

SOUTH EASTERN HEALTH BOARD

Service Plan 2002

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SERVICE PLAN FOR SOUTH EASTERN HEALTH BOARD 2002.

SECTION A. THE ALLOCATION FOR 2002.

The allocation from the Minister for 2002 has been determined at €580.846 million (£457,453m).

1. The revised allocation for 2001 is €531.219 million (£418,425.67m). The revised base allocation is €506.383 million (once off exclusions total €24.908m).

The Board is required to draw up its Service Plan 2002 within this allocation. The net increase in 2002 over 2001 (revised) is 9.3%.

2. Further funding for new acute bed capacity is awaited and is expected shortly. It is assumed that we will be allocated funds to commission new bed capacity at:
 - (i) Kilcreene Hospital
(26 beds) - medical and rehab beds for St. Luke's Kilkenny.
 - (ii) Waterford Regional Hospital
 - (a) 30 medical beds
 - (b) 12 beds – medical admission unit
 - (iii) Wexford
 - (a) 16 beds – medical beds
 - (b) 10 beds – medical admission unit

3. The Minister has set aside funds nationally for the purchase of services externally – either from private sector or abroad. No detail is available yet on how much funding will be available to the South Eastern Health Board from this Treatment Purchase Fund.

Subject to any direction from the Minister which may be forthcoming, I am recommending to the Board that in the interim we will assess any spare capacity including extended hours in our own system which could be harnessed if funding were supplied and that proposals will be prepared and costed for submission to the Department of Health & Children. This is in recognition of the advantages to patients and their families, which accrue from getting services in local hospitals. Such capacity would include any underused beds and theatre capacity but subject to staff availability. Where extra capacity does not exist we will avail ourselves of external services.

3. Following the publication of the National Health Strategy “Quality and Fairness” the Board will be applying its principles and values to its service. The Service Plan for 2002 reflects these in so far as we are able to respond within the short time scale available to us. Further analysis and energy will be

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directed at bringing forward the proposals required to achieve the provisions of the strategy in the South Eastern Health Board.

5. The Minister has decided that irrespective of the nature of the issues emerging there will be no supplementary estimate in 2002 except for:
- (1) Approved Pay Awards, specifically agreed by Government.
 - (2) Drugs Schemes and recombinant blood costs.
 - (3) Professional Indemnity Insurance.

This is a major reduction in the scope of the “demand led schemes” which hitherto were funded in full. This year the following are excluded:

- (1) Superannuation Awards.
- (2) Allowances.

All over expenditure irrespective of what’s involved is excluded. There is, for example no funding supplied for the purchase of the new arthritis drug Remicaid, which cannot be purchased in 2002 from our direct allocation.

In recognition of these tighter parameters the letter of allocation stresses the need for:

- (a) Accurate costings of services in plan.
- (b) Funding of any local pay awards from the allocation.
- (c) Comprehensive and continuous control of expenditure.
- (d) Stricter adherence to cash limits and working capital limits.

6. The Service Plan provisions must be based on and within the allocation given (both financial and activity plans).

The Board is allowed to choose its priorities in the plan so as to ensure optimal delivery of services within the resources given.

Senior professional staff are to be involved and consulted about the plan and service targets for 2002.

Incoming balance must be brought into account. It is expected that there will be a small surplus in 2001, which will be applied to contingencies.

We will be required to develop and apply an agreed set of performance measures in the service for 2002 and report on these quarterly to the Minister.

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SECTION B: THE SPECIFIC FEATURES OF THE LETTER OF ALLOCATION.

1. The allocation for 2002 is defined in the letter as the definitive sum for the year. There will be no supplementary allocation except for the reduced group of services, which are still accepted as “demand led”.

The Board will be aware that the demand for services has risen steadily in recent years and is expected to continue to grow in 2002. This is especially true in acute hospitals, children in care and community services for the elderly. As we enter 2002 the pattern of rising need emerging in these community based support services is already a serious financial issue. The increased capacity and throughput in our hospital system will further increase that need as discharged older people and other patients, some of whom may be living alone, need nursing or Home Help supports. In addition the numbers of nursing home beds and their occupants are increasingly requiring more funding. Charges for nursing homes are also rising faster than the statutory subvention we are authorised to pay. Our capacity to top-up these payments is finite and cannot now exceed our funds.

The other area of serious pressure on our spending will be in family and child care. The costs of family support and residential arrangements for children in crisis exceeds the available sums already and are expected to increase in 2002 as social change continues.

It is my expectation that these pressures will emerge during the year to an extent that will require very difficult solutions unless there is further funding.

I have therefore decided to ask the Management Team to prepare a full evaluation of these issues for the information of the Board and the Department of Health & Children so that any decisions can be based on a full understanding of the problems.

To control rising demand within a fixed budget necessarily requires controls on the volume of activity undertaken as well as the supply of staff, equipment and supplies.

Until now the rising admission of ill medical patients forced the other specialities to diversify increasingly into day services to meet their work loads. There has been accordingly a major increase in day surgery (+ 14% in 2001).

This year additional capacity has recently, or soon will be, brought into effect in all our acute hospitals. This will assist us greatly in meeting the rising trends as far as the hospitals are concerned.

However continuous vigilance will be necessary to ensure total manpower, or other resources are not brought into use which are not provided for in the allocation.

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In relation to any such excess use the Board will take a firm position.

Assuming that this discipline holds but that activity continues to exceed planned affordable levels, it will be necessary to cap activity of an elective nature. There will be full consultation with senior staff as to how this should be applied so as to minimise any negative consequences for patients. Should increased activity assume significant volume and the initiatives under the waiting list fund are insufficient to meet it, our next level of response will be to involve the Treatment Purchase Fund when this is available. In this way we will seek to prevent a growth in waiting lists as far as possible.

Any need to cap activity, which may be necessary, will be applied on basis of clinical advice, on the intrinsic importance of a treatment to patients.

As indicated above the Board will generate proposals to use all possible spare capacity early in the year in order to provide the Department of Health and Children with the choice of avoiding any increase in waiting lists by funding this spare capacity from the Treatment Purchase Fund.

2. The allocation of €580.846 million is an increase of €74.463 million. Of this €35.125 million is the Pay & Inflation content. The balance of the allocation is made up as follows:

On going services		€ 506.383 million
Residual costs in 2002 of new starts in 2001.		€ 6.024 million
New or expansion of services in 2002.		
Community Care	€17.770m	
General Hospitals	€ 8.814m	
Special Hospitals	€ 5.424m	
Miscellaneous	€ 1.306m	€ 33.314 million

An allowance of 3.5 % is included for inflation.

The core budget for 2002 has now been prepared and is summarised on page (x). This will be adjusted to reflect the decision(s) of the Board on the Service Plan and subsequent discussions with Department of Health & Children, Regional Co-ordinating Committees and local management with regard to operational detail. The unallocated monies will be apportioned reflecting the outcome of this process.

There are many excellent features in the allocation for new or expanded services including additional money for:

- (1) New Bed Capacity
- (2) Cancer Services

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- (3) Waiting List Initiative
- (4) The Elderly
- (5) Palliative Care
- (6) Mental Health
- (7) The Disabled
- (8) The Homeless
- (9) Child Care
- (10) Dental Services
- (11) Care Doc
- (12) GP Services
- (13) Heart Diseases
- (14) Miscellaneous other services.

3. A more detailed elaboration of how the extra money is being applied is outlined in each section of the Plan under the title **“Priorities for 2002”**.

Among the most notable will be:

1. Acute Hospital Care.

- a) Additional Consultants in Geriatrics, Endocrinology, Nephrology, Rheumatology, Cardiology, Breast Surgery, Accident and Emergency, Gynaecology. Palliative care and plastic surgery.
- b) Improved laboratory services.
- c) Continued development of cancer and palliative care service.
- d) Improved X-ray services.
- e) Additional acute beds in all four hospitals.
- f) Continuation of Waiting List Initiative.
Purchase of external treatment where necessary.

2. The Elderly.

- a) Expansion of Home Nursing and Home Care Services.
- b) Improved medical cover at Consultant level.
- c) New services for dementia.
- d) Improved Nursing Home Funding.
- e) Additional financial support for Voluntary Bodies.
- f) Commissioning of new facilities in Thomastown, Tipperary, Castlecomer and Carlow.

3. Mental Health.

- a) Commissioning new unit in St. Luke’s Hospital, Kilkenny.
- b) Improved Child Psychiatric Services.
- c) Strengthening of Multi-Disciplinary Teams

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4. Community Care Services.

- a) Expansion of and improved quality care for Children.
- b) More services for physically disabled.
- c) More services for Intellectually disabled.
- d) Improved services for women.
- e) Improved planning of environmental health.
- f) Continuation of vaccination programme.
- g) Extension of Care Doc to Wexford and Waterford.
- h) Development of proposals to implement Primary Care strategy.
- i) Further development of Adult Counselling Services.
- j) Establishment of Drug Misuse Units and rehab services.
- k) Appointment of Travellers Health Co-ordinator and setting up a Travellers Health Unit.
- l) Improved support for Asylum Seekers and the Homeless.

4. Corporate Services.

- a) Strengthening personnel function.
- b) Improved financial management systems.
- c) Improved service planning.
- d) Quality and safety policies development.
- e) Establishment of Boards internal "Ombudsman" for complaints and appeals.
- f) Improved communications strategy.
- g) Review of Management structure to drive National Strategy.
- h) Improve Library services.
- i) Commission new hospital Management system.
- j) Development of Public Health Department as nucleus of a new population health unit provided for in National Strategy.

5. Capital Projects.

A list of the facilities completed in 2001 and now due for commissioning is set out by the Capital Projects Department together with further projects maturing in 2002 or commencing planning this year.

Carlow / Kilkenny in particular has benefited in a major way from the current capital programme resulting in no fewer that 11 projects

Viz. New Psychiatric Unit (for Kilkenny and Carlow people).
 New Coronary Care Unit (for Kilkenny and Carlow people).
 28 Additional medical beds (for Kilkenny and Carlow people).
 CAT Scanner and Building (for Kilkenny and Carlow people).
 Children's Unit (Kilcreene).

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Residence for Intellectually Disabled residence (Kilcreene).
 Refurbishment of Wards in Kilcreene (Kilkenny and Carlow).
 General upgrade of Kilcreene Hospital.
 Day Centre for Elderly in Thomastown.
 Office Accommodation and Records (Kilcreene).
 Green Banks Hostel (Carlow).

The combined impact of all these projects in the Carlow / Kilkenny area will provide a major boost in the availability of a wide range of services there.

DIRECTION OF STRATEGIC MANAGEMENT IN THE SOUTH EASTERN HEALTH BOARD.

As Chief Executive Officer of the Board it behoves me to address the general issue of the quality of our Management and the organisations ability to deliver a rapid quality service.

The following table identifies some of the elements involved and the action that is being taken.

<i>1. Management Aspect</i>	<u>Current Programme of Activity</u>
Financial Management	Major initiative on financial management systems. Professionalisation of function at Head Office and in local offices by appointment of qualified accountants. Establishment of local finance units. Establishment of Audit Committee and strengthening of audit function. Review of delegation. Specification of Management's controls and procedures
Human Resource Management	Management Establishment of local Human Resource units and improved staffing management training programme. Professional training programmes. Strengthening recruitment and industrial relations units. Improved Occupational Health programme. Improved safety health and welfare service. Recruitment on a worldwide basis for scarcer staff. Development of partnership. Specialised training for personnel staff.
Information for Managers	Major Management Information System under development. New major hospital management systems being procured for 2002 start.

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	<p>New financial management systems being procured for 2002 start.</p> <p>Improved personnel information.</p> <p>Strengthening of I.T. department.</p> <p>New Clinical information systems being procured for: Laboratory Services, Cardiac Services, Ophthalmology, Occupation Health, Palliative Care, Childcare, Community Nursing and internet.</p>
Board Members and Public Representatives.	<p>Correspondence tracking system to ensure rapid follow up to public representations and parliamentary questions. This will be extended to local offices.</p>
Organisational Development	<p>Implementation of Corporate Strategy and culture.</p> <p>Review of Management structures by external Consultant in 2002.</p> <p>Development of functions.</p>
Clinical Governance	<p>Development of Clinical Audit.</p> <p>Development of Risk Management.</p> <p>Introduction of Accreditation processes.</p>
Equity and Access	<p>Review of socio-economic factors impact on Health.</p> <p>Creation of post of internal ombudsman for complaints and appeals.</p> <p>Waiting list programmes.</p> <p>Programmes for vulnerable groups: <u>viz</u> elderly, disabled, children, travellers, homeless, women.</p> <p>Improved ambulance service.</p>
Value for Money.	<p>Casemix systems for hospitals.</p> <p>Purchasing efficiencies.</p> <p>Growth of day procedures.</p>
Planning	<p>Creation of planning forum.</p> <p>Systematic review of service needs to commence in 2002.</p> <p>Appointment of Directors for elderly, disabled and childcare service planning and evaluation.</p> <p>Evaluation of services by Department of Public Health.</p>
Innovation (Examples)	<p>Care Doc system.</p> <p>Acquired Brain injury unit.</p> <p>Use of Electronic Technology (internet / e-mail).</p> <p>Home / Domino births project.</p> <p>Medical Admission Units.</p> <p>Neo-natal ambulance.</p> <p>Tele medicine (Radiology).</p> <p>Back School.</p>

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Performance Development of nationally agreed performance measures will be applied in 2002.

Conclusion

There is no doubt that the allocation for 2002 is very positive involving an increase of nearly 10%. Assuming our expectations that the bed capacity money is confirmed shortly there will be a big relief for the Acute Hospital sector. Similarly the funding for the disabled, elderly and others is significantly improved.

My concerns however are that the changes in population and in our hospital capacity will result in further growth in hospital and community based activity in 2002 and that these will be of a character that on humanitarian grounds we must as a society respond to. The Board will keep the Department of Health & Children fully advised on these trends as and when they emerge.

In order to comply with the Governments requirement not to exceed our allocation in the above circumstances, it will be necessary to co-ordinate new starts in service expansion with the needs of the on-going core service.

I am defining tighter Management controls at local levels for the year to maximise financial discipline. An adjustment of expectations amongst our staff and may be required from time to time.

The voluntary sector will continue to be vital to us. We will improve funding to the extent that it is available for this purpose. However the overall increase in need will impact on Voluntary Organisations also and their capacity to respond is also finite. We hope to continue the excellent relationships that exist in the region and to factor into our decisions the views and needs of that sector.

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FINANCIAL STATEMENT OF PLAN 2002

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ACUTE HOSPITAL SERVICES

ACUTE HOSPITAL SERVICES

OVERVIEW

The objectives of the acute hospital services are derived from the National Health Strategy, the Board's Corporate Strategy and Mission Statement. The principles of equity, quality, accountability and people centredness are the bases upon which services are provided. In this overview and accompanying pages, the intention is to specify the Board's perception of the challenges facing the acute service in 2002, to indicate how effective our response was to last year's targets and to emphasise the key priorities for attention in the coming year.

It is also expected that a clear understanding of the Board's Acute Hospitals Plan will be taken from this regional commentary. More specific references are provided in the accompanying pages with regard to the individual Acute Hospitals i.e. Waterford Regional Hospital, Wexford General Hospital, St. Luke's Hospital Kilkenny, St. Joseph's Hospital Clonmel, Our Lady's Hospital Cashel and Kilcreene Orthopaedic Hospital.

In recent years, the Board has been working towards service self sufficiency – providing essential patient services within and at regional level – with a satisfactory level of achievement.

The recent publication of the National Health Strategy "Quality and Fairness – A Health System for You," has produced a very specific set of objectives as part of the action plan. Not only is this action plan given target dates by objective but responsibility has also been assigned for each task.

In the acute hospitals, the emphasis is on addressing service deficiencies not only by providing new services but by enhancing underdeveloped services, which have existed for some time. This work will be undertaken both on an immediate basis and also on a short to long term programme. Waiting lists have also been highlighted for particular attention and specific commitments have been given, which will improve the service to consumers significantly. The Board's progress in the improvement of waiting lists and waiting times has been significant, but there are always constraints of accommodation and resources, which limit the progress which can be made. Acute hospital bed capacity was a major challenge in 2001. The shortfall will be addressed in 2002, within the terms of the National Health Strategy.

The strategy will guide planning and activity over the next 7-10 years. Of particular relevance is the commitment to engage with the wider community to improve health and the promise to evaluate services, to ensure that resources are used to best effect. The principle of people centeredness will build on the progress, which has been achieved, since the introduction to the acute services of the Patients' Charter in 1992. We will learn most about our services from those who use them. This information will be utilised in our future planning and provision of acute hospital care.

ACUTE HOSPITAL SERVICES

PRESENT SERVICE POSITION

General Medicine

General Medicine is one of the key services, provided in each of the Board's acute hospitals. The increasing demand for inpatient beds in the medical units has been one of the recurring difficulties in recent years. Initially the problem was confined primarily to the winter period, but in more recent times the problem has become an all year round issue. The Board has taken some initiatives to address these difficulties in each of its catchment areas, by increasing inpatient beds, stepdown beds, introducing medical assessment units and seeking a change in referral patterns by GPs. Supports have also been provided at Community Care service level. Inadequate bed capacity in medical units results in an overspilling of patients into beds designated for other specialties, resulting in longer delays for people awaiting admission to those areas. The greater availability of beds will be addressed by the Board, in 2002 and will be considered in the context of the proposed integrated approach to meeting the needs of ageing and older people.

The development of sub-specialisation is continuing with the appointment in 2002 of a second Consultant in both Nephrology and Rheumatology, respectively. Both of these services will be developed significantly as part of the Board's ongoing commitment to enhancing and developing services, which have been established in recent years and now require further funding. The development of Cardiology, Endocrinology and Gerontology will continue, with permanent further appointments to these subspecialties in all acute units.

Surgery

The Board's surgical services are provided in the acute hospitals and in a stand alone elective orthopaedic unit. The Board currently employs eleven Consultant General Surgeons, one Vascular Surgeon, seven Consultant Orthopaedic Surgeons, three E.N.T. Consultants and three Consultants in Ophthalmology. In 2002, the Board intends to proceed with its progress on sub-specialisation with the permanent appointments of General Surgeons specialising in breast surgery.

Accident and Emergency

The increasing demand for service, at the Board's A&E departments is of concern. In 1996 the total number of regional attendances was 107,784, this increased to 123,626 in 2000, and the 2001 figure reached 125,482. At present, the South Eastern Health Board has one A&E Consultant, based at Waterford Regional Hospital and the service is currently provided by the General Surgeons in the Board's other acute hospitals. The Board's policy is to have all major soft tissue treatment centralised at Waterford Regional Hospital, with A&E teams providing a regional service there and at each of the acute hospitals. This will be progressed in 2002, following the publication of the Comhairle na nOspideal review.

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Cancer Service

This service continued to progress in line with Board policy and the Board's Cancer Strategy during 2001, through the services of two Consultant Medical Oncologists, two Consultant Haematologists and one Consultant in Palliative Medicine. There is an acute inpatient and day unit in Waterford Regional Hospital with day units in each of the acute hospitals throughout the region. Community services are provided by committed home care teams. Palliative Care will be developed, as recommended in the report of the National Advisory Committee on Palliative Care and the Board will formulate a plan in 2002 based on the national report.

Obstetrics/Gynaecology/Paediatrics

At present the services are provided in four units based at the acute hospitals, with a regional Neo-natal Unit based at Waterford Regional Hospital. The number of births in the region continues to increase and difficulties encountered in national maternity hospitals are resulting in increased and more complicated work being carried out within the Board, due to the national hospitals inability to take in-utero referrals. The appointment of a third Consultant Obstetrician/Gynaecologist in units at Wexford, Kilkenny and Clonmel is vital to the continued provision of the service in each of these units. This will be progressed in 2002, in consultation with the Department of Health and Children and Comhairle na nOspideal.

One of the service issues which has arisen in Paediatrics is the absence of a Paediatric Surgical facility in each acute unit. A review of all children's hospital services including Neo Natal services will be undertaken by the Board, to ensure compliance with the National Health Strategy.

Diagnostic Services

The Board continues to develop its diagnostic services, both for Consultant provided services and General Practitioner Services. Radiology services are provided at each acute hospital with satellite units in Dungarvan and Carlow.

C.T. Services will be available, at all four units in 2002.

An M.R.I facility will be installed at Waterford Regional Hospital in 2002, funded jointly by the Department of Health and Children and the Trustees of the Board of the City and County Infirmary.

The regional laboratory is based in Waterford, with satellite laboratories at each of the other acute hospitals. Laboratories are experiencing increasing difficulties in maintaining the level of service that is being demanded of them, due to the development of new services, increased throughput in existing services in the acute hospitals and significantly increased demands from the non-acute sector. Increased resources are required to keep pace with demands, which are difficult to control, particularly G.P. demand, with no agreed method of funding. This increase is on-going.

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The acute hospitals generate approx. 48% of the overall laboratory workload, with the other 52% being generated by non-acute hospitals and general practice medicine.

There is a national shortage of medical laboratory scientists, which in particular is affecting the histology laboratory. In addition to innovative recruitment, discussions have begun with staff to agree other means of meeting the demands.

Ambulance Service

The role of the Ambulance service in the South Eastern Health Board region is fourfold:

- To provide emergency ambulance cover for the South Eastern Health Board region.
- To provide inter-hospital ambulance transport within the South Eastern Health Board.
- To provide ambulance transport to hospitals outside the South Eastern Health Board.
- To manage patient transport for dialysis, special hospitals, special schools and elderly.

The ambulance service workload has been increased, by the establishment of new and the extension of existing services. The Regional Ambulance Control Centre has continued to make progress and at present it now has responsibility for all ambulance and patient transport in the region.

The Board has completed its standard operational procedures for the ambulance service and these will be agreed with all the staff associations and will be implemented, in 2002. New roles and responsibilities have been agreed with ambulance officers and with recently appointed leading ambulance personnel.

Waiting Lists

Considerable progress has been made on the Board's **inpatient waiting lists** over the past two years. All targets have been met by good planning at hospital level and careful monitoring at regional level. We look forward to increasing our range of treatment options on the basis of the National Health Strategy provisions.

The numbers waiting for **outpatient appointments** continue to cause concern. Efforts will be maintained, in 2002, to address the issue of waiting times. The central referral office for orthopaedics and ENT, at Waterford Regional Hospital, will validate and update waiting lists. The validation of all unsatisfactory waiting lists will be undertaken, within the respective hospitals.

The operation of outpatient departments will be enhanced as set out in National Health Strategy; by developing protocols for investigation and referral to hospital outpatient departments; an assessment of outpatient recall rates; further developing

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nurse-led clinics for selected conditions and by reviewing appointment times for outpatients.

Clinical Governance/Risk Management.

Clinicians in Management have been established in different models in the Board. Clinical Directorates have been piloted and it is planned to extend this model into other hospitals and services.

Risk Management will continue to be developed with the appointment of a Risk Manager in each Acute Hospital.

REVIEW OF 2001

During 2001 a number of issues arose which challenged the Board particularly in its ability to respond to service needs. These included:

- Hospital inpatient and outpatient activity levels.
- Increase in the use of day procedures.

While the Board met most of the targets which it set, budgetary difficulties arose due to the increased bed demand by medical patients and the increased number of day procedures. Hospital occupancy levels were particularly high (see appendices for statistics), primarily in the medical service and this caused some surgical and other procedures to be postponed.

Diagnostic services improved significantly, by the commencement of CT services in Wexford and Kilkenny respectively. Further progress was made on the Board's Cancer Strategy and the appointment of the general surgeons, with a special interest in breast surgery are upcoming.

The capacity was increased during the year, by the opening of additional beds in Wexford General Hospital, in St. Luke's Hospital, Kilkenny and the provision of additional stepdown beds on the Waterford Regional Campus, and the availability of extra beds in St. Anthony's Unit, for St. Joseph's Hospital in Clonmel. Funding has been committed by the Department of Health and Children in respect of the retention of these essential beds.

South Eastern Health Board Regional Cancer Strategy.

Funding to cover the full year costs of developments which commenced in 2001 has been approved. In addition, permanent Consultant General Surgeons with a special interest in Breast Surgery, will be recruited for Wexford General Hospital and South Tipperary with a breast care nurse for each of the four acute hospitals.

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PERFORMANCE INDICATORS

In 2002, data, in respect of acute hospitals will be collected on a regular planned basis for input to the shared National Performance Indicator Reporting System (NAPIRS).

THE KEY CHALLENGES FACING THE BOARD IN 2002

- Identify and address short term, medium term and long term bed capacity needs for each acute hospital.
- Develop diagnostic services to meet the needs of the region's population.
- Develop plans to meet targets set in the Strategy for inpatient and outpatient waiting lists/times.
- Continue the implementation of the Board's Cancer Strategy.
- Continue the implementation of the Board's Cardiovascular Strategy.
- The preparation of a regional Palliative Care Strategy.
- Formulation of a regional policy for the provision of Obstetric Services.
- Addressing those services which are underdeveloped/not established e.g. Neurology, Endocrinology and Plastic Surgery.
- Develop clinical audit systems.
- Undertake user satisfaction surveys and quality efficiency initiatives.
- Work towards accreditation in the acute hospitals.

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WATERFORD REGIONAL HOSPITAL

REVIEW OF YEAR 2001

- The level of medical activity continued to be one of the major challenges met by the hospital in 2001. The number of patient days in general medicine increased by 13.88% from the previous year. As this activity continues to increase each year, it places huge strains on **all** the resources of the hospital.
- To progress the implementation of Cardiovascular Strategy, a Consultant Physician with a special interest in Cardiology and support team were appointed. Three to four patients per week now receive permanent pacing.

A competition for a permanent Consultant Physician with special interest in Endocrinology is in progress.

30 extra beds provided, awaiting funding.

A second post of Consultant Nephrologist was approved and funded.

The implementation of Board's Cancer Plan and support services was ongoing.

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- The Second Consultant Haematologist commenced duty at W.R.H. on 1st July 2001.
- Appointment of second permanent Consultant Medical Oncologist is in progress, the post was filled on a temporary basis in November 2001.
- The facilitation of centralised breast cancer clinics continued with the appointment of the special breast care unit manager.
- Reduction in waiting times for orthopaedic outpatient appointments has been made possible by scheduling extra outpatient clinics as part of the waiting list initiative. A back care programme was established in October, 2001.
- A committee was formed to make recommendations in relation to a one-stop-shop to facilitate greater access to Rheumatology Services
- Three new Consultants in Obstetrics and Gynaecology were appointed in 2001, two were replacement posts. A Risk Management review is being undertaken in the Obstetrics and Gynaecology Service.
- The permanent appointment, in October 2001 of a replacement Consultant General Surgeon with a special interest in Vascular Surgery and support team will develop this service in the region.
- The Board has established a Project Team to plan for the introduction of paediatric surgical beds and day assessment facilities in line with national policies.
- The installation of the new CT Scanner and the establishment of an M.R.I. facility to allow for self-sufficiency within the region, progressed and will be commissioned in 2002.
- The recruitment of an additional permanent Consultant Radiologist to meet demand arising from oncology and centralised breast surgery is in progress.

PRIORITY DEVELOPMENTS 2002

- **The second Consultant Rheumatologist** and support team will be put in place to meet the present demand and reduce waiting times.
- Elderly services will be enhanced by the appointment of **the second Consultant Physician in Geriatric Medicine**. This post is immediately required to deal with the increasing numbers of older people requiring medical services and to meet the service demands in St. Patrick's Hospital Waterford, St Josephs Hospital Dungarvan, District Hospital Dungarvan and Community Services.

ACUTE HOSPITAL SERVICES

- A Regional **Magnetic Resonance Imaging** (M.R.I.) service will be established.
- The appointment of **A&E** Consultants will be progressed in 2002 following the publication of the Comhairle na nOspideal review.
- The appointment of a **Permanent Consultant Physician in Endocrinology**.

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WEXFORD GENERAL HOSPITAL

REVIEW OF 2001

- The level of medical activity continued to be one of the major challenges met by the hospital in 2001. The number of patient days in general medicine increased by 8.75% from the previous year. As this activity continues to increase each year, it places huge strains on **all** the resources of the hospital. Some medical beds were opened temporarily during the year but the provision of extra facilities remains a priority.
- Plans for a temporary medical admission unit is at advanced stage and it is hoped that this unit will be in place by mid 2002. This will ensure faster and more effective admission, diagnosis and treatment of patients.
- A third Consultant Surgeon with a special interest in breast surgery has been approved and filled on a temporary basis. The permanent appointment is awaited.
- An additional Oncology Nurse was appointed during 2001.
- A combined surgical and medical dedicated day facility became operational in February 2001. This has helped to reduce cancellation of elective procedures.
- A preoperative assessment nurse was appointed during 2001. This facilitates same day admission and surgery for some patients, thereby ensuring a more efficient service.
- The no. of births increased by 18% and the appointment of a third Consultant Obstetrician/Gynaecologist is a priority. A clinical nurse manager has been appointed to the Obstetric Unit. This post facilitates an improvement in quality through the implementation of Risk management procedures.
- Major difficulties were experienced in the provision of an obstetric ultrasound scanning service due to staffing problems and there was an unsuccessful attempt to recruit an Ultrasonographer. To overcome this difficulty, the training of two midwives in ultrasound scanning commenced during 2001

ACUTE HOSPITAL SERVICES

- The CT scanner became operational in 2001. This has been a major improvement in services for patients. Over 2000 scans have taken place, which means that these patients were treated in Wexford rather than travelling elsewhere.
- Approval has been received to proceed with the construction of 19 extra medical beds.
- Interviews have been held for the post of Consultant Physician with a special interest in Endocrinology and Diabetes Mellitus. This post is currently filled on a temporary basis.
- A number of Clinical Nurse Specialist posts were filled during 2001 including respiratory, cardiology, chest pain, disease management. Other appointments were Smoking Cessation Officer and Resuscitation Officer.
- The post of Medical Social Worker has been advertised.

