

Midland Health Board



NEWS

July 2001

NEW HUMAN RESOURCE AND QUALITY STRATEGIES LAUNCHED

Adding value rather than substituting ongoing work

The Human Resource and the Quality Strategies are about making sure that the Midland Health Board, in a period of years, is equipped to manage the service challenges and the needs of patients in a way which provides professional fulfilment and job satisfaction for the staff delivering the service, said Mr Denis Doherty, Chief Executive Officer, when he officially launched the two new strategies.

Because the strategies are new, he said, it probably means that both will have to be visited after a reasonably short time to validate and update the information.

The Board at this stage has completed much of the work around strategy formation with one or two more to come including the Childcare and Communications Strategies.

Mr Doherty explained that the Board is now getting into the mode of developing policies from the strategies, into implementation, then monitoring and reviewing the experience while going through the whole process. "So in that sense the strategies are an important

starting point. We now have strategies in all key areas. It is also timely in the context of the National Health Strategy which will be completed shortly and gives us a basis for responding to that," he added.

He explained that the Board will have staff dedicated to Human Resources and to Quality and pointed out that the Board has already invested a lot in areas including occupational health, clinical risk management and health service risk management.

"However, while that has been done human resources and quality are still the responsibility of managers through the Midland Health Board

area," he emphasised. "The purpose of this investment and these strategies", said Mr Doherty, "is to add value rather than substitute or replace what has been ongoing already. I think that many of you would agree that it is a necessary investment in that approach to adding value. "Much of this too is about our approach to the way we manage services and the staff who work for the Board. If there is one single thing that needs to be completely in focus it is that question of management style and work will be done on that over the coming months. "What is going to change? We need to now be sure that we are living the

sentiments of the strategies on an ongoing basis right throughout the Midland Health Board area. We need to ensure that what we say we are going to do in these strategies, lines up with the experience of staff and users of services on the ground. As part of the learning from the work we do and, as part of the approach to this style of management, which I think is going to be needed anyway as a result of the new Health Strategy, we need to have mechanisms in place for ensuring that we are living the talk," he said.

However Mr Doherty said it would be naive to expect that things will change overnight because of the launch of the strategies. "We will encounter difficulties from time to time. However we are talking about making sure that the Midland Health Board in a period of years

is equipped to manage the service opportunities, and the needs of patients and to do it in a way which provides professional fulfilment and job satisfaction for the staff who deliver those services. "That process will require support in structured formalised ways. In relation to management style it will mean that training and support will have to be provided to enable staff to practice in the way that is advocated now and to allow those whose style has been different up to now to make the transition to what staff rightly expect which is much more explicit now as a result of those strategies," he said. Mr Doherty emphasised that the ownership of the strategies rests with staff and management right throughout the Midland Health Board. "It applies as much to the Grade IV

CONTENTS

Quality Strategy	2
HR Strategy	3
Euro Watch	4
Partnership	5
Corporate Fitness	6
Mental Health Strategy	7
Workplace Health Needs	8
The Internet Explained	10
SAP	11
Passive Smoking	12
Communication Strategy	15
Mental Health Information	16

Environmental Health Department Awarded ISO 9002 Accreditation

Assured Quality of Service

The ISO 9002 National Standards Authority of Ireland Accreditation was presented to Ms Marie Gillooly and Mr Declan Mulhare, Principal Environmental Health Officers, by Mr Denis Doherty, Chief Executive Officer. Mr Doherty explained that for a number of years now, the Midland Health Board has had a focus on quality, culminating this year with the launch of the Board's Quality Strategy.



Mr. Denis Doherty, Chief Executive Officer presenting the ISO 9002 NSAI Accreditation to Ms. Marie Gillooly and Mr. Declan Mulhare, Principal Environmental Health Officers, with Dr. Patrick Wall, Chief Executive Officer, Food Safety Authority of Ireland.

"Just as justice benefits from being seen to be done, quality benefits from having an evidence base". Increasingly, he said, there is going to be a focus on seeking accreditation and certification and no better place to start than with food safety. This is the second Board service that has been awarded such accreditation. Last year the Board's GP Training Unit was awarded ISO 9002 accreditation. Mr Doherty commended everybody involved on the achievement adding "I have no doubt but that the number of such accreditation within the Board will be accelerating because the numbers involved in quality and improving quality standards are increasing each year". Dr Patrick Wall, CEO Food Safety Authority of Ireland, described the accreditation as, "a great achievement for the Board" and a model for

departments in other health boards. Dr Wall especially commended health boards and their standards. "When the Food and Veterinary Office of the EU came to Ireland, they audited departments of the marine, health boards, different sectors in agriculture, and others and the health boards were the only ones who got a positive report, last year." This is an extremely prestigious award. The attendance at the presentation also included Ms Siobhan McEvoy, Chief Environmental Health Officer, Department of Health; Dr Sean Moroney, Operation Manager/Certification of the National Standards Authority of Ireland. The attainment of this accreditation followed a two-day audit, by two senior auditors from the NSAI.

On completion of the audit the auditors were extremely complimentary of the Environmental Health Department, commending them on adopting and implementing the system in less than two years, by use of an in-house design system. They further stated that to achieve accreditation in such a short time frame was testimony to the commitment, dedication and sheer hard work shown by all Environmental Health Officers in the Board.

The benefits of attaining this accreditation, both for the Midland Health Board and indeed for the public which the Board serves are;

- * Assured quality of service from the Environmental Health Department.
- * A documented system of accountability
- * The provision of an equitable service to all.

2 MIDLAND HEALTH BOARD NEWS, JULY 2001

Continued from page 1

who has supervisory responsibilities as it does to the CEO and to managers at all levels, to make sure that the environment is in keeping with what is advocated in the strategy documents". In conclusion, Mr

improved as a result of the efforts of all of us to do something better on an ongoing basis."

Mr Larry Bane, Personnel Officer, explained that the Human Resource Strategy sets out:

* A vision for how work is to be experienced by staff in the Midland Health

- * Training and development
 - * Resourcing
 - * Involvement and Communication
 - * Reward and recognition
 - * Organisational development
- Implementation**
- * Your support
 - * A training pack for line

or developing values and mapping the behaviours that go with these values

- * Both are based on dialogue with the end-user (patients, service-users, staff)

- * Both require strong leadership and transformational management, open-mindedness, communication and

consultation.

- * Both focus on change, performance management and measurement.

- * In both everybody takes responsibility.



Pictured at the Launch of the Strategies, (l to r): Deirdre McKiernan, Human Resource Specialist, Acute Hospitals; Trudie Rowan, Acting Director of Nursing, O'falia House and Yvonne Dowler, Project Manager Catering.

Doherty said he was very encouraged at the response already received particularly in the quality initiative area. "There are a lot of initiatives ongoing and a lot of very good work being done with formal recognition by way of ISO certification. However, there are many other initiatives where that sort of certification is not as appropriate but nevertheless the quality initiative is not suffering because they are all important from the point of view of the user of the service. That is the reason a range of initiatives have been interspersed right throughout the Board's 2000 Annual Report. The idea is that we build on that so that the services right across the Board are

Board

- * A blueprint for action to achieve a balance between the different elements of people management
- * Core values which will guide the Board in its management of staff.

The Key Operating Principles include:

- * Subsidiarity: decision making and problem solving at the lowest relevant level in the organisation.
 - * A focus on competency, performance and continual improvement
 - * Clarity of authority, responsibility, accountability and transparency of decision making.
- Six main areas in relation to people management**
- * Performance management

managers will issue

- * The appointment of a Head of Training and Development
 - * HR support for each care group
 - * The Implementation of the HR strategy will demonstrate how the Board values its staff
- In conclusion Mr Bane said that progress on implementation will be reviewed in October 2001.
- Ms Mary Culliton, Director of Corporate Fitness, referred to both the Human Resource and the Quality Strategies.*
- * Both involve improving performance - setting standards.
 - * Both are development oriented, future oriented, continual learning.
 - * Both involve affirming

Quality Strategy

A summary

High quality service is the right of every patient/service-user in the Midland Health Board

The Board adopted a Continuous Quality Improvement approach in 2000 to ensure its already high standards continue to improve in line with national and international best practice to the benefit of all people who use our services.

What is Continuous Quality Improvement?

Continuous Quality Improvement is not something new. It is simply doing what you do a little better each day.

In doing so think about:

- * What the patient/service user requires from a service
- * What are the professional standards?
- * Are the necessary procedures being carried out to meet those standards?
- * Are resources being used in the best manner?

The Hallmarks of a Quality Service

The Midland Health Board adopted the following eight values as the hallmarks of the quality service it aspires to deliver in order to achieve health gain and social gain.

Equity

Persons with similar needs should receive the same standard of treatment and care

Accessibility

Everyone should have ready access to the services they need, when they need them.

Effectiveness

Each person should get the best possible outcome from his or her contact with services.

Efficiency

Health services must achieve the desired outcome within available funding.

Appropriateness

Services need to be designed around the needs of target groups and communities.

Responsiveness

The best healthcare through teamwork. The right service, in the right setting, at the right time.

Dignity

Services should reflect the standards of courtesy, confidentiality, and respect for the privacy and dignity of the individual that society expects of the healthcare services.

Farsightedness

Services should be capable of identifying and pursuing through promotion, prevention and treatment programmes opportunities to contribute to improvements in the health of the population of the area.

What does the quality strategy mean for the Midland Health Board?

This is the Board's vision of a quality service based on the eight values already adopted by the Board in order to achieve health gain and social gain for all the people of Laois, Offaly, Longford and Westmeath. The Board acknowledges that each user of its services expects and deserves a high quality patient/service user focused service. This strategy outlines how quality services will be delivered over the next number of years.

It recognises that managers in the Board will have a vital role in fostering a quality improvement culture among all staff. Senior management are fully committed and endorse the core principles of the CQI process.

What does this mean for Members of Staff?

This is recognition that your contribution is crucial to the process. It is an opportunity for you to get involved in the development of a range of services that are tailored to meet individual needs. This strategy will enable and support all employees through communication, education and training, consultation and recognition to provide the best quality services in the right setting, at the right time.

This patient/service-user focus means that all staff must be actively involved in the Continuous Quality Improvement of procedures and processes to improve quality, responsiveness and patient/service user satisfaction.

Every part of the organisation and everyone who works in it should take responsibility for contributing towards this objective. We should be able to demonstrate measures of quality improvement through audit and customer satisfaction surveys.

How does the patient/service-user benefit?

Too frequently people are expected to fit in with services rather than services being tailored to individual needs. With this strategy the Board is placing quality for the person using the services to the forefront. Patient/service user satisfaction and involvement is essential to the promotion of Continuous Quality Improvement. The qualities valued most include:

- * High standards across our whole healthcare service
- * Responsiveness, speed and range of services
- * Services tailored to meet individual needs
- * Services that are integrated and can respond to a range of health and social care needs.

Future

The desire and commitment of staff to deliver quality services has been evident in the many quality initiatives on-going in the Board's services and at various fora such as the clinical audit and continuous quality improvement workshops and the clinicians in management initiative. Planning for continuous quality improvement requires a process that produces action plans. It is acknowledged that staff will require training in the principles, tools and techniques of CQI.



Pictured at the launch of the Strategies, (l to r): Liz Gallagher, General Hospital Portlaoise; Alice Burke, Acting Director of Nursing, General Hospital Portlaoise; Mary Quirke, Health Centre, Tullamore and Mary Hooper, Director of Nursing, Riada House.

Human Resource Strategy

Frequently Asked Questions

1. What efforts will be made to recruit staff for vacant positions?

The strategy contains a number of objectives relating to the overall resourcing (staffing) of the Board. On its own, it has to be said, the Strategy will not lead to a reduction in vacancies waiting to be filled (this is more of a current issue rather than a strategic one, though no less important).

The Strategic objectives relating to recruitment are concerned with seeking to devolve more and more recruitment to line managers so that filling vacancies will be more in the hands of service managers and less centrally controlled (this will take time, however, as the health services are still bound by national agreements and regulations in many areas relating to recruitment, and because the Board needs to ensure that line managers are adequately supported to undertake recruitment at local level).

2. How will staff be rewarded for increased efficiency and will staff continue to be treated the same regardless of effort?

The Strategy contains a number of objectives which are relevant here. One of the key tenets of the strategy is a greater focus on performance management, including feedback to staff (in teams and/or individually). This will enable greater recognition of performance improvements and, in particular, the recognition of good performance (which is the norm). There will also be a focus on developing line managers so that their management style enables them to use their rightful discretion in managing their staff, in other words, to use all of the rewards that are available and to customise their approaches to recognise and/or rectify differing levels of performance. Finally, the Strategy also proposes that the Board investigate the possibility of introducing a Merit Award scheme to honour exceptionally good team/individual performance.

3. Will this apply to Consultant staff?

(I'm assuming that the 'this' in this question means 'the Strategy'...) The Strategy covers all the staff of the Board. With regard to Consultants, however, there are different contractual arrangements covering their appointment and employment and they have, in some areas, differing rights and responsibilities. With regard to issues relating to management style, it is expected that everyone with a responsibility for managing people would be expected to adhere to the principles of good practice that are incorporated in the Strategy.

4. What difference will this make to staff on the ward?

In the immediate term, there may not be a difference to staff on the ward or in the front line of service delivery as the Strategy is designed to take effect over a three-year period and many of the changes may take that long to reach full effect (for example, the impact of some types of training and development can take some time to percolate through an organisation). However, there are changes that staff can expect to see in the next year, such as:

- increased attention to and investment in staff development;
- an increased focus on performance, recognition and performance improvement; greater involvement of staff in planning services and in addressing performance-related problems at the level of service delivery;
- continued investment in the infrastructural HR support that is available within care groups/to service managers; and
- further development of the Board's Employee Assistance and Support services.

5. What difference will this make to patient care?

One of the key assumptions on which the Strategy is based is that staff who are treated with respect and dignity and who are valued by their organisation will deliver services to patients in the same spirit. This is not to suggest that staff do not treat patients with respect at present but just that there

are always improvements to be made in the way people (staff and patients/service users) are treated.

The heightened focus on managing performance that is also central to the Strategy is also intended to benefit patients/service-users as, ultimately, the performance of any health services organisation such as ours is about how well care, cure and health promotion are delivered. The publication of the Board's Quality Strategy in conjunction with this HR Strategy is to ensure that a difference is made to the quality of 'treatment' of both patients/service users and staff.

6. I am already stressed out and under pressure with the increasing demands of my job. What will the H.R. Strategy mean to me? What will it do for me?

The HR Strategy is intended to devolve more of the day-to-day management of people to line managers. This may seem like it will add to the workload of these managers but the reason that the devolution is taking place is to devolve more control to line managers, control over aspects of HR management that are adding to their current workload/stress levels at present such as completing staff-related paperwork, joining the 'queue' for services that are currently centrally administered, not being sure how to handle certain types of situations, feeling unprepared or un-trained for people management. It is intended that the Strategy would be evaluated after its three-year life span and line managers/service managers will be involved in this evaluation - if the Strategy has not addressed some of these issues in that time-frame, steps will be taken to explore these issues further and to put further measures in place to address them.

