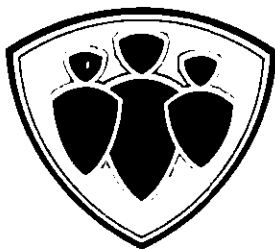
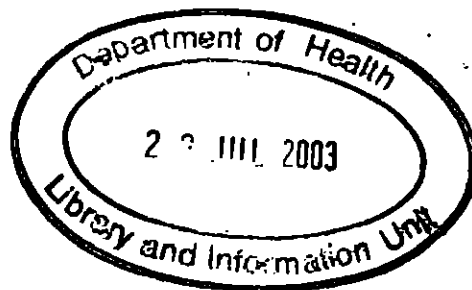
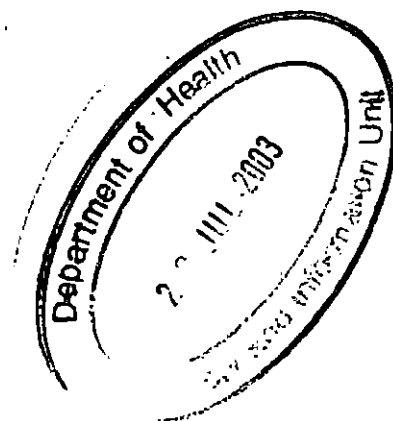


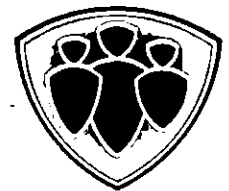
FRIDAY 11TH JULY, 2003



BORD SLÁINTE
AN MHEÁN-IARTHAIR

7. Office of the Ombudsman – Annual Report 2002 [WHITE]
(Report No 35/03 herewith)
8. The International Social Services [PINK]
(Report No 36/03 herewith)





**MINUTES OF THE MONTHLY MEETING OF THE
MID-WESTERN HEALTH BOARD HELD IN
THE ST. JOSEPH'S HOSPITAL, ENNIS, CO. CLARE
ON FRIDAY, 13TH JUNE, 2003 AT 11A.M.**

MID-WESTERN
HEALTH BOARD

Presiding/ Cllr. S. Hillery, Chairman

Present/

Cllr. P. Bugler	Cllr. J. Bourke
Cllr. B. Chambers	Cllr. J. Casey
Cllr. P. Daly	Ms. N. Fitzpatrick
Cllr. M. Hourigan	Cllr. J. Egan
Cllr. J. Meagher	Ms. A. Kenny-Ryan
Ms. M. O'Donnell	Ms. S. Marsh
Dr. J. O'Riordan	Dep. J. O'Sullivan
Dr. P. McKenna	

CENTRAL OFFICES.
31/33 CATHERINE STREET,
LIMERICK, IRELAND.
TEL 00353 (0) 61 316655
FAX 00353 (0) 61 483350
WEBSITE : <http://www.mwhb.ie>

Apologies/

Dr. Y. Begley	Mr. P. Burke
Cllr. R. Butler	Dr. D. Clinch
Cllr. J. Clifford	Sen. N. Coonan
Cllr./Dr. J. Hennessy	Ms. M. Hogan
Mr. D. McAvinchey	Mr. L. MacNamara
Dr. J. Mullane	Cllr. K. Sheahan

In Attendance/

Mr. S. deBurca, Chief Executive Officer
Mr. G. Crowley, Assistant Chief Executive Officer
Mr. J. Conway, Assistant Chief Executive Officer
Mr. J. O'Grady, Regional Manager
Mr. S. Woods, Regional Manager
Mr. P. McDonald, Director of Finance
Mr. S. McNulty, General Manager
Mr. J. Hennessy, General Manager
Mr. J. Doyle, Hospital Administrator
Ms. T. Fitzgerald, Staff Officer
Ms. O. Hartigan, Assistant Staff Officer
Ms. N. O'Grady, Section Officer

1(a) Urnaí Tosáí

1(b) Vote of Sympathy A vote of sympathy was extended to staff who had suffered recent bereavements.