PRIORITY DEVELOPMENTS FOR 2002

- The **C.T. service** will be further developed by the appointment of a third Consultant Radiologist and Secretary.
- **A&E services** will be developed with the permanent appointment of triage nurses and support staff. The appointment of A&E Consultants will be progressed in 2002 following the publication of the Comhairle na nOspideal review.
- The appointment of a **third Consultant General Surgeon with special interest in breast surgery** and the permanent appointment of a Breast care Nurse under the Cancer Strategy.
- Elderly services will be enhanced by the appointment of a **second Consultant Physician in Geriatric Medicine**. This post is immediately required to deal with the increasing numbers of older people requiring medical services and to meet the service demands in St. Johns Hospital Enniscorthy, New Houghton Hospital New Ross, Ely Hospital Wexford, The District Hospital Gorey, and Community Services.
- The appointment of a Permanent **Consultant Cardiologist and General Physician**.
- The permanent appointment of a **Consultant Physician in Endocrinology**.

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ACUTE HOSPITAL SERVICES

ACUTE HOSPITALS CARLOW/KILKENNY

REVIEW OF YEAR 2001

- The level of medical activity continued to be one of the major challenges met by the hospital in 2001. The number of patient days in general medicine increased by 17.91% from the previous year. As this activity continues to increase each year, it places huge strains on **all** the resources of the hospital.
- The CT service commenced in March 2001. This has been a major improvement in services for patients. Over 2,000 scans have taken place, which means that these patients were treated locally rather than travelling elsewhere.
- As part of the implementation of the Cardiovascular Strategy the new Coronary Care Unit was commissioned and was scheduled to open in January 2002. Staffing will be funded from 2002 allocation. The following nurse specialists were appointed under the Cardiovascular Strategy to the Cardiology Department, Disease Management Nurse, Chest Pain Nurse, Cardiac Rehabilitation Nurse, Resuscitation Officer.
- The 45 bed acute psychiatric unit progressed satisfactorily and will be completed by March 2002. It will replace the existing admission wards in St. Dymphna's, Carlow and St. Canice's, Kilkenny. This development is in line with national policy of developing acute psychiatric units as an integrated part of acute hospitals.
- Approval was obtained for the permanent appointment of a Consultant Physician in Endocrinology, and with the diabetic team now in place, plans for the further development of the diabetic day care centre are being drawn up.
- An additional temporary Consultant Anaesthetist post was approved which provided for increased theatre activity and ICU duties.
- A new 14 bed unit was commissioned in October 2001. An additional 14 beds are scheduled to be commissioned in mid Jan 2002.
- The pilot Medical Assessment Unit facilitated prompt assessment and treatment of patients and reduced the demand for in-patient admissions. An audit was conducted in relation to needs and outcomes. The results of this audit are due to be published shortly.
- Plans for a Palliative Day Care Unit were drawn up and planning permission is currently being sought.

ACUTE HOSPITAL SERVICES

- The new Hepatology Centre is nearing completion. Patients attending the regional hepatology centre have doubled in number in comparison to year 2000.
- The conversion of the ward at Kilcreene Orthopaedic Hospital for use as a pre-discharge unit, which will accommodate 26 medical patients commenced in December 2001.
- Refurbishment of patient and staff accommodation was carried out in the Orthopaedic Hospital, Kilcreene. A new autoclave was provided at a cost of £50,000.
- Activity remained 25.1% above baseline activity funded by Waiting List Initiative funding.

PRIORITY DEVELOPMENTS 2002

- The CT service will be further developed by the appointment of a third • Consultant Radiologist and secretary.

Commissioning of the **Coronary Care Unit. (C.C.U.)**

Commissioning of the second **14 bed unit.**

- Elderly services will be enhanced by the appointment of a second **Consultant Physician in Geriatric Medicine**. This post is immediately required to deal with the increasing numbers of older people requiring medical services and to meet the service demands in St. Columba's Hospital Thomastown, Sacred Heart Hospital Carlow, District Hospital Castlecomer and District Hospital Carlow, and Community Services.
- **A&E services** will be developed with the permanent appointment of triage nurses and support staff. The appointment of A&E Consultants will be progressed following the publication of the Comhairle na nOspideal review.
- Permanent appointment of a **Consultant Physician in Endocrinology**.
- Develop a **Clinical Directorate** model of management.
- **Elective Orthopaedic activity** will be maintained with the aid of Waiting List Initiative funding. Potential to increase activity may be realised through the Treatment Purchase Fund.

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ACUTE HOSPITAL SERVICES

SOUTH TIPPERARY ACUTE HOSPITALS

REVIEW OF YEAR 2001

- The level of medical activity continued to be one of the major challenges met by the hospital in 2001. The number of patient days in general medicine increased by 9.74% from the previous year. As this activity continues to increase each year, it places huge strains on **all** the resources of the hospital.
- Additional decanting measures were completed to enable the commencement of the major hospital project.
- Additional acute medical beds were established in December in order to relieve the pressure on hospital beds and to maintain a quality and safe service while the hospital development is in progress.
- The implementation of the Board's policy on A & E services was advanced with the establishment of NCHD training accreditation.
- A Risk Management Group was established in association with the Regional Risk Manager.
- The recruitment of a third Consultant Surgeon with an interest in Breast Surgery is in progress. This will increase the well being and disease outcome of women in the South Tipperary area and form part of the regional teams for Breast Cancer in accordance with the Board's Cancer Plan.
- Theatre use was maximised by a 25% increase in the use of day beds.
- To fully implement the recommendations of the National Cardio Vascular strategy a Cardiology support team was employed. The additional services provided include: Cardiac Diagnostic, Cardiac Rehabilitation, C.P.R., Disease Management and Dietetics.
- The Radiology department is currently based on two sites – Clonmel and Cashel. A second Consultant Radiologist was employed on 1st July 2001 to provide full time Consultant cover on both sites.
- Centralisation of the Materials Management function in South Tipperary was progressed.
- Access to day care was improved with the provision of an additional endoscopy session per week.
- Access to Endocrinology /Diabetic service for the Elderly was improved with the recruitment of a Diabetic Nurse Specialist.

ACUTE HOSPITAL SERVICES

- A Pharmacy Technician was employed in Our Lady's Hospital Cashel to meet increased demand on pharmacy services.
- In order to increase the efficiency of patient admission services a 24-hour admission department was established in St. Joseph's Hospital.
- Part-time administrative support was provided to Carrick On Suir and Clogheen District Hospitals in order to implement the staff records system, to improve income collection and to provide management time to the Directors of Nursing.

ADDITIONAL DEVELOPMENTS IN 2001

- A review of acute bed usage was completed in November 2001. Recommendations of report were approved by the Hospital Executive Committee.
- Negotiations were initiated with all staff representative bodies regarding the transfer of surgical services to Clonmel.
- A manpower plan for transfer of surgical services was completed.
- Local Partnership committees set up for the following purposes:
 - To set up a formal communications mechanism with support staff in St Joseph's Hospital Clonmel.
 - To set up an integration committee to steer change management associated with transfer of Surgical services.
- Household Services Manager employed in September 2001.

PRIORITY DEVELOPMENTS 2002

- Appointment of **third General Surgeon with special interest in breast surgery** and a permanent Breast Care Nurse at Our Lady's Hospital Cashel.
- Commence **C.T. Service** in Clonmel.
- Appointment of a Consultant Cardiologist and General Physician.
- Elderly services will be enhanced by the appointment of a second **Consultant Physician in Geriatric Medicine**. This post is immediately required to deal with the increasing numbers of older people requiring medical services and to meet the service demands in St. Patrick's Hospital Cashel, District Hospital Carrick on Suir, District Hospital Clogheen, and Community Services.

ACUTE HOSPITAL SERVICES

- **A&E services** will be developed with the appointment of triage nurses and support staff. The appointment of A&E Consultants will be progressed in 2002 following the publication of the Comhairle na nOspideal review.
- Provision of full year costs for 15 beds in St. Anthony's Unit.

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AMBULANCE SERVICES

REVIEW OF 2001

- Two person crewing has been extended to Clonmel, Tipperary and Cashel. Completion of new rosters in Dungarvan, Carlow, Kilkenny and Waterford is been discussed with the Unions at present.
- 23 new Emergency Medical Technicians entered the service. Most of them have completed EMT training.
- Two EMTs attended a special three day Major incident Management Training course in Limerick while six EMTs completed the conversion course.
- Three EMTs have completed Critical Incident Stress Debriefing Co-ordinator's Course and seven EMTs have completed the Critical Incident Stress Debriefing Counsellors Course.
- Eight ambulance persons have attended a Children at Risk Course held by the South Eastern Health Board.
- Two ambulance personnel successfully completed the Supervisory Management Course at the National Training School.
- A Patient Report Form is being completed by all EMTs throughout the Board. Information is documented on all urgent and "999" calls. This will provide the information to commence clinical audit.
- Policies and Procedure – The Pre-Hospital Emergency Care Council launched medical standard operational procedures in September 2001. These are being introduced to all EMTs by the Training Officer at present.
- S.O.P.s were drafted by the Ambulance Management and are near completion. Arrangements for the introduction of these procedures are being put in place with trade unions and EMTs.

Regional Ambulance Control Centre

The final part of the Regional Ambulance Control Centre was completed in 2001. Patient transport for the Board's area is now fully managed by the Regional Ambulance Control Centre.

- Tenders have been received for a new Communications Network which is being undertaken in conjunction with Camp East. The utilisation of this system will provide a consistent safe communications system for voice and data and will be an important aspect of approved I.T. service for the Board.

ACUTE HOSPITAL SERVICES

- Consultant's Report – A review of the operations of the Control Centre was carried out by an independent consultant. The recommendations are being considered at present.
- Transport to Dublin, Cork and Waterford Regional Hospital from South Tipperary has been privatised in order to give better emergency on duty cover from the Ambulance Service in this area.
- Review of major incident and special operations procedures was completed. Relevant external agencies were involved in the review.

PRIORITIES FOR 2002

- Recruit and train 12 Emergency Medical Technicians to cover relief rosters.
- Recruit and train 2 Leading Ambulance Personnel for Central Control.
- Implement clinical audit programme in conjunction with pre hospital care council and National Health Strategy.
- Continue driver Assessment and Training Programme.
- Implement Infection Control policy and guidelines at Ambulance Stations in through out the Region.
- Commence programme for replacement of cardiac defibrillators in ambulances.
- Establish a Major Emergency Planning Group to ensure that existing guidance is being implemented and that there is clear accountability for Emergency Planning.

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REGIONAL PATHOLOGY AND LABORATORY SERVICES

REVIEW OF 2001

- The Regional Laboratory Directorate was established to manage all laboratory services within the South Eastern Health Board.
- A second Consultant Haematologist and Consultant Microbiologist were appointed.
- Additional technical posts were also approved, however, despite advertising across Europe countrywide difficulties in recruiting were felt in the S.E.H.B. area which resulted in a number of vacancies remaining at year end. The Histology department was the most severely affected.
- The pressure of increased demand was felt across all laboratory services.

ACUTE HOSPITAL SERVICES

- Two Quality Officers were selected to commence the accreditation process in Haematology/Blood Transfusion and Microbiology.
- The new Laboratory I.T. System was selected.

PRIORITY DEVELOPMENTS FOR 2002

- Conclude a business plan to be self sufficient in the provision of routine hepatitis testing. Our dependence on the Virus Reference Laboratory is no longer consistent with providing a timely service.
- Support the development of the Directorate with the appointment of a Business Manager.
- Fill vacancies through an innovative recruitment process. In partnership with staff, continue the process commenced in 2001 to review working arrangements to take advantage of flexible working and skill mix. Progress postgraduate training of science graduates as Medical Laboratory Scientists and the establishment of an intermediary grade piloted in Histology.
- Co-operate with the provision of improved access to diagnostic services for general practitioners in line with the Primary Care Strategy.
- Progress Quality and Accreditation process.
- Review the Regional/Sector Laboratory services to provide mass testing at the Regional Laboratory and urgent results locally.
- Work towards maximising near patient testing. (Based at ward level)

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WAITING LIST INITIATIVE

Significant reductions in waiting lists and waiting times were achieved in 2001 and the Board plans to maintain this trend. The total number on the inpatient waiting list at 31.12.2000 was 2024 and this has been reduced to 1382 by 30.09.2001 (31.8%). It is expected that this reduction will be maintained at 31.12.01

The 2001 Letter of Determination included an allocation of £1.75 million for a waiting list initiative. A further £800,000 incentive funding was allocated mid-year based on performance in the first half of the year. This allocation was used to fund additional theatre sessions, day case surgery, outpatient clinics and equipment.

ACUTE HOSPITAL SERVICES

Target Specialities	Number Waiting at 31st December 2000	Number Waiting at 30th September 2001
ENT	159	23 (- 75%)
General Surgery	465	607 (+ 30%)
Gynaecology	421	238 (-43.5%)
Ophthalmology	304	206 (-32.3%)
Orthopaedics	390	233 (-40.3%)
Total	1739	1307 (- 25%)

The success of the initiative is demonstrated in the following table which outlines the numbers on the inpatient waiting list for target specialties.

The objective of the waiting list initiative is to achieve reductions in the numbers waiting and the waiting times. Credit is due to the staff engaged in the initiative, who continue to achieve targets in spite of the ever-increasing number of medical emergency admissions.

In 2002 further initiatives will be pursued under the Treatment Purchase Fund (National Health Strategy).

HIPE AND CASEMIX

The Board is continuing to develop the HIPE and Casemix functions ensuring a high standard of coding and ensuring the submission of accurate and timely HIPE data by all hospitals to achieve positive casemix budget adjustments.

In response to the growing importance and complexity of the HIPE Casemix function additional funding of £28, 000 was allocated for additional staffing in HIPE coding in 2001.

Number of HIPE Cases in Acute Hospitals – 2000

Hospital	Total number of Cases – 2000	Day Cases – 2000	Hospital Average Length of Stay – 200
Waterford Regional Hospital	37,532	12,850	5.20
Wexford General Hospital	16,628	3,038	4.76
St. Luke's Hospital, Kilkenny	17,365	4,161	4.39
St. Joseph's Hospital, Clonmel, Co. Tipperary	8,329	613	4.60
Our Lady's Hospital, Cashel, Co. Tipperary	(5,052 uncoded)	(coded)	
Kilcreene Orthopaedic Hospital	5,520	2,266	3.59
	1,403	0	7.51

ACUTE HOSPITAL SERVICES

CASEMIX ADJUSTMENTS – 2001

The 2001 casemix adjustments for the South Eastern Health Board acute hospitals, which are participating in the national casemix programme, are as follows:

- Waterford Regional Hospital £ 144,488
- St Luke's Hospital, Kilkenny £ 12,080
- Wexford General Hospital £ 93,057

- An adjustment in respect of day cases.

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HOSPITALS INFORMATION SYSTEMS PROJECT (H.I.S.P.)

REVIEW OF YEAR 2001

The overall objective of the Hospital Information Systems Project (HISP) is to provide a comprehensive suite of core hospital systems to address current operational and management information requirements in critical business areas. There are two main streams within the project :

System selection
Change management

During 2001 work on system selection continued. Detailed evaluations were undertaken on eight potential system suppliers and these have now been short listed down to two.

Considerable emphasis is being placed on Change Management within the project as it is considered vital to the success of the project. The main objectives in this area are to encourage user involvement and ownership, to critically review existing processes with a view to streamlining workflows to ensure maximum value from IT systems and thus provide increased support to the clinical care process. During 2001 Change Management activities focused on policy development and communication. Draft policies and their associated implications were developed in all areas where new systems are to be implemented. Project communication continued via the intranet and the SEHB newsletter. During April and May project staff also visited all 25 hospitals in the region presenting a series of 74 staff briefing sessions.

PRIORITY DEVELOPMENTS 2002

On the system selection side the main tasks are to complete the supplier evaluation process and to commence the work of implementing the new systems.

ACUTE HOSPITAL SERVICES

On the change management side the main tasks are to consult all relevant staff groups in relation to draft policy and to commence addressing the implications of the new policy thus ensuring that the implementation of policy coincides with implementation of new systems. Communication of the project will continue and staff training on both new systems and new working procedures will commence.

REGULATORY FRAMEWORK

- Health Act 1970
- Health Amendment Act 1986 – RTAs
- Health Amendment (No. 3) Act 1996
- Comptroller and Auditor General (Amendment) Act 1993
- Control and Supply of Drugs Regulations 1993
- Safety, Health and Welfare at Work Act 1989
- The Poisons Act 1961 and Regulations 1991
- Data Protection Act 1988
- Freedom of Information Act 1997

POLICY DOCUMENTS

- National Health Strategy 2001 – “Quality and Fairness – A health system for you”
- South Eastern Health Board Corporate Strategy (1997)
- Cancer Service in Ireland – a National Strategy (November 1996)
- South Eastern Health Board Cancer Plan (1998)
- Towards the Golden Years – a strategy for service to and for the older person 1998 – 2011, South Eastern Health Board
- The Report of the National Advisory Committee on Palliative Care (October 2001)
- The Annual Reports of the Director of Public Health - South Eastern Health Board

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NATIONAL/REGIONAL STRATEGIES

CARDIOVASCULAR SERVICES

INTRODUCTION

“Building Healthier Hearts” was launched in 2000 as a five-year strategy to improve cardiovascular health and for the development of Cardiac Services. Considerable advances in service development were achieved in the South East in 2000 and 2001.

2002 will be a period of consolidation with a small amount of service expansion. The priority need in the South East will be the recruitment of two Consultant Cardiologists at St. Joseph’s Hospital Clonmel and Wexford General Hospital.

STRATEGIC OBJECTIVES

The priority of the South Eastern Health Board is to further develop the infrastructure necessary to provide safe and comprehensive care within the Boards catchment area, in order to reduce mortality and morbidity from cardiovascular disease in accordance with the recommendations in “Building Healthier Hearts”.

KEY SERVICE DEVELOPMENTS 2001

Health Promotion

- Ongoing work was focused on developing smoking cessation evidenced based interventions in Cardiac rehabilitation, workplace and community setting.
- A multidisciplinary steering group was set up to initiate a project aimed at increasing physical activity and reducing the level of obesity in school going children

Primary Care

- A secondary prevention project was initiated and co-ordinated through the Primary Care Unit. Dietetic, Smoking Cessation and Nursing resources were put in place in to support the project.
- Evaluation of this project is now being undertaken by a project team coordinated by the Public Health Department.
- Ongoing development of disease management protocols for the general practice setting are being drawn up for investigation, referral and treatment of patients with cardiovascular disease coordinated by the Public Health Department.

Pre-Hospital

- The pre-hospital telemetry project, at Waterford Regional Hospital was evaluated.
- The Cardiovascular Resuscitation Training Service was expanded and the Cardiovascular Disease Coordinator worked in conjunction with the with the Resuscitation Training Officers in each area formulating a database of the numbers of frontline staff trained in BLS and ACLS.
- Funding for training equipment and education were provided.

NATIONAL/REGIONAL STRATEGIES

Hospital Care

- Area multidisciplinary cardiac teams were set up in each hospital, with defined frames of reference and monitored tracking form to ensure progress against agreed initiatives.
- Non-invasive cardiology services within the region were expanded by the upgrading of existing cardiac technicians to assume more responsibility.
- Ongoing development of the Regional training Programme for student Cardiac Technicians with, the partial release of Chief 2 Cardiac Technician from Waterford regional hospital.
- Ongoing development of protocols and guidelines and audit of same by disease management nurses.
- Medical and Nursing Staffing levels were increased relating to cardiac care. The Permanent Pacemaker insertion service ongoing at Waterford Regional Hospital.

Cardiac Rehabilitation

- Ongoing expansion of the cardiac rehabilitation service to patients within the board co-ordinated by the Cardiac Rehabilitation Coordinator.
- Additional supports including smoking cessation, dietetics and equipment were provided.

Audit and Surveillance

- Audit of phase one cardiac rehabilitation being undertaken by Cardiac Rehabilitation Co-ordinators in conjunction with the Public Health Department.
- Expansion of the Chest pain service and subsequent audit of same by the Chest pain Nurses/Public Health Department and reduction of the door to needle times to 15-20 mins regionally (below WHO recommendation).
- Ongoing development of disease management protocols for the general practices setting are being drawn up for investigation, referral and treatment of patients with cardiovascular disease coordinated by the Public Health Dept.

KEY PRIORITIES FOR 2002

Health Promotion

- Evaluation of smoking cessation evidenced based interventions in Cardiac rehabilitation, workplace and community setting.
- Ongoing development of the Childhood exercise and Nutrition project for the Carlow /Kilkenny area.
- Further develop the Health Promoting Hospitals initiative.
- Consolidation of local Health Promotion teams with the re-grading of a Senior Health Promotion Officer in each community care area.
- Consolidation of local dietetic services with the up grading of Community Dieticians funded in 2001 to Senior Dieticians in each Community Care area.
- Consolidation and expansion of Health Promotion posts funded in 2000/2001.

NATIONAL/REGIONAL STRATEGIES

Primary Care

- Evaluation of the Primary Care Secondary Prevention Project undertaken by a project team coordinated by the Public Health Department.

Pre Hospital

- Ongoing BLS and ACLS programmes, which will be coordinated through the Resuscitation Training Officer in each area.
- With additional appointment of a .5 Resuscitation Training Officer the service would be extended to the Community.
- Ongoing training of ambulance personnel.

Hospital Services:

- Recruitment of two Consultant Cardiologists at St. Joseph's Hospital Clonmel and Wexford General Hospital.
- Ongoing development of the Cardiac Catherisation Laboratory.
- Support the provision of a step-down unit for CCU in St. Joseph's Clonmel with the recruitment of four specialist CCU staff nurses for the unit.
- Training needs assessment of all CVD staff and provision of identified focused training to be coordinated /delivered by Cardiovascular Disease Coordinator.
- Ongoing development of the Regional Training Programme for Student Cardiac Technicians with the recruitment of four student Cardiac Technicians.

Cardiac Rehabilitation:

- Ongoing evaluation of Cardiac Rehabilitation service will be undertaken.
- The provision of Cardiac Rehabilitation phase III at St. Luke's Hospital, Kilkenny with the recruitment of a staff nurse.
- The recruitment of .5 Senior Physiotherapist in each of the hospitals.

Information Systems, Audit & Research:

- Ongoing support in terms of protocol development /audit to all members of CVD Multidisciplinary teams supported by a Specialist Registrar.
- The audit of the following five projects Cardiac Rehabilitation Phase 1, Chest Pain Audit, Heart Failure Audit, Cardiac Arrest Audit, RTO audit and myocardial infarction audit.

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NATIONAL/REGIONAL STRATEGIES

PALLIATIVE CARE SERVICES

OVERVIEW

Palliative care is primarily concerned with quality of life.

Palliative care services provide continuing active total care of patients and their families when medical expectation is no longer cure. Palliative care services respond to the physical, psychological, social and spiritual needs of patients and families including bereavement support and are designed to ensure that patients are enabled and encouraged to live their lives to the greatest possible extent in the manner and in the setting of their choice.

STRATEGIC OBJECTIVES

In October 2001 the Report of the National Advisory Committee on Palliative Care was launched by the Minister for Health and Children.

The priority for this Board is to develop the infrastructure and service provision necessary to provide a comprehensive palliative care service in line with the recommendations set out in the Report of the National Advisory Committee. This service will support the patient and his/her family wherever the patient may be – at home, in hospital, in residential care or in a specialist Palliative Care Unit.

KEY PRIORITIES 2002

In line with the recommendations of the Report of the National Advisory Committee the key priorities for service developments will be –

- A needs assessment will be undertaken to identify current service provision and to set out palliative care service needs having regard to the recommendations of the Report of the National Advisory Committee. This report will be prepared by July 2002. A project officer will be appointed to undertake this assessment and the preparation of the report.
- A Regional Consultative Committee and Regional Development Committee will be established to provide fora for the exchange of information and ideas on matters relating to palliative care and for the development of a plan for the region within the guidelines set out by the Department of Health & Children.
- Following further detailed discussions with the Department of Health and Children it is proposed to further develop service provisions by –
 - (i) developing palliative care day centres in St. Luke's General Hospital, Kilkenny and Waterford Regional Hospital

NATIONAL/REGIONAL STRATEGIES

- (ii) appointing a Palliative Care Nurse Co-Ordinator to Wexford General Hospital and St. Joseph's Hospital, Clonmel
- (iii) appointing an additional Registrar to the Consultant lead team to support and develop the inpatient, outpatient and community based service provision in our region
- (iv) appointing a Senior Nurse Specialist to co-ordinate and develop on a regional basis nursing services provided in hospitals, day centres and community settings
- (v) developing our partnerships with the non statutory service providers and in particular the Home Care Teams, including the development of service agreements
- (vi) developing additional palliative care respite and support beds to meet existing need in Wexford and Tipperary Town.

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NATIONAL/REGIONAL STRATEGIES

STRATEGY FOR ANTIMICROBIAL RESISTANCE IN IRELAND

REVIEW OF 2001

The South Eastern Health Board commenced the implementation of the Strategy for the control of antimicrobial resistance in the region in 2001. An additional Infection Control Nurse, an additional Laboratory Technician and a Regional Pharmacist were recruited.

The Board developed an outline plan for service developments in the region to support this strategy.

PRIORITY DEVELOPMENTS FOR 2002

It is intended to continue the implementation of the Strategy in 2002. An additional Infection Control Nurse will be appointed to Waterford Regional Hospital and to St. Luke's Hospital Kilkenny, and a career structure will be developed. These appointments will strengthen the development and implementation of Infection Control Standards and Principles. An additional Laboratory Technician will be appointed to the Regional Laboratory to strengthen the facility for surveillance of antimicrobial resistance. A Researcher will be appointed to Public Health Department to facilitate surveillance antibiotic prescribing data. The community antibiotics stewardship programme will be strengthened by the Regional Pharmacist appointed in 2002 who will also work in one Community Care area as a pilot programme. There will be an additional Pharmacist appointed to Waterford Regional Hospital and the Chief Pharmacist will liaise with Pharmacists in other hospitals on hospital antibiotics stewardship. The SARI Committee will identify priorities for public information and this will be supported by the appointment of a Grade IV Secretary to the Chairman of the Committee.

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SERVICES FOR OLDER PEOPLE

SERVICES FOR OLDER PEOPLE

INTRODUCTION

The aim of the Board's service for older people is to support independent home living in as far as it is possible to do so and to provide high quality hospital/residential care when this is required. The Board is committed to developing services for older people, particularly in the areas of disease prevention, community services and the promotion of a positive attitude towards ageing. The Board supports the provision of high quality residential and day care services and the aims of National Health Strategy "Quality and Fairness" which focuses on the need for the further development of community support services, for assessment and rehabilitation beds, day hospital facilities and for additional community nursing units.

STRATEGIC OBJECTIVES

- To implement the recommendations of the Boards policy document "Towards the Golden Years (1998 – 2011) by developing and implementing action plans for each area.
- To maintain older people at home with dignity and independence.
- To encourage and support the care of older people in their own community by family and voluntary bodies.
- To provide high quality hospital and residential care when required.
- To implement the 1998 health promotion strategy for older people of "Adding Years to Life and Life to Years".

KEY SERVICE DEVELOPMENTS 2001

Staffing

- Multidisciplinary care teams were strengthened by the appointment of additional staff to support hospital and community based services.
- Appointment of additional 22 whole time equivalent home help staff to the Board in 2001.
- Additional staffing for elderly care teams including Physiotherapy, Speech & Language Therapy, Occupational Therapy, Public Health Nursing.
- Additional nursing and care staff approved for hospitals for the elderly.

SERVICES FOR OLDER PEOPLE

- Additional Social Workers approved in each Community Care area to strengthen care of the elderly teams.