7. Isn't the strategy purely aspirational?

The purpose of the Strategy is to aspire to change the way in which people (human resources) are managed within the Board, to make the Board a



Pictured at the launch (l to r): Mary Dwyer, Personnel; Kate Brickley, Health Promoting Hospitals Co-ordinator; P.J. Smith, Acting Administrator, General Hospital Portlaoise; Mr. John Cregan, Deputy CEO and Dr. Marie Houlihan.

first-class employer enabling all staff to grow to their full potential through continual learning and participation in the planning and delivery of services. So, yes, the Strategy is deliberately aspirational and the aspirations will not be reached without a good deal of change at all levels throughout the Board. Your help is needed too to make sure that these objectives become real! This is not to say that it is purely aspirational though. Detailed objectives have been set for each of the six areas that are covered by the Strategy (Performance Management, Training and Development, Resourcing, Involvement and Communication, Reward and Recognition, and Organisational Development) and these will be the focus of attention of the new Director of Human Resources and of the Corporate Learning and Development Manager when they are in place.

8. What will change as a result of this? What difference will we see between how things are now and how they will be after this strategy has been implemented?

It is expected that there will be changes in the following areas:

- * The way people are managed, from recruitment through to retirement (the specifics of these changes are detailed under the six areas of the Strategy: Performance Management, Training and Development, Resourcing, Involvement and Communication, Reward and Recognition, and Organisational Development);
- * The level of involvement of staff in the planning and delivery of services;
- * Improved levels of motivation and morale through increased attention to career development, performance improvement, management style, and

resourcing issues;

- * Improved support and assistance to staff in times of crisis;
- * Improvements in performance - taking more of the 'bugs out of the system';
- * The location of people management (more in the hands of line managers and teams than centrally-managed);
- * Better anticipation and advance planning in relation to ensuring that the Board has the right people in the right numbers in the right places doing the right work;
- * Making the Board a healthier, more inclusive and more fulfilling place to work.

9. Where do we go from here?

The Board is already looking to fill key vacancies in its HR portfolio and it is expected that these people will be in place in the Autumn. The Director of Human Resources and the Head of Corporate Learning will be the central change managers in relation to the implementation of the Strategy. But the key change implementers of the Strategy are people like you, people who have direct responsibility for managing staff. So, it would be really helpful if you could take the Strategy back to your staff and use it as the basis for discussion with them about some of the issues that it covers. Although the Strategy was based on consultation with groups of people across the Board, it is likely that many people will not be familiar with it and will need time to debate and digest it - you can facilitate this. Some of the principles which the Strategy espouses for the Board include, for example, allowing people to question things, to offer their own views on issues relating to their service, openness in communications and

encouraging participation and 'ownership' - these principles should govern the next steps in relation to this Strategy too. You can help in being an agent of the sorts of changes that the Strategy aims to bring about.

10. I already have a huge workload, managing a department, supervising staff and dealing with problems and crises.

Looking at the HR Strategy, it appears that I will be expected to do more work - implementing Personal Development Planning, regular reviews of staff performance, identification of training needs and more! Apart from not knowing how to go about some of these tasks, how am I supposed to do this along with all my current duties?

Yes, the Strategy may mean that the work of line/service managers changes for the worse in the short-term in that it is intended to give them a much greater say in the implementation of how people are managed. But it is also supposed to take some of the stress out of the work by reducing the amount of referral to a central department and by reducing the number and type of staff-related "problems and crises". So there may be some short-term pain but it is expected that there will be significant long-term gain for both managers and their staff. Line managers will not be expected to undertake any duties without preparation and (it is hoped, Department of Health and Children allocation permitting!) that local (care group-based) HR support will be available (in addition to Central HR/Personnel Department support) to line managers to provide them with expertise and advice in their implementation of these aspects of people management.

EURO WATCH

184 Days to Euro Day (from 1st July)

Over the last number of months work has been ongoing on the Euro project. Many of the Board's systems are currently being upgraded, converted and tested to ensure Euro compliance. All business processes that will be effected by the changeover to the Euro are currently being documented and will be distributed to all relevant staff in advance of the changeover. The success of the Euro project is very dependent on staff - it is the staff who will be in the front-line during the changeover. Many staff will be dealing with queries from both the public and other board employees. It is vital that staff are aware of the issues and changes that will take place in their areas and it is for this reason that we are rolling out an extensive awareness campaign throughout the board.

Progress to Date

Training and Awareness General awareness sessions on the Euro have been ongoing throughout the board area since May. To date over 700 staff have attended these sessions in the following locations:

- * General Hospital Tullamore
- * General Hospital Mullingar
- * Athlone District Hospital
- * General Hospital Portlaoise
- * District Hospital, Abbeyleix
- * St. Joseph's Hospital, Longford
- * District Hospital, Birr
- * Districk Hospital, Edenderry

In the coming months, similar briefing sessions will be taking place in all locations throughout the board. The locations, dates and times are posted on the intranet and staff will be advised in advance of the sessions. All staff are encouraged to attend. It is important that staff are aware of how the introduction of the Euro will effect them both in their daily lives but

also in relation to their job.

Conversion of I.T. Systems.

The I.T. systems to be converted as part of the EURO project are the CARA Payroll system, SAP Financial system, SAP HR system, Patient Private Property system, Hospital Patient Administration System, Nursing Home Registration System, Pharmacy System, Telephone Monitoring system and the Catering Management System. The conversion of the Payroll, SAP Financial and HR systems and the Hospital Patient Administration system will be the most challenging and demanding on resources. The conversion of the SAP Financials alone even though it is already EURO compliant is estimated to take 130 manpower days. These systems will be updated to operate in dual currency and all existing transactions on the system converted to EURO.

To date work has started on all systems. The I.T. EURO team are currently finalising the test plans. In parallel with this the business processes which impact on these systems are being documented. The business processes will then be examined in detail to identify the most appropriate date for the change over of each system. The documenting of the procedures, for the operation of the business in EURO, from the changeover date, is currently being in progress. These procedures will be implemented at the changeover date for each system. It is the plan to have the changeover date for each of the systems finalised by July.

CONVERTING TO THE EURO

One Euro is worth IR£0.787564.

When converting Irish pound amounts to Euro we are legally obliged to use this rate.

IR£ to Euro

To convert an Irish pound to Euro, divide the Irish pound amount by the conversion rate.

Round the resulting amount to two decimal places. Round up when the third figure after the decimal place is five or higher, and round down where it is four or lower.

IR£3.79 ÷ 0.787564 = EUR 4.8123073 (this rounds to EUR4.81)
IR£1.99 ÷ 0.787564 = EUR 2.5267787 (this rounds to EUR2.53)

Euro to IR£

To convert a Euro amount to Irish pounds, multiply the Euro amount by the conversion rate.

Round the resulting Irish pound amount to two decimal places. Round up where the third figure after the decimal place is five or higher, and round down where it is four or lower.

EUR20 X 0.787564 = IR£15.75128 (this rounds to IR£15.75)
EUR10 X 0.787564 = IR£7.87564 (this rounds to IR£7.88)

How will the Euro effect banking?

- From 1 January 2002, accounts denominated in Irish pounds will be automatically converted to euro at the conversion rate, IR£0.787564. This will be done by all financial institutions free of charge.
- Irish notes and coins in customer lodgements will continue to be accepted by banks and building societies during the dual circulation period and for a time afterwards.



Pictured at a Euro Awareness Seminar at St. Joseph Hospital, Longford. Front row (l to r): Joan Brady, Francis Murphy, Bridie McCormack, Sheila Murphy, Euro Project Specialist; Patrick Glacken, Director of Nursing; Mary Kennedy, Bearnie Quaine and Marianne Murphy. Back row: Mel Gilleran; Dr. Kathleen Duffy, Pauline Duncan; Nuala Gunn; Theresa Kilraine and Tina Franks.

GENERAL AWARENESS SESSIONS ON THE EURO

Date	Location	Time
4th July 2001	Tullamore Hospital - Conference Room	All day
5th July 2001	Tullamore Hospital - Conference Room	P.M.
10th July 2001	Portlaoise General Hospital	All Day
11th July 2001	St. Lomans	All Day
12th July 2001	St. Lomans	1/2 day - morning
17th July 2001	St. Bridget's Hospital, Shaen, Portlaoise	1/2 day - evening
18th July 2001	Mullingar - Educational Centre	All Day
19th July 2001	Mullingar - Educational Centre	All Day
24th July 2001	St. Vincent's, Mountmellick	All Day
25th July 2001	St. Vincent's Mountmellick	All Day
26th July 2001	Tullamore - Conference Room	All Day
9th August 2001	Tullamore - Conference Room	All Day
10th August 2001	Tullamore - Conference Room	All Day

Irish Pound Cheques and Euro Cheques

- After 31 December 2001, Irish pound denominated cheques must not be written. All cheques written after this date must be in Euro.
- All Irish pound denominated cheques should be lodged with financial institutions by 9 February 2002.
- Payment in Euro cannot be made by using Irish denominated cheques, for example, crossing-out the Irish pound symbol and replacing it with a Euro

symbol.
• Financial institutions will make Euro denominated cheques available prior to 1 January 2002.

Credit Card and Lazer Transactions

- All credit card and lazer transactions will be processed in Irish pounds until midnight on 31st December 2001.
- As of 1 January 2002, Euro Day, all credit card and lazer transactions will be in Euro.

Where can I get more information?

Forfas EMU Business Awareness Campaign
Wilton Park House,
Wilton Place,
Dublin 2.
Tel: 1890 208 308
Website:
www.emaware.forfas.ie

The Euro Changeover Board of Ireland
15 Lower Hatch Changeover Board of Ireland
Dublin 2.
Tel: 1890 201 050
Website: www.euro.ie



A Euro Awareness Session, Outpatients Department in Tullamore General Hospital, seated (l to r): Shiela Guinan; Marie Cummins, Phlebotomist; Sheila Murphy and Mary Nutt. Back row: Marie Waters; Eileen Byrne; Helen Maloney; Vera Treacy; Deirdre Johnston and Pauline Keeshan.

MANAGEMENT EDUCATION

These part-time programmes are available through distance education or lectures at the Institute or at regional centres and attendance at seminars/workshops.

MA in Healthcare Management

Two years, part-time study through distance education only. Subjects include Health Strategy and Policy, Comparative Health Policy, Managing for Health and Social Gain, and Health Economics and Finance. (Commences 31 August 2001 and 4 January 2002)

BA in Healthcare Management

Four years, part-time study. Subjects include Health Administration, Epidemiology and Health Planning and Comparative Healthcare; also has a strong Economics component, including Health Economics, and covers Law and Financial and strategic Management. (Commences 24 September 2001)

National Diploma in Healthcare Management

Eighteen months, part-time study through distance education and attendance at seminars/workshops, held in clients' premises or at the Institute. (commences during period October 2001 - mid-February 2002)

IPA
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The Institute provides internationally recognised degree, diploma and certificate programmes that are available at honours level and are designed to advance participants' career opportunities.

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Launch of Partnership in the MHB

Working together for a Better Future

Today you are starting a new and exciting development with the aim of improving the responsiveness and flexibility of the services you provide whilst simultaneously developing a better response to staff aspirations for more fulfilling work and improved career paths, said Isobel Butler, independent facilitator and guest speaker, at the Launch of "Partnership: Working Together for a Better Future", in the Boardroom.

Managers of all the services throughout the Board's area were invited to the launch by the joint chairs of the Board's Partnership Committee, Ms Claire Mulligan Longford Westmeath General Hospital, representing the MLSA and Mr Denis Doherty Chief Executive Officer.

"Your efforts have the potential to develop or improve the climate within your organisation leading to improved job satisfaction, motivation and commitment which will ultimately benefit those receiving care and treatment through your services," claimed Ms Butler. In this effort to develop Partnership, she told those present that they are not alone. Not only is Partnership being developed within the health services, the last few years have seen the local authorities, the civil service, commercial semi-state sector and numerous organisations throughout the private sector attempt this. Whilst there is great diversity within these organisations, she said, it is possible to discern a level of commonality emerging in relation to some aspects of Partnership development. We do not have to re-invent the wheel we can learn the lessons of others.

Partnership is characterised by:

- * Trust and mutual respect
 - * Two-way communications
 - * Openness to changes
 - * Elimination of them and us-how can we solve this.
 - * A safe environment
 - * Consensus
 - * Common goals
 - * Employee autonomy and participation
 - * Information sharing and a joint assessment of information
 - * A problem solving approach
- In relation to change, Ms Butler described Partnership as an attempt by management and the unions to develop a more effective way of making organisational decisions by involving employees at the earliest possible stages in the design and implementation of the change.

Barriers to overcome include

- * All the baggage of the past
- * Scepticism, apathy and lack of interest
- * Fear

- * Mutual mistrust
- * Lack of commitment
- * Isolation from the rest of the organisation
- * Time and resources
- * Impatience- changing a culture takes time and involves changing beliefs and attitudes before behaviour will change.

Ms Butler outlined the following seven lessons of Partnership

1 The need for visible buy-in and support by senior management.

2 The need to have middle management committed to the Process:

Middle management and line managers, said Ms Butler, may fear and distrust this process. They may see it, as "a nice idea but it will never work", they may state that there is "not enough time available", they can fear a diminution in their power or even fear that "the union is taking over", she said.

If they are not committed they can:

- * Refuse to co-operate with releasing people to meetings/training;
- * Refuse to co-operate with consultative activities e.g. surveys
- * Act in a manner, which is not conducive to employee participation and the development of partnership e.g. being dictatorial, being non-receptive to suggestions and initiatives.
- * Be uncooperative with all partnership activities.
- * Block communication and information sharing.
- * Demonstrate apathy in relation to the process.
- * Not attend meetings.

To ensure that these groups are committed to the process they must:

- * See senior management leading the process;
- * Believe that partnership has benefits for all parties themselves included;
- * Be represented on the partnership team
- * Be consulted.
- * Know that co-operation with partnership initiatives involves giving people time, information, listening to ideas etc will be seen as a positive thing by the organisation not a negative one.

3 Leadership within the

Unions.

In the beginning, the official has to act as a local leader for the members.

- * S/he must reassure the members and shop stewards that Partnership is a "Union Strategy" not a "sell out".
- * Assist the shop stewards/members in identifying the benefits to them of Partnership.
- * Act as a channel of communication between the union and the workplace sharing information on partnership developments in other areas.
- * Their presence on the team helps to create a "safe space" for the union team members until they improve their confidence that they can deal with management within the partnership forum.

If the Official does not fulfil this leadership role or is non-supportive of the process it retards the development of partnership:

- * Shop stewards who push ahead and promote partnership can feel isolated and worried that they are stepping "out of line" with the union.
- * The members may believe that the shop stewards have "gone over" to the management side.

4 All employees and union members need to become aware of what partnership means.

This needs to be done at an early stage to ensure their co-operation with the process and allow them the opportunity to become directly involved.

This can be approached in a few different ways.

- * The union official and senior management can address the whole workforce /union membership either together or separately, present them with an overview of partnership and explain why they believe that it is the right way forward for the organisation.
- * A Joint Partnership team/forum can be set up and they can address the membership.

Whichever way is chosen the employees need to be informed made aware and involved at the earliest stages otherwise?

- * A belief can develop that they have been sold out by the union;



Pictured at the Midland Health Board launch of "Partnership - Working Together for a better Future" (l to r): Maura Morgan, Occupational Therapy Manager; Emma Gonude, Speech & Language Therapy Manager; Larry Bane, Personal Officer and Noreen Browne, INO.

- * They may be unwilling to co-operate with partnership activities.

* The partnership forum is remote from the floor becomes irrelevant and out of touch.

5 Communication is vital.

The partnership team must start jointly communicating with the workforce and the management team immediately they are formed. Both direct and indirect methods of communication should be used. eg bulletins, notice board, pay check, and small group meetings, and suggestion boxes. Communication flow needs to be two way with the workforce being given a channel of communication which they can use e.g. suggestion boxes, surveys, focus groups and task teams.

