

MIDLAND HEALTH BOARD**Service Plan 2004**

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Appendix 1**Letter of Determination**

Overview

Under the accountability framework established by the Health Amendment Act, 1996, the Board must adopt a Service Plan for the current year and publish an Annual Report and Annual Financial Statement (following the completion of the audit of the Board's accounts) in respect of the previous year. The Service Plan specifies the performance targets and activity levels to be delivered in 2004. The planned levels of activity must be provided within the available budget and must take account of the policies and objectives of the Minister for Health and Children and the Government.

Plan Outline

The plan this year has been set out on the basis of an agreed national template and is presented by Care Group as follows:

- Episodic Care - Acute Hospital Services
- Primary Care Services
- Mental Health Services
- Services for Older People
- Services for Children and Families
- Services for People with Disabilities

A separate section deals with

- Finance
- Corporate and Cross Care Group issues.

This overview will highlight significant achievements in 2003, key issues for 2004 and the financial overview for 2004.

As the Letter of Determination states, the planned date of transfer of responsibility to the new Health Service Executive is January 2005. Preparation for the major changes which are planned under the health service reform agenda will be a very significant additional challenge for the Board this year. The Board will, however, retain formal responsibility for managing the system, within the existing legislative framework, during 2004.

The Letter of Determination points out that:

- The Minister for Finance has again advised that supplementary estimates cannot be anticipated.
- The Board should provide an appropriate contingency sum to cover unexpected issues or pressures, which may arise during the year.
- The CEO should ensure that officials of the Board, to whom responsibility has been delegated, have the authority to "act immediately to address problems which could adversely affect the budgetary position, including any unfunded activity increases or unapproved increases in staffing numbers."

Significant Achievements in 2003

The achievement of Service Plan targets in 2003 and, in many instances, the delivery of services in excess of those targets is testimony to the ongoing commitment of staff, service providers and volunteers. Their efforts in working together to deliver an increasingly wide range and volume of services each year is, hereby, acknowledged.

In 2004 the Board will continue to work in partnership with all relevant statutory and non-statutory organisations. This partnership approach to service delivery will be further enhanced during 2004, building on the progress made in previous years, particularly through the Regional Partnership Forum.

A number of significant achievements in 2003 are set out below. A more comprehensive account of the Board's achievements in 2003 will be included in the Annual Report to be published in the second quarter of this year.

MIDOC – General Practitioners (GPs) out of hours service

This service has been established for patients with urgent medical problems who need to contact a doctor outside of normal surgery hours. During 2003, the Board, in partnership with the GPs in County Westmeath, extended this service to the East Westmeath and Athlone areas. The MIDOC co-operative aims to deliver the highest standards of care to patients in the catchment areas covered by the service. During 2003, the service, in county Laois and West Offaly was audited and a 96% satisfaction level was achieved. The Board aims is to develop an integrated system of urgent primary out-of-hours care which will also include such services as child protection, mental health, community nursing, dental and pharmacy services.

Community Rehabilitation Units (CRU)

Over 400 people aged upwards of 65 years benefited from the CRU service in 2003. This service seeks to rehabilitate patients in their own homes following discharge from hospital. Aside from the high satisfaction and continued success reported from both patients and staff, an additional benefit from this service has been the reduction in the time older people are remaining in hospital. This has made many more bed spaces available in the acute hospital service. There are now six CRU teams based in Tullamore, Abbeyleix, Birr, Longford, Mullingar, and Portlaoise.

Integrated Care – One Network (ICON)

This is a unique major project which commenced in 2003. The aim of the project is to develop a model for integrated care for Primary, Community and Mental Health Services as a way of avoiding current problems of fragmentation and duplication.

Phase 1 of the project, which has now been completed, has established the levels of integrated working which already exist within the Board's area, and, from existing good practice and research, a model for integrated care has been developed, which is appropriate to the needs of the services. Phase II is in progress and will deliver working examples of the model in two service areas, specification of the IT systems to support the model, data sharing protocols and an initial analysis of the available systems that may be used to enable the care delivery process.

Childhood Immunisation Programme

The Board made significant progress in improving vaccination rates in 2003. The uptake of the 5 in 1 vaccine at 24 months increased from 78% in 2002 to 92% in 2003. The MMR uptake at 24 months increased from 64% in 2002 to 88% in 2003. The Board's MMR rate is the highest recorded rate nationally.

Improved uptake rates were achieved through a multi-faceted approach adopted by Public Health and the Primary Care Unit. Measures adopted included:

- Research to determine attitudes of parents and health professionals.
- A continuous quality improvement approach to ensure accurate and timely data.
- A proactive approach by the regional co-ordinator, public health nurses, medical and administrative staff.
- Reorganisation of administrative processes.

Management of Waiting Lists

The highest percentage reduction in patients waiting (92%) was recorded in this Board in 2003. The numbers waiting fell from 1242 in 1998 to 102 in 2002. The Board also worked closely with the Treatment Purchase Fund to minimise waiting lists.

The report of the Comptroller and Auditor General also acknowledged examples of good practice in the Midland Health Board in the Management of Waiting Lists in 2003.

Intellectual Disability/Transfer Programme

Coinciding with the European Year of Disabilities, the Board launched the implementation phase of its Transfer Programme, which is designed to relocate upwards of 200 adults with Intellectual Disabilities from residential care to community living. The Transfer Programme reflects the Board's commitment to people with disabilities having a quality service that is delivered locally and responsive to their individual needs.

Recycling Unit

A recycling/disinfecting unit has been established at the Resource Centre in Mullingar which involves the cleaning of equipment – wheelchairs etc. – and its return for use. The Unit been developed in partnership with other statutory bodies and non-statutory agencies and will provide employment, training and supported work for people with disabilities.

Additional Respite Facilities

Additional Day and Respite Services for adults with Intellectual Disabilities in Longford and Offaly were developed. The second Respite Service in Newtownforbes and the day service in Edgeworthstown were also opened. A day service in Clara for adults with Intellectual Disability also commenced in December 2003.

Older People – Quality Day and Residential Services

Many models of good practice were initiated or continued in the day care and residential services for older people. The Board's continued partnership with Age & Opportunity, Health Promoting Hospitals and Music Network supported staff in quality of life and health promoting programmes. The ongoing implementation of the HACCP Regulations in care centres, the achievement of an ISO9000 catering award, as well as a quality integrated approach to addressing nutritional needs, are further evidence of the integrated holistic approach to the care of older people.

St. Joseph's Hospital, Longford - In October 2003, eighteen patients moved into the newly refurbished units Auburn Lodge and Sunset Lodge.

Development of Cancer Services

The Regional Oncology Unit provides services to the Board's population. Prior to the establishment of the Unit, many patients had to travel outside the Board's area to receive specialist cancer treatment. During 2003, a total of 4,741 patients were treated by this new service.

Smoking Cessation

The Health Promotion Teams, working with clients and staff, undertook many successful initiatives in helping people to stop smoking. Among the areas covered were Athlone Community Mental Health Centre, St. Vincent's Care Centre, Athlone, the Midland Regional Hospital at Tullamore and Mullingar and St. Loman's Hospital, Mullingar.

Consultant Appointments

The Board continued to work towards the achievement of self-sufficiency in the appropriate range of specialities. In this context five new consultant position were filled in 2003 and a further nine positions are currently being processed.

Service for Substance Misuse

A Specialist Consultant-led Service to address substance misuse in Longford/Westmeath commenced in 2003.

Childcare

The Board advanced the implementation of its Childcare Strategy. The development of family support services is a key part of the Board's Childcare Strategy. The Board developed Family Support Services in Portlaoise (Le Cheile). It also worked in partnership with non-statutory organisations i.e. Barnardos and Extern.

Capital Projects

The National Development Plan enabled the Board to undertake a number of major infrastructural projects in 2003:

- Mullingar: Phase 2B of the Midland Regional Hospital at Mullingar – planning underway
- Portlaoise: A new 50 Bed Psychiatric Unit, 25 bed Paediatric Unit
Upgrading the Medical Ward, Catering & Waste facilities at the Midland Regional Hospital at Portlaoise
- Tullamore: Commencement of a new €90 Million Hospital due for completion in 2005
- Birr: Completion of the new 90 Bed Community Nursing Unit
- Longford: Upgrading of Longford Infrastructure

Minor Capital Grants provided essential equipment throughout the Board's area together with new/upgraded facilities at:

- Portlaoise: Laboratory & Theatre at the Midland Regional Hospital at Portlaoise.
- Tullamore: Outpatients Department, Oncology Department, Temporary Renal Dialysis Department at Midland Regional Hospital at Tullamore.
- Mullingar: Laboratory, Special Care Baby Unit, Respiratory Unit, Medical Records at Midland Regional Hospital at Mullingar.

Developments were also achieved at St. Loman's Hospital, Mullingar, St. Fintan's Hospital, Portlaoise, St. Joseph's Hospital, Longford, District Hospital Abbeyleix and Health Centres in Mullingar, Abbeyleix, Mountmellick and other locations.

Planning of new facilities is underway at:

- Midland Regional Hospital at Portlaoise: New Accident and Emergency Department
- Portarlington: New Primary Care Unit
- Athlone: Reorganisation of Athlone Health Infrastructure
- St. Mary's Hospital, Mullingar: Brief for new 100 Bed Unit and a 50 Bed Unit at Castlepollard, and at a number of other smaller units

Broadband infrastructure

The Board implemented phase I of its Broadband Network Infrastructure with the construction and successful testing of a 155MB wireless link between its main sites (Mullingar, Portlaoise, and Tullamore). Currently, voice communications between these sites and some initial test Information Systems are routed through the new network. This infrastructure will provide the platform for integrated systems and services (including telemedicine and videoconferencing) across these sites. Initial design to extend this infrastructure to Longford and Athlone has also been completed.

Collaborative Working

The Board, in conjunction with the Health Boards Executive (HeBE) and key vendors, has implemented, on a pilot basis, a working portal to facilitate collaborative working within and between health organisations. Initially, it will be used for Board projects, national e-Government projects, and some Health Boards Executive (HeBE) projects. This initiative is also significant in that it is one of the first deployments, on a national basis, of a system by a health board on the Government Virtual Private Network (VPN).

Development of Risk Management Services

The Board has continued to provide leadership in the development of its Risk Management Service and in putting the safety of patients, staff and visitors at the heart of its quality programme. Incidents occur in health services which can affect staff, patients and visitors, causing unnecessary suffering, negatively impacting on service efficiency and quality and incurring significant costs. The Board continued to develop its risk management function incorporating Occupational Health Safety and Welfare, Fire Safety and Prevention, Clinical Risk Management, and has ensured that all managers have been offered basic training in risk management, with 3,500 staff trained to date.

The Board also placed a very strong emphasis on records management. A Record Management Policy has been agreed and a consistent model of medical record has been introduced. The Board's Clinical Audit Service has led on this initiative and drives the development of policies and protocols throughout the Board. In Mental Health Services significant progress has also been made on records management.

Quality of Working Life

The link between quality service delivery and an improved quality of working life for an employee is at the heart of all good employment practices. The Board, therefore, has followed up the Quality of Working Life Survey undertaken in 2002 by communicating the main findings of the report to staff and developing an action plan for 2003 and beyond. Included in the actions for 2004 are:

- A training programme for managers in people management skills implemented by the Human Resources Department and supported by Partnership and Corporate Fitness.
- A systematic approach to the development of healthy back management and the implementation of a treatment programme for those who are injured.
- A holistic approach to mental health promotion and management of stress.

The quality of working life survey and programme will guide decision making on Human Resource management in 2004.

Measurement of Patient Satisfaction

In tandem with the HeBE Project "Developing a Standardised Approach to the Measurement of Patient Satisfaction" the Board has developed a number of measures to ensure that the public has an opportunity to make comments and suggestions on our services and that an effective system of complaints handling is in place. Consumer Panels will provide feedback on services.

Automation of Comments, Enquiries, Complaints and Appeals (CECA)

The Board has implemented a system using electronic workflow and shared data for Comments, Enquiries, Complaints and Appeals (CECA) in its three acute hospital sites. This system provides for recording, processing, reporting, tracking and communicating of complaints etc. with automatic follow up and tracking of progress. The system will provide the capability to pro-actively manage these complaints within the hospitals. The system will be used to inform the development of the national system proposed within the Clinical Indemnity Scheme (CIS).

Governance - Audit Committee

The Board has appointed an audit committee to provide assurance on the adequacy of internal controls, business risk and governance procedures.

Key Issues in 2004

Demography and Income Levels in the Midlands

Results from the 2002 Census show that the population of the Board's area is now 225,000 which is an increase of almost 10% since 1996. Some of this increase is accounted for by the widening commuter belt. There were approximately 3,500 births to residents of the Board's area in 2002 compared with 2,500 a decade ago. These changes have had a significant impact on the need for services and it is likely that demographic changes in the future will continue to increase the need for services.

Household Income data published by the Central Statistics Office over the past decade or so consistently shows the Midland Region as having the lowest indices of household income. Given the close association between ill health and poverty, it is reasonable to assume that the overall need for health services in the Board's area is greater than might be predicted from demographic considerations alone.

Acute Hospital/Activity

In line with trends in recent years, it is anticipated that demand for acute hospital services in the region will continue to increase. This activity increase, year on year, presents financial difficulties for the Board. Overall, service targets were reached and surpassed, in 2003 but it proved necessary for the Board to cap elective activity for the months of November and December. Activity targets have been set for 2004 that are higher than the service plan targets for 2003. Activity must, however, be managed and controlled so that those targets are not exceeded. Performance in this regard will be monitored on a specialty by specialty basis and necessary corrective actions, (e.g. capping of elective activity as in November/December 2003) will be taken promptly as the year progresses.

As the vast majority of attendances for acute care are "emergency" or "urgent" in nature, it is accepted that it is difficult to reduce activity. Emergency care will be provided for all those requiring it.

Child Care Services

The Child Care Service was a problematic area from a budget control point of view in 2003. This was partly due to a number of very costly placements which were of a "once off" nature.

As part of the Board's Child Care Strategy a major internal restructuring of this service commenced in 2003 and will be fully implemented in 2004. A key objective of this restructuring is to ensure that preventive and early intervention remedies are given sufficient attention. One of the difficulties in managing child care services is the fact that emergencies tend to use a disproportionate amount of the available resources. It is important, therefore, that a balanced approach is adopted in the management of the services. In 2004, a complete review of all placements in care will be carried out with a view to further strengthening home and community solutions as an alternative to institutional care. It must be acknowledged, however, that for a small number of children with very particular needs the Board does not have the appropriate expertise or resources to meet their care needs. The Board will continue to work with other agencies, both voluntary and statutory, to address such specialist requirements.

Employment Control

In 2004 it will be necessary to maintain strict ongoing employment control. In 2003 a reduction of 11 Wholetime Equivalents (WTEs) in the Board's employment ceiling was notified by the Department of Health and Children as a contribution to the reduction of 200 in the national employment ceiling for Health. A further reduction of 11 WTEs will be required in 2004.

In 2003, employment control proved to be a particularly challenging area for the Board. Comparatively, the Board has a relatively low staff ceiling in view of the following factors:

- Employment levels at the start of the year were in excess of the approved ceiling
- Pressure areas where extra staffing was required had to be addressed
- A requirement to maintain frontline staffing and minimise the effects of any staff reductions on patient services.

In addition to the reasons outlined above, further pressure on the employment numbers arose from the fact that, as part of the value for money initiative, our dependency on agency nursing was reduced during the year. This measure brought very significant financial savings, but it meant that approximately 80 nurses were taken into the direct employment of the Board.

The necessary reductions in staff numbers in 2003 were achieved in the main through non-filling of non-front line vacancies. In particular, there was a reduction of 60 in administrative and managerial numbers including 32 posts at headquarters. A reduction of this magnitude cannot be achieved without adversely affecting services and in particular a number of projects could not be progressed.

It will be necessary to continue these measures in 2004. However, in order to facilitate a number of the developments in front line services outlined in this report (Renal Services, Transfer Programme, Ambulance Service, etc.)

The Board will have to make equivalent reductions in non-front line staffing. Therefore, every vacancy will be critically reviewed as the year progresses. The Board's intention is to ensure that services are managed as close as possible to the patient. In recent years there has been a strengthening of the managerial levels in nursing arising from the recommendations of the Nursing Commission. Equally, a number of other clinical and professional disciplines have much strengthened managerial structures, arising from various national reviews and restructuring. This strengthening of management provides an opportunity to reduce management support areas without adversely affecting front line decision making. Operational management will therefore be concentrated at the front line.

Other areas of staff management such as sick leave, skill mix etc. will also receive particular attention in ongoing reviews during the year.

European Working Time Directive

The European Working Time Directive requires that, by August 1st 2004, Non Consultant Hospital Doctors (NCHDs) must not work for more than an average of 58 hours per week. By August 1st 2007, NCHDs must not work more than an average of 56 hours per week. An average of 48 hours must be achieved by August 1st 2009.