SERVICE INITIATIVES

- Under the clinical winter initiative 2001/2002 the Board provided for the contracting of additional nursing home beds and further provision of respite and community support to support the increased demands for care in both acute hospitals and community settings.
- The day hospital assessment services at St. Patrick's Hospital, Cashel were enhanced by the commencement of a weekly day assessment clinic.
- Services in the day hospital at St. Josephs Hospital, Dungarvan, were enhanced through the appointment of additional support staff.
- A proposal to introduce skill mix on a pilot basis in two of the elderly care wards was developed and a training needs analysis was carried out with a view to care assistants receiving relevant training.
- Establishment of a stroke rehabilitation club in Carlow where the Consultant for Care of the Elderly has developed a weekly assessment clinic in the day hospital.
- A review of the home help service was undertaken during the year.
- In consultation with colleagues in psychiatry of old age a pilot programme in dementia care in the home was initiated in Waterford and South Tipperary.

Voluntary organisations

- Additional support to voluntary organisations including the Carer's Association and the Alzheimer's Association of Ireland and to residential homes was provided.

District Hospitals

The Board has continued the development of District Hospitals by providing high quality care for older people. During 2001 priority was given to strengthening the role of District Hospitals by:

- Additional nursing and care staff appointed in each of the District Hospitals.

SERVICES FOR OLDER PEOPLE

- Planning of 10 additional beds for Carlow District Hospital was initiated and has gone to tender stage.
- Provisions of Six extra beds in Gorey District Hospital.
- Preparation of the brief for an extra 4 beds in the District Hospital, Castlecomer has been approved and work has commenced.
- Approval was received from the Department of Health and Children to appoint a project team for the replacement of St. Vincent's Hospital, Dungarvan.
- In 2002 the Board will continue to strengthen the role of District Hospitals through the provision of additional beds in the existing system and to reflect the high quality of care provided by our nursing and care staff.

Major capital projects

The following major capital projects were undertaken.

- The brief for the Cashel/ Clonmel Project which is the development of services for the elderly based in Cashel received approval to go to tender for the building works. Tenders were received and the tender report has been forwarded to the Department of Health and Children for consideration.
- Planning of 10 additional beds for Carlow District Hospital was initiated and has gone to tender stage.
- Work on upgrading ward accommodation and day room facilities in St. Patrick's Hospital Cashel commenced.
- A new 25 place replacement day centre at St. Columba's Hospital Thomastown was completed to replace the existing centre, which was unsuited to current needs.
- A major refurbishment and development of the existing Cluain Arainn Welfare Home was undertaken to support the development of 10 additional beds in the unit.
- The Design Team for St. Johns Hospital, Enniscorthy, Co. Wexford has prepared a Development Control Plan/Stage 2 submission and has submitted it to the Department of Health and Children for approval.

SERVICES FOR OLDER PEOPLE

KEY PRIORITIES 2002

The National Health Strategy identifies as a key objective the need to develop a comprehensive approach to meeting the needs of ageing and older people if the problems of care and quality of life are to be addressed and the increased demands over the next 20 years are to be met.

During 2002 the Board will focus on further development of our community support services, Consultant-led teams, nursing home services, continuing care hospitals and services provided in partnership with the voluntary sector.

Key services developments planned are:

RESPONSIVE AND APPROPRIATE CARE DELIVERY

Home care

Extending the hours of service provided by home care teams. There is an urgent need to provide home care nursing and care staff to families outside core hours and during the weekend and at night time. This will be achieved by the appointment of additional nursing and care staff to each community care area.

Home help

The demands on the home help service have increased particularly due to the extension of medical card eligibility to all persons over 70 and the increasing dependency of older persons wishing to and continuing to live at home. Home help teams will be strengthened through the appointment of additional home care assistants. The provision of emergency and out of hour service as well as additional staff training is planned.

Persons with dementia

‘Towards the Golden Years’ and the report of National Council Ageing and Older People- “An Action Plan for Dementia” emphasise the importance of early diagnosis and support for people with dementia. To this extent the full year cost of a dementia-at-home pilot project in Waterford and South Tipperary will be provided.

An integrated approach to meeting the needs of ageing and older people will be taken.

The Board will appoint a Regional Co-ordinator of Services for Older People. This person’s role will include the development of best practice policies and procedures. The co-ordinator will introduce a plan for an integrated approach to care planning which will become a main theme of service delivery. He/she will also take the lead role in further developing policy and practice in the provision of services, including the development of a key worker system.

SERVICES FOR OLDER PEOPLE

Regional Advisory Panel

In response to the National Health Strategy an advisory panel/co-ordinating committee will be established. This will include Board staff, representatives from voluntary organisations and service users. It will be a voice for recommending and influencing policy and service changes and for fair and qualitative care

Growth in bed subvention

There are approximately 1,400 nursing home beds in our region and the Board is currently providing subvention to approximately 740 persons. The rates of weekly subventions for nursing home care were increased from April 2001. It is planned to consolidate our core budgetary issues so that additional funding for subvented nursing home beds will be targeted in 2002 to meet:

- The full year costs of the April 01 increase.
- To provide for the implementation of Article 10.6 of the Subvention Regulations as provided in the letter of determination.
- To meet the increasing demand for nursing home subvention.

A review of the operation of the Health (Nursing Home) Act 1990 and subsequent regulations was carried out during 2001. Implementation of this review in 2002 will include:

1. Strengthening of inspection teams with the appointment of additional staff;
2. Training for inspection teams;
3. Training for staff in financial assessment procedures.

Voluntary agencies

Voluntary agencies make an enormous contribution to services and are experiencing increased difficulty in raising voluntary funding. As a result the Board has identified the need to provide additional financial support to these groups and to provide additional staffing in voluntary homes where the nursing/care dependency levels are increasing.

Carers

Arising from research into the needs of carers a specific sum was provided for the development of services for carers including the development of information and outreach centres, respite care services, home support services, aged care services, etc. The Board has identified the need to expand on these initiatives in 2002 including:-

- Additional funding to the Carers Association to develop its network of information centres and outreach services and to further explore opportunities for joint training and service provision.

SERVICES FOR OLDER PEOPLE

- Expand the Board's respite support scheme for carers.
- Develop services for Alzheimer sufferers and their families throughout the region in consultation with the Alzheimer's Society of Ireland.

Community structures

The Board in its strategy document has identified the need for the development of services provided by allied health professionals in the community. There is a need to develop the role of public health nursing, particularly in the areas of anticipatory care, health promotion, health surveillance and liaison contingencies. There is also a need to facilitate the development of the key worker concept in providing services for older persons. Additional posts for each community care area will be provided.

Continuing care facilities

Increasing patient dependency and the further development of existing consultant led teams in the area of services for older people require the provision of additional staff for continuing care hospitals. Staffing ratios will be increased in line with budget provision.

Demographic trends and new health strategy

The population projection (1999) for persons over 70 years is 32, 921 and growing. In response to this growth and associated service pressures the board acknowledges the role of, and reaffirms its commitment to its partnership with the voluntary sector. During 2002 particular support will be given for meals on wheels, transport services, aids and appliances, the elderly at home and extending day care to a seven day service with twilight service.

In consultation with the regional consultative panels and with the Department of Health and Children it is planned to enhance:-

- The Key worker concept in care of the elderly.
- Community rehabilitation programmes.
- Extension of day care and respite facilities.
- The development of the concept of a positive health culture.
- Support for consultant led teams in the care of the elderly services.

Capital/Infrastructural Developments

- The new replacement 25 place day centre at St. Columba's Hospital, Thomastown will be commissioned.
- 10 additional community nursing beds including a palliative care bed at Cluain Arainn, Tipperary Town will be commissioned.

SERVICES FOR OLDER PEOPLE

- Subject to Department of Health and Children approval to the recently received tenders, building work on the development of a 20 bed EMI Unit will commence in Our Lady's Hospital, Cashel as part of the Cashel/Clonmel Hospital Development Programme.
- The Design Team for St. John's Hospital, Enniscorthy, Co. Wexford, has completed the Development Control Plan and Stage 2 submission has been forwarded to Department of Health and Children for approval.
- Stage 3 will commence in 2002 and discussions are ongoing with the Department on National Development Plan funding.
- The additional beds at Castlecomer District Hospital will be commissioned.
- Day hospital for Elderly Wexford General Hospital - Project Team to finalise brief and seek approval for the Design Team.
- Design Team for District Hospital Dungarvan will be appointed to complete the design stage.
- Community Hospital Kilkenny – the planning brief has been prepared and the Design Team will be appointed.
- 10 bed extension to District Hospital Carlow – Tenders have issued and subject to Department of Health and Children approval building work will commence in 2002.
- Integrated Day Care Centre, Clonmel – this will proceed to stage 2 planning.

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MENTAL HEALTH SERVICES

MENTAL HEALTH SERVICES

INTRODUCTION

The service plan for 2002 will focus in particular on developing multi-disciplinary teams for psychiatry of old age; child and adolescent psychiatric services; implementation of the recommendations of the task force on suicide prevention; implementation of the new Mental Health Act 2001, the commissioning of the new Integrated Acute Psychiatric Unit to service Carlow/Kilkenny and the new Mental Health day centre in Tipperary Town.

Service proposals in the year 2002 highlight the need for alternatives to inpatient admissions and the need to develop community based access, care and treatment services.

Specific funding in this year's service development submission includes the funding requirements arising from the N.D.P. (National Development Plan) in the current year. These include the acute psychiatric unit, Carlow/Kilkenny Mental Health Services; the development of Industrial Therapy/Activation Services; and the development of community addiction treatment services.

STRATEGIC OBJECTIVES

The principle strategic objective of the Mental Health Service is to develop alternatives to inpatient admissions and to further develop community based access, care and treatment services. The underlying principles of the Board's services is on being responsive to the needs of the population, being easily accessible and providing services as close as possible to local communities.

KEY SERVICE DEVELOPMENTS 2001

- The building of the Acute Admission Unit at St. Luke's Hospital, Kilkenny was completed and is currently being commissioned. This will be the acute admission unit for Carlow/Kilkenny and will have 45 beds. Acute services will transfer early in 2002.
- In partnership with the Mental Health Association work was completed at Kilcreene Hospital, Kilkenny on a 21 bed residential unit for mentally handicapped patients. These patients, who were previously resident in St. Canice's Hospital, transferred to their new home in October 2001.
- A Consultant Psychiatrist with a special interest in Old Age was appointed to Wexford Mental Health Services and the post of Consultant Psychiatrist for Old Age for the Carlow/Kilkenny Mental Health Services is with the Department of Health and Children for approval.

MENTAL HEALTH SERVICES

- Community Care Child and Adolescent Psychiatric Services were strengthened by the approval of two additional teams, one for Wexford Community Care and one for South Tipperary Community Care Area. Each Community Care Area will, therefore, have its own dedicated team. A working group has been established to develop protocols and procedures for the Board for Child and Adolescent Psychiatry services. Two Posts of Consultant Child and Adolescent Psychiatrist were approved by Comhairle na nOispideal and have been advertised by the L.A.C.
- Work on the development of the new Day centre at St. Vincent's, Tipperary Town was completed and will be commissioned in 2002.
- A Family Therapy Service in the Day Hospital in Coolgreaney House, Clonmel, Co. Tipperary was established.
- The community focus of the mental health service was strengthened by the approval of additional posts of family behavioural therapists, nursing staff, and social workers. The creation of "home support services" was facilitated through the development of outreach services with the appointment of a nurse and home care attendant for each area.
- A Community Mental Health Centre was established in Enniscorthy.
- Support to Community Residences was provided through the appointment of Care Assistants.
- Partnership with Waterford Institute of Technology to provide high quality nurse graduates in psychiatry continues to be a success and a full complement of 41 students commenced studies during the year.
- In association with the Waterford Institute of Technology the Board initiated a review of the Industrial Therapy Units attached to our Mental Health Services in each of the four catchment areas.

KEY PRIORITIES FOR 2002

The National Health Strategy – Quality and Fairness – highlights the need to update mental health policy and to accelerate the pace of development of mental health services to take account of recent legislative reform, developments in the care of mental illness and current best practice. This is particularly so in relation to the integration of mental health care into primary and general hospital care, developing a more holistic approach to mental health treatment and care and to generate greater public awareness and understanding of mental health and the development of advocacy services for people with mental health problems.

MENTAL HEALTH SERVICES

To this extent, the key service developments identified for 2002 will focus on addressing these policy changes within clearly identified service provision.

- The development of this service throughout the Board's area combined with the development of associated multi-disciplinary teams is a priority. In this regard
 - A consultant lead team for Psychiatry of old age will be appointed to the Carlow/Kilkenny
 - service, completing the appointment of such a team to each of our four catchment areas.
 - A review will be undertaken of the current provisions of services in Psychiatry of Old Age.
- Interviews will take place during the year in order to provide the establishment of a consultant lead team. This service will be fully commissioned in 2002 in Tipperary South Riding and Wexford.
- A development officer will be appointed to liaise with the new Mental Health Commission and to develop appropriate strategic and planning responses in the context of the implementation of the new Mental Health Act 2001.
- A Regional Advisory Panel/Co-ordinating Committee (including service providers and consumers) will be established to advise on the planning and prioritisation of services, the quality of services and the promotion of positive mental health initiatives.

These will be modelled on similar developments in the area of disability services and will include representation of statutory and voluntary service providers, as well as consumers.

- Additional posts will be provided in 2002 in order to enhance and support the development of community based mental health services. Home support teams in each area will be enhanced in order to provide support to community based residents.
- Implementation of the recommendations of the National Task Force and the Board's Regional Strategy on suicide prevention. A training programme with primary care, health board staff and schools will be initiated. Additional support will be provided for bereavement support groups. A pilot scheme in Wexford General Hospital will engage with para-suicide patients, their families, the General Practitioner and others involved with such care.
- The Board has initiated a review of the organisation and provision of the alcohol treatment services in the Carlow/Kilkenny area which will serve as a basis for future service delivery. Additional staff will be recruited to support the development of low threshold and easy access to alcohol treatment and support services.

MENTAL HEALTH SERVICES

- The development of mental health services and the promotion of positive mental health will be supported by working in partnership with the voluntary agencies in the region. These agencies are GROW, the Samaritans, AWARE and Schizophrenia Ireland.
- In line with the National Health Strategy, the development of independent advocacy for mental health services users, of peer advocacy and self advocacy, will be explored, encouraged and supported.
- Initiatives to enhance services to persons with a learning disability and who are inappropriately placed will be undertaken in conjunction with the learning disabilities service.
- The implementation of multidisciplinary teams by sector is identified as key to the provision of a community based mental health service. Reports of the Inspector of Mental Hospitals support this strategy. The board will strengthen its multi-disciplinary teams through the appointment of additional social workers, psychologists, occupational therapists and admin support in 2002.
- Difficulties in maintaining nursing expenditure within budget given the national agreement on overtime and the general shortage of nurses has been highlighted as a major cause of overruns in core budgets. The 2002 Service Plan will seek to consolidate core spending in these areas.
- A new day centre and a refurbished day hospital will be commissioned in Tipperary Town.
- The high support hostel at Greenbanks, Carlow has been completed. The hostel is ready for the transfer of patients on the opening of the New Acute Psychiatric Unit in Kilkenny. The hostel will also provide two crisis intervention beds.
- The development of the Acute Psychiatric Unit, St. Luke's General Hospital, Kilkenny represents significant capital investment in the Board's mental health services in Carlow/Kilkenny. The opening of the new acute unit represents significant opportunity for change in the structure of the services, providing as it does for the integration of acute admission facilities between St. Canice's and St. Dymphna's Psychiatric Hospitals.
- The review of our Industrial Therapy Units currently underway will be completed, including the setting out of proposals for the further development of this service.

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COMMUNITY SERVICES

COMMUNITY SERVICES

Community care services play an integral role in the locally based management of primary health care and health promotion generally. The aim of community care services is to proactively contribute to enhancing the quality of life and health status of the community. This is achieved through the provision of a person-focused needs driven service which is efficient, effective and quality orientated. The services themselves incorporate a number of co-ordinated intervention strategies in community medicine, public health, welfare and social services. It is a resource for maintaining and monitoring the health and social well being of the population and is a primary agent for the promotion of statutory and community initiatives in health. Community care services are provided in co-operation with providers of Acute Care, Residential Services for the Elderly and Mentally Ill as well as other state agencies and private practitioners. The provision of services in partnership with the voluntary and community sector also plays an integral part in the organisation of community services.

The guiding principles of community care services can be summarised as follows:

- Providing a person focused needs driven service which is effective, efficient and quality orientated;
- Providing treatment and care in the most appropriate setting;
- Providing equity of access to health and social care, based on need;
- Achieving the greatest possible health and social gain from available resources;
- Addressing variations in the status of different groups in society.

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CHILD CARE AND FAMILY SUPPORT SERVICES

SERVICE OBJECTIVES

- To ensure that all children who live within the region:
 - Are safe and secure.
 - Are brought up in their own families, wherever possible.
 - Are recognised as citizens in their own right.

COMMUNITY SERVICES

- Have equal access to opportunities that will enable each individual to make the best of their physical, educational, psychological, emotional, spiritual and cultural development.
- To meet the requirements of all relevant legislation, regulations, guidelines and Irish Social Services Inspectorate Standards.
- To develop appropriate services in line with the National Health Strategy, National Children's Strategy, the National Strategy on Youth Homelessness, the National Working Party Report on Foster Care and the Standardised Framework for Inter-country Adoption Assessment.

KEY SERVICE DEVELOPMENTS IN 2001

- The Board has strengthened its funding and partnership commitment to all of the existing Area Youth Projects.
- All Community Care Areas within the Board have established support projects for young and first time parents.
- The Board has convened and launched all six County and City Childcare Committees and is actively participating in this process.
- Significant progress has been made in planning for the creation of two more community-based Child and Adolescent Psychiatric teams.
- The Board's Child Care Training Co-ordinator has initiated the development of a service response to male perpetrators of violence in intimate relationships and progress has been made that will lead to the creation of much needed preventative services in this area of work.
- Both Wexford and Carlow/Kilkenny Community Care Areas have made progress in the development of high support family placements.
- Continued development of Supported Lodgings as the desired placement option for adolescents who cannot live at home.
- Commencement of the implementation of the recommendations of the "*Review of the Organisation of Community Care Child and Family Social Work in the South Eastern Health Board.*"
- Continued implementation of the Children First Guidelines including:
 - Almost complete briefing at Community Care level and substantial briefing in the hospital sectors.
 - Level 1 Training undertaken;

COMMUNITY SERVICES

- ❑ Completed regional and local Garda/Health Board Joint Training;
- ❑ Convening of all four Local Child Protection Committees;
- ❑ Introduction of new Child Protection Notification System in two of the four community care areas;
- ❑ Recruitment of three Child Care Training Officers and the establishment of a regional Child Care Training Unit;
- ❑ Participation with North Eastern Health Board and the South Western Area Health Board in commissioning research that will lead to the introduction of a national Assessment System for use in relation to Children First;
- ❑ Recruitment of the Information and Advice Person and commencement of the process of assisting the voluntary sector to introduce protocols and procedures for child protection.

KEY PRIORITIES FOR YEAR 2002

- Continue the implementation of the recommendations of the “*Review of the Organisation of Community Care Child and Family Social Work in the South Eastern Health Board.*”
- In relation to the Children First Guidelines the Board will participate in a joint research project on assessment in child welfare and protection work with the North Eastern Health Board and the South Western Area Health Board assisted by Trinity College Dublin and Sheffield University.
- Development of IT software package to process information generated by the Child Protection Notification System under Children First.
- Development of a comprehensive Regional Guidance and Procedures document to cover all areas of practice in Child Care, Child Welfare and Child Protection.
- Commence implementation of the recommendation of the Report of the Working Group on Foster Care.
- Development of Pre-School Teams in each Community Care area to allow for an enhanced training and consultancy role in relation to service providers and to children in day-care as well as meeting the additional demands for inspection.
- Continued implementation of the Review of the Board’s Regional Adoption Service as well as the development of services to implement the Standardised Framework for Intercountry Adoption.

COMMUNITY SERVICES

- Commission external review of the Children's Residential Centres in the region commencing with Carlow/Kilkenny Community Care area.
- Implementation of pilot project in Wexford Community Care Area in conjunction with Barnardos concerning family conferences as required by the Children's Act 2001.
- The Board will also work toward strengthening and developing intermediate and alternative care services which will be necessary to meet the service requirements under the provision of the Children Act, 2001.
- Existing Springboard Family Support Project, Ballybeg, Waterford will be established as a mainstream service with a continuing emphasis on children and families most at risk, best practice, evaluation of services and ongoing training and development.
- Following consultation with relevant statutory and voluntary bodies to develop a two year strategic plan to address youth homelessness inline with specific actions required under 12 objectives in three broad categories: preventive measures, responsive services and planning and administrative supports.
- Continued development and expansion of Family Support Services as outlined in the recently published National Health Strategy (Action 27). This will be achieved by the further development of family support initiatives and the expansion of positive parenting supports and programmes.

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SERVICES FOR PEOPLE WITH PHYSICAL AND SENSORY DISABILITIES

STRATEGIC OBJECTIVES

The South Eastern Health Board aims to provide a comprehensive, well planned, range of services to children and adults who have a physical and sensory disability in an accountable fashion within the resources available to it:

- To assist persons with physical and sensory disabilities to achieve their full potential through the development of appropriate and responsive services which enable people to live with dignity and with the greatest independence possible.
- To provide high quality services that are responsive and appropriate to their users, which lead to a positive outcome in terms of health and social gain.

COMMUNITY SERVICES

- To develop the Board's own diagnostic early intervention and therapeutic services so as to ensure that the affects of any disability are minimised as far as possible.
- To continue working in partnership with other voluntary and statutory agencies in the region in the development of services for people with physical and sensory disabilities.
- To foster customer friendly services that are easily accessible.
- To increase the range and the extent of aids and appliances for people with physical and sensory disabilities.
- To consult with users/carers in the design of care options for people with disabilities.

KEY SERVICE DEVELOPMENTS IN 2001

The development of services for people with Physical and Sensory Disability prioritised by the Regional Co-ordinating Committee has made a significant difference to those who require specialist services, day respite and residential services over the past three years. In 2001 the granting of specific funds by the Department of Health and Children towards Home Support and Personal Assistant Services have made a significant impact on the lives of many availing of these services. Difficulties in recruiting therapists meant that many innovative initiatives were utilised to ensure individuals received aids and appliances to assist them towards an independent life. The completion of the pilot, Physical and Sensory Disability database in the South Tipperary Community Care area which was carried out in such a comprehensive and professional manner is a testament to all those from the statutory and voluntary sector who managed and assisted the process. Service objectives met through developments in 2001 were as follows;

- Extension and development of additional day and respite services to adults and children within the region.
- Provision of extra Personal Assistant, Home Support and Home Care Services to individual clients 58 people were allocated Home Support or Personal Assistant services for the first time and 40 others were allocated an increase in service.
- Provision of additional specialist services to people with visual and hearing disabilities.
- Provision of additional specialist therapeutic services to adults and children by:

COMMUNITY SERVICES

- The development of a Regional Assessment Service in partnership with the Central Remedial Clinic.
- The development of a Regional Acquired Brain Injury Assessment and Advisory Team.
- Increasing the level of therapeutic services available to adults and children by supplementing the number of multidisciplinary staff employed in the region.
- Enhancing the guidance/assessment service in respect of Rehabilitative Training for people with disabilities.
- Completion of the pilot Physical and Sensory Disability Database in South Tipperary Community Care Area and commencement of the regional implementation in Wexford, Waterford and Carlow/Kilkenny
- Review of all Home Support Services delivered in the S.E.H.B. region.

KEY PRIORITIES FOR YEAR 2002

- The Health Board in conjunction with the Voluntary Sector will continue to:
 - Increase the number of day care, residential and respite places to meet the prioritised needs of each Community Care Area.
 - Provide dedicated health related and specialist support services.
 - Develop multi-disciplinary teams providing assessment and therapeutic services throughout the region.
 - Evaluate Rehabilitative Training places within the region and comply with all National Agreements regarding accreditation.
 - Streamline the provision of Personal Assistants, Home Support and Home Care Services to individual clients.
 - Pilot a low visual aid clinic in Wexford and extend to a second Community Care Area.
- An integrated approach to care planning for individuals will be developed or enhanced to ensure a service that is responsive and appropriate to its users and leads to positive health and social gain by:
 - Reviewing systems in place.
 - Providing training to promote interdisciplinary working for staff.

COMMUNITY SERVICES

- Implementing/extending key workers for children with disabilities.
- Supporting families and individuals to be involved in their care plan.
- The Health Board in conjunction with the Voluntary Sector will:
 - Commence the process of developing Service Agreements with all agencies.
 - Comply with Nationally Agreed Performance Indicators.
 - Complete the Physical and Sensory Database in the S.E.H.B. Region.
 - Set up a Working Group to implement the S.E.H.B. Aids and Appliances Regional Review.
 - Ensure the recommendations of the Home Support Service Review are costed and implemented to ensure a quality service is available in the region.
 - Develop an action plan for Rehabilitation Services following recommendations made by the S.E.H.B's working group.
 - Support specialist training for staff.
 - Continue the development of Capital projects for enhanced assessment, treatment, residential, respite and day services through the National Development Plan programme.

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SERVICES FOR PEOPLE WITH INTELLECTUAL DISABILITIES

STRATEGIC OBJECTIVES

Using the resources available effectively and efficiently the Health Board's objectives are to provide services including community and residential services designed to:

- Develop the full educational, social and vocational potential of each person who has a intellectual disability.
- Ensure all services are of the highest possible standards and responsive to the needs of clients and their families/carers.

COMMUNITY SERVICES

- Maintain to the fullest possible extent of contact with the family and the provision of support for the family in order to enable the person with an intellectual disability to remain at home or in a home-like environment.
- Promote those who avail of our services as the central focus of the programmes delivered by emphasising the value of the individual, clear accountability, good communication and supporting the development of the individual.
- Provide supports and services to people with intellectual disability in order that they may participate and involve themselves in local community activities. These include Day Services, Residential Services, Respite Services and Home Support Services.
- Protect the dignity, rights and independence of each person who has an intellectual disability.
- Develop quality standards to achieve these in full co-operation with the voluntary sector,
- Develop a health management system designed to plan effectively for the development of existing services, the implementation of new services targeted at those in greatest need and the promotion of new initiatives and specialist services for clients with complex and multi-disciplinary needs.

KEY SERVICE DEVELOPMENTS IN 2001

The developments, which have been achieved in 2001, have made a significant impact on the lives of many people with an intellectual disability and their families. The commitment of personnel in the voluntary and statutory sector to meet the challenge of providing appropriate services and ensuring that capital developments occurred has ensured that targets set out were achieved in 2001. The importance of the work undertaken by all those involved in the maintenance of the intellectual disability database cannot be understated. The numbers on the database in the S.E.H.B. by degree of disability are as follows;

Mild	1,371
Moderate	1,018
Severe	488
Profound	188
Not Verified	286
TOTAL	3,351

COMMUNITY SERVICES

The following service objectives were met through developments in 2001;

- Creation of new day and residential places for adults and children with varying degrees of disability. 67 individuals availed of funding allocated for new or additional residential services, 77 individuals benefited from new or enhanced day services. 15 emergency needs were met in 2001, which were unplanned service requirements. Full year places will be funded in 2002 as priority services.
- 303 children and adults availed of day or residential respite services from new funding allocated in 2001. Many others received Home Support Services.
- Development of an enhanced guidance/assessment service in respect of Rehabilitative Training for people with disabilities. The S.E.H.B. has now assumed responsibility for the monitoring of 248 W.T.E. training places in 17 centres in the region.
- Continuing relocation of adults with a intellectual disability from Psychiatric Hospitals and other inappropriate residential settings. 21 people transferred from St. Canice's Hospital. Florence House in Wexford was completed.
- Continued upgrading and development of premises, to extend day and residential services was implemented through the National Development Plan.
- Recruitment of a Project Officer to support the voluntary and statutory agencies to develop NDP Projects and ensure appropriate accountability measures are in place.
- Maintenance of the Intellectual Disability Database using the new National Software. All the voluntary agencies in the S.E.H.B. region have been offered access and training in relation to the software.
- Collection of data to prepare for the signing of Service Agreements with Voluntary Agencies.
- Joint training of staff in the Voluntary and Statutory Sector on Autism and Challenging Behaviour.

KEY PRIORITIES FOR YEAR 2002

The following priorities have been identified for development and implementation in 2002. These priorities have been agreed and recommended by Local Consultative and Regional Consultative and Development Committees, which assist the Board in formulating its plans for the future.

COMMUNITY SERVICES

- The Health Board in conjunction with the Voluntary Sector will:
 - Review and make recommendations for the provision of services in the S.E.H.B. area for children and adults with learning disabilities who have mental health difficulties
 - Review the number of people in intellectual disability services who have access to and avail of the Hepatitis B vaccination programme.

- The Health Board, in conjunction with the Voluntary Sector will continue to:
 - Increase the number of day care, residential and respite places to meet the prioritised needs of each Community Care area.
 - Continue the relocation of individuals who are in Psychiatric Hospitals or assessed as inappropriately placed in their present service.
 - Provide dedicated health related and specialist support services through multi disciplinary teams.
 - Allocate the 50 new Rehabilitative Training places within the region and comply with all National Agreements regarding accreditation.
 - Ensure availability of information on services and entitlements.