Communication must be regular and consistent and feedback should be given on issues, which have been raised.

6 The Framework for Partnership:

Usefully provides the agreed template and vision for Partnership developments.

7 Building Trust

One of the most difficult barriers to be broken down is the mutual mistrust, which may have existed for years. The things, which start this, process both within the team and between the team and the rest of the workforce and management, include:

- * Information sharing by management;
- * Drafting the joint objectives;
- * Drafting joint communication bulletins;
- * Joint training on all issues;
- * Communicating to small groups of workers, as a team.
- * Time and getting to know each other as "people";
- * Partnership actions: Working together to solve a problem and demonstrating that partnership is different.

8 Back-up and resources:

- for partnership to develop the enterprise needs to provide:
- * Time: for meetings and training. This process must be seen as work not just some add-on project.
- * Secretarial backup.
- * The facility to undertake research e.g. surveys, visits to other sites; library facilities etc.
- Other sites; library facilities etc.
- The union needs to provide:
- * Easy access to literature and case-studies on partnership
- * Information to facilitate

networking between partnership enterprises.

* Industrial relations back-up- if an IR issue arises during the early days of partnership there must be a concerted effort on the part of the union to get the issue resolved before it damages the partnership-i.e. "Keep the ring fence active".

9 Facilitation:

A facilitator is useful in bringing the parties together to agree on joint objectives and a framework and to facilitate the initiation and carry through of the initial projects and activities. His/her role must become less central as time moves on if the partnership team is to gain ownership of the process and continue it as an ongoing part of how they do their business.

* 10 Regular meetings- without these the process won't get off the ground.

* 11 Training: Training in the areas of group processes, consensus decision making joint problem solving etc should come only when the team has agreed upon their joint objectives and a framework for doing their business. Without this structure and basic agreement and understanding in place, it is difficult for team members to get maximal benefit or see the relevance of the training.

Training without activity is useless. Partnership activity should start as soon as practicable.

Partnership activities in Health Services Organisation

- * Communications project- Information leaflet, Intranet site, Search Conference which identified need for access to info, telecommunications, communications training
- * Transport project
- * Staff benefits and facilities- cost price pharmacy to staff, water coolers in wards, free morning coffee and tea, staff gardens, team bonus etc
- * Proposed patient/visitor guide service
- * A & E project- review of policy on occupancy of hospital beds; develop info booklet for users; questionnaires
- * Redrafting of hospital mission statement
- * North South Project

Conclusion

Remember like any relationship it takes time. Realistically appraise the pre-partnership culture to acknowledge the

challenges and the distance to be travelled. Communication and developing a clear and common understanding of the challenges facing you is the key to success.

Partnership Facilitator

Oliver Smith, Partnership Facilitator, explained that he was appointed last September as the Partnership facilitator to the Board.

"My initial task was to set up the Partnership committee. This committee, comprising eight union and eight management nominees, will in time oversee the change process in this board, which the entire health services are about to undergo. For a start though it will adopt local projects largely beneficial to staff and work on these in a partnership approach," he said.

The role out of Partnership in the health services, explained Mr Smith is the task of the Health Services National Partnership Forum (HSNPF).

This is a national body of 24 people, 12 union and 12 management and was set up under the P2000 National Agreement. It has an agenda of work arising out of that agreement and the current PPF and has accordingly drawn up a list of 17 National Projects.

These projects look at a range of areas including extension of services, staff development and training and staff consultation in service planning.

The HSNPF has produced a document, the "blue book" outlining its brief and listing the partnership issues.

"The work of Partnership does not try to obviate the IR process. Rather they may complement each other with issues being progressed so far in one and then being referred to the other arena for further progress. The Partnership Committee cannot, nor would it be appropriate for it to, be involved in the detail of a project in a location," explained Mr Smith.

Local working groups, representing all staff involved, will be set up and be facilitated through the work of the projects. "It is important to raise the profile of Partnership and the work of the committee among staff and this will involve talks to staff throughout the region. Everyone must be involved," he added.

Oliver Smith maybe contacted at osmith@healthservicesnspf.ie



Pictured at the launch of "Partnership - Working Together for a better Future" (l to r): Oliver Smith, Partnership Facilitator MHB; Claire Mulligan, Joint Chair & MLSA Rep; Denis Doherty, CEO, Joint Chair; Billy Riley, UCAT, Craftworkers and Isobel Butler, Independent Facilitator, a guest speaker at the launch.

CORPORATE FITNESS

The Midland Health Board's recently launched Quality Strategy places quality for the person using its services to the forefront. The Board also has many other stakeholders eg. staff, visitors, contractors, voluntary organisations, non-statutory organisations, the Department of Health and Children and other government departments.

The focus of Corporate Fitness is to ensure that service users receive a high quality and responsive service consistent with need. This will be achieved through the commitment of staff to continuous development of optimum standards and systems assuring safety, welfare, equity and effective communication. While Corporate Fitness is a **new** function it brings



Corporate Fitness Team, back Row (l to r): Barry O' Sullivan Regional Librarian, Paul Hannon Internal Auditor, Mary Culliton Director of Corporate Fitness, Donal Devery FOI Officer, Nick Keogh Fire and Safety Officer, Bairbre Ui Theighneain Irish Officer. Front Row: Debbie Keyes Senior Executive Officer, Veronica Smollen Administrative Support DCF, Kate Brickley Health Promoting Hospital Co-ordinator, Majella Robinson Clinical Auditor, Catherine Samuels Occupational Health Manager. Missing from picture: Dymphna Bracken, Communications Officer.

together a number of people who have already had responsibilities in this area, and further developments are planned. Debbie Keyes has just taken up a post as Senior

Executive Officer in Corporate Fitness and Veronica Smollen is administrative support to the Director of Corporate Fitness. On July 2nd Margaret

McGarry will join the group as Clinical Risk Manager and Louise Cooney will take up a role in August as Section Officer in Corporate Fitness.

Areas currently involved include Communication, Internal Audit, Clinical Audit, Library Service, Irish Language, Freedom of Information, Comment, Enquiry, Complaint and Appeal System, Health and Safety, Occupational Health and Health Promoting Hospitals:

Mary Culliton	Director of Corporate Fitness, Central Office, Tullamore Phone: (0506) 26313 Fax: (0506) 26314
Dymphna Bracken	Communications Officer Central Office, Tullamore Phone: (0506) 46262
Paul Hannon Address:	Internal Auditor, The Bridge Centre, Tullamore. Phone: (0506) 27449
Majella Robinson	Clinical Auditor Bury Quay, Tullamore Phone: (0506) 46281
Barry O' Sullivan	Regional Librarian General Hospital, Arden Road, Tullamore Phone: (0506) 27710
Bairbre Ui Theighneain	Irish Officer Central Office, Tullamore Phone: (0506) 27746
Donal Devery	Freedom of Information Officer The Mall, William Street, Tullamore Phone: (0506) 46735
Nicholas Keogh	Fire and Safety Officer Central Office, Tullamore Phone: (0506) 46103
Catherine Samuels	Occupational Health Manager Child & Family Centre, Springfield, Mullingar Phone: (044) 84482
Kate Brickley	Health Promoting Hospital Co-ordinator General Hospital Tullamore Phone: (0506) 46242

Education and Training Needs of Psychiatric Nurses in The Midland Health Board

All psychiatric nurses have now received a questionnaire relating to the above. This questionnaire will form the basis of recommendations in relation to the development of post registration educational programs for psychiatric nurses. It will also provide information on current education and training in the Board's area. It is therefore in the interest of every psychiatric nurse to take the time to fill out and return this questionnaires as the more data received the more enhanced the results will be.

This project is being undertaken by The Midland Health Board in association with The Royal College of Surgeons in Ireland.

**Please return completed questionnaires as soon as possible in the pre-addressed envelope to:
Nessa Gill, Nurse Researcher, St Lomans Hospital, Mullingar, Co Westmeath.
Telephone: 044 84352**



Pictured with Mr. David Egan, who officially opened The Cedar Centre Art Exhibition, (l to r): Ms. Orlaith O'Brien, Acting Director of Nursing, General Hospital Tullamore; Ms. Liz McCue, Occupational Therapist Co-Ordinator, Cedar Centre; Mr. Jim Dwyer, Acting Director of Nursing, St. Vincent's Hospital; Ms. Breda Crehan-Roche, Director of Disability Services and Ms. Maura Lowry, Assistant Director of Public Health Nursing Longford/Westmeath.



MIDLAND HEALTH BOARD GOLF OUTING WINNERS
(l to r): Liam McCormack, member of the organising committee, Frances Dunne, St. Fintan's Hospital, Portlaoise, winner of the ladies section; Ms. Mary Culliton, Director of Corporate Fitness, Midland Health Board, who presented the prizes; Mr. Paddy Cushion, winner of the Men's section; Mr. Liam O'Callaghan and Ms. Jacinta Joyce, both members of the organising committee.

NEW ACCOMMODATION FOR EHOs OPENED IN MULLINGAR

Roles and Functions of Service Expands

Longford Westmeath Environmental Health Department's new spacious and modern office accommodation, at Lough Sheever, Corporate Park, Robinstown, Mullingar, was officially opened by Mr Denis Doherty Chief Executive Officer.

In recent years the Environmental Health Service has expanded in its many roles and functions and as a direct consequence in the number of staff currently employed therein. As a result of this expansion it has been necessary to relocate the Longford Westmeath department's office accommodation from the Health Centre in Mullingar to this new office complex. Senior Principal Environmental Health Officer, Marie Gillooly, explained that the Environmental Health Officer service aims to promote and protect public health, through the enforcement of legislation for which it is delegated and authorised, and by providing an advisory, information and monitoring service for interested parties on issues of environmental health including food safety and tobacco control. A major function of the

Department is to police standards of safety and hygiene in premises for which it has responsibility. "As we move into the 21st century consumers need to be confident in the safety and wholesomeness of the food they eat. Protection of the public's health from risks associated with the consumption of food is therefore central to the mission of the Environmental Health Department," she Ms Gillooly.

New threats, she said, to food safety have emerged over the past two decades fuelling consumer concerns. A number of major food safety crises and scares have also eroded consumer confidence in the safety of food - these include the identification of emerging food borne bacteria such as E-Coli 0157 etc. Food poisoning can be life threatening for infants, the frail, elderly and people already suffering from other illnesses. The Environmental Health Department is charged with elevating food safety controls and enforcement mechanisms to ensure the highest levels possible of consumer protection. The Environmental Health Department is also responsible for ensuring that relevant premises

comply with tobacco control legislation. In light of the Government's cardiovascular strategy, the whole area of tobacco control is now receiving the whole hearted support and engagement of government at the very highest level. At ground level Environmental Health Officers play a large role in ensuring that relevant legislation is enforced in all premises for which it has responsibility.

In addition, to its role with regard to food safety and tobacco control, the Environmental Health Department assists the relevant local authorities with regard to certain aspects of water quality management, planning and development, housing and statutory nuisances. Furthermore, the Environmental Health Officer is part of a multi-disciplinary team which has responsibility for inspecting and registering Nursing Homes and Pre-school facilities within the Health Board's functional area.

The new modern office complex in Lough Sheever provides suitable accommodation at a central location to the Environmental Health Department. Phone 044-84890



Pictured at the opening, Front row (l to r): Anne Magner-Ryan, A/S.E.H.O., Longford/Westmeath; Chris Gallagher, Administration - E.H.O. Dept; Marie Gillooly, P.E.H.O. Longford/Westmeath; Denis Doherty, CEO, Midland Health Board; Mari Greene, S.E.H.O. Longford/Westmeath; Pat O'Dowd, General Manager, Community Care, Longford/Westmeath. Back row: Enda Coffey, E.H.O. Mullingar; Jane Snowdon, E.H.O. Mullingar; Marie O'Hanlon, Administration, E.H.O. Dept; Deirdre O'Shea, E.H.O. Mullingar; Paul McGuinness, A/S.E.H.O., Longford; Patricia Moran, E.H.O. Mullingar; Deirdre Cunniffe, E.H.O. Longford; Tara Lawlor, E.H.O. Athlone; Martina Conway, E.H.O. Longford.

Office for Health Management Launches eLearning Programmes

The Office for Health Management, which facilitates management development for the health and personal social services, has launched two new eLearning Programmes for non-financial managers and nurse managers. The Programmes were officially launched by the Minister for Health and Children, Mr. Micheál Martin TD.

The programme, an Introduction to Financial Management, was introduced by the Office for Health Management as a direct response to a survey it commissioned which revealed that managers in the health services, many of whom are health care professionals, were keen to develop their financial management skills. The programme covers financial reporting, costing and auditing. The programme is aimed at being as interactive and engaging as possible and can be accessed at the Office for Health Management website at www.tohm.ie. The programme is very flexible and can be used by learners at a time and location that suits their schedule. It is also available on CD-ROM. Commenting on the programmes, Minister Micheál Martin said: "I am delighted to launch this latest initiative from the Office for Health Management and I believe that the two programmes will make a significant difference to the quality of management. With support from my Department, these programmes are the latest in the Office for Health Management's evolving policy on eLearning and Knowledge Management. The Office is exploring other initiatives in this area, which should lead to greater flexibility and access to management development for those working in the health service".

Mr. Denis Doherty, Director of the Office for Health Management, said: "In addition to an introduction to financial management, our second programme on competency analysis is aimed at front line, middle and senior nurse managers who wish to develop their management skills and knowledge. The programme also allows for inputs from senior and junior colleagues, which gives nurse managers 360-degree feedback. This programme is as a result of the recommendations made in the report of the Commission on Nursing which recommended a study to identify the competencies required of nurse managers. We are confident that both these programmes will be a valuable asset to managers in the health services."

Both the introduction to finance and the competency analysis programmes can be accessed on the website of the Office for Health Management on www.tohm.ie. Enquiries in relation to the programmes can be directed to the Office on Tel: 01 4754044.

More in next issue.

MENTAL HEALTH STRATEGY

One hundred delegates, representative of a broad range of health board and voluntary agencies attended a workshop at the Bloomfield Hotel, which marked the beginning of the development of a Mental Health Strategy, for the Board, for the next five years.

The Board's Mental Health Strategy was last reviewed in 1997 and it is opportune that it is now being considered again, at a time, when the national health strategy is also being prepared.

The promotion and maintenance of good mental health, treatment of mental illness, and the provision of support and rehabilitation to people, with mental illness are issues which require multi-sectoral and multi-agency approaches if the quality of life of the individual is to be maximised. The provision of appropriate services, in an appropriate location according to need, are identified as key factors in ensuring successful outcomes of care.

Representatives of elderly care, child care, social work, counselling, community welfare, primary care, acute hospitals, voluntary agencies and child/adult mental health services attended this very successful day.

The event was launched by Mr John Cregan, Deputy CEO and facilitated by Mr Joe Wolfe and his team from Education, Training and Management Consulting.



Pictured at the AGM of the MHB Mental Health Services, (l to r): Jonathan Egan, Director Counselling Services, MHB; Julie Flaherty, Psychologist Child, Adolescent Mental Health Services, Portlaoise; Dr. Ronnie Augustine, Clinical Director, Laois/Offaly Mental Health Service and Cherly Early, Director of Nursing, Shaen Hospital, Portlaoise and John Cregan, Deputy Chief Executive Officer, MHB.

