of measures to increase the percentage of children who receive a visit within 24 hours.*

Outcome: Limerick - 71%, Clare - 73%, Tipperary N.R. - 88%. Measures to increase performance will be developed in 2002. The performance is adversely impacted by the fact that Public Health Nurses do not provide this service over weekends.

P.I. *The percentage of mothers breastfeeding at the first public health nurse visit and at four months.*

Outcome:

Limerick	First Visit = 28%	3 Months = 17%
Clare	First Visit = 45%	3 Months = 29%
Tipperary N.R.	First Visit = 26%	4 Months = 11%

P.I. *The percentage of uptake of each stage of paediatric surveillance.*

Outcome: Percentage uptake at 3 months

Limerick	89%
Clare	92%
Tipperary N.R.	93%

P.I. *Primary Childhood Immunisation uptake rates.*

Outcome: Immunisation uptake rates at 24 months for the last quarter of 2001 were:-

D3	= 82%	Hib3	= 82%
P3	= 82%	Polio3	= 82%
T3	= 82%	MMR	= 70%

P.I. *Record Developmental Clinic uptake rates and timing and review low uptake with view to making improvements.*

Outcome:

Limerick	92%
Clare	92%
Tipperary N.R.	91%

Reasons for non-uptake included; moved from area and non-attendance at initial appointment.

P.I. *Record BCG and School immunisation uptake rates with view to computerisation.*

Outcome: Information specification was under preparation.

P.I. *Achievement of the Meningococcal Group C programme targets.*

Outcome: The percentage uptake at the end of December was 82% for the 0-4 year olds, 91% for the 5-14 year olds and 18% for the 18-22 year olds. The overall uptake rate for the campaign to date is 65% for the region.

P.I *Maintenance of low waiting lists and waiting times for Community Ophthalmic services for children.*

Outcome: Waiting time -

Limerick	4-6 weeks
Clare	4 weeks
Tipperary N.R.	3-4 months

P.I. *Reduction of numbers on waiting lists for Speech & Language Therapy.*

Outcome: While there has been a decrease in the numbers on the waiting list for both assessment (-21%) and therapy (-10%), over a 7-month period (February-August), the waiting list numbers in particular for therapy remain high, due to staffing recruitment and retention difficulties at December.

P.I. *Achievement of the Parent Held Child Health Record pilot project objectives/targets.*

Outcome: Objectives and targets set for 2001 were achieved. The full complement of records was designed and developed and the Personal Health Recording system was implemented on a phased basis throughout the Board.

SIGNIFICANT ISSUES

Socio/Demographic

- The significant birth rate in the region has resource implications for service planning and delivery.
- The increase in teenage pregnancy, lone and multi-parent families, multiple births and asylum seekers/refugees has implications for the planning and resourcing of services.
- The increasing mobility of families, predominately in urban areas, poses serious difficulty for Public Health Nurses in terms of tracking children for continuity of care.
- The loss of extended family support has created the need for other supports in the post-natal period.
- The traveller community has a significantly shorter life expectancy than the settled population. Provision of comprehensive traveller health services from the pre-natal period onwards is essential.

Service

- Uptake rates for the Primary Childhood Immunisation programme require improvement.
- The revised schedule of immunisations for school children has not been implemented. There are difficulties pertaining to funding and recruitment/retention of staff.
- Early discharge of post-natal mothers and babies, in some instances at 24 hour post-delivery, involving specific post-natal care and metabolic screening has increased the level and complexity of Public Health Nurse visits.
- The provision of a comprehensive psychological assessment and advisory service for pre-school and school children needs to be addressed.

Organisation

- The absence of Community Consultant Paediatricians with special interest in child health is a seriously limiting factor in the development/delivery of comprehensive, inclusive child health services.
- All disciplines in the Child Health Service are experiencing difficulties in recruitment, retention and replacement of staff. Unfilled posts and lack of expertise impacts on capacity to deliver core service and respond to new developments. This has created particular difficulties in the provision of audiology, speech and language, and school health services.
- Increasing numbers of referrals coupled with the severity of disorders presenting and increasing parent expectation, places considerable demands on an already over-stretched service, especially having regard to recruitment and retention difficulties for the therapy staff grade.

Audiology

- There are persistent and ongoing difficulties in recruiting professional staff both at Audiologist and Audiological Scientist level. This presents significant difficulty for the provision of a community service, as there is no spare capacity in other Health Boards, and there is no alternative private service, which could be contracted. The situation is more acute for children, as there is a greater scarcity of Audiological Scientists.

Accommodation

- Many community premises are sub-standard for both service delivery and staff and require upgrade/replacement.

Information Technology

- Information technology facilities/support/training are insufficient/inappropriate and investment is required. Work on defining information requirements for child/adolescent health services commenced in November.

CROSS-CUTTING ISSUES

- In respect of all health services for children, there is a need to focus on the needs of children in an overall sense rather than the discrete services. Therefore, the child should be at the centre of all considerations relative to service planning and organisation/delivery. Children & adolescents have needs requiring a range of services; primary/community, acute, disability, mental health, child protection and welfare.
- Child & Adolescent psychiatry and Adult psychiatry – the definition of "child" in the Mental Health Act 2001 is significant (up to 18 years), in terms of future service planning.

CHILD HEALTH ACTIVITY

	Target 2001	Actual 2001	Variance
Mother & Child Visits to children (incl. under 5 yrs.) Nursing Pre-School Services	41,275	39,748	-1527
Developmental/Welfare Clinics - Nursing	2888	3380	492
School Medical Services - Nos seen by Area Medical Officer	7090	3350	-3740
Pupils Audiometry	9008	6720	-2288
Vision	16,676	18,019	1343
Immunisation	14,150	10,152	-3998

Table 33.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose

The purpose of Services for Older People is to maintain the dignity and independence of older people and to maximise their life potential by providing a high quality, comprehensive and caring patient centred service.

Objectives

The guiding influences on the development of services for older people are "The Years Ahead" (Department of Health 1988). The "Review of the Years Ahead" (National Council on Ageing and Older People 1997) and "Quality and Fairness: A Health System for you" (Department of Health & Children 2001), as well as a number of other strategies and legislation/regulations. The key objectives are:

- To maintain older people in dignity and independence at home.
- To restore to independence at home those older people who become ill or dependent.
- To encourage and support the care of older people in their own community by family, neighbours and voluntary bodies.
- To provide high quality hospital and residential care for older people when they can no longer be maintained in dignity and independence at home.

Organisational Structure of Services

Area Managers for Services for Older People were appointed in Tipperary N.R./East Limerick and Clare to co-ordinate delivery of services to older people.

The community based services for older people are delivered through sectors and include the following: public health nursing, public health medicine, para-medical services, home help service, housing aid for the elderly, nursing home subvention and services delivered by the voluntary organisations.

Day centres, providing social and supportive services, operate in each area.

There are consultant-led acute assessment units in the Mid-Western Regional Hospital (including a Clinical Age Assessment Unit), Ennis General Hospital and Nenagh General Hospital.

In-patient care is provided in 4 large Community Hospitals for older people (St. Camillus', Limerick, St. Ita's, Newcastle West, St. Joseph's, Ennis and Hospital of the Assumption, Thurles), and 5 Community Nursing Units (Ennistymon, Kilrush and Raheen, Co. Clare and Nenagh and Roscrea, Co. Tipperary). This in-patient care provision is complemented by the private nursing homes in the region. The range of in-patient services available within the non-acute hospital services for older people include: rehabilitation/short stay care, convalescent care, respite care, continuing care/extended care, palliative care and therapy services.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

Acute Care

Admissions of persons over 65 years of age accounted for 32% of all admissions to the Mid–Western Regional Hospital, Limerick. This contrasts with Ennis General (50%), Nenagh General (46%) and Croom Orthopaedic Hospital (51%). There is no significant variance in the overall percentage of admissions for 2001 compared to 2000 for Acute Hospitals.

Community Hospitals and Community Nursing Units.

Total admissions to hospitals for older people were 2,536 in 2000 and 2,515 in 2001 (a decrease of 1%). Overall discharges fell from 2,550 in 2000 to 2,506 in 2001 (a decrease of 2%). This is due to the fact that some patients in short stay units needed longer lengths of stay than anticipated due to the nature of their illnesses.

Day Hospitals

Day hospital admissions were 10,139 in 2001, representing an increase of 4% (9,734 in 2000) on last year's activity.

Nursing Homes

There was a 2% increase in the number of persons in receipt of subvention (to 957 from 936 in 2000). There was no increase in the number of registered nursing homes during the year, which remained at 44. 74% of those in receipt of subvention were in the maximum dependency category, compared to 69% the previous year.

Finance

The budgetary performance for Services for Older People was within the allocation of £34.533m.

Staffing

Employment levels were contained within approved WTEs at 924.19.

DEVELOPMENT PERFORMANCE

Community

Home Help

Target: *Increase the level of home help service availability.*

Outcome: The level of service provided was increased by providing an additional 400 home help hours per week to new and existing clients. The number of clients benefiting from the service increased by 3%.

Voluntary Organisations

Target: *Contribute towards the development of Dromcollogher Day Centre.*

Outcome: Funding was provided for Dromcollogher Day Centre. It will be operational in 2002.

Target: *Contribute to the Alzheimer Society of Ireland Services.*
Outcome: Funding was provided regionally for the Alzheimer's Society.

Carers Support
Target: *Support of carers of older people. Consult voluntary organisations supporting carers to develop specific plans.*
Outcome: The National Carers Association provided training courses. Carers' support groups were formed.
Funding was provided to "Caring for Carers" to enhance their respite and counselling service.
Section 65 Grants were paid to support/respite groups involved in the provision of respite care and support services.

Community Supports
Target: *Improve community support structures to older people in their homes. Develop a range of measures to be implemented including a combination of nursing, therapy, social work or other grades of staff options as well as provision of aids and appliances. Review grants to voluntary organisations for provision of community supports.*
Outcome: The recruitment of Public Health Nurses to provide anticipatory care was initiated. Difficulties in recruiting permanent staff impacted on the development of therapy services. These needs were met by sessional and temporary provision. Additional funding was provided during the year for assistive equipment and appliances, which resulted in waiting lists being reduced.

Housing
Target: *Enhance the Housing Aid for the Elderly programme to provide a more responsive service.*
Outcome: The scheme expanded to include provision of heating this year. Difficulties with the housing aid for the elderly scheme continued which was reflected in increased applications, waiting lists and times. Completions increased during the year.

Health Promotion
Target: *Develop innovative programmes for safety and healthier lifestyles for older people.*
Outcome: The Health Promotion Unit developed a booklet entitled "Live Life!" highlighting information for older people on the avoidance of accidents. A Reminiscence Therapy Service was provided in Limerick. The Regional Accident Prevention Committee met during the year and held seminars on safety in the home for older persons. The International Day of Older Persons was celebrated with an information day for older people.

Residential

Private Nursing Homes
Target: *Fund the national increase of 25% in the rates of subvention.*
Outcome: Allocation was used to fund the increased Subvention Rates from 1st April 2001.

Dementia Units
Target: *Provide funding for commissioning the new Dementia Unit in Clare.*
Outcome: The Dementia Unit was completed in St. Joseph's Hospital. It is envisaged that this unit will be fully operational in early 2002.

Old Age Psychiatry

Target: *Consolidate the Old Age Psychiatry Service in Clare.*

Outcome: 2 additional psychiatric nurses were recruited for this service.

Respite

Target: *Expand respite facilities.*

Outcome: Respite services were expanded in all areas. This involved direct and indirect provision in conjunction with partnership organisations.

Palliative Care

Target: *Provide palliative care support beds throughout the region.*

Outcome: The National Committee produced a document on Palliative Care Services late in 2001. Further funding for equipment, support to voluntary organisations and extension of community network support beds was provided.

Convalescence

Target: *Develop and commission the step-down facility at Raheen Community Hospital.*

Outcome: The step down facility at Raheen Community Hospital will be opened in mid 2002. This facility will provide support for persons living in the community who require intensive support for a short period of time.

Staffing

Target: *Improve staff ratios in the long-stay institutions, predominantly in the nursing and non-nursing grades.*

Outcome: Additional nursing and non-nursing posts were provided in hospitals and community nursing units in the three areas.

Placement Panels

Target: *Review the roles and operational policies/procedures of Placement Panels.*

Outcome: A working group was established to review the financial evaluation of patients with a view to introducing an objective tool for the assessment of patients' financial status.

Demography

Target: *Contribute towards costs associated with demographic change within the Board's population.*

Outcome: Posts were filled to provide an enhanced service. The allocated funding for non-pay items was used to address some of the clinically driven costs in the service.

OTHER DEVELOPMENTS

Home Help

- A Consumer Satisfaction Survey Project (Home Help Services) was completed. It indicated a high level of satisfaction from the recipients of the service.

Voluntary Organisations

- A number of additional voluntary organisations received funding to provide respite, day care and other services during the year.

Private Nursing Homes

- Regular and on-going meetings were further developed with the Nursing Homes Organisation in the Mid West. A representative of the Mid-Western Health Board was present at the Annual Meeting of this organisation.

Old Age Psychiatry

- Development of a secure garden in the Old Age Psychiatry Department at St. Camillus Hospital commenced.
- The Strategy Review Group on Old Age Psychiatry published a draft report.