- An integrated approach to care planning for individuals will be developed or enhanced to ensure a service that is responsive and appropriate to its users and leads to positive health and social gain by:
 - Reviewing systems in place.
 - Providing training to promote interdisciplinary working for staff.
 - Implementing/extending key workers for children with disabilities.
 - Supporting families and individuals to be involved in the management of their life plan.

- The Health Board in conjunction with the Voluntary Sector will:
 - Develop an agreed set of standards of care for services in the region
 - Review aspects of care within services.

COMMUNITY SERVICES

- ❑ Continue its Regional programme of training in Challenging Behaviour and support other training initiatives.
- ❑ Provide an enhanced guidance assessment service in respect of rehabilitative training and sheltered work services.
- The Health Board in conjunction with the Voluntary Sector will:
 - ❑ Review the Regional Consultative and Development Committees.
 - ❑ Continue the process of developing Service Agreements with all agencies.
 - ❑ Comply with Nationally Agreed Performance Indicators.
 - ❑ Complete service reviews on Autism and Challenging Behaviour.
 - ❑ Continue to upgrade and develop the National Intellectual Disability Database in line with National Policy.

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WOMENS HEALTH

SERVICE OBJECTIVES

The South Eastern Health Board's Women's Health Plan, '**Women's Health in the South East – 2000 and Beyond**', states that the overriding concern for women's health services should be:

- To deliver a women friendly health service.
- To empower women to take control of their own health.
- To improve consultation and representation.
- To take an holistic approach to women's health.
- To particularly address the needs of women who are disadvantaged.

KEY SERVICE DEVELOPMENTS IN 2001

- Home Birth and Domino Birth services established on a pilot basis in Waterford & Wexford.

COMMUNITY SERVICES

- Dedicated “Well Women” sessions provided by General Practitioners.
- Breastfeeding pilot project continued with significant success in Waterford Community Care area.
- Improved funding provided for Rape Crisis Centres, Women’s Refuges and Outreach Services.
- New Women’s Refuges opened in Kilkenny and Wexford.
- Peer-led Teenage Pregnancy project commenced which will continue in 2002.

KEY PRIORITIES FOR YEAR 2002

- Establishment of a family planning service to provide a non-directive information, counselling and family planning service in at least one community care area.
- Appointment of a Women’s Health Development Officer.
- Project to support schools in delivering a Teenage Sexual Health programme in one Community Care Area.
- Commencement of community based Women’s Health Project in one Community Care area, subject to discussions with the Department of Health & Children.
- To continue the service developments under the Strategic Plan adopted by the Regional Committee on Violence Against Women.

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FOOD SAFETY & ENVIRONMENTAL HEALTH

SERVICE OBJECTIVES

The primary objective of these services is the prevention of ill health caused by environmental factors. At present there are in excess of 4,000 food premises registered with the Board and these are inspected in accordance with a contract which the Board has with the Food Safety Authority. Non-compliances with food safety or labelling legislation are pursued through the courts if necessary. In addition Environmental Health Officers participate in outbreak control teams and enforce many other pieces of legislation covering such complex issues as tobacco sales, nursing home standards, licensing control, storage of poisons and pollution.

COMMUNITY SERVICES

KEY SERVICE DEVELOPMENTS IN 2001

- Continuation of monitoring programme of food samples and the enforcement of food hygiene regulations.
 - Supervision and inspection of food businesses and laboratory analyses of food samples in compliance with our Contract with the Food Safety Authority of Ireland.
 - The continued implementation of the ISO 9002 accreditation of the Environmental Health Service obtained in December 1999 from the National Standards Authority.
 - The promotion of good practice guidelines in relation to food safety, through education and training of workers in the industry.
 - Continued involvement in inspections of pre-school and nursing homes
 - Follow up audits on standards of food handling and safety in the Board's own institutions.
 - Continued "roll out" of the integrated IT system to support service delivery.
 - Hazard Analysis Critical Control Points (HACCP) working group produced an information pack for distribution to all food businesses in the region.
 - Participation in working group to develop protocols for fluoridation of water supplies.
- Participation in working group to develop protocols for tobacco control.
- Continued structured and targeted approach to food sampling concentrating on foods considered higher risk.

KEY PRIORITIES FOR 2002

- Provide awareness campaign on standards and inspection process.
- Development of a strategic plan for the environmental health service.
- Meeting the inspection/ food sampling targets set out in our agreement with the Food Safety Authority of Ireland within the resources allocated.

COMMUNITY SERVICES

- Fill all vacant posts including new posts allocated to enable the Board to pursue Tobacco Control measures.
- Provide programme of continuous professional development for Environmental Health Officers.

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TOBACCO CONTROL

The report of the Tobacco Free Policy Review Group (March 2000) outlined a comprehensive action plan toward achieving a tobacco free society. The establishment of the Office of Tobacco Control immediately followed the publication of “*Towards a Tobacco Free Society Report*” which provides for the co-ordination and implementation of the action plan outlined in this report.

Key Priorities for 2002

- Appointment of Regional Tobacco Control Officer.
- Develop proposals for compliance building and community based tobacco free initiatives by the environmental health service.

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IMMUNISATION PROGRAMMES

SERVICE OBJECTIVES

The overall aim of the National Childhood Immunisation Programme is, to control all vaccine preventable diseases, including, diphtheria, pertussis, tetanus, polio, haemophilus influenza type B, measles, mumps, rubella and meningitis ‘C’, by achieving a 95% vaccine uptake in the childhood population.

Other vaccines, against tuberculosis, influenza, pneumonia and hepatitis are promoted and administered to prevent illness in individual persons.

KEY SERVICE DEVELOPMENTS IN 2001

- During the year, the schedule for primary vaccinations changed and as a result of the introduction of a five component vaccine, there is a reduction in the number of injections necessary for infants. The benefit for children is that they now receive two injections on each visit to the doctor (previously 3 injections and 1 oral dose).

COMMUNITY SERVICES

The uptake rate for primary childhood vaccinations for the 3rd. Quarter of 2001 is as follows :-

@ 1 year old

Diphtheria/pertussis/tetanus	86%
HiB	86%
Polio	86%
Meningitis 'C'	79%

2nd Year

Measles/mumps/rubella	88%
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- The Board continues to encounter increasing difficulties in reaching targets and significant additional resources are required to enable us to improve uptake rates.
- The Meningitis 'C' vaccination programme continued satisfactorily during the year.
General Practitioners were contracted to vaccinate all children up to the age of 4 years and for the 3rd. level colleges while the Board had six vaccination teams deployed in the region to carry out vaccination of all primary and second level school children and other young adults.

The uptake rate for this vaccine for the 3rd. Quarter of 2001 is as follows :-

Children 1 to 4 years	81%
Primary school children	90%
Second level schools	89%
3rd level colleges	74%

- The annual Influenza vaccination campaign commenced in late September, aimed at all persons over 65 years and those deemed to be 'at risk' in the younger age group. In tandem with this campaign, pneumococcal vaccine (for the prevention of Pneumonia) was also offered to the same client groups.

An uptake rate for the influenza vaccine of 55% was achieved, in the over 65 GMS population, during 2000/2001 and a target of 65% uptake was set for 2001/2002.

- It is likely that lower admission rates to hospital, due to respiratory illness in the elderly, last winter, is due, in part, to the uptake of flu vaccine.
- There were significant improvements made during the year in the vaccine supply function. All vaccines are now ordered through the General Hospital Pharmacies in the region and arrangements have been made to deliver vaccine directly to General Practitioners.
- Senior Public Health Nurses, with special responsibility for immunisations, were appointed in each community care area.

COMMUNITY SERVICES

- Improvements in staffing in our Child Health offices was also provided for in 2001. Each office now has 1 Grade IV and 2 Grade 111 admin. staff and this will improve the management of the immunisations system including the I.T. support system.

KEY PRIORITIES FOR 2002

- Greater emphasis on the promotion of vaccination, particularly for the primary childhood vaccines. It is planned to conduct a qualitative survey among parents who have refused the vaccines in order to establish the reasons for their refusal.
- Development of regional co-ordination of immunisation programmes.
- Continuation of the Meningitis 'C' vaccination programme until all of the population up to the age of 22 years has been offered the vaccine. This will have a cost implication of Euro 500,000 in 2002.
- Continue and further enhance arrangements already in place for quality assurance of the vaccine cold chain.
- Commence implementation of all immunisation programmes in line with national guidelines as set out in the *Immunisation Guidelines for Ireland Report 1999* which will involve retention of existing medically led teams. Further discussion is required with the Department of Health & Children because of significant funding shortfall to meet the full immunisation programme.
- Enhance the immunisations computer system in order to capture additional data and to provide improved statistical information and improved data quality.
- Continue to inform the public as fully as possible with regard to all aspects of vaccines and immunisation.
- Continue the training of all vaccinating staff in key areas such as resuscitation and recognition/treatment of anaphylaxis. Educate all appropriate staff in regard to new vaccines being introduced into the immunisation schedule.

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CHILD HEALTH

KEY PRIORITIES FOR 2002

- National minimum standards and targets for surveillance and screening will be drawn up by the Department of Health & Children (Action Plan 14).
- Integrated programme for child health to be developed (Action Plan 14)

COMMUNITY SERVICES

- Further implementation of Best Health for Children Review.
- Appointment of area co-ordinator for child health in each Community Care Area.
- Development of training programmes for staff engaged in child health surveillance and screening.
- Establish steering group to develop implementation plan for the Adolescent Health report.

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DENTAL AND ORTHODONTIC SERVICES

SERVICE OBJECTIVES

The Board's own staff provides dental screening and treatment services for children up to the age of 16 years via a network of dental surgeries throughout the region. This service is staffed by 37 Dental Surgeons and has an annual cost close to Euro 3.8 million.

The orthodontic service is led by a Consultant Orthodontist based at Waterford Regional Hospital. This service is delivered by specially trained Dental Surgeons in each catchment area.

The adult population is now comprehensively covered by the Dental Treatment Services Scheme – a scheme operated mainly by private dentists. Approximately Euro 5 million will be spent on this service in 2001.

Good oral health is achievable for the majority of the population and can be sustained throughout life. The main risk factors associated with oral diseases are diet and oral hygiene as well as tobacco usage and alcohol consumption. Several of these risk factors also apply to many other diseases.

The National Health Promotion Strategy 2000/2005 sets out a number of key objectives to address these concerns which concentrate on improving the use of fluoride amongst the lower socio-economic groups, improving oral health promotion for special needs groups and the education of parents and carers in the supervision of oral hygiene practices amongst children.

KEY SERVICE DEVELOPMENTS IN 2001

- The South Eastern Health Board Dental Services continued to provide a wide range of treatment services to children and to patients with special needs in 2001.

COMMUNITY SERVICES

- A number of Oral Health Promotion and preventive initiatives were commenced, or further developed, in 2001.
- Dental staff have attended a wide range of continuing education courses during 2001.
- Considerable progress has also been made on the development of a 5 year Oral health Strategy for the South Eastern Health Board Dental Services. This Strategy should be completed early in 2002.
- The D.T.S.S. has been successful in delivering a dental service to all medical cardholders over 16 years of age.

It should be noted however that a number of factors have made it difficult to achieve some of the priorities identified in the 2001 service plan.

- The ongoing vacancy for an Oral Surgeon has resulted in a serious deficiency in oral surgery services in the region. This problem is further exacerbated since the Dublin Dental Hospital has indicated that they are not longer in a position to accept the referral of impacted wisdom teeth.
- The existence of vacancies within the staff complement, inadequate staff complements in certain areas and the loss of posts from the primary care services to the secondary care orthodontic service has adversely affected the children's dental service in the region.
- The lack of funding for oral health educators has prevented the development of a comprehensive oral health promotion programme.
- The absence of agreement at a national level to the introduction of an examining dentist for the D.T.S.S. has meant that no meaningful monitoring of this scheme has been possible.

KEY PRIORITIES FOR YEAR 2002

- Priority for preventive and treatment services will continue to be given to patients with special needs.
- Continuing screening of primary school children.
- Oral health promotion programmes will be further developed if funding is secured for the appointment of oral health educators.
- The 5 year strategy for the South Eastern Health Board dental services will be completed in 2002.

COMMUNITY SERVICES

- The South Eastern Health Board dental services will continue to participate in national oral health surveys, the results of which will be used in future service planning.
- Commencement of the computerisation of the dental services will be a key priority in 2002.
- Efforts will continue to fill all permanent vacant dental posts in the region.
- Accreditation for continuing dental education has been introduced by the Post Graduate medical and Dental Board. Staff will be encouraged to attend relevant courses with a view to obtaining accreditation and to upgrading their skills.
- Monitoring the operation of the D.T.S.S will be a priority.

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PRIMARY CARE SERVICES

SERVICE OBJECTIVES

Primary care is essential health care based on practical, scientifically sound and socially acceptable methods and technology. It has three main characteristics:

- **First Contact**
It is usually the first point of contact with the health system for the person seeking professional help.
- **Continuous**
The relationship between the person and the professional continues beyond the duration of any one problem and may last a lifetime.
- **Comprehensive**
All problems are dealt with as they present and specialist help is arranged when required.

Primary care means dealing with people at the lowest level of complexity. It includes the range of services that are currently provided by general practitioners, public health nurses, general nurses, social workers, practice nurses, midwives, community mental health nurses, dieticians, dentists, community welfare officers, physiotherapists, occupational therapists, home helps, health care assistants, speech and language therapists, chiropodists, community pharmacists, psychologists and others

COMMUNITY SERVICES

Primary care is the appropriate setting to meet 90-95 per cent of all health and personal social service needs.

STRATEGIC CONTEXT

A new Primary Care strategy “**Primary Health Care – A New Direction**” was launched by the Minister for Health and Children in November, 2001 which will build on the existing strengths of the services and radically improve the infrastructure for primary care over the next 10 years:

- Inter-disciplinary primary care teams will be introduced to provide a team-based approach to care.
- The population to be served by a team will be determined by encouraging GPs to join their existing lists of patients with certain geographic considerations.
- Individuals will be encouraged to enrol with a primary care team.
- Teams will be based in single locations where possible and will be easily accessible.
- Many services will be provided on an extended-hours basis.
- Out-of-hours cover for defined services will be greatly enhanced.
- There will be an increased emphasis on prevention and rehabilitation.
- Liaison between primary and secondary care services will be improved.
- Primary care teams will have better access to hospital services.
- There will be a major investment in human resources, physical infrastructure and information and communications technology.

KEY SERVICE DEVELOPMENTS IN 2001

OUT-OF-HOURS GENERAL PRACTITIONER SERVICES

- A major independent review on the Caredoc out-of-hours service was undertaken. The review was very supportive of the service and recommended its extension to other areas as soon as funding permits.
- Ongoing reviews of patient satisfaction were continued by the Caredoc Service. This involved the sending of a questionnaire to every 10th person presenting to the service. Present satisfaction rating is 97%.
- The Caredoc service was successfully extended to Tipperary.

COMMUNITY SERVICES

Eligibility

- Automatic entitlement to medical cards was introduced for everyone over 70 years of age.

Vocational Training for General Practitioners

- The number of trainee posts on the boards General Practitioner Vocational Training Scheme increased from four to six.

Standards

- A quality-assured vaccine distribution system was introduced. The service is designed to ensure the highest possible standards in the maintenance of vaccine stability and the cold chain system.
- A new service for the collection and disposal of clinical waste from GP surgeries was introduced on a trial basis.

Projects

- A project to develop a Central Client Eligibility Index in this region was commenced. This project is being undertaken in conjunction with similar projects in other boards and will result in the introduction of a unique patient identifier for all health services.
- A web page was developed with information on primary care services for inclusion in the Board's web site.
- A pilot project on secondary prevention in-patients with cardiovascular disease was commenced. This project involves 48 general practitioners providing practical, effective and appropriate care through the use of agreed protocols for a chosen cohort of patients with coronary heart disease.

KEY PRIORITIES FOR 2002

The great challenge over the coming years will be the implementation of proposals in the Primary Care Strategy. In 2002 the following new developments will be undertaken:

- A needs assessment for primary care teams will be prepared and completed.

COMMUNITY SERVICES

- Extensive consultation will take place with various stakeholders regarding the roll-out of the primary care strategy including examining the feasibility of setting up a community based diagnostic service serving community and hospital needs in the Carlow area.
- Extension of Caredoc out-of-hours service to Wexford and Waterford.
- Appointment of Women's Health Officer.
- Emergency maternity delivery packs will be provided to each general practitioner in the region.
- Evaluation of primary care cardiovascular project.
- Further work will be carried out to establish computerised links between hospitals and general practitioners for diagnostic test results
- Shared care protocols between general practitioners and acute hospital services will be initiated.
- The SEHB will host the National Primary Care Conference next March.
- Appointment of practice nurse facilitator.
- Continued investment in surgery facilities, medical equipment and computerisation.
- An education module on Hepatitis C will be developed for health professionals in the region.
- Completion of Central Client Eligibility project with a unique patient identifier being provided for all patients.
- Extension of vocational training programme for general practitioners from 3 years to 4 years.

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REGIONAL SERVICE FOR SEXUALLY TRANSMITTED INFECTIONS

STRATEGIC OBJECTIVES

The primary objective of this service is the provision of a prevention and curative service for sexually transmitted infections throughout the region through the delivery of a quality service, increased awareness and understanding of epidemiological trends of infection in the region and the control of the spread of sexually transmitted infections.

COMMUNITY SERVICES

KEY SERVICE DEVELOPMENTS IN 2001

- Accommodation for the S.T. I. services based at Waterford Regional Hospital was improved.
- Additional nursing and clerical support staff were provided to the unit.
- Additional Area Medical Officer was appointed to the service.
- Review of future service needs was completed.
- Application for appointment of Consultant Physician in Genito-Urinary Medicine was submitted to the Department of Health & Children.

KEY PRIORITIES FOR YEAR 2002

- Outreach services will be extended to Carlow.
- Approval for Consultant Physician in Genito-Urinary Medicine will be pursued.
- Planning process for permanent accommodation for this service will continue.

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OPHTHALMOLOGY SERVICES

STRATEGIC OBJECTIVES

The S.E.H.B. Community Ophthalmology Services are provided by Ophthalmic Physicians, supported by Orthoptists and Nurse/Technicians to eligible adults and children. The services provided include diabetic eye, glaucoma, ocular motility, refractive error, general medical eye treatment and management, pre and post-operative care. In addition Public Health Nurses provide primary school screening services.

KEY SERVICE DEVELOPMENTS IN 2001

- The Acuitas System has been purchased for the region and initially will be established in the Waterford Community Care as a pilot project. Training of staff commenced in October 2001.
- A Low Vision Aid Service is being established initially in the Wexford Community Care area. The Community Ophthalmic Physician with the co-ordinators for disability and elderly services are working with the N.C.B.I. Regional Manager to provide services locally.

COMMUNITY SERVICES

- Equipment for the establishment of pre-operative cataract assessment clinics is being purchased in most areas and training of staff is ongoing.
- Patient information leaflet on community ophthalmology services have been produced.
- Regional and local continuing medical and nursing educational meetings have been held.

KEY PRIORITIES FOR YEAR 2002

- To establish locally based Low Vision Aid Services throughout the region. There is a need to provide a locally based Low Visual Aid Service to maximise remaining vision and maintain an independent lifestyle with best quality.
- Complete the installation of the Acuitas computerised system throughout the remaining community care areas.
- To continue the operation of the adult ophthalmic service and to cater for increase in the uptake rates within the agreed allocation provided.

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ADULT COUNSELLING SERVICE

STRATEGIC OBJECTIVES

Comhar is the South Eastern Health Board part of the National Counselling Service (NCS) and has been operational since September 2000. The purpose of the service is to provide a high quality, accessible, community based, client centred counselling service to adult survivors of past abuse.

The service has been set up initially to respond to survivors of institutional abuse in the industrial school system. In 1999 the Government also announced a package of measures including the establishment of a Commission to Inquire into Childhood Abuse and the establishment of a dedicated professional counselling service for survivors of childhood abuse. The Commission had its first public sitting on 29th June 2000 and the first hearings began in September 2000 (confidential strand).

KEY SERVICE DEVELOPMENTS IN 2001

- Two full time counsellor therapists are in place in the Kilkenny centre and they also provide outreach to counties Carlow and Sth. Tipperary. This service is now fully operational.

COMMUNITY SERVICES

- The service in West Waterford has been established at two locations. The service in Sth. Tipperary has also been increased .
- The Director of Adult Counselling Service has maintained good communication links with all three survivor groups within the region and actively supported their development. Financial assistance has been provided under Section 65 grants to assist the work of the support groups.
- The NCS survivor consultation project has also been progressed and following a national competition, a contract is to be awarded shortly to an independent organisation to undertake the research.
- Service users request for one to one counselling as a preferred option has been provided by the service.
- Regional Interdisciplinary Advisory Forum has been established, terms of reference have been agreed and the list of membership has been finalised. Written protocols have been developed.
- Work on the implementation of the database has progressed and training provided.
- The service has recently secured an outside facilitator to further facilitate the process of identifying best practice in a team-based approach to counselling and therapy.
- Establishment of a group to develop protocols in relation to service providers in the non-statutory sector and terms of reference have been agreed. The group is committed to work towards developing shared quality standards and clinical audit with the ultimate aim of providing a seamless service for the service user.
- All staff attended training on the legal context of report writing.

KEY PRIORITIES FOR YEAR 2002

There are a series of developments pending nationally which are expected to impact on service demands within the Board.

The Investigation Committee of the Commission to Inquire into Childhood Abuse started hearings in October 2001 (investigation strand) and it is expected that the publicity will trigger more people to make contact with the service and seek counselling.

An analysis of the existing caseload of Comhar showed that 49% of clients endured childhood abuse in an institutional context and up to 70% of this group have indicated that they intend making a submission to the Investigation Committee. This experience will be potentially very distressing for clients who will require additional

COMMUNITY SERVICES

support from the counselling team. This may need to extend to the counsellor therapist travelling to the Commission if requested by the client. The Commission has requested that this level of support be made available to individual clients if requested.

The Residential Institutions Redress Bill has also recently been published its enactment is also expected to impact on the referral rate locally. This will increase demand on the service, which in turn will require increased resources.

Within the financial allocation available to the service:

- There will be further developments of services in the Carlow/Kilkenny area to meet service demands.
- Unmet needs will be targeted by the development of a further systematic publicity campaign to promote awareness of the service with the general public and with professionals inside and outside the Health Board.
- Services will be fully operational throughout the region. As part of this process a new base will be established in Sth. Tipperary with outreach work to the rest of the county. Additional two full time counsellor therapist posts will be required.
- The continuation and development of consultation with users of the service and other stakeholders.
- Continue the work of the Regional Interdisciplinary Advisory Forum with the aim being to have written protocols in place in relation to all relevant health board services by the end of 2002.
- Client database to be fully operational.
- Protocols in relation to best practice in counselling and therapy to be updated and refined in light of clinical experience and service developments.
- Continue the work of the Protocol Development Group for Counselling Practice, aiming to have written protocols in place between the various service providers in the non-statutory sector by the end of 2002.
- All counsellor therapists to participate in relevant training.

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COMMUNITY SERVICES

COMMUNITY WELFARE SERVICES

SERVICE OBJECTIVES

The Community Welfare Service was established with the objectives of relieving social distress and the prevention of its re-occurrence. It aims to provide and deliver a prompt and user-friendly service by:

- Providing a social assistance service, which enables pressing need to be met in a discretionary, local, personal, flexible and speedy manner.
- Addressing the needs (both immediate and ongoing) of those marginalised by poverty, disability, isolation or stigma.
- Dealing with social problems with more than a “mere cash” response in conjunction with community care services geared to longer-term solutions.
- Informing persons of entitlements and assisting them to avail of services, training and employment opportunities.

Community Welfare Officers are also involved in the administration and determination of eligibility for medical cards, nursing home subventions and other financial health board allowances.

EXISTING SERVICE PROVISION

During the year Community Welfare Officers were involved in the following core activities:

ACTIVITY NUMBERS	2001 ACTUAL	2002 PROJECTED	VARIANCE
<u>SWA Recipients</u>			
- Basic	£9,625,525	£12,519,543	
- Supplements	£11,350,355	£14,383,090	
- ENP's	£2,778,748	£3,919,525	
TOTALS	£23,754,628	£30,822,158	+ 29.80%
No. Clinic Locations	102	102	
<u>Medical Cards</u>			
- New Applications	12,342	19,910	+ 61.50%
- Reviews	33,631	34,956	+ 3.9%
Nursing Homes			
- New	932	1,112	+ 20%
- Reviews	323	800	+ 147%

COMMUNITY SERVICES

Back to School Clothing & Footwear Scheme			
- No. of Children	22,853	17,939	-21.50%
- Expenditure	£1,589,772	£1,205,814	- 24%
Housing Aid for the Elderly (Waterford)			
- Applications Approved	199	231	+ 16%
- Applications Completed	109	124	+ 13.5%
Blind Welfare Allowance Recipients	232	276	+ 19%

Other activities not measured include providing information, referral to other disciplines, networking and negotiating internally and externally, participating on interdisciplinary groups, meetings and workshops on SWA review/evaluation.

KEY SERVICE DEVELOPMENTS IN 2001

- Eight Community Welfare Officers were recruited in order to meet increased service demands and to replace Community Welfare Officers during leave periods.
- The majority of Community Welfare Officers have participated on in service training courses covering communication skills, time management, stress management, money & advice budgeting, report writing, advanced system training.
- Training in the EURO has taken place for all staff to ensure the smooth transition from January 2002.
- In order to ensure that the service becomes more focussed on care groups, many Community Welfare officers have participated on Community Care Committees issues such as Disability, Travellers, Elderly and Lone Parents.
- Due to the increased number of asylum seekers, three extra Community Welfare Officers were assigned, bringing the total number of Community Welfare Officers dealing specifically with asylum seekers to seven.
- The information service provided by the Community Welfare Officers was enhanced by the provision of up to date entitlement leaflets for the public in each Health Centre, and by the delivery of information presentations to voluntary and community groups.

COMMUNITY SERVICES

KEY PRIORITIES FOR 2002

- Continued delivery of services focussed on customer needs.
- Implementation of Customer Charter.
- Closer alignment with care groups to improve service focus.
- Development of standard presentation materials to be used for presentations to internal and external groups.
- Pilot ISO Quality Assurance Programme to be developed for a number of districts.
- Development and implementation of strategies to enhance the well being of the homeless.
- Preparation of five-year action plan for service.
- Develop more effective partnership with other health board professionals, other relevant statutory organisations, the voluntary and community sectors, and customers.
- Further analysis and implementation of changes as a result of service evaluation and customer surveys.
- Staff training and development.
- Improve information service by:
 - Replacement of VDUs with PCs / laptops so that CWOs will have on-line access to “Comhairle” information data base, FOI, etc.
 - Development, publication, and distribution of new information booklets on SWA and related services.

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SOCIAL INCLUSION

The problems associated with social exclusion are deep-rooted and complex. These problems are centred around lack of opportunity and diminished life circumstances, including unemployment, poor skills, low incomes, poor housing, high crime environments, poor health and family breakdown. Due to the complexity of issues involved there are many statutory and voluntary agencies dealing with individual aspects of social inclusion.

COMMUNITY SERVICES

Many people face particular barriers to taking up the opportunities society has to offer – barriers to inclusion. Often these are associated with particular groups – families of pensioners who are more vulnerable to poverty or those who are subject to discrimination or disadvantage for reasons of gender, race or disability. Other barriers are more personal and can be directly damaging to an individual's prospects of inclusion – like poor health, homelessness or drug misuse.

This Section only deals with some of the health and social gain aspects of these difficult issues. Child and Family Services, Services for People with Disabilities and Services for Older People are dealt with elsewhere in the Service Plan they are not part of this Section.

STRATEGIC OBJECTIVES

The New Health Strategy sets out the Governments commitment to deal with health inequalities as follows:

- A programme of action will be implemented to achieve National Anti-Poverty Strategy and Health targets for the reduction of health inequalities. This will include interagency training on health impact assessment.
- Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded.
- The health of Travellers will be improved.
- Initiatives to improve the health and well-being of homeless people will be advanced.
- Initiatives to improve the health and well-being of drug misusers will be advanced.
- The health needs of asylum seekers/refugees will be addressed.
- Initiatives to improve the health of prisoners will be advanced.

KEY SERVICE DEVELOPMENTS IN 2001

General

- Funding was provided for voluntary groups working with children, people with disabilities, older people, homeless people, victims of family violence, disadvantaged groups, travellers etc. Many of these services were extended or developed to meet emerging needs.
- Automatic medical card entitlement was extended to everyone over the age of 70 years.

COMMUNITY SERVICES

- A national immunisation programme for Meningitis C was undertaken and is now nearing completion.

Drug Misuse

- Additional counsellors, drug educators and substance misuse co-ordinators were appointed.
- Accommodation for staff in drug misuse services was secured.
- Preventative services were provided through seven community project in the region.
- Community drug treatment clinics were provided in Waterford and Carlow.
- Residential treatment for adolescents provided in Aislinn Treatment Centre in Ballyragget.
- A regional drugs telephone help-line was developed
- Data base on drug misusers was compiled.