WORKPLACE HEALTH NEEDS

A Partnership

Health Promoting Hospitals Health Needs Assessment at St Vincent's Hospital Mountmellick developed in partnership with the Department of Public Health the Health Promotion Service and the Occupational Health Service

by
 * Dr Annette Rhatigan
 Specialist Registrar in
 Public Health Medicine
 * Mary Dunne, Project co-ordinator, St Vincent's Hospital, Mountmellick
 * Kate Brickley, Regional Health Promoting Hospitals Co ordinator,
 * Dr Davida De La Harpe, Specialist in Public Health Medicine
Acknowledgements
 The authors wish to acknowledge with gratitude the support of:
 * Staff of St. Vincent's Hospital, Mountmellick
 * Management of St. Vincent's Hospital
 * Department of Health Promotion
 * Department of Occupational Health
 * Management of Midland Health Board

dissemination of health promoting messages for employees and the provision of facilities to enhance fitness are key measures in this respect.
Pilot Project St Vincent's Hospital Mountmellick
 The origins for this project lay in a general interest among staff at St. Vincents Hospital Mountmellick having some type of health screening made available to them in the work place, which would be linked to the Health Promoting Hospitals initiative. It was envisaged in the early stages that this initiative to promote health and ultimately raise staff morale would include the measurement of blood pressure; glucose monitoring; urinalysis and cholesterol monitoring, etc. The proposed project was brought to the attention of the Regional

and 92 non-nursing), and has an annual budget of £3.4 million for 2001. The management and staff of St Vincent's Hospital are committed to delivering a high standard of services for their clients, which will meet or exceed the client's expectations. All staff can contribute to improving quality, whether in direct patient care or in one of the support services.
Methodology
 A project co-ordinator was appointed. A budget was agreed for printing, data inputting and analysis of the survey. The questionnaire was adapted from a Scottish Survey (3). It was piloted, developed, and conducted in consultation with St. Vincent's Hospital, Department of Public Health, Occupational Health, and the Midland

workplace;
 • Suggest ways in which the organisation can help them;
 • Suggest ways in which the workplace/ organisation can be improved;
 • Propose appropriate forms of action and priorities for action.
 • Describe their individual lifestyles (e.g. smoking, drinking and exercise)
 Since the questionnaire involved staff in expressing personal opinions, it was important to make clear at the outset that the survey/questionnaire was about the organisational workplace and not about individuals. It was also made clear to staff that their responses would be treated with absolute confidentiality.
The Survey Results
 In this needs assessment staff at St Vincent's Hospital have identified a number of strengths and weaknesses in relation to their health behaviour, lifestyle and work environment. Positive aspects

Table 3.1:

Awareness of hospital policies relating to specific issues? N (%)	Yes	No	Don't know
Smoking	123 (100)	0 (0)	0 (0)
Health and Safety Risk	122 (99)	0 (0)	1 (1)
Special Leave	114 (93)	1 (1)	7 (6)
Infection control	113 (93)	4 (3)	4 (3)
Attendance	102 (85)	6 (5)	12 (10)
Harassment / Bullying	103 (84)	11 (9)	8 (7)
Complaints	93 (78)	15 (13)	11 (9)
Equal opportunities	91 (75)	14 (12)	16 (13)
Training and Development	87 (73)	21 (18)	12 (10)
Drug misuse	83 (69)	19 (16)	19 (16)
Alcohol	81 (68)	17 (14)	22 (18)
Environmental practice (e.g. recycling, waste reduction)	56 (49)	31 (27)	28 (24)
Security	53 (45)	40 (34)	24 (21)
Mental Health	34 (30)	37 (33)	41 (37)

	Number (%)
Male	17 (14)
Female	107 (86)
Total	124

*3 respondents did not respond to this question.

safe, 12% were unsure and 10% felt it was unsafe or very unsafe. The main factors perceived as having a negative effect on their health at work were: design of working area (65%), space (59%), toilet facilities (56%), moving and handling (53%), heating and temperature (38%) and electrical equipment (38%) (Table 4.1).

SECTION 2:

The Work That You Do
 Well over half of respondents (59%) had worked in St Vincent's for 6 or more years, indicating a relatively unchanging personnel. The majority of staff work full-time and are permanent employees.

SECTION 3:

Hospital Policies
 Respondents had a good level of awareness about certain hospital policies (Table 3.1) and at present all new staff receive a copy of the Midland Health Board Staff Handbook on taking up their post. Each new member of staff participates in an induction course which includes health and safety issues, information regarding policies and procedures, guidelines on their roles and responsibilities and general orientation.

SECTION 4:

Your Physical Work Environment
 In response to how safe individuals considered their working environment, seventy eight percent of respondents felt it was very safe or quite

SECTION 5:

Your Health and The Organisation of Your Work
 The majority of people (72%) described their current state of health as being good or very good, 28% felt their health could be better or was poor. Of note is that thirty-eight per cent of respondents were concerned about bullying in the workplace and just over one quarter were worried about the threat of violence at work (Table 5.1). It is important to note that the questions asked were 'Are you worried about bullying at work?' and 'Are you worried about the threat of violence at work?' respectively. A positive response in either question indicates that the respondent is concerned or worried about bullying or the threat of violence rather than having actually experienced them in the workplace. Almost one-fifth (19%) reported being worried about roles and responsibilities



Pictured at the Health Information Day in St. Vincent's Hospital, back row (l to r): Joan Tierney, Health Promotion Officer; Catherine O'Keeffe, Director of Nursing, St. Vincent's; June Bulger, Health Promotion Officer; Elnary Purtell, Community Dietician; Aine O'Brien, Student; Caroline Bailey, PHN; Mary Culliton, Director of Corporate Fitness and Dr. Annette Rhatigan, Department of Public Health. Front row: Mary Dunne, Local Project Co-Ordinator; Finola Colgan, Development Officer MHAI; Kate Brickley, Co-Ordinator Health Promoting Hospitals; Treasa Glynn, Staff Nurse and Kay Doyle, Staff Nurse.

Summary

A workplace Health Needs Assessment was undertaken, at St Vincent's - in a 170 bed elderly care hospital. It identifies a number of positive and negatives aspects of lifestyle infrastructure and human resource issues. A programme is being implemented to address these issues.

Rational for the Health Needs Assessment

Shaping a Healthier Future (1998) (1) and The National Health Promotion Strategy 2000 - 2005 (2) highlight the importance of providing a healthy workplace and protecting and promoting the health of its employees over and above their statutory obligations as part of the drive towards improving public health. Employers, trade unions and professional organisations have a particular interest in developing the health of workforces both to increase the well being of employees and to reduce sick absences so that output is maintained or increased. The

Health Promoting Hospitals committee where it was considered appropriate to commence the project with a Health Needs Assessment.
Profile of the Hospital
 St. Vincent's Hospital provides a range of high quality in-patient, day-patient and out-patient services to the elderly population of the Laois/Offaly area. The total bed capacity is 170 comprising 93 female and 67 male. There are 5 Wards and a 10 bedded mixed Independent Unit incorporating respite beds. There are also 4 special care rooms for Hospice patients. There were 274 admissions for 1999 (including respite). St Vincent's has strong links with the community and provides a number of outreach services. The Day Care Centre catchment area covers a 14 miles radius with approximately 16 people per day availing of all in-house services. The hospital employs a staff of 155 Whole Time Equivalents (63 nursing staff

Health Board Health Promoting Hospitals. Ethics approval for the study was sought and granted by the Board's Ethics Committee. The study was launched on Monday 27 November 2000, with two weeks allowed for completion of the survey. A questionnaire was given to each member of staff on the payroll on a certain date (n=180) (the entire work force of the hospital). The questionnaire was distributed by the project co-ordinator, mainly by personal contact (n=116). The remainder received their questionnaire by post (n=64). Staff were asked to complete the questionnaire, place it in the provided unmarked envelope and place it in the locked 'Questionnaire Post-Box' in the general administration office. Following the two week period the questionnaires were delivered to a data company for data inputting and analysis. The questionnaire invited staff to:
 • Identify issues affecting their personal health in the

include the large percentage that consider their current health status to be good or very good (72%). Ninety-four percent of respondents believe they have the skills to do their job well and 90% enjoy their work. Over two thirds (69%) would recommend St Vincent's as a good place to work and 65% had a sense of belonging to the hospital. One hundred and twenty seven staff members responded to the questionnaire representing a response rate of seventy one percent (71%).
Section 1: About You
 The majority of respondents were female (86%) (Table 1.1) and 17 (14%) were male. This breakdown is representative of the gender distribution of the staff at the hospital. The majority (87%) of respondents were aged between 26-55 years. One third of respondents (33%) who have children in the relevant age group stated that they would make use of the crèche facility proposed for the town.

Table 4.1:

In your opinion, are any of the following having a negative effect on your health at work?

	Yes N(%)	No N(%)	Don't know N(%)
Hazardous chemicals/materials (N=91)	13 (14)	71 (78)	7 (8)
Electrical equipment (N=112)	42 (38)	67 (60)	3 (3)
Use of computers/ VDUs (N= 73)	1 (1)	66 (90)	6 (8)
Use of machinery (N=94)	12 (13)	80 (85)	2 (2)
Moving and handling (N=114)	60 (53)	51 (45)	3 (3)
Personal protective equipment (N=100)	16 (16)	78 (78)	6 (6)
Noise (N=115)	20 (17)	91 (79)	4 (3)
Heating/temperature (N=115)	44 (38)	67 (58)	4 (3)
Lighting (N=110)	16 (15)	88 (80)	6 (5)
House keeping/cleanliness (N=110)	16 (15)	92 (84)	2 (2)
Space (N=116)	68 (59)	46 (40)	2 (2)
Design of working area (N=111)	72 (65)	35 (32)	4 (4)
Toilet facilities (N=113)	63 (56)	49 (43)	1 (1)
Biological Hazards (N=101)	11 (11)	74 (73)	16 (16)

*Those who do not use the specified equipment have been excluded.

ASSESSMENT AT ST. VINCENT'S

Project

Table 5.1

Sources of worry for respondents N (%)

Sources of worry	Yes	No
Are you worried about bullying at work?	46 (38)	76 (62)
Are you worried that your work is repetitive?	36 (30)	85 (70)
Are you worried about the threat of violence at work?	32 (26)	92 (74)
Are you worried about working shifts?*	20 (21)	75 (79)
Are you worried about your role and responsibilities?	22 (19)	93 (81)
Have you ever been a victim of sexual harassment at work?	7 (6)	117 (94)
Have you ever been the victim of racial harassment at work?	3 (2)	121 (98)

*Respondents who do not work shifts have been excluded.

(Table 5.1) citing such concerns as increased responsibility; staff shortage; litigation; night security; heavy workload and poor definition of job tasks. Seventeen percent of respondents always or mostly feel stressed because of work and a further 54% sometimes feel stressed because of work (Table 5.2). Over half of respondents stated that they sometimes or almost always found it difficult to switch off after work and 5% said they always or mostly had difficulty sleeping because of worries at work. In a separate question on stress, over half of respondents (58%) said they felt stressed at work. Causes of stress are shown in Table 5.3. The majority of respondents to this question attributed the cause of their stress to their workload (77%) and 'other people' 56%. Comments under the 'other' category included staff shortages; work colleagues; client demands. Lower percentages of respondents at least sometimes felt discriminated against because of their age (11%), sex (6%) and race (3%). In their comments with respect to the hospital's provision for disabled employees,

seven per cent felt that management genuinely cared about the health and welfare of employees. Over two thirds of respondents would recommend St Vincent's as a good place to work and 65% had a sense of belonging to St Vincent's. Just less than two fifths of respondents felt they had the opportunity to make their own decisions and thirty-eight per cent felt they had the opportunity to influence policies and plans which affect their work. However, well over half of respondents (57%) felt they had the opportunity to participate in improvements in the services provided by St Vincent's. In addition, almost half of respondents stated that they were unhappy with the induction procedure for new employees.

Table 5.3: Causes of stress to respondents at work?

Responses (%)	Responses (%)
Workload	48 (77)
Other people	35 (56)
The physical environment	21 (34)
Manager	19 (31)
Hours worked	15 (24)
Deadlines	15 (24)
Other	6 (10)
Total	62

*Respondents could provide more than one answer

Table 5.2: How do you feel at work?

	Always/ Mostly	Sometimes	Seldom/ Never
I feel secure in my job	107 (87)	14 (11)	3 (3)
I feel stressed because of work	21 (17)	66 (54)	35 (29)
I feel tired/ exhausted at work	17 (14)	78 (63)	28 (23)
I work late	6 (5)	81 (68)	32 (26)
I am impatient and irritable at work	3 (3)	34 (29)	82 (69)
I feel discriminated against because of my sex	3 (3)	3 (3)	111 (95)
I feel discriminated against because of my age	2 (2)	11 (9)	109 (89)
I feel discriminated against because of my race	2 (2)	1 (1)	114 (98)

How do you feel after work?

	Always/ Mostly	Sometimes	Seldom/ Never
I find it difficult to switch off from work	11 (9)	49 (43)	55 (48)
I feel guilty when relaxing	9 (8)	25 (22)	79 (70)
I take work home	9 (7)	27 (23)	80 (69)
I have difficulty sleeping because of worries at work	6 (5)	29 (26)	77 (69)

respondents felt that greater facilitation of the needs of disabled employees was required. The vast majority (94%) believed they had the skills to do their job well (Table 5.4), were clear of what was expected of them in their job (92%) and enjoyed their work (90%). Thirty-eight per cent felt that their training needs were addressed by the Health Board. Less than half (44%) felt their work was valued by management, only thirty-

SECTION 6: Smoking

Thirty-three respondents (26%) were current smokers and 88% of those smoked every day. (Four people were occasional smokers). 28% of smokers had been smokers for over 20 years. Two thirds of smokers stated that they had tried to give up smoking but had failed. In response to the question on what the individual's smoking status would be in one year's time, over one half (53%) of

respondents stated that they saw themselves trying to give up cigarettes in a year's time. The vast majority of smokers (91%) said they used the designated Staff Smoking area.

SECTION 7: Exercise

Over half (54%) of respondents think they do not take adequate exercise in order to remain healthy. In response to the question on knowledge about exercise 50% of respondents felt that an individual should exercise several times a week and almost 40% over estimated the recommended amount of exercise. Over three quarters of respondents (78%) are members of the Hospital's social club. The factors influencing the amount of exercise taken are shown in Table 7.1.

Table 7.1: What factors influence the amount of exercise you take? (N=121)

Factor	N(%)
Time	66 (55)
My health	58 (48)
Weather	57 (47)
Motivation	46 (38)
My fitness	44 (36)
My appearance	29 (24)
Responsibilities/ commitments	24 (20)
Facilities	19 (16)
Social reasons	13 (11)
Tiredness	10 (8)
Cost	6 (5)
Work pressure	2 (2)

SECTION 8: Alcohol

Seventeen percent of respondents reported never drinking alcohol and a further 17% drank only on special occasions. The majority considered their alcohol intake in a typical week to be safe or very safe but 4% were unsure and 5% felt their intake to be potentially harmful. Respondents were asked if they knew what the recommended alcohol intake (in units) is for men and women. The survey indicates that individuals are unaware of the recommended units of alcohol. One of the health strategy targets was that 75% of the population over 15 years both knew and understood the recommended sensible limits of alcohol consumption.