PERFORMANCE INDICATORS

P.I.	*The percentage of elderly persons over 65 years of age in residential long-term care (Health Board Institutions only):*
Outcome:	2.14%
P.I.	*The percentage of elderly persons over 75 years of age in residential long-term care (Health Board Institutions only):*
Outcome:	3.18%

PERFORMANCE REVIEW

QUALITY

Project:	*Conduct patient satisfaction surveys.*
Outcome:	Patient satisfaction surveys were completed in Regina House, Kilrush and Thurles Day Centre. A patient satisfaction survey and a visitor satisfaction survey commenced at St. Camillus' Hospital.
Project:	*Seek ISO and HACCP accreditation for the Catering Department, St. Camillus' Hospital, Limerick.*
Outcome:	HACCP continued in the Central Catering Department of St. Camillus' Hospital.
Project:	*Implement the HACCP training programme in all residential units in Tipperary N.R.*
Outcome:	The HACCP training programme was completed.
Project:	*Develop a multi-sensory programme for the residents in the Hospital of the Assumption. Introduce reminiscence therapy in the Day Hospital, Thurles and extend Snoozelan therapy to all residents at the Community Nursing Unit, Roscrea.*
Outcome:	A multi-sensory programme was developed in one ward at the Hospital of the Assumption. Reminiscence therapy was introduced in St. Conlon's Community Nursing Unit. Snoozelan therapy was extended to all residents in the Community Nursing Unit, Roscrea.
Project:	*Elder Abuse Pilot Project.*
Outcome:	Draft protocols, procedures, policies and guidelines were prepared.

EVALUATION

Project: *Evaluate the rehabilitation services in Limerick using the QUASAR software package.*
Outcome: An audit using QUASAR software package was initiated in St Ita's Hospital.

Project: *Evaluate the impact of the new step-down facility at Raheen Community Nursing Unit.*
Outcome: The step-down facility did not open.

Project: *Implement a falls audit tool at St. Ita's Hospital.*
Outcome: The Falls Audit Tool was implemented in the Rehabilitation Unit at St Ita's Hospital.

Project: *Implement a physiotherapy information system at St. Ita's Hospital to facilitate recording and evaluation of patient information*
Outcome: The Keogh Package, Physiotherapy Information System was installed in St Ita's Hospital.

VALUE FOR MONEY

Project: *Commence a regional continence promotion and management of incontinence project focused upon quality service and value for money.*
Outcome: A continence promotion and management project focused on quality and value for money commenced.

OTHER INITIATIVES

Research

- A study on the use of cot sides for elderly patients was undertaken in St. Camillus.
- The multidisciplinary team in St. Camillus' developed hip protector guidelines.
- A research project on elderly needs in the parish of Mountshannon was completed.
- Research into drug compliance in older people was completed by the Public Health Nursing service.
- Research-based policies were reviewed on an ongoing basis at St Joseph's Hospital, Ennis.

Quality

- Raheen Community Hospital undertook a satisfaction audit in the catering department.
- In Raheen Community Hospital ISO standard process and HACCP progressed during the year.
- Ennistymon received continued ISO 9002 accreditation.
- Diversional therapy, including reminiscence and a Sonas programme, established in Ennistymon Community Hospital. Clinical pathways documentation was also completed.
- A pilot art therapy programme commenced in Roscrea Community Nursing Unit.
- The Physiotherapy Department at St. Camillus' Hospital introduced a home exercise programme for all patients on discharge that included training for both patients and carers.
- Care Plans were introduced in some of the Community Nursing Units.
- At St. Ita's Hospital, all persons/carers for whom a respite referral was made, were invited to identify their needs in order of priority, frequency and length of stay. This information assisted in the provision of a respite service reflecting the needs of the patient/carer.
- Services were evaluated by means of a satisfaction survey in Ennistymon, Raheen and Regina House, Kilrush. The results of these surveys were positive with over 90% of respondents expressing satisfaction.
- A monthly pressure sore audit was conducted in Ennistymon Community Hospital.

Evaluation

- The Bartel Index was used at St Camillus and St Ita's Hospitals as an objective observable record of patient level of function.
- The Occupational Therapy Department at St Camillus' Hospital introduced the Functional Independence Measure.
- A patient profile, using the continuing care guidelines, was undertaken at St Camillus' Hospital that indicated the dependency levels of all patients.
- The Mountshannon Project was assessed by the Department of Public Health.
- The impact of the carers' project was appraised in December 2001.

Value For Money

- Incontinence management continued at both St Camillus and St Ita's Hospitals. An audit was undertaken in 1 Unit at St Camillus' Hospital following education and training for staff and patients and indicated a cost saving of £3,000 on that ward.
- Staff training in continence promotion reduced the cost of incontinence wear in Raheen Community Hospital and Ennistymon Community Hospital.
- The discount system for drug purchasing at St. Camillus and St. Ita's Hospitals continued during the year.
- The purchase of prepared vegetables reduced the price of vegetables and preparation costs in Raheen Community Hospital.

SIGNIFICANT ISSUES

Acute

- Increasing patient dependency reflected in the functional level at admission.
- Additional assessment and rehabilitation beds.
- Conjoint action to develop a system to address the need for assistive equipment and appliances for individuals being discharged from an acute hospital to the community.

Community

- Community support services need significant development in the areas of paramedic services, community nursing services, health promotion, home help service and day care.

Demographic Factors

- The increasing number of those aged 65 years and over continues and with it a need to develop services in a number of areas.

Staffing

- Recruitment and retention of various paramedic grades to add value to services for older persons within a rehabilitative and home setting. This is proving a difficult process due to limited resource reservoirs in most paramedic disciplines.
- There is a need to further develop the public health nursing input to older persons at all levels along the continuum of care, particularly in anticipatory care.
- The development of the key worker concept for community service provision.

Continence Advisers

- The need to co-ordinate and develop continence management programmes in co-operation with practitioners and clients. This development will work and extend across the care continuum.

Home Help

- The ability to provide a home help service in some areas continues to pose difficulties primarily due to recruitment issues. This has been seen within the context of the economy and employment opportunities. It should be noted that the rate of pay for home helps was increased in line with non-nursing grades in all hospitals during the year.

Housing Aid for the Elderly

- The administration of the Housing Aid for the Elderly Scheme continued to pose difficulties due to the substantial increase in applications. While funding was increased, waiting lists and waiting times remain lengthy. These issues have been highlighted to the Department of the Environment.

Residential

Service Development

- There is a need to continue reviewing nursing and non-nursing staffing levels in the residential facilities. This is related to the chronicity and dependency issues of residents.
- There is a need to increase the rehabilitation components of the residential services. This requires additional paramedic involvement and reviewing skill mixes of nursing personnel.
- The progression of development control plans for the older persons facilities is a priority.
- Development of additional extended care community nursing places.
- The service needs to assist the work of the new Social Service Inspectorate when its remit is extended to include residential care facilities for older people.

Funding Base

- The low pay and non-pay funding base continued to present difficulties. Clinically driven costs are continuing to impact on this funding base.

Private Nursing Homes

- The issue of "enhanced" subvention payments continues to be a relevant issue. The Board has been involved in a number of meetings and submitted proposals to the Department of Health and Children on this issue. The new Health Strategy has indicated that the Nursing Home Subvention Scheme will be amended to take account of the expenditure review of the scheme. This review has shown that the current funding arrangements do not effectively support home care.

SERVICES FOR OLDER PEOPLE ACTIVITY

Overall	2001 Target	2001 Actual
Total Admissions	2605	2515
Total Discharges	2540	2506
Day Hospital Attendances	9750	10,139
Day Hospital OPD	600	610
Day Centre Attendances	14,724	16,819
Day Hospital EMI Attendances	870	1349
Nursing Domiciliary EMI	2200	1658

Table 34.

Overall Admissions and Discharges	Target 2001	Actual 2001	% Variance
Total Admissions	2605	2515	-3%
Total Discharges	2540	2506	-1%
Community Hospitals			
Admissions	2060	1890	-8%
Discharges	2005	1888	-6%
Community Nursing Units			
Admissions	545	625	+15%
Discharges	535	618	+16%

Table 35.

Category	Target 2001	Actual 2001	% Variance
Short Stay/Rehab			
Admissions	817	741	-9 %
Discharges	661	636	-4 %
Respite Care			
Admissions	1132	1155	2 %
Discharges	1124	1127	N/A
Extended Care			
Admissions	361	393	9 %
Discharges	462	529	15 %
Palliative Care			
Admissions	62	54	-13 %
Discharges	60	55	- 8%
EMI			
Admissions	80	94	18 %
Discharges	80	87	9 %
Nursing Rehab			
Admissions	153	78	- 49%
Discharges	153	72	- 53 %
Day Hospital			
Attendances	9750	10,139	3.98%

Table 36.

	2001 Target	2001 Actual
Housing Aid for the Elderly		
Completed	415	540
Applications	930	1223
Public Health Nursing		
Home Visits	92,562	101,749
General Care	82,594	94,435
Speech & Language Therapy		
Attendances	990	1178
Home Help Services		
No. Employed	1190	1182
Clients	2150	1986
Nursing Home Subvention		
No. in Receipt of Subvention	960	957
Applications	960	908

Table 37.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose and Strategy
The purpose of the Child Care and Family Support Services is to ensure that every child grows up in a safe nurturing environment and to provide personal social services in partnership with families, communities and other agencies, with an emphasis on positive discrimination in favour of the most vulnerable.

Objectives
The primary objectives of the Child Care and Family Support Services are to:

- Support families and communities in caring for children through the provision of Community Development and Family Welfare Services.
- Identify and respond to children receiving inadequate care and protection with the provision of Child and Family Protection and Treatment Services.
- Provide a range of care services for children outside of their homes through the provision of Alternative Care Services.

Organisational Structure of Services
The Child Care and Family Support Services' Directorate provides service planning, standard setting, research and evaluation on a regional basis. Services are provided on a catchment area basis under the operational management of child care managers, one in each area. Services are made available locally by social work teams, psychology staff and community workers in partnership with a number of voluntary agencies.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
Child protection activity levels were lower than anticipated. The number of child protection reports decreased by 38% compared with 2000 figures. This reduction was significantly influenced by the change in CPN reporting system, in accordance with 'Children First'.

The number of children admitted to care increased by 53%. This was due to admissions of large sibling groups for short time periods for specific assessment purposes. The complexity of cases being referred posed particular challenges. Children, particularly adolescents, presenting with challenging behaviour, placed pressure on the alternative care services.

Community Development & Family Welfare Services
Family support services were enhanced with the implementation of service agreements with voluntary agencies. Barnardos piloted a new initiative to support marginalized children in school and additional family support workers were appointed. A pilot Family Welfare Conference was initiated which will inform policy and practice in relation to the Children Act 2001. The Teen Parenting Programme engaged with 46 new teenage parents.

Protection & Treatment Services

'Children First'

177 staff received Phase I (Basic) level training in relation to the implementation of 'Children First'. The Local and Regional Child Protection Committees formed under 'Children First' met the target of four meetings and commenced the process of establishing work programmes. Information and advice officers were appointed to assist non-statutory organisations to develop appropriate child protection procedures and provide information on 'Children First'.

Alternative Care Services

10 additional residential high support places were provided with the opening of 2 new facilities bringing the total available high support beds to 20 in the region. The Relative Care project expanded during 2001 with 89 children placed with relative foster carers. The National Care Planning Pilot Project commenced in Limerick.

Finance

Expenditure was contained within the budget of £24.995m.

Staffing

The outturn was within the staffing complement of 290 wholetime equivalents (WTEs).

DEVELOPMENT PERFORMANCE

Community Development & Family Welfare Services

Target: *Establish a Family Rights Service in Clare and Tipperary N.R.*

Outcome: A Family Rights Group was established in Clare. This provided support to 8 parents of children in care.

Target: *Provide funding for the development of community based youth services.*

Outcome: Funding was made available to Limerick Youth Services which enhanced its community based youth services.

Target: *Strengthen the community services management structure.*

Outcome: An additional Principal Community Worker was appointed.

Target: *Strengthen services in respect of childminders.*

Outcome: A childminder network forum was developed in each catchment area and 3 additional pre-school service inspectors were appointed.

Protection & Treatment Services

'Children First'

Target: *Appoint an additional training officer to commence advanced level training.*

Outcome: Advanced level training was delivered to 442 staff and a training officer was appointed.

Target: *Appoint a social work team leader in each community care area to facilitate the formation of a liaison management team with the local district-based inspectors from An Garda Síochana.*

Outcome: 3 additional social work team leaders were appointed.

Target: *Provide joint training to Gardai and Health Board staff on operational procedures between the two agencies.*
Outcome: Joint training on operational procedures was provided to 109 health board staff and 67 Gardai.

Target: *Introduce the new Child Protection Notification System (C.P.N.S.) and provide administrative support.*
Outcome: The new system was introduced and support staff appointed.

Target: *Further develop family support services and establish a policy statement.*
Outcome: A policy statement in respect of family welfare cases was developed.

Target: *Review staff resource requirements in the child protection services.*
Outcome: A review of resources in the child protection services was initiated.

Other Protection and Treatment Services
Target: *Enhance services for women victims of violence throughout the region.*
Outcome: A Regional Co-ordinator for Violence Against Women was appointed and grants were made to voluntary organisations to support women.

Target: *Appoint adolescent services teams in preparation for the responsibilities arising from the Children Bill.*
Outcome: Additional team leaders were appointed.

Target: *Improve services available to unaccompanied minor asylum seekers.*
Outcome: A project worker was appointed. The Clare Family Resource Centre was grant aided to provide a summer integration programme for young asylum seekers, in conjunction with the Irish Refugee Council.

Alternative Care Services
Target: *Publish a Regional Strategy for Youth Homeless services.*
Outcome: A draft Youth Homeless Strategy and Action Plan was developed.

Target: *Enhance Foster Care and After Care services.*
Outcome: The revised allowances for foster care were implemented from 1st August 2001. A report was prepared on aftercare services for young people which will inform future practice. 2 project workers were recruited.