Travellers

There are 370 traveller families in the region consisting of 2,048 persons – 832 adults and 1,216 children.

- Ongoing support for travellers was provided through the employment of public health nurses working with travellers. Travellers are also given priority by health board staff in dealing with their dental, ophthalmic and immunisation needs.
- Traveller culture training was provided for health board staff.
- Women's development programmes were provided for traveller women.

Asylum Seekers

There were 2,020 asylum seekers residing in the South Eastern Health Board at 30th November 2001.

Acc. Type	Carlow	Kilkenny	St. Tipp	Waterford	Wexford	Totals
Private Rented	351	42	12	612	537	1,554
Direct Provision	36	100	46	239	45	466
TOTALS	387	142	58	851	582	2,020

COMMUNITY SERVICES

It should be noted that there are 60 different nationalities represented in the above figures.

- Additional 3 Community Welfare Officer have been assigned to deal specifically with asylum seekers during 2001. This brings the total complement of Community Welfare Officers in this service to seven.
- South Eastern Health Board promotional leaflets on Health Screening has been widely distributed.
- 198 babies were born in maternity hospitals in the region during the period January to October, 2001. This is placing significant demands on maternity services.
- The Waterford Centre established under the Programme for Refugees from Kosovo closed in June 2001. The majority of its residents were repatriated, however 49 (10 families) chose to remain in Ireland and are now living in independent accommodation.
- A number of Health Board staff participated in training courses on anti-racism and interculturalism.
- Telephone and where necessary, on-site interpretation services were provided to assist Health Board professionals. This service is available in respect of 42 different languages.

Homeless People

There are approximately 125 homeless adults in the South-East.

- The health and welfare needs of homeless adults are met mainly by general practitioners and the board's community welfare services. In addition, the board provides funding for a number of voluntary agencies who provide shelter and social care for the homeless.
- Through the Supplementary Welfare Allowance Scheme the Board's community welfare service plays an important role in preventing homelessness, in helping those who are homeless and in supporting those who have moved out of homelessness.
- The Board's Child Care Services directly and in conjunction with the voluntary sector, supported young people who presented as being homeless.

COMMUNITY SERVICES

KEY PRIORITIES FOR 2002

General

- Priority will be focused on the delivery of immunisation programme to the socially excluded.
- Joint interagency training on health impact assessment will be continued.
- The board will continue to support and fund voluntary agencies providing care to the socially disadvantaged.

Drug Misuse

- A substance misuse unit will be established in each Community Care area.
- Further outreach services will be developed.
- There will be improved assessment and counselling services available to drug misusers.
- The number of treatment places will be increased.
- To have in place a service user charter by the end of 2002.
- To have in place a range of treatment and rehabilitation options as part of a planned programme of progression for each drug misuser, by the end of 2002.
- To develop a Drugs Policy for Primary and Secondary schools in the region.
- Establish Senior Counsellor post in each community care area to oversee clinical practice.
- Establish Regional Framework for co-ordination including Regional Drugs Task force and sub-committees as recommended by the National Drugs Strategy. A Regional Drugs Co-Ordination Unit will also be established as administrative support for the Regional Task Force.
- Prepare guidelines in association with Garda Authorities and Health Board for publicans and night club owners regarding drug dealing on, or in the vicinity of, their premises.
- Enhance the data base on drug misusers.

COMMUNITY SERVICES

Travellers

- Appointment of Travellers Health Co-ordinator.
- A Regional Travellers Health Unit will be established.
- Continued support for existing Traveller Health Initiative.
- Continued staff training in cultural awareness.

Asylum Seekers

The Board will:

- Continue to provide co-ordinated user friendly services.
- Devise and implement customer feedback mechanisms and report on outcomes
- Develop a Family Support Service for the refugee and asylum seeker population.
- Provide presentations to asylum seekers in ‘direct provision’ on Health Board services.
- Continue to develop and implement a promotion/awareness campaign on Health Screening/Immunisation.
- Produce and distribute an information booklet on entitlements for asylum seekers.
- Evaluate current interpreter services and explore alternative approaches.
- Continue the training programme on anti-racism and interculturalism for all staff having contact with asylum seekers.
- Establish medical screening teams.
- Establish a data base for screening services.
- Recruit three Public Health Nurses and additional Community Welfare Officers, as required.
- Recruit additional staff in line with service demands and within agreed allocation.

COMMUNITY SERVICES

Homeless People

In conjunction with the Local Authorities in the Region and the voluntary and community sector and in lines with the national policy “Homeless – An Integrated Strategy” the Board will:

- Agree appropriate levels of care staff with all accommodation centres and provide appropriate level of funding, within the allocation provided.
- Provide additional funds for home support services for homeless people who need such support and who have moved to transitional and long-term accommodation.
- Agree operational quality standards in consultation with service providers.
- Prepare, agree and monitor the implementation of service agreements with service providers.
- Provide community welfare services on an outreach basis to persons in emergency accommodation.
- Provide services on an outreach basis to motivate people to attend for drug treatment, support persons undergoing treatment and work with other disciplines to ensure continuity of care.
- Establish a multi-disciplinary team in each Community Care area. These teams will include nursing, community welfare, social work, psychiatric, addiction services and other relevant personnel.
- Establish a working group of Health Education Officers and homeless service providers to develop a health education and promotion strategy for homeless people. This strategy will be developed in consultation with homeless people.

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HEALTH PROMOTION SERVICES

SERVICE OBJECTIVES

The objective of the health promotion service is to positively influence the health of the population within the south east region by addressing the national targets through an integrated approach within key settings, and with population groups.

Key Service Developments 2001

- Healthy Communities Project launched in Hacketstown, Co. Carlow and Ballingarry, Co. Tipperary in January 2001. Needs assessment carried out in both communities.

COMMUNITY SERVICES

- Carried out interim review of the implementation of the Smoke Free Policy in S.E.H.B.
- Production of video on Traveller Health in conjunction with Community Care Carlow / Kilkenny.
- Co-ordinated and supported staff health days throughout the region.
- Interim review of Smoke Free Carlow Project in progress.
- Appointment of Workplace co-ordinator for S.E.H.B.
- Development of smoking cessation services in Carlow / Kilkenny, Waterford and Wexford.
- Establishment of health promotion office in Waterford with public access.
- Recruitment of research officer for Men's Health Project.
- Development of action plan for implementation of National Health Promotion Strategy in the S.E.H.B.
- Community leader training course (50 hours) extended to Carlow and Wexford.
- Skills for Health Professionals (40 hour course) delivered in three areas and resource materials developed.
- South Eastern Health Board / Waterford Institute of Technology Certificate in Social, Personal and Health Education (180 hours) course offered in three locations (commenced September 2001).
- Local seminars on partnership for those working with youth at risk held in Wexford, South Tipperary and Kilkenny.
- Trained fourteen tutors in Family Communications and Self Esteem programme.
- Co-ordinated national lifestyle campaigns locally.
- In conjunction with Waterford Institute of Technology completed the pilot stages of the Exercise with Older Adult Project.
- Brief Intervention training provided for health professionals.
- Smoking Cessation Facilitators trained.
- Munch and crunch healthy lunch policy extended to Wexford.

Key Priorities for 2002

This will involve the ongoing development of projects commenced in 2001 and the introduction of new initiatives in line with priorities identified in Cardiovascular Disease Strategy (1999) and Health Promotion Strategy (2000 – 2005). Establishment of devolved Health Promotion Units in each Community Care area.

Regional Priorities

- Develop regional action plan for Tobacco Control in S.E.H.B. and further support the implementation of the Smoke Free Policy for the S.E.H.B.
- Launch the action plan for the implementation of the National Health Promotion Strategy.
- Complete development of Food and Nutrition Policy for S.E.H.B. and draw up implementation plan.
- Develop guidelines for good practice for health professionals in relation to health promotion.
- Develop action plan for the promotion of physical activity in S.E.H.B.

COMMUNITY SERVICES

- Initiate research on Men's Health as prioritised by the Department of Health and Children.
- In conjunction with Waterford Institute of Technology develop training and resource materials for Exercise and Older Adult project.
- Co-ordinate national campaigns locally in particular Ireland Needs a Change of Heart.
- Co-ordinate the National Information Project, aimed at reviewing health promotion literature which will be based in S.E.H.B.
- Work with local media in promoting positive health messages.

SCHOOLS

Post Primary

- Continue to work in partnership with Department of Education on the implementation of Social, Personal and Health Education in post primary schools.
- Support the delivery of Family Communications and Self-esteem programme aimed at parents.
- Launch health insert for school journals for post primary schools.
- Continue to work with Waterford Institute of Technology to upgrade existing certificate on Social, Personal and Health Education to Diploma status.

Primary

- Review findings of interim review of Smoke Free Carlow and develop plan for integration into post primary schools.
- Extend Healthy Lunch Policy into South Tipperary and Carlow.

COMMUNITY

- Establish health promotion office in Wexford, South Tipperary and Carlow.
- Appoint project officer for Healthy Communities Project. Develop action plan in conjunction with local communities based on needs assessment carried out in 2001 and prioritise interventions.
- Extend Community Leaders Training Programme (50 hour) to Waterford or South Tipperary.
- Pilot a peer led nutrition intervention programme for women from lower socio-economic groups.
- Support the establishment of a clinical dietetic referral service for G.P.'s in each community care area.
- Develop smoking cessation services in the community by initiating smoking cessation support groups.

Workplace

- Develop regional action plan for workplace health promotion within the south east.
- Initiate a pilot workplace health promotion project.

COMMUNITY SERVICES

Work in conjunction with Occupational Health to promote positive health among employees of S.E.H.B.

HEALTH SERVICES

- Continue to work with health services staff to ensure that health information is accessible to general public.
- Deliver training courses on health promotion skills for health professionals in three community care areas.
- Launch resource pack on health promotion skills for health professionals.
- Launch training resources in conjunction with Waterford Institute of Technology for health professionals aimed at promoting exercise among older adults.
- Continue to support the implementation of the Smoke Free Policy and Smoking Cessation Support for staff.
- Deliver training courses on Skills for Change for health board staff in each community care area.

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CORPORATE SERVICES

OVERVIEW

The development of the Board's planning response to the National Health Strategy, which is the blueprint to guide planning in the health services for the next 7-10 years, will be a specific responsibility of the Deputy Chief Executive Officer. This involves both service and organisational development and the resultant issues of corporate governance including clinical governance.

STRATEGIC OBJECTIVES

As part of the development of the management/organisational structure, an Executive Planning Forum, representing senior members of the Board's Management Team, has been established with the following specific objectives:

- development of key service policies and strategic responses
- high level service planning
- systematic review of core service provision
- the overall monitoring of service plan implementation.

In 2002, this development will be supported by the commissioning of an independent consultancy:

- to review the organisation's capacity and preparedness to drive the implementation of the National Health Strategy in the entire organisation and
- to review delegated authorities and decision making in the areas of budgets, planning, financial management and business processes to support this initiative.

Furthermore, a particular objective will be to ensure the service delivered to the customer is of a consistently high quality throughout the organisation. Suitable mechanisms will be put in place to support the implementation of continuous quality improvement and the ongoing planning and monitoring of services to ensure they are delivered to the standards of best practice with a quality and customer focus. A new team will be established representing heads of the following departments and reporting directly to the Deputy Chief Executive Officer. These are:

- Communications
- Risk Management
- Freedom of Information
- Quality and Accreditation
- Appeals/Complaints
- Internal Audit
- Planning

A key challenge for the team is to develop a responsive and open system which enables and encourages engagement and participation at all levels of interaction with

CORPORATE SERVICES

the Board and its services – at individual patient, specialist group and wider community groups.

To ensure that key action points identified around the principles in the National Health Strategy are appropriately delivered this team, working together and in consultation with senior General and Professional Managers, will have as its key objectives:

- The review and development of initiatives to inform and educate the public about the health system, including choices and prioritisation in the decision making process.
- Review of existing complaint and grievance handling policies and procedures, including opportunities and arrangements provided and facilitated for enhanced communication between professional staff and patients and their families and encouragement of shared decision making.
- Convening of randomly selected customer panels to facilitate discussion and feedback on service level provision and delivery.
- Conduct routine patient satisfaction surveys and systematic collection and analysis of service delivery and performance levels in line with expected and agreed standards.
- Promotion and communication of greater awareness of patient and customer expectation and needs in relation to service delivery and information standards and the provision of customer service training for staff to meet these expectations and needs.

In addition, the following pages set out the service priorities for 2002 for the individual departments mentioned above.

COMMUNICATIONS DEPARTMENT

OVERVIEW

The Communications Department is a key resource to media, the general public, Board Members, and staff. The Board is committed to improving and developing communications with the people who receive services from the Board; between the Board and other agencies; and among the staff who deliver services. Currently there are four members of staff in the department: Communications Manager, Communications Assistant, Irish Language Officer and Clerical Officer.

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KEY DEVELOPMENTS IN 2001

- Maintained and continued to develop media relationships.
- Developed and implemented event management guidelines for staff.
- Developed a bi-lingual approach to public communications through the implementation of the Irish Language Action Plan.
- Developed a corporate identity strategy, which was implemented and will be monitored continuously.
- Continued to provide a focussed and swift response to media queries dealing with over 853 queries and issuing 105 press releases and statements.
- Continued to provide communications and public relations advice to Board members, managers and staff on an ongoing basis.
- Published internal and external information including the SEHB Annual Report, recruitment material, service directories, patient brochures, newsletters, and guidelines.

KEY PRIORITIES FOR 2002

In addition to the core communications functions that include media relations, media crisis management, public relations, internal communications, publishing, corporate identity, Irish language development, the communications function has set the following development objectives:

- To carry out a review of the Communications function within the South Eastern Health Board to strategically plan for its future development.
- Develop a directory of health and social services for the South Eastern Health Board area to be disseminated to the widest possible audience.
- Facilitate the development of a user-friendly, interactive computerised communication system, establish new content for the SEHB website and update existing content to ensure relevant and accurate information is available to users. This is in partnership with the IT Department.
- Establish an advertising and sponsorship policy for the SEHB.
- Establish a publication project to enable the production of appropriate patient information to corporate standards with consumer input.

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- Continue to improve internal communications through the development of a bi-monthly full colour magazine (replacing the quarterly newsletter) to be distributed to over 12,000 staff.
- In relation to the development of the Irish Language, the Board will endeavour to serve the Irish language speaking community throughout its functional area, including the Gaeltacht area, by continuing with programmes for the promotion of bilingual initiatives within the Board through its services and communications. Further opportunities for SEHB staff to learn and use the Irish language will be provided. The Board will meet the requirements expected to arise from the introduction of the Official Languages Equality Act.

RISK MANAGEMENT

OVERVIEW

The South Eastern Health Board is committed to the Risk Management Process. The Board will endeavour to ensure that everything we do will be based on Best Practice and be supported by evidence from the literature that is peer reviewed.

STRATEGIC OBJECTIVES

With the planned introduction of Enterprise Liability in 2002, there are many Risk Management standards that need to be put in place across the Region.

Through its Risk Management Policy the South Eastern Health Board aims to manage Clinical and Non-Clinical risk by:

1. Reducing the risk of harm to patients
2. Reducing the risk of harm to the Organisation - this includes risks to the Organisation's assets, including financial, reputation and staff morale.

KEY PRIORITIES FOR 2002

At Regional level:

- To seek approval for a Risk Management Strategy for the Board.
- Set up and maintain a Regional Database of Clinical Incidents/Near Misses in order to record, analyse and identify trends thus highlighting areas for further attention and also for recording regionally allowing lessons learnt in one area to be

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disseminated to others as recommended in the Department of Health and Children document – “An Organisation with a Memory”.

- Work with other staff at Regional level to implement best practice in relation to complaints and complaints management.
- Work with other staff at Regional level to draw up and implement policy in relation to issues identified locally through the Risk Management process.

At Local level:

- To appoint a Clinical Risk Manager based on site in each of our Acute Hospitals but also covering Special Hospitals and Community Care.
- Extend the Risk Management project to all clinical areas within the acute hospital setting.
- Contribute to new staff induction within these areas.
 - Support the introduction of Clinical Incident Reporting within these areas.
 - Work with Clinical Managers within these areas to facilitate investigation and follow-up of clinical incidents/near misses.
 - Facilitate the rapid follow-up of serious incidents.
 - Implement a training programme on Incident/Near Miss reporting and other Risk Management issues for staff.

QUALITY AND ACCREDITATION

OVERVIEW

The Regional Quality and Accreditation unit is committed to facilitate a continuous quality improvement culture in the SEHB. This will involve an organisation-wide effort, involving everyone in collaboration, to continuously improve all aspects of the organisation's activities.

This commitment builds on the provisions in the National Health Strategy relating to the development of a culture of continuous quality improvement. (Actions 63,71).

STRATEGIC OBJECTIVES

To develop an appropriately resourced programme of quality initiatives, delivered within a cohesive and managed framework in keeping with the provisions in the new

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National Health Strategy for the development of a culture of continuous quality improvement.

KEY PRIORITIES FOR 2002

- To design and implement the quality and accreditation process as agreed by the Chief Executive Officer and Senior Management and as proposed in Quality Recommendation report by Prospectus and to recruit staff as are identified and agreed to resource project.
- To design, and deliver:
 - a development and training course; and
 - a research function
 to implement and support the quality and accreditation process.
- In consultation with the Director of Human Resources, to establish and facilitate learning sets for managers, general and clinical, for support and development to deal with challenges in new areas of responsibility in relation to quality initiatives. Implement mentorship program for key people involved in change process across the region.
- To develop a resource service to co-ordinate and support quality improvement/development initiatives in the South Eastern Health Board area.

PLANNING UNIT

Planning and Evaluation will be a pivotal function in the Health Services of the future, supporting strategic and service planning and co-ordinating the evaluation and measurement process to enhance the funding of partnership arrangements for the Region.

The establishment of the Unit in 2001 was timely having regard to the National Health Strategy which places an emphasis on measurement and evaluation. The Planning function subject to continuous review will be developed to ensure a co-ordinated involvement/contribution through a wide consultation process. An Inter-Board approach is anticipated in future planning.

KEY PRIORITIES FOR 2002

- Review, develop and co-ordinate the Service Plan process.

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- Monitor the implementation of the 2002 Service Plan.
- Co-ordinate the roll out of and training for the implementation of the National Performance Indicator project.
- Monitor the timely collection and the input of data to the National Performance Indicator Reporting System (NAPIRS), in co-operation with each of the other Health Boards, the Office for Health Gain and the Department of Health and Children.
- Participate in the development, co-ordination and collection of other management information to facilitate monitoring and evaluation as agreed with the Executive Management Team.

OFFICE OF APPEALS AND COMPLAINTS

OVERVIEW

In 2002 it is intended to re-establish a full time Appeals Officer who will be independent of line management. The Appeals Officer will deal with all schemes requiring eligibility tests to ensure that a consistent and compassionate approach is established and maintained. These include nursing home subventions, medical cards and supplementary welfare payments.

STRATEGIC OBJECTIVES

- To monitor the application of the Boards policies and services from the perspective of fairness and equity in relation to access to services, delays or unsatisfactory performances.
- To monitor the complaints received for compliance with:
 - (i) Boards Corporate Strategy
 - (ii) National Strategy
 - (iii) Publicised standards / eligibility codes
- To provide an appeals and complaints mechanism to members of the public who are aggrieved by a decision of the Board within the approved time frame.
- To liaise with other managerial processes and staff in the South Eastern Health Board to promote a culture and environment which is least likely to generate complaints and appeals.

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- To liaise with and respond to cases raised by National Inspection Agencies including the Ombudsman and the Inspector of Social Services,
- To provide full details of appeals process to staff, voluntary organisations and others as needed.
- To liaise with other Health Agencies concerning overall appeals/complaints environment.

KEY PRIORITIES FOR 2002

- To design a complaints processes in the South Eastern Health Board at local level within the management system and for appeals to Appeals/Complaints Officer following local review.
- To process all appeals by interview, or correspondence as appropriate to each case and to inform appellant and other relevant personnel of the outcome
- To maintain a register of complaints and to keep suitable records of various types of appeals/complaints received
- To provide an Annual Report on activities to the Chief Executive Officer.

FREEDOM OF INFORMATION UNIT

OVERVIEW

Since its implementation in October 1998 the Freedom of Information Act has been widely availed of and over 1000 requests for records have been granted. The unit which is based at Kilcreene Hospital Kilkenny is headed by the FOI Co-ordinator and includes a research officer, project officer and a secretary. Its role is to provide advice, training and research services to decision makers and staff, to ensure easy access to records, to make service information available to the public and to liaise with the Information Commissioner in Appeals in relation to appeals under the Act.

KEY DEVELOPMENTS IN 2001

- A full time research officer was appointed for Carlow/Kilkenny and South Tipperary.

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- A post of project manager to implement record management best practices, and to prepare the groundwork for a new computer system for patient information was advertised.
- The implementation of a tracking system for FOI requests commenced.
- Training for decision makers, research officers, staff and voluntary groups was provided.
- Work on developing an archive policy commenced.

KEY PRIORITIES FOR 2002

- Implement “Take Action” tracking system in major locations.
- Update section 15 and 16 service information documents.
- Provide advice, assistance and training to Research Officers and Decision makers.
- Monitor implementation of the FOI legislation within the Board.
- Maintain working relationship with Office of the Information Commissioner.
- Work with the National FOI officers group to implement Internal Laws project and staff information guidelines.
- Work with Regional Librarian to complete archives report and submit to board management.
- Provide research service to South Tipperary and Carlow/Kilkenny.
- Implement services information telephone line.

INTERNAL AUDIT

OVERVIEW

The Comptroller and Auditor General has reviewed the internal audit function of the health boards. The recommendations from the review were:

- The establishment of audit committees in the health boards to review internal audit plans, reports and quality assure the audit service.
- The adoption by Health Boards of an Audit Charter (already drafted)
- The development of Internal Audit Standards and Guidelines for the Health Service.
- The development of an Internal Audit Manual for the Health Service.

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- The development of a Risk Based Audit Approach.
- The evaluation of Internal Audit Management Software.
- The formalising of the follow up of audit reports recommendations.

In 2002 the South Eastern Health Board, in conjunction with the other Boards, will be addressing the above recommendations. The Chief Executive Officers of the Health Boards have already established a conjoint working group of internal auditors to develop audit standards, audit manuals and a risk based audit approach. In 2002 and beyond significant resources from internal audit will be devoted to the conjoint working group and to assisting the establishment of the audit committee.

KEY PRIORITIES IN 2002

- An audit committee, reporting to the Chief Executive Officer, will be established. In addition to officers from the Board, the committee will have two independent members one of whom will be professionally qualified. While the main role of the audit committee will be in the area of internal financial control it is anticipated their work will expand into other areas of risk management. The benefits accruing to the board from this committee are the introduction of an element of independence from management.
- The use of computer assisted audit techniques will be developed during 2002, which will improve the efficiency of the audit process and should also complement the new financial suite of systems

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HUMAN RESOURCES

OVERVIEW

There are in excess of 12,000 staff on the payroll of the South Eastern Health Board filling 8,000 whole time equivalent posts distributed over 200 different grades. The Human Resource Department encompasses a number of services including Employee Relations, Personnel Administration, Recruitment, Training & Development, Occupational Health Services, Safety, Health & Welfare, the Nursing & Midwifery Planning & Development Unit and Library services

The Board adopted its Corporate Strategy in 1997 which provides the key principles which underpin our Human Resource strategy.

SAFETY HEALTH & WELFARE

The role of the Safety, Health and Welfare division includes promoting a safety culture in the workplace; facilitating the safety consultation processes; development of policies and procedures, advice, problem solving, design and delivery of training

CORPORATE SERVICES

programmes; auditing, establishing funding requirements and prioritising expenditure of funds allocated.

OCCUPATIONAL HEALTH SERVICE

The aim of the Occupational Health Service is to promote the physical, mental, social and environmental well-being and occupational effectiveness of employees of the South Eastern Health Board, through a multidisciplinary approach to managing health risks and costs. Services provided for staff include pre-employment medicals, health surveillance, health education and promotion, staff health days and advice in relation to rehabilitation and ill health retirement.

The strategic focus of the Occupational Health Service is the maintenance of work ability. The three mechanisms for achieving this objective are:

- (1) Prevention of ill-health and injury
- (2) Promotion and maintenance of general health
- (3) Re-integration of ill and injured workers into the workforce

This focus builds upon the responsibility placed on the Board, as an employer, by Health and Safety legislation.

KEY DEVELOPMENTS IN 2001

Strategic Human Resources

- Central recruitment was responsible for the recruitment of 1,059 permanent staff across all grades. This is an increase of 57% on the number recruited in 2000.
- The Board has been particularly active in recruitment initiatives particularly for NCHDs and Allied Health Professionals including developing the use of e-recruitment and establishing links with professional bodies in other countries particularly Europe.
- Central Training, Education & Development Unit provided a programme of development opportunities and during 2001 the Board's first training prospectus was launched. Thirty-five training courses were run and the number of participants was 436. Sponsorship was provided for 200 staff members ranging from certificate to masters level.
- The employee relations department continued the implementation of national agreements including the childcare workers agreement.
- The review of St. Patrick's Hospital, Cashel was implemented using a new model designed by the Nursing & Midwifery Planning and Development Unit. This model will be used to assist the implementation of any future reviews.
- Agreement was reached with the unions involved on the implementation of the review of St. John's Hospital.

CORPORATE SERVICES

SAFETY, HEALTH & WELFARE

The following developments have taken place in 2001:

- The expansion of the number and type of training courses being provided. A database has been set up.
- Induction training in occupational safety, health and welfare was made available to all staff.
- A review of the use of lifting aids has been carried out to ensure aids available are in use and used correctly. The correct use of lifting aids is taught on manual handling training courses.
- Task analysis is carried out by the health and safety.
- The existing safe work practice sheets and safety statements for hospital departments have been reviewed and revised.
- The increase in accident/incident statistics is a reflection of the work carried out in the promotion of the use of the reporting procedure amongst department heads and general operatives. The increase had been anticipated as a follow on from the awareness initiative.
- V.D.U. assessments are being carried out during safety, health and welfare audits and remedial action recommended as appropriate. A number of employees within the Board will be trained as in-house assessors by the end of 2001.
- The upgrading of building security systems is underway in A&E departments and associated areas in the acute hospitals as required.

OCCUPATIONAL HEALTH SERVICE

In 2001, the Occupational Health Service continued to support the health of the staff in the region through all the activities listed in the overview:

- The Regional Occupational Health offices were completed, at the Gate Lodge, St. Luke's Hospital Kilkenny.
- Pre-employment medicals are now processed in each of the four occupational health sectors and self-declaration medicals are being introduced on a pilot basis.
- The vaccination programme is now offered throughout the Region and particular emphasis on ensuring that employees, who perform exposure prone procedures, receive Hepatitis B vaccination. Influenza vaccination was offered to all employees from October 2000.

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- Regional guidelines on follow up for inoculation injuries by Occupational Health after initial assessment and treatment in A&E were agreed.
- An outline plan for the development of occupational health services over the next five years was developed.
- A food handlers' policy was finalised, with policies and procedures for safe work practices for food handlers and restricted work advice.
- Local stress audits were completed in South Tipperary and Waterford Community Care Area in co-operation with local services.
- Planning for the new Occupational Health and Safety Department was completed for the Waterford Hospital site.

KEY PRIORITIES FOR 2002

Strategic Human Resources

The key provisions of the Board's Corporate Strategy included organisation structures and policies for Human Resources Management in the region and specific values relating to people management including:

- respecting and valuing each other;
- team work;
- sharing knowledge and experience;
- accounting for what we achieve;
- removing obstacles to our development, as individuals and as an organisation.

The National Health Strategy 'Quality and Fairness' provides the framework for action and the Human Resources key priorities for 2002 are presented below under the action plan headings contained in the national health strategy.

Invest in training and education

- The introduction of a learning contract and training framework to ensure development of employees in tandem with the development of the individual, their job, service area and organisation.
- The Board will continue to work closely with third level providers and professional bodies to examine the potential for increasing the number of places available for entry to third level for those wishing to pursue careers in the health sector.
- As part of the Board's strategy to attract allied health professionals considerable efforts are being made by existing staff to facilitate clinical placements for students from a variety of allied health professional courses and placements for E.U. nationals awaiting validation of qualifications.

CORPORATE SERVICES

- To continue to deliver a comprehensive package of training and development to all grades of staff.