1(c) Minutes Minutes of the Meeting of the Board held on the 9th May, 2003, were adopted on the proposal of Cllr. J. Casey, seconded by Cllr. B. Chambers.

2. **Correspondence** Acknowledgements were received from the Minister for Health and Children in response to the Board's Notices of Motion concerning the provision of a third geriatrician for the Mid-Western Regional Hospital and the Public Health Doctors Industrial Dispute, both matters are receiving attention.

3. **CEO's Report** **The Chief Executive Officer briefed the Members on the following:**

ENT Services at Ennis General Hospital

Day Case Surgery, will commence at Ennis General from November 2003.

Public Health Doctors - Industrial Dispute

This Industrial Dispute commenced on the 14th April, 2003. Discussions at national level are ongoing with the Department of Health and Children and the HSEA.

The CEO informed the Board that all suspected and confirmed cases of infectious diseases have been clinically managed.

A briefing note was circulated to Board Members outlining the services that are affected by the Industrial Action.

Inis Gile

Meetings have been ongoing between the Board and the Unions involved. A number of issues have been resolved, however there are issues still outstanding.

A meeting is to take place under the auspices of the LRC on Monday 16th June, 2003.

Ennis General Hospital

The Board is still awaiting final approval from the Department of Health and Children to appoint a Design Team for Ennis General Hospital.

Hospital Watch - Ennis General Hospital

Hospital Watch (Crime Prevention) was formally launched at the end of May in Ennis General Hospital, this programme is modelled on the same principle as the Neighbourhood

Watch Scheme. It aims to reduce crime at the hospital by enhancing awareness.

National Treatment Purchase Fund

The CEO gave a brief outline of the Board's performance under the National Treatment Purchase Fund.

Further to discussions with the NTPF they have agreed to reduce waiting time thresholds for patients in the Mid-West region.

The NTPF have expressed interest in adopting the Mid-Western Health Board's Orthopaedic patient management system as the National Template.

Accreditation

The Board's Acute Hospitals have applied to the Irish Health Services Accreditation Board for accreditation status. The development of project teams is underway and this is fully supported by professional staff.

An external peer review is expected to take place in June 2004.

Neurology Services

The CEO advised Members that a Consultant Neurologist commenced at the Mid-Western Regional Hospital on the 6th June, 2003 and will attend the hospital two days a month. However, it is necessary to continue the restrictions on new G.P. referrals at present, and GPs have been advised to continue referring new cases to the established Neurological centres at Cork, Galway and Dublin.

Comhairle na nÓspidéal have completed a review of Neurology and Neurophysiology services. This review recommends the development of Consultant staffed Neurology Units outside of the centres in Dublin, Cork and Galway. It also recommends that two Consultant Neurologists should be based at the Mid-Western Regional Hospital.

St. Mary's Ward, Croom

From Monday, 23rd June, 2003, ten additional beds will be commissioned with the remaining seven beds coming on stream in August.

The additional seventeen beds at Croom will facilitate the provision of inpatient beds for the Consultant Rheumatologist who is due to take up his appointment with the Board shortly.

Visiting Times

The CEO advised Members that visiting arrangements for the Mid-Western Regional Hospital have recently been reviewed. It is proposed to restrict daily visiting times from 1.00p.m.-3.30p.m. and from 6.30p.m.-8.30p.m..

Members will be informed of developments in relation to this proposal.

Deputation

Cllr. S. Hillery stated that a date for the deputation with the Minister for Health and Children, is being pursued by the CEO's Department.

Special Olympics

The CEO welcomed the delegates for the Special Olympics who will spend time here before travelling to Dublin. He thanked the people who made themselves available on a voluntary basis to ensure the needs of our guests are met. The Board in consultation with the medical co-ordinators in each of the host towns have drawn up contingency plans in the event of urgent and immediate need for medical services in the region being required.

Bed Closures

The CEO advised Members that it was not the Board's intention to close acute beds or restrict services during the summer season.

CEO's Report

Ms. A. Kenny-Ryan and Cllr. S. Marsh requested that members would receive a copy of the CEO's briefing notes prior to the

monthly meetings in order to review. It was agreed this would be circulated with Board Agenda.