The National Task Force on Medical Staffing will devise an implementation plan for reducing substantially the average working hours of NCHDs to meet the requirements of the European Working Time Directive, plan for the implementation of a consultant-provided service, address the medical education and training needs associated with the European Working Time Directive and the move to a consultant-provided service.

Health Modernisation Programme

Sustaining Progress, the National Social Partnership Agreement, came into effect in July 2003. The payment of the general round pay increases provided under the above agreement and the payment of the Benchmarking awards are conditional on the implementation of an agreed modernisation agenda for the health service.

The Health Service must become more accessible and customer friendly, with healthcare services led and designed around public need. Key objectives for the modernisation of the Health Service include:

- Stable industrial relations
- Matching work patterns to service needs
- Improved skill mix in the Health Service
- Review of common recruitment pool
- Performance Management
- Organisational and system reform
- Value for Money.

Performance verification groups in respect of the health sectors have been established to oversee the attainment of objectives set out in the agreement.

The Board's Chief Executive is required to submit a quarterly progress report to the National Partnership Forum for approval by the Performance Verification Group (PVG).

The PVG may assess progress on the modernisation agenda by way of site visits.

Hospital Accreditation

The Irish Health System Accreditation Scheme (IHSAS) is currently being extended to all acute hospital sites. This national accreditation process is based on self-assessment and peer review validation against internationally recognised standards and emphasises continuous quality improvement. This scheme will help the three acute sites to identify their strengths, their opportunities for improvement, and to better understand the objectives and complexities of their operations. With this knowledge, the Acute Hospital Service can formulate short and longer term plans to improve its performance and use its resources most effectively. Work will continue in 2004 with the Irish Health System Accreditation Scheme.

Communication of the Government's Health Service Reform Programme

In June 2003 over 400 staff, from all locations and services throughout the Board, had an opportunity to hear the Minister for Health and Children Mr. Micheál Martin T.D. and the Secretary General Mr. Michael Kelly present the Government's Strategy for Health Reform. Through a major communications plan, all staff were offered an opportunity subsequently to receive information and give feedback on the Reform Programme. This was available through the Board's website, email, focus groups, questionnaires and information booklets. The Board recognises the importance of its staff being fully briefed on developments in relation to the Reform Programme and will continue to update as the reforms proceed.

Financial Overview 2004

The Board has received an original allocation of €418.654m for 2004. This is an increase of 4.2% on the Board's final allocation for 2003 and 14.7% when compared to the corresponding original allocation the Board received for 2003.

A summary of the increase in funding from 2003 is set out in the table below.

Letter of Determination Financial Summary		€m
Final Budget 2003		401.618
Less Once Off		(30.711)
Opening Base position 2004		370.907
Additions 2004 :		
- Pav	31.989	
- Inflation & Technical adjustments	5.225	
- Services Funding (as set out in Letter of Determination)	14.083	
- Value For Money/General Reduction	(3.550)	
Total Additional Funding 2004	47.747	
2004 Initial Allocation		418.654

Of significance this year, however, is the extent of the increase which is related to pay costs, with almost 70% of the year on year funding dedicated to pay costs.

As in 2003, there will again be no supplementary estimate. As a result, all excess costs associated with Demand Led Schemes, Pensions and Medical Indemnity, which were previously funded centrally, must continue to be funded in full from the Board's own resources. The Board has also been advised to specifically plan for contingencies to cover any unexpected cost pressures which may arise in 2004. Any contingency must take account of costs that may arise over the course of the year, such as higher activity.

Should costs and activity be greater than planned contingency levels, amendments to the Service Plan during 2004 may be required.

In addition, the Board had been set a Value for Money (VFM) target of €1.7m and a General Cost Reduction target of €1.6m. To deliver these savings, the Board will be reviewing all aspects of service delivery to ensure services are delivered in the most efficient manner. The Board plans to develop a specific VFM role within its Internal Audit function to ensure VFM is maximised across all services.

There remain service pressures from 2003 where the funding available to the Board is lower than that required, particularly in Acute Hospitals, Child Care and Mental Health Services. Cost pressures in the Acute Hospitals area are primarily driven by Accident and Emergency demand and subsequent activity levels. Management and control of activity to planned funded levels will, more than ever, be required to ensure the Board stays within its budget in 2004.

The protection of core front line services remains the main priority for the Board. The Board plans to initiate a series of reviews of existing non front-line support services during 2004 to ensure these services are delivered in the most cost effective way possible and to ensure funding for direct front line patient needs are optimised.

Of key importance in 2004 will be the management of cash. The cash available will be limited to the Board's planned expenditure levels only. Any expenditure in excess of this will put the Board at risk of breaching its overdraft limit. It is vital therefore that activity and services delivered across all Care Groups are maintained at planned levels. Reporting of financial performance will be particularly important during 2004. Early warning of potential problems and proactive budget management will be needed to avoid overspending in what is a very tight budgetary environment.

The Board is fortunate it has installed the SAP financial systems and will continue to maximise its reporting and information capability to deliver effective budgetary management in 2004.

Value For Money Initiatives - 2004

Value for Money (VFM) and the achievement of VFM in the delivery of the Board's services will be of even greater significance in 2004, given the tight budgetary situation, and in particular, given, that further VFM and cost reduction targets have been set for the Board.

While the Board's longer term strategy in this area is to foster and instil a VFM culture throughout all of the Board's service delivery mechanisms, some specific VFM initiatives will be undertaken in 2004.

The Board is planning to carry out a series of VFM initiatives via its Internal Audit function and will continue to actively participate in conjoint working projects with other boards through HeBE, particularly in relation to Procurement and the administration of medical cards, to further enhance the Board's own effectiveness in the delivery of these services.

Specific Care Group VFM initiatives in 2004 are set out in further detail in the Care Group templates.

Board wide corporate VFM initiatives include:

- Introduction of Purchase Card to facilitate more efficient purchasing decisions and transaction processing
- Continuation on the cost reduction measures introduced in 2003 to keep discretionary expenditure to budgeted levels. As in 2003 – the control of big ticket items must be approved by a member of the Senior Management Team.
- Assessing opportunities for rationalisation and exploiting the Shared Services model in the delivery of support services
- Staff replacement levels will continue to be at best practice norms
- The Board will continue to maximise income generation opportunities
- Absenteeism is being more pro-actively monitored and managed. The Board is implementing the absence module of SAP in 2004 which will assist the Board in this area and is implementing revised procedures as a result of PPARS for the recovery of monies due to the Board from the Department of Social Community & Family Affairs.

- The Board is extending its contracts to items not previously under contract – and anticipates further limited cost savings as a result of this.
- The Board has recently completed an internal VFM review of catering and plans to implement the recommendations during the course of 2004.
- The Board is reviewing car parking charges and plans to extend car parking charges to all acute sites.

A successful VFM programme can create resources for service development. If VFM is not achieved, the only way of staying within budget is by reducing expenditure on services.

National and Regional Policy Framework

The strategic direction in developing the Board's service plan is guided by the following National and Regional Strategies. Each care group identifies National and Regional Strategies particular to their services.

- National Health Strategy, Quality and Fairness, a Health System for you, (DoHC, 2001)
- Primary Care, A New Direction (2001)
- Report of the National Task Force on Medical Staffing, (Hanly) (June 2003)
- Audit of Structure and Functions in the Irish Health System, (Prospectus) (2003)
- Commission on Financial Management and Control System in the Health Service, (Brennan) (2003)
- Sustaining Progress, Social Partnership Agreement (2003-2005)
- Action Plan for People Management (2002)
- The Traveller Health Strategy (2002)
- The National Health Promotion Strategy (2000-2005)
- National Children's Strategy, (DoHC, 2000)
- Cardiovascular Strategy, Building Healthier Hearts (1999)
- Best Health for Children: Developing a partnership with Families (1999)
- Best Health for Adolescents: Get Connected: Developing an Adolescent Friendly Health Service.
- National Cancer Strategy (1996)
- Child Care Act (1991)
- Children's Act (1991)
- Health, Safety and Welfare at Work Act
- National Review of Immunisation/Vaccination Programmes - Report of National Steering Committee
- The Report of the National Review of the Immunisation/Vaccination Programmes.
- The 1970 Health Act

Regional Strategies

- The Midland Health Board Child Care Strategy (2002).
- The Midland Health Board Plan for Women's Health 1997-1999
- The Midland Health Board Corporate Strategy
- The Midland Health Board Communications Strategy
- The Midland Health Board Human Resource Strategy
- The Midland Health Board Quality Strategy

1. Episodic Care: Service Plan 2004

1.1 Context

Episodic Care in the context of the Board's Service Plan is provided in a Primary Care or Acute Hospital setting.

The Service Plan for 2004 aims to achieve a more integrated approach to the provision of Episodic Care.

Role and Purpose

The purpose of Episodic Care Services is to offer high quality diagnostic, treatment and care services by providing a continuum of health promotion, treatment and care within an integrated health care system and national guidelines. People from any of the care groups who suffer from an acute illness, a chronic condition or sustain an injury may avail of episodic care.

National and Regional Policy Framework

- Report of the Comptroller and Auditor General on Value for Money in the Ambulance service; (1997).
- Report of the Working Group on Ambulance Service Review; (2000).
- Strategic review of the Ambulance Service; (2001).
- Report of the National Advisory Committee on Palliative Care, (2001).
- Department of Health and Children (2001) Your Views about Health Reform
- Department of Health and Children, (2001) Health Strategy
- Deloitte & Touche, (2001) Value for Money Audit of the Health System.

Needs Analysis

The Board's population is 225,363 (Census 2001) which represents a 10% increase (approx) on the 1996 census of population.

Table: Age Profile of Population by County

County	0-9	10-19	20-29	30-39	40-49	50-59	60-69	70+	Total
Westmeath	10,895	11,589	10,742	10,956	9,659	7,483	5,018	5,516	71,858
Longford	4,500	5,046	3,873	4,190	4,182	3,756	2,484	3,037	31,068
Offaly	9,657	10,450	8,979	9,334	8,575	6,861	4,726	5,081	63,663
Laois	8,955	9,525	8,325	8,926	8,112	6,106	4,183	4,642	58,774
Total	34,007	36,610	31,919	33,406	30,528	24,206	16,411	18,276	225,363

The Board's acute services treated in excess of 29,000 inpatients and 16,000 day patients in 2003. In excess of 97,000 people were seen at the out-patient clinics. There were 71,320 patients treated in Accident and Emergency Departments at the three acute sites. There were 3,261 births at the Board's two obstetric units at the Midland Regional Hospital at Mullingar (MRHM) and the Midland Regional Hospital at Portlaoise (MRHP) in 2003.

The principal causes of death in Ireland for the period 1997-2002 were cardiovascular disease (43%), cancer (23%) and respiratory disease (15%). In planning this year's Service Plan the Board had regard to existing national strategies for cardiovascular health, cancer services, palliative care and health promotion.

The Board also had regard to findings from the primary care needs assessments, which were carried out during 2003.

1.2 Primary Care Services

1.2.1 Context Role and Purpose

The Primary Care Service aims to:

- Provide care that includes a range of services, from promotion of health and screening for disease to assessment, diagnosis, treatment and rehabilitation as well as personal social services, designed to keep people well.
- Provide an accessible service, by self-referral, with a strong emphasis on working with communities and individuals to improve health and social well-being.

The overall strategy for primary care is to develop (as envisaged in Primary Care: A New Direction) an integrated system, capable of delivering the full range of health and personal social services. Primary Care should be the central focus of the health system so that it can help achieve better outcomes and better health status.

1.2.2 Brief Outline of Services Currently Provided

Primary Care is the first point of contact and often is the most appropriate setting to meet the health and personal social services needs of people. The services provided have the potential to prevent the development of ill-health, which might later require hospitalisation.

The objectives of the Regional Primary Care Unit are to:

- Raise standards in general practice
- Improve the interface between general practice and other health service providers
- Extend the scope of services provided by General Practitioners (GPs)
- Assist GPs to prescribe appropriately in a cost effective manner.

The Primary Care Unit's functions have expanded to include;

- Project Management including the Primary Care Team Implementation Project, MIDOC Out of Hours Project, Heartwatch Project and Diabetes Structured Care Project
- Administration of the Medical Card Scheme, the Drugs Payment Scheme, Dental Treatment Services Scheme and the Adult Community Ophthalmic Scheme
- Co-ordination of services to persons with Hepatitis C within the framework of the Health Amendment Act, 1996
- Data collection and administration of the Primary Childhood Immunisation Scheme
- Administration of the High Tech Drugs Scheme
- Administration of Community Pharmacy contracts.

Currently, the Board has contracts with 115 GPs, 70 Community Pharmacists, 74 Dentists and 36 Community Optometrists for the provision of services to approximately 225,000 people including 70,000 medical card holders.

▪ General Medical Services

Persons who are unable, without undue hardship, to arrange GP medical and surgical services for themselves and their dependants receive a free general medical service. Medicines and appliances prescribed by the patient's GP are generally dispensed by a retail pharmacist. However, in rural areas, the GP may dispense to patients who opt to avail of this facility.

- **Primary Care Team Portarlington – Implementation Project**
Delivers services at one point of contact within the community for individuals, families and groups. The Project Implementation Team includes GPs, practice nurses, primary care service providers, information technology staff, researcher and a local community representative.
- **Primary Care Out-of-Hours Services (MIDOC)**
Provides an integrated system of urgent family doctor out-of-hours primary care in Laois, West Offaly and Westmeath.
- **Drugs Payment Scheme**
Under this scheme no individual or family pays more than €78 in a calendar month for approved drugs, medicines and appliances for themselves or their families.
- **Dental Treatment Services Scheme**
Allows access to a range of emergency and routine treatments for eligible persons.
- **Community Ophthalmic Services Scheme**
Provides optometric and ophthalmic services to medical card holders.
- **Hepatitis C**
A wide range of health services are provided for this group of patients.
- **Primary Childhood Immunisation Scheme**
Aims to eliminate such conditions as diphtheria, polio, measles, mumps, rubella and meningitis in children.
- **High Tech Drugs**
Supplies and dispenses high tech medicines through community pharmacies.
- **Methadone Treatment Scheme**
Methadone is dispensed by pharmacists to approved clients and is funded by the Primary Care Unit.
- **Diabetic Structured Care Project**
This project involves the provision of evidence-based care through an inter-disciplinary team-based approach consisting of GPs, practice nurses, community nutritionists and chiropractors. The project is now linked to the Cardiovascular Health Strategy and the Heartwatch Programme.
- **Leg Ulcer Clinics**
This is an evidence based method of treatment involving public health nurses and GPs.
- **Allied Health Professional Services**
Provides outreach physiotherapy services in a number of areas including, Banagher, Ferbane, Graiguecullen, Abbeyleix, Shinrone, Coole and Mullingar.
- **Access to Diagnostic Facilities**
Facilitates direct access by GPs to certain diagnostic facilities, such as radiology services in the Midland Regional Hospital at Tullamore (MRHT) and access to ultra sound facilities for certain procedures in Portlaoise.
- **GP Vocational Training Scheme**
The Board is involved in the GP training scheme and works closely with the Director, trainees and GPs, ensuring that the scheme continues to provide high quality trained GPs.

1.2.3 The Year Ahead

1.2.3.1 Actions from 2003

The following actions from 2003 were not fully completed and will be pursued or re-evaluated in 2004.

- Primary Care Team: While steady progress was made in establishing the team in Portarlington, a number of positions on the team remain to be filled. These positions include Public Health Nurse, Registered General Nurse, Social Worker, Home Care Assistants, Home Helps and Clerical Support. Work will continue to identify other potential sites for the development of Primary Care Teams.
- Primary Care Out-of-Hours Service: It was planned to extend this service to County Westmeath and County Longford. The Board did succeed in implementing the service in County Westmeath. However, discussions are continuing with GPs in County Longford with a view to implementing the service in County Longford.

1.2.3.2 Aims and Objectives 2004

- A new model of primary care will be developed (Q&F, Action 74)
- Primary Care Teams will be put in place to meet the health and social needs for a specific population (Primary Care Strategy, Action 4)
- Primary Care Networks will be developed to support the Primary Care Teams (Primary Care Strategy, Action 5)
- Implementation projects will be put in place (Q&F, Action 76)
- Mechanisms for active community involvement in primary care teams will be established (Primary Care Strategy, Action 19)
- Investment will be made in extension of GP co-operatives and other specific national initiatives to complement the primary care model (Q&F, Action 77, Primary Care Strategy, Action 6 and 14)
- Programme of investment to provide the necessary capacity in primary care (Q&F, Action 55)
- Greater integration between primary and secondary care. Diagnostic services for GPs and hospitals will be enhanced (Q&F, Action 87, Primary Care Strategy, Action 10)
- Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting (Q&F, Action 53)
- A comprehensive strategy to address crisis pregnancy will be prepared. (Q&F, Action 28) (Reference Children and Families Section)
- Entitlement to high-quality treatment services for people with Hepatitis C, infected by blood and blood products, will be assured. (Q&F, Action 32)
- An integrated approach to care planning for individuals will be promoted (Q&F, Action 51)
- Provision will be made for participation of the community in decisions about the delivery of health and personal social services (Q&F, Action 52)
- Women's health services will be further developed (Q&F, Actions 11 and 16) (Reference Children and Families Section)
- Quality systems will be integrated and expanded throughout the health system (Q&F, Action 63)
- Actions on major lifestyle factors targeted in the National Cardiovascular Strategy will be enhanced (Q&F, Action 5).