Devise and implement best practice employment policies and procedures:

- Recruitment services within the Board's region will ensure the timely availability of staff linked to service and operational plans and manpower planning.
- To continue the development of recruitment initiatives with FAS/EURES and in particular to expand and maintain links in E.U. countries which have a surplus of qualified personnel who wish to seek employment in Ireland.
- The development of a quality, ISO accredited personnel administration system is an integral feature of the Board's H.R. Strategy. This will include a review and standardisation of recruitment policy and practice throughout the region. The alignment of human resource and service strategies and objectives is an essential component of achieving this.
- At a national level the boards are developing competency frameworks for all administrative grades of staff, this follows on from the recently launched nurse manager competency framework. In the Board's region these will be integrated with recruitment training and practice.
- Ensure policies and training are in place to support equal opportunities including the implementation of the Code of Practice for the Employment of People with Disabilities, in the Board's region, and in particular to improve the Board's employment of people with disabilities.
- At national level in conjunction with the Equality Authority appropriate training for managers will be developed.

Manage people effectively:

- The corporate Human Resources function will work with service managers particularly in the area of manpower planning to ensure that human resource issues are addressed in a service delivery context.
- To give effect to the closer involvement of line managers in human resource management through the creation of locally managed, area based units.
- To maintain the Board's commitment to management development and the development of multi-disciplinary team working through appropriate training support. To this end a newly developed senior management programme will be launched in early 2002.

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- Develop a set of Human Resources indicators that will support managers in identifying performance issues at unit level and the introduction of Human Resources Management audit. This will include the provision of clearer details in relation to new posts to provide improved checks and balances at the 'request to fill' stage of recruitment.

Improve the quality of working life:

Safety, Health & Welfare

- To co-ordinate the activities of senior and local management in ensuring the safety, health and welfare of the Board's employees.
- The Safety, Health and Welfare division will continue to attend to the development of policies and procedures as deemed necessary.
- To continue to develop the employee assistance service to all Board employees.

In addition in 2002 the Safety, Health & Welfare division will undertake the following:

- The computerisation of the training records.
- Community Care and the remaining hospital safety statements will be distributed preceded by consultation and training sessions with department heads.
- V.D.U. assessments will continue to be carried out.
- Review of compliance with recommendations made in the safety, health and welfare audit reports forwarded to managers in 2001.
- Emphasis will be placed on the provision of training in interpersonal skills/diffusion of aggression at work for front line and community care staff.
- Targeting of clinical nurse managers and department heads for safety, health and welfare awareness training.

The above priorities are contingent on additional resources being made available.

Occupational Health Service

To deliver the high quality service it is crucial that the mental and physical well being of our staff is prioritised.

- (1) *Dignity at Work* - policy and procedures for timely and thorough investigation of staff harassment (Bullying, sexual, violence and stress) in the workplace; to continue to develop the employee assistance service.

CORPORATE SERVICES

- (2) *Mental Health initiative* – Needs assessment and development of training programmes for staff and development of organisational changes leading to more worker friendly policies.
- (3) *Computerisation of Occupational Health Service* – Purchase of software, data input, staff training and support.
- (4) *Rehabilitation* – Access to rehabilitation services for staff and consultant review appointments.
- (5) *Workplace Health promotion initiatives*: Diet, alcohol, exercise, cholesterol and stress.
- (6) *Expansion of pre-employment medicals* for all staff screening and follow up by Occupational Health Service.
- (7) *Hepatitis B Exposure Prone procedure* for all staff who perform Exposure Prone Procedures.

The above priorities for the Regional Occupational Health Service are contingent on additional resources being made available.

Develop performance management:

- Building on the development of senior management development programme, competency frameworks and the learning contract, the Board will be taking forward the development of performance management commencing in 2002.

Promoted improved industrial relations in the health sector:

- In 2002 the employee relations team will be expanded to provide for a more proactive approach, particularly in the area of policy development.
- The Employee Relations service will continue to work closely with management to support the on-going implementation of the recommendations outlined in the Report of the Commission on Nursing.

In addition the Employee Relation service will develop the following service areas in 2002:

- Put in a place a schedule of meetings with the various health unions to discuss items of regional significance.
- To agree policy documents with unions and management and facilitate their early implementation in 2002 including the agreement and implementation of managing attendance policy.
- To begin a process of reviewing the anti-bullying policy, sexual harassment policy and discipline and grievance in line with best practice and implement policies following consultation.

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- Employee relations department will commence a programme of support meetings for Human Resources personnel throughout the region.
- The provision of support, guidance and facilitation services to managers throughout the region.

Develop the partnership approach further:

- To work in partnership with employees, their unions and associations to improve quality, efficiency and the effective implementation of national agreements through local and regional partnership committees. The Corporate Strategy has been adopted by the Regional Partnership Committee as the framework for local partnership initiatives.

The cost of resourcing the developments proposed for the Human Resources system:

The ongoing cost of developments in local recruitment initiated in 2001 is 825k Euros (£650k). In 2002 the Board will continue to develop the central Human Resources Department to ensure a more robust support, advisory and policy development service to all senior and line managers throughout the Board's region. These developments will include 13.5 new posts, at a full year cost of 494k Euros (£389k).

REGIONAL LIBRARY SERVICES

OVERVIEW

The Board's libraries aim to ensure that all SEHB staff and students, who are training or are on placement with the Board, have access to a comprehensive range of information for professional, managerial and educational purposes. A range of electronic information resources are provided and supported by training.

STRATEGIC OBJECTIVES

The library infrastructure is being developed to support evidence, research, training, and information access. The necessity for this is indicated by a number of national policy documents: 'Quality and Fairness'; DoHC, July 2001 Health Research Strategy 'Making Knowledge Work for Health'; 'National Health Information Strategy'; 'Primary Care: A New Direction'.

KEY DEVELOPMENTS IN 2001

Nearly 95% of the 11,000 catalogue records have now been entered onto the Unicorn library management system.

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- A new library facility was opened at St. Joseph's Hospital, Clonmel. The acute hospitals in Wexford, Kilkenny, South Tipperary, and Waterford each now have a staffed library, with books, journals, and access to databases and the Internet on a total of 23 computers.
- Computer training, using the Board's computer training centres in Kilcreene and Waterford, was provided monthly by library staff to users. Nursing, medical and psychology databases were covered, as well as Health Information on the Internet, and Evidence-based Health Care. One-to-one computer training was provided in each of the libraries.

KEY PRIORITIES FOR 2002

- Continue to develop the staffed library service in each of the Board's catchment areas.
- Implement the next module of the Unicorn computerised information system.
- Provide a regional library reference enquiry and research service, by post, telephone and e-mail.
- Establish a dedicated library and information service for all Primary Care staff. Two year pilot project proposed initially.
- To provide training in Medline, Cinahl, Cochrane, and the Internet for all Board staff.
- Continue to obtain photocopies and interlibrary loans for the Board's staff, where necessary from outside the region. Extend the pilot, commenced in WRH in 2001, where charges are passed on for such items obtained for personal use.
- Develop library web pages on the Board's Internet and Intranet sites and, through these, provide access to Board staff, from home as well as from the workplace, to health information in database, journal, and electronic book form.
- Plan, in partnership with local public libraries, the development of a consumer health information service.

NURSING & MIDWIFERY PLANNING & DEVELOPMENT UNIT

OVERVIEW

2001 was the first full year of the Nursing and Midwifery Planning and Development Unit, in the South Eastern Health Board. The primary role of the Nursing and Midwifery Planning and Development Unit is strategic planning and policy development for Nursing and Midwifery Services in a Health Board area. This function extends beyond the Board to the voluntary sector, practice nursing and the independent sector. The Unit

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works in partnership with the Nursing Policy Division, Department of Health and Children in planning and policy development on nursing and midwifery issues. The functions of the Unit are operationalised under five strategic themes, workforce planning, practice development, communication, continuing professional development and quality of service.

KEY DEVELOPMENTS IN 2001

Workforce Planning

- A Nursing and Midwifery Resource Officer was appointed. The overall role of this post is to develop and implement a comprehensive and systematic approach to nursing and midwifery human resource management in the South Eastern Health Board. This will involve an analysis of the current profile of the nursing and midwifery workforce in the Board's area and the development of systems to enable the projection of future needs.
- Commenced collection of data on Nursing and Midwifery turnover in Board and non-board sites.
- A proposal for the participation by Waterford Regional Hospital in national pilot of training programme for care assistants was prepared
- Collaborated with key stakeholders in the development of a strategy for the Promotion of Nursing as a Career.
- A review of patient dependency and staffing levels in St Patrick's Hospital, Cashel was commenced in April 2001, the final report will be available in January 2002
- A patient dependency study was also completed in the Maternity Unit, Wexford General Hospital. Final report - January 2002.
- In collaboration with Waterford Regional Hospital availability of clinical placements in the Back to Nursing Programme was extended to multiple sites in the region. A system was established to enable full payment for the course duration to participants who returned to the workforce.

Continuing Professional Development

- A 3 year strategy for record keeping was developed and agreed. As part of the strategy training programmes have been provided for facilitators. Audit in selected settings has commenced.
- Ongoing involvement in the implementation of post registration nursing specialist programmes in Critical Care, A& E and Perioperative Nursing in Waterford Regional Hospital / Waterford Institute of Technology

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- A prospectus, which included programmes for nurses and midwives, was produced. The total number of participant days in 2001 was 2,449
- In partnership with Trinity College, Dublin, six students from care of the elderly settings in the SEHB commenced a Graduate Diploma in Gerontological Nursing in September 2001. Clinical placements will be in approved sites in the SEHB
- Team building/management development programmes for senior nurse management teams have commenced in 4 sites
- A system was put in place to effectively manage the implementation of the 'fees initiative' at regional level. Nurses and midwives undertaking a degree in nursing are eligible for 100% funding of course fees. Selected clinical programmes at higher diploma level are also eligible for 100% funding.
- A proposal for the integration/transfer of undergraduate nurse education wholly into the third level sector was prepared. A joint working group is now in place and the project manager to manage the integration process has been appointed.
- A total of 110 clinical nurse/midwife specialists have been confirmed in post in the South Eastern Health Board. A database of location and specialty of posts and postholders has been established.

Practice Development

- In collaboration with Directors of Nursing a strategy for the implementation of the Scope of Professional Practice was agreed.
- Facilitated development and implementation of multidisciplinary clinical practice guidelines for midwifery/obstetric care
- Development groups for Clinical Nurse Managers from Special Care Baby/Neonatal Nursing, A&E, Gynaecology and Paediatrics were established and facilitated
- Continued enhancement of midwifery practice.

Communication

- Communication of the Unit's role and activities included news page in newsletter commencing in November 2001, meetings of the Executive of the National Council with Directors of Nursing and Managers of other nursing and midwifery services located in the Board's area.
- A communication strategy with stakeholders outside of the board was established which includes monthly meetings in the Nursing Policy Division, Department of

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Health & Children, with the National Council for the Professional Development of Nursing and Midwifery and with Directors of Units in other Boards.

- Ongoing participation in national working groups; Research Strategy for Nursing and Midwifery, Midwifery Forum and the Monitoring Committee for the Implementation of the Commission Report

Quality of Service

- Development of integrated hospital/community midwifery project in Waterford.
- Work is ongoing on development of multidisciplinary case notes for maternity services
- Ongoing support of implementation of education programmes

KEY PRIORITIES FOR 2002

Workforce Planning

- To continue the development of effective systems for nursing and midwifery workforce planning in line with recommendations arising from the National Study of the Nursing and Midwifery Resource
- Maintain collection of data on turnover rates in individual hospitals and areas
- Agree a model for induction /orientation with all stakeholders

Continuing Professional Development

- Oversee the detailed provision of continuing nurse and midwifery education. All planned programmes will be included in the Board's prospectus and particular attention will be focussed on developing integrated programmes
- Continue to develop post-graduate programmes in line with professional and service needs.
- Establish a 2-year project to maximise the professional role of Clinical Nurse/Midwife Specialists in the Board's area.
- Develop and co-ordinate the delivery of a post-graduate diploma in Mental Health Nursing. The programme will seek to support and enhance service delivery and specialist practice in Mental Health Nursing
- Collaborate in the development of a regional framework for mentorship/preceptorship programmes
- Implement a one year project on clinical supervision in public health nursing

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Practice Development

- Implement Regional Strategy for Scope of Professional Practice as developed in 2001
- Assess the implementation of continuing education programmes at clinical level
- Establish regional substance abuse guidelines for maternity services.
- A Practice Nurse Facilitator will be recruited to support and enhance the role of Practice Nurses in the Board's area
- Co-ordinate ongoing implementation of Regional Record Keeping Strategy
- Continued enhancement of nursing and midwifery practice

Communication

- Maintain and extend channels of communication with nursing and midwifery services in the Board's area, through the development of a Regional Interagency Communication Strategy for all nursing and midwifery service providers in the Board's area
- Liaise with the Department of Health & Children and the National Council in the ongoing implementation of the Commission Report

Quality of Service

- Development of a regional strategy to increase utilization of maternity/obstetric services by traveller women.
- Implement a three-year project to enhance nursing services in care of the elderly settings.
- Development of a strategy to link services and care for women with postnatal depression in collaboration with psychiatric and midwifery/obstetric service providers.
- Collaboratively plan required site development for post of Emergency Nurse Practitioner in Waterford Regional Hospital.
- To support the implementation of agreed standards for risk management in collaboration with Risk Manager.
- Collaborate with service managers in the identification and establishment of specialist and advanced practice posts.

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INFORMATION TECHNOLOGY DEPARTMENT

OVERVIEW

The Information Technology (IT) Department works in partnership with other departments in the Board to utilise the opportunities for deployment of IT in supporting the delivery of the Board's services. IT-based systems can help to achieve efficiencies, improve the standard of record-keeping, improve the accessibility and sharing of records by staff thereby enhancing the quality and responsiveness of the Board's services.

The Department comprises 40 staff who are primarily located at Head Office and the remainder at Waterford Regional and Wexford General Hospitals. The majority of the staff are IT professionals with expertise in areas such as systems analysis/design, programming, project management, Operating Systems (e.g. Windows 2000 and UNIX), technical support, data communications technology and other IT-related technologies. Many of the staff are engaged in supporting the various IT applications that are used across the Board in the areas of patient/client records, administrative support for patient-care activities, schemes administration, finance, HR and engineering.

An extensive IT infrastructure is now in place across the Board comprising some 45 servers, more than 2,000 PCs, a local-area data communications network in all the main premises of the Board and a wide-area data communications network that interconnects all the premises together into a corporate network. Supporting this infrastructure on an ongoing basis is a substantial component of the department's work.

STRATEGIC OBJECTIVES

- To ensure that all staff involved in the delivery of care and services, whether based in hospitals or community care, have online access to the most up to-date, relevant and complete information about their patients/clients, subject to appropriate access controls
- To achieve integration of patient/client records across all services of the Board and Primary Care
- To enable clients/patients of the Board's services to carry out transactions with the Board, including obtaining comprehensive information on services available, utilising a variety of electronic service channels
- To provide all staff with appropriate administrative support systems, utilising IT for maximum efficiency

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- To provide managers and support personnel with comprehensive information systems regarding resource utilisation, service quality, equity of access and consumer satisfaction to enable effective management of services in an efficient manner.

KEY DEVELOPMENTS IN 2001

The bulk of the department's resources during 2001 was consumed in the support and maintenance of the technology infrastructure and the many IT applications that it supports. In addition to this ongoing work the following is a list of key service developments during the year: -

- The procurement of a new suite of **Hospital Information Systems** was progressed such that by the end of the year the final shortlist of only two suppliers remained and these were undergoing final evaluation. (This procurement is being led by the SEHB on behalf of several other health boards/agencies also.)
- The procurement of a new suite of **Financial Information Systems** was re-advertised in mid-2001 arising from problems with the earlier procurement competition. By the end of the year the initial evaluations of suppliers was completed and their detailed proposals were received. (This procurement is being led by the SEHB on behalf of several other health boards/agencies also.)
- The **Euro Conversion** of all the IT-based systems that hold monetary values was completed following extensive preparatory work.
- A new **Travel Expenses System** was purchased for implementation from the start of 2002.
- The procurement of a new **Laboratory Information System** was progressed in conjunction with the Western Health Board. By the end of the year the process was at an advanced stage with only two suppliers remaining.
- A **Correspondence Tracking System** was purchased and implemented to track important items of correspondence, co-ordinate information required for responses and ensure that responses are issued within the timescale required in each case. The initial implementation was in the area of parliamentary questions and letters from public representatives. This system will be implemented in all local areas in 2002.
- A major upgrade of the **Cardiac Diagnostic System** was purchased for Waterford Regional Hospital and the other three Cardiac Diagnostic Departments (Kilkenny, Wexford and Clonmel).
- Implementation work commenced on the **Community Ophthalmology, IT Helpdesk and Palliative Care** systems that had been purchased in late 2000.
- A major upgrade to the **Payroll System** was completed.
- A procurement competition was run for an **Occupational Health System**, which was in its final stage at the end of the year.

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- The Board's **IT Infrastructure** was expanded considerably with the installation of several additional servers, hundreds of PCs and the upgrading of many data communications links/networks.

KEY PRIORITIES FOR 2002

Priorities for IT developments within the Board must be seen in the context of the recent major strategy work carried out by the Department of Health and Children, viz.: -

- a) the main strategy document, *Quality & Fairness – A Health System for You*;
- b) the Primary Care Strategy – *A New Direction*; and
- c) the National Health Information Strategy (to be published early in 2002)

The key priorities for the IT Department during 2002 are set out below. These are fully compatible with the national strategy work that has been published to-date and while these are not expected to change in the light of the publication of the National Health Information Strategy there may need to be some adjustments of approach – e.g. compliance with national standards as they emerge.

The key priorities for 2002 are: -

- To increase the capacity of the department to deal with support demands associated with the expanding IT infrastructure.
- To place the contracts for the following systems and commence implementation work: -
 - The Laboratory Information System
 - The Hospital Information System
 - The Financial Information System
 - The Occupational Health Information System
- To establish an electronic communications system between the Board's services and General Practitioners, with respect to at least some of the communications required. (It is recognised that there is a wide variety of communications involved in this area and the process of introducing an electronic system will, of necessity, be an evolutionary one.)
- To develop the requirements specifications for IT systems to support Child Care and Community Nursing services and at least commence the evaluation of options for delivering these systems.
- To develop the requirements specifications for a comprehensive Management Information System and at least commence the evaluation of options for delivering this system. This will include the development of data standards to be applied across all new systems, starting with the HIS and FIS projects so as to ensure that management information can be produced in an integrated manner from these major systems and from all others in due course.

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- To initiate a new project to significantly enhance the quality and range of information and services available via the Board's Internet and Intranet websites. This project will be carried out in partnership with the Boards Communications Department and will involve the procurement of services to re-design the websites and to automate the management of their content. This project will ensure continued compliance by the Board with the *Government* initiative.
- To implement the Central Client Eligibility Index in partnership with the GMS (Payments) Board. This is a national project that is being rolled out across all health boards and affects all the IT systems supporting schemes that are paid through the GMS (e.g. Medical Cards, Drug Payments, Long Term Illness, etc.)

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PUBLIC HEALTH DEPARTMENT

STRATEGIC OBJECTIVES

The aim of the Public Health Department is to improve the health of the population of the South East, through work with other Health Service Staff, relevant agencies and the public themselves.

The South Eastern Health Board aims to deliver a high quality health care and health promotion service, which is equitable, accountable and patient centred. This service is to be informed by research and evidence based practice. The Public Health Department has a major role to play in achievement of the Board's aims and objectives, the main areas where the Department will impact are:-

- Provide a strategic focus on improving the population's health.
- Health measurement.
- Needs assessment for Health Services.
- Health Service planning.
- Evaluation of services.
- Encouraging the practice of evidence based health care.
- Providing leadership for health and health service research.
- Prevention and Control of Infectious Diseases.
- Response to Public Health emergencies

KEY DEVELOPMENTS IN 2001

Service Reviews

- Review of Neurology Services in the Region.
- Contribution to the development of a Clinical Winter Plan for each hospital.
- Development of the Physicians Forum Review Group.
- Review of Rehabilitation Services in the South East .
- Continued work with the Surgical Review Group.
- Continued work on the implementation of the Cardiovascular Disease Strategy.
- Review of medical admissions in St. Luke's Hospital.
- Qualitative study with stroke patients and carers.
- Review of A&E Services.

Population Health

- Collaborative work with other agencies in the region on health inequalities, in particular the development of South Eastern Health Board response to health priorities for County Development Boards.
- Commencement of an Intervention Project for Teenage Pregnancy.
- Ongoing work with the Regional Travellers Health Unit.

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- Leading the development of Socio-Economic Children's Health Indicators for the EU Child Project.
- Completion of evaluation plan for the Healthy Communities Project.
- Process evaluation for Health Communities Project.
- Completion of evaluation of Smoke Free Carlow Project.
- Injury Morbidity and Mortality report.
- Dissemination of research results of Breast Feeding Study and input into Breast Feeding Policy.
- Completed evaluation plan for elderly at risk pilot project.
- Research evidence review for Health Communities Project.
- Two needs assessments for Healthy Communities Project.

Evidence Based Health Care

- Development of the Health Service Research link with University College Cork.
- Development of a discussion paper on co-ordination of the research function in the South Eastern Health Board, in line with recommendations of "Making Knowledge Work for Health."
- Evaluation of the Cardiac Rehabilitation Programme.
- Development of guidelines for the clinical care of a number of cardiovascular syndromes with relevant professionals.
- Development of Cardiovascular Audit Systems with clinical staff.
- Development of training for evidence based practice and critical appraisal.
- Ongoing work with the National Committees for "Best Health for Children".
- Contribution for development of the implementation plan for Best Health for Children within the South East.
- Development work on parental information for Child Health.
- Continued work with the clinicians on Cancer Service quality improvement.
- Review of effective intervention in injury prevention.

Health Information

- Population survey on quality of life and health status in the South Eastern Region.
- Audit of birth notifications from the region.
- Audit of coverage of screening of the new born.
- Completion of the general practice Morbidity Information Project.
- Continued contribution to the Hospital Information System project.
- Continued contribution to the Management Information System Project.
- On going work on the development of Quality Indicators and Performance Indicators in the Region and Nationally.
- Contribution to the National Health Information Strategy.
- Development and Evaluation of a database on intellectual disabilities.
- Contribution to the development of a database on physical disability.
- Development of the database on drug misusers.
- Ongoing work on the Eurocat register, including development of key relationships.

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Mental Health

- Contribution to the development of the Mental Health Strategy.
- Continued work with the National Group on misuse of Benzodiazopines
- Completion of work on the National Suicide Research Project.
- Continued work on drug treatment co-ordination.
- Continued work with Regional Suicide Group.
- Report on the database for drug misusers.
- Review of addiction services in the region.
- Review of services for eating disorders

Infectious Diseases

- Ongoing monitoring and initiatives to improve vaccination rates.
- Ongoing work to increase the notification of infectious diseases within the region.
- Ongoing development of relationships with key partners in infectious disease control.
- Work with national surveillance networks for Influenza in the region.
- Ongoing prevention, surveillance and control of sporadic and outbreaks of infectious diseases.
- Review of regional protocols on a variety of infectious diseases.
- Facilitation of training for hospital and community care staff in relation to infectious diseases.
- Plan for the development of service for Sexually Transmitted Infections (STI).
- Continued work with National Disease Surveillance Centre (NDSC) and Food Safety Authority of Ireland (FSAI) on national initiatives.
- Development of protocols for infectious disease in key settings.
- Commencement of work on the Computerised Infectious Disease Reporting (CIDR) Project.
- Development of public information on infectious disease.

Public Health Emergencies

- Management of the polio vaccination incident.
- Management of bio-terrorism anthrax scares.

PRIORITIES FOR 2002

- To strengthen the capacity of the Public Health Department to respond to Public Health emergencies and Environmental Health incidents. The number and complexity of Public Health Emergencies occurring has increased in recent times. There is a need to build the capacity of the Department to respond to these issues and to work with other sectors in developing Emergency Response Plans. The Department of Health have recently published various protocols which will require local preparation and training. Training for health impact assessment and implementation of environmental protection will be arranged with partner services.

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- **To provide strategic leadership for Population Health in the region.** The improvement of the health of the population of the South East is the aim of the Public Health Department, and has been demonstrated by work since the department's establishment. In 2002 collaborative work with other agencies in the region on health inequalities, in particular, work with the County Development Boards will continue. The Director of Public Health will publish a report on the Health Status of the population and a major study on health and quality of life of the people of the South East will be published. The Department leads an EU project on the development of Socio-Economic Children's Health Indicators, and works with a National Group on the development of Children's Health and Welfare Indicators for Ireland. The Department has researched and will instigate multi-agency intervention project for teenage pregnancy in the region. In addition, there will be continued work with other agencies for improvements in children's health in response to the Strategy "Best Health for Children". The Department has ongoing work concerning other deprived groups, e.g. drug abusers, travellers and asylum seekers.
- **To support the implementation of "Quality and Fairness"** by contributing to priority service reviews and needs assessments as agreed by the Planning Forum. It is intended to carry out a review of Rheumatology Services and needs assessment to support the implementation of the Palliative Care Strategy in the region in the coming year. The South Eastern Health Board Cancer Plan will be reviewed and an evaluation of the General Practice Secondary Prevention Pilot Project will take place. There will be contributions to needs assessment for "Primary Care – A New Direction".
- **To strengthen the capacity for infectious disease control and surveillance in the region.** It is intended to appoint an additional Public Health Specialist for Infection Disease Surveillance and Control in 2002, from funding provided for liaison with the National Disease Surveillance Centre. Strengthening the capacity is essential to meet the demands of raised standards and increasing prevalence of serious infectious diseases e.g. E-coli 0157, Legionella, Listeria etc.
- **To contribute to the development of Health Information Systems.** The Department will continue to contribute to the development of Regional Information Systems and the implementation of the National Health Information Strategy. In addition, work will begin on the Computerised Infectious Disease Reporting System and continuation of surveillance of congenital abnormalities through the Eurocat system.
- **To lead the implementation of "Making Knowledge Work for Health" in the region.** It is intended to appoint a Research and Development Officer reporting to the Director of Public Health for the development of a Health Research Strategy for the region and to commence the implementation of the National Health Research Strategy.

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FINANCE DEPARTMENT

OVERVIEW

The objective of the Finance Function is to ensure that systems of information, processing and control exist within the Board to ensure that financial management, performance and control is achieved at Corporate, Hospital and Community Care level.

The above objectives are achieved by:

- Negotiation with the Department of Health & Children of annual and subsequent allocations, both revenue and capital.
- Preparation of financial elements of Service Plan and budgets for hospitals and community services.
- Monitoring of performance against budget and advising as to corrective action.
- Reporting to Board and Department on a monthly basis on budgetary performance.
- Processing of payments of salaries, wages, suppliers, allowances including compliance with PAYE/PRSI and other taxation requirements.
- Operation of the Board's revenue and capital funding and cash flow requirements including the collection of income.
- Preparation of Annual Financial Statements and liaising with the C&AG staff in the audit thereof.
- Arrangements for insurance services and the maintenance of fixed assets records.

KEY DEVELOPMENTS IN 2001

In addition to carrying out its ongoing responsibilities, as referred to above, the Department was also involved during the year in the following:

- Further progress with the Financial Systems Project (FISP), the purpose of which is to plan and implement an integrated suite of financial systems. This suite will replace and enhance the existing general ledger and other financial accounting and information systems. At year end, responses had been received from a number of suppliers.
- The FISP Project also has commenced a review of financial policies, procedures and controls and also financial management structure at corporate and local level. In this context, the necessity for improved financial support at local level has been confirmed.
- The Euro Project Team was set up to ensure that the Board would be in a position to carry out its business after changeover to Euro on 1st January 2002. The work of the team included the identification and implementation of changes to the

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Board's accounting and payment systems, the provision of staff training needs and the information needs of service users and service providers.

KEY PRIORITIES FOR 2002

- The work of the FISP Project will continue in 2002 and will include the assessment of responses from suppliers to the Board's requests for proposals for new financial systems and the award of contract to the successful supplier.
- The process of implementing the new financial systems will commence.
- The review of existing financial policies, procedures and controls will be finalised and changes arising will be implemented.
- Financial information and expertise to local management at Hospital and Community Care level will be strengthened through the development of local finance units in each area.
- A review of existing structure and systems of Payroll and Creditor Payments processes will be undertaken in light of the significant increase in volume of transactions in both processes.
- A key role of the local finance units will be the identification and pursuit on an agreed and planned basis of opportunities for improved Value for Money in the delivery of services including cost efficiencies and cost pressures arising from increased activity.

CAPITAL PROJECTS DEPARTMENT

OVERVIEW

Following the Government's announcement of the National Development Plan towards the end of 1999, the Capital Projects Department was established to oversee the implementation of the National Development Plan. The Board was informed, in February, 2000, of the indicative capital funding which would be made available to it for the period 2001 to 2006. Indicative funding was identified for each care group each year.

At its April 2000 meeting the Board decided how these indicative funds were to be used and approved a programme of works which included the provision of new buildings, renovation and extension of existing buildings, purchase of property and purchase of new equipment.

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In March, 2001, the Board was advised of the following revised indicative funding which was increased to offset the inflation in building prices that had occurred and was predicted over the life of the plan:

	2001	2002	2003	2004	2005	2006	<u>Total</u>
All Services (£millions)	26.395	31.11	36.41	32.37	30.83	34.56	191.675
(Euro millions)	33.51	39.50	46.23	41.10	39.15	43.88	243.37

Inflation in building costs continued to outstrip the increased indicative figures during 2000 and 2001. However in more recent months there has been a marked slowdown in building cost inflation.