Nationally Provided Services

The following motion was proposed by Dep. J. O' Sullivan and seconded by Cllr. J. Casey and adopted by the Board.

"The Members of Mid-Western Health Board expressed their concern that Dublin Hospitals were withdrawing services to patients outside of their region, especially in light of last years Health Strategy which outlined the key principles of access and delivery of proper healthcare".

The CEO advised that this matter has been raised with the DoHC and ERHA. He indicated our position is that the unilateral change in practice was not acceptable and that clinicians have been asked to assess the situation.

National Task Force on Medical Staffing (Hanly)

The Department of Health & Children has confirmed that this Report has yet to be adopted and brought before Government. It is expected that the report will not be finalised until the end of July at the earliest. An implementation process will then be established in the two pilot regions. The Board's input to the Taskforce in relation to the respective roles of the Acute Hospitals, has been in line with the Acute Services Strategy adopted by the Board in 2001.

Prospectus and Brennan Reports

A discussion took place in relation to the Prospectus and Brennan reports, which are expected to be adopted by the Government next week.

The Members expressed their concerns that the Boards and the organisational structures were

being portrayed as the main fault within the Health Care System. Members highlighted the need to address infrastructural deficits in order to improve the care provided to patients. They voiced their disappointment at not having an opportunity to contribute to these reports, or to review these prior to publication.

The Members stated that the media reports seem to indicate there will be vast changes. However there seems to be a concentration on Acute Hospitals with little or no mention of Community Care.

Members outlined that this region's identity could be subsumed under the proposed changes. The good performance of the Mid-Western Health Board has not been recognised against a background of investment limits over the years.

The Members expressed their concern that this proposed super-structure will have a devastating effect on the people of Rural Ireland and the marginalised sections of our society.

The CEO indicated that in the absence of the finalised reports it was difficult to comment.

4. Chief Executive Officer's Overview of Financial Results. Report No. 25/03

Report No. 25/03 was noted.

The CEO gave a brief outline of the Financial Position to the end of April. Demand Led Schemes and Clinical Cost pressures are continuing to place increasing pressure on budgetary constraints. In relation to rates an appeal has been lodged with Limerick City Council and the Members will be informed of the outcome.

5. Presentation on Services in Clare

Mr. S. McNulty, General Manager gave a presentation on Services in Clare.

The Members were invited to attend a Community Health Information Day, which is being held in Cloughleigh Community Centre, Ennis, Co. Clare from 2p.m. to 5 p.m. on Sunday, 22nd June, 2003.

6. **Annual Report 2002** The Annual Report 2002, was adopted on the proposal of Cllr. J. Bourke and seconded by Cllr. B. Chambers
7. **Comhairle na nOspidéal Report of the Committee to review Neurology and Neurophysiology Services Report No 26/03** Report No 26/03 was noted.
8. **Back to School Clothing and Footwear Scheme 2003 Report No 27/03** Report No 27/03 was noted.
9. **Social Services Inspectorate 2nd Annual Report 2002 Report No 28/03** Report No 28/03 was noted.
10. **Questions:**
- a) **Question Submitted by Ms. N. Fitzpatrick:**

"The need for appropriate in-patient facilities for the young chronic physically disabled has been accepted as one of the most urgent requirements in our region. It is not acceptable that such chronic patients are forced to occupy beds in our Acute Hospitals because there is no suitable bed available in the Board to which they can be discharged safely."

A written reply was circulated and is appended hereto as an integral part of the Minute.

Ms. N. Fitzpatrick sought clarification on services to persons with significant physical disability who have been inappropriately placed in the acute hospital. A discussion followed to which a number of members contributed. In reply, Mr. O'Grady indicated that while the Board has made an application

to the Department of Health & Children for capital and revenue funding to develop a continuum of support for such persons, that to date no funding has been made available to develop the necessary services.

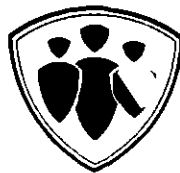
Ms. Ann Kenny-Ryan requested that a report on this service be brought before the Board at a future date.