SECTION 9: Nutrition

Over half (55%) of respondents reported using the dining room at work and eighteen percent (18%) reported buying snacks from the shop/machine in the hospital, fourteen percent (14%) bring food from home and thirty five percent (35%) go home for meals. Eighty-seven percent (87%) of people stated that they were aware of the healthy choices offered in the canteen. Three-quarters of respondents eat breakfast each day, but thirteen (13%) said they rarely or never ate breakfast. Almost three-quarters of respondents said they ate at least one piece of fruit each day, however, only eleven per cent of these reported eating 4 or more pieces of fruit each



Brigid O'Leary; Gina Larkin; Esther Collins, Senior Staff Nurse and Mary Culliton, Director of Corporate Fitness, pictured at the Information Day.

day. Fourteen per cent reported rarely or never eating fruit. Eighty-six per cent of people eat vegetables at least once a day and only 2% reported that they rarely or never eat vegetables. Almost half of respondents

working environment may influence a person's health either positively or negatively. Equally, an individual's state of well being can effect their ability to work effectively (5). St Vincent's Hospital aims to successfully balance the needs

A Health Information Day was organised at the hospital in partnership with the Department of Health Promotion, Department of Public Health, and Department of Occupational Health and the Mental Health Development Association addressing the lifestyle issues identified. Topics addressed on this day included: Exercise, Nutrition, Smoking, Alcohol, Occupational Health, Stress and an update on the proposed crèche facility. Personalised programmes are being developed in consultation with staff, which are needs based. The Health Information Day is being evaluated.

Phase II

* Management, in consultation with staff at St Vincent's Hospital, will address the issues through the formation of working groups to develop projects.
* Projects are currently being prioritised. It is anticipated that projects will be concentrated in three areas:
* Health Promotion Issues
* Infrastructural Issues
* Human Resource Issues
* Identify realistic short, medium and long term projects which need to be developed, taking into account available resources
* Identify relevant stakeholders within the hospital and the organisation to implement the agreed projects
* Identify a process to monitor and evaluate the projects
* Develop a communication system to keep all staff informed of progress.

Table 5.4: Respondents opinions on the following statements

	Strongly agree/ Agree	No Opinion	Disagree / Strongly D.
I believe I have the skills to do my job well	118 (94)	2 (2)	5 (4)
I am clear about what is expected of me in my job	114 (92)	3 (2)	7 (6)
I enjoy my work	109 (90)	10 (8)	3 (2)
My morale is generally high	92 (79)	11 (9)	14 (12)
I would recommend St Vincent's as a good place to work	85 (69)	23 (19)	16 (12)
I feel a sense of belonging to St Vincent's	80 (65)	19 (15)	24 (20)
I have the opportunity to participate in improvements in the services	68 (57)	16 (13)	35 (29)
I feel my work is valued by management	53 (44)	25 (21)	43 (35)
I have the opportunity to make my own decisions	48 (39)	21 (17)	53 (43)
My training needs are addressed by the Board	45 (38)	24 (20)	52 (43)
I have the opportunity to influence policies and plans which affect my work	46 (38)	23 (19)	52 (43)
Management genuinely care about the health and welfare of employees	46 (37)	26 (21)	52 (42)

(48%) reported eating treats such as biscuits, cakes, chocolate, sweets and crisps at least once a day and one in five of these eat two or more 'treat' foods each day

SECTION 10: Health Promotion

Staff reported being generally well informed about smoking and smoking cessation initiatives and alcohol consumption. However there is still a lack of information regarding recommended alcohol intake. In general staff requested further information on a range of lifestyle issues, most commonly, stress management, occupational health and health and lifestyle assessment, either as part of an information day or individually. **Recommendations & Partnership Approach to Addressing Identified Needs** It is accepted that health and work are powerfully related and that the workplace has great potential to protect, promote and maintain good health. It is also acknowledged that the

of individuals and the needs of the organisation as a whole. The following approach is being adopted to achieve this aim:

There is a commitment at Hospital and Board level to implement the identified needs in a phased approach. Some recommendations relate to individual lifestyles, other pertain to the work environment.

ACTION PLAN: Phase 1 (in progress)

Table 5.5: Respondents level of satisfaction with the following aspects of their job

	Very happy/ Happy	No Opinion	Unhappy/ Very unhappy
Number of hours worked	103 (86)	3 (3)	14 (12)
Job security	101 (83)	11 (9)	10 (8)
Annual leave entitlement	97 (79)	7 (6)	9 (16)
Your role	97 (79)	6 (5)	20 (17)
Sick leave arrangements	85 (72)	8 (7)	26 (22)
Other leave (eg maternity)	65 (68)	20 (21)	11 (11)
Shift work	64 (62)	23 (22)	16 (16)
Disciplinary procedure	62 (53)	28 (24)	27 (23)
Flexible working hours scheme	50 (51)	15 (15)	32 (33)
Induction procedure for new employees	45 (38)	15 (13)	56 (49)
Grievance procedure	57 (48)	32 (27)	30 (25)

THE INTERNET EXPLAINED

The Web, the NET, W3, email, URL, Information Age - what is all the fuss and hype about? The Internet is now available free of charge to all health board staff in the Midland Health Board libraries. By answering some frequently asked questions, the following article written by Margaret Morgan, librarian in Longford Westmeath General Hospital, it is hoped to clarify the issues and help to remove doubts and uncertainty.

What is the Internet?

The **Internet** is the name given to the collection of networks of computers around the world which are linked together using telecommunication lines, i.e. phone lines, ISDN lines and satellite links. The **World Wide Web** or **The Net** uses these interconnections to link up web sites and places. In other words, the web consists of thousands of pages of information, all located in different places, which are linked to each other using the Internet.

Where did it come from?

* 1960s - The Internet was started by the American Department of Defence to exchange information in a

secure way and link the different agencies together in case a war started, it was called ARPAnet. Other Companies and organisations saw the benefits, and started linking up their own networks of computers.

* 1971- First public demonstration of the new technology is held using 40 computers.
* 1980 - the first academic network linked a university in New York with Yale.
* 1990 -the CERN laboratory in Switzerland developed the World Wide Web, which allowed text, graphics and video to be moved across telephone lines, and so the Internet as we know it today was born.
* 1997 - 2 million websites now up on the World Wide Web

What can you do with the Internet?

Many things can be done including:

- Research and find information using websites and search engines.
- Send messages using email
- Go shopping using online shops
- Chat - using a chat room
- Check out financial details of companies.
- Read Newspapers

• Listen to Music, and much more.

What is a Web Site Address?

Every web site has an address. These are known as URLs or Uniform Resource Locators and they are made up of four different parts.

E.g.
1 2 3 4
http://www.mhb.ie
1. - http :-
Hypertext Transmission Protocol - language used to transfer pages over the Internet.
2. - www :- **World Wide Web**.
3. - Host name: - **mhb** (Midland Health Board) - name of person or organisation
4. - type of site :- e.g.
.com = commercial site
.org = organisation
.edu = education
.gov = government site
.ac = educational site

Each country other than the US has got a country code. The country code for Ireland is .ie the Code for England is .uk, the code for France is .fr etc. Addresses are always found on the top of the website page, and you can search for a site using the address by typing the address in on the Address

box.

How do you search the Internet?

There are lots of different ways of searching on the Internet. A general search engine can be used. This is a website where a person can type in keywords relating to the subject that they want to search. The search engine will then search the Internet for the words that have been typed in. Examples of general search engines include:-

Altavista -
http://www.altavista.com
Yahoo-
http://www.yahoo.co.uk
Ask Jeeves-
http://askjeeves.com

This is a very useful, fast way of searching for general information. A specialist search engine can also be used. For example a medical search engine will only search the Internet for medical sites, or a nursing search engine, will only search for nursing sites. Examples include: -

Omni -
http://www.omni.ac.uk/ -
A UK based Medical Search site.
INO -
http://www.ino.ie- the

website of the Irish Nurses Organisation

Specialist search engines are more useful if a person is doing research, e.g. for an essay or project, or if the person wants to find out a particular piece of information. Another way of searching is to use the web address. The site can then be searched for the information needed. Many newspapers and journals also have their own websites and their own addresses. Using the address is a very fast way of finding a particular site. Web address of websites can now be found in phone books, directories, and also in newspapers and magazines.

Glossary of Terms used on the Internet

ADDRESS: - The address or URL of the site
BBS: Bulletin Board System- a public messaging service, which allows people to exchange news and information
DOWNLOAD: To transfer information onto your computer from the Internet.
FIREWALL: A security system, which protects networks, connected to the Internet from viruses and

hackers.

FAQ: Frequently Asked Questions
FTP: File Transfer Protocol- a way of moving a large file of information around the Internet
GIF: Graphic Interchange Format - a way of storing a picture on the Internet
HTML: HyperText Markup Language: The computer language which allows links to be created on websites.
HOMEPAGE: The opening page of a particular website.
ISP: Internet Service Provider, - company, which connects people to the Internet
LAN: Local Area Network - a network of computers, which can be in one or more buildings
LOGGING IN: Entering your user details, e.g. name address, etc. to let you access a site.
MODEM: An essential tool for connecting to the Internet.
ONLINE: Being actively connected to the Internet.
SERVER: A large computer, which is one of the main Internet computers.
UPLOAD: Transferring information from your computer onto the Internet.
WWW: World Wide Web also called The Net, W3, and The Web.

Physiotherapy Conference for Midlands

The Midland Branch of the Irish Society of Chartered Physiotherapists will host this year's national physiotherapy conference at the Tullamore Court Hotel on Friday and Saturday 5th and 6th October.

CONFERENCE PROGRAMME

This year, ISCP plan a special evening launch with a Sports Forum comprising guest panel of celebrities and experts guaranteed to create lots of discussion. Light refreshments will follow and as always the excellent trade exhibition. Saturday starts bright and early with an array of international speakers including Australian Craig Allingham Physiotherapist Practitioner, Lecturer, Fellow of the Australian Sports Medicine Federation and Physiotherapist to the Australian Olympic Team.

Among the Speakers for the parallel sessions are

* Fellow Australian Mary O Dwyer MAPA. "The Role of Transverses Abdominus in Pelvic Floor Rehabilitation."
* Dr Mary McAteer UCD "The Literary and Visual Arts in Professional Development"
* Marie Corkery MISCP, MHS Indiana USA "The Use of PNF in Rehab of the Upper Quadrant"

This year for the first time a Scientific Forum will form part of the parallel sessions. This will consist of short research presentation with opportunities for questions and answer sessions. It is being organised and run by the ISCP Research Committee and hopefully will become a regular feature of the annual conference. The poster presentations and competition will also form part of this scientific slot.



Staff pictured at the Exhibition of Art work by the patients of St. Mary's Hospital, Mullingar, held in St. Bernadette's Ward, (l to r): Mary Daly, Activities Nurse; Sandra Breheny; Elaine Delamere, Mairead Martin, Mary Margaret Daly, Margaret Feeney, Director of Nursing, Laura Lanier, Caroline O'Dea, Catherine Walshe, Barbara Daly and Theresa Reilly, Activities Attendant.



Pictured at the presentation of certificates by Cllr. James Coyle, Vice-Chairman of the Board to clients of Mullingar Resource Centre, front row: Mary Daly, Adrian Costello, Ciara Cox, Ruth Geerah, Darren Heduan. Back row: Cllr. Coyle, Joe Reilly, Manager; Brenda Delamere, Katherine Dugdall, Mr. John Cregan, Deputy CEO.

DEVELOPMENTS IN CLINICAL AUDIT

The Clinical Audit and Research team is now seven strong with the recruitment of Anna de Suin, Kathleen Molloy and Mary Brereton (Cardiovascular Strategy). They are currently working on numerous projects throughout the Board. Regular updates on projects are available in monthly newsletter. Further audit proposals are encouraged and expected from all staff members. The team can be contacted at 46281/27654 or 086 8062093.

The recent Irish Society for Quality in Health Care (ISQH) National conference

in NUI Galway was attended by Majella Robinson (CA officer), Dr Samantha Touhey (CA facilitator) and Dr Chiang (surgical dept). The team presented the results of a recently completed clinical audit on the Management of IV Cannulae in the Surgical Department of the General Hospital, Tullamore. The presentation was very successful and serves to highlight the endeavours of the team towards improvements in the quality of patient care in the Board's in the National arena.

Renovation work has commenced on the premises in William's St., which will accommodate all research and audit staff, and researchers from the Department of Public Health. It is hoped the team will relocate and finally amalgamate mid-summer 2001.

It is planned to recruit further research and audit personnel presently with funding from the other care groups: Primary Care, Children & Families, Disabilities Services and Health Promotion.



Midland Health Board staff who attended an Internal Quality Audit Training Course. Front row (l to r): Brenda Loughman, Excellence Ireland; Breda Crehan-Roche, Project Specialist, Disabilities; Caroline Farrell, Training Unit; Imelda Finnerty, Child Residential Training Services, Moate; Mairaid Campbell, St. Vincent's Care Centre, Athlone; Eileen O'Neill, Project Specialist, Children & Families; Valerie Hand, Longford/Westmeath General Hospital; Cait McKeon, St. Joseph's Care Centre, Longford; Anna De-siun, Clinical Audit & Research; Margaret Feeney, St. Mary's Care Centre Mullingar; Finola Colgan, Mental Health Association. Back row: Mary Redmond, St. Fintan's Portlaoise; Mary Clancy, Mullingar Resource Centre; Emer O'Connell, AMO Tullamore; Mairead Carey, Occupational Therapist, Clochan House; Catherine O'Keefe, St. Vincent's Mountmellick; Michael Brennan, Supplies Department, Tullamore; Carmel Coffey, Radiology Department, Tullamore; Geraldine Coughlan, Psychiatry for Later Life, Portlaoise; Ethna Lacy, Transfusion Surveillance, Portlaoise; Catherine McManus, Laois/Offaly Mental Health Services and Teresa Kelly, Clerical Officer.

SAP FINANCIAL AND HR

Progress on 2001 Service Plan

In October 1999 the SAP Financial modules went live in the Board with phase one of the SAP HR modules going live in October 2000. These implementations consisted of the core modules and set a solid foundation for the future use and roll out of these systems throughout the Board. In 1999 when the MHB selected the SAP system this selection was not just the selection of a set of software programmes but the commitment and buy in to an Enterprise Resource Planning (ERP) system. Implementing an ERP system demands the organisation to redesign its business processes ensuring that at all times best business practice is achieved. An ERP system supports the organisation processes from start to end, resulting in total corporate integration. An example of an end to end process is the order to payment process. An ERP system cannot work in an environment where each department sees itself as an independent castle only allowing some glimmer of light to the neighbouring castles. The successful implementation of an ERP system requires the flattening of these castles resulting in a seamless business process throughout the enterprise. The achievement of this goal is the biggest challenge when implementing the SAP modules. The speed at which this Board can achieve a total implementation of its ERP SAP system is dependent on the ability and flexibility of the organisation to change the current business practices that have been in place for many years. To change very stable business processes requires the ongoing commitment, drive and enthusiasm of senior management who lead the implementation through their departments. Even when the new business processes are implemented it requires a

greater level of commitment and support to ensure that it is stabilised and that the old way does not creep back into the process.

This month the SAP Financial system was rolled out to the Catering Department in St Loman's and also to Administration in St Loman's. Like the other areas e.g. Laboratory and Dental these departments are currently going through the pain and suffering that an SAP go live brings. The Board's revised policy to control expenditure at the point of ordering ensuring that an accurate and total price of the goods/services being ordered is sought before placing the order is proving to be one of the most challenging business changes that the SAP implementation has to address. Another challenge is the change in business practice to ensure that the ordering expertise of the supplies staff is maximised and that line managers are freed from the purchase process to enable them to concentrate on their core business functions.