For 2002, the Capital Projects Department will be concentrating on completing and commissioning those projects already under construction, getting design work completed on a new batch of projects which will then commence construction, and completing the preparation of Planning Briefs for a further group of projects which will then proceed on to the design stages. The projects on which construction was completed in the course of 2001 together with a sample of the major projects which will be commanding attention is set out below.

(a) Projects which completed construction in 2001 under the NDP and Minor Capital Programmes

Location	Project
Greenbanks, Carlow	High Support Mental Health Hostel
St. Columba's, Thomastown	25 place Day Care Centre for Elderly
St. Luke's Hospital, Kilkenny	45 Bed Acute Psychiatric Unit
St. Luke's Hospital, Kilkenny	6 Bed Coronary Care & Cardiac Diagnostic Unit
St. Luke's Hospital, Kilkenny	CT Building and Equipment
St. Luke's Hospital, Kilkenny	Fit-out 1 st and 2 nd floor CCU Building (28 Beds)
St. Luke's Hospital, Kilkenny	New Medical Records, offices
Kilcreene	Children's Residential Unit
Kilcreene	Medical Records and office accommodation
Kilcreene	21 Bed Residential Unit Mental Handicap
Kilcreene	Theatre and Ancilliary accommodation
Cluain Arainn, Tipperary	10 Bed Nursing Unit and upgrading of Welfare Home
St. Vincent's, Tipperary	Psychiatric Day Centre
Cappawhite	New Health Centre

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Waterford Regional Hospital	31 Bed Medical ward
Waterford Regional Hospital	Back School
Waterford Community Care	Community Childcare Unit
Waterford Community Care	Child Guidance Unit
Kilmacthomas	Extension and alteration to Health Centre
New Houghton Hospital, New Ross	Refurbish Kitchen
Wexford General Hospital	10 bed Medical Unit refurbishment
Wexford General Hospital	CT Building and Equipment
Wexford General Hospital	Cardiac Diagnostic and Rehabilitation Unit
Various Locations	Grant Aid to Voluntary Agencies for new and improved residential Day Care and activation facilities for persons with intellectual /physical /sensory disabilities

(b) Projects under construction, scheduled for completion in 2002

Location	Project
Rathnash, Carlow	Convert residence to Mental Health Hostel
District Hospital, Castlecomer	Alterations and extension
Kilcreene	26 Bed pre-discharge ward
Beech Park, Kilkenny	Houses conversion to Mental Health Hostel
Tullamaine, Callan	Interim Children's Residential Unit
St. Joseph's, Clonmel	Phase 1 Development (Surgical Beds, Theatres, A&E, ICU, Day Ward, Radiology Dept.)
Waterford Regional Hospital	New Building and Equipment for MRI, CT Services
Clodagh House, Portlaoise	High Support Children's Residential Unit

(c) Projects tendered, awaiting approval to proceed in 2002

Location	Project
Tullow, Co. Carlow	Health Centre and Mental Health Sector HQ
Kilcreene	Ambulance Centre & Regional Headquarters
Our Lady's Hospital, Cashel	Phase 1 Development (20 bed EMI Unit)
	20 place High Support Mental Health Hostel and Day Centre 14 living units for persons with physical disability

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Waterford Regional Hospital	Patient Hotel
Ring, Co. Waterford	New Health Centre
Tallow, Co. Waterford	Health Centre Extension
Waterford Regional Hospital	Speech Therapy Department
Wexford General Hospital	Interim Medical Admission Unit
Regional Ambulance Command & Control Centre	Enhanced voice communications system
District Hospital, Carlow	10 Bed Nursing Unit
Kilkenny (SOS)/ Bagenalstown (BEAM)	Complete construction of New Day Activation/Training Centres
Carlow, Wexford, South Tipperary	Continue the relocation programme for clients based in inappropriate settings
Clonmel, Wexford, Waterford	New Day Activation Centres
Dungarvan	Pre-School Day Centre
Wexford/Sth. Tipperary	Provision of a Children's Treatment Centre
Cashel and Wexford	Provision of additional Residential Units
Waterford	Complete construction and commissioning of Adult Day and Residential Housing Facility (Cheshire)

(d) Projects in Design Stages, due to commence construction 2002/3

Location	Project
St. John's Hospital, Enniscorthy	New Hospital + Day Services for Elderly
Callan	Health Centre extension
St. Luke's Hospital, Kilkenny	New Car Park
St. Joseph's, Clonmel	23 Medical Beds
Clonmel	Integrated Day Care Centre (Elderly, Mental Health, Intellectual Disability)
St. Joseph's, Clonmel	CT Building (part of Radiology Department)
Ballymacarbery	New Health Centre
Waterford Regional Hospital	Interim Extension to Laboratory
Wexford General Hospital	19 additional medical beds
Wexford	Children's Residential Centre

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(e) Projects commencing Briefing and Planning Stages in 2002

Location	Project
St. Luke's Hospital, Kilkenny	Community Hospital Phase 1, A&E Dept., new Ward
St. Joseph's Hospital, Clonmel	Hospital development Phase 2
Dungarvan	New District Hospital
Waterford	Regional Assessment Centre, Disability Services
Waterford Regional Hospital	Transfer Elective Orthopaedics, Additional Wards, A&E Extension, Pathology Extension
Wexford General Hospital	Replace existing acute care facilities at Ely, Upgrade Maternity facilities
Wexford	New Community Care Headquarters + Health Centre

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TECHNICAL SERVICES DEPARTMENT

OVERVIEW

The Technical Services Department supports and advises on the entire Board's physical resource requirement. It discharges this role by:

- Acting as the Board's Professional Technical Adviser on all capital projects, and
- Providing the full range of Professional Technical services on selected projects. This includes the preparation of option appraisals on procurements of buildings and healthcare facilities, the commissioning and maintenance of new facilities, advice on their design, and specification and maintenance management. As healthcare becomes more technologically dependent the role of the department is increasingly concerned with risk, particularly within the electrical and mechanical services infrastructure.

The work environment for the Technical Services Department has become increasingly complex over the past 25 years. Specific changes have been brought about by the following;

- The Regulatory Environment – Building Regulations and Building Control Acts, Planning and Development Act 1999, Safety Health and Welfare Act 1989, Waste Management Act 1996, Government Policies on Sustainable Development and Energy Conservation.

CORPORATE SERVICES

- The Business Environment – Access to funding under the NDP and the new Health Strategy has stimulated activity in the Capital Projects area.
- The Technology Environment – Demand for both Therapeutic and Diagnostic equipment has increased and hence the demand for Technical Services.
- New models of procurement have emerged (e.g. PPP) requiring new skills and approaches to cost modelling.
- New organisational structures have been implemented within the Board requiring new service level commitments from the departments.

KEY DEVELOPMENTS IN 2001:

In total there are 172 projects ongoing at present at various stages of the project cycle. These projects encompass a wide range of facilities ranging from the planning of the most modern diagnostic facilities including Magnetic Resonance Imaging, acute departments in hospitals, feasibility studies and investment appraisals, Estate Planning and liaison with Local Authorities on Development Plans and Special Planning, integrated communications systems both within and between healthcare facilities, fire safety precautions, energy management and environmental management including waste disposal.

Examples of some of the projects completed in 2001 include the New Day Care Unit at St Columba's, Thomastown, the Acute Psychiatric Unit at St Luke's General Hospital Kilkenny, the new 28 Bed Unit together with the Cardiac Diagnostic and Rehabilitation Units at St. Lukes Hospital, the 21 Bed Mentally Handicap Unit at Kilcreene, the Psychiatric Day Centre in Tipperary Town, the 10 bed extension to the Welfare Home in Tipperary, the Back Therapeutic Department at Waterford Regional Hospital, the Sexually Transmitted Infections clinic at WRH, refurbished Central Sterile Supplies Department department and theatre ancillary accommodation at Kilcreene Orthopaedic hospital, the new Child Care centre at Waterford Regional Hospital, new Records/Archive and office accommodation at St Luke's Hospital, new Occupational Department at St Luke's Kilkenny, new High Support unit at Kilcreene, refurbishment of nurses home for office accommodation at Kilcreene, installation of sewerage distribution and treatment system at St Senan's Hospital, installation of new electrical distribution system at St Senan's Hospital, installation and integration of PABX systems for Waterford Hospitals and Kilkenny Hospitals.

KEY PRIORITIES FOR 2002:

The SEHB is facing a period of significant change in relation to the implementation of both the NDP and National Health Strategy. In doing so it is obvious that the efficient and effective use of its physical facilities is key to top quality service delivery. In this regard the SEHB faces a number of problems in relation to the existing building stock and the constraints of bringing this up to current standards.

- In particular we will focus on the healthcare facilities for elderly care; we propose a comprehensive review in respect of fire safety with a view to procuring the finance necessary for the replacement and/or refurbishment to current standards.

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- The Technical Services Department will develop a greater strategic focus in order to achieve increased effectiveness and efficiencies in the procurement and maintenance of our physical resources and physical facilities. Essentially the TS Department has retained the same structure for the past twenty-five years and we now need to change the focus to that of strategic planning and setting the standards that have to be attained and retained.
- The Technical Services Department will ensure that maintenance and capital planning is aligned with the overall business planning as opposed to being reactive. The Technical Services Department will concentrate on providing key inputs in the planning process which is much more effective than contributing when the outputs of business plans are presented.
- The Technical Services Department will adopt a Facilities Management Department approach incorporating the technical and facilities project management of Capital Projects.
- Facilities Management will incorporate all aspects of Environmental Management, Energy and Utilities Management and Waste Management.
- In keeping with the development of a strategic focus we will continue to resource the principle healthcare centres to enable them to manage the operational side of their physical resources and facilities.
- The Technical Services Department will continue with its re-organisation to meet the challenges and formal methods will be adopted for Risk Management, Project Investment Analysis and Project Management.

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MATERIALS MANAGEMENT SERVICES

OVERVIEW

The purpose of the Materials Management Service is to:

- Reduce the total costs associated with the acquisition and total life management of equipment, goods and services whilst maintaining levels of quality, security of supply, delivery performance, supplier relationships and commercial risk.
- Establish and maintain best practice procurement policies and procedures ensuring compliance with National Guidelines and EU Directives.
- Co-ordinate/control all the Board's tendering and contracting requirements.
- Extend procurement skills and formal contracting to all areas of non-pay expenditure involving the purchase of goods or services.

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- Engage in performance monitoring of all key elements of materials management.
- Develop appropriate supply chain management practices and procedures and where appropriate engage in storage and distribution.
- Initiate and manage Board-wide contracts.
- Co-ordinate the Board's participation in national procurement and developmental initiatives concerning materials management activities.

The following key activity centres operate within the Materials Management Service structure:

- Central Purchasing Department
- Regional Materials Managers Office

The Materials Management Service provides strategic leadership in developing best practice materials management activity within the following key activity centres;

- Supplies Departments based at the following locations:
 - Waterford Regional Hospital
 - Wexford General Hospital
 - St. Senan's Hospital Enniscorthy
 - St. Luke's Hospital Kilkenny
 - St. Dymphna's Hospital Carlow
 - St. Luke's Hospital Clonmel
 - Our Lady's Hospital Cashel
- Board's staff members utilising Manual Purchase Order Books

KEY DEVELOPMENTS IN 2001

- Renewed contracts for consumable products to the value of 9 million Euro.
- Provided strategic leadership in the procurement of equipment through Equipment Procurement Committees in the Board's General Hospitals and through regional procurement initiatives designed to ensure a standard approach to common equipment requirements.
- The Materials Management service provided direct purchasing services to National Development Plan Projects (NDP) in St. Luke's Hospital, Kilkenny, Kilcreene Residential Unit, Kilkenny and Greenbanks, Carlow, and also to the Cardiovascular Strategy, Primary Care and to the Laboratory Directorate.

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- Provided strategic leadership and direct purchasing services to Waterford Regional Hospital in the procurement of Hospital Cleaning Services, contract value approximately 7.5 million Euro.
- The Materials Management Service has re-engineered its tendering process to avail of the opportunities offered by the Government E-Tenders Website www-tenders.gov.ie. A pilot was run in 2001 and all central tenders will be run through this web-site during 2002.
- The Materials Management Service undertook the development of a system of operation for Intrastat Returns. All returns were maintained on an up-to-date basis in 2001.
- During 2001 our systems were tested for Euro readiness. All contract books were issued in dual currency and Euro contract books were finalised for distribution as per the Euro Changeover plan.

KEY PRIORITIES FOR 2002

The following key areas of activity have been targeted:

- Continue to secure value for money, regulatory compliance and risk reduction by formal contracting in all appropriate expenditure categories in compliance with the Health Service Procurement Policy.
- Participate in the Financial Information Systems Project (FISP) and co-ordinate parallel projects to enable FISP e.g. catalogue and coding quality assurance, formalisation of principles, policies and procedures for materials management business processes, supplier base reduction programme.
- Develop with Service Managers, Materials Management Staff and other key stake holders, the optimum model of purchasing and supply for the SEHB.
- Develop with Service Managers a model for reporting on the performance indicators for Materials Management within their service on a stand-alone basis and as an integral part of quality assurance and accreditation initiatives.
- Participate in and project manage as appropriate national materials management initiatives including the development of an e-procurement initiative in conjunction with the Government e-commerce initiative.
- Provide in conjunction with the Regional Training Officer a training programme for Line Managers responsible for delivering materials management at local level. This programme will focus on the application of the Health Service Procurement Policy, life cycle costing models, decision support models, EU Procurement Directives, EU Medical Devices Directives, commercial and contractual risk management and Performance Indicators in Materials Management.

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6 December 2001

Mr John Cooney
 Chief Executive Officer
 South-Eastern Health Board
 Lacken
 Dublin Road
 Kilkenny

Determination of Health Expenditure for 2002

Dear Mr Cooney

1. Introduction

I am writing to advise you of the Minister's determination of health expenditure for your Board for 2002 and your Board's revised determination for 2001 under the terms of the Health (Amendment) (No. 3) Act, 1996 (referred to in this letter as the Act).

2. Supplementary Estimate Arrangements

The Government has decided that for the future, commencing in 2002, request for a Supplementary Estimate will not be considered, save in the following areas,

- **Pay** : costs arising under National Programmes, Benchmarking and major unanticipated awards specifically agreed by Government. Health service employers will be required to meet the cost of all other rewards.
- **Drugs Payment Scheme / GMS Scheme (Drug Component) & Recombinant Blood Costs**
- **Professional Indemnity Insurance (including clinical negligence claims against maternity hospitals)**

Under this new arrangement it will be critical to the control of expenditure that pay related proposals and any planned development in services are costed with the greatest level of accuracy possible. In particular, pay related proposals of a minor nature, not already provided for within the approved determination, and outside the elements recognised for future supplementary funding, will need to be funded from your Board's existing resources. In general, therefore, your Board is required to be fully accurate and

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comprehensive in projecting payroll requirements for 2002. It is also essential that these new arrangements are conveyed to agencies funded by your Board, whether by allocation or grant. A further letter will issue shortly in relation to pay and human resource issues.

3. Approved Expenditure level for 2002

The level of non-capital expenditure for 2002 (i.e. gross expenditure less minor income) determined for your Board is **€580.846m**.

When comparing this figure with your Board's net expenditure in 2001, account should be taken of the once-off expenditure in 2001 and for the developments of services incorporated in this determination.

Your Board's revised level of non-capital expenditure for 2001 is **£418.426m**, or **€531.291m** (including the 2001 Supplementary Estimate).

Outline details of the funding for the development of services are set out at Appendix One. The approved expenditure level for 2002 notified to you above includes provision for

- ✓ the full year cost of the 2% April 2001 increase under the Programme for Prosperity and Fairness,
 - ✓ the full year cost of the second phase of the Programme for Prosperity and Fairness of 5.5% from 1st October 2001,
 - ✓ the 1% cost of living increase in April 2002,
 - ✓ the third phase of the Programme for Prosperity and Fairness of 4% from 1st October 2002,
- and
- ✓ the full year cost of all special pay settlements notified to you.

Your Board's service plan should be drawn up within the parameters above for the year 2002.

4. Funding of Initiatives under new Health Strategy "Quality & Fairness"

A number of major reports have been recently completed in regard to acute hospital bed capacity, primary care and value for money. These reports have informed the proposals and actions outlined in the Health Strategy "Quality & Fairness", and will, together with that Strategy, be key documents for the development of future policy and resource decisions by Government.

The Government has provided funding for the implementation of key priority areas from the Strategy in 2002 and for additional investment relating to on-going programmes.

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Details are set out in the appendix to this letter. Funding for increased bed capacity in acute hospitals will be allocated by the Department as soon as possible and after further discussions between the Secondary Care Division in the Department and providers. Arrangement for the Treatment Purchase Fund will be decided on when the team who will manage the fund is appointed.

Apart from the service areas explicitly identified and funded for development in 2002, it is anticipated that significant progress will be made during the year on many of the action points identified in the Strategy. You are asked to give further consideration to the areas and actions that are of most immediate relevance to your Board and to think through the steps necessary to make satisfactory progress on this agenda during 2002. Based on the analysis by each board/ERHA there will be an opportunity for further discussions with the Department on this point to ensure that there is a well organised and co-ordinated approach to implementation of the strategy, beginning early in 2002.

This will be one of the items for discussion at the meeting with CEOs on the 19th of December, 2001.

5. Resource Provision and Control of Expenditure

Having regard to the circumstances outlined earlier, the revised arrangements for securing Supplementary Estimate funding and the changed economic climate now prevailing, your Board is required to apply a comprehensive and continuous system of control on expenditure and budgets based on local management of available resources. Immediate attention must be given to variances emerging as, under the terms of Para 1 above, there can be no anticipation of additional resources, irrespective of the nature of the issues emerging. Your I.M.R. returns must be sent on time each month with commentary on any problems arising and the action you are taking to address these problems. In drawing up the budget your Board must make appropriate provision for any unexpected or unusual expenditure issues that may arise during the year.

In order to manage the cash and expenditure now approved for your Board you are asked to submit a monthly profile of expenditure and cash, reconciled to the overall resources now approved. This information is seen as essential to the successful management of the resources, on a month to month basis and should detail, as far as possible issues which would affect the drawing up of the profile. Your Board will be held to its cash profile in terms of disbursements throughout the year. A further letter will issue shortly relating to the composition of cash and working capital levels for 2002.

6. Indebtedness level

Section 8 of the Act requires the notification of the approved level of indebtedness, arising from the notification of this determination. This figure is **€46.468m.** for your Board in 2002. A more detailed letter on indebtedness and working capital requirements will issue shortly. The provisions of the Prompt Payment of Accounts Act, 1997 should be strictly adhered to.

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7. Service Plans

Under the provisions of Section 6 of the Act, each health board must adopt and submit a service plan to the Minister. The service plan is the benchmark against which your Board's expenditure, output and progress will be assessed during the year. In accordance with sub-section (6) of this section of the Act, health boards are required to take account of the policies and objectives of the Minister, and of the Government.

It will be necessary to complete all matters relating to your Board's service plan as a matter of urgency and, in any event, not later than 42 days after receipt of this letter.

The available budget must clearly form the basis for the service plan submitted to the Minister. There must be a comprehensive match between resources available to the Board over the course of the year and the performance/activity levels specified in the service plan to be delivered. This is essential if resources are to be effectively managed at corporate and operational level. However within the broad policy objectives set by the Minister, your Board has the flexibility to determine its priorities in the Service Plan so as to ensure the optimal delivery of services commensurate with resource availability. It is on this basis that your Board's performance will be monitored and evaluated.

In drawing up the Service Plan a clear distinction should be made between the full year implications of the 2001 approved developments and the planned outputs from the 2002 approved developments. It is suggested that the structure and format for the 2002 service plan should follow the same template as in 2001 and in general terms have the characteristics set out in the letter of determination for 2001. The Service Plan should, as far as possible, deal with services on the basis of the care group structure used by the National Performance Indicators Project Team (NPIPT) in their work during 2001.

The financial statements included in the service plan should reflect the breakdown of services by programme in line with the Annual Financial Statements. Each board is requested to provide this programme breakdown of data for its entire range of services. In addition, boards may provide information on a care group basis, if so desired.

It is essential that a loose-leaf copy and an electronic copy of the service plan is provided and that the plan should be E-mailed (preferably as one document ideally in .PDF format) to the e-mail address: serviceplan@health.irlgov.ie.

As suggested in last year's letter of determination, particular attention should be given to the involvement of, and consultation with, the relevant senior professional staff in your Board in the development of service plans and the agreement of target service outputs for 2002. Under section 9(1)(a) of the Act, it is the responsibility of the Chief Executive Officer to ensure that the amount of net expenditure of the Board does not exceed the amount of the determination. Section 9(2)(a) requires the Chief Executive Officer to keep the Minister and the Board advised as to decisions, or proposed decisions, which in his or her opinion, might negatively impact on the financial situation.

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In accordance with section 10 of the Act, if your Board anticipates, on the basis of the information now available, incurring any excess or credit on expenditure in 2001, your Board's service plan must clearly include provision for charging the full amount of such excess or credit to the service plan for 2002. An excess expenditure in 2001 must be a first charge on the resources available for 2002. In the case of an excess, your Board should detail, as part of its service plan, how it proposes to recover the excess expenditure in full and bring current expenditure back into line. Any significant excess being brought to account at this stage will, inter alia, raise questions regarding the reliability of your Board's regulatory and reporting systems.

Over recent years, the Department has been working with the health boards/ERHA on refining and improving service planning. The Minister is of the view that service planning should continue to evolve and, to this end, the Department will engage with you in 2002 on the evaluation and future development of service planning to build on the conjoint work of the NPIPT and the Department along this lines set out in Section 8 below.

When your Board is submitting its Service Plan to the Minister please also send a report to the Department setting out your Board's expected performance by reference to the agreed national set of PIs with appropriate commentary to put the PI-based information in the context of the Board's overall service plan. Please also submit whatever operational details you feel would be helpful in assessing your service plan together with an estimated position for the end of 2001 for your Board in relation to IMR information and also (where possible) PIs.

8. Performance Indicators

An enhanced set of Performance Indicators (PIs) focused on quality service delivery measurement has been conjointly prepared by the health board/authority members of the National Performance Indicator Project Team (NPIPT) (working with a network of 120 health board staff representing 11 'care groups' encompassing all services provided by the health boards) and the Planning and Evaluation Unit of the Department. This has been signed off by Health Board CEOs for use in conjunction with the 2002 service plans. The agreed set of performance indicators is being sent to you under separate cover. I understand that, following agreement on these PIs, further details to guide staff in completing the PI reports are being finalised and the complete document will be available within the next two weeks.

The new Health Strategy has emphasised the necessity for service planning and delivery to be based on high quality, reliable and timely information. In this context it is critical that as complete a PI report as possible is returned quarterly (as soon as possible after the end of each quarter) in accordance with the agreed performance indicators document signed off by the CEOs (which sets out the frequency of return for each PI, some being annually or six monthly).

PI reports should be returned, both on paper and by Email (contact Ext. 4248 in the Department for details) together with commentary on the PI information reported, signed off by the CEO. The commentary should enable the values returned in the PIs report to

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be related to and used together with the IMR information (which must be returned monthly to the Department). This will better enable monitoring and evaluation of the on-going position in relation to your Board's service plan. In addition the commentary should cover areas where hard quantitative PI information is not available in full or where the quality of the information may not be optimal.

The Department recognises that while much excellent work has been carried out in producing and agreeing the enhanced set of PIs for 2002 these developments are still at a relatively early evolutionary phase and much further work needs to be done in this regard. This will be taken into account in the way the Department uses information from PI reports during 2002 in particular. Boards will not be held to account solely on the basis of PI information. The PI reports will be used as an indicative picture of the board's position in relation to the delivery of its service plan. This is to enable both the Department and the Boards reach a better shared understanding of the position in monitoring and evaluating the attainment of service plan objectives by the Board in the light of the underlying position also indicated by the IMR returns.

In the course of 2002 additional conjoint development work must be carried out to enhance further the set of PIs to be used for monitoring and evaluation purposes in conjunction with health board service plans. Development work should address the following amongst other refinements:

- The integration of PIs together with improvements in service plan formats, annual report of health agencies and population health / Department of Public Health annual reports and multi-annual strategic implementation plans.
- The further integration of PIs with financial and personnel data combined with service delivery data and population health information (which is currently provided by the Public Health Information system [PHIS])
- Improvement of the links with policy lines so as to better enable policy review, evaluation and development.
- The clear defining and agreement of a common care group framework to be used in communication and reporting between the Department and the Boards/Authority which must also act as an effective reference point for PIs.
- Further development sign off and piloting of a shared PI reporting database for use conjointly by health boards and the Department.

9. Reporting on the Management of the Service Plan

As part of the service plan to be submitted for 2002, your Board should develop a monthly expenditure budget and statement of cash flow requirement. These must be updated as appropriate, to reflect any approved changes which may be made by the Minister to the determination now being notified and to take account of unavoidable

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changes in the timing of expenditure and/or income, or necessary re-shaping of the service plan.

The provision of additional funding in 2002 for new developments across the full range of health and personal social services should be explicitly identified in your Board's service plan in such a way as to allow for continuous monitoring and assessment of progress during 2002. Such reports should be incorporated in the Chief Executive Officer's commentary accompanying the monthly IMR.

Later in the year, the Department will seek a progress report on service developments in 2002, in the format outlined in my letter to you of 22nd October 2001.

Whilst it is intended that the Service Plan be used throughout the year along with IMR and PI reports as a basis to guide the monitoring and evaluation of service plan delivery (and help to identify emerging trends so that action can be taken at the earliest possible time) there will also be periodic formal Service Plan reviews in 2002. The first formal review will take place with you next April and will focus on progress of the plan to date. This review will include a report from you on the completion of the 2001 approved developments. For the first review of 2002 a specific report will be required (to complement the IMR return) elaborating on the position regarding the implementation of new developments signalled in the letter of determination as well as on core service delivery targeted in the plan along with the first quarterly P.I. report. The review will involve an evaluation of the degree to which service targets have been achieved by reference to the plan in the context of the performance indicators for each area. The structure of the review will be that the Assistant Secretary/Director in the appropriate area of the Department will discuss the above matters with the CEO and appropriate senior management of the Board to deal with specific issues to that area. The review will be completed by way of a subsequent meeting, chaired by the Deputy Secretary of the Department which will deal with the most crucial high-level issues affecting the Board and the Department in relation to service plan delivery. Further reviews will take place including one in July, and one in the last quarter of the year, which will be used to assess the likely end of year position and look forward to assist in setting priorities for the next year.

As detailed in separate correspondence from the Department's Personnel Management and Development Division, you are asked to put the necessary arrangements in place as quickly as possible to ensure that your agency can identify the number of additional posts filled as a result of development funding. This is a vital requirement, so that the use to which development funding has been put can be clearly demonstrated.

The detailed Integrated Management Report (IMR) in relation to the financial information should be returned in hard copy to Finance Unit on a monthly basis, **before 25th of each month**. Full IMRs should be forwarded electronically to the Information Management Unit before this date. **It must be stressed again, that the monthly commentary by the CEO, interpreting performance to date and advising, as appropriate, on the corrective strategy for the remaining period, is an integral part of the IMR.**

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10. Monitoring of Employment Levels 2002

Agencies are requested to specify in their 2002 Service Plan the W.T.E. number and grade category of staff which they propose to employ over the course of the year. This will replace the need for individual Departmental approval to each new post for which an agency has been funded

This autonomy is on the strict understanding that the control of numbers and grade drift is a central element of strict budgetary control of expenditure within determination.

The revised arrangements have been detailed in separate correspondence.

Your Board should make adequate provision for pay costs in 2002 having regard to

- ✓ the present numbers employed
- ✓ projected additional numbers to be employed in 2002
- and
- ✓ the appropriate balance between pay and non-pay costs.

I would also take this opportunity to ask you to ensure that the personnel census return for your Board will be returned to the Department within the stipulated deadline.

11. Commission on Financial Management

The Government is establishing an independent commission to examine the financial management and controls in the health services. This work will follow on from the Value for Money Audit recently completed by Deloitte and Touche with the objective of helping to ensure that resources available have the greatest possible impact in relation to health services for the public. This Commission will seek to examine evaluate and make recommendations on the relevant systems, practices and procedures in the health services. Further details on its composition, terms of reference and modus operandi will be forwarded when available. In accordance with normal practice, I am asking that you give every possible co-operation to the Commission which is due to report in the second half of 2002.

12. Value for Money in Relation to Materials Management

The attainment of better value-for-money through effective and efficient use of resources remains a critical objective for all health agencies. The Audit conducted by Deloitte and Touche has identified a number of areas where improvement is possible. I am asking that the CEO of each board/ERHA explicitly address in 2002 the items identified for actioning at board/ERHA level, both at individual board/authority level and collectively.