Signed/

Cllr. S. Hillery, Chairman

S. deBurca, Chief Executive Officer

Date



MID-WESTERN
HEALTH BOARD

30/6/03

To: **Chairman & Each Member
Mid-Western Health Board**

Item No 3 on Agenda

Report for Meeting of the Board to be held on Friday, 11th July, 2003

Report of the Chief Executive Officer

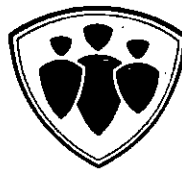
Dear Member,

I propose to brief you on the following items at our forthcoming meeting:-

- Resignation of Deputy Jan O' Sullivan and nomination of Cllr. Kieran Walsh
- The National Breast Screening Programme
- Bed Capacity
- Ambulant Dementia Unit at St. Ita's Hospital, Newcastle West, Co. Limerick
- Inis Gile
- Ethics in Public Offices Acts 1995 and 2001
- Any Other Business

Yours sincerely,

S. deBúrca
Príomh Oifigeach Feidhmeacháin



MID-WESTERN
HEALTH BOARD

26th June 2003

To: Chairman & Each Member
Mid-Western Health Board

Report No: 32/03
Item No - 4

Report of the Meeting of the Board to be held on 11th July 2003

Chief Executive Officer's Overview of Financial Results

Dear Member,

1. Introduction

The Board recorded an adverse variance against budget for May 2003 of (€0.550k). Year to date the Board is overspent by (€2.245k).

2. Outturn to end May 03

The outturn to the end of May is summarised as follows:

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	172	890
Superann	-31	-382
Non-Pay	-1,165	-4,448
Income	474	1,695
Surplus/(Deficit)	-550	-2,245

3. General Commentary

3(i) Pay Expenditure

Pay is underspent in the current month by €172k and €890k year to date. The main positive variances occurred in the following care groups, while a negative variance was recorded in the Acutes and Elderly care.

	Pay		Superannuation	
	Current Month	Year to Date	Current Month	Year to Date
	Variance	Variance	Variance	Variance
	€'000	€'000	€'000	€'000
Acutes	-231	-679	-15	-176
Elderly Care	-23	322	-4	-65
Mental Health	101	322	-15	-110
Community Care	277	728	1	-42
Central Services	48	197	2	11

3 (ii) Non Pay Expenditure

Non Pay expenditure is overspent in the current month by (€1,165k) and (€4.448m) year to date. The main negative variances recorded were:

	Current Month	Year to Date
Non Pay by Caregroup	Variance	Variance
	€'000	€'000
Acutes	-821	-2,322
Elderly Care	-30	-567
Mental Health	-121	-392
Community Care	-500	-2,762
Central Services	307	1,595

	Current Month	Year to Date	Comments
	Variance	Variance	
Non Pay by Category	€'000	€'000	
Demand Led Schemes	-314	-1,111	Drugs refund scheme over budget. No supplementary estimate due in respect of 2003
Clinical Costs	-336	-1,377	Historic core underfunding
Legal Fees	-489	-1,398	One High Court case, large nos of disability/childcare cases ongoing
Capitation Fees	-67	-726	Insufficient aftercare budget. Orphans allowances outstanding
Maintenance	-86	-359	Refurb of Registration Offices, St. Camillus' maintenance works
Energy	-14	-247	Core underfunding ,no additional funding received
Education & Training	-5	-346	Nursing and specialist course fee, funding anticipated

The emerging trends in non pay expenditure are as anticipated and are associated with the main demand led cost drivers. Working groups have been established in respect of each of the schemes, however considerable difficulty is expected to keep within the allocation

Travel & Subsistence.

Arrears due in respect of DOHC circular 8/2003 & 07/2002 to end of May 2003 amount to € 1.2m but are not included in the figures above.

Valuation Act (2001)

Demands for rates amounting to €280k in respect of certain health board properties previously exempted from rates have been received from Limerick City Council. Appeals have been lodged where appropriate

Income

Income is positive year to date by €1.695m.