1.2.3.3 Actions to achieve Objectives

- Primary Care Teams
The development of the Primary Care Team in Portarlinton will continue by;
 - Producing protocols for referrals
 - Enrolling clients to the team
 - Developing a wider network of service providers to support the team
 - Involving the local community in the development of this service
 - Recruiting additional team members
 - Introducing an Orthotic Clinic and a Smoking Cessation Clinic
 (Q&F Actions 51, 52, 53, 55, 63, 74 and 76, Primary Care Strategy Actions 4, 5 and 19).

The Board will identify other potential locations for the development of the Primary Care Team Concept.

- Out of Hours Services
It is understood that a separate allocation will be made in 2004 in respect of the full year costs of the 2003 developments and to further extend the service to other parts of the region. The Board has entered into discussions with the Department of Health and Children in relation to the full year costs of 2003 developments (Q&F Action 77, Primary Care Strategy Action 6 and 14). The main treatment centres in Mullingar, Portlaoise and Birr will relocate to new premises.
- Diagnostic Facilities
The Unit will work closely with the Board's hospital laboratory services. Discussions with GPs over the past few years have highlighted an interest by several GPs in near patient testing. A pilot project involving two primary care practices and the laboratory at the MRHM to test the feasibility of primary care testing (Q&F, Action 87, Primary Care Strategy, Action 10) will commence in early 2004 and will be evaluated after six months. The laboratory at MRHM will support the process through training, supervision including quality control/assurance, maintenance of technology and development of testing protocols. It is planned to develop a project to agree protocols for the appropriate use of pathology services and to improve the portfolio of services accessible to GPs in the Longford/Westmeath area. The Unit is making arrangements with the MRHM for GP access to the hospital's dexta scanner. It is planned to commence this service in early 2004. (Q&F, Action 87, Primary Care Strategy, Action 10)
- Hepatitis C
The Board will continue to provide health services to those persons who hold health services cards in accordance with nationally agreed protocols. It is expected that the demands on this service will increase over the next number of years (Q&F, Action 32). The Board will meet with representatives of service users as part of a process to review their current and future health care needs.
- Cardiovascular Strategy - Primary Care
The Board will continue to partake in the Heartwatch Programme. The Diabetes Structured Care Project will be evaluated and audited in order to develop the project within existing available resources. The Board will work conjointly with the Western Health Board in the East Galway/West Midlands Pre Hospital Cardiovascular Project. (Q&F, Action 5)
- Methadone Treatment Scheme
As part of the development of services, the Board in partnership with the Irish College of General Practitioners (ICGP) plans to provide Level 1 training to GPs. Community pharmacists will be encouraged to become involved in this scheme. (Q&F, Action 22)

- GP Vocational Training Scheme

As a result of the recent ICGP accreditation of the scheme, it was recommended three additional assistant programme director sessions be held per week and administration hours be increased. As the Accreditation Team's recommendations are mandatory, the Board will be addressing these issues in 2004. (Q&F, Action 55, 77 and 101, Primary Care Strategy, Action 3)

- Information Technology

It is planned to achieve a meaningful level of computerisation by increasing and upgrading hardware and software facilities in general practice. GPs have been involved in the development of the Board's ICON Project and they will be involved in the future implementation of the project (Q&F, Action 117 and 118).

Finance (Primary Care Services)

	Budget 2003	Out-turn 2003¹	Variance	Budget 2004
	€m	€m	%	€m
Pay	5.100	4.320	15.29	5.500
Non-pay	19.199	19.136	0.33	19.400
Gross expenditure	24.299	23.456	3.47	24.900
(Income)	0.216	0.234	8.33	0.240
Net expenditure	24.083	23.222	3.58	24.660

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

Letter of Determination (L.O.D) funding 2004

Service Objectives	Actions to achieve Objectives	L.O.D. Funding
		€m
Hepatitis C Patients To provide primary healthcare services to those persons who hold a health service card under the Health (Amendment) Act 1996 including provision for increased activity, services and costs.	The Board will provide health services to those persons who hold health services cards in accordance with nationally agreed protocols.	0.108
Dental Treatment Services Scheme To provide a range of emergency, routine and denture treatments to eligible adults.	The Board has entered into contracts with dentists to provide services under the scheme. The additional funding is to meet the costs of fee increases to contract holders.	0.261

Service Objectives	Actions to achieve Objectives	L.O.D. Funding €m
<p>Primary Care Strategy To establish a Primary Care Team in Portarlington which will function in line with the strategy and will provide a more seamless carepath for individuals, families and groups.</p> <p>To support initiatives which will give effect to multidisciplinary teamworking on a more widespread basis.</p> <p>To provide support for the development and implementation of the Portarlington Primary Care Team Project.</p>	<p>Complete the recruitment of team members. Production of referral protocols along with commencing the enrolment of clients. <i>Development of weekly clinical meetings.</i> Community participation and involvement. Selected as a pilot site for the implementation of the ICON information technology model.</p> <p>The implementation of the ICON model will serve as a tool for clinicians, facilitating the maintenance of good quality clinical records and the sharing of relevant information with colleagues and other professionals in accordance with the best interests of their patients/clients.</p> <p>A programme of support and guidance for the Implementation Projects nationally will be provided by the Office for Health Management</p>	<p>0.110</p> <p>0.080</p>
<p>Community Optometric Services (Adult) Provision of Community Optometric Services to eligible adults</p>	<p>The Board has entered into contracts, with Community Optometrists to provide services to eligible adults.</p> <p>This once-off allocation will assist the Board in providing services under the scheme, as well as the continued development of a diabetic retinopathy screening service.</p>	<p>0.163 (once off)</p>

PRIMARY CARE SERVICES - STAFFING (WTE NUMBERS).

The approved staffing complement for 2003 was 51.26. The approved staffing complement for 2004 is 52.26.

Primary Care Services	Target 2003	Out-turn 2003¹	% Variance	Target 2004
General Support Staff	9.00	9.75	(8.33)	9.00
Health & Social Care Professionals	-	1.60	-	1.00
Medical/Dental	-	1.10	-	1.00
Management / Administration	27.80	25.31	8.96	26.80
Nursing	13.46	19.97	(48.37)	13.46
Other Patient & Client Care	1.00	0.54	46.00	1.00
TOTALS	51.26	58.27	(13.68)	52.26

1.2.3.4 Key Issues for the Year Ahead

- The development of the Primary Care Team in Portarlington along with the implementation of initiatives to give effect to multidisciplinary teamworking on a more widespread basis
- Consolidation of existing developments in the MIDOC service
- Additional funding to meet the full year costs of the additional four GP Vocational Training Scheme Trainees
- Extension of the Diabetes Structured Care Project to a further 10 practices in the region - additional funding will be required under the Cardiovascular Strategy
- The lack of funding in relation to GP surgery developments which has led to a slow down in the development of infrastructure which is required to provide primary care services in an appropriate setting. The indicative drug target savings will be used, where possible, to fund such developments in general practice
- Updating the medical card database to ensure that an accurate medical card database is maintained
- Recruitment of a pharmacist is crucial to the effective operation of the Primary Care Unit in relation to the appropriate and effective use of medicines/drugs in the community.

1.2.3.5 Monitoring mechanisms and Evaluation

The Primary Care Unit will monitor its activities during 2004 against the Service Plan by tracking its operational plan. Monitoring will also be conducted by reporting on the Unit's monthly budget performance. Quarterly returns of Performance Indicators will be submitted in line with the national suite of Performance Indicators.

The Primary Care Researcher will be involved in such projects as the Portarlington Primary Care Team, and the Out of Hours service.

The Board's Comments, Enquiry, Complaints and Appeals system (CECA) will inform service evaluation.

The GMS (Payments) Board will provide monthly activity reports for all services provided on a contract basis.

1.2.3.6 Research, Quality and Value for Money Project

- Primary Care Team Portarlington
It is planned to evaluate the impact of a Pulmonary Rehabilitation Programme on the participants (*Q&F, Action 63*) and a Fall Prevention Programme.

Out of Hours Service

- A patient satisfaction survey carried out in 2003 showed an overall satisfaction rate with the service of 96%. The findings of the survey will inform future service developments
- Development of best practice policies, protocols and procedures will continue
- Standardised list for pharmacy and stores requirements has been finalised and put into operation
- Implementation of a standard equipment list for treatment centres and mobile units
- CPR Training will continue in 2004
- In-house training and reflective practice sessions have commenced and will continue during 2004.

Primary Childhood Immunisation Scheme

The Board is partaking in a HeBE Project which will develop a vaccine collection and delivery service to GP practices in the Board's area. (*Q&F, Action 63*)

General Medical Services

The Board is involved in a national project to modernise the administration of the medical card scheme. The Board took part in the HeBE Medical Card Review Project and led the customer satisfaction project on behalf of the group. The Primary Care Unit will quality assure its database on an ongoing basis in association with the General Medical Services (Payments) Board. It is planned to update the Board's medical card database with each cardholder's Personal Public Services Number (PPSN)

The Primary Care Unit will engage with representatives of contract holders to bring about service improvements. (Q&F, Action 74)

Community Pharmacy Services

The Primary Care Unit will recruit a Pharmacist to assist in monitoring and evaluating medicine/drug use and assisting GPs in appropriate and cost effective prescribing, advising on community pharmacy services and liaising with secondary care to encourage rational prescribing across the hospital/community interface.

Nutritional Services

The Board recently conducted an assessment of the prescribing of oral nutritional supplements to patients aged 65 years and over. The main outcome of this study indicated that the prescribing of supplements is market driven with very little, if any, evidence based practice being adopted. In order to redress the present approach to the use of oral nutritional supplements it is proposed to develop standards, guidelines, and provide training, monitoring and evaluation for the use of supplements.

Leg Ulcer Clinics

The Board will examine the need to develop leg ulcer clinics in addition to those already in place in Mullingar, Longford, Athlone, Birr, Mountrath, Portarlinton and Stradbally.

1.3 Acute Hospital Services

1.3.1 Context

Role and Purpose

The aim of the Board's Acute Hospital Services is to achieve self-sufficiency in the appropriate range of specialities for the population served. This approach is consistent with the principles of equity, people centredness, quality and accountability as set out in the health strategy *"Quality and Fairness; A Health System for you"* and is driven by a number of factors including:

- Patient expectations and demands
- Increase of 10% in Board's population
- Increasing inability of centres outside the Board's area to meet the needs of the Board's population
- On-going capital development of all three acute sites, which will deliver state of the art facilities
- Continued developments in the area of health technology
- Movement to day treatment, where appropriate, as an alternative to in-patient treatment.

The development of the acute hospital service as a single integrated entity working from the three sites at Mullingar, Portlaoise and Tullamore continues to be a major strategic focus for the Board.

1.3.2 Brief outline of services currently provided

The Board provides Acute Hospital Services on an in-patient, out-patient, and day case basis at the Midland Regional Hospital sites at Mullingar, Portlaoise and Tullamore.

Services provided include

- Accident and Emergency
- General Medicine
- General Surgery
- Obstetrics and Gynaecology
- Paediatrics
- Cardiology
- Pathology

Regional specialities of Ear Nose and Throat, Orthopaedics, Oncology and Haematology are provided from the Midland Regional Hospital at Tullamore (MRHT).

Ophthalmic services are provided on an out-patient basis at Athlone, Longford, Mullingar, Portlaoise and Tullamore with in-patient services provided at the Royal Victoria Eye and Ear Hospital, Dublin.

A Consultant led Orthodontic service is provided in clinics at Athlone, Longford, Mullingar, Portlaoise and Tullamore.

Details of service provision in each site are shown in the individual hospital sections below.

1.3.3 The Year Ahead

1.3.3.1 Actions from 2003

- Continued upgrading of acute hospital infrastructure through progressing capital developments at the three acute hospital sites
- Continued reductions in waiting lists and waiting times for treatment through effective and efficient management of waiting lists and referral of individuals to the National Treatment Purchase Fund
- Continued preparatory work for the accreditation of the Board's acute hospital services
- Progress was made in developing the clinical audit and risk management functions within acute hospital services.

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- The Regional Renal Dialysis Unit based at the M.R.H.T. will open immediately upon the appointment of a Consultant Physician with a special interest in Nephrology.
- The opening of Special Care Baby Units at MRHM and MRHP
- Continued development of Paediatric services through appointment of the second of two Consultant Paediatricians with a special interest in Community Medicine and provision of additional capacity at the MRHP.

- Continued development of cancer services through:
 - (i) Establishment of dedicated oncology in-patient facility at MRHT
 - (ii) Development of symptomatic breast cancer service through processing the appointment of :
 - Consultant Surgeon with an interest in breast surgery
 - Consultant Radiologist with an interest in mammography
 - Consultant Histopathologist with an interest in cytology
- Continued development of Palliative Care services through processing the appointment of a Consultant in Palliative Care Medicine
- Continued development of Accident and Emergency Services through permanent appointment of three Consultants in Accident and Emergency Medicine.

1.3.3.2 Aims and Objectives 2004

- Developing regional self-sufficiency in the range of specialities available within the Board's Acute Hospital Services
- Achieving optimum utilisation of existing service capacity and increasing that capacity further within the context of available resources
- Managing available bed stock in an efficient and effective manner
- Promoting high quality and safe services in acute hospital setting
- Increasing the ratio of day to in-patient cases treated
- Managing activity in line with Service Plan targets
- Managing the through-put of medical admissions
- Managing expenditure in accordance with financial parameters
- Enhancing linkages between the various parts of the health care system
- Demonstrating the quality of acute hospital services through implementing the accreditation programme.

1.3.3.3 Actions to achieve objectives

Better Health for Everyone

- To continue implementation of the Cardiovascular Health Strategy (Q&F, Actions 5, 13)
- To continue to develop cancer services in accordance with the National Cancer Strategy (Q&F, Action 5)
- To continue to develop palliative care services in accordance with Report of National Advisory Committee on Palliative Care (Q&F, Action 31).

Fair Access

- To continue development of Ophthalmic and Audiology services in the Board's area. (Q&F, Action 43).

Responsive and Appropriate Care Delivery

- To further develop regional self –sufficiency (Q&F, Action 60)
- To improve consumer involvement in decision making (Q&F, Action 52)
- To develop further the Board's commitment to continuous quality improvement in its acute hospital services (Q&F, Action 48)
- To continue to develop Consultant led Orthodontic services in accordance with needs of Board's population (Q&F, Action 62)
- To further improve the Board's Ambulance Service in accordance with national strategy and policy (Q&F, Action 57).

High Performance

- To continue to reduce waiting times for public patients (Q&F, Action 81).
- To progress preparation for accreditation of acute hospital services (Q&F Goal 4, Objective 1, Action 63)
- To progress further the Clinicians in Management initiative (Q&F, Action 84)
- To increase the level of day case activity relative to in-patient activity (Q&F, Action 83)
- To improve the efficiency and people centredness of out-patient services (Q&F, Action 85)
- To continue to develop Accident and Emergency Services across three sites (Q&F, Goal 4, Objective 2, Action 86)
- To continue to improve access to diagnostic services by General Practitioners (GPs) (Q&F, Action 87)
- To develop information technology within the acute hospital services through participation in national hospital information system procurement and also procurement of a laboratory information management system (Q&F, Actions 116)
- To optimise existing service capacity and increase capacity where resources permit (Q&F, Action 78)
- To promote and develop further clinical audit and risk management functions in acute hospital services (Q&F, Action 63)
- To meet the requirements of the European Working Time Directive by 1st August, 2004.

Actions that are specific to each hospital are outlined in the relevant sections below:

Acute Hospital Services Core Activity Projections 2004

In-Patient

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	10,220	10,464	10,300
General Surgery	6,800	7,056	6,890
Obstetrics	4,800	5,050	4,820
Gynaecology	1,200	1,132	1,220
Paediatrics	3,200	3,891	3,500
ENT	1,500	1,684	1,500
Orthopaedics	1,620	2,067	1,650
Haematology	100	178	160
Oncology	300	357	350
Total	29,740	31,879	30,390

Day Case

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	2,000	1,740	1,800
General Surgery	6,000	6,449	6,060
Obstetrics	880	1,058	1,000
Gynaecology	580	641	650
Paediatrics	10	13	10
ENT	1,600	2,053	1,890
Orthopaedics	800	592	700
Haematology	1,520	1,702	1,690
Oncology	1,450	2,504	2,170
Renal Dialysis	1,300	-	1,300
Anaesthetics	-	456	410
Total	16,140	17,208	17,680

Overall Total	45,880	49,087	48,070
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In 2003 seven per cent more patients were treated than planned by the Board. During 2004 Service Plan activity targets must be adhered to as the Board is only funded to deliver this level of service.