Target: *Commence construction work on the regional special care facility.*
Outcome: Construction of the regional special care facility commenced and is on target for completion in 2002.

Target: *Develop a step down residential child care facility.*
Outcome: A property was purchased and commissioned.

General
Target: *Expand the child care information system to collect data on Children in Care and the Child Protection System.*
Outcome: Children in Care and Child Protection databases were established in each community care area.

Target: *Appoint a research officer.*
Outcome: A research officer was appointed to manage the development of the management information system.

OTHER DEVELOPMENTS

Community Development & Family Welfare Services

- The Teenage Pregnancy Prevention Programme provided services to 57 young people.
- Training was provided for youth leaders engaged with vulnerable young women.

PERFORMANCE INDICATORS

Pre-school Services

P.I. *The first inspection of all new services notified.*
Outcome: 100%

P.I. *The second/third inspection of all existing services.*
Outcome: Second 58%
Third 60%

P.I. *Percentage of pre-school services inspected on an annual basis.*
Outcome: 63%

P.I. *Percentage of pre-school services inspected that meet all the guidelines.*
Outcome: 0.3%

P.I. *Percentage of pre-school services inspected within three months of notification to the child care services.*
Outcome: 100%

Protection and Treatment Services

P.I. *Meeting the requirements of the minimum dataset in relation to child protection.*
Outcome: Achieved.

Children First Child Protection Guidelines

P.I. *Phase one training to be completed.*
Outcome: This is a rolling training programme and will continue into 2002.

P.I. *Phase two training to commence.*
Outcome: Achieved.

Residential/Foster Care Services

P.I. *Number/proportion of children in care for whom a care plan has (a) been drawn up and (b) reviewed.*
Outcome: (a) 90% residential care only.
(b) 90% residential care only.

P.I.	*The number of foster carers recruited.*	
Outcome:	13	
P.I.	*Proportion of children in care who are in residential care, in foster care or with family relatives.*	
Outcome:	Residential care	6.1%
	Foster care	68.3%
	With family relatives	23%
P.I.	*Number and proportion of children entering residential care who are under 5 years of age.*	
Outcome:	1 (this was an overnight stay for a child on an emergency care order).	
P.I.	*Proportion of all children in care that are reunited with their family each year.*	
Outcome:	30%	
P.I.	*Percentage of all relevant children's residential services inspected.*	
Outcome:	100%	

Adoption Services

P.I.	*Median time waiting from receipt of initial application to commencement of the tracing process.*	
Outcome:	12 months	
P.I.	*The number of tracing requests received and processed to completion.*	
Outcome:	Tracing requests received	56
	Processed to completion	34
P.I.	*Median waiting time from receipt of initial application form from prospective adoptive parents to completion of assessment for: (a) domestic adoptions, (b) overseas adoptions*	
Outcome:	(a) domestic adoption	2½ to 3 years
	(b) inter country adoption	11 months

Community Development & Family Welfare Services

P.I.	*Number of parents of children in care support groups established.*	
Outcome:	2	
P.I.	*Number of parents supported by these groups.*	
Outcome:	28	

Alternative Care Services

P.I.	*Extend the Care Planning project.*
Outcome:	The planning/preparatory phase commenced in Limerick.

PERFORMANCE REVIEW

RESEARCH

Project: *Devise a strategic research and information framework to guide research activities in relation to child care and family support services.*

Outcome: A framework was drafted.

QUALITY

Project: *Pilot a 3 year Care Planning Project.*

Outcome: Project commenced and a process to develop guidance material for staff was developed.

EVALUATION

Project: *Undertake an evaluation of the Inter-country Adoption Assessment service provided by the Board.*

Outcome: Evaluation commenced.

Project: *Revise the process of compiling the Annual Review of Child Care and Family Support Services.*

Outcome: Achieved.

OTHER INITIATIVES

Evaluation

- Focus groups involving 18 carers to examine the needs of foster carers in the region with a view to informing future training programmes were held.
- "Keeping Children Safe" a study of child abuse, child protection and the promotion of welfare of children in the Mid-Western Health Board region was published.
- The delivery system and associated management structures in the Limerick catchment area were comprehensively reviewed and re-organised.

SIGNIFICANT ISSUES

Community Development & Family Welfare Services

- The need to enhance community work services was evident.
- The need for an early intervention/preventative and support programme for families was identified.

Protection & Treatment Services

- The demands on psychology services increased significantly.
- The need to develop an assessment and treatment capacity for adolescent sexual offenders was identified.
- The need for the independent chairing of Case Conferences was evident.

Alternative Care Services

- Particular pressures arose from the lack of dedicated emergency beds in residential care, the need to provide an integrated model of care within all residential units and the lack of an out-of-hours service.
- The implementation of the "Report of the Working Group on Foster Care" (May 2001) requires additional resources.

General

- A number of issues placed considerable demands on resources (including recruitment and retention of paramedical staff), volume and complexity of legal activity and requests for information under the Freedom of Information Act.

CHILD CARE AND FAMILY SUPPORT SERVICES ACTIVITY

Number of Children Admitted to Care, 2001

	Limerick	Clare	Tipperary	Total
Admissions	70	71	90	231

Table 38.

Number of Children in Care on 31/12/01

Category	Limerick	Clare	Tipperary	Total
Foster Care	154	82	120	356
Pre-adoptive Placement	0	0	1	1
Residential Care	12	9	3	24
At Home Under Supervision Orders	3	1	0	4
Other	5	0	1	6
Total	174	92	125	391

Table 39.

Number of Child Protection Notifications Received in 2001

	Limerick	Clare	Tipperary	Total
Number of Notifications	117	142	174	433

Table 40.

Child Care Legal Activity, 2001

Type of Order	Limerick	Clare	Tipperary	Total
Emergency Care Order	3	13	15	31
Supervision Order	9	15	18	42
Other Care Orders	77	19	34	130
Section 20 Reports	16	2	14	32

Table 41.

Pre-School Inspections, 2001

Notifications	41
Total Number of Inspection Visits	284
Total Number of Advisory Visits	83

Table 42.

Psychology Service, 2001

	Limerick	Clare	Tipperary	Total
Appointments Offered	1364	575	1335	3274
Appointments Attended	1091	425	990	2506
Appointments cancelled	111	91	123	325
Appointments not attended	144	59	173	376

Table 43.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose

The purpose of the Mental Health Service is to develop and sustain an equitable, high quality, integrated community and hospital based mental health service, which includes the promotion of health and the prevention and treatment of illness. The service aims to be sensitive and responsive to the needs of those availing of it; the staff entrusted with its delivery, and the community which it serves.

Strategy

Services are provided in line with national policy documents, ["Planning for the Future" (DoH 1984) and the National Health Strategy "Shaping a Healthier Future" (DoH 1994)]. A Statement of Strategy on Mental Health Services (MWHB 1998) advocated the implementation of a more advanced model of care entitled "A Framework of Support". The model adopted is the 'care continuum' concept. This aims to avoid gaps in service delivery and to ensure that 'appropriate and relevant care' is delivered at different stages in the 'care continuum', based on the principles of 'person-centredness' and population focus.

The essential elements in the continuum are: Preventative Care, Anticipatory Care, Acute Care - Home/Community/Hospital, Long Term Care and Support.

In recent years, in line with national trends, the Board has developed dedicated Child Psychiatric services, the aim of which is to improve the mental health of young people aged 0-16 years in the Board's region and to diagnose and treat disorders of development, emotions and behaviour in young people referred to the service by multi-modal treatments, including medication and individual/group and family therapies.

Mental Health Act 2001

The Mental Health Act, 2001, which was enacted in 2001 but which has yet to come into force, will provide the legislative base in the future. The Act is the most significant legislative provision in the field of mental health for over fifty years. It significantly reforms existing legislation concerning the involuntary detention of people for psychiatric treatment. The Act provides for the establishment of a Mental Health Commission and Mental Health Tribunals.

Objectives

- The provision of a comprehensive, continuous and sector-based service through multi-disciplinary teams.
- The provision of appropriate services, designed for specific groups including children, adolescents, adults and elderly.
- The development and implementation of service policies, which prevent inappropriate admissions and ensure efficient, effective and efficacious treatment, care and rehabilitation regimes, e.g. normalisation and recovery.
- The provision and integration of acute in-patient care (Psychiatry) with other acute in-patient services, while ensuring continuity of care management with sector teams.
- The relocation of long-stay patients to their appropriate care group in the mainstream services and in the interim, the management of such patients in the relevant hospital service zones, based on their needs.

Organisational Structure of Services

The Directorate of Mental Health, established in late 2000, was further developed to address information, training, planning and development issues. This is a regional resource, which supports the knowledge and practice base for service planning, delivery and review. It has a key role in relation to standards, performance and capability development.

The Mental Health Service is managed by Care Group Executives in each of the three catchment areas; Limerick, Clare and Tipperary (N.R.). An Adult Consultant Psychiatrist attached to the Limerick Mental Health Service and to the Clare Mental Health Service also carries the role of Clinical Director for the catchment area. The catchment areas are divided geographically into eleven sectors (5 in Limerick, 4 in Clare and 2 in Tipperary N.R.), serving populations ranging from approximately 20,000 in some rural areas to approximately 40,000 in Limerick City and provide a range of services and therapies in each sector area. Each sector is managed by a multi-disciplinary team and has a day hospital providing acute care in the community.

Regional Services

Child Psychiatric services are being developed and three Consultant led multi-disciplinary teams provide services on a regional basis. The regional Child Psychiatric Service is located in Limerick City and outreach services are provided in Clare and Tipperary N.R. In due course, the number of consultant led teams will increase to 5, at which time it will be possible to provide consultant led services locally within each catchment area. A regional Acute Child Psychiatric Unit will be provided in Limerick in due course.

Following on the Commission of Inquiry into Child Abuse, an Adult Counselling Service was established on a regional basis to provide a community based counselling service for all adult victims of past abuse (AVPA). A Director of Counselling was appointed and the service became operational in September 2000. The service is working collaboratively with the National Group of Counselling Services, Survivors Groups, the Commission and other agencies in order to provide as comprehensive and effective a service as possible.

Suicide prevention projects and initiatives continued as set out in the Mid-Western Health Board's Suicide Action Plan (1998). Foundations laid reflect prevention and post-vention activities in terms of awareness, prevention, research, service response and evaluation. These initiatives are in line with National Strategies as reflected in the working partnerships with the National Suicide Review Group, National Resource Officers' Group and the National Suicide Research Foundation.

Area Services

10 day centres provide maintenance and support to 437 persons with enduring mental illness. 28 community residences provide accommodation and a range of supports to 206 persons.

Acute in-patient services are provided in Unit 5B of the Mid-Western Regional Hospital and the new Acute Unit at Ennis General Hospital, while services for Tipperary N.R. are provided in St. Michael's Unit, Clonmel. Long-stay in-patient care is provided at St. Joseph's Hospital, Limerick, Our Lady's Hospital, Ennis and at St. Luke's Hospital, Clonmel (for Tipperary N.R.).

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

Activity for 2001 is set out in Tables 44-49. The overall inpatient admission rate fell from 5.3 in 2000 to 5.1 in 2001. Day hospital attendances increased by 3.7% - from 36,892 in 2000 to 38,258 in 2001 and out-patient clinic attendances fell by 5.6% - from 16,955 in 2000 to 16,000 in 2001. Day centre activity showed a significant increase with attendances rising from 33,747 in 2000 to 36,315 in 2001, a 7.6% increase.

Limerick

The in-patient admission rate for the Limerick area fell from 4.7 per '000 in 2000 to 4.6 in 2001. There was a 6.3% decrease in day hospital attendances - from 12,966 in 2000 to 12,147 in 2001; out-patient clinic attendances increased by 2.5% from 8,052 in 2000 to 8,250 in 2001. Day centre attendances increased significantly with the opening of two new day centres, and there was a total of 15,010 attendances in 2001 compared with 12,775 in 2000, a 17.5% increase.

Clare

The in-patient admission rate for the Clare area fell from 5.4 per '000 in 2000 to 5.3 in 2001. Day hospital attendances rose by 7.2% from 15,157 in 2000 to 16,245 in 2001; out-patient clinic attendances rose by 8.2%, from 3,715 in 2000 to 4,020 in 2001. Day centre activity remained at the previous year's levels, with 17,217 attendances in 2001.

Tipperary N.R.

The in-patient admission rate for Tipperary N.R. fell from 6.6 to 6.15 in 2001. Day hospital attendances rose by 12.5%, from 8,769 in the previous year to 9,866 in 2001; out-patient clinic attendances increased by 2.8% with a total of 3,730 attendances in 2001. Day centre activity rose by 8.4%, from 3,772 attendances in 2000 to 4,088 in 2001.

Child & Adolescent Service

During 2001, there were 514 referrals to the service. Approximately one third of these cases were referred as emergencies and were seen on the same day or the next working day. Approximately one third of all referrals were young people who have been diagnosed as suffering from ADHD. In 1998 there were 100 people on the waiting list, this reduced to 42 at the end of 2001.

The Adult Victims of Past Abuse (AVPA) Regional Service

This service commenced in September 2000. There were 228 referrals to this service in 2001. Of these referrals, 135 were from the Limerick area, 57 from Clare, 33 from Tipperary (N.R.), the remaining 3 clients were of no fixed abode or from outside the catchment area. Of the referrals, 51 had experienced past institutional abuse. Of those presenting, 140 were female and 88 were male. 44 referrals came from the Mental Health Service, while 162 persons self-referred. Other sources of referral included GPs, the Gardai, Probation Services, Slainte, Childcare Services, the Society of St. Vincent de Paul, the Granada Institute and the National Office for Victims of Abuse. There were 127 discharges during 2001 and 1,282 attendances. At the end of 2001, there were 27 people on the waiting list, an increase of 17 on 2000.