	Current Month	Year to Date
Income	Variance	Variance
	€'000	€'000
Acutes	321	592
Elderly Care	5	295
Mental Health	15	129
Community Care	118	613
Central Services	15	66

4. Programme Analysis

4(i) Acute Hospitals

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	-231	-679
Superannuation	-15	-176
Non-Pay	-821	-2,322
Income	321	592
Surplus/(Deficit)	-746	-2,585

Commentary

Pay:

The negative pay variance includes arrears in respect of nursing increments and laboratory technicians. Annual and Maternity Leave cover and the care of a young chronic sick patient (Ennis G.H) are other contributory factors.

Superannuation:

The payment of lump sums and gratuities continues to exceed budget.

Non Pay:

Clinically driven costs and expenditure on part time nursing degree and specialist courses for which budget is awaited are key contributors.

Arrears in respect of a legal case are partially offset by increased income.

Waste disposal costs continue to exceed budget.

Income:

The figure includes a payment of 250k in respect of a legal case referred to above.

Activity

Overall activity is 1.5% under target.

In-patient activity is marginally under target.

Day cases are marginally ahead of target.

Outpatients and A&E attendances are under target

4 (ii) Special Hospitals (Mental Health & Elderly)

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	78	644
Superannuation	-19	-175
Non-Pay	-151	-959
Income	20	424
Surplus/(Deficit)	-72	-66

Special Hospital (Mental Health & Elderly)

General Commentary

Pay is favourable due to unfilled posts in both Mental Health and Elderly Services.

Non pay expenditure is overspent as costs continue to increase in areas such as clinical costs, aids and appliances and the increased cost of waste disposal.

Income €424k is positive year to date.

Mental Health

As in April, activity levels are generally consistent with service plan targets. In patient activity is below that projected for the year to date. Bed availability in the Limerick admission unit is reduced due to the current refurbishments. Community activity is above projected target levels.

Older Persons

Admissions are generally in line with target levels. Admissions to extended care are below target levels but respite, rehabilitation and EMI admissions have exceeded target levels.

Activity is improving in the area of speech and language therapy as some of the difficulties experienced earlier in the year have been overcome.

Activity

Activity levels are generally consistent with service plan targets.

4 (iii) Community Care (Primary Care, Disabilities, Child Care & Community Services)

	Current Month	Year to Date
	Variance	Variance
	€'000	€'000
Pay	277	728
Superannuation	1	-42
Non-Pay	-500	-2,762
Income	118	613
Surplus/(Deficit)	-104	-1,463

General Commentary

Primary Care & Community Services

The emerging trends in non-pay expenditure are as anticipated and are associated with the main demand led cost drivers. Working groups have been established in respect of each of the schemes, however most of the issues raised are national issues, and the Board does not expect to keep within the allocation as a core underfunding issue exists across a number of schemes

Activity

Activity is broadly in line with Service Plan.

Childcare & Disabilities

Childcare & Disabilities Care Groups are both showing positive variances due predominantly to vacant therapy and childcare posts. The overspend in non pay in childcare is due to increased costs in legal services and capitation payments.

Activity

Child Care & Family Support Services

Activity for this care group in May was broadly in accordance with targets. However, this level of activity gives rise to significant legal costs which continue to be a cause for concern by virtue of inadequate core funding.

The number of Child Protection Notifications in May are higher than targets with 40% confirmed cases.

Disabilities

In Speech and Language Therapy the number of interventions for the period ending May is almost 50% above target, with the number on the waiting list reduced accordingly.

Activity in Occupational Therapy continues to show an increase in activity in both Limerick and Clare.

Physiotherapy shows variations in activity throughout the region consistent with levels of staffing.

Central Services

Pay and Superannuation are underspent by €208k year to date.

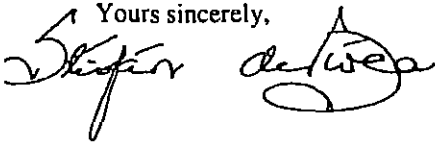
Non Pay is underspent €1.595k year to date.

Income is positive by €66k year to date.

Employment Levels

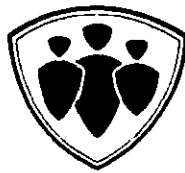
The May WTE return is 6,482.35 and the ceiling is 6,591. A number of issues regarding the board's employment ceiling has been raised with the DOHC.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'S. de Burca', written in a cursive style.