The nature of the overall workload is such that it is difficult to predict accurately activity each week of the year in the three acute sites. The first priority must be to treat all emergency admissions, which account for a significant percentage of total admissions. *Activity will be strictly monitored on an on-going basis.* Because of the unpredictability of emergency admissions, it will be extremely difficult to control activity and it may be necessary to curtail the level of elective admissions in the light of emerging trends (i.e. if service plan targets are exceeded).

Finance (Acute Hospital Services – Three Sites and Regional Services)

	Budget 2003	Out-turn 2003 ¹	% Variance	Budget 2004
	€m	€m	%	€m
Pay	88.260	92.607	(4.9)	96.078
Non-pay	33.668	35.257	(4.7)	35.513
Gross expenditure	121.928	127.864	(4.9)	131.591
(Income)	(12.006)	(12.352)	2.9	(13.238)
Net expenditure	109.922	115.512	(5.08)	118.353

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

Letter of Determination (L.O.D) funding 2004

Service Objectives	Actions to achieve Objectives	L.O.D. Funding €m
Improvement of service delivery in line with the aims of the Strategic Review of the Ambulance Services (2001) ,(Q&F, Action 57)	<ul style="list-style-type: none"> ▪ Implement the ruling of the Labour Relations Commission in respect of the elimination of on-call and related stand-by duties of Emergency Medical Technicians as well as the introduction of flexible resource deployment measures. <p>In addition to the abolition of on-call, a number of flexibility measures will be introduced including:</p> <ul style="list-style-type: none"> ▪ Flexible deployment of duty crews to maximise the service's spatial coverage ▪ Re-organisation of duty rosters ▪ The Board's Ambulance Service Management and staff will work to implement a number of service enhancements within a partnership framework. 	2.200
Develop Board's Accident & Emergency Services at the three acute hospital sites. (Q&F, Action 86)	<ul style="list-style-type: none"> ▪ Process the permanent appointment of three Consultant Physicians with a special interest in Emergency Medicine. 	0.335 (Winter Bed Initiative Funding)

Service Objectives	Actions to achieve Objectives	L.O.D. Funding €m
Develop Regional Renal Dialysis Service (Q&F, Action 60)	<ul style="list-style-type: none"> ▪ Develop a Regional Renal Dialysis Service. ▪ Appoint Consultant Physician with special interest in Nephrology and support staff ▪ Procure renal dialysis equipment ▪ Commence service 	0.100 (This is in addition to base funding of €1.040m coming forward from 2003).
Continue to develop Cancer Services in accordance with National Cancer Strategy (Q&F, Actions 5,12, 56).	<ul style="list-style-type: none"> ▪ Additional funding in 2004 will help address service and cost pressures in Oncology/Haematology including Oncology drug treatments. ▪ The Board will carry out a review of its Cancer Services in 2004. 	0.620
Ensure that acute hospital services are delivered in an efficient and cost effective manner (Q&F, Action 97).	<ul style="list-style-type: none"> ▪ A review of case mix, including an analysis of costs and activity at the three acute sites will be carried out. 	0.052
Continue to develop Cardiovascular Services in accordance with the National Cardiovascular Strategy (Q&F, Actions 5, 13, 56).	<ul style="list-style-type: none"> ▪ The Board will prepare a submission for funding under the Cardiovascular Health Strategy having regard to service needs consequent on the appointment of three Consultant Physicians with a special interest in Cardiology. 	To be determined.
To continue to develop Palliative Care Services in accordance with the recommendations of the Report of the National Advisory Committee and in accordance with the findings of Board's needs assessment (Q&F, Action 31).	<ul style="list-style-type: none"> ▪ Process the appointment of Consultant in Palliative Care Medicine and support staff. ▪ Carry out further consultation with relevant stakeholders in relation to the development of services. 	0.065
Continue to reduce waiting lists and waiting times for treatment in Board's Acute Hospital Service. (Q&F, Action 81).	<ul style="list-style-type: none"> ▪ Funding allocated will meet full year costs of following Consultant posts and associated support staff. ▪ Consultant Orthopaedic Surgeon. ▪ Consultant Anaesthetist. ▪ Consultant Radiologist. 	2.000

ACUTE HOSPITAL SERVICE - STAFFING (WTE NUMBERS) REGIONAL (THREE SITES AND REGIONAL SERVICES)

The approved staffing complement for 2003 was 1,759.31. The approved staffing complement for 2004 is 1,754.74.

Acute Hospital Services	Target 2003	Out-turn 2003¹	% Variance	Target 2004
General Support Staff	100.21	90.27	9.92	84.21
Health and Social Care Professionals	179.43	200.31	(11.64)	184.43
Medical/Dental	214.00	205.12	4.15	217.00
Management / Administration	233.64	244.95	(4.84)	229.07
Nursing	677.88	727.54	(7.33)	707.88
Other Patient and Client Care	354.15	348.39	1.63	332.15
TOTALS	1,759.31	1,816.58	(3.26)	1,754.74

1.3.3.4 Key issues for the Year Ahead

Each of the three acute sites identified key issues which may impact on the delivery of the services outlined in this Service Plan.

- Increase in Board's population
- Increased demand for services
- Occupancy levels in medical departments across the three acute sites have been consistently very high over past number of years. This underlines the need for the Board to optimise existing bed capacity and to increase bed capacity further, as resources permit. In this context the Board will continue with its efforts to secure the necessary funding to open a medical assessment unit at Midland Regional Hospital at Mullingar
- Continued trend of increased attendances at the Board's Accident and Emergency Departments
- Increased pressure on Board's Maternity Services due to continued increase in the number of births
- The numbers of Oncology and Haematology in-patient and day case treatments were significantly ahead of service plan targets. These are relatively new and developing services in the Board's area, are non elective by nature and accordingly treatments cannot be delayed
- Medical inflation continues to exceed the general inflation rate
- On-going developments in health technologies
- Difficulties in recruiting specialist trained staff in a number of service areas
- Cost of maintaining Board's expanding range of medical equipment/technology.
- Compliance with requirements of European Working Time Directive
- Increased demand on Board's Laboratory and Radiology Services
- Need to develop/procure information systems within the acute hospital sector.

1.3.3.5 Monitoring Mechanisms and Evaluation

Monitoring of the Service Plan will be done on a monthly and quarterly basis and will be by way of:

- Monitoring of monthly activity
- Quarterly Service Plan reviews
- Reporting on performance indicators
- On going monitoring of financial activity
- Monitoring of whole time equivalents (WTEs) through PPARS
- Meetings with service managers
- Clinical audit projects
- Audit of the management of the Healthcare Risk Management Policy.

1.3.3.6 Research, Quality and Value for Money

Use of Laboratory Services

Protocols and guidelines will be introduced aimed at ensuring appropriate utilisation of Laboratory Services and will include:

- A protocol covering the appropriate use of D-Dimer testing will be introduced across the three hospital sites
- A new protocol will be introduced covering the appropriate use of Troponin testing in the Board's acute sites
- A new guideline will be introduced to guide the proper requesting of coagulation screening and, thereby, reduce inappropriate utilisation of resources
- An initiative aimed at reducing inappropriate requests for culture and sensitivity analysis of urine samples from Outpatient Departments will be introduced. This will involve the establishment of objective cut-off levels which will guide request for urinalysis through use of "strip readers"
- Guidelines will be introduced to guide the use of RAST testing at the hospital laboratories.

Pharmacy Services

- The Board will enhance the Drugs and Therapeutic Committees in the three sites and will introduce a Regional Drugs Information Bulletin.

Community Ophthalmic Services

- The Board will establish a regional screening committee for school vision screening
- Orthoptic Services will be integrated with the community ophthalmic service to allow greater use of available skills and expertise
- The ophthalmic triage system in use in the Board will be enhanced through utilisation of Clinical Nurse Specialists
- The ophthalmic service will establish a database of people with diabetes attending the service.

All of the above initiatives will be introduced within the context of existing staffing levels.

- In addition to the foregoing, the Board will establish the feasibility of developing a number of service initiatives which will enhance the Board's self-sufficiency and yield value for money in areas such as viral testing, anti-natal screening and coeliac screening services.

Intensive Care Unit

- The Board will carry out a review of its intensive care services, having regard to patient needs, the requirements of best practice and availability of staff. The review will include the development of an admission policy and treatment protocols aimed at optimising the utilisation of existing service capacity and available resources.

Warfarin Services

- An evaluation of warfarin services at MRHT and MRHP will be carried out by the Board's Clinical Audit Service.

Breast Cancer Services

- An audit of Breast Cancer Services will be carried out by the Board's Clinical Audit Service.

Hospital Acquired Infection Rates

- The Board's Clinical Audit Service will carry out a Clinical Audit of hospital acquired infection rates.

Antibiotic Prescribing

- The Board's Clinical Audit Section will carry out a clinical audit of antibiotic prescribing in the Board's hospital sites.

Records Management and Patient Consent

- The Board will introduce a Records Management Policy and a Patient Consent Policy at the three acute sites.

Accreditation of Acute Hospital Services

Through the adoption of the standards established by the Irish Health Services Accreditation Board, the Board will assess the quality of services against the standards and will develop a plan of action through targeting service deficiencies relative to standards. The Board will progress the accreditation programme to the stage where an internal assessment against the standard has been carried out in preparation for a survey by an external review group early in 2005. In this regard, the Board will prepare for the accreditation of its acute hospitals through

- Establishing and supporting the appropriate Project Management and Governance structures
- Establishment of self-assessment teams to assess the quality of existing services and develop and implement performance instruments that demonstrate the extent to which existing services conform with good practice policies, guidelines and procedures
- Prioritise, throughout acute services and regional support services such as audit and risk management, the development of policies, guidelines, procedures and the establishment of structures that facilitate self-assessment in December 2004.

Midland Regional Hospital at Mullingar (MRHM)

1.3A.1 Context

The Midland Regional Hospital at Mullingar is part of the Board's acute hospital network. The aim of the hospital is to deliver a quality driven people-centred service to the population of the region.

1.3A.2 Brief Outline of Services Currently Provided

The hospital has 203 beds (192 inpatient and 11 day beds) and provides a range of services, on a 24-hour basis.

Services provided are: -

- Accident & Emergency
- Radiology
- General Medicine including Endoscopy, Geriatric Medicine, Respiratory Medicine and Cardiology
- General Surgery including Vascular and Laproscopic Surgery
- Obstetrics and Gynaecology
- Paediatrics
- Pathology
- Ophthalmology
- Out-Patient services

The hospital currently treats in excess of 12,000 inpatients and 5,000 day cases annually while in excess of 37,000 people are seen at the hospital's outpatient clinics. There were 1,825 births at the hospital in 2003 and this number is expected to increase in 2004. There were 29,073 patients treated in the Accident and Emergency Department last year.

1.3A.3 The Year Ahead

1.3A.3.1 Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

Capital Development

The development control plan for the phase 2B Capital Development Project was finalised in 2003. The Board is seeking approval from the Department of Health and Children to proceed to the detailed planning stage of the project. The development when completed will increase the hospital's bed complement to 311 and will provide for the following new or enhanced facilities.

- Medical Assessment Unit
- Operating Theatre
- Intensive Care Unit
- Coronary Care Unit
- Rehabilitation Unit
- Acute Psychiatric Unit
- Child and Adolescent Psychiatry Unit
- Pathology Department
- Occupational Therapy Department
- On-Call Accommodation
- Staff Changing Facilities
- Office Accommodation
- Catering Department
- Maintenance Workshop and Central Equipment Store

Special Baby Care Unit

Opening of this facility at the hospital early in 2004.

Colposcopy

Continue the development of Colposcopy services at MRHM.

1.3A.3.2 Actions to Achieve Objectives

Actions to achieve the objectives identified for Acute Services are set out on an individual Speciality basis:

Department of General Medicine

- Continue the development of Respiratory Services through the appointment of a Respiratory Technician to cope with increased test demands in this area.
- Bring the DEXA-Scanning Service fully into use and commence provision of Osteoporosis Outpatient Clinics at the hospital in 2004.
- Carry out a needs assessment for a Sleep Centre to deal with patients who have sleep disorder breathing.

Paediatric Department

- In conjunction with the Board's Health Promotion Department, pilot an evidenced based comprehensive and responsive service to meet the needs of young people in counties Westmeath and Longford.

Department of Gynaecology/Obstetrics

- Provide a Hysteroscopy and Ambulatory Gynaecology Service on an outpatient basis.
- Continue the development of Colposcopy Services.

Department of General Surgery

- Continue to maximise utilisation of day ward facilities for planned work.

Radiology Department

- Proceed with the recruitment of a fourth Radiologist on a permanent basis to fill existing vacancy.
- Proceed with 'go-live' of the Radiology information system.

Accident and Emergency Department

- Proceed with filling of three permanent Consultant Posts.

WAITING LISTS:

Acute Hospital Services - WAITING LISTS				
<i>Midland Regional Hospital at Mullingar</i>				
Speciality	31.12.2003		Target 31.12.2004	
	Adults > 12 months	Children > 6 months	Adults > 12 months	Children > 6 months
Cardiac Surgery	Nil	Nil	Nil	Nil
ENT	Nil	Nil	Nil	Nil
General Surgery	Nil	Nil	Nil	Nil
Gynaecology	18	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil
Orthopaedics	Nil	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil
Urology	Nil	Nil	Nil	Nil
Vascular Surgery	Nil	Nil	Nil	Nil
TOTALS	18	Nil	Nil	Nil

Core Activity Projections 2004

M.R.H.M

In-Patient

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	4,585	4,473	4,500
General Surgery	2,930	3,058	2,950
Obstetrics	2,908	2,953	2,920
Gynaecology	699	764	720
Paediatrics	1,543	2,109	1,800
Total	12,665	13,357	12,890

Day Case

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	1,343	1,348	1,340
General Surgery	2,154	2,309	2,160
Obstetrics	880	1,056	1,000
Gynaecology	542	467	500
Oncology	-	10	50
Paediatrics	5	1	5
Anaesthetics	-	131	100
Total	4,924	5,322	5,155

Overall Total	17,589	18,679	18,045
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In 2003 6.2% more patients were treated than planned by the Board. During 2004, Service Plan activity targets must be adhered to as the Board is only funded to deliver this level of service.

The nature of the overall workload is such that it is difficult to predict accurately activity each week of the year in the three acute sites. The first priority must be to treat all emergency admissions, which account for a significant percentage of total admissions.

Activity will be strictly monitored on an on-going basis during 2004. Because of the unpredictability of emergency admissions it will be extremely difficult to control activity and it may be necessary to curtail the level of elective admissions in the light of emerging trends (i.e. if service plan targets are exceeded).

Midland Regional Hospital at Mullingar - Finance

	Budget 2003	Out-turn 2003¹	% Variance	Budget 2004
	€m	€m	%	€m
Pay	29.304	31.041	(5.93)	31.902
Non Pay	10.325	11.564	(12.00)	10.931
Gross	39.629	42.605	(7.51)	42.833
Income	(4.248)	(4.338)	2.12	(4.684)
Net Expenditure	35.381	38.267	(8.16)	38.149

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

HOSPITAL - STAFFING (WTE NUMBERS)

The approved staffing complement for 2003 was 606.87. The approved staffing complement for 2004 is 604.87

Midland Regional Hospital at Mullingar	Target 2003	Out-turn 2003¹	% Variance	Target 2004
General Support Staff	25.21	29.00	(15.03)	29.21
Health & Social Care Professionals	75.47	80.88	(7.17)	80.47
Medical/Dental	80.00	75.98	5.03	81.00
Management / Administration	87.50	87.35	0.17	85.50
Nursing	217.44	238.75	(9.80)	227.44
Other Patient & Client Care	121.25	89.93	25.83	101.25
TOTALS	606.87	601.89	0.82	604.87

MIDLAND REGIONAL HOSPITAL AT PORTLAOISE (M.R.H.P)

1.3B.1 Context

The Midland Regional Hospital at Portlaoise is part of the Board's Acute Hospital network. The aim of the hospital is to deliver a quality driven people-centred service to the population of the region.

1.3B.2 Brief Outline of Services

The Midland Regional Hospital at Portlaoise is currently a 141 Bed Acute Hospital (129 in-patient and 12 day beds). An additional 55 beds are due to be added to the bed complement with 50 beds in a new Acute Psychiatric Unit and five additional Paediatric beds bringing the total bed complement to 196. The hospital provides a range of services, on a 24-hour basis.

Services provided are:-

- Accident and Emergency
- General Medicine including Cardiology
- General Surgery including Breast Surgery and Mammography
- Obstetrics and Gynaecology
- Paediatrics
- Radiology
- Pathology
- Outpatient Services
- Orthodontic Services

The hospital treats in excess of 8,500 inpatients and 2,000 day cases annually and in excess of 20,000 people are seen at outpatient clinics. There were 1,436 births at the hospital in 2003. This number is expected to increase in 2004. There were 19,004 persons treated at the hospital's Accident and Emergency Department last year.