Financials

The SAP 2001 service plan aspires to replacing the manual ordering process in thirteen locations thereby giving real time and detailed information to these departments with the transfer of all purchasing activity to the Central Supplies departments. The locations selected are

- * General Hospital Portlaoise - General Administration
- * St Fintan's Hospital - General Administration
- * Health Centre Portlaoise - Dental and General Administration
- * Health Centre Tullamore - General Administration
- * Central Office - Departments of : CEO, Deputy CEO, Director of Corporate Fitness, Regional Materials Management, Finance, Personnel, Equipping office, Department of Public Health,

Internal Audit, Freedom of Information and Bridge Project Unit.

In order for the Central Supplies Departments to take on the ordering from these departments they will be progressing the implementation of SAP in their own departments with the implementation of Materials Resource Planning (MRP) and the automation of tendering in 2001. MRP will automatically check current stock levels and then issue orders to replenish stock to the safety stock level as identified to the system.

Together with these implementations the SAP Asset Accounting module will be implemented in August 2001. This implementation will give the Board their long awaited integrated asset monitoring and tracking system.

Another major project for 2001 is the preparation for EURO processing in 2001. While the SAP suite of financials is EURO compliant an extensive changeover project is required to convert all existing historic transactions which are in IEP and convert the system to EURO processing. The changeover of the SAP Financials is targeted for November, 2001.

SAP HR.

The implementation of the first phase of the HR system in October, 2001 was focused in the personnel department. The organisation is now adjusting to the change in business process whereby each post must be identified and setup on the Boards HR organisation structure and be allocated a position number which each employee occupying the post inherits. This is a fundamental part of the HR system which is required to operate successfully to enable us to proceed to the next modules of Time Management, Personnel Development, Employee Self Services etc. The current implementation is

driving basic pay and for the first time the payment of a pay award was driven by the HR system for the processing of the April pay award in May 2001.

The Board is now ready to proceed with the roll out of the HR system. In early July the following locations will have on line enquiry and report access to the system:

- * Payroll Departments in the 3 Acute Hospitals
- * Payroll Departments in the Mullingar, Tullamore and Portlaoise Health Centres.
- By October 2001 the following locations will be on line:
- * Payroll Departments in the 2 Psychiatric Hospitals
- * Payroll Department in Health Centre Athlone, and Longford
- * Payroll Department in Lough Sheever, St Joseph's Longford, St Vincent's Mountmellick, Abbeyleix, Athlone, St Mary's Mullingar and St Peter's Castlepollard.

The Absence and Training and Events modules are now ready for implementation in the Board. While the Qualifications module is ready the National Steering Group have recommended that we defer implementation until feedback is received from the pilot sites at St James Hospital and the North Western Health Board.

By the end of 2001 the Board will have a number of sites operating the Absence and Training and Events module. The absence module supports the recording of all absences while the Training and Events module supports the organisation and tracking of all in house training events. The MHB is pursuing with the National PPARS team the feasibility of using this module for the recording of external training.

SAP HR - Phase II.

From December 2000 representatives from various departments in the Board have been involved with the National PPARS team in the

preparation of the Blueprint documents for Phase II. The blueprint documents set out the business requirement to be supported by the HR system as part of phase II. The 13 blueprint documents covers:

- * Organisational Management, Personnel Development, Travel Management, Compensation Management, Time Management, Integration with Financials, Recruitment, Employee Self Services, Managers Desktop and Security.
- On the 11th April, 2001 the Board signed off the blueprints thereby committing to its involvement in the design and implementation of all of these modules. As you can see the SAP ERP system that the Board has purchased is finally making its way throughout the organisation and 2001 will see the system beginning to make its way to the Line Managers desk. The change management process which this implementation requires is the biggest challenge that we now face, not just to implement the change but to ensure that it is stabilised for many years to

come. It is only though this change management process that the Board will gain its return of investment. **SAPPHIRE 2001 - Lisbon.** In April, 2001 members of the Boards Management attended the SAPPHIRE conference in Lisbon. This conference was attended by over 7,000 attendees from various European countries. The main focus of the conference was The E- Business Workplace - a workplace is a personalised front end through which an individual can access all the information, applications, and services needed to perform work. Such computer-based workplaces use Web-based interfaces to provide employees with this level of access. The worker need not know the source of the information, its format, or how, technically it is pushed to the desktop. The underlying structure is completely transparent and access is via the Web browser. This conference was just a glimmer of the scope of developments to come which the MHB will be ready to grasp.



Mary Brady and Betty Dolan pictured at a presentation and retirement party in St. Peter's Castlepollard. Both ladies are wished every success and many happy years of retirement from all their colleagues in St. Peters.

LABHAIR GAELIGE LIOM! - SPEAK IRISH TO ME!

Cúinne Cabhrach - Help Corner

Turas go Rath Cairn. Bhí an chéad deire seachtaine sa ghaeltacht riamh ag gr'pa ón Bord Sláinte Lár Tíre ar an 18ú Bealtaine. Deichniúir ar fad a chuaigh ann. Bhí muintir Rath Chairn an deas agus lách linn. Thuirling muid ar an Aoine agus cuireadh Fáilte agus fiche romhainn. Bhí cupán tae agus ceapairí réidh dhúinn i ndiadh an aistear. Tá Rath Cairn trí mhíle Ó Áth Bhuí i gContae na Mí. Ina dhiadh sin cuireadh ar an eolas muid faoin stair a bhaineann le Rath Cairn. Bhí físeán ann freisin. Ansin chuaigh muid chomh fada leis an teach ina raibh muid le fanacht. Is iad Beartle agus Carmel an lánúin a thug aire mhaith dhúinn ar feadh an deire seachtaine ar fad. Bhí an bhia agus lóistín ar fheabhas agus an chraic go hiontach. Oíche Dé hAoine bhí amhránaíocht cois tine ar siúl agus céilí ina dhiadh sin. Bhí na hamhráin i mBéarla agus i nGaeilge agus sár amhránaíthe a bhí ann. I ndiadh cúpla deoch bhí baill den ghrúpa sásta amhrán a chasadh freisin! Ní raibh mise riamh ag céilí cosúil leis an céilí a bhí ar siúl an oíche sin. Seiteanna ar fad a bhí ar siúl agus ní raibh ach muidne inár suí. Bhí Rós Collentín, ball amháin den ghrúpa amuigh ag damhsa ar an bpointe mar go ndearna sí damhsa seit cheana. Bhí éad ar an chuid eile den ghrúpa!! Bhí taispeántas damhsa aonarach le scuab ar siúl chomh maith chun sos a thabhairt do na damhsóirí seit. Maidin Dé Sathairn chuaigh muid ar thuras go Brú na Bóinne. Fén am seo bhí gach duine ag úsáid cúpla focail gaeilge! Ós rud é go raibh Gearmanaigh, Síniú, Meiriceánaigh agus Sualánaigh ar an turas in éineacht linn rinne gach duine iarracht mhór Gaeilge a labhairt. Bhí Ceardlann ar Rince Seit ar siúl an oíche sin agus bhain muid antaithneamh as sin. Níor labhair an múinteoir ach fíor-bheagán Béarla ach thuig chuile í ar aon nós. D'fhág muid slán ag Rath Chairn ar an Domhnach i ndiadh Aifreann agus Seisiún Cheoil eile. Bhain gach duine den ghrúpa taitheamh as agus dúradar go mbeadh siad sásta dul ann arís.

The first weekend away for Midland Health Board staff in the Gaeltacht took place on May 18th. Ten members of staff went. The people of Rath Cairn were very kind and helpful. We arrived on

Friday to a great welcome. There was a light meal of tea and sandwiches ready for us after our journey. Rath Cairn is three miles from Athboy in Co. Meath. After we had eaten we were given a bilingual potted history of Rath Cairn by a local and we were shown a video with subtitles. Then we were shown to our accommodation where we met our hosts Carmel and Beartle. The food and lodgings were lovely and the 'craic' was mighty. Friday night there was a singsong by the fireside in the Áras, hosted by a local lady. People sang as they were called on in either Irish or English and some of our group sang after a little 'oiling'!

The ceili consisted of all set-dances which meant that we were the only ones sitting. Rose Collentine, who had set-danced before, was on the floor immediately. The rest of us were jealous!! There was also a display of solo dancing with sweeping brushes to give the dancers a rest.

Saturday morning we went on a trip to Newgrange. By this time everybody was using a few words of Irish! As there were German, Chinese, American and Swedish tourists on the tour of Newgrange with us, everybody in our group made the effort to speak Irish. That night there was a set-dancing workshop which we really enjoyed. Although the teacher spoke very little English during the lesson everybody understood her Irish. We bade goodbye to Rath Cairn on Sunday after Mass and another session of Irish

traditional music. Every member of the group said that they enjoyed themselves and would go again. If you would be interested in a similar weekend there are two more coming up: September 21st and October 26th. Contact me if you are interested at 086 8157342.

Suíomh idirlíon:

Tá ionad nua ar fáil ar an idirlíon www.beo.ie. irisleabhar mhíosúil ar an idirlíon! Tá sé suimiúil do chách mar go bhfuil colún do lucht foghlamtha an Ghaeilge ann freisin. There is a new website available on the internet called www.beo.ie which is a monthly Irish language magazine! It is an interesting read and it incorporates a column for learners. Have you tried the other sites I mentioned, if not, now is the time to get out your February copy of the Midland Health Board News and try a few!

Aon scéal agat?

I asked for ideas from staff for promoting Irish and the response was very good. Here are a few of the ideas. See what you think:
* A proposed feature of our Cúinne will be a photo and short biography of staff members who speak Irish. Would you like to be included? Do you think that it is a good idea?
* A tape for Midland Health Board Staff with songs and phrases in Irish so that they can practice!
* Team building weekend away in the Gaeltacht.
* Family day to give staff and their families an opportunity to use their

Irish... A sculpture Day in Rath Cairn. If you have any ideas to add to the above please let me know.

An Tomhas.

An Béarla ar Galar Crúb a's Béal ná Foot and Mouth. The English for Galar Crúb a's Béal is Foot and Mouth Disease. *Bhí 10 freagra ar fad ann agus tarraingíodh an buaiteoir as an hata:* There were 10 answers altogether and winner drawn from the hat was: Michael Casey, Stores Department, Mullingar, Co. Westmeath. Congratulations! *Comhgháirdeachas!* £50 ar a bhealach chugat £50 is on it's way to you!

Comórtas eile

Another Competition: *Cum líne ghreannmhar le scríobh ar T-léinte Mná, Fir agus páistí ie. Caithfidh sé a bheith feiliúnach do gach duine agus caithfidh sé a bheith i nGaeilge.* *Rudaí ar nós:* "fág an bealach", "Scaoil amach an pacaide", "Tá siad ag teacht"

Compose a funny sentence for Ladies', Gent's and Children's T-shirts ie, it must be suitable for all and it must be in Irish. See the examples above.

Post your entries to:

Bairbre Uí Theighneáin, Seol do iarratas chuig: Oifigeach Forbartha Gaeilge, Lár-Oifig an Bord Sláinte Lár Tíre, Bóthar Árdán, An Tulach Mhór, Co. Uíbh Fáilí. Before/roimh: 31st August 2001 / 31ú Lúnasa 2001.



Emer McCarthy, Health Education Officer, Health Promotion Department, Midland Health Board being presented with her prize by Mary Culliton, Director of Corporate Fitness, Midland Health Board. The prize is a weekend for two in Clonea Strand Hotel & Gold Coast Golf Resort in Dungarvan, Co. Waterford which was kindly sponsored by the hotel for the bilingual quiz for Midland Health Board staff held during Seachtain na Gaeilge.

For the holiday season when many will pay a visit to a Gaeltacht area:

SUMMER	- SAMHRADH
HOLIDAYS	- LAETHANTA SAOIRE
BEACH	- TRÁ
SWIMMING	- SNÁMH
BACKSTROKE	- SNÁMH DROMA
BREASTSTROKE	- BANG BROLLAIGH
FRONT CRAWL	- CRÁGSHNÁMH
SIDE-STROKE	- TAOBH-BHUILLE
BUTTERFLY	- FÉILEACÁN
TO SWIM A STROKE	- BANG A CHAITHEAMH
IT IS A GOOD	
DISTANCE TO SWIM	- IS MAITH AN BANG É
IS IT FAR?	- AN BHFUIL SÉ I BHFAD UAINN?
HOW MUCH IS IT?	- CÉ MHÉAD AIR?
WHERE IS THE PUB?	- CÁ BHFUIL AN TEACH TÁBHAIRNE?
WHERE IS THE HOTEL?	- CÁ BHFUIL AN TEACH ÓSTA?
WHERE ARE YOU STAYING?	- CÁ BHFUIL TÚ AG FANACHT?
RESTAURANT	- BIALANN
TOILET	- LEITHREAS
CARPARK	- CARRCHLOS
I WANT TO PAY FOR THIS	- TEASTAÍONN UAIM ÍOC AS SEO
I AM LOST.	- TÁ MÉ AR STRAE.
I LOST MY	- CHÁILL MÉ MO CHUID
MONEY/CLOTHES.	- AIRGEAD/ÉADAÍ.
SOMEBODY STOLE MY MONEY/CLOTHES.	- GHOID DUINE ÉIGIN MO CHUID AIRGEAD/ÉADAÍ.
I AM SICK.	- TÁ MÉ TINN.
I NEED A DOCTOR.	- TEASTAÍONN DOCHTÚR UAIM
I WANT A	- TEASTAÍONN
HACKNEY/TAXI.	- HEACNAÍÚTACSAÍ UAIM
WHERE IS THE	- CÁ BHFUIL
BUS STATION?	- STÁISIÚN AN BHUS?
I AM LEARNING IRISH.	- TÁ MÉ AG FOGHLAIM GAELIGE.
HELP ME.	- CABHRAIGH LIOM.
SPEAK SLOWLY PLEASE	- LABHAIR GO MALL
HELLO EVERYBODY.	- MÁ S É DO THOIL É BAIL Ó DHIA ORAIBH GO LÉIR.
GOD BLESS THE WORK	- BAIL Ó DHIA AR AN OBAIR
THE WEATHER IS	- TÁ AN AIMSIR GO
LOVELY/AWFUL	- H-ÁLAINN/GO H-UAFÁSACH
WHO OWNS THE DOG/CATTLE ON THE ROAD?	- CÉ LEIS AN MADRA/NA BA AR AN MBÓTHAR?
I KILLED YOUR DOG	- MHARAIGH MÉ DO MHADRA
I'M SORRY.	- TÁ BRÓN ORM.
I LOVE THE SUMMER HOLIDAYS.	
IS BREÁ LIOM LAETHANNTA SAOIRE AN TSAMHRAIDH	
I HATE THE SUMMER.	
IS FUATH LIOM AN SAMHRADH.	

Seanfhocla:

MÁS MALL IS MITHID.
BETTER LATE THAN NEVER.

DIA IDIR SINN IS AN ANACHAIN.
GOD BETWEEN US AND ALL HARM.

MAIREANN CROÍ ÉADROM I BHFAD.
A LIGHT HEART LIVES LONGER.

IS FEARR AN T-IOMÁNAÍ AR AN GCLAÍ.
THE HURLER ON THE DITCH IS ALWAYS BETTER

TÚS MAITH LEATH NA H-OIBRE.
A GOOD START IS HALF THE BATTLE.