S. de Burca.

Priomh Oifigeach Féidhmeacháin



Tel: (061) 483277
Fax: (061) 483211

MID-WESTERN
HEALTH BOARD

25th June 2003

To: Chairman & Each Member
Mid-Western Health Board

Report No: 34/03
Item No on Agenda 6

Report for Meeting of the Board to be held on Friday 11th July, 2003.

"Care and Case Management"

Dear Member,

I set out below an update on "Care and Case Management" in the Mid-Western Health Board.

Care and Case Management

In 2002, the Mid Western Health Board received funding from the Department of Health and Children to commence a pilot project in Care and Case Management for the Elderly population in East Clare. The funding allowed for the employment of a project leader and clerical support, and included set-up costs. Funding also covered the cost of an independent evaluation of the project. The project commenced at the end of May, 2002.

Background

Case management has been defined as *"a multi-disciplinary, collaborative, process which assesses, plans, implements, co-ordinates, monitors and evaluates options and services to meet an individual's health needs through communication and available resources to promote quality cost-effective outcomes"*. (Case Management Society of Australia).

The need to develop community-orientated services for older people in Ireland has been recognised over the last two decades as trends in improved survival and altered family support networks have become evident. *The Years Ahead Report* in 1988, the National Health Strategy *Shaping a Healthier Future* (1994) and a series of reports commissioned by the National Council on Ageing and Older People over recent years have pointed to the need for integration of services for older people. This has been supported by the *National Health Strategy "Quality and Fairness – A Health System for You"* (2001), which suggests that *"an integrated approach to care planning for individuals will become a consistent feature of the system"*.

Responsibility among health professionals for care management of older people living in the community remains poorly defined, however, as outlined in a *The Review of The Years Ahead* (1997); a possible solution may be the integration of medical and social services in a continuum

of care with case management programmes. Case management has not been extensively used in Ireland. However the National Council for Ageing and Older People published a report in November 2001 (*Care and Case Management for Older People in Ireland*) examining different models. The Mid-Western Health Board are one of the first Boards to initiate and evaluate a Care and Case Management Programme for a defined area.

The Process

The ultimate purpose of *Care and Case Management* is to maintain older people in the community. Specifically it is aimed at;

1. Those of high risk of entry to hospital care (including those with chronic mental health problems).
2. Those clients with stressed informal carers.
3. Those clients who need to be transferred to the community from long term care.
4. Clients requiring intensive short term support following illness or injury.

The Project Leader accepts referrals from many sources including health care staff, GP's and clients themselves. Following referral, the Project Leader undertakes a detailed assessment of the client. The assessment considers the medical, social and psychological needs of the clients and their carers which incorporates the clients' perceptions of their own needs. Each individual case is discussed at a Multidisciplinary Team Meeting. These meetings take place every second Monday when new cases are discussed and existing cases are reviewed. At the meetings a care plan is agreed and clients' situations are monitored. The clients and/or their carers are also invited to these Team Meetings and are invited to be involved in the Care Plans.

The Project is aimed primarily at older people, however, younger clients have been referred and accepted by the Case Manager.

The Project has been evaluated by a team of independent consultants. Initial findings have demonstrated some of the positive outcomes of the Project. These include:-

- (i) Reduced hospital admission rate There is evidence to show that the Project has resulted in a reduction in hospital admissions among case managed clients.
- (ii) Quality of Care There is evidence that the clients feel that the quality of care has improved.
- (iii) Efficiencies The Case Management Project, in its initial phase, has proven to have been an efficient means of organising care.
- (iv) Teamwork The development of the multi-disciplinary team has resulted in better communication, better teamwork and quicker response times in certain circumstances.

Current Situation

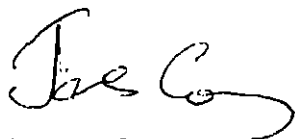
The Care and Case management project in East Clare is operational for one year. It has taken a while for the concept to become embedded within the Service in East Clare. However, team meetings commenced in January this year and there has been significant improvement in co-ordination, delivery of service and teamwork. The team is made up of hospital, voluntary groups and community staff from a wide range of disciplines.