1.3B.3 The Year Ahead

1.3B.3.1 Actions from 2003

The following actions from 2003 were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- Appointment of a Consultant General Surgeon with an interest in Breast Surgery
- Appointment of a Consultant Radiologist with an interest in Mammography
- Appointment of a Consultant Histopathologist with an interest in Cytology
- Appointment of a permanent Consultant Paediatrician with a special interest in Community Medicine
- Appointment of a permanent third Consultant Obstetrician/Gynaecologist
- Appointment of a permanent Consultant Physician with a special interest in Cardiology.

Capital Development

Phase 1 of a major building programme is almost complete at the hospital and this development includes:-

- A new 50 bed Acute Psychiatric Unit incorporating six Psychiatry of Later Life beds
- A new 25 bed Paediatric Unit with overnight facilities for parents,
- An extensive upgrading of the Medical Ward,
- Coronary Care Unit,
- A complete upgrading and expansion of the Catering/Canteen Department,
- New waste management service compound,
- Improved car-parking arrangements for staff and visitors.

New Accident and Emergency Department:

The design of a new Accident and Emergency Department has been agreed with Project Team Members and Accident and Emergency Staff. The Board will allocate funding towards the cost of this new Department from the Sale of Lands.

The new Accident and Emergency Department will cost in the region of €3.0 M and will provide a number of improved essential services such as:

- Separate secure treatment area
- Two resuscitation rooms
- Additional treatment rooms
- Overall improved waiting areas and staff facilities.

1.3B.3.2 Actions to Achieve Objectives

The necessary actions are set out on an individual specialty basis:

Department of General Surgery

The appointment of a third Consultant Surgeon to develop the Regional Breast Care Unit as designated by the Board and to address current waiting list for breast surgery.

Prostate Cancer Services

While the importance of Breast Cancer and other forms of cancer have been highlighted in the past, the incidence of Prostate Cancer has not received the same attention. In this regard, this service will be included as part of the planned review of Cancer Services in the Board.

Department of General Medicine

Continued development of the medical facilities with the appointment of a third permanent Consultant Physician with a special interest in Cardiology.

The Board in its submission under the Cardiovascular Strategy will seek to build on the developments of the new Coronary Care Unit and Cardiology services as a result of the appointment of Consultant Physicians with an interest in Cardiology.

Department of Obstetrics and Gynaecology

Continued development of the Obstetrics and Gynaecology Department with the appointment of a third permanent Consultant Obstetrician/Gynaecologist.

Urea Breath Tests (UBT) Out of Hours

It is planned to extend the Surgical and Ophthalmic outpatient out of hours service with the introduction of UBT Tests in the evenings and or Saturdays. This will result in a reduction in the number of endoscopies required.

Document Imaging.

It is planned to introduce this service in the Out Patients Department in 2004.

Ophthalmology Department.

A feasibility study on the development of a Low Visual Aids service will be carried out.

Paediatric Department

The new Paediatric unit, which includes five additional beds, will be commissioned.

The Special Care Baby Unit is now operational and it is planned to develop this service further in the context of available resources.

Day Procedures – Dental Surgery

The Board has made arrangements involving Dental and Orthodontic services to provide a Dental and Orthodontic Service on a day care basis at MRHP. Heretofore this service was provided through an arrangement with private Practitioners. It is estimated that a total of 156 treatments will be carried out during 2004.

WAITING LISTS:

Acute Hospital Services - WAITING LISTS				
<i>Midland Regional Hospital at Portlaoise</i>				
Speciality	31.12.2003		Target 31.12.2004	
	<i>Adults > 12 months</i>	<i>Children > 6 months</i>	<i>Adults > 12 months</i>	<i>Children > 6 months</i>
Cardiac Surgery	Nil	Nil	Nil	Nil
ENT	Nil	Nil	Nil	Nil
General Surgery	Nil	Nil	Nil	Nil
Gynaecology	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil
Orthopaedics	Nil	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil
Urology	Nil	Nil	Nil	Nil
Vascular Surgery	Nil	Nil	Nil	Nil
TOTALS	Nil	Nil	Nil	Nil

Core Activity Projections 2004
MRHP

In-Patient

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	2,433	2,214	2,400
General Surgery	2,030	2,124	2,100
Obstetrics	1,892	2,097	1,900
Gynaecology	501	368	500
Paediatrics	1,657	1,782	1,700
Haematology	-	52	50
Oncology	-	39	40
Total	8,513	8,676	8,690

Day Case

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	24	146	60
General Surgery	2,052	2,019	2,100
Obstetrics	-	2	-
Gynaecology	38	174	150
Paediatrics	5	12	5
Haematology	-	143	140
Oncology	-	136	120
Anaesthetics	-	102	110
Total	2,119	2,734	2,685

<u>Overall Total</u>	<u>10,632</u>	<u>11,410</u>	<u>11,375</u>
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In 2003 7.32% more patients were treated than planned by the Board. During 2004 Service Plan activity targets must be adhered to as the Board is only funded to deliver this level of service.

The nature of the overall workload is such that it is difficult to predict accurately activity each week of the year in the three acute sites. The first priority must be to treat all emergency admissions, which account for a significant percentage of total admissions.

Activity will be strictly monitored on an on-going basis during 2004. Because of the unpredictability of emergency admissions it will be extremely difficult to control activity and it may be necessary to curtail the level of elective admissions in the light of emerging trends (i.e. if Service Plan targets are exceeded).

MIDLAND REGIONAL HOSPITAL AT PORTLAOISE - FINANCE

	Budget 2003	Out-turn 2003 ¹	% Variance	Budget 2004
	€m	€m	%	€m
Pay	22.355	24.392	(9.11)	24.455
Non Pay	7.004	7.509	(7.21)	7.576
Gross	29.359	31.901	(8.66)	32.031
Income	(3.030)	(3,091)	2.01	(3.341)
Net Expenditure	26.329	28.810	(9.42)	28.690

HOSPITAL - STAFFING (WTE NUMBERS)

The approved staffing complement for 2003 was 427.36. The approved staffing complement for 2004 is 426.36

Midland Regional Hospital at Portlaoise	Target 2003	Out-turn 2003 ¹	% Variance	Target 2004
General Support Staff	46.00	21.61	53.02	26.00
Health and Social Care Professionals	38.66	41.50	(7.35)	38.66
Medical/Dental	58.00	54.50	6.03	60.00
Management / Administration	50.64	58.06	(14.65)	49.64
Nursing	159.80	179.67	(12.43)	169.80
Other Patient and Client Care	74.26	113.53	(52.88)	82.26
TOTALS	427.36	468.87	(9.71)	426.36

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

MIDLAND REGIONAL HOSPITAL AT TULLAMORE (MRHT)

1.3C.1 Context

The Midland Regional Hospital at Tullamore is part of the Board's Acute Hospital network. The aim of the hospital is to deliver a quality driven people-centred service to the population of the region.

1.3C.2 Brief Outline of Services Currently Provided

The hospital has 227 beds (208 inpatient and 19 day beds) and provides a range of services, on a 24-hour basis.

Services provided are:-

- Accident & Emergency
- General Medicine including Gastroenterology, Respiratory Medicine, Cardiology and Geriatric medicine
- General Surgery, including Vascular Surgery
- Haematology
- Oncology
- Orthopaedics
- Ear Nose Throat
- Radiology
- Pathology
- Out-Patient Services

The hospital currently treats in excess of 8,500 inpatients and 9,000 day patients annually, while in excess of 40,000 people were seen at the hospital's outpatient clinics in 2003. There were 23,243 patients treated in the Accident and Emergency Department last year.

1.3C.3 The Year Ahead

1.3C.3.1 Actions from 2003

The following actions were not fully progressed in 2003 and will be pursued or re-evaluated in 2004.

Renal Dialysis

- Continue the development of the Renal Dialysis Service through the appointment of a Consultant Physician with Special Interest in Nephrology and support staff as well as procurement of dialysis equipment.

Waiting List Initiative

- Finalise the appointment of permanent consultants in Orthopaedics, Anaesthetics and Radiology

Oncology Services

- Complete the appointment of members of multidisciplinary team as outlined in 2003 Service Plan and the designation of a section of the medical ward for the treatment of Oncology patients.

Capital Development

Work on the construction of the new three-storey Midland Regional Hospital at Tullamore commenced in October 2002. The target completion date for the project is December 2005. The development when completed will increase the hospital's bed complement to 297 and will provide for the following new and or enhanced facilities.

- Oncology Unit
- Renal Dialysis Unit
- Outpatient Facilities
- Day Unit
- ENT Ward
- Children's Ward
- Accident and Emergency Facilities
- Radiology
- Rehabilitation Department
- Operating Department

1.3C.3.2 Actions to achieve objectives

The actions to achieve the objectives identified for acute hospital services are on an individual specialty basis;

Orthopaedic Department.

- Provide additional Consultant post to be funded through Waiting List Initiative Funding and National Treatment Purchase Funding income
- Pilot a Consumer Panel for this service during 2004.

Day Ward Services.

- Provide more flexible opening times for day services

Vascular Services.

- Fill vacant Chief 1 Vascular Technician Post

Intensive Care Unit.

- Fill approved Consultant Anaesthetist post and develop an admission policy for the unit
- Convert current temporary Consultant Anaesthetist post to permanent status in order to comply with accreditation requirements for Registrar posts.

Department of General Medicine.

- Re-commence the provision of a Medical Endoscopy Service at the hospital. In this regard, a new Consultant Physician with a special interest in endoscopy services will be taking up duty in early 2004
- Establish an Angiography Service at the hospital to provide facilities for the three Consultant Physicians with special interest in cardiology who will be appointed early in the New Year. The Board will seek additional funding for this development in its submission under the Cardiovascular Strategy.

Accident & Emergency Services.

- Proceed with the appointment of three permanent Consultant posts.

Department of Radiology.

- The Magnetic Resonance Imaging (MRI) Scanner will be operational in early 2004.

Haematology Services.

- Consolidate this relatively new specialist service in accordance with needs and available resources.

WAITING LISTS:

Acute Hospital Services - WAITING LISTS				
<i>Midland Regional Hospital at Tullamore</i>				
Speciality	31.12.2003		Target 31.12.2004	
	<i>Adults > 12 months</i>	<i>Children > 6 months</i>	<i>Adults > 12 months</i>	<i>Children > 6 months</i>
Cardiac Surgery	Nil	Nil	Nil	Nil
ENT	Nil	30	Nil	Nil
General Surgery	27	Nil	Nil	Nil
Gynaecology	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil
Orthopaedics	1	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil
Urology	Nil	Nil	Nil	Nil
Vascular Surgery	Nil	Nil	Nil	Nil
TOTALS	28	30	Nil	Nil

Core Activity Projections 2004**MRHT**

In-Patient

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	3,202	3,777	3,400
General Surgery	1,840	1,874	1,840
ENT	1,500	1,684	1,500
Orthopaedics	1,620	2,067	1,650
Haematology	100	126	110
Oncology	300	318	310
Total	8,562	9,846	8,810

Day Case

Speciality	Target 2003	Actual 2003	Target 2004
General Medicine	633	246	400
General Surgery	1,794	2,121	1,800
ENT	1,600	2,053	1,890
Orthopaedics	800	592	700
Haematology	1,520	1,559	1,550
Oncology	1,450	2,358	2,000
Renal Dialysis	1,300	-	1,300
Anaesthetics	-	223	200
Total	9,097	9,152	9,840

Overall Total	<u>17,659</u>	<u>18,998</u>	<u>18,650</u>
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In 2003 7.6% more patients were treated than planned by the Board. During 2004 Service Plan activity targets must be adhered to as the Board is only funded to deliver this level of service.

The nature of the overall workload is such that it is difficult to predict accurately activity each week of the year in the three acute sites. The first priority must be to treat all emergency admissions, which account for a significant percentage of total admissions.

Activity will be strictly monitored on an on-going basis during 2004. Because of the unpredictability of emergency admissions it will be extremely difficult to control activity and it may be necessary to curtail the level of elective admissions in the light of emerging trends (i.e. if service plan targets are exceeded).

MIDLAND REGIONAL HOSPITAL AT TULLAMORE - FINANCE

	Budget 2003	Out-turn 2003¹	% Variance	Budget 2004
	€m	€m	%	€m
Pay	34.394	36.180	(5.20)	37.356
Non Pay	15.134	15.969	(5.52)	15.789
Gross	49.528	52.149	(5.29)	53.145
Income	(4.726)	(4.743)	0.36	(5.211)
Net Expenditure	44.802	47.406	(5.81)	47.934

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

HOSPITAL - STAFFING (WTE NUMBERS)

The approved staffing complement for 2003 was 707.08. The approved staffing complement for 2004 is 705.51.

Midland Regional Hospital at Tullamore	Target 2003	Out-turn 2003¹	% Variance	Target 2004
General Support Staff	28.00	38.66	(38.07)	28.00
Health and Social Care Professionals	63.80	76.43	(19.80)	63.80
Medical/Dental	76.00	74.64	1.79	76.00
Management / Administration	82.00	83.33	(1.62)	80.43
Nursing	298.64	307.03	(2.81)	308.64
Other Patient and Client Care	158.64	144.93	8.64	148.64
TOTALS	707.08	725.02	(2.54)	705.51

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan.

1.4 Regional Services

Cardiovascular Services

- A separate allocation is to be made by the Department for the implementation of the Cardiovascular Health Strategy. In this regard, additional funding have regard to service needs consequent on the appointment of a further two Consultant Physicians with a special interest in Cardiology bringing the total number in post to three.

Cancer Services

- The Board will carry out a comprehensive review of its Cancer Services in the context of recent evaluation of Cancer Services in Ireland, and in the context of local needs and best practice requirements.

Maternity Services

- The Board will carry out a comprehensive review of its Maternity Services.

Palliative Care Services

- The Board will process the appointment of a Consultant in Palliative Care Medicine and support staff
- Carry out further consultation with relevant stakeholders in relation to the development of Palliative Care Services in accordance with the recommendation of the National Advisory Committee and the findings of Needs Assessment
- The Board will continue to work in partnership with local Hospice Homecare Foundations in developing Palliative Care Services in the region.

Casemix Analysis of Costs and Activity

- A review of Casemix including an analysis of costs and activity at the three acute sites will be carried out. This review will establish reasons why two of the Board's sites (Tullamore and Portlaoise) have incurred a negative casemix adjustment in the last two years.

Health Promoting Hospital Network

- Integrate Health Promotion at all hospital levels
- Consolidate membership of individual hospitals
- Further develop the Regional Communication System

The following initiatives will be supported during 2004:

- Regional Breast-feeding Initiative
- Regional Tobacco Initiative
- Physical Activity in Hospital Setting Initiative
- Develop further links between Health Promoting Hospitals and Health Promoting Schools in the area.
- Facilitate the Consumer Panel Initiative on a pilot basis in the Orthopaedic Department at the M.R.H.T.
- Facilitate the implementation of Standards for Children across the three sites
- Continue with the roll-out of the Breast Awareness Project across the three sites.
- Establish Working Group to examine and make recommendations on Hospital Infection issues

A&E Services

Finalise the permanent appointment of three Accident and Emergency Consultants to provide sessions as follows:

- Tullamore 16 Sessions
- Mullingar 9 Sessions
- Portlaoise 8 Sessions

Continue with the implementation of relevant protocols on a regional basis across the three hospitals.

Regional Pharmacy Services

Re-establish Drugs and Therapeutic Committees in the three sites and introduce a Regional Drugs Information Bulletin.

Ophthalmology Services

- Improve services through the appointment of a Community Ophthalmic Physician for the Longford/Westmeath area to fill existing vacancy
- Continue with introduction of a school-vision screening for Junior Infant classes across the Board's area
- Continue the standardisation of Ophthalmic services for diabetic patients across the Board
- Continue with the establishment of Ophthalmic Triage Systems across the Board's area
- Co-ordinate the Orthoptic Service across the Board's area consequent on the appointment of two additional Orthoptists over the past two years.

Orthodontic Services

Activity levels will continue in line with output for 2003 and the following actions will be progressed.

- Two Orthodontic Registrars will continue their work with the Board as part of their three year training programme
- The second Specialist Orthodontic Nurse post will be filled
- Completion of the facilities upgrade at Portlaoise early in 2004 will enable patients on the waiting list in Offaly transfer across to Portlaoise to reduce waiting times in Co. Offaly
- Completion of facilities upgrade in Mullingar in early 2004 will enable an Orthodontist to be located there on a full time basis. This will considerably reduce the waiting list for treatment in the Mullingar area
 - As the waiting list in Longford has been eliminated, there will be a facility there to treat Westmeath patients who are on a waiting list, again reducing this list considerably.

