

Table of Contents

1. CEO Forward
2. List of Board Members January – June 2004
3. Senior Management Team 2004
4. Population Health
5. Episodic Care
6. Mental Health Services
7. Children and Families
8. Services for Older People
9. Persons with Disabilities
10. Cross Care Groups
 - a. Human Resources
 - b. NDP
 - c. Environmental Health
 - d. Community Welfare Service
 - e. Partnership
 - f. Materials Management Service
 - g. ISS
11. Corporate Fitness
 - a. Healthcare Risk Management
 - b. Quality of Working Life Programme
 - c. Clinical Audit and Research
 - d. Communications – Internal and External
 - e. Library and Information Service
 - f. Consumer Participation and Complaints Management
 - g. Freedom of Information and Data Protection
 - h. Accreditation
 - i. Internal Audit
12. Partnership
13. Finance

BOARD MEMBERS 2004

Cllr. William Aird
Senator James Bannon
Dr. Katherine Browne
Mr Patrick Carragher M.P.S.I
Cllr. James Coyle (Chairman)
Dr Liam D'Alton
Cllr. Eamon Dooley
Cllr. Catherine Fitzgerald (Vice-Chairperson)
Cllr. John Flanagan
Dr Larrie Fullam
Dr Joanna Joyce-Cooney
Mr. Sean Keegan
Ms. Bernadette Kerry RGN
Cllr. Maura Kilbride-Harkin
Cllr. Kieran Molloy
Ms. Teresa Mulhare
Cllr. Peter Murphy
Cllr. Tommy McKeigue
Mr. Eddie McMonagle R.P.N.
Mr. Kieran O'Driscoll
Dr Dan O'Meara
Dr Paul Redmond
Cllr. Michael Rice
Cllr. Martin Rohan
Cllr. Barnie Steele
Dr Barry Warde
Cllr. Paddy Hill
Cllr. Shay Boyhan
Cllr. Sinead Moylan-Ryan
Cllr. Ken Glynn

Senior Management Team

Pat Gaughan	Chief Executive Officer
John Cregan	Deputy Chief Executive Officer (seconded HSE March 2004)
John Bulfin	Assistant CEO
Pat O'Dowd	Assistant CEO Episodic Care
Breda Crehan-Roche	Acting Assistant CEO Community Services
Larry Bane	Director of Human Resources
Brendan Colleary	Technical Services Officer
Diarmuid Collins	Director of Finance (seconded HSE March 2004)
Mary Culliton	Director of Corporate Fitness
Dr Patrick Doorley	Director of Public Health and Planning
John Kenny	Director of Information Systems and Services
Kieran Madden	Director of Finance (March-December 2004)

Chief Executive Officer Foreword



The Annual Report is one of three elements of the accountability framework for health boards – the others being the Service Plan and Annual Financial Statement. This Annual Report describes the wide range of health and personal social services provided in 2004.

In January 2004, the Central Statistics Office published a countrywide survey of household incomes for 1995-2001. This highlighted that the midland region has the lowest disposable income per person at 13.7% below the state average in 2001. Laois had the lowest index in the country at 82.4% of the national average, with Offaly the second lowest, Longford ranked 18th and Westmeath at 16th.

Given the connection between low income and ill health, this has significance for the provision of health services in the midland region.

Additionally, the Board's area continued to have a higher birth rate than the national average. The birth rate in the region for 2004 was 15 per 1,000 population as compared to the national birth rate of 13 per 1,000 population. This has implications for how we organise services, particularly maternity, ante-natal and post-natal services in the region.

The Board continued to lead the country in immunisation uptake rates. In 2004, the 95% target was achieved for the majority of the primary childhood vaccines and an uptake of 92% was recorded for the MMR, the highest ever documented nationally.

Capital Developments

One of the highlights of the year included the opening of a state of the art, purpose built Paediatric Unit at the Midland Regional Hospital at Portlaoise. The Unit has 25 beds, up from 20 in the old unit, and offers much improved facilities in spacious, child-friendly surroundings.

The Unit was officially opened by the Minister for Health and Children Mr Michael Martin in April, along with a new department of psychiatry at the hospital. This new Facility has 50 beds, with male and female admission units as well as a dedicated six-bedded unit for Later Life Psychiatry.