Passive Smoking - Health Risk

What is Passive Smoking

Passive smoking is breathing in tobacco smoke from the air. This kind of smoke is known as environmental tobacco smoke (ETS). Over 4,700 chemicals have been found in tobacco smoke. Many of these harm our health and at least 43 are already known to cause cancer.

It is not only the visible smoke that poses a problem but also the invisible gases, which we may not even realise we are breathing in.

A Burning cigarette is a mini chemical factory

PASSIVE SMOKING IS A SIGNIFICANT HEALTH RISK

Smoking not only endangers the health of smokers themselves but the health of those around them.

Passive smoking causes serious disease

* It increases significantly the risk of lung cancer and heart disease in non-smokers:

* It puts people suffering from respiratory disorders and heart disease at particular risk;

* It aggravates illnesses such as asthma and chronic bronchitis.

Non-smokers are at risk from the health damaging effects of passive smoking

Other ill effects of environmental tobacco smoke include:

* Sore eyes, nose and throat

* Coughs and sneezes

* Respiratory problems such as bronchitis and pneumonia

* Headaches, dizziness and nausea.

Non-smokers exposed to passive smoking suffer many of the diseases of active smoking. Although the risks of passive smoking are lower than for active smokers, there is no safe level of exposure to the cancer causing chemicals in tobacco smoke.

CHILDREN AT RISK

Children are particularly vulnerable to the effects of passive smoking as their bodies' defense mechanisms are less developed. They are also less able to avoid or object to it.

Their health may be endangered even before birth. Smoking during pregnancy increases the risk of miscarriage and stillbirth. Smoking in the presence of a pregnant woman may also endanger the health of the foetus. Passive smoking increases the risk of cot death (Sudden Infant Death Syndrome).

Smoking in the presence of young children can cause them serious illness and may make them more likely to suffer health problems in later life. In particular it is a cause of respiratory infections, like bronchitis and pneumonia, and of chronic middle-ear disease (glue ear), the most common cause of deafness in children.

The commonest cause of deafness in children is associated with passive smoking.

It also causes slower lung growth and less healthy lungs. Children with asthma suffer more severe and more frequent attacks if regularly exposed to passive smoking. Passive smoking also leads to ear infections and more frequent coughs and sore throats

LOOK OUT FOR THESE AREAS WHERE SMOKING IS COMPLETELY BANNED:

* Public areas in banks, building societies and financial institutions.

* Buses, DART and Arrow trains, taxis and hackney cabs, waiting rooms in railway and bus stations.

* Schools, universities and colleges.

* Cinemas, theatres and concert halls.

* Public offices, meeting rooms, corridors etc, in all State or State bodies' buildings.

* Indoor sports centre the games area in bowling alleys, bingo halls, bridge centres.

* Hairdressing salons and barbershops.

* Pre-schools, creches, day-nurseries, play-groups etc.

* Kitchens and food preparation areas in hotels, restaurants, cafes, pubs, delicatessens etc.

* Supermarkets, grocery

stores and butchers' shops.

* State-owned art galleries, museums and libraries.

* Hospitals, nursing homes and other health facilities such as residential and day-care centres (other than psychiatric hospitals).

* Doctors and dentists waiting rooms and retail pharmacies.

SMOKING IS RESTRICTED IN:

* RESTAURANTS, CANTEENS, CAFES AND SNACK BARS.

At least half of the seating area must be no-smoking or one quarter where the health board is satisfied that tobacco smoke is prevented from circulating into the no-smoking area.

* TRAINS (OTHER THAN SERVICES WHERE SMOKING IS COMPLETELY BANNED), AIRCRAFT, PASSENGER FERRIES, ARRIVAL AND DEPARTURES IN AIRPORTS AND IN HARBOURS. Two-thirds of the seating area must be no-smoking.

* PSYCHIATRIC HOSPITALS Hospital management can decide the size of the no-smoking area.

Everyone has the right to breathe clean air unpolluted by tobacco smoke!

What Can I Do?

IF YOU ARE A NON-SMOKER make sure others are aware of your preference for a smoke-free environment. Make your home and car smoke free zones.

Whenever possible use smoke-free facilities; always request a table in a no-smoking section when eating out. If existing facilities are not adequate, ask management to improve them.

Remember that smoking is an addiction and many smokers find it difficult to abstain. Be polite but firm. Their smoking also affects you.

IF YOU ARE A SMOKER please respect restrictions on smoking. They have been introduced for the safety and comfort of those around you. Avoid smoking in situations where it may cause harm or discomfort to others especially children.



Pictured at a Smoking Awareness Day at Tullamore General Hospital, (l to r): Nurse Margaret McIntyre; Nurse Marie Minock; Nurse Treasa Frawley and Nurse Catherine Plunkett.

CERTIFICATE IN HEALTH SERVICES

- Designed for staff in the health services who need to broaden their understanding of how the Irish health system is structured and how it works
- Delivered through distance education in five 1-day regionally based seminars

COURSE CONTENT

- Policy Background • Health Strategy 1994
- Legislation • Health Service Structures
- Hospital Care • Primary/Community Care
- Services for Care Groups • Health Service Finances
- Human Resource Management
- Information Technology
- Quality issues in Healthcare
- Outcome Measurement
- Future Developments

Certificate holders will gain an exemption on the BA in Healthcare Management Programme.

Applications not later than 31 August 2001

IPA
INSTITUTE OF PUBLIC
ADMINISTRATION

Further information from:

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Jane O'Reilly/
Anne Kelly
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www.ipa.ie



Milupa Ireland sponsor a national award each year for the student who achieves the highest overall marks in the Higher diploma in Public Health Nursing. Ms. Paula Duggan (centre), PHN in Clara received the award for 1999, pictured with Rose Howard, Milupa and Professor Geraldine McCarthy.

*cont/d. from April edition...***PROMOTIONS**

NAME	GRADE	LOCATION
Mr Damien Keating	Supplies Officer Grade C	Central Supplies, Tullamore
Ms Maeve Murray	C.N.M. 2	L/W General Hospital, Mullingar
Ms Eileen McLavin	Supplies Officer Grade C	Central Stores, Mullingar
Ms Josephine Rigney	Grade IV	Counselling Services, Tullamore
Ms Meabh O'Brien	Grade IV	General Hospital, Tullamore
Ms Patricia Kavanagh	Grade V	General Hospital, Tullamore
Ms Bernadette Mann	Grade V	General Hospital, Tullamore
Mr Joe Martin	Snr.Hospital Administrator	L/W General Hospital, Mullingar
Ms Mary O'Kelly	Snr. Medical Lab Tech.	L/W General Hospital, Mullingar
Mr James Gorman	Grade VII	Finance Department
Ms Brid Doherty	Senior O.T.	Springfield Centre, Mullingar
Mr Noel Rigney	Leading E.M.T	General Hospital, Portlaoise
Ms Fiona Nairn	Senior Radiographer	L/W General Hospital, Mullingar
Ms Joan Boyne	Staff Officer	P.P.A.R.S. Personnel
Ms Mary Delaney	Senior Physiotherapist	Laois Community Care
Ms Anne Dooley	Grade V	Dept. of Public Health
Ms Suzanne Buckley	Grade IV	Finance Dept.
Mr Vincent Kelly	Leading E.M.T.	Tullamore Station
Ms Josephine Lowry	Grade IV	General Hospital, Portlaoise
Ms Siobhan Regan	Grade IV	C.E.O.'s office
Ms Helen O'Sullivan	E.M.C.	Control Room, Tullamore
Ms Carmel Hayes	Grade V	Management Services
Ms Aine Carberry	Senior O.T.	L/W Occupational Therapy Srvs.
Ms Rita Donagher	Grade V	Offaly Community Care
Ms Frances Maher	Grade V	Child Care Laois/Offaly
Ms Madie Hogan	Grade V	T.S.O.'s Department
Ms Mary Culliton	Director of Corporate Fitness	Central Office

RESIGNATIONS/RETIREMENTS

NAME	GRADE	LOCATION
Ms Louise Kelly	Attendant	Loughloe House, Athlone
Mr Peter Salmon	Grade VI	Offaly Community Care
Ms Mary Anne Dolan	Social Worker	L/Offaly
Ms Dolores Champ	Staff Nurse	General Hospital, Tullamore
Ms Teresa Gaynor	Staff Nurse	St. Brigid's Hospital, Shaen
Ms Carmel O'Rourke	Staff Nurse	St. Mary's Care Centre, Mullingar
Ms Maureen Browne	A.C.N.O.	St. Loman's Hospital, Mullingar
Ms Mary Rose Conlon	Staff Nurse	St. Mary's Care Centre, Mullingar
Mr Patrick Demsey	C.N.M.1	St. Fintan's Hospital, Portlaoise
Mr James Fogarty	Residential Manager	Oakville, Mullingar
Mr Thomas Healy	C.W.O.	Health Centre, Tullamore
Ms Catriona Murphy	Social Worker	L/O Community Care
Ms Mary Bracken	Attendant	L/W General Hospital, Mullingar
Ms Olivia Reynolds	Staff Nurse	L/W General Hospital, Mullingar
Mr Pauric Whelehan	Cook Grade I	C.N.U. Edenderry
Ms Elizabeth McGuckian	Staff Nurse	Longford Hospitals
Ms Mary Harvey	Attendant	Longford Hospitals
Ms Dawn Hunt	Clinical Psychologist	L/W Community Care
Ms Triona McCormack	Clerical Officer	General Hospital, Tullamore
Ms Emer O'Dowd	Asst. House Parent	Residential Services
Ms Bernadette Killian	Staff Nurse	St. Mary's Care Centre, Mullingar
Ms Chris Wrafter	Attendant	General Hospital, Portlaoise
Ms Eileen Evans	Staff Nurse	St. Mary's Care Centre, Mullingar
Mr Trevor Morton	E.M.T.	L/W area, Mullingar Station
Ms Patricia Tully	O.T. Manager	Longford/Westmeath
Ms Nancy O'Sullivan	Social Worker	L/O Community Care
Dr James Auld	Clinical Dental Surgeons	L/W Community Care area
Mr Ray Nooney	Supplies Officer Grade D	Mullingar
Ms Fidelis Tehan	Staff Nurse	L/W General Hospital, Mullingar
Ms Marian Naughton	Clinical Psychologist	L/W Community Care

APPOINTMENTS

NAME	GRADE	LOCATION
Ms. Hannora Martyn	Medical Lab. Technician	L/W General Hospital, Mullingar
Ms. Philomena Kelly	Attendant	C.N.U. Birr
Ms. Julia McGuinness	Grade IV	Westmeath Community Care
Mr. Brendan Clerkin	E.M.T	Ambulance Station, Tullamore
Ms. Catherine Dalton	Clerical Officer	Primary Care Unit, Mullingar
Ms. Una O'Gorman	Clerical Officer	Health Promotion, Tullamore
Ms. Samantha Loughman	Clerical Officer	General Hospital, Tullamore
Ms. Noeleen Molloy	Attendant	L/W General Hospital, Mullingar
Ms. Mary O'Rourke	Attendant	C.N.U. Birr
Mr. Walter Lalor	Grade IV	Finance Department
Ms. Deirdre Critchley	Clerical Officer	Laois Community Care
Ms. Mary Kelly	Clerical Officer	General Hospital, Tullamore
Mr. John Duncan	Attendant	L/W General Hospital, Mullingar
Ms. Olive Lennon	Staff Nurse	L/W General Hospital, Mullingar
Ms. Theresa Delahunty	Staff Nurse	General Hospital, Portlaoise
Ms. Una Dooley	Staff Nurse	General Hospital, Portlaoise

Ms. Clare Taaffe	Clerical Officer	Primary Care Unit, Mullingar
Mr. Gary Devine	Clerical Officer	Primary Care Unit, Mullingar
Mr. Oliver Lee	Clerical Officer	Primary Care Unit, Mullingar
Ms. Rita Bennett	Staff Nurse	Lough Sheever Centre, Mullingar
Ms. Jacinta Thompson	Clerical Officer	Health Centre, Tullamore
Ms. Mary Delaney	Med. Lab. Technician	General Hospital, Portlaoise
Ms. Colette Lalor	Clerical Officer	General Hospital, Portlaoise
Ms. Kristina Franke	Physiotherapist	Longford Hospitals
Ms. Jennifer Bartley	Clerical Officer	Westmeath Community Care
Ms. Helen Killeen	Staff Nurse	General Hospital, Tullamore
Ms. Mary Thompson	Clerical Officer	General Hospital, Portlaoise
Ms. Evelyn Whelan	Clerical Officer	L/W General Hospital, Mullingar
Ms. Mary Kelly	Clerical Officer	L/W General Hospital, Mullingar
Mr. Anthony Murphy	Attendant	L/W General Hospital, Mullingar
Ms. Fidelma O'Connor	Attendant	General Hospital, Tullamore
Ms. Catherine Thornton	Staff Nurse	L/W General Hospital, Mullingar
Ms. Fiona Gillan	Clerical Officer	Finance Department
Ms. Noreen England	Staff Nurse	St. Vincent's Hospital, M'mellick
Ms. Anne Marie Brennan	Staff Nurse	General Hospital, Tullamore
Ms. Hiliary Shekleton	Staff Nurse	St. Mary's Care Centre, Mullingar
Ms. Patricia Hayes	Staff Nurse	Loughloe House, Athlone
Ms. Natalia Dunne	Audiometrician	General Hospital, Tullamore
Ms. Fiona Moughty	Clerical Officer	Westmeath Community Care
Ms. Emily Mahon	Clerical Officer	Finance Department
Mr. Derek Alcorn	Driver/Attendant	St. Vincent's Hospital, M'mellick
Ms. Elnary Purtill	Senior Dietician	Board's Area
Ms. Noeleen McGovern	Staff Nurse	St. Vincents Care Centre, Athlone
Ms. Margaret Doran	Clerical Officer	St. Loman's Hospital, Mullingar
Ms. Patricia Delaney	Clerical Officer	General Hospital, Portlaoise
Ms. Caroline Farrell	Clerical Officer	G.P. Vocational Training Unit
Ms. Camilla Lynam	Clerical Officer	Westmeath Community Care
Ms. Catherina O'Neill	Clerical Officer	L/W General Hospital, Mullingar
Ms. Rosemary Coghill	Attendant	St. Vincents Care Centre, Athlone
Ms. Maria Delaney	Clerical Officer	General Hospital, Tullamore
Ms. Anne Doyle	Psy. Nurse	St. Loman's Hospital, Mullingar
Ms. Bernie Halley	Clerical Officer	Personnel Department
Ms. Karen Gilmartin	Clerical Officer	Mullingar Stores
Ms. Matthew Corcoran	Clerical Officer	Finance Department
Ms. Geraldine Naughton	Clerical Officer	Westmeath Community Care
Ms. Geraldine Moran	Clerical Officer	L/W General Hospital, Mullingar
Ms. Bernadette Moloney	Grade IV	St. Loman's Hospital, Mullingar
Ms. Louisa Duff	Staff Nurse	General Hospital, Tullamore
Ms. Suzanne Tracey	Attendant	C.N.U. Birr
Ms. Theresa Farrell	Grade IV	Health Centre, Tullamore
Ms. Nuala Harris	Staff Nurse	St. Brigid's Hospital, Shaen
Ms. Karen Brennan	Social Worker	Laois/Offaly Community Care
Mr. Philip Flemming	Attendant	General Hospital, Tullamore
Ms. Anita Kenny	Radiographer	General Hospital, Portlaoise
Ms. Claire Gaffney	Attendant	L/O Mental Health Services
Ms. Mary Maher	Clerical Officer	L/W General Hospital, Mullingar
Ms. Catherine Bourke	Psy Nurse	L/W Mental Health Services
Ms. Ann Cunningham	Senior Cardiac Technician	General Hospital, Tullamore
Ms. Brigid Bloomer	Staff Nurse	General Hospital, Tullamore
Mr. Charney Weitzman	Unit Leader	L/W Child Residential Services
Ms. Colette Bohan	Clerical Officer	Primary Care Unit, Mullingar
Ms. Mary Buckley	Staff Nurse	L/W Mental Health Services
Ms. Mary Bowe	Cook II	St Brigid's Hospital, Shaen
Ms. Deirdre Johnston	Clerical Officer	General Hospital, Tullamore
Ms. Marie Gilson,	Clerical Officer	L/W General Hospital, Mullingar
Mr. Colin Bawle	E.M.T.	Longford Station
Ms. Philis Fox	Clerical Officer	Offaly Community Care
Ms. Mary Byrne	Clerical Officer	Laois Community Care
Ms. Niamh Baxter	Unit Leader	L/W Child Residential Services
Ms. Mary Lynch	Clerical Officer	L/W General Hospital, Mullingar
Mr. Shaun Monaghan	Attendant	L/W General Hospital, Mullingar
Ms. Irene Murphy	D.S.A.	Offaly Community Care
Ms. Donna Gorman	Attendant	General Hospital, Tullamore
Ms. Grainne Ni Gabhann	Staff Nurse	General Hospital, Tullamore
Ms. Fiona Dunne	Staff Nurse	General Hospital, Tullamore
Mr. Seamus Coakley	Med. Lab. Technician	General Hospital, Tullamore
Ms. Mary Gaffney	Staff Nurse	L/W General Hospital, Mullingar
Ms. Rita Blundell	Psy. Nurse	St. Loman's Hospital, Mullingar
Ms. Mary Mulvey	Clerical Officer	Community Care, Central Office
Mr. Albert Coffey	E.M.T.	Longford Station
Ms. Jean Fitzpatrick	Clerical Officer	Laois Community Care
Ms. Leona Costello	Clerical Officer	Westmeath Community Care
Ms. Gina Quirke	Staff Nurse	L/W General Hospital, Mullingar
Ms. Maureen Rasoul	Staff Nurse	General Hospital, Tullamore
Ms. Bernadette Larkin	Clerical Officer	General Hospital, Tullamore
Ms. Patricia Kelly	Staff Nurse	General Hospital, Tullamore
Ms. Elizabeth Holland	Staff Nurse	General Hospital, Tullamore
Ms. Tara McMonagle	Attendant	St. Peter's Centre, Castlepollard
Ms. Olive Brennan	Staff Nurse	General Hospital, Tullamore
Ms. Patricia Carr	D.S.A.	Westmeath Community Care
Ms. Brenda Donoghue	Staff Nurse	L/W General Hospital, Mullingar
Ms. Patricia Morrin	Staff Nurse	St. Brigid's Hospital, Shaen
Ms. Michelle Kennedy	Clerical Officer	General Hospital, Portlaoise