Audiology Services

- Commence regular training courses and updates for first-line screening staff such as Area Medical Officers and Public Health Nurses
- Organise early detection hearing screening programmes
- Continue with the upgrading of the Audiology Outpatient accommodation to appropriate soundproof levels at Tullamore, Portlaoise and Longford
- Continue with initiatives to reduce waiting lists for Audiology Services.

1.5 Ambulance Service

1.5.1 CONTEXT

Role and Purpose

The role of the Board's Ambulance Service is to provide a comprehensive and efficient pre-hospital emergency medical ambulance and patient transport service, in response to identified need. Services are delivered in partnership with all key stakeholders and in accordance with the principles of equity, people-centredness, quality and accountability as set out in the National Health Strategy *Quality & Fairness, A Health System for You*.

1.5.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Services provided include:

- A 24-hour emergency ambulance service
- Non-emergency patient transport services
- Command and Control Communications
- Training services
- Provision of Air Ambulance in conjunction with the Department of Defence
- Planned transport of patients between hospitals and specialist care centres
- Training in resuscitation and related emergency care.

1.5.3 THE YEAR AHEAD

1.5.3.1 AIMS AND OBJECTIVES 2004

- To introduce measures to provide the highest standards of pre- hospital emergency care and ambulance services.

1.5.3.2 Actions to achieve Objectives

- Continue development of service delivery in line with LRC adjudication of March 2003 on elimination of on-call
- Continue the implementation of the Cardiovascular Strategy
- On-going Staff Training & Development – Provision of Core Training.

Activity

Overall activity in 2003 exceeded activity levels for 2002 by over 10%. Expected demand for 2004 has been adjusted accordingly.

Comparison of 2002 and 2003 figures

Year	Emergency (AS1)	Urgent (AS2)	Routine (AS3)	Total Calls	Percentage increase
2002	6,801	5,429	9,755	21,985	6% on 2001
2003	8,014	6,593	9,748	24,355 est.	10% on 2002

Year	Activation Times % within 3 minutes	Response Times % within 20 minutes
2002	86%	80%
2003	82%	74%

Year	Mileage	Percentage increase/decrease
2002	677279	+9% on 2001
2003	652790	-3.5% (due to industrial dispute)

Activity figures for 2003 are projected based on actual activity to November, 2003.

FINANCE

	Budget 2003	Out-turn 2003	% Variance	Budget 2004
	€m	€m	%	€m
Pay	4.184	4.836	(15.58)	4.483
Non Pay	1.113	1.064	4.40	1.125
Gross	5.297	5.900	(11.38)	5.608
Income	(0.161)	(0.162)	0.62	(0.078)
TOTALS	5.136	5.738	(10.72)	5.530

The pay budget was over spent in 2003 and this was largely due to a core funding deficit arising from the implementation of two-person crewing in 2000. The Board will continue to pursue this matter with the Department of Health and Children in 2004.

AMBULANCE SERVICE - STAFFING (WTE NUMBERS)

The approved staffing complement for 2003 was 98.00. The approved staffing complement for 2004 remains at 98.00.

Ambulance Services	Target 2003	Out-turn 2003 ¹	% Variance	Target 2004
General Support Staff	15.00	14.96	0.27	15.00
Health and Social Care Professionals	-	-	-	-
Medical/Dental	-	-	-	-
Management / Administration	6.00	6.00	-	6.00
Nursing	-	-	-	-
Other Patient and Client Care	77.00	69.34	9.95	77.00
TOTALS	98.00	90.30	7.86	98.00

¹ Projected out-turn based on 2003 actual figures available at time of finalising Service Plan

1.5.3.3 KEY ISSUES FOR THE YEAR AHEAD

On-call arrangements

Funding has been allocated by the Department of Health and Children (€2.2m) in 2004 to implement the LRC adjudication on the elimination of on-call. In addition to the abolition of on-call, a number of flexibility measures will be introduced during 2004.

Baseline Funding

The Board has not received funding to meet the ongoing cost of providing two person crewing in the Longford/Westmeath area or the Labour Relations Commission decision to pay double-time for rest days worked. These costs must, therefore, be met from within the Board's own resources.

Developments in Acute Hospital Services

The planned introduction of a Magnetic Resonance Imaging (MRI) Scanner at the Midland Regional Hospital at Tullamore will increase the demand for inter-hospital transfers between the three acute sites.

Activity

There was a variance in activity over targets due to an increase in demand for all calls. Activity exceeded expected levels by 10% requiring the significant utilisation of private resources. A five-year draft Development Plan for the Ambulance Service has been prepared. This draft plan incorporates an action plan to deal with the ever-increasing activity trends, and will be the subject of further consultation and consideration during 2004.

Corporate and legal issues

- To comply with Protection of Employees fixed term work act, (2003).
- To remain within the employment control ceiling.
- To implement the Tobacco Regulations 2004 in relation to the proposed ban on smoking in the workplace.

1.5.3.4 MONITORING MECHANISMS AND EVALUATION

Monitoring

Monitoring of the Service Plan will be done on a monthly and quarterly basis.

Monthly reports will be prepared covering;

- Activity data including an analysis of activity comparing planned versus actual activity year to date and against actual activity for the same period last year
- Staffing levels detailing planned versus actual WTE numbers
- Finance data analysing budget performance for pay, non-pay and income categories.

A more detailed quarterly report will include, in addition to the monthly data, a report on progress against Service Plan objectives and actions. Operational plans will be tracked to ensure that actions identified in the plan are implemented and any issues arising can be identified and addressed at an early stage.

Quarterly returns on the national suite of Performance Indicators will be submitted and achievement against these indications will be monitored on a quarterly basis.

1.5.3.5 RESEARCH QUALITY AND VALUE FOR MONEY

Research

- The Board's Ambulance Service is currently involved in a trial to establish an appropriate dataset for the capture of patient related information in conjunction with the Pre Hospital Emergency Care Council.

Risk Management

- Preparation of comprehensive Safety Information Pack including Safety Statement, Safe Work Practice Sheets, Policies and Procedures and Site Specific Statements was completed in 2002. The Health and Safety Authority have commended and recommended the Ambulance Service model as an option for all services within the Board. This work will be developed further in 2004.
- Completion of Phase 1 of a Defensive Driver training programme aimed at improving safety, reducing accidents and associated costs. This programme is now available to the Board's staff with driving responsibilities.
- A comprehensive Manual Handling and Lifting Instructor programme has been introduced to further enhance self-sufficiency.

Quality

- Completion of the 12 Lead ECG pilot project in Offaly focused on reducing the "call to needle" time for potential victims of heart attack
- The regional rollout of this new development was completed in December 2003. This has the potential to positively influence present mortality rates among victims of myocardial infarction (heart attack)
- Expansion of Community CPR training in line with the aims of the Cardiovascular Strategy.

Value for Money

- Introduction of uniform points system to enable bulk purchasing has yielded savings and will continue in 2004.
- Greater utilisation of hired transport for non-acute patients frees up existing resources enabling fully trained EMTs to focus on emergency services.
- A programme of self-sufficiency in relation to training has commenced.

AMBULANCE SERVICE PERFORMANCE INDICATORS

The following table sets out the national suite of Performance Indicators, with achievement against each one for 2003, together with an identified target for 2004. This template is based on the agreed suite of national PI set for Pre- Hospital Care.

Performance Indicator	Regional Service	
	Achievement 2003	Target 2004
AM1 Efficiency		
Percentage of AS1 (emergency) calls for which a patient report form has been completed by ambulance personnel.	100%	100%
Percentage of AS2 (emergency) calls for which a patient report form has been completed by ambulance personnel.	100%	100%
AM2 Health Improvement		
Percentage of ambulances (Emergency Response Vehicle) with a defibrillator monitor.	100%	100%
AM3 Equity		
Percentage of ambulance personnel who have completed approved standard of training as per Pre Hospital Emergency Care Council (P.H.E.C.C.)	96%	100%

ACUTE SERVICES REGIONAL ACTIVITY, STAFFING AND FINANCE SUMMARY

ACTIVITY

STAFFING (WTE NUMBERS) 2004

HOSPITAL	GENERAL SUPPORT STAFF	HEALTH AND SOCIAL CARE PROFESSIONALS	MANAGEMENT /ADMIN.	MEDICAL /DENTAL	NURSING	OTHER PATIENT AND CLIENT CARE	TOTAL
Midland Regional Hospital at Mullingar	29.21	80.47	85.50	81.00	227.44	101.25	604.87
Midland Regional Hospital at Portlaoise	26.00	38.66	49.64	60.00	169.80	82.26	426.36
Midland Regional Hospital at Tullamore	28.00	63.80	80.43	76.00	308.64	148.64	705.51
TOTALS	83.21	182.93	215.57	217.00	705.88	332.15	1,736.74

(Details of performance against 2003 targets are included in the relevant hospital section)

FINANCE ALLOCATIONS 2004

HOSPITAL	PAY	NON PAY	GROSS	INCOME	CASEMIX + / -	NET ALLOCATION 2004
	€m	€m	€m	€m	€m	€m
Midland Regional Hospital at Mullingar	31.902	10.931	42.833	(4.684)	0.717	38.149
Midland Regional Hospital at Portlaoise	24.455	7.576	32.031	(3.341)	(0.118)	28.690
Midland Regional Hospital at Tullamore	37.356	15.789	53.145	(5.211)	(0.547)	47.934
TOTALS	93.713	34.296	128.009	(13.236)	0.052	114.773

(Details of performance against 2003 targets are included in the relevant hospital section)

PRIMARY CARE SERVICES PERFORMANCE INDICATORS

The following table sets out the national suite of Performance Indicators, with achievement against each one for 2003, together with an identified target for 2004. This example is based on the national PI set for Primary Care Services agreed for 2003.

Effectiveness

PC1 Number of GMS GP Practices in your health board region (excluding subsidiary contract holders);	Achievement 2003	Target 2004
Providing services as single-handed practices	80%	75%
Providing services as recognised GP Partnerships	36%	40%
Operating formal out-of-hours rotas	97%	100%
Employing a Practice Manager	8%	10%
Employing a Practice Nurse	69%	75%
Employing a Practice Secretary	93%	95%
Employing a Practice Manager, Practice Nurse and Practice Secretary	25%	30%
With female Doctors working full-time	23%	30%

Efficiency

PC2	Achievement 2003	Target 2004
The number of GMS GPs involved in GP co-operatives as a percentage of all GMS GPs in the Health Board	73%	80%
The GMS population covered by GP co-operatives as a percentage of the total GMS population in the Health Board	57%	65%

Health Improvement

PC3	Achievement 2003	Target 2004
Percentage of GMS GPs holding Primary Immunisation Contracts (excluding subsidiary contract holders)	93%	95%
Percentage of known Private GPs holding Primary Immunisation Contracts (excluding subsidiary contractors)	0%	5%

Efficiency

PC4	Achievement 2003	Target 2004
Percentage of GMS GP practices with a computer	83%	85%
Percentage of GMS GPs who have undertaken the ICGP IT Training Course	44%	50%
The percentage of GMS GP practices with Information/Communication Technology links to hospitals	0%	5%
The percentage of GMS GP practices that transmit and receive information via e-mail from Health Boards	15%	20%
The percentage of GMS GP practices using certified software packages as recommended by the National General Practice Information Technology Group	70%	80%
The percentage of GMS GPs using patient software during patient consultation	25%	35%

Equity

PC5	Achievement 2003	Target 2004
Percentage of Dispensing Doctors in the Health Board Region	11%	11%

Efficiency

PC6	Achievement 2003	Target 2004
Percentage of Pharmacies making pharmacy claims electronically through the GMS	69%	75%

Equity / Access

PC6	Achievement 2003	Target 2004
The Number of Primary Care Teams in place in the Health Board	1	1
The percentage of Primary Care Teams where an enrolment process has been initiated	0%	100%
The percentage of Primary Care Teams where protocols and procedures for Team Building are in place	100%	100%
The percentage of Primary Care Teams with formal arrangements for Multi-disciplinary Team Working in place	0%	100%
The percentage of Primary Care Teams with internal referral pathways in place	100%	100%
The percentage of Primary Care Teams with external referral pathways in place	0%	100%
The percentage of Primary Care Teams with a Team Management process in place	100%	100%
The percentage of Primary Care Teams employing the Key Worker Concept	0%	100%
The percentage of Primary Care Teams adopting Self Referral Procedure	100%	100%

Community Involvement / Needs Assessment

PC8	Achievement 2003	Target 2004
Is there a mechanism in place for community involvement within the Primary Care Team - Yes/No	Yes	Yes
The percentage of Primary Care Teams who have undertaken a local needs assessment	0%	100%

Efficiency / Effectiveness

PC9	Achievement 2003	Target 2004
The percentage of Primary Care Teams who have Primary Care Networks established	0%	100%

Equity / Access

PC12	Achievement 2003	Target 2004
The number of dentists holding Dental Treatment Services Scheme contracts within the Health Board / Area Board	74	74

ACUTE SERVICES PERFORMANCE INDICATORS

The following table sets out the national suite of Performance Indicators, with achievement against each one for 2003, together with an identified target for 2004. This example is based on the National P.I.s set for Acute Services agreed for 2003.

Performance Indicator	Midland Regional Hospital at Tullamore		Midland Regional Hospital at Mullingar		Midland Regional Hospital at Portlaoise	
	Achievement 2003	Target 2004	Achievement 2003	Target 2004	Achievement 2003	Target 2004
AS1 WAITINGLISTS						
No Adults waiting 3 – 6 months						
Cardiac Surgery	Nil	N/A	Nil	N/A	N/A	N/a
ENT	62	20	Nil	N/A	N/A	A/A
General Surgery	50	30	Nil	N/A	71	40
Ophthalmology	Nil	N/A	Nil	N/A	N/A	N/A
Orthopaedics	50	50	Nil	N/A	N/A	N/A
Plastic Surgery	Nil	N/A	Nil	N/A	N/A	N/A
Urology	Nil	N/A	Nil	Nil	25	Nil
Gynae	Nil	N/A	58	25	N/A	N/a
Vascular Surgery	9	Nil	Nil	Nil	4	Nil
Total	171	100	58	25	100	40
No Adults waiting 6 -12 months						
Cardiac Surgery	Nil	Nil	N/A	N/A	Nil	Nil
ENT	20	Nil	N/A	N/A	Nil	Nil
General Surgery	50	25	Nil	N/A	25	Nil
Ophthalmology	Nil	N/A	N/A	N/A	Nil	Nil
Orthopaedics	27	15	N/A	N/A	Nil	Nil
Plastic Surgery	Nil	N/A	N/A	N/A	Nil	Nil
Urology	Nil	N/A	Nil	Nil	Nil	Nil
Vascular Surgery	13	Nil	Nil	Nil	Nil	Nil
Total	110	40	Nil	Nil	25	Nil

Performance Indicator	Midland regional at Tullamore		Midland Regional Hospital at Mullingar		Midland Regional Hospital at Portlaoise	
	Achievement 2003	Target 2004	Achievement 2003	Target 2004	Achievement 2003	Target 2004
No Adults waiting > 12 months						
Cardiac Surgery	N/A	Nil	N/A	N/A	Nil	Nil
ENT	Nil	Nil	Nil	Nil	Nil	Nil
General Surgery	27	Nil	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil	Nil	Nil
Orthopaedics	1	Nil	Nil	Nil	Nil	Nil
Plastic Surgery	N/A	N/A	Nil	Nil	Nil	Nil
Gynae	N/A	Nil	18	Nil	Nil	Nil
Vascular Surgery	Nil	Nil	Nil	Nil	Nil	Nil
Total	28	Nil	18	Nil	Nil	Nil
No Children waiting 3 – 6 months						
Cardiac Surgery	Nil	Nil	Nil	Nil	Nil	Nil
ENT	52	Nil	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil	Nil	Nil
Other	Nil	Nil	Nil	Nil	2	Nil
Total	52	Nil	Nil	Nil	2	Nil
No Children waiting 6 – 12 months						
Cardiac Surgery	Nil	Nil	Nil	Nil	Nil	Nil
ENT	30	Nil	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil	Nil	Nil
Other	Nil	Nil	Nil	Nil	Nil	Nil
Total	30	Nil	Nil	Nil	Nil	Nil