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The outcome of VFM initiatives will continue to be enhanced by the extent to which health agencies work together to share best practice, to maximise joint procurement and materials management. It is critical that all health agencies use the skills and structures now in place to maximise co-operation and actively pursue value-for-money in materials management, particularly in the development of national protocols and contracts. Co-operation in this area is critical. The level of co-operation with the initiatives taken since the publication of the Materials Management report must continue to be the subject of specific and urgent attention by the CEOs collectively in the coming year so as to achieve greater value for money in relation to materials management. The Deloitte & Touche Value for Money Audit, emphasised the need for greater co-operation between health boards in regard to attaining VFM. Much can be achieved by the boards in sharing information, working closely with the Health Materials Management Board and developing national purchasing initiatives. The level of co-operation between boards to achieve greater VFM will be closely monitored by the Department throughout 2002. In addition, a separate PI report using the PIs already in use in this area should be submitted to the Department with the Service plan in relation to 2002 and quarterly thereafter (signed off and submitted as part of the IMRs for the relevant months) please. annually or six monthly).

Conclusion

To assist your Board to complete the matters addressed in this letter quickly, senior officers of the Department will be available if there are any matters requiring clarification. These queries should, in the first instance, be referred to the Finance Unit, (01-6354254, 6354287 or 6354513) who will co-ordinate the Department's response to all health boards/ERHA.

The Minister would like to thank you, your Board, and all your Board's staff, for your contribution to the delivery of health care in Ireland during 2001. He also asked me to acknowledge your co-operation and that of your management team in working closely with the Department, other health boards and other agencies in providing improved health and personal social services. In particular, the Minister would like to thank you and your staff for the support given to the Department during 2001 regarding the work carried out on the new Health Strategy. The Minister looks forward to the further progress which will be made in developing the health services during 2002.

Yours sincerely

Michael Kelly
Secretary-General

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South-Eastern Health Board**Revised 2001 Determination**

The revised non-capital determination for your Board for 2001 is **£418.426m**
€531.291m

2002 Non-Capital Determination

The non-capital determination for your Board for 2002 is **€580.846m**.

Acute Hospitals

Additional revenue funding of **€5.948m** is being made available in 2002 for the continued development of acute hospital services in your Board.

The above amount includes

- **€3.514m** in respect of the commissioning of new units completed in your Board
- **€0.750m** in respect of the continued enhancement of acute hospital services
- **€1.000m** in respect of demographic changes and health inflation affecting the acute hospital sector
- **€0.684m** to fund significant increases in charges for blood components, blood products and related services arising from developments at the Irish Blood Transfusion Service. This allocation also reflects an anticipated reduction of 2% in the use of blood components during 2002.

The detailed application of this funding should be clearly set out in your Board's Service Plan for 2002.

Bed Capacity

Additional funding of **€1.771m** is being provided in 2002 towards the full year Bed Capacity initiatives approved for your Board in 2001. Further Bed Capacity measures to be funded on foot of the commitment in the new Health Strategy, *Quality and Fairness: A Health System for you*, will be the subject of discussions with your Board.

Laboratory Accreditation

A sum of **€0.102m** is being provided to support the development of laboratory accreditation systems in your Authority's area.

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Pre-Hospital/Ambulance Service

An additional **€0.444m** is being provided to your board to support the continued development of pre-hospital and ambulance services. This additional sum is being provided on an on-going basis as part of your Board's annual determination.

Cancer Services

A provision of **€2.300m** is being allocated to your authority from National Cancer Strategy Funding for the continuing development of oncology/haematology services, funding for oncology drug treatments, the continuing development of symptomatic breast disease services.

Renal Services

As part of a structured programme of investment in the development of renal dialysis services nationally, additional funding of **€0.279m** is being made available to your Board in 2002. This is aimed at achieving improvements in acute haemodialysis services and the development of other dialysis treatment programmes.

Waiting List Initiative

A sum of **€2.030** million has been allocated to your agency to support the continuation of the Waiting List Initiative. The detailed application of this funding, including targeted net reductions by specialty, should be clearly set out in your Boards 2002 service plan and will be the subject of further discussion in this context. Further funding will be made to those agencies who demonstrate the ability to reduce waiting lists.

Hipe/Casemix

Casemix analysis of costs and activity relating to the hospitals in your Board's area, which are participating in the National Casemix Programme, has resulted in an overall positive adjustment of:

Hospitals	€
Waterford	(0.014)
St. Luke's, Kilkenny	0.079
Wexford	0.072
TOTAL	0.137

The Casemix Unit of the department will be writing directly to you shortly with full details of the adjustment.

Adjustments should be applied to the hospitals from which the adjustment arises and these details should be clearly identified in your Service Plan.

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H.I.P.E. Staffing:

A sum of **€0.027m** has been included for upgrading of the H.I.P.E. staffing function at Waterford hospital. The HIPE / Casemix Unit of the department will be writing directly to you shortly with full details of the funding, the hospital(s) to which it is to be applied, and staffing implications, if applicable.

Health (Amendment) Act, 1996 (Services for Persons with Hepatitis C)

A sum of **€0.769m** is being made available to your Board in 2002 in respect of the cost of providing primary healthcare services to those persons who hold a health service card under the Health (Amendment) Act, 1996, including provision for increased activity, services and costs.

Services for Older People

A total of **€8.605m** is being provided as follows:

SEHB	€
Nursing Home Subvention Scheme***	2.870
Home Help Development***	0.267
Support to Carers***	0.142
Improvements to Community Support Structures***	0.381
Alzheimer's Society of Ireland***	0.093
Support to Geriatricians***	0.190
Dementia Services***	0.152
Improved Staff Ratios in Long Stay	0.533
Units / Additional Staff***	
Sacred Heart Community Hospital, Carlow	0.279
Thomastown Day Care Centre	0.076
New Ross Community Hospital	0.089
Carer's Association (core funding)	0.019
SFOP National Health Strategy***	2.784
Demographics Services for Older People***	0.730
Total	8.605

*** The above should be used for this purpose and the format to be followed should be as per the Secretary General's letter of 22nd October 2001.

Palliative Care

€0.578m for the development of palliative care services in line with the recommendations of the Report of the National Advisory Committee on Palliative Care.

APPENDIX 1

The allocation for Palliative Care Services is being made subject to :

- Agreement with Services for Older People and Palliative Care Division both on the detailed use of this allocation and also the use of previous funding made available in conjunction with the launch of the Report of the National Advisory Committee on Palliative Care, as notified in correspondence of 27 September 2001. It would be intended that these details be incorporated in the health board's service plan. During the financial year it will be necessary to agree in advance with Services for Older People and Palliative Care Division any departure from the aforementioned agreement.
- The Board will be required to provided Services for Older People and Palliative Care Division with regular updates in advance of the quarterly Service Plan meetings on progress made and expected to be made in the use of the allocation.
- Where grants are being provided under Section 65 the principles guiding such grants as outlined under "Grants to Voluntary / Other Organisations" as detailed in the section of this letter dealing with Services for Older People should be applied.

Winter Initiative

Additional funding of **€0.446m** is being provided to your board in 2002 to meet the full year costs associated with the recruitment of support staff in A&E Departments under the Winter Initiative.

Mental Health Services

A sum of **€1.886m** is being allocated to your Board in 2002 for the continuation of on-going services as follows

Service	Amount
	€
Psychiatry of Old Age	0.350
Enhancement of services in Carlow/Kilkenny Acute Unit	0.508
Multi-disciplinary Teams	0.254
Community Services Wexford	0.032
Child & Adolescent Psychiatry - Consultant-led Teams	0.255
Support to Community Residences	0.203
Voluntary Agencies	0.127
Suicide Prevention Strategy	0.127
Mental Health Resource Person	0.030
Total	1.886

Mental Health Services - New Development Funding 2002

APPENDIX 1

A sum of **€0.533m** is being allocated to your Board in 2002 towards new developments as follows

Service	Amount €
Industrial Therapy/Activation Services	0.063
Addiction Services	0.127
Community based Services	0.190
GROW	0.153
	Total 0.533

Intellectual Disability & Autism Services.

The following additional funding of **€0.571m** has been included in the Board's 2002 Determination in respect of services to persons with an intellectual disability and those with autism.

€0.254m in respect of existing service issues agreed with the Brothers of Charity Services.

€ 0.190m to increase the budget base for the Camphill Communities.

€ 0.127m to increase the budget base for various Section 65 funded agencies.

Intellectual Disability and Autism Services - Additional Funding 2002

Additional funding of **€2.305m** is being made available in 2002 for the further development of services to persons with an intellectual disability and those with autism. It is imperative that these additional funds continue to be targeted to make the maximum impact on those who have been identified as awaiting services.

Service	€
Residential	0.560
Respite	0.310
Day	0.800
Health related support services for children with Intellectual Disability & Autism	0.254
Transfer from Inappropriate Placements	0.254
Specialist & Additional Support Services	0.127
Total 2.305	

Services for People with Physical/Sensory Disabilities

APPENDIX 1

A sum of **€1.982m** is being made available to your board in the year 2002 towards core funding of these services as follows:

Agency/Service Amount	(€m)
Full Year Cost of 2001 development funding	1.267
Update & Maintenance of Database	0.257
Aids & Appliances (non-pay inflators)	0.019
Revenue consequences associated with	0.344
Regional Assessment Centre	
Revenue Consequences of National Development Plan	0.095
Total	1.982

Services for People with Physical/Sensory Disabilities (Development Funding)

A sum of **€1.493m** is being allocated to your Board for the development of health related support services for people with physical & sensory disabilities during 2002.

Rehabilitative Training

Additional revenue funding of **€0.240m** is being made available to your Board in 2002 for Rehabilitative Training Services. This additional funding allocation will also provide a full-year cost to your Board in respect of the €31.74 (£25) per week Rehabilitative Training Bonus for people with disabilities on Rehabilitative Training programmes which was introduced in August 2001 and backdated to 1st April 2001.

Additional revenue funding of **€0.836m** for enhanced Rehabilitative Training services is being made available to your Board in 2002. The detailed application of this additional expenditure will require prior discussion with the Department of Health and Children. A separate letter giving a more detailed breakdown of this funding will issue to your Board from the relevant line-division within the Department as soon as possible.

Adult Homelessness

Additional funding of **€0.411m** is being made available to your Board in 2002 to provide funding for the implementation of *Homelessness - An Integrated Strategy*.

Travellers Health

An additional **€0.083m** has been included in your Boards allocation for 2002 to cover the cost of Travellers health initiatives to be allocated in consultation with the Department.

Sheltered Workshops

APPENDIX 1

Additional revenue funding of **€ 0.488m** is being made available to your Board in 2002 for the provision of services for people with disabilities in sheltered workshops

Amendments to Domiciliary Care Allowance Scheme

Additional funding of **€ 0.020m** is being made available to your Board in 2002 to provide a full-year cost in relation to the amendments to the Domiciliary Care Allowance (DCA) Scheme which were introduced on 1st April 2001.

Mobility Allowance Scheme

Additional funding of **€0.035m** is being made available to your Board in 2002 to provide a full-year cost in relation to the amendments to the Mobility Allowance Scheme which were introduced on 1st April 2001.

Child Care Services

Additional funding of **€ 4.180m** is being provided for the Child Care Services. The details are outlined in the table below.

	€m
Foster Care Services	1.859
Springboard	0.305
Special Care Units	0.635
Children First	0.140
Intercountry Adoption	0.083
Management Information Systems Project	0.051
Youth Homelessness	0.571
Family Support Services	0.254
Children Act, 2001	0.282
Total	4.180

Dental Services (Total funding €0.808m)

- Dental Treatment Services Scheme (€0.740m)
- Orthodontic Services (€0.068m)

Community Health Services

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Additional funding of **€ 2.331m** is being provided for Community Health Services. The details are outlined in the table below.

	€m
Meningococcal C Immunisation Programme	0.799
Influenza and Pneumococcal Immunisation	0.270
Development of Liaison Arrangements	0.079
SARI (Strategy for the control of Antimicrobial Resistance in Ireland)	0.200
Booster Immunisation Programme	0.265
Implementation of Best Health for Children	0.105
Maternity and Infant Care Scheme	0.070
Community Ophthalmic Services (Adult)	0.449
Family Planning and Pregnancy Counselling Services	0.094
Total	2.331

HIV/AIDS and STD services

A sum of **€0.013m** is being allocated towards the 2002 costs of developments in HIV/AIDS/STI services in 2001.

Drugs Services

A sum of **€0.081m** is being allocated to your board towards the full year cost of 2001 developments in drug misuse services.

Food Safety Control

A sum of **€0.318m** has been included in your Boards Determination for developments in food safety control.

Tobacco Control -Implementing Tobacco Free Initiatives

A sum of **€0.062m** is being provided in 2002 for;

- A post to co-ordinate tobacco control initiatives – set up and part year costs €0.051m.
- €0.011m for compliance building and community based tobacco free initiatives by the environmental health service (once – off).

GP Co-operatives Pilot Projects

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Your Boards allocation includes a sum of **€2.222** in respect of pilot GP Co-operatives. A separate letter will issue shortly detailing the breakdown of the figure.

GP Development Fund & Primary Care Units

Your Boards allocation includes a sum of **€1.151m** in respect of the full year costs of ongoing and once off developments in general practice. A separate letter will issue shortly detailing the breakdown of the figure.

Nursing Issues

A sum of **€0.280m** is included in your Boards 2002 allocation as follows:

Service	Amount
	€m
Transition to Degree Programme (once-off)	0.030
Clerical & IT Support for Nurse Managers (once-off)	0.250
Total	0.280

Risk Management

A sum of **€0.250m** has been included in your allocation for support of risk management

Revenue Cost of IT

€0.196m has been included in the determination as a contribution towards ongoing revenue costs arising from Information and Communications Technology investments within your Board.

Health Research Strategy

A sum of **€0.115m** is included for the development of a health research strategy and for the creation of a post of Research and Development Officer as recommended in the Strategy for Health Research *Making Knowledge Work for Health*.

Health Promotion

A total sum of **€0.140m** is included, **on a once off basis**, in your 2002 determination for health promotion activities as set out below:-

Healthy Communities Project	€0.038m
Men's Health Research Project	€0.045m
National Health Information Project	€0.057m

Cardiovascular Health Strategy Report - Building Healthier Hearts

APPENDIX 1

A sum of **€1.300m** is being made available to your Board in 2002 to meet no policy change commitments and new developments.

Violence Against Women

A sum of **€0.076m** is included in your 2002 Determination for services for women victims of violence.

Clinicians in Management

From the funding allocated in recent years, you are asked to submit a short note, no more than 500 words, indicating the benefits flowing from this initiative to improve patient care and the effectiveness of service delivery processes.

If further developments are planned for 2002, a submission is required indicating what developments are proposed, the estimated cost and the benefits expected should be forwarded to Larry O'Reilly, Principal Officer, Personnel Management and Development Unit. The submission should be aligned to the aims of the new health strategy "Quality and Fairness - A Health System for You". Your proposals should be submitted by 28 February 2002

Health & Safety.

You are asked to submit your proposals for Occupational Health Safety & Welfare Services for 2002. In addition, you are asked to provided the following information:

1. From any funding allocated in recent years, you are asked to submit a short note - no more than 500 words - indicating the benefits flowing from this initiative to improve occupational health safety & welfare in your organisation.
 2. If further developments are planned for 2002, a submission is required indicating what developments are proposed, the estimated cost and the benefits expected. The submission should be forwarded to Kilian McGrane, Personnel Management and Development Unit by 31 January 2002.
- In preparing your submission, please refer to the section "Improve the quality of working life" of the new health strategy "Quality and Fairness - A Health System for You".

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APPENDIX 2

PERFORMANCE INDICATORS

“The New Health Strategy has emphasised the necessity for service planning and delivery to be based on high quality, reliable and timely information. In this context it is critical that as complete a Performance Indicator Report as possible is returned quarterly, in accordance with the agreed performance indicators document signed off by the CEOs”

PERFORMANCE INDICATORS:

Background

The Chief Executive Officers of the Health Boards, as part of emerging conjoint working arrangements, indicated their commitment to the development of performance indicators, by establishing a National Performance Indicators Project Team, representative of each of the Health Boards and the Eastern Regional Health Authority (ERHA) in November 1999. In addition to being geographically representative, the Project Team also comprised both general management and specialist (including clinical) functions.

It should also be noted that in late 1999 the Department of Health and Children developed a broad set of 59 Performance Indicators linked to the National Service Planning process, which were referenced in the Letters of Determination for the year 2000.

The development of Performance Indicators on an inter-board basis was seen by all concerned to be a value-adding initiative. It was also viewed as a clear leadership signal from the Chief Executive Officers of their commitment to inter-board co-operation in bringing about continuous development and improvement in access, quality, efficiency, effectiveness and outcomes of services, and in the acceptability of services to users and their carers.

The overall goal of the joint exercise was to develop a set of performance indicators that would be uniform across all Health Boards and could be incrementally enhanced over a number of years.

The following criteria guided the development of the Inter-Board set of Performance Indicators:

The performance indicators must (as far as possible):

- Provide management information.
- Address areas of high priority.
- Have capacity to access more detailed levels of information. (because inevitably Performance Indicator information prompts further questions)

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- Be feasible (information available)
- Be explicitly measurable
- Be readily comparable
- Provide a minimum risk of differing interpretations
- Involve preparation work of manageable 'bite size' proportions
- Be capable of an incremental build-up.

The inter-Health Board process, conducted during 2000, led to the agreement of a total of 50 Inter-Board Performance Indicators.

The following performance assessment framework was adopted in 2001, and sets out five key areas/domains within which Performance Indicators are categorised:

- Effectiveness
- Efficiency
- Health Improvement
- Equity/Access
- Service User Satisfaction/Experience

KEY DEVELOPMENTS IN 2001:

The implementation phase of the initiative commenced in 2001, with the development of data collection systems, the presentation of first quarter reports, and the analysis of same. The National Project Team reconvened in May, as part of the monitoring arrangements, and the first quarter experience in all Boards was reviewed. The inter-board review provided evidence of significant progress in both the collection and reporting of performance indicator data.

However, the experience highlighted a number of issues requiring resolution, including:

- Overlap between the two sets of National Indicators (Department of Health and Children set and the Inter-Board set).
- Level of alignment with information required for/provided for other purposes to the Department of Health and Children.
- Need for clarity/consistency on data definitions/reporting periods.
- Absence of indicators, or appropriate emphasis of indicators, in some important Care Areas.
- Need for greater stakeholder ownership of process at operational level.
- Need for greater involvement of major non Health Board agencies/providers in process of developing indicators.
- Under-developed data collection systems, particularly IT systems, which hampered some Boards' ability to report on indicators.

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- Need for increased liaison with national agencies involved in collection and collation of relevant data for performance indicator reporting, including, HRB, ESRI, GMS(P)B, FSAI and CSO.

It was agreed that further collaborative work was required to resolve these issues, and a programme of work was agreed for the National Project Team.

Following a detailed two-day planning workshop in August 2001, the National Project Team recommended the following broad actions:

- Development of a single unified set of National Performance Indicators, merging the separate Inter-Board and the Department of Health & Children Performance Indicator sets.
- Rationalisation of the membership of the National Performance Indicators Project Team and to establish effective liaison arrangements with the Department of Health and Children, through the Principal Officer of the Planning and Evaluation Unit, Mr. Charlie Hardy.
- Establishment of Working Groups for eleven agreed Care Areas. Group membership to include representation from each of the Health Boards and ERHA. Each Board/ERHA to take a co-ordinating role for a Care Area and the Working Group Co-ordinators were tasked with ensuring stakeholder involvement. This complex process to be co-ordinated by Patricia Gilheaney, General Manager, The Office for Health Gain.

These proposals were approved by the Chief Executive Officers and effected in the period September to November 2001.

Each working group, by means of meetings and teleconferences, reviewed the existing Department of Health and Children and Inter-Board Performance Indicators, amended or suggested for removal as it felt appropriate, and suggested new Performance Indicators. The National Project Team at two meetings reviewed this work. A major two-day joint workshop, attended by both the National Performance Indicators Project Team and Chairs of the Working Groups, agreed the draft set of National Performance Indicators for 2002, in mid November.

The Planning and Development Unit of the Department of Health and Children facilitated communication between representatives of each of the Working Groups and the appropriate Line Divisions within the Department, via a series of meetings and teleconferences. This process achieved a level of understanding on the draft set of National Performance Indicators that are proposed within this document.

Conclusion

The development of Performance Indicators is integral to the enhancement of the performance management culture within our Health Services. Considerable progress has been made in 2001, and major advances can be anticipated in the coming year, manifesting in:

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- Production of data that is comparable across Health Boards.
- Levels of completeness of up to 80%.
- Full year presentation in the case of most Performance Indicators, with an increasing level of reporting overall by year end.

It is acknowledged that not all of the key and preferred Performance Indicators are scheduled in the draft set – this is a function, in part, of the scoping of the process but also reflects the real difficulties in collecting information, especially in the absence of developed Information Technology systems.

During 2002, the National Performance Indicators Project Team, Working Groups, the Planning and Evaluation Unit and the Line Divisions of the Department of Health and Children, propose to work on the implementation of these Performance Indicators and in the development of further Performance Indicators, some of which may replace, refine or further develop existing ones.

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APPENDIX 3

ACUTE HOSPITAL SERVICES STATISTICAL TABLES**TABLE A - Bed Capacity**

At 31/12/2001 there were **1,162 permanent acute inpatient beds** based in the South Eastern Health Board region. They were located as follows:

Waterford Regional Hospital	-	463
Wexford General Hospital	-	196
St. Luke's Hospital, Kilkenny	-	206
St. Joseph's Hospital, Clonmel	-	165
Our Lady's Hospital, Cashel	-	71
Kilcreene Orthopaedic Hospital	-	61

There are also 55 day beds in the Region.

TABLE B - ACTIVITY

	Inpatient Admissions		Outpatient Attendances		A&E Attendances		Day Cases		% Bed Occupancy	
	2000	2001	2000	2001	2000	2001	2000	2001	2000	2001
WRH	23,143	23,364	91,877	88,194	56,724	55,444	15,424	16,660	80.99	81.33
WGH	13,522	13,692	29,330	31,672	21,398	22,447	3,098	3,731	90.72	91.17
St. Luke's Kilkenny	14,000	13,543	24,742	25,346	20,329	20,802	3,240	3,651	84.07	89.87
St Josephs Clonmel	8,015	8,281	15,527	16,485	9,093	9,066	1,306	1,328	81.34	86.33
Our Lady's Cashel	3,545	3,383	9,192	8,706	16,082	17,723	1,966	2,405	53.20	49.37
Kilcreene Orthopaedic	1,412	1,360	4,141	3,823	N/A	N/A	N/A	N/A	47.38	46.19
TOTALS	63,637	64,560	174,809	174,226	123,626	125,482	25,034	28,712	79.72	81.12

Table C - Live Births

	2000	2001
WRH	1,845	2,056
WGH	1,410	1,663
St. Luke's Kilkenny	1,413	1,470
St. Joseph's Clonmel	936	941
TOTAL	5,604	6,130

APPENDIX 3

Table D – District Hospitals

Hospital	Beds Available	Admissions	%Occupancy 2001
Castlecomer	29	268	80.6%
Carlow	22	202	79.8%
Clogheen	22	250	78.6%
Carrick on Suir	21	260	91.9%
Gorey	33	241	87.1%
Dungarvan	30	166	83.5%
Totals	157	1387	83.5%

Table E – Acute Hospitals Programme – Projected Hospital Activity 2002

Hospital	Inpatient Days			Outpatient Attendances			Day Cases			A&E Attendances (Casualty)		
	Proj. 2001	Actual 2001	Proj. 2002	Proj. 2001	Actual 2001	Proj. 2002	Proj. 2001	Actual 2001	Proj. 2002	Proj. 2001	Actual 2001	Proj. 2002
WRH	132,461	137,442	136,423	90,000	88,194	90,000	14,500	16,660	14,500	54,000	55,444	56,000
St. Luke's Kilkenny	67,042	63,744	64,744	27,608	25,346	26,614	4,653	3,651	3,678	25,763	20,802	21,848
Wexford General	58,900	65,224	63,120	29,000	31,672	29,000	2,800	3,731	3,000	18,000	22,447	22,000
St. Joseph Clonmel	51,416	52,616	57,000	15,618	16,485	16,680	1,306	1,328	1,306	9,153	9,066	9,153
Our Lady's Cashel	15,970	12,795	14,000	9,388	8,706	9,730	1,995	2,405	2,700	16,465	17,723	6,465
Kilcreene Hospital	8,349	10,284	8,349	4,091	3,823	4,091	N/A	N/A	N/A	N/A	N/A	N/A
Regional Total	334,138	342,105	343,636	175,705	174,226	176,115	25,254	27,775	25,184	123,381	125,482	125,466

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APPENDIX 4

MENTAL HEALTH SERVICES – 2001

Number of Sectors:

Wexford	Carlow	Kilkenny	Waterford	Tipperary
4	2	3	4	5

Acute Psychiatry:

Area	Number of Beds
Wexford	41
Carlow	23
Kilkenny	40
Waterford	45
Tipperary	50
Total:	199

Long Stay Hospitals:

Number of Beds	Adult/Elderly	Mental Handicap
Wexford	185	28
Carlow	115	20
Kilkenny	125	-
Waterford	133	-
Tipperary	174	48
Total:	732	117

Community Mental Handicap Places:

Area	Number of Places
St. John of God House	25
Dawn House	12
Summerhill House	12
Total:	49

Mental Health Service – Activity 2001

Area	Total No. Of Outpatients Attended in 2001
Wexford	1373
Carlow	3232
Kilkenny	1905
Waterford	5238
Tipperary	1016
Total:	12,764

APPENDIX 4

Community Services

Area	Day Hospitals		Day Centres	
	Number	Places	Number	Places
Wexford	1	10	3	89
Carlow	1	20	5	111
Kilkenny	1	10	4	80
Waterford	1	12	3	60
Tipperary	2	40	2	30
Totals	6	92	17	370

Community Accommodation

Area	High Support Hostels		Medium Support Hostels		Low Support Hostels	
	Number	Places	Number	Places	Number	Places
Wexford	2	24	7	37	10	31
Carlow	1	9	4	42	4	23
Kilkenny	5	74	-	-	7	31
Waterford	2	27	3	21	12	57
Tipperary	1	20	2	18	11	40
Totals	11	154	16	118	44	182

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APPENDIX 5

SERVICES FOR OLDER PERSONS 2001

Assessment/Rehabilitation Services

Area	Bed Numbers
St. John's Hospital, Enniscorthy	16
Sacred Heart Hospital, Carlow	12
St. Columba's Hospital, Thomastown	20
St. Patrick's Hospital, Waterford	22
St. Joseph's Hospital, Dungarvan	12
St. Patrick's Hospital, Cashel	21
Total :	103

Continuing Care – Excluding Respite Care

Area	Bed Numbers
St. John's Hospital, Enniscorthy	137
Sacred Heart Hospital, Carlow	96
St. Columba's Hospital, Thomastown	128
St. Patrick's Hospital, Waterford	118
St. Joseph's Hospital, Dungarvan	87
St. Patrick's Hospital, Cashel	119
New Houghton Hospital, New Ross	65
Total:	750

Welfare Homes

Area	Bed Numbers
Bethany House, Carlow	38
Dunabbey House, Dungarvan	40
Cluainn Arainn, Tipperary	40
Total:	118

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APPENDIX 6

MONITORING OF POSTS - 2002

APPENDIX TO SERVICE PLAN

Funded employment level end 2001 8262.56

As percentage of profiled employment level 100.9%

	MANAGEMENT/ ADMIN	MEDICAL/ DENTAL	NURSING	PARAMEDICAL	SUPPORT	TECHNICAL/ MAINTENANCE	TOTAL
Jan-02	1293.35	557.11	3090.94	667.99	2656.76	132.71	8398.86
Feb-02	1297.85	557.11	3049.14	676.49	2667.96	132.71	8381.26
Mar-02	1315.35	560.11	3071.14	686.49	2673.66	132.71	8439.46
Apr-02	1354.35	561.11	3079.14	686.49	2708.66	132.71	8522.46
May-02	1359.35	562.11	3086.14	688.49	2709.66	132.71	8538.46
Jun-02	1374.35	562.11	3089.14	697.49	2719.66	132.71	8575.46
Jul-02	1393.35	570.11	3114.64	788.39	2800.56	144.71	8811.76
Aug-02	1394.35	570.11	3114.64	788.39	2800.56	144.71	8812.76
Sep-02	1407.35	570.11	3120.64	792.39	2802.56	144.71	8837.76
Oct-02	1410.85	572.11	3120.64	792.39	2802.56	144.71	8843.26
Nov-02	1412.85	572.11	3120.64	812.19	2823.36	144.71	8885.86
Dec-02	1412.85	572.11	3120.64	812.19	2823.36	144.71	8885.86

New Posts 143.50 26.0 107.7 148.2 185.9 12.0 623.30

2002 new WTEs 623.30

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