Finance

The total budget for 2001 was £35.113m. A surplus of approximately £1.1m arose, mainly attributable to the late filling and non-filling of vacant and development posts during the year. Difficulties were encountered in recruiting to the therapy and para-medical grades, including clinical psychology. Subject to the approval of the Department of Health and Children, the surplus will be used for essential developments and improvements during 2002.

Staffing

The staff complement was 880.46 WTEs. Actual employment was less than the complement for the reasons outlined above.

DEVELOPMENT PERFORMANCE

Preventive Care and Anticipatory Care

Target: *Resource voluntary organisations to enhance their skills and to enable them to provide informal support services.*

Outcome: Grant aid assistance was allocated to voluntary organisations to enhance their skills and allow them to provide informal support structures. The increased support provided to voluntary agencies and self help groups during the year assisted in advancing greater user empowerment and self-advocacy within the care group.

Target: *Develop an educational programme for young people on suicide prevention and awareness.*

Outcome: The suicide prevention project, reflecting prevention and post-vention activities in terms of awareness, prevention, research, service response and evaluation continued as recommended in the Board's Suicide Action Plan (1998).

Guidelines were introduced for post-primary schools in prevention and post-vention responses within schools. Crisis team training for teachers commenced in partnership with the Health Promotion Unit.

Particular attention was given to staff training. A seminar entitled "Frontline Responders" was provided for clinical professionals and 189 attended.

Public awareness issues were addressed throughout the Board's region through the 'Gatekeeper' training initiatives, conducted in partnership with Mental Health Ireland and the seminar entitled "Thinking Like a Teenager". 157 people attended.

Community Services

Target: *Strengthen rehabilitation services.*

Outcome: Proposals to introduce a Consultant led Rehabilitation Psychiatry team/service for the Clare Mental Health Service were approved by the Department of Health and Comhairle na nOspideal during 2001. A temporary Consultant Psychiatrist with a special interest in rehabilitation was employed.

Target: *Strengthen Child Psychiatric teams by the appointment of additional clinical staff.*

Outcome: Child and Adolescent Mental Health Services were improved with the recruitment of an additional 2.5 WTEs, (2 nurses and 0.5 registrar) to resource the completion of the third consultant led team. This increase in staff facilitated regular clinic scheduling and consequently attendances increased by 40%.

Target: *Enhance services in North Tipperary by the appointment of additional clinical personnel.*

Outcome: Agreement was reached with the South-Eastern Health Board for the transfer of funding to the Mid-Western Health Board for the second consultant psychiatrist post in Tipperary N.R. A senior social worker and 2 additional psychiatric nurses were appointed.

Target: *Undertake a Parasuicide Intervention Programme in Limerick.*

Outcome: A parasuicide intervention research initiative, run in association with the National Suicide Research Foundation and the Southern Health Board, commenced in the Limerick Catchment area. The project seeks to improve personal coping and problem solving skills within the targeted client group.

The study commenced with facilitator staff training in November 2001.

Target: *Enhance staffing of community residences.*
Outcome: The supports and services available to clients resident in the Board's community residences were enhanced and strengthened through additional investment in 7.5 nursing staff and 11 non-nursing staff.

Acute Care
Target: *Make specific clinical appointments to the Acute Unit (5B) in Limerick.*
Outcome: The management structure within the Acute Unit (Unit 5B) was enhanced with the appointment of additional multi-disciplinary clinical personnel.

OTHER DEVELOPMENTS

Clare
- Plans to close Our Lady's Hospital, Ennis were significantly advanced. The sale of the hospital was completed towards year-end.
- Works on the provision of five new/alternative community residential facilities, providing 87 high support and 7 medium support places, were completed by year-end.
- Work was completed on the Day Centre in Scariff.
- The former Cappahard Nursing Home was purchased towards year-end.
- The new Acute Unit (40 beds) at Ennis General Hospital was commissioned (patients were transferred from Our Lady's Hospital) during December.

Limerick
- A draft plan was prepared during 2001 for the development of alternative facilities, which will permit the closure of St. Joseph's Hospital, Limerick. Very significant capital funding will be required. Indicative NDP funding levels for Mental Health up to 2006 will not permit any serious progress.
- Significant investment in the upkeep of St. Joseph's Hospital was made.

General
- The Regional School of Mental Health Nursing was developed with the recruitment of additional tutorial staff. The student number increased by 28 placing the total number at 79 students.

Preventative and Anticipatory Care
- The Mental Health Directorate organised two development days for voluntary agencies, service users and providers, which facilitated an increased awareness in relation to recovery and advocacy. A Recovery workshop assisted participants in developing recovery and self-management skills and strategies for dealing with psychiatric symptoms.
- A Development Officer (MHAI) took up duty in January.

Community Care
- Mental Health day centres, each providing 20 places, opened in Limerick City (St. Joseph's St.) in July and in Kilmallock, Co. Limerick in April.
- The community-based services in Limerick and North Tipperary were strengthened with the appointment of additional clinical personnel (2 RPNs). 2 additional Social Workers have been recruited.

Acute Care

- Proposals were advanced with the Department of Heath and Children for the development of a regional Forensic Psychiatry Service.
- Proposals to introduce a Consultant led Liaison Psychiatry team/service for the Limerick Mental Health Service were approved by the Department and Comhairle na nOspideal. The clinical team, located at Mid-Western Regional Hospital, will provide a service to the group of acute hospitals located within the Limerick catchment area. The recruitment process has commenced.

Long Term Care

- Thirty-six patients with an intellectual disability transferred from St. Joseph's Hospital, Limerick, to purpose built facilities at the Daughters of Charity Service, Lisnagry, Co. Limerick.
- Planning for the transfer of 40 elderly patients to more appropriate community-based accommodation was progressed.
- The development of a preliminary brief was initiated for the property at Borrisoleigh, which was purchased in 2000, to address the residential needs in the long term mentally ill.

Suicide

- A multi-agency team was established to develop training material for primary care health workers and carers on depression awareness in the elderly.
- An information booklet "You Are Not Alone" was developed and is available through the Gardai.
- In association with the National Suicide Research Foundation, a schools' youth awareness programme and a suicide intervention study commenced.
- Work progressed on a "Youthwise Directory" for parents.
- An initiative in the identification and management of vulnerable young people in schools was undertaken in association with the National Suicide Research Foundation.
- A Research Officer was engaged to facilitate a Para-suicide Intervention Study, designed to measure the impact of a problem solving skills training initiative towards reducing adolescent and adult repetition rates of self-harm behaviour.

AVPA Service

- The service, which is provided to any victim of past abuse over the age of 18 years, was extended throughout the region.

Child and Adolescent Services

- Training initiatives directed at both parents and children commenced in Child and Adolescent Mental Health Services. These programmes were designed to improve assertiveness and coping skills.
- Plans for the Regional Acute Unit in Child and Adolescent Mental Health Services were progressed with the preparation of a Design Brief.

Directorate - Mental Health

- An Information Scientist was recruited to the Directorate of Mental Health.

Staff - Recruitment/Retention

- To address the ongoing difficulties in recruiting clinical psychologists, work commenced on a proposal to develop a Doctoral Programme in Clinical Psychology in association with the University of Limerick. This initiative was at an advanced stage at year-end

PERFORMANCES INDICATORS

Preventative and Anticipatory Care

PI: *The implementation of the Board's Suicide Action Plan targets.*
Outcome: Implementation was satisfactorily progressed.

PI: *Suicide rate per 1,000 population.*
Outcome: 1999 (national rate) - 18.8 males per 100,000 population
4.8 females per 100,000 population
1999 (MWHB rate) - 23.2 males per 100,000 population
(most recent available) 5.7 females per 100,000 population.

Community Care

PI: *The number of community residential places per 1,000 population.*
Outcome: 2000 = 0.76 places per 1,000 population
2001 = 0.76 places per 1,000 population.

PI: *The number of day centre attendances per 1,000 population.*
Outcome: 2000 = 106 attendances per 1,000 population
2001 = 114.5 attendances per 1,000 population.

PI: *The number of day hospital attendances per 1,000 population.*
Outcome: 2000 = 116 attendances per 1,000 population
2001 = 120 attendances per 1,000 population.

Acute Care

PI: *The number of in-patient places per 1,000 population.*
Outcome: 2000 = 0.26 places per 1,000 population
2001 = 0.28 places per 1,000 population.

PI: *Construction of the Ennis Acute Psychiatric Unit.*
Outcome: The Acute Psychiatric Unit opened in December.

PI: *Advancement of the Nenagh Acute Psychiatric Unit.*
Outcome: The detailed design will be undertaken during 2002.

PI: *First in-patient admission rates by age group per 100,000 population.*
Outcome: 16-19 years: 7.19 per 100,000 population
20-64 years: 78.34 per 100,000 population
65 + years: 7.95 per 100,000 population.

PI: *In-patient re-admission rates by category, within one month of discharge.*
Outcome: Schizophrenia: 20%
Depressive Disorders: 17%
Mania: 24%
Alcohol Disorders: 20%.

PI: *Average length of stay by main diagnosis.*

Outcome:	Schizophrenia:	27.41 days
	Depressive Disorders:	25.22 days
	Mania:	30.34 days
	Alcohol Disorders:	10.81 days.

PI: *The number of all admissions per 100,000 population for alcohol related conditions.*

Outcome: 2000 = 106.3 per 100,000 population
2001 = 96.2 per 100,000 population.

PI: *The number of in-patient admissions to acute in-patient services from day hospitals as a percentage of clients in this setting.*

Outcome: 2000 = 13%
2001 = 12.8%.

PI: *The number of patients who have become continually hospitalised for over one year in the past year.*

Outcome: 2000 = None
2001 = None.

Long-term Care

PI: *Rate of transfer of suitable long stay patients from old psychiatric hospitals to more appropriate care facilities in the community.*

Outcome: Long-stay patients with intellectual disability (36) transferred from St. Joseph's Hospital, Limerick to more appropriate accommodation at the Daughters of Charity in Lisnagry.

PERFORMANCE MANAGEMENT

RESEARCH

Project: *Commence a research programme to examine parasuicide behaviour (National Suicide Research Foundation and University College Cork).*

Outcome: A para-suicide intervention research initiative, run in association with the National Suicide Research Foundation and the Southern Health Board, commenced in the Limerick Catchment area. The project seeks to improve personal coping and problem solving skills within the targeted client group.

Project: *Publish the results of the pilot phase of research into client satisfaction with the Clinical Psychology Service in the North Tipperary Catchment Area.*

Outcome: The first results of the research conducted into client satisfaction with the Clinical Psychology Service in the Tipperary N.R. Catchment Area were published.

Project: *Strengthen the research/information capacity and systems.*

Outcome: The research and information capacity was strengthened through the appointment of an Information Scientist to the Mental Health Directorate. Individual Research Assistants were assigned to specific mental health evaluation projects.

QUALITY

Project: *Undertake an audit on the recording of clinical information in the Limerick service.*

Outcome: An audit was undertaken in the Acute Unit of the Limerick Mental Health Service.

EVALUATION

Project: *Publish the evaluation of the Crisis Intervention Project by the Limerick and Clare services.*

Outcome: A review of the Crisis Intervention Nursing Service in Limerick and Clare was completed. A comprehensive evaluation of the Crisis Intervention Project, in the A&E Department of the Mid-Western Regional Hospital is in progress. Case file auditing and patient satisfaction inquiry are ongoing in the Limerick service.

OTHER INITIATIVES

Research

- The Board facilitated a national research initiative into schizophrenia. This research commenced, in collaboration with the Health Research Board Ireland and the Medical College Virginia, USA. The study, which seeks to examine the genetic epidemiology of schizophrenia, will contribute to knowledge that could lead to significant benefits in health and social gain for people living with this condition.

- The Child & Adolescent Mental Health Services, in association with the Southern Health Board and Eastern Regional Health Authority, undertook a research initiative into psychiatric disorders in children aged 14–16 years. A parent-to-parent support initiative was also initiated by the service.

Quality

- A Patient Satisfaction survey was undertaken in the Thurles and Nenagh sectors during the latter part of 2001. 120 patients were surveyed.

Evaluation

- An audit of new referrals, waiting times for session appointments and discharges was undertaken by the Clare Mental Health Services for 30 cases randomly selected in the first trimester of 2001.

Value for Money

- Local Drugs and Therapeutic Committees continued to meet in each catchment area on a regular basis.
- A review of waste management initiatives was completed.
- Decentralised heating sources within old large buildings have proven to be an effective resource and energy saving initiative.

SIGNIFICANT ISSUES

- The preparation and planning involved in effecting the transfer of large numbers of patients to alternative community based facilities and developing new services present as challenges for both the service management and clinical staff involved.
- The need for greater availability of community residential facilities and respite care options is identified.
- The development of a regional High Support (secure) Unit is a priority.
- Placements for people requiring long-term care places increased pressure on beds in acute care settings.
- The absence of a high observation unit for adult mental health in Limerick is a deficit that needs to be addressed.

- The need to provide a community based dedicated rehabilitation service is emphasised.
- The absence of dedicated child and adolescent in-patient facilities continued to restrict services to this care group.
- To meet the rapidly increasing demands on the child psychiatric service, expansion of the service is urgently required to include additional consultant led teams and strengthening of existing teams, in accordance with national recommendations.
- Young persons with mental health difficulties arising from addiction continue to place considerable demands on services. A range of dedicated services and facilities is required to support these young people.
- The issue of youth suicide and para-suicide requires focused initiatives in awareness and education.
- The recruitment and retention of clinical professional staff continues to be a problem, particularly in relation to the development of multi-disciplinary sector teams.
- The implementation of the provisions of the Mental Health Act 2001 will have significant implications.