Performance Indicator	Midland regional at Tullamore		Midland Regional Hospital at Mullingar		Midland Regional Hospital at Portlaoise	
	Achievement 2003	Target 2004	Achievement 2003	Target 2004	Achievement 2003	Target 2004
No Children waiting > 12 months						
Cardiac Surgery	Nil	Nil	Nil	Nil	Nil	Nil
ENT	Nil	Nil	Nil	Nil	Nil	Nil
Ophthalmology	Nil	Nil	Nil	Nil	Nil	Nil
Plastic Surgery	Nil	Nil	Nil	Nil	Nil	Nil
Other	Nil	Nil	Nil	Nil	Nil	Nil
Total	Nil	Nil	nil	nil	Nil	Nil
AS2						
a) % of new patients SEEN in Out-Patient Department over the quarter within 13 weeks of referral by General Practitioner						
b) % of new patients SEEN in Out-Patient Department over the quarter within 26 weeks of referral by General Practitioner						
Cardiology (a)	-0%	-%	-%	%	-%	%
Cardiology (b)	-0%	-%	-%	%	-%	%
E.N.T. (a)	37%	50%	63%	78%	5%	20%
E.N.T. (b)	62%	73%	70%	80%	20%	40%
Endocrinology (a)	0-%	-%	-%	%	-%	-%
Endocrinology (b)	0-%	-%	-%	%	-%	-%
General Medicine (a)	80%	85%	94%	95%	10%	30%
General Medicine (b)	10%	30%	100%	100%	80%	85%
General Surgery (a)	100%	100%	93%	95%	20%	40%
General Surgery (b)	100%	100%	100%	100%	70%	78%
Gynaecology (a)	100%	100%	87%	91%	50%	64%
Gynaecology (b)	100%	100%	100%	100%	100%	100%
Oncology (a)	100%	100%	100%	100%	100%	100%
Oncology (b)	100%	100%	100%	100%	100%	100%
Ophthalmology (a)	45%	60%	33%	52%	10%	39%
Ophthalmology (b)	55%	64%	59%	69%	30%	50%
Orthopaedics (a)	75%	80%	35%	50%	30%	53%
Orthopaedics (b)	24%	45%	57%	70%	90%	93%
Paediatrics (a)	100%	100%	100%	100%	90%	92%
Paediatrics (b)	100%	100%	100%	100%	100%	100%
Respiratory Medicine (a)	-%	-%	-%	-%	-%	-%
Respiratory Medicine (b)	-%	-%	-%	-%	-%	-%
Rheumatology (a)	27%	40%	-%	-%	-%	-%
Rheumatology (b)	72%	80%	-%	-%	-%	-%
AS3						
Percentage of Out-Patient clinics where patients are given an individual appointment slot (O&F Action 85)						
a) Total number of clinics in the hospital	1696		1168		1602	
b) Number of OPD Clinics offering individual appointment times	1696	100%	1016	100%	1602	100%

Performance Indicator	Midland regional at Tullamore		Midland Regional Hospital at Mullingar		Midland Regional Hospital at Portlaoise	
	Achievement 2003	Target 2004	Achievement 2003	Target 2004	Achievement 2003	Target 2004
AS4 Percentage of patients seen in Out-Patient Department within 60 minutes of appointment time.						
Cardiology	-	-%	-%	%	-%	-%
E.N.T.	100%	100%	-%	%	%	%
Endocrinology	-%	-%	-%	%	-%	-%
General Medicine	%	-%	77%	85%	-%	-%
General Surgery	-%	-%	82%	89%	-%	-%
Gynaecology	-%	-%	94%	96%	92%	96%
Oncology	-%	-%	100%	100%	-%	-%
Ophthalmology	-%	-%	-%	-%	-%	-%
Orthopaedics	-%	-%	-%	-%	%	-%
Paediatrics	-%	-%	96%	98%	-%	-%
Respiratory Medicine	-%	-%	-%	-%	-%	-%
Rheumatology	-%	-%	-%	-%	-%	-%
AS5 % of patients, by speciality, who have been seen by a Consultant at their first outpatient department clinic appointment						
Cardiology	-%	%	-%	%	-%	-%
E.N.T.	50%	70%	Nil%	-%	%	%
Endocrinology	-%	-%	-%	%	-%	%
General Medicine	100%	100%	100%	100%	100%	100%
General Surgery	100%	100%	100%	100%	100%	100%
Gynaecology	93%	100%	100%	100%	100%	100%
Oncology	100%	100%	100%	100%	-%	-%
Ophthalmology	100%	100%	100%	100%	100%	100%
Orthopaedics	100%	100%	100%	100%	100%	100%
Paediatrics	100%	100%	100%	100%	100%	100%
Respiratory Medicine	-%	-%	100%	100%	-%	-%
Rheumatology	100%	100%	-%	-%	-%	-%
AS6 a) % of patients SEEN in outpatients department who are new attendees b) % of patients SEEN in outpatients department who are return attendees	29.4% 69.5%	30% 70%	24% 76%	24% 76%	20% 80%	20% 80%
AS7 a) % of new patients booked for OPD who did not attend - DNA b) % of return patients booked for OPD who did not attend - DNA	N/A N/A	N/A N/A	12% 20%	10% 15%	19% 22%	15% 18%

Performance Indicator	Midland regional @Tullamore		Midland Regional Hospital @ Mullingar		Midland Regional Hospital @Portlaoise	
	Achievement 2003	Target 2004	Achievement 2003	Target 2004	Achievement 2003	Target 2004
AS8 a) Number of bed days lost and number of patients in the quarter as a result of patients under 65 years of age, assessed as clinically fit for discharge 12 or more hours ago, whose discharge was delayed. b) Number of bed days lost and the number of patients in the quarter as a result of patients over 65 years of age, assessed as clinically fit for discharge 12 or more hours ago, whose discharge was delayed.	Nil 3 patients 40 bed days	Nil 2 Patients 20 bed days	1 patients 31bed days 15 patients 246 bed days	1 patient 15 bed days 7 patients 120 bed days	11 patients 214 bed days 62 patients 502 bed days	6 patients 109 bed days 30 patients 259 bed days
AS9(a) Average Length of Stay (ALOS) by speciality						
Cardiology	Nil days	# days	Nil days	Nil days	Nil days	Nil days
E.N.T.	2.8 days	2.5 days	Nil days	Nil days	Nil days	Nil days
Endocrinology	Nil days	N/A days	Nil days	Nil days	Nil days	Nil days
General Medicine	7.5 days	7.0 days	6.5days	6.25 days	5.85 days	5.60 days
General Surgery	4.4 days	4.0 days	4.09days	4.00days	4.24 days	4.0 days
Gynaecology	- days	N/A days	3.53days	3.26days	3.09 days	2.97 days
Oncology	6.3 days	6.3 days	Nil days	Nil days	3.03 days	3.0days
Ophthalmology	- days	- days	Nil days	Nil days	Nil days	Nil days
Orthopaedics	6.6 days	6.6 days	Nil days	Nil days	Nil days	Nil days
Paediatrics	- days	- days	2.64days	2.23 days	3.85 days	3.51 days
Respiratory Medicine	- days	- days	Nil days	Nil days	Nil days	Nil days
Rheumatology	- days	- days	Nil days	Nil days	Nil days	Nil days
AS10						
Is a formal Triage system in use in Accident & Emergency 24 hours a day?	Yes		Yes		No	Implement triage in A&E
AS11						
Number of times in the last year the Hospital Transfusion Committee has convened	1	2	1	2	1	2
AS12						
a) Number of patients currently in receipt of Orthodontic Treatment.	6764	*7224	N/A	N/A	N/A	N/A
b) Number of patients who have completed Orthodontic Treatment.	581	*600	N/A	N/A	N/a	N/A

* Estimated based on 2003 activity figures available at time of finalising Service Plan.

AMBULANCE SERVICE PERFORMANCE INDICATORS

The following table sets out the national suite of Performance Indicators, with achievement against each one for 2003, together with an identified target for 2004. This template is based on the agreed suite of national P.I.s set for Pre- Hospital Care.

Performance Indicator	Regional Service	
	Achievement 2003	Target 2004
AM1 Efficiency		
Percentage of AS1 (emergency) calls for which a patient report form has been completed by ambulance personnel.	100%	100%
Percentage of AS2 (emergency) calls for which a patient report form has been completed by ambulance personnel.	100%	100%
AM2 Health Improvement		
Percentage of ambulances (Emergency Response Vehicle) with a defibrillator monitor.	100%	100%
AM3 Equity		
Percentage of ambulance personnel who have completed approved standard of training as per Pre Hospital Emergency Care Council (P.H.E.C.C.)	96%	100%

2. Mental Health Services

2.1 CONTEXT ROLE AND PURPOSE

The purpose of Mental Health Services is to provide a range of comprehensive, locally based and accessible mental health services in the Board's area. Services are provided across a wide range of disciplines, working in multidisciplinary teams and with statutory, non statutory and voluntary agencies, clients, families and carers.

Adult Mental Health Service

The role and purpose of the Adult Mental Health Service is to secure and maximise health and social gain for people with mental illness, their carers and families.

Child and Adolescent Mental Health Service

The purpose of the Child and Adolescent Mental Health Service is to provide secondary care level assessment, diagnostic and treatment services to children aged 0-16 years with psychiatric disorders.

Regional Community Alcohol and Drug Service

The role of the Regional Community Alcohol and Drug Service is to provide effective and accessible quality services to persons with substance misuse problems.

Suicide Prevention Service

The Suicide Prevention Service seeks to contribute to the reduction of the number of deaths by suicide and a reduction in the incidence of suicidal behaviour.

Substance Misuse and Prevention Service

The role of the Substance Misuse and Prevention Service is to provide a comprehensive range of services to reduce the incidence of substance misuse.

Mental Health Promotion

The Health Promotion Service works with individuals and communities to promote their wellbeing by informing, supporting, and enabling people to live a healthy life. This work is carried out in a caring, committed and respectful way.

National and Regional Policy Framework

- Mental Health Acts (1945), and (2001)
- Services for People with Autism, Department of Health and Children (1994).
- Planning for the Future, (1984)
- Report of the National Task Force Report on Suicide (1997)
- Guidelines on Good Practice and Quality Assurance in Mental Health Services (Department of Health & Children; 1998)
- Prevention of Homelessness in persons leaving Institutional Care (2001)
- World Mental Health Report 2001: Mental Health, New Understanding, New Hope.
- National Alcohol Policy (1996)
- National Drugs Strategy (2001-2008)
- Tobacco (Control) Act 2003:
- Reports of the Working Group on Child and Adolescent Mental Health Services (Department of Health & Children: 2001)

Interagency and Local Policy

- Mental Health Initiative (Midland Health Board; 1997)
- Substance Misuse Education and Prevention Policy (Midland Health Board 1999)
- Review of Drug and Alcohol Services (Midland Health Board 1998)
- Review of Substance Misuse Services (Midland Health Board 2001)
- Review of Child Psychiatric Services (Midland Health Board 2002 unpublished)
- County Development Board strategies
- County Homeless Fora
- National Health Promoting Hospitals Network Hospital Standards
- Reports of visits of The Inspector of Mental Hospitals
- Recommendations made by Regional Suicide Prevention Steering Group

NEEDS ANALYSIS:*Adult Mental Health Service*

The population of the Board's area aged 16 and over had grown to 167,750 by 2002 (C.S.O). Approximately 10% of the population with mental health problems will present to Mental Health Services for assessment and/or treatment. The remainder seek services from GPs and community care services.

In developing the Board's adult Mental Health Strategy (2003-2008), an extensive consultation process was conducted with service users and all relevant stakeholders. The following key needs were identified:

- Development of a broader range of accessible community based general, alternative and specialist services
- Improved physical facilities
- Care co-ordination/key working system with a focus on recovery through service user involvement and empowerment in contributing to care plans and discharge planning
- Redefining and refocusing the role of day centres and day hospitals

- Greater integration and communication with other service providers
- Equity in service provision
- Enhanced out of hours services, crisis intervention, respite care and liaison services to acute hospital departments and A&E units
- Professional development of staff.

Child and Adolescent Mental Health Service

The Board's population is 225,363 (C.S.O 2002) representing an increase of almost 10% on the 1996 Census.

There are now 57,613 children in the 0 – 15 year age group and a further 7,827 children in the 16 – 17 year old age category in the Board's area.

Estimated epidemiology of Child Mental Health Disorder in Midland Health Board Child Populations aged 0-15 years and 16-17 years in 1996 and 2002.

Population	Longford/Westmeath				Laois/Offaly			
	0 – 15 Years		16 -17 years		0 – 15 Years		16 – 17 years	
	1996	2002	1996	2002	1996	2002	1996	2002
Total	25289	25172	4054	3511	30740	32441	4728	4316
Overall Prevalence @ 20%	5057	5034	810	702	6148	6488	945	862
Moderate to Severe @ 10%	2529	2517	405	31	3074	3244	472	431
Severe Disability @ 2%	505	503	81	70	614	648	94	86

Prevalence rates for psychiatric disorder – Irish Division of Royal College of Psychiatry (1997); - indicate that 20% of the general population under 16 years of age should be anticipated to present with a mental health disorder. Ten per cent should present with a moderate disabling condition, while two per cent will present with a severe disabling problem.

Based on these statistics it can be expected that an increase will occur in the overall number of children presenting with a mental illness/problem. An estimated 1,307 children are likely to present to Board services with severe/ disabling conditions over the coming year.

Regional Community Alcohol and Drug Services

The data provided in the following tables supports the need for a range of services and facilities to respond to:

- Increase in number of clients attending with drug related problems over period 2001 – 2002, the highest rate of attendance being in Athlone
- Eight clients in 2002 (two clients in 2001) from Mullingar and Longford attended the methadone (opiate) treatment service in Portlaoise due to the unavailability of treatment places in Athlone treatment centre to cater for demand in the Longford / Westmeath area
- Increase in numbers treated for heroin/opiate use/dependency
- Increase in the number of clients who presented and who were injecting drugs
- Young people first using drugs when aged 17 years and under - 85.5% in 2001 and 82.1% in 2002
- 22.9% of attendees between 18-24 years of age first injected in 2001 and 17.4% in 2002
- Persons abusing amphetamines not accessing services
- Multiple (poly-drug) drug use amongst attendees.

Drug use in Longford/Westmeath 2001-2002

	2001	2002
Athlone / Moate	64.36% (n=56)	65.7% (n=46)
Mullingar	21.83% (n=19)	10% (n=7)
Longford	13.8% (n=12)	24.3% (n=17)
Total	87	70
Never treated before	51.3% (n=41)	36.1% (n=26)
Male	77.2% (n=61)	78.7% (n=59)
Under 18s	12.5% (n=10)	10.7% (n=8)
Unemployed	47.5% (n=38)	55.4% (n=41)
Main drug of use		
Heroin /opiates	51.3% (n=41)	49.4% (n=39)
Cannabis	35% (n=28)	36.4% (n= 28)
Ecstasy	10% (n=8)	13% (n=10)
Injecting	21.3% (n=17)	24.7% (n=19)
Nos. Who have Injected	40.3% (n=31)	35.1% (n=27)

Source: National Drug Treatment Reporting System, Health Research Board

Drug use in Laois/Offaly 2001-2002

	2001	2002
Portlaoise	34.9% (n=15)	10.7% (n=9)
Tullamore	16.3% (n=7)	21.4% (n=18)
Birr	18.6% (n=8)	16.7% (n=14)
Methadone Service	30.2% (n=13)	51.2% (n=43)
Total	43	84
Never treated before	54.8% (n=23)	41.9% (n=26)
Male	86% (n=37)	78.4% (n=58)
Under 18's	9.3% (n=4)	2.7% (n=2)
Unemployed	53.8% (n=21)	54.8% (n=34)
Main drug of use		
Heroin /opiates	44.2% (n=19)	60.8% (n=45)
Cannabis	41.9% (n=18)	28.4% (n= 21)
Ecstasy	7% (n=3)	1.4% (n=1)
Injecting	16.3% (n=7)	24.97% (n=22)
No. Who have Injected	18.6% (n=8)	43.8% (n=28)

Source: National Drug Treatment Reporting System, Health Research Board

Data further indicates the need for a comprehensive opiate treatment service and development of education and treatment in relation to Hepatitis C and HIV.

- Heroin users attending opiate treatment clinics in 2002 (76.7% of all attendees) were injecting, of these, 78.3% shared injecting equipment
- Average age of first injecting 20.9 years
- Average age of current injectors 26.7 years - an average duration of injecting just less than six years.
- Primary drug of use was Heroin followed by Cannabis, Ecstasy, Alcohol, DF118, Benzodiazepines, Cocaine and LSD.

Activity of injection practices of clients attending Opiate Services 2002

	Athlone		Portlaoise	
	No. of Clients	%	No. of Clients	%
No. of clients using heroin	30	56.6	N/A	N/A
No. of clients using heroin (injecting)	23	76.7	N/A	N/A
No. of clients who had shared equipment at some stage	18	78.3	N/A	N/A

Admissions for drug related disorders to psychiatric hospitals in the region support the Board's need to secure additional funding to further develop community based services.

Admission for Drug related disorders to St. Fintan's and St. Loman's Hospitals

Year	1997	1998	1999	2000	2001	2002	Jan-Sept 30th 2003
St. Loman's Mullingar	1.7% n=12	4.8% n=36	4.8% n=39	5.1% n=41	5.45% n=46	6.41% n=51	4.69% n=23
St. Fintan's, Portlaoise	1.6% n=10	1.4% n=9	4.1% n=26	4.4% n=32	3.38% n=26	4.21% n=29	4.64% n=24
National Average	2.8%	3.5%	3.1%	3.3%	3.9%	N/A	N/A

Note: N/A = not yet available from Health Research Board

Alcohol Use

Admissions to St. Loman's Hospital for alcohol related disorders have been consistently higher than the national average and have again increased recently in sharp contrast to the falling national rate. This emphasises the need for the development of community based alcohol treatment programmes.