Up to now, there have been 80 referrals to the Project Leader. Most of the clients have been older people, but people in other care groups have also been referred. Referrals are received for people with complex or a multiplicity of needs.

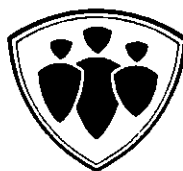
The Care and Case management project is being evaluated by a team of management consultants called QE5 Management and Recruitment Consultants. Their report will be available within the next three weeks. This will give an indication of the success or otherwise of the Care and Case Management project and also indicate whether the project should be extended beyond its present pilot situation.

A further report will be presented to the Board on receipt of this evaluation.

Yours sincerely,

A handwritten signature in cursive script, appearing to read "James Conway".

**James Conway,
Asst. Chief Executive Officer.**



Tel: 061 483214
Fax: 061 483211

MID-WESTERN
HEALTH BOARD

26th June, 2003

To: Chairman & Each Member
Mid-Western Health Board

Report No: 35/03
Item No 7 on Agenda

Report for Meeting of the Board to be held on Friday, 11th July, 2003

Office of the Ombudsman – Annual Report 2002

Dear Member,

Mr. Kevin Murphy, Ombudsman, recently submitted his Annual Report to the Dail & Seanad. This 2002 Report is Mr. Murphy's last report as he will retire from office in June, 2003, having completed over eight years in office.

The report is divided into six main chapters dealing with the following:

1. Introduction;
2. Updated Guide to Standards of Best Practice for Public Servants;
3. Proportionality and Redress;
4. Selected Cases;
5. The Year in Review; and
6. Statistics.

Updated Guide to Standards of Best Practice for Public Services;

The Ombudsman first published a guide to Standards of Best Practice for Public Servants in his 1996 Annual Report. This guide was also published in leaflet form and distributed widely among public bodies.

Due to the developments in the interim, such as the enactment of Freedom of Information, Ethics and Equal status legislation, he has now decided to publish an updated version of this guide.

The following key areas are dealt with in the guide:

- Dealing "properly" with people
- Dealing "fairly" with people
- Dealing "openly" with people
- Dealing "impartially" with people

The Mid-Western Health Board has placed emphasis on these principles in its in-service training programme and the Appeals Office, in partnership with Limerick University, has run courses on Decision Making for key managers across the services. These courses are continuing in 2003.

Proportionality and Redress

The Principle of Proportionality – in any interaction between a public body and a member of the public the principle of proportionality requires that there must be a reasonable relationship between the objective which a public body seeks to achieve, and the means used by the public body to attain that objective. It is an issue that arises most frequently when a public body decides to apply some form of penalty for a breach of rules or procedures. The penalty can take the form of a refusal to pay a grant or a benefit or a decision to impose penalties or other forms of sanction.

In this Board, the Appeals Office acts as gate keeper for the public and is independent of line management. It endeavours to demonstrably and transparently provide fair and equitable treatment for all members of the general public who wish to have a decision of the Board reviewed. This office strives for the highest standards of administration and is the only Appeals Office in the country to have been accredited for the ISO9002 Quality Management System. Indeed, the Ombudsman Mr. Murphy stated in 2001 "Your Appeals system (i.e. MWHB) is one such mechanism which gives the citizen the chance to engage with the Board and receive a meaningful response".

Selected Cases

The Ombudsman outlined 12 selected cases across a range of public bodies including the Revenue Commissioners, Department of Social & Family Affairs, the Health Boards and the County Councils.

While a case from the Mid-Western Health Board wasn't highlighted, the relevant Health case studies will be circulated to key service managers and the Appeals Office to consider and ensure that any key learning points are addressed in local procedures.

The Year in Review

Mr. Murphy stated that objective evidence would suggest that the public service is rising to the challenge of increasing complexities and demands in serving the public.

The Ombudsman however again expresses his regret that no progress was made in the promised extension of his remit to include the public voluntary hospitals and other voluntary agencies in the health area.