CROSS-CUTTING ISSUES

Improved service integration and interfacing is required in relation to:-

- Adult psychiatry and Old Age psychiatry
- Child & Adolescent psychiatry and Adult psychiatry – the definition of "child" in the Mental Health Act 2001 is significant (up to 18 years), in terms of future service planning.
- In respect of all health services for children, there is a need to focus on the needs of children in an overall sense, rather than the discrete services, which are required. Therefore, the child is at the centre of all considerations.
- There are needs in regard to the co-morbidities of patients in General/Acute Hospitals. Many such patients have mental health problems requiring intervention/support. The incremental development of liaison psychiatry will address this issue.
- There are issues arising relative to the provision of appropriate services for drug/substance abuse. The complementary role of the mental health service is ill-defined/agreed, and is consequently inadequate.

Activity Data - Psychiatric Hospitals, 2001

Area/Hospital	No. of Beds		No. of New Admissions		No. of Re-Admissions	
	Target 2001	Actual 2001	Target 2001	Actual 2001	Target 2001	Actual 2001
St. Joseph's Hosp, Limerick	117	156	-	-	12	7
Our Lady's Hosp, Ennis	40	149	120	84	395	397
St. Michael Unit/ St. Lukes Hosp, Clonmel	20	22	40	68	340	289
Total	177	327	160	152	747	693

Table 44.

Activity Data - Acute Psychiatric Unit, 2001

Area/Hospital	No. of Beds		No. of New Admissions		No. of Re-Admissions	
	Target 2001	Actual 2001	Target 2001	Actual 2001	Target 2001	Actual 2001
Unit 5B, MWRH	50	50	160	189	650	572
Acute Unit, Ennis	40	40	-	7	-	14
Total	90	90	160	196	650	586

Table 45.

Activity Data - Community Accommodation, 2001

Area	High Support Hostels		Medium Support Hostels		Low Support Hostels		Total 2001	
	No.	Places	No.	Places	No.	Places	No.	Places
Limerick	4	76	6	40	5	30	15	146
Clare	2	29	5	38	6	26	13	93
Tipp (NR)	-	-	-	-	-	-	-	-
Total	6	105	11	78	11	56	28	239

Table 46.

Activity Data - Day Hospitals, 2001

Area	Places Available	New Referrals	Total Attendances	Total No. of Persons Attending
Limerick	125	224	12,147	1462
Clare	49	397	16,245	883
Tipp (NR)	25	189	9866	500
Total	199	810	38,258	2845

Table 47.

Activity Data - Day Centres, 2001

Area	No. of Places Available	Total No. of Attendances	Total No. of Persons Attending
Limerick	105	15,010	193
Clare	70	17,217	174
Tipp (NR)	23	4088	70
Total	198	36,315	437

Table 48.

Activity Data - Clinics, 2001

Area	New Referrals	Total Attenders	Total No. of Attendances
Limerick	588	2090	8250
Clare	383	968	4020
Tipp (NR)	217	821	3730
Total	1188	3879	16,000

Table 49.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose

The purpose of services for persons with a disability is to enable individuals to achieve their maximum independence, choice and participation in society.

The Board aims to promote 'person-centred' services that enable persons with a disability to live the life of their choice within their desired community setting, through provision and facilitation of the appropriate supports and social resources.

Strategy

The development of services for this care group is informed by the Board's Strategy Statements on physical and sensory disabilities and intellectual disabilities. The strategies are based on a model of continuous support across the individual life cycle. This model posits a continuum structure of care to ensure appropriate supports at various points on the continuum and to eliminate gaps in service delivery. The components of the model are: Preventative Support; Anticipatory Support; Home and Community Support; and Respite/Residential Support. The Board will focus on the assessment of need, service planning/co-ordination, research, monitoring/evaluation and quality assurance. Services are provided by the voluntary sector, where appropriate.

Objectives

- To enable persons with disabilities to maximise their potential.
- To enable persons with disabilities to achieve personal outcomes as desired by them individually.
- To provide and resource support systems and services to facilitate independent living.
- To integrate, where possible, all services for persons with disabilities into mainstream services.
- To develop services at locations and with facilities, which allow persons with disabilities to access locally based services.
- To promote and support organisations and individuals in the provision of high quality services that are informed by best practice and are provided in integrated natural settings.

Organisational Structure of Services

Service planning, standard setting, research and evaluation support services are supported regionally through a Directorate. Service provision is managed on a catchment area basis under area operational management and is provided directly by the Board and contractually by a number of non-governmental agencies. Service development and delivery is guided by the Regional Co-ordinating Committee for Physical and Sensory Disabilities and the Regional Intellectual Disability Development and Consultative Committees.

Management structures were further developed in 2001 with the appointment of an Information Scientist, two Resource Officers for the Physical and Sensory Database; 1.5 WTE Occupational Guidance Advisers and the development of a Rehabilitative Training Consultative Committee. Local Catchment Area Advisory Committees were established to advise the Regional Co-ordinating, Development and Consultative Committees on the development of services within their area.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
Targets were achieved for persons with physical and sensory disabilities, but recruitment and retention issues had a significant impact on levels of activity in the therapy services. In speech and language therapy services the number of referrals exceeded target leading to a higher caseload per therapist. Waiting lists increased and the average waiting time for further therapy is now in excess of 9 months.

703 residential places were provided for persons with intellectual disabilities, representing a 3% increase on 2000. There were 38.5 respite places provided representing a 40% increase and 953 day care places were provided constituting a 3% increase on the 2000 position. 152 rehabilitative training places were also provided. In Limerick, 2 residential places were converted to 2 respite places to more appropriately meet needs within the catchment area. 4 residential places were not provided due to difficulties recruiting staff and delays in the development of facilities.

Finance
The total budget for Disability Services amounted to £51.939m (€65.95m).

Staffing
The staffing complement for Disability Services was 145.32 whole time equivalents (WTEs).

DEVELOPMENT PERFORMANCE 2001

Target: *Develop services consistent with Board and National policies and in consultation with the Co-ordinating Committee on Physical and Sensory Disabilities.*

Outcome: Service developments focused on preventative and anticipatory services, with particular progress made on the development of a database. Prioritisation was given to:

- The development of residential respite for adults with significant physical disabilities.
- The development of a rehabilitative residential facility for those with acquired brain injury.
- Increased provision of Personal Supports Services.
- Provision of aids and appliances.
- Supporting voluntary agencies in developing their organisational and operational competence and capacity in the delivery of services.

Information

Target: *Commence compilation of data for the Physical and Sensory Database.*

Outcome: The Board commenced the compilation of data for the National Physical & Sensory Database including the development of a master list of people with a physical and/or sensory disability and the identification of key-workers to complete database questionnaires. Information sessions on the database were provided in each catchment area to all Board personnel, voluntary agencies and advocacy groups involved in services. Three meetings of the Regional Physical and Sensory Disability Database Committee and additional meetings with service users were held.

Working Parties were established to oversee the drafting of Sub-Action Plans for the implementation of the Strategy Statement in the following areas:

- Persons with a Significant Physical Disability.
- Persons with an Acquired Brain Injury.

A position paper on the development of a Regional Child Development Service was completed and circulated within the Board.

Home Support Services

Target: *Provide an additional 20,000 hours of personal assistants; 10,000 hours of home care attendants; and 10,000 hours of socialisation and transport services.*

Outcome: 337 persons benefited from the provision of an additional 20,944 hours of personal assistant services; 13,034 hours of home care attendants; and 10,000 hours of socialisation and transport services within the region.

Therapy Services

Target: *Develop in collaboration with Enable Ireland, a paediatric occupational therapy service as part of an early intervention service in Tipperary (N.R.).*

Outcome: The Board, in collaboration with Enable Ireland, commenced the development of a paediatric occupational therapy service as part of an early intervention service in Tipperary (N.R.).

Target: *Extend the occupational therapy service in St. Gabriel's Centre through the recruitment of a 0.5 occupational therapist.*

Outcome: St. Gabriel's Centre was funded to recruit 0.5 WTE occupational therapist to further develop outpatient services for children.

Target: *Recruit 2 occupational therapists.*

Outcome: Arising from increased provision in home support services and the increased numbers of persons requiring aids and appliances, needs assessment capacity was increased by recruiting two occupational therapists in Limerick and Clare.

Target: *Initiate adult physiotherapy services in Tipperary (N.R.) and in Clare.*

Outcome: The introduction of adult physiotherapy services in Tipperary (N.R.) and Clare was facilitated by the provision of private therapy sessions.

Target: *Develop supports to adults with significant physical disabilities in residential/home settings in Limerick.*

Outcome: The Board appointed a Senior Physiotherapist to further develop the provision of a physiotherapy service to adults with significant physical disabilities in residential/home settings in Limerick.

Target: *Develop the paediatric speech & language therapy service in Limerick.*

Outcome: The Speech and Language Therapy Service in Limerick was further developed through the use of contracted staff. A Senior Speech & Language Therapist for physical/sensory disability dedicated one session per week on a pilot basis to provide a specialised service to children with cleft lip and palate and disorders of nasal resonance. This specialisation resulted in improved outcomes for some of these children and joint assessments were arranged for children with complex presentations.

Target: *Provide 0.5 clerical support for therapy services.*

Outcome: The Board provided 0.5 WTE clerical supports for therapy services in each catchment area.

Specialist Services

Target: *Develop a rehabilitative residential unit for persons with acquired brain injury.*

Outcome: 2 people benefited from the rehabilitative residential services provided by Rathfredagh Cheshire Home. Discussions commenced with Headway Ireland and the Cheshire Foundation on the provision of services to persons with acquired brain injury including the development of a rehabilitative residential unit.

Target: *Implementation of a tracking, maintenance and cleaning service for aids and appliances.*

Outcome: A comprehensive report on the development and implementation of a tracking, maintenance and cleaning service for aids and appliances was presented to the Regional Co-ordinating Committee for Physical & Sensory Disabilities. A pilot project commenced in Clare.

Respite

Target: *Complete a six-bedded residential respite facility for adults with significant physical disabilities.*

Outcome: The Board, in collaboration with RehabCare, developed a six-bedded residential respite facility for adults with significant physical disabilities. 4 short-stay breaks were provided with 4 persons benefiting.

PERFORMANCE INDICATORS

P.I. *Implement all new services and capital developments within agreed time-scales.*

Outcome: All new services were implemented within agreed timescales. The majority of new capital developments were also implemented within agreed timescales although there were delays on some projects due to recruitment difficulties.

P.I. *Plan all new services in collaboration with the Regional Co-ordinating Committee.*
Outcome: Achieved.

P.I. *Complete an Action Plan for the implementation of the Strategy Statement.*
Outcome: The process of formulating an Action Plan for the implementation of the Strategy Statement commenced.

P.I. *Commence compilation of data for the Regional Database.*
Outcome: Achieved.

P.I *Reduce the period of time between assessment and commencement of treatment in therapy services.*
Outcome: This was achieved in relation to aids and appliances.

P.I. *Improve access to locally based day, residential and respite services.*
Outcome: Achieved.

P.I. *The percentage of voluntary sector service providers with whom there is a formal service agreement.*
Outcome: None - formal negotiations commenced.

P.I. *Commence the signing of service agreements with Section 65 funded agencies and the main service providers including all agencies in receipt of funding in excess of £10,000.*
Outcome: None - awaiting national progress.

P.I. *Implement a computerised asset tracking system for aids and appliances*
Outcome: Pilot project commenced.

P.I. *Strengthen the strategic partnership*
Outcome: Achieved.

PERFORMANCE REVIEW

RESEARCH

Project: *Undertake research on best practice in the provision of services for persons with acquired brain injury.*
Outcome: Research undertaken.

Project: *Undertake research to assess the information needs of healthcare professionals working in disability services.*
Outcome: Research was undertaken by the Directorate with therapy staff to assess the information needs of healthcare professionals working in disability services. The Disability Directorate linked in with the National Institute for Health Sciences and Information Specialists within the Board to discuss the development of a strategy to facilitate improved access to information sources.

QUALITY

Project: *Develop a computerised, client-centred information system to record activity data.*
Outcome: A computerised, client-centred information system was piloted within the community occupational therapy service. The system will be evaluated early next year.

Project: *Provide accredited training to home support staff.*

Outcome: An accredited training programme for home support staff was developed in conjunction with RehabCare and approved by the Co-ordinating Committee on Physical and Sensory Disabilities. 44 home support staff participated in the programme.

EVALUATION

Project: *Supporting voluntary agencies to develop organisational capacity and identify their role in the future provision of services within the region.*

Outcome: Following the profiling of voluntary agencies in the sector, those agencies with capacity to provide direct services were identified.

VALUE FOR MONEY

Project: *Separate the needs assessment function from the provision of services to persons with physical and sensory disabilities.*

Outcome: The report of the Sub-Committee on Personal Support Services was adopted by the Co-ordinating Committee. The report outlined the needs assessment process for Personal Support Services. This process will ensure that the focus is on meeting assessed need, resulting in a quality service for clients and value for money for the Board.

Project: *Implement an asset tracking, maintenance system and training programme.*

Outcome: A comprehensive report on the development and implementation of a tracking, maintenance and cleaning service for aids and appliances was adopted by the Regional Co-ordinating Committee for Physical & Sensory Disabilities. A pilot project commenced in Clare.

OTHER INITIATIVES

Research

- Research was carried out on service models for a Child Development Service.

Quality

- A Policy Development Group within disability services was established to examine a framework for policy formulation and implementation within the region.

Value for Money

- Linkages were established with other statutory bodies, specifically Comhairle in the area of advocacy services. This provided alternative funding sources for agencies involved in advocacy services.