The Paediatric Unit and Acute Psychiatric Unit form part of an overall €35 million development of the hospital campus at Portlaoise, which also included extensive upgrading of the medical ward, a new Coronary Care Unit and upgrading and expansion of the Catering and Canteen Department.

The completion of this phase of development increased the hospital bed complement from 147 to 202.

During August and September, 70 patients transferred from St Brendan's hospital and Ely House to the newly built Community Nursing Unit in Sandymount, Birr.

The €20 million state of the art Community Nursing Unit was designed for the care of dependent older people, but also houses a number of other services to benefit the people of Birr and its environs, including; enhanced day care services for the elderly, full public health nursing services, occupational therapy, physiotherapy and speech and language therapy. The Unit also has a Rehabilitation Department which will accommodate a comprehensive range of therapies

Consultant Appointments

Permanent Consultants took up duty in the following specialities during 2004.

- Consultant Cardiologist, General Physician Midland Regional Hospital at Mullingar
- Consultant Physician with special interest in Nephrology at Midland Regional Hospital at Tullamore
- Consultant Orthopaedic Surgeon at Midland Regional Hospital at Tullamore
- Consultant Obstetrician/Gynaecologist at Midland Regional Hospital at Portlaoise
- Consultant Radiologist at Midland Regional Hospital at Portlaoise
- Consultant ENT Surgeon at Midland Regional Hospital at Tullamore
- Consultant Paediatrician with special interest in Community Health at Midland Regional Hospital at Portlaoise.

Accreditation

Significant progress was made by the Board's three acute hospital sties in their endeavour to achieve accreditation to internationally recognised standards.

An Accreditation Manager was appointed to oversee the process. An Accreditation Steering Committee was established. Several information sessions for staff have been held to inform them of the procedure and benefits of achieving accreditation.

Local coordinators have been appointed to the three hospital sites. Thirteen self assessment teams have been set up. Thirty nine working groups were engaged in identification of evidence that supports the self assessment process. From the self assessment documentation now in circulation, the widest ever review of our hospital services has taken place and a picture is beginning to take shape of where our structures, processes and performance are relative to internationally validated standards.

PPARS

The Board was the first in the country, after two pilot sites, to introduce Phase II of PPARS (Personnel, Payroll and Related Systems) – a national initiative to introduce standardised best practice HR policies, processes and procedures throughout the Irish health service. Benefits of the new system include reduced time spent on manual recording of time and payroll, a single source of HR and payroll information, eliminating duplication of effort, production of reports to improve planning and decision making, and easy access to information to support career planning and skills development.

Quality of Working Life progressed

Following on from the Board's staff survey – Quality of Working Life – several initiatives took place during the year to advance recommendations from the survey on improving the quality of working life for Board staff. A number of groups were set up to develop ideas to improve on several key areas identified in the survey – namely communications, equality, back care, bullying, stress management and management people skills. Work done to date should see real improvements for staff on these key areas in the months ahead.

Workplace smoking ban

The most recent piece of progressive public health legislation which banned smoking in the workplace, to prevent workers and the public being exposed to the harmful effects of Environmental Tobacco Smoke, was introduced on March 29th.

The initial phase of the ban within the Board was proactive with enforcement officers undertaking an information campaign which focused on compliance building. The provision of advice, guidance and documentation was seen as the fundamental role of the Environmental Health Officer in achieving compliance with legislation.

Compliance building was followed up with routine surveillance inspections. A high level of compliance was recorded in the Board's area reflecting support for the legislation from the public, staff and employers.

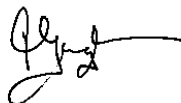
Final Board Meeting

The Midland Health Board met for the final time in May 2004. Members of the final Board came together in June. As CEO, it was my honour to pay tribute to the Chairman, Cllr James Coyle and the Vice-Chairman, Cllr. Catherine Fitzgerald and to all Board Members past and present for their contributions to the development of health and personal social services in this area over the past thirty three years.

I also took the opportunity to thank all those who provided secretarial and back up support to the Board Members down through the years.

As this is the final Midland Health Board Annual Report, I would like to take this opportunity to thank all the staff of the Board for their hard work, commitment and dedication, and acknowledge service providers and volunteers with whom we work in partnership to deliver health and social gain for the population of the midlands.

I would also wish to acknowledge the hard work and dedication of my Senior Management Team and those involved in the management of services throughout the Board's area.



Mr Pat Gaughan

Chief Executive Officer.