Relations with Health Boards

The Ombudsman reports that setting up internal Complaints Procedures is gaining increasing attention and priority within Health Boards. The office is pleased to help Boards with this function in order to:

- (i) improve the quality of decision making
- (ii) reduce the number of complaints to the office

This Board developed and introduced in June 2001 a Complaints Handling process called "Feedback – Comments & Complaints Policy". All complainants have access to the Ombudsman's office in relation to matters that are not resolved locally.

Also in January 2003, the Board jointly hosted with the Ombudsman's Office, a one day seminar for key managers and decision makers.

Breakdown of Complaints/Referrals:

- Over the past 10 years, complaints received went from 2,419 in 1993, to a peak of 3,126 in 1997, to 2,326 in 2002.
- Complaints about Health Boards made up 21% of the total in 2002.
- Complaints about Health Boards included:
 - Supplementary Welfare Allowances and other payments
27%
 - Hospital Services 24%
 - GMS 11.5%
 - "Delay/Failure to Reply" 6.5%
 - Services for the Elderly 4%
 - Dental Services 3%

The Mid-Western Health Board was the subject of 54 complaints in 2002. This figure can be broken down into the following areas:

Category	Number of Complaints
Community Care (including medical cards)	8
Primary Care	1
Nursing Home Subvention	13
Mental Health Services	2
Elderly Care	4
Childcare	2
Superannuation	1
Acute	5
Miscellaneous (Complaints dealt with directly by the Ombudsman's office)	18
TOTAL:	54

Yours sincerely,


Seamus Woods
A/Regional Manager



Tel:
Fax:

MID-WESTERN
HEALTH BOARD

To: Chairman & Each Member
of the Mid-Western Health Board

Report No: 36/03
Item No 8 on Agenda

For Meeting of the Board to be held on Friday 11th July, 2003

THE INTERNATIONAL SOCIAL SERVICES

Dear Member,

Background

The International Social Service (ISS) is an international, non-governmental organisation which facilitates inter-country communication between social services. It was established in Paris in 1924 and the ISS now provides a world wide service in more than 100 countries. It provides assistance to individuals who, as a consequence of social problems with an inter-country dimension, are confronted with personal or family difficulties. The work of the ISS is based on the philosophy which informs the UN Convention on Human Rights and the UN Convention on the Rights of the Child. The ISS has consultative status with the United Nations, is represented on the Board of UNICEF and is a major contributor to international law through its work, related to the Hague Conventions.

How the Organisation Operates

The ISS is governed by a Council elected by the representatives of ISS in the member countries and an Executive Committee which is elected from the Council membership. The Secretary General with support staff, who oversees and co-ordinates the work, is based in Geneva, Switzerland. The actual service is delivered through a Branch (non-governmental agency), Affiliated Bureau (a small unit located within a Government Department) or a Correspondent (an individual person within a Government Department).

The Irish Situation

Ireland has had an ISS Correspondent since the early 1970's within the Department of Health and Children. In February 2000 the ISS was transferred into the newly established Irish Social Services Inspectorate. In July 2002 the Mid-Western Health Board (MWHB) by agreement with the Department of Health and Children under the aegis of HeBE, took responsibility for the day to day administration of ISS. Ms. Ita O'Brien, Director of Child Care and Family Support Services is the ISS correspondent. The following is a list of services provided.

- The provision of home study reports and follow-up work for children who are in need of care and protection.
- The preparation of social work family assessments in custody and access cases
- The assessment and supervision of family placements for children who may be in the care of the State under a court order.
- Linking with the appropriate agencies which provide a service for information on inter-country adoption and help with tracing birth parents.
- Providing general information and guidance
- Tracing Unaccompanied Minor Asylum Seekers to their families and country of origin.

Contact for the ISS Organisation in Ireland

Ms. Ita O'Brien, Director of Child Care and Family Support Services, Mid-Western Health Board, St. Joseph's Hospital, Mulgrave Street, Limerick.

Tel: 061 461372 E-mail: iobrien@mwhb.ie.

Yours Sincerely,



J. O'GRADY,
REGIONAL MANAGER,
CHILD CARE & DISABILITIES



MID-WESTERN
HEALTH BOARD

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