SIGNIFICANT ISSUES

Management/Information

- The absence of a National Database continued to impact on service planning.
- Difficulties in the recruitment and retention of therapy personnel impacted on service provision.
- The need to develop Allied Health Professional-Assistant posts was evident.
- Arising from the once-off funding for aids and appliances, where eligibility was extended to all persons with a disability irrespective of income, expectations were raised, and as a consequence core funding for this service is inadequate to meet requirements. The need to review the infrastructure regarding

maintenance, cleaning and tracking of aids and appliances to allow for equity in planning and distribution was highlighted.
- The requirement for independent advocacy in the needs assessment process for Personal Support Services was highlighted.

Services
- The requirement to develop an integrated Child Assessment and Intervention Service, as recommended in 'Towards an Independent Future'.
- Collaboration between the Board and educational facilities in addressing the needs of persons with a disability accessing education services in the region requires enhancement.
- The need to improve linkages with mainstream service provision to include Childcare, Pre-School and Training Services.
- A shortage of counselling services within the region.
- The need to further develop appropriate residential services for adults with significant physical disabilities who are inappropriately placed in nursing homes. Within this cohort there is a subset of persons with acquired brain injury that require dedicated services.
- The need to increase the provision of home respite, residential respite and summer holiday programmes for children.

DEVELOPMENT PERFORMANCE 2001

Target: *Develop services consistent with Board and National policies in consultation with the Consultative and Development Committees.*

Outcome: The service development focus was on preventative and anticipatory services, with particular priority given to the development and provision of core services as identified in 'Assessment of Need 1997-2001' and consistent with the priorities identified by the Department of Health and Children.

Further progress was made in developing health related support services for persons with special needs within the disability spectrum, including persons with autistic spectrum disorders and persons presenting with challenging behaviour.

Residential, Respite and Day Places

Target: *Provide additional residential, respite and day places in partnership with service providers.*

Outcome: A total of 101 persons benefited from an additional 22 residential, 11 respite and 26 day places developed by the voluntary agencies on behalf of the Board.

Early Assessment and Intervention

Target: *Support further development in these services.*

Outcome: Following an extensive consultation process, a report on the development of a Regional Child Development Service was completed. Further discussions were held with the Department of Health and Children on the provision of a Consultant Community Paediatrician with a special interest in disabilities.

26 children benefited from the further development of multi disciplinary inputs provided by the Board and the voluntary agencies.

Autism Services

Target: *Commence the provision of catchment area intervention teams for autism services, which will be targeted specifically at children and their families.*

Outcome: Area intervention teams commenced in Limerick and Clare with the appointment of a service co-ordinator/clinical psychologist in each area and a social work team leader in Clare. A total of 54 children and 13 adults benefited from these services.

A needs assessment survey was completed in Clare, which informed the service model for the intervention teams. A sub committee was formed to review the current structures and service provision with a view to finalising an Action Plan for autism spectrum disorder services early in 2002.

Challenging Behaviour

Target: *Develop a residential respite facility together with appropriate out-reach supports in Clare.*

Outcome: The Board in partnership with the Brothers of Charity provided a 4 place residential respite facility, with a comprehensive outreach service in Clare, for persons with a mild intellectual disability who present with challenging behaviour.

Target: *Develop a 6 place high support residential unit in partnership with the Brothers of Charity*

Outcome: A regional 6-place residential rehabilitative facility was provided in Limerick specifically for those persons currently inappropriately placed within and outside Ireland.

Rehabilitative Training

Target: *Develop a regional guidance and assessment service for persons with a disability.*

Outcome: The Board developed a regional occupational guidance and assessment service for persons with a disability. Operational guidelines were developed for rehabilitative training services. A training programme specification was developed by all providers. The Board commenced disengagement from direct provision of rehabilitative training and entered into negotiations with specialist service providers on the transfer of 78 training places.

OTHER DEVELOPMENTS

Information

Working Parties were established to oversee the drafting of Sub-Action Plans for the implementation of the Strategy Statement in the following areas:

- Autistic Spectrum Disorders.
- Rehabilitative Training & Sheltered Workshops.

PERFORMANCE INDICATORS

P.I. *Implement all new services and capital developments within agreed time-scales.*

Outcome: All new services were implemented within agreed timescales. The majority of new capital developments were also implemented within agreed timescales although there were delays on some projects due to recruitment difficulties.

P.I. *Plan all new services in collaboration with the Regional Consultative and Development Committees.*

Outcome: Achieved.

P.I. *Complete an Action Plan for the implementation of the Strategy Statement.*

Outcome: The process of formulating an Action Plan for the implementation of the Strategy Statement incorporating NDP provisions commenced in 2001.

P.I. *Balance the budget.*

Outcome: Achieved.

P.I. *Identify and record those newborn infants who have an intellectual disability at birth who receive a visit from a Counsellor for Needs within the first three months. (Early intervention).*

Outcome: 100%

P.I. *Reduce the waiting time between assessment and commencement of treatment in the therapy services.*

Outcome: This was achieved in relation to aids and appliances.

P.I. *Improve access to locally based day, residential and respite services.*

Outcome: Achieved.

P.I. *Reduce percentage of clients on the database requiring residential services who are accommodated in inappropriate settings.*

Outcome: Achieved.

P.I. *The percentage of voluntary sector service providers with whom there is a formal service agreement. (Accountability)*

Outcome: None – formal negotiations commenced.

P.I. *Commence the signing of service agreements with Section 65 funded agencies and the main service providers.*

Outcome: None – awaiting national progress.

P.I *Extend the minimum dataset to all voluntary agencies to enable therapy services to report on activity.*

Outcome: Pilot phase commenced.

PERFORMANCE REVIEW

RESEARCH

Project: *Undertake research to determine best practice in the provision of rehabilitative training.*

Outcome: The Board completed research to determine best practice in the provision of rehabilitative training and recommendations were included in the Operational Guidelines.

Project: *Support research into the impact of auditory integration training on children with autistic spectrum disorders.*

Outcome: Dóchas completed research to determine the impact of auditory integration training on children with autistic spectrum disorders. The results of the research will be available in 2002.

QUALITY

Project: *Commence development of quality standards for sheltered workshops.*

Outcome: The Board adopted the quality standard QA00/01, which is the national standard for rehabilitative training services.

Project: *Initiate discussions with provider agencies with a view to developing organisational processes, which facilitate personal outcomes.*

Outcome: The Board participated in a national initiative to develop organisational processes that facilitated personal outcomes. In Tipperary (N.R.) the principal service provider reviewed its person centred planning process to ensure greater emphasis on personal outcomes.

EVALUATION

Project: *Implement formal monitoring and reporting arrangements.*

Outcome: Formal reporting arrangements on service developments with service providers commenced.

VALUE FOR MONEY

Project: *Include attachment of funding to implementation schedules for service provision in service agreements.*

Outcome: Funding for new developments was only released upon implementation of services and receipt of personal identification numbers.

OTHER INITIATIVES

Quality

A detailed client database was developed by the Speech and Language Therapy Department in Tipperary N.R.

SIGNIFICANT ISSUES

Services

- The development of an integrated Child Assessment and Intervention Service was highlighted and improve linkages with mainstream service provision to include Childcare, Pre-School and Training Services.
- The absence of consultant paediatric input and a shortage of speech and language therapy significantly impacted on the effectiveness of early intervention services throughout the region.
- The lack of rehabilitative training programmes for adults with acquired brain injury and high functioning autism.
- The development of further residential, respite and day places.
- The need to provide services in mainstream, integrated settings.
- Considerable difficulties were experienced in the recruitment and retention of therapy staff.
- The need for increased clerical support for therapy services.
- The need to develop Allied Health Professional Assistant posts.
- Infrastructural issues such as the provision of accommodation for staff and storage facilities for equipment created difficulties.
- Collaboration between the Health Board and educational settings in addressing the needs of persons with a disability accessing education services in the region require strengthening.
- The need to provide pre-school assistants to children with disabilities.
- The need to develop standards for all services.

Specialist Subsets

- There was an increased demand for specialised services to meet the needs of persons with autistic spectrum disorders.
- The need to further develop outreach services for persons with a mild intellectual disability who present with challenging behaviour.
- The absence of appropriate responses to persons with acquired brain injury.

PHYSICAL & SENSORY DISABILITIES ACTIVITY

Estimated number of persons with physical/sensory disabilities in the Mid-West region.

Category	Clare	Limerick	Tipperary (N.R.)	Total
Children	308	534	185	1027
Adults	667	1156	400	2223
Total	975	1690	585	3250

Table 50.

Activity Figures for Therapy Services 2001.

Activity	Speech & Language Therapy		Occupational Therapy		Physiotherapy	
	Target 2001	Actual 2001	Target 2001	Actual 2001	Target 2001	Actual 2001
No. of Referrals	142	271	737	693	660	512
No. taken off Waiting List for Assessment	121	151	734	565	334	497
No. of Discharges	58	163	556	506	258	339
Active Caseload	262	349	194	213	133	187
No. of Interventions	7467	8740	1064	3582	2837	2536
No. waiting Assessment	47	95	283	286	54	61
No. waiting Therapy	63	61				
No. waiting further Therapy	76	146				

Table 51.

INTELLECTUAL DISABILITIES ACTIVITY

Age/Disability profile of persons with an Intellectual Disability within the Mid-West Region.

Age Group	Mild	Moderate/ Severe/Profound	Total
0-18	463	271	734
19-65	599	1036	1635
65+	17	29	46
Total	1079	1336	2415

Table 52.

Activity for 2001 – Actual versus Projected.

Activities	2001 Projected	2001 Actual
Residential	709	703*
Respite	36.5	38.5**
Day Care	953	953
Rehabilitative Training	169	152

Table 53.

* Includes four places for challenging behaviour & two for acquired brain injury

** Includes four places for challenging behaviour

Profile of the Occupational Guidance Service Activity.

Activity	Number of Persons Accessing Services
Referrals to rehabilitative training	36
Referrals to vocational programmes	21
Referrals to supported employment programmes	8
Referrals to mainstream training programmes	23
Referrals to support services	4
Referrals to sheltered work services	2
Referral to specialist services	6
Information referrals	4
Other	3
Active cases	71
Total	178

Table 54.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
Cardiovascular disease is a major cause of death in Ireland and is largely preventable. The aim of the Cardiovascular Health Strategy 'Building Healthier Hearts' is to significantly reduce mortality and morbidity from the principle components of cardiovascular disease, heart disease and stroke.

Strategy
The Department of Health and Children launched the Cardiovascular Health Strategy in 1999 making 211 recommendations for the prevention and treatment of cardiovascular disease across a spectrum of health service areas. The National Advisory Forum on Cardiovascular Health has produced a national work programme for the phased implementation of these recommendations over five years (2000 – 2004).

Objectives
The Strategy has four key objectives:

- Standardise pre-hospital and hospital cardiac care.
- Establish protocols for preventative medicine in primary care.
- Establish settings-based health promotion programmes.
- Set up and maintain effective disease surveillance systems.

Organisational Structure of Services
Implementation of the Cardiovascular Health Strategy comes under the remit of the Director of Public Health who is supported by a Project Co-ordinator and a clerical officer. Two sub-committees have been formed (primary care/pre-hospital care, health promotion/preventative activities). A number of small informal groups on specific issues were established. A Regional Steering Committee is in place to advise and agree on the implementation of the Strategy's recommendations throughout the Board.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
Mid Western Regional Hospital

- The Mid-Western Regional Hospital continued to develop a regional interventional cardiology service.
- 141 coronary angioplasty procedures were undertaken.
- 4 additional staff were appointed to the cardiac catheter laboratory.
- The Cardiac Rehabilitation unit opened in April and 269 patients were referred to the Phase 1 in-patient rehabilitation programme and 249 referrals were made to Phase 2 and 3 education and exercise programmes.
- A heart failure clinic was established in June.
- Health promotion initiatives were developed in line with the recommendations of the Cardiovascular Health Strategy.
- Services for cardiology patients expanded at the four acute hospitals in the region.
- Preparation for the establishment of the Higher Diploma in Coronary Care Nursing course continued at the Mid-Western Regional Hospital.
- The Ambulance Service continued to develop a hand held electronic report patient form.

Finance
Expenditure was within the budget allocation of £2.1m.

Staffing
Staffing levels fell short of the complement of 65 WTEs due mainly to recruitment problems.

DEVELOPMENT PERFORMANCE

Target:	*Set up community health promotion/disease prevention teams in each of the four Local Authority areas in the region.*
Outcome:	Some progress was made in setting up the multidisciplinary Heart Health Teams. However, full service delivery was curtailed due to recruitment difficulties and a shortage of suitable staff accommodation.
Target:	*Establish a work place health promotion campaign in the region.*
Outcome:	A senior health promotion officer for the workplace was appointed and a programme of activity is currently under development.
Target:	*Extend the Healthy Hospital concept, which is already in the Mid-Western Regional Hospital, to Nenagh and Ennis General Hospitals.*
Outcome:	A regional senior health promotion officer for hospitals was appointed as well as health promoting hospital co-ordinators for Ennis General Hospital and Nenagh General Hospital.
Target:	*Support the national promotional campaign 'Ireland Needs a Change of Heart'.*
Outcome:	An information assistant and a health promotion projects officer were appointed.
Target:	*Implement the National Secondary Prevention Programme for Cardiovascular Disease in General Practice.*
Outcome:	The start up date for this national programme was deferred to 2002.
Target:	*Provide an angioplasty service for 250 patients at the Mid-Western Regional Hospital.*
Outcome:	One hundred and forty one angioplasty procedures were carried out.
Target:	*Expand the supporting diagnostic and therapeutic services in the Mid-Western Regional Hospital and Ennis and Nenagh Hospitals.*
Outcome:	A heart failure management service was established at the Mid-Western Regional Hospital. A cardiology registrar was appointed to Ennis General Hospital. Additional coronary care nursing staff and support staff were appointed to all three hospitals. A cardiac investigations service was developed at Ennis General Hospital.
Target:	*Expand the cardiac rehabilitation service at the Mid-Western Regional Hospital and Ennis General Hospital and develop a similar service at Nenagh General Hospital.*
Outcome:	The in-patient and out-patient education and exercise phases of cardiac rehabilitation commenced at the Mid-Western Regional Hospital and Ennis General Hospital. The number of patients attending cardiac rehabilitation in the latter hospital was limited due to insufficient workspace. Development of cardiac rehabilitation at Nenagh General Hospital is in progress.