Ms. Margaret Lalor	Staff Nurse	St. Vincents Care Centre, Athlone
Ms. Rosemary Smyth	Attendant	General Hospital, Tullamore
Ms. Dorothy Lynch	Attendant	L/W General Hospital, Mullingar
Ms. Ellen Kennedy	Staff Nurse	L/W General Hospital, Mullingar
Ms. Rita Culligan	Social Worker	Westmeath Community Care
Ms. Mary Healy	Clerical Officer	General Hospital, Tullamore
Ms. Louise Lordan	Physiotherapist	L/W General Hospital, Mullingar
Ms. Olive Healy	Clerical Officer	Central Stores, Tullamore
Ms. Siobhan O'Rourke	Staff Nurse	St. Brigid's Hospital, Shaen
Ms. Teresa Mahon	Staff Nurse	St. Brigid's Hospital, Shaen

PROMOTIONS

NAME	GRADE	LOCATION
Ms. Maidie Hogan	Grade V	Technical Services Department
Ms. Mary Culliton	Director of Corporate Fitness	Central Office
Ms. Anne Spain	Pre-School Services Officer	L/O Pre-School Services
Ms. Geraldine Martin	Grade IV	Finance Department
Ms. Philomena Byrne	Grade IV	Finance Department
Ms. Deirdre Cannon	Grade V	Freedom of Information
Ms. Anne Kearney	Grade VI	Personnel Department
Ms. Orla McEvoy	Grade IV	Management Services Dept.
Ms. Catherine O'Keeffe	Director of Nursing	St. Vincents Care Centre, Mountmellick
Ms. Marie Graham	Grade IV	Finance Department
Mr. Kieran Madden	Grade VIII	General Hospital, Portlaoise
Ms. Mary Carmody	Grade V	Department of Public Health
Ms. Claire Moyles	Grade V	Office for Health Management
Mr. Richard Walsh	General Manager	Mental Health Services
Ms. Laura Smyth	Grade IV	Health Promotion
Ms. Jacqueline Rushton	Grade IV	Primary Care Unit, Mullingar
Ms. Mairead Campbell	Asst. Director of Nursing	St. Mary's Care Centre, M'gar
Ms. Maureen Boland	Grade V	Freedom of Information
Ms. Geraldine Cleary	Grade IV	L/O Mental Health Services
Ms. Breda Crehan-Roche	Director of Services for Persons with Disabilities	

RESIGNATIONS/RETIREMENTS

NAME	GRADE	LOCATION
Dr. Patricia Callan	Senior A.M.O.	L/O Community Care
Ms. Joan Waldron	Public Health Nurse	Offaly Community Care
Ms. Kathleen Coakley	Assistant Director of Nursing	L/W General Hospital, Mullingar
Ms. Geraldine Fallon	Staff Nurse	General Hospital, Tullamore
Ms. Hilary Lane	Health Education Officer	Health Promotion
Ms. Mary Byrne	Public Health Nurse	Offaly Community Care
Ms. Veronica Dunne	Attendant	St. Vincent's Hospital, M'mellick
Dr. Michael Fitzgerald	Consultant Radiologist	General Hospital, Portlaoise
Ms. Elizabeth Morrissey	Clinical Nurse Manager II	General Hospital, Portlaoise

REFRESHER COURSE FOR NURSES



Nurses pictured at a Refresher Course in the School of Nursing, front row (l to r): Mary Niland; Patsy Carley; Anna O'Brien; Peggy Gavin; Eileen Leavy and Rynagh Conroy. Second row: Pat Hickey; Joan Kenneally; Betty O'Dwyer; Chris Farrell; Imelda O'Keeffe; Mary Keegan and Maura Belton, Assistant Director of Public Health Nursing. Third row: Mona Moore; Kay Walsh; Frances O'Dwyer; Joan Curtin; Ann Mahon; Maura McCormac and Helen Daly. Fourth row: Ann Gee; Ann Buckley; Geraldine Fallon; Anne Mulligan; Gertie Carr; Mary Moran; Eleanor Dowling, Director of Public Health Nursing, Laois/Offaly and Liam O'Callaghan, General Manager of Laois/Offaly Community Care.

MEDICAL MANPOWER MANAGER

The Board is delighted to welcome Ms. Anne Parry as the holder of the first post of Medical Manpower Manager in the Midland Health Board. A native of Ferbane, Anne was previously employed by the Board as a speech and language therapist. Since 1997 Anne has held the position of Speech & Language Therapy Manager in the Adelaide & Meath Hospital incorporating the National Children's Hospital, Tallaght.



The Medical Manpower Manager will manage the implementation of the new NCHD contract, ensuring its consistency with service plans, delivery and development needs. Ms. Parry will undertake the increasingly important task of developing manpower plans for recruitment and retention strategies for NCHDs, and will be involved in future clinical and service developments in the Board's area, including developing links with the various colleges and academic institutions. She will also have a role in implementing the recently launched H.R. and Quality Strategies in the NCHD area.



Pictured at the presentation to Dr. Patricia Callan by Mr. Denis Doherty, Chief Executive Officer to mark her retirement, from left: Maura Breslin; Declan Mulhare, Principal EHO; Mary Culliton, Director of Corporate Fitness; Fergal McDonnell, Senior Social Worker; Liam O'Callaghan, General Manager, Community Care; Tom Horkan; John Kincaid, Local Administrator; Eleanor Dowling, Director of Public Health Nursing and Emma Gonoud, Manager Speech & Language Therapy Services.

COMMUNICATIONS STRATEGY

Your opportunity to contribute and be involved

The Midland Health Board will publish A Communications Strategy later this year. Good communication at all levels of the organisation across care groups and between services is essential in the delivery of quality health and social care. As the Board provides a very broad range of services to over 250,000 people it is important that staff have the information to allow them adequately perform their duties. Good and effective management relies on teamwork and the communication of messages. Similarly the Board's external communications with its public, other organisations, the media and government is also important.

The following are the Communication Group established to prepare and publish the strategy; Mary Culliton, Director of Corporate Fitness; Dymphna Bracken, Communications Officer; Chris Plunkett, substituting for Tom Carty Management Services; Chris Kelly, Technical Services; Leo Strong, Regional Materials Manager; Barry O'Sullivan, Regional Librarian; Sharon Foley, Regional Health Promotion Manager. Pat O'Dowd, General Manager, Community Care Longford/Westmeath; Veronica Larkin, Manager Speech and Languages Services, Longford/Westmeath, Geraldine Graham, Assistant Director of Nursing, General Hospital, Portlaoise; Brendan Nealis, Supt Community Welfare Officer; Louise Cooney, Disability Database Administrator; Rosarie Mannion, Personnel and Finola Colgan, Development Officer MHAI. Over the next few weeks members of the group will be consulting with members of staff throughout the Board's area, through attendance at staff meetings, organised focus groups and by e-mail.

Any member of staff, who has any views on internal or external communications within the Board, or wishes to make a contribution is invited to e-mail their views to dymphna.bracken@mhb.ie or phone 0506-46262, or to discuss their views with any member of the committee, before Tuesday August 14.

This is your opportunity to contribute. Your views and opinions are all very welcome.



Eleanor McEvoy Guest at Mental Health Information Launch



The Information Resource on Community Mental Health Services and Supports and A Directory for Personal and Community Support were jointly launched by Mr Denis Doherty, Chief Executive Officer, in Mullingar Arts Centre. Ms Eleanor McEvoy of A Women's Heart fame, who was performing in a sell-out concert in the Centre, later that night, was a guest at the launch.

Information Resource on Community Mental Health Services and Supports. (Mental Health Promotion). Ms Sharon Foley, Regional Health Promotion Manager, explained that this project was identified at the Soilsean planning event on mental health promotion in June 1999 where, a lack of information in an easily

accessible format for people in crisis or at high risk of mental illness was highlighted as a definite need.

Title of Project "A problem shared is a problem halved"

The project materials are in the format of a poster and personal pocket size card which will be widely distributed and displayed throughout the Midlands.

Directory for Personal and Community Support

Billy Bland, Suicide Resource Officer, explained that The National Task Force report on suicide recommended that "each health board establish a directory of names and telephone numbers of voluntary groups who contribute caring services to those in need and at risk of suicide in their own jurisdiction. The directory should also

include details of statutory services in order to fully inform the public on all services".

The aim of the Directory is to provide information on a range of voluntary and statutory services and supports available in the Board's area to support people who may be in crisis or distress.

Mr Denis Doherty described the publications as important pieces of work. "Even though we live in times of information overload, it does not equate with communication".

The publications, he said, are an important contribution in attempting to communicate better with people in need. There are so many sources available but people are always challenged to find the necessary information in times of need.

Mr Doherty commended



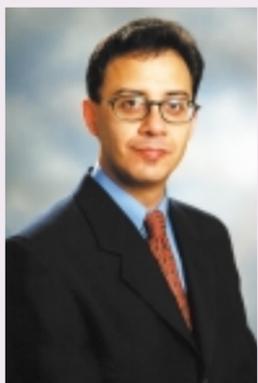
At the joint launch of The Information Resource on Community Mental Health Services and Supports and A Directory for Personal and Community Support, at Mullingar Arts Centre were (l to r): Ms. Eleanor McEvoy, of a Women Heart Fame, a special guest at the launch; Ms. Finola Colgan, Development Officer, MHA; Mr. Denis Doherty, Chief Executive Officer, who officially launched the Information Supports; Mary Kenny, Community Mental Health Centre, Longford and Ms. Gerri Quinn, Senior Health Information Officer.

those involved in assembling the information and presenting it in a very readable and attractive format.

He further praised the Mental Health Association of Ireland for their work in producing Good Practices in Mental Health. Mr

Doherty explained that for the past four or five years, the Midland Health Board has placed emphasis on promoting mental health.

National Healthy Eating Week



Mr. Cyrus Mobed, who took up employment in April 2001, is the first Accident & Emergency Department Consultant appointed by the Midland Health Board. Mr. Mobed completed his undergraduate Medical Training in 1987 and thereafter pursued post-graduate training in General Surgery. He achieved his Fellowship of the Royal College of Surgeons in Ireland in 1994. He worked in the A & E, Surgical & Orthopaedic Departments at Waterford Regional Hospital and the A & E Department at Mater Misericordiae Hospital, Dublin from 1990-1994. He also completed a Sport Medicine Diploma in 1995 and thereafter proceeded to Australia to train in Emergency Medicine. During his stay in Australia he worked as a Registrar in multiple Emergency Departments, Trauma Units, Medical Units, Cardiology Unit, Thoracic Medicine Unit, Anaesthesia Unit, ICU Unit and Paediatric Emergency Departments. He returned from Australia in April of this year to commence his appointment as the Midlands A & E Consultant.

To highlight National Healthy Eating Week in the Midland Health Board, actress Sheila McWade of RTE's Fair City went shopping with Elmary Purtell, senior community nutritionist with the Board. The theme for this year was 'Ready Steady Go...

For Low Fat Healthy Eating.' Eating on the go and fast healthy snacks featured strongly in this year's campaign, in recognition of how fast lifestyles have become and the need for convenience - in all aspects of life. The community nutrition

and dietetic department wish to thank all those who helped to make this year's campaign so successful, particularly their colleagues in health promotion, catering, hospital dietitians, public health nurses and schools. National healthy eating

week is an awareness raising campaign to encourage Irish people to look at their diets and make healthier choices. The activities, which took place during the week, bring to the fore the ongoing work of health professionals and others all year round.



Sheila McWade of Fair City Fame shopping for Healthy Eating Week in the Midland Health Board with Elmary Purtell, Senior Community Nutritionist Midland Health Board and Ann Winters, Assistant Director of Public Health Nursing, Longford/Westmeath.



ELECTED WORLD CHAIRMAN

Warmest congratulations and best wishes to **Gerry Foley** elected Chairman of the World Council of Credit Unions, at the Council's AGM, held in Killarney last month. The Board's Regional Laundry and Linen Services Manager, based at St Loman's Hospital, Gerry a native of Rush, Co Dublin, is only the second Irishman to hold this prestigious position. A member of Rush, Donabate and Tullamore Credit Unions, Gerry's ambition during his term of office is to establish Credit Unions in parts of the world where they currently do not have any financial services. Gerry who has been with the Board for the last 14 years, lives in Rush, with his wife Patricia and their four children. The staff and management of the Board wish him every happiness and success with his plans for his two-year term of office.