Target: *Establish a training course for CCU nurses.*

Outcome: Establishment of this course has been delayed due to contractual difficulties with the University of Limerick. Resolution of these difficulties will be a priority for 2002.

PERFORMANCE REVIEW

Project: *Develop a formal performance management system.*

Outcome: Progress and expenditure reports were returned to the Department of Health and Children on a quarterly basis.

SIGNIFICANT ISSUES

Recruitment

- Difficulties were experienced in recruiting staff for specialist posts under the Cardiovascular Health Strategy.

STATEMENT OF PURPOSE, STRATEGY AND OBJECTIVES

Purpose
The purpose of the Health Promotion Department is to empower, enable and support other health services (and related community services) to promote health in their roles.

Key principles are in line with the Ottawa Charter of 1986 i.e. to promote the health of the population by: -

- Building healthy public policy.
- Re-orienting the health services to achieve a balance between health promotion and curative services.
- Creating supportive environments.
- Strengthening community action.
- Developing personal skills.

Strategy
The National Health Promotion Strategy is the main influence for the development of health promotion 2000 - 2005. The National Health Strategy "Quality and Fairness: A Health System for You" 2001 will also drive the service.

Strategic objectives for 2001 included completing a regional strategy in support of the National Strategy for health promotion and working closely with General Managers' teams to support the health education role of staff

Objectives
- To stimulate effective joint working with other Health Board departments.
- To support the health promotion work of other staff.
- To lead in key health promotion programmes related to schools and communities.
- To provide direct services related to healthy eating and drug and alcohol problem.
- To provide support to key settings such as hospitals and workplaces.
- To develop programmes to tackle smoking and substance misuse.
- To develop programmes to promote health eating.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity
- There were 848 enquiries to the Sláinte Health Advice Centre
- 111 clients attended Sláinte for counselling and 531 hours of counselling were provided.
- 204 teachers and 32 principals from post-primary schools attended Social, Personal and Health Education training.
- The clinical dietetic service in Ennis and Nenagh was maintained and the number of patient contacts was 85 in Nenagh and 94 in Ennis
- Hepatitis A/B vaccination for drug users and front line staff was initiated.
- A comprehensive treatment package for opiate users was provided.

The Department continued to provide advice, support, training and professional development to health care staff, community groups and other workers in key agencies and settings. The Sláinte services for both consumer health information and drug-related services were sustained.

Finance
The Health Promotion budget, including funding for the Red Ribbon Project and the Drugs Service, was £1.499m. Expenditure was kept within budget parameters

Staffing
Employment was contained within the approved WTE complement of 28 (not including 4 WTEs funded under cardiovascular strategy).

DEVELOPMENT PERFORMANCE

Drug and Alcohol Services

Target: *Develop strategy and action plan for the region.*
Outcome: Strategies for health promotion and drugs were drafted.

Target: *Provide funding for new drug reduction initiatives, including treatment, counselling and outreach services.*
Outcome: Additional drugs counselling and outreach services were provided.

Target: *Introduce a Level 2 Methadone service locally.*
Outcome: This service was introduced.

Target: *Progress service agreements with external providers for rehabilitation.*
Outcome: Service agreements with external drug rehabilitation services were progressed.

Community Nutrition Service

Target: *Finalise a five-year plan.*
Outcome: The five year plan for Community Nutrition was considered and will be reviewed again early in 2002.

Target: *Implement the regional Breastfeeding Strategy.*
Outcome: The service objectives have been achieved and work continued on the provision of public facilities.

Target: *Pilot a healthy eating policy for the school setting and develop classroom resources to assist post-primary teachers in teaching nutrition.*
Outcome: Work with primary schools on healthy eating was continued.

Target: *Develop guidelines for nutrition in elderly care settings and implement a community nutrition education programme.*
Outcome: The Elderly Care project has commenced and will continue into 2002.

Other

Target: *Provide additional funding for health promotion activities.*
Outcome: This funding was used for community health needs assessments and other programme costs.

Target: *Develop an action plan for workplace health.*
Outcome: Deferred until 2002.

Target: *Develop a strategic vision for schools health promotion and pilot the Health Promoting Schools project.*
Outcome: A pilot school has been selected for the Health Promoting Schools project.

Target: *Provide funding and support to programmes providing parent and family support.*
Outcome: This funding and support is ongoing.

Target: *Assist in providing a support service for post-primary schools undertaking social, personal and health education.*
Outcome: Considerable support was given to the post primary SPHE project

Target: *Develop initiatives in relation to 'Building Healthier Hearts'.*
Outcome: Staffing structures for area-based heart health promotion teams were agreed and recruitment commenced.

Target: *Develop draft strategy on men's health.*
Outcome: This has been deferred into 2002.

Target: *Undertake initiatives relative to smoking education/cessation, sexual health, suicide and sudden death.*
Outcome: Support was given to programmes on parent and family support and suicide/sudden death. A community smoking cessation programme was agreed. Work continued on a sexual health strategy.

Target: *Partake in initiatives related to the Board's Action Plan for Homelessness.*
Outcome: Contact has been made with service providers.

PERFORMANCE REVIEW

RESEARCH

Project: *Undertake a community health needs assessment study in West Clare and East Limerick.*
Outcome: Research was commissioned and completed on the health influences impacting on the people of West Clare and East Limerick.

Project: *Undertake research on the promotion of physical activity among young women.*
Outcome: Research was undertaken on the barriers to exercise among young women in Clare

QUALITY

Project: *Enhance drug services by the provision of a Level 2 Methadone service within the Board's region.*
Outcome: This service was provided.

EVALUATION

Project: *Publish evaluation reports on 'Bí Folláin', 'Action Learning' and the GP Exercise Referral project.*
Outcome: The evaluation of the Bí-Folláin Project commissioned from NUI Galway was completed and launched.

Project: *Evaluate the pilot of the Fruit and Vegetable Co-operative.*
Outcome: This was deferred into 2002.

OTHER INITIATIVES

Research

- Research was commissioned and completed on service needs related to sexual health in Clare
- The planning of a comprehensive and integrated database reflecting not only numbers of those treated

for drug use, but also baseline data for the future development of services was initiated. To date, statistics have included numbers only of those who receive treatment but efforts have been made to obtain data from other departments and agencies within the region.

Quality

- Separate panels of tutors specialising in parenting, smoking, exercise etc. were brought together and offered additional training to become community health educators.
- The number of community groups increased in terms of policy development, educational inputs, access to support and funding for services related to drug and alcohol issues.

Evaluation

- Evaluation of the GP Exercise Referral pilot was completed and published.

Value for Money

- The rehabilitation services funded by the Mid-Western Health Board for under 18's are being independently evaluated. The development of a treatment service provided by a G.P., nurse and counsellor, which incorporates the prescribing of methadone at regional level, has negated the need for Mid-Western Health Board clients to attend Dublin for services. This has decreased the need for financial assistance to clients for weekly visits to their doctors in Dublin whilst also ensuring that the back up services of nursing care, urine-analysis and counselling are available. The quality of service to this client group has been enhanced.
- Terms of reference for a review of the Health Promotion function (including Drugs Services) were drafted in November.

SIGNIFICANT ISSUES

- Staff recruitment and the provision for new premises for area teams posed difficulties.
- Work is required to raise awareness of health promotion as a Board-wide service issue.
- Increasing work demands on the Health Promotion Department.
- The series of actions required by the Mid-Western Health Board to implement national policy has necessitated a review of drug and alcohol services be reviewed.

STATEMENT OF PURPOSE AND STRATEGY

The purpose of the Human Resource (H.R.) function is to enable the vision of the Healthcare Learning Organisation which is focused on devolution, empowerment, multi-disciplinary team working, network relationships, flattening hierarchies and new forms of leadership and mentoring. This is achieved through the pursuit of a strategy which creates added value with and through people, leading to enhanced organisational capability and an improved work environment supporting the achievement of service excellence.

Organisational Structure of Services
The overall framework for the development of the H.R. function in this Board broadly reflects the position outlined in the Directors of H.R. national submission to the Department of Health and Children. However, H.R. Services in the Mid-Western Health Board differ from other Boards in so far as the function has two decentralised units in line (Acute and Non-Acute).

The role of the Central H.R. function within this Board centres on the development of appropriate health strategies and policies, with operational H.R. services being delivered within the devolved H.R. structure for Acute and Non-Acute Services. Each devolved unit is led and managed by a H.R. Specialist.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Strategic aims and service objectives for 2001 included the continued development of the Central H.R. Department with a view to more active involvement in strategic aspects of the function.

The devolved H.R. function was supported to enable it to further engage line managers on a range of human resource issues. This included the recruitment of a Medical Manpower Manager and a Director of Nursing and Midwifery. In 2002, the scope of service will be further enhanced by the appointment of a Learning and Development Manager and an Internal Relations Manager.

The PPARS Project in the computerisation of H.R. records engaged with the Payroll Department regarding transfer of live data in respect of fortnightly paid staff and continued with data clean up. The PPARS Project also initiated two pilot projects in respect of computerisation of absence data and training records.

The Department continued to participate in initiatives in management development, personal development planning and mentoring organised by the Office for Health Management. It was actively involved in the Human Resource Management Committee of the H.S.E.A. and also in the National Medical Recruitment and Retention Group. It was also represented on the medical stakeholders group organised by the Department of Health and Children to consider service and post graduate training requirements.

DEVELOPMENT PERFORMANCE

Recruitment and Retention
The rate of change, both internally and externally, resulted in significant challenges to the organisation. The world and national economy has impacted on the labour market and recruitment of all categories of staff has become increasingly difficult, especially in the nursing, medical and allied health professions.

The Board has engaged in recruitment initiatives of its own and conjointly with other Boards. These included significant financial investment in recruitment campaigns, nationally and internationally. The Department was also involved in a national group reporting on recruitment advertising and marketing strategies and, in association with the University of Limerick, visits to schools were organised to promote careers in nursing.

During 2001 there were 397 recruitment competitions. Delays in the filling of posts were experienced, both as a result of increased pressure on the recruitment function (additional posts and increased turnover) and also because of a shortage of applicants. In relation to sourcing of suitably qualified applicants, particular difficulties were experienced with paramedical and technical grades. Recruitment from within the common pool (management/admin) caused particular difficulties. Recruitment advertising internally has been reviewed and a facility for on-line application is in place on the Intranet.

Staff Training and Development
There are 2 major components reflecting organisational competencies and professional capability. The latter connects with professional colleges and accounts for the major activity in postgraduate higher professional training in the medical specialities. Nurse undergraduate education is now firmly based in the University of Limerick with clinical placements attached to the Board's service facilities. Postgraduate education and training in nursing has benefited from additional significant investment. It has been the Board's consistent policy to support the continued development of the health professions in the various disciplines through their appropriate professional bodies.

Links have been developed with educational institutions such as University of Limerick, University College Cork, the Institute of Public Administration and Limerick Institute of Technology to ensure continuous learning opportunities for staff and to provide more student places for those wishing to pursue careers in the health services.

Employee Relations
The Human Resource Specialists and their teams provide an advisory and support service to line managers in dealing with employee relations issues.

Implementation of the agreement covering the terms and conditions of Non-Consultant Hospital Doctors was ongoing with the processing of overtime claims being concluded in a timely manner.

The Department liased with the Public Sector Benchmarking Body, arranging for visits and discussions with relevant groups of staff on conditions and practices of employment.

The agreement reached with nursing unions regarding filling of Senior Staff Nurse/Midwife posts was implemented, as were recommendations of the Expert Group on Therapy Grades.

The Department represented the Board at the Labour Court, Conciliation and Rights Commission hearings and the Employment Appeals Tribunal. The Department also represented the Board at national negotiations in relation to pay and conditions.

Partnership
The purpose of partnership within this Board is to provide for a new active relationship in managing change characterised by employee participation and consultation, the development of joint objectives, co-operation and trust and the delivery of patient focused quality health services. Partnership involves management and unions having an agreed agenda.

A Partnership Facilitator and support staff were put in place. Local working groups were established on non-pay benefits, service planning, extended hours, communications and local partnership initiatives.

Occupational Health Department
The Occupational Health Department provided pre-employment/pre-placement screening, occupational health screening, ill-health retirement reviews, sickness absence reviews, risk assessment and access to counselling services and employee assistance.

It also provided specialist advice on all matters relating to health and safety of staff. During 2001 an additional occupational health nurse was appointed. A new pre-employment screening process was developed in line with best practice and 11 local protocols were revised and updated.

The Department was also responsible for administration of "Influvac" (276), vision screening (120), tuberculin skin testing of student nurses (60), dealing with queries and visits (280) and personal skills development of departmental staff.

Superannuation

This Department is responsible for liaison with some 1,234 pensioners. Increased recruitment, staff turnover and the extension of eligibility for the superannuation scheme has resulted in a substantial increase in workload with a large number of additional staff being entered into the scheme in 2001. Reckoning of temporary service and casework relating to resignation and retirement also impacted significantly on work levels. Administrative support was given to the Retired Staff Association, which also provides retired staff with information and advice about health and social services, personal taxation and other matters relevant to the general interest of retired staff.

Other Developments

A comprehensive bid for development of strategic capacity within Central H.R., which supports the devolved H.R. structure for Acute and non-Acute Services, was developed and submitted to the Department of Health and Children. A Policy Review Group was established, absence policies were revised and the staff handbook was updated.

The H.R. Department also participated in a consultative process of identifying management skills and attributes in conjunction with the Office for Health Management (for Grade IV to Grade VIII) Management Development.

The Board was represented on the Human Resource Management Committee of the HSEA (Equal Opportunities Policies).

FREEDOM OF INFORMATION ACT

The Freedom of Information Act 1997 provides that every person has the following legal entitlements:

- The right to access official records held by government departments or other public bodies listed in the Act.
- The right to have personal information amended where such information is incomplete, incorrect or misleading.
- The right to obtain reasons for decisions affecting oneself.

Eolas, the Customer Services Unit, tracks and monitors all Freedom of Information (FOI) activity in the Board. A number of designated Decision Makers and Internal Reviewers undertake functions in accordance with the legislation.

The role of Eolas in relation to FOI matters is:

- To assist staff with the implementation of the FOI Act.
- To assist members of the public to exercise their rights under the FOI Act.
- To co-ordinate, track and monitor all FOI requests received by the Board.
- To carry out awareness training, training for Decision-Makers, Record Liaison Officers and Internal Reviewers.
- To carry out awareness/promotional seminars for the public, at health centres, citizen information centres and public libraries.
- To highlight areas of concern.
- To liase with other health boards, voluntary organisations, government departments and the Office of the Information Commissioner.

In line with the obligations under the Freedom of Information Act the Section 16 document (detailing the Board's guidelines, practices and procedures) and the Section 15 document (detailing the Board's schemes and services) were reviewed, updated and placed on both the Board's internet and intranet. An extensive FOI information section was added to the intranet, which is updated on a regular basis for the benefit of staff.

The Organisational Development Unit carried out an independent evaluation of the FOI processes and procedures. As a result of this evaluation changes were made to the structure and organisation of FOI within the Board. New Decision Makers and Internal Reviewers were appointed and trained.

Work commenced on compiling a list of full-text policies and guidelines (Section 16), which will eventually be available on the Board's website. It is expected that this project will take three years to complete.

Work also started on the production of a national Health Board reference manual for Health Board staff. The document will set down guidelines on how personal client/patient/service user information is collated, distributed and stored.

Activity

In 2001 the Board received 232 Freedom of Information requests. This figure increases to 280 when broken down into where requests were routed throughout the Board.

Service Area	FOI Requests
Acute Hospitals	143
Central Offices/HR	27
Community Care	39
Primary Care	12
Mental Health/Elderly Care	26
Child Care	33
Total	280

Table 55.

Of the 232 requests which the Board received, 193 were for personal information and 39 were for non-personal information. The following table represents the categories of requester:

Category of Requester	Totals
Public	206
Journalist	17
Oireachtas	1
Others	8

Table 56.

There were 15 requests for an internal review and 11 requests were referred to the Office of the Information Commissioner for external review. The Commissioner found in favour of the Board's decisions in all five MWHB cases handled by his office in 2001.

The following table shows the outcome for requests handled in 2001.

Outcome	Totals
Granted	219
Part Granted	21
Refused	61
Transferred/Withdrawn	4
Pending	90

Table 57.

OMBUDSMAN

The Mid-Western Health Board is subject to the Ombudsman Act, 1980. The Ombudsman has extensive powers in law. He can demand any information, document, or file from a public body complained of and can require any official to give information about a complaint. He can look into administrative actions including decisions, refusal or failure to take action.

Before a complaint can be made to the Ombudsman the complainant must attempt to resolve the matter with the Board. Once the complaint has been made to the Ombudsman his staff will examine the issue to see if it is a valid case for them to review. His review is impartial and independent.

The role of Eolas is:

- To liaise with staff, the public and the Office of the Ombudsman.
- To assist members of the public to exercise their rights under the Act.
- To co-ordinate, track and monitor all Ombudsman queries.
- To highlight areas of concern.

Eolas organised a number of information sessions for staff in conjunction with investigators of the Office of the Ombudsman during 2001.

Information, guidelines and advice regarding this service were placed on the Board's intranet.

The category of issues raised by the Ombudsman are highlighted in the table below:

Category	Number of Complaints
Community Care	10
Exceptional Needs Payment	1
Nursing Home Subvention	17
Mental Health Services	1
Elderly Care	4
Child Care	2
Superannuation	2
Acute	1
TOTAL:	38*

Table 58.

*Of these queries 11 have been closed.

DATA PROTECTION ACT

The Mid-Western Health Board is subject to the provisions of the Data Protection Act, 1988. All staff who process personal data must ensure that it is:

- fairly and lawfully processed
- processed for limited purposes
- adequate, relevant and not excessive
- accurate
- not kept longer than necessary
- processed in accordance with the data subject's rights.
- secure
- not transferred to other countries which would not be able to provide adequate protection of the data

The Data Protection Commissioner maintains a public register of data controllers. Each entry includes the name and address of the data controller and a general description of the processing of personal data by a data controller. Notification is the process by which a data controller's details are added to the register. These duties are carried out by Eolas each year.

The Board, in 2001, did not receive any requests under the Data Protection Act.

All information regarding this service, including details of the new Bill, have been placed on the Board's intranet.

APPEALS

INTRODUCTION

The Board's Appeals function provides an internal independent and impartial adjudicative review of decisions taken by Board personnel regarding applications by the public for specified services and entitlements, where applicants are dissatisfied with decisions. The service aims to demonstrably and transparently provide fair and equitable treatment for all members of the public who wish to have decisions by Board personnel reviewed.

It is characterised by accessibility, promptness, respect and privacy as well as total impartiality. It deals with appellants sensitively, having regard to their age, capacity to understand complex rules and recognises that quite often the appeals are requested by the most disadvantaged in our society.

PLANNING AND STATUTORY FRAMEWORK

The Appeals function in the Board, which is a Regional Service, is independent of operational management and reports directly to the Chief Executive Officer. The following legislation/regulations are relevant: -

- Section 267 of the Social Welfare (Consolidated) Act, 1993.
- Section 47 of the Health Act, 1970.
- Article 19.1 of the Nursing Home Regulations, 1993.

Also the new Health Strategy "Quality and Fairness – A Health System for You" (2001) states;
"The Health System must become more people centered with the interests of the public, patients and clients being given greater prominence and influence in decision-making at all levels. This points to a need to empower individuals through: comprehensive, easily accessible complaints and appeals procedures."

At present the Appeals function covers the following:

- Supplementary Welfare Allowances/Schemes.
- Medical Cards.
- Various Community Care allowances such as Domiciliary Care Allowance, Blind Welfare Allowance, Mobility Allowance etc.
- Private Nursing Home Subvention Scheme.

CORE AND DEVELOPMENT PERFORMANCE 2001

CORE PERFORMANCE

Activity

During 2001, (ref Table 59), the Appeals Service continued to be developed. The 1,106 appeals received represented an increase of 18.3% on the 2000 figure and, with the 121 on which work was in progress at the start of the year, gave a very demanding workload of 1,227 appeals to be processed.

The number of appeals processed increased, by 255 (20%) on the 2000 figure. This was a very positive response by the staff of the office because even through the intake of appeals increased the number which were carried over (116) at year end decreased by 12%.

APPEALS

The increased demand on the Appeals Service may be attributed to the following factors:

- Raised awareness of individual rights and increased public expectation of fairness, openness and accountability, as a result of the Ombudsman's report on the nursing home subvention.
- The Board's policy to enclose an appeal application form with all negative decision letters to applicants in relation to the services/allowances has facilitated the public in appealing decisions of the Board.
- An increased awareness of the service following distribution of posters and leaflets.

Finance

The Appeals service is jointly funded by the Mid-Western Health Board and the Department of Social, Community and Family Affairs.

Staffing

Staffing was contained within approved WTE complement of 4.5.

DEVELOPMENT PERFORMANCE

Target: *Facilitate seminar for Health Board Officials to discuss/consider policy issues.*

Outcome: Meetings were held with SCWO's and section heads in the local Community Care offices, during which reviews of the relevant policy issues were carried out.

Target: *Assist in the formulation of regional guidelines for the assessment of miscellaneous allowances.*

Outcome: A working group has been set up to complete this task, initial meetings have taken place at which the Appeals Service has been represented.

OTHER DEVELOPMENTS

- Outreach services were further developed and a new venue established in Kilrush.
- A management information database was developed and installed which has improved the processing of appeals.
- Significant improvements took place in policy development of service areas within the Board following the intervention of the Appeals office.

PERFORMANCE INDICATORS

P.I. *Improvement in the average processing time for appeals, the target being to issue decisions within 5 weeks in 90% of cases.*

Outcome: This was achieved in 58% of cases. This may be attributed to a number of factors:

- the extension of the service to cover the GMS scheme
- increased workloads in local offices, following the introduction of the over 70 GMS scheme
- the protracted nature of Nursing Home Subvention appeals following the publication of the Ombudsman's report.

P.I. *Minimise the number of appeals overturned by the Chief Appeals Officer, Department of Social Community and Family Affairs.*

Outcome: In 2001, 15 appeals were referred to the Chief Appeals Officer, and of these 1 was upheld in the client's favor.

P.I. *Maintain the ISO 9002 standard.*

Outcome: Standard was maintained.

P.I. *Acknowledge all appeals within 2 working days.*

Outcome: This was achieved in all cases.

PERFORMANCE REVIEW

QUALITY

Project: *Enhanced as necessary following evaluation of a customer feedback survey.*

Outcome: As a result of the above staff undertook customer care training, the appeals application form was improved, and the office now updates people if there is going to be an inordinate delay in processing their appeal.

EVALUATION

Project: *Conduct a customer feedback survey/analysis.*

Outcome: An initial meeting was held with a customer focus group at the latter end of 2001, this group will be invited to attend further meetings in the future.

VALUE FOR MONEY

Project: *Continue to liaise with operational units in regard to improved practice.*

Outcome: Policy issues identified were raised with local offices, this resulted in policy and procedural changes which led to a more efficient operation of schemes and services.

OTHER INITIATIVES

Research

- The report on the independent customer feedback survey conducted in December 2000 was published and the findings used to shape policy and procedures within the Appeals Service.

Evaluation

- The Appeals Service continued to use the management review function of ISO 9002 to evaluate all aspects of service provision

Value for Money

- An internal audit of the Service was conducted and the outcome was satisfactory.
- Policy changes effected in the local offices resulted in changes in administrative practice, which lead to a more efficient operation of schemes and services.
- A protocol for processing Back to School Clothing and Footwear Refusals was developed by the Appeals Office, in association with the SCWO Group. The introduction of this protocol reduced the number of Appeals from 121 (2000) to 73 (2001).
- The Appeals Office provided training to local staff on the principles of good and effective decision making.

SIGNIFICANT ISSUES

- Current national guidelines should be increased by more than the annual Consumer Price Index rate to reflect increases in Social Welfare increases.
- Some applicants for medical cards, totally dependent on a social welfare income, find themselves outside the eligibility guidelines. This anomaly needs to be addressed.
- With increasing Nursing Home costs there is an urgent need for the Board to introduce a "top up" subvention under Article 22.3 and 22.4.
- The calculation of SWA Supplements reduces Social Welfare incomes to SWA levels, thus not allowing for the differentials which exists between payments to certain specified Social Welfare recipients, e.g Old-Age Pensioners, One Parent Families, etc. This creates a long-term poverty trap.
- The income disregards within the SWA scheme are both few and insufficient; disregarded earnings from employment or otherwise in the case of applicants themselves or their spouse should be increased and universal to all aspects of SWA entitlement.
- Mortgage Interest Supplements are inadequate when the capital content is high, especially in long term cases. The result is that persons find themselves below the SWA rate after mortgage repayments are made.
- Lone Parents and other low paid workers are barred from SWA by means of the 30-hour work limit, even though they may qualify on means grounds.
- Diet Supplement calculations are cumbersome and have extremely complicated calculations, which may inhibit people from applying for their entitlements.
- The allocation of £15.00, after the deduction for board and lodgings, to those asylum seekers in Direct Provision, has no sound basis for its calculation as it does not take into account the differing individual circumstances.

Appeals Office Activity

Summary of Appeals Office Activity 2001

	In progress 01/01/2001	Received	Decided	%	In progress 31/12/2001
Supplementary Welfare Allowance	46	389	392	88%	43
Nursing Home Subvention	17	260	256	92.5%	21
Medical Card	50	410	418	91%	42
Miscellaneous Allowances	8	47	45	82%	10
Total	121	1106	1111	90.5%	116

Table 59.

Summary of Appeals Decisions 2001

Category	Allowed	Disallowed	Partially Allowed	Revised	Withdrawn
Supplementary Welfare Allowance	69	232	8	37	46
Medical Cards	44	238	4	82	50
Nursing Home Subvention	41	77	104	27	7
Miscellaneous Allowances	14	19	1	2	9
Total	168	566	117	148	112
% of Total Appeals Decided	15%	51%	10.5%	13.5%	10%

Table 60.

NOTES

NOTES

HEALTH & PERSONAL SOCIAL SERVICES - ANNUAL REPORT 2001

MID-WESTERN
HEALTH BOARD

Mid-Western Health Board
31/33 Catherine Street, Limerick
Tel: 061 483287
Fax: 061 483350
Email: eolas@mwhb.ie
Website: www.mwhb.ie

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