Percentage of Admissions to St. Loman's and St Fintan's Hospitals for Alcohol Related Disorders

Year	1998	1999	2000	2001	2002	Jan-Sept 30th 2003
Percentage/No. St. Loman's Hospital	29.3% n=222	26% n=211	26.1% n =210	24.05% n = 203	28.3% n=225	25.5% n=125
Percentage/No. St. Fintan's Hospital	28.3% n=177	27.6% n=174	30.9% n =225	27.99% n = 215	24.12% n = 166	27.47% n=142
National Average	19.8%	18.8%	18.4%	19%	N/A	N/A

An external review of the existing services (2001) made the following recommendations for the proposed developments of the service within National Guidelines:

- Combined community based substance misuse service delivered through a multidisciplinary team
- On-site dispensing of methadone and needle exchange facilities
- Provision of suitable premises
- Development of day hospital services, residential and day rehabilitative programmes.

Suicide Prevention Service

National and local statistics for suicide are provided by the CSO (one year in arrears). During 2002, there were 30 deaths in the Board's area by suicide and 182 episodes of attendance at A&E departments following suicide and self-harm attempts (para-suicide). Local consultation over the past three years with the communities and persons bereaved through suicides indicate that the needs to be met by services are:

- creation of an awareness of warning signs
- detection and appropriate health and social/community responses to suicidal behaviours and suicide.

The Board continues to structure its programmes around suicide prevention towards meeting these needs.

Substance Misuse prevention and education

Needs are identified in consultation with the Regional Drugs Task Force and all relevant stakeholders.

Mental Health Promotion

Research carried out into stigma and attitudes associated with mental illness during 2003 will be published in 2004.

2.2 Brief Outline of Services Currently Provided

In order to maintain existing services during 2004 and to proceed with commissioning and commencement of services at the new acute in-patient unit at the Midland Regional Hospital at Portlaoise (MRHP), the Board must reorient services within existing budgets.

The need to remain within employment ceiling will impact on activity levels in 2004.

There are shortfalls in full year funding to support approved developments over the period 1999-2003 in the following services:

- substance misuse counselling service clerical supports
- opiate treatment services – GP services, and methadone maintenance programme
- Psychiatry for Later Life new in-patient unit at the MRHP
- Freedom of Information (FOI) and records management clerical supports
- Mental Health Act implementation
- Suicide researcher (INSURE project)

The 2004 service plan is oriented, within employment ceilings and available budgets toward and to take account of the following;

- re-prioritization of core service delivery
- re-orientation of funding toward the opening of the new Psychiatry for Later Life in-patient unit at the MRHP
- maintaining services developed over the period 1999-2003 for substance misusers
- implementation of the Mental Health Act
- maintaining services under FOI and records management
- funding increased costs of modern medications
- funding increased costs of patient transport
- funding essential maintenance programmes for community health care and residential facilities.

Adult Mental Health Service

Adult Mental Health Services range from the prevention of problems and illness to the promotion of positive mental health, assessment, treatment and rehabilitation for people with mental health problems or illness, and support for families.

Six multi-disciplinary community mental health teams and two Psychiatry for Later Life teams, led by consultants, deliver a range of assessment, treatment and rehabilitation interventions. Services are provided in out-patient clinics, day centres, day hospitals, the home and in community residences which are supported by acute and long-stay inpatient mental health facilities at St Fintan's and St Loman's Hospitals.

Child and Adolescent Mental Health Service

The Child and Adolescent Mental Health Services are provided on a geographical out-patient basis by two consultant-led multidisciplinary teams.

Core services include the provision of a comprehensive assessment and treatment package for children presenting to the service with a mental health disorder. Services for children with a moderate/severe and profound intellectual disability and Autism are provided within the Disabilities Care Group.

Regional Community Alcohol and Drug Service

The range of services provided includes:

- Assessment and counselling for people with alcohol and drug related problems
- Educational information on addiction
- Referral to other appropriate agencies for treatment and rehabilitation
- Court reports and liaison with the Probation and Welfare services
- Liaison with community agencies
- Opiate treatment service, including assessment and treatment; urinalysis, blood testing for HIV and Hepatitis screening with pre and post test counselling and general medical care and support
- Mental health assessment and treatment (specialist service only provided in Longford /Westmeath)
- Assessment and counselling service to inpatients with dual diagnosis of substance misuse and mental health disorder and appropriate follow up
- Involvement in educational and health promotion initiatives

Suicide Prevention Service

A Regional Steering Group plans, reviews progress, and oversees the implementation of the recommendations of the 'National Task Force' report in association with statutory, non statutory and voluntary agencies.

Services provided include:

- co-ordination of the Board's response to suicide
- provision of information and literature relating to suicide and suicidal behaviour
- research into suicidal behaviours (INSURE project)
- suicide awareness training for the Board's staff, schools and community groups
- contact point (telephone), co-ordination and development of the Midland Suicide Bereavement Support Service
- development of assessment and follow up services in acute hospitals
- liaison with statutory and non-statutory voluntary organisations
- data collection for the para-suicide registry in association with the National Suicide Research Foundation.

Substance Misuse Prevention

This service operates on a partnership basis using a community development approach. Programmes and services are provided as follows:

- services for young people in the out of school sector
- special interest groups
- services within the community

In addition, a range of partnerships operate with organisations in the community, voluntary and statutory sectors including the Regional Drugs Task Force, the Partnership for Youth Health, Athlone Institute of Technology, FÁS, Vocational Educational Committees, Local Authorities and Youth Service Providers.

Mental Health Promotion

The Board has adopted an approach in promoting positive mental health in relation to the stigma reduction project.

- Delivery of educational workshops to schools, staff service, and people who are currently experiencing mental ill health
- Promotion of positive attitudes to mental health and mental ill-health
- Research of attitudes to mental illness to provide baseline information on stigma

2.3 The Year Ahead

2.3.1 Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004:

- The Child and Adolescent Mental Health Service partnership project with GPs was deferred
- The draft 'Report of Midland Health Board Review Group on Child and Adolescent Psychiatric Services' (2002) will be reconsidered in light of the recommendations of the National Review Group on Child and Adolescent Psychiatric Services
- Commencement of acute in-patient care (general adult and Psychiatry for Later Life) has been deferred due to delays in relocating acute hospital services which temporarily occupied the unit and absence of full year funding in 2004 for Psychiatry for Later Life.
- Implementation of a clinical pathway for homeless persons admitted to acute inpatient units
- Evaluation framework – Psychiatry for Later Life community based service
- Laois/Offaly
- Evaluation of Psychotherapy, Social Work and Occupational Therapy services
- Development of a client satisfaction questionnaire
- There was no provision for first assessment of presenters to substance misuse treatment services aged under 18. The Board is not funded to provide this specialist service.

2.3.2 Aims and Objectives for 2004

- To promote mental health and well-being (Q&F, Action 5,6,8,14,21,23,)
- To improve the quality of life for the people we serve (Q&F, Action 25, 26)
- To ensure equitable access (Q&F, Action 44,45)
- To provide responsive and appropriate care delivery (Q&F Action 48-54,Primary Care Strategy)
- To implement the modernisation agenda in the context of Sustaining Progress
- To develop evidence based practice (Q&F, Action 68,70,72,73)
- To strengthen Human Resource Management capacity (Q&F, Action 104, 108)

Adult Mental Health Services

- To provide community based services in a responsive manner (Q&F, Action 74)
- To develop multidisciplinary approaches to the delivery of efficient and effective services through the local sector based community mental health teams (Q&F, Action 51)
- To enhance and further develop linkages between mental health services and other service providers in the statutory / non statutory and voluntary sector (Q&F, Action 54, Primary Care Strategy Action 10).

Child and Adolescent Psychiatry

- To undertake initiatives to improve children's mental health (Q&F, Action 14).

Regional Community Alcohol and Drugs Service

- To consolidate existing services within community settings (Q&F, Action 25, 53)
- To support individuals requiring residential rehabilitation services (Q&F Action 25, 53)
- To encourage integration and facilitate support for primary care providers (Q&F, Action 104)

Suicide Prevention

- To consolidate existing programmes to implement the recommendations of the 'Report of National Task Force on Suicide In Ireland' (Q&F, Action 25)
- To provide accessible supports for individuals, families and communities in crisis
- To support the needs of communities for information (Q&F, Action 50,51).

Substance Misuse Prevention

- To develop programmes and services in line with the objectives of the National Drugs Strategy under the prevention pillar
- To create greater societal awareness about the dangers and prevalence of drug misuse (National Drugs Strategy 35/42)
- To equip young people and other vulnerable groups with the skills and supports necessary to make informed choices about their health, personal lives and social development (National Drugs Strategy, 19)
- To provide factual information on substance misuse
- To maintain and develop links and partnerships with the community and address issues relating to substance misuse education and prevention (National Drugs Strategy 37).

2.3.3 Actions To Achieve Objectives

Better Health for Everybody

- To open the new acute in-patient unit, (incorporating the Psychiatry for Later Life unit), at MRHP, (Q&F, Action 25)
- To implement the Mental Health Act (Q&F, Action 25)
- To publish the Board's Mental Health Strategy for Adults 2003-2008 (Q&F, Action 25)
- To promote Health Promoting Hospital Network activities and standards (Q&F, Action 5)
- To establish partnerships with Voluntary Housing Associations to meet the accommodation needs of long stay hospital residents and homeless persons (Q&F, Action 53, 54)
- To deliver programmes to all relevant groups to reduce demand for and problems associated with alcohol, tobacco and substance misuse (Q&F, Action 5,6,22,)
- To support patient advocacy and voluntary services (Q&F, Action 25, 54).

Adult Mental Health Service

- To enter into partnerships with voluntary housing associations to secure social housing and provide more suitable accommodation for remaining patients at St Fintan's and St Loman's Hospitals (Q&F, Action 21).
- To increase provision of low support residential accommodation (Q&F, Action 21).

Child and Adolescent Psychiatry

- To seek resources to implement the recommendations of the Reports of the Working Group on Child and Adolescent Psychiatric Services, 2001; 2002, Department of Health and Children (Q&F, Action 14)
- To provide, as a priority, assessment services for children presenting with self-harm and para-suicide

- To provide multidisciplinary assessment to children with possible psychiatric disorder referred by GPs (Q&F, Action 14, 25)
- Take steps to address the physical infrastructural requirements (Q&F, Action 14, 47)
- To monitor the special needs of minority migrant or emigrant groups who are referred to the service (Q&F, Action 19, 20, 23).

Regional Community Alcohol and Drugs Service

- To provide representation on Local Drugs Task Force

Suicide prevention

- To implement health specific recommendations of the Task Force on Suicide (Q&F, Action, 25)
- To participate in the work of the National Suicide Review Group
- Recommendations arising from a literature review on harm reduction will
- be progressed in 2004.

Substance misuse prevention

- To promote the 'Parents Guide to Drugs' booklet which was developed in 2003 (National Drugs Strategy, Action 35)
- To promote greater awareness of the service by developing links with various media sources (National Drugs Strategy, Action 73)
- To explore and develop new approaches and methods for working with young people and vulnerable groups such as peer education and harm reduction
- To provide training and support to professionals working with at-risk groups to recognise and manage drug related issues (National Drugs Strategy, Action 39)
- To continue to work with parents to equip them with the skills to assist their children to make informed choices about their health, personal lives and social development (National Drugs Strategy, Action 42)
- To use an interagency response to issues relating to substance misuse.

Fair Access

- To publish information on services available to the public, patients, families, communities and carers (Q&F, Action 43, 44)
- To actively promote the rights of patients, carers, and families

Adult Mental Health Service

- To deliver acute in-patient care in new acute in-patient facility at MRHP within resources available (Q&F, Action 25)
- To launch the Board's Mental Health Strategy 2003-2008

Responsive and Appropriate Care Delivery

- To pilot one service user consultative forum as a first step to developing consumer panels (Q&F, Action 52)
- To develop multidisciplinary working to support active participation by individuals and families in decision making about their own health and health care (Q&F, Action 50,51)

Adult Mental Health Service

- To implement an out-patient based alcohol detoxification programme
- To pilot options for access to Community Mental Health teams
- To identify potential areas for development of out of hours services
- To continue the transfer and appropriate placement of patients into community settings
- To increase provision of respite and crisis intervention as resources permit
- To promote integrated care and multidisciplinary team working through pilot of multidisciplinary team appraisal Integrated Care One Network project (ICON) in one community mental health service setting (Q&F, Action 26, 50, 51, 104).

Child and Adolescent Mental Health Service

- To promote the development of the Integrated Care One Network (ICON) model of integrated care (Q&F, Action 50, 51, 104).

Regional Community Alcohol and Drugs service

- To pilot an outreach counselling service in primary care settings (Longford /Westmeath) (Q&F, Action 53).

Suicide Prevention

- To participate in the consultation process on the National Strategy on Suicide Prevention (Q&F Action 25, 54).
- To publish and commence implementation of the recommendations of the evaluation of the Psychiatric Consultation Liaison Nursing Service in the Midlands Regional Hospital at Tullamore (Q&F Action, 51, 63, 73)
- To support the work of statutory and non-statutory voluntary organisations (Q&F Action 54)
- To consult with the Board's staff to determine training and information needs (Q&F, Action 68).
- To provide on-going suicide awareness training to community and other groups (Q&F Action, 68)

High Performance

- To review and develop evidence based policies, procedures and guidelines for service delivery (Q&F, Action 63, 68)
- To enhance service agreement monitoring arrangements with non-statutory and voluntary agencies (Q&F, Action 72)
- To provide ongoing training to staff on quality improvement (Q&F, Action 63).

Adult Mental Health Service

- To review policies, procedures and guidelines (Q&F, Action 63)
- To develop policies and procedures specific to the functioning of acute psychiatry in an acute general hospital setting (Q&F, Action 63)
- To establish a Project Team to examine violent incidents in in-patient settings and develop risk management strategies (Q&F, Action 63)

Child and Adolescent Mental Health Service

- To review policies, procedures and guidelines for service delivery (Q&F, Action 68).

Regional Community Alcohol and Drugs Service

- To assess levels of client satisfaction with clinics (Q&F Action, 63)
- To review current policies and procedures for the management of clients needing alcohol detoxification (Laois/Offaly) (Q&F, Action 63, 68)
- To enter into service agreements with non-statutory and voluntary residential rehabilitation service providers (Q&F, Action 72).

Frameworks for Change

Primary Care

Adult Mental Health service

- To promote enhanced linkages with primary care services (Q&F, Action 74)

Child and Adolescent Mental Health Service

- To engage in a partnership forum with GP's (Q&F, Action 74).

Hospital Services

Adult Mental Health service

- To conduct a management review of structures required for the management of the in-patient service across St Fintan's and MRHP (Q&F, Action 84).

Organisational Reform

- To develop partnership groups in line with the Health Service Reform Programme under Sustaining Progress
- To conduct a team assessment of level of integration and multidisciplinary working in line with Integrated Care One Network (ICON) model of integrated care (Q&F, Action 100, 104, 117, 118).

Information

Suicide prevention

- Maintain the Board's website with information on suicide and suicidal behaviour (Q&F, Action 117).

Mental Health Services Regional Activity, Staffing and Finance Summary Activity

Child and Adolescent Mental Health Service

Planned and actual activity Jan 1 '03 – Sept 30th '03 and targets for 2004.

	Longford/Westmeath			Laois/Offaly		
	Target 2003	Actual 2003 to 30 th Sept 2003	Target 2004	Target 2003	Actual 2003 to 30 th Sept 03	Target 2004
Referrals, Assessments/Case Load						
No. of Clinics Held	330	511	500	560	403	450
New Referrals						
New Referrals received		163	N/A		154	N/A
New Referrals provided appointment		202	90		119	90
New Referrals seen	130	141	90	125	93	90
No. of DNA	N/A	29	N/A	N/A	14	N/A
No. cancelled	N/A	32	N/A	N/A	12	N/A
No. Active cases (31 st December)	110	199	110	130	140	100
Return Visits						
Return Appointments provided	1050	1051	990	1100	1166	990
Return Appointments seen		742	990		871	990
Return Appointments cancelled		181	N/A		215	N/A
Return Appointments DNA		52	N/A		80	N/A
Other Categories						
e.g. Groups, No. Family apps/Case Conferences	On demand	8	On demand	On demand	28	On demand
Admission to Hospital						
No. referred for in-patient treatment		0	Demand led		1	Demand led
No. admitted to Board Hospital		0	0		0	0
No. admitted to Extern Hospital		0	Demand led		1	Demand led
No. refusing admission		0	0		0	0
Waiting List						
< 3 months		17			21	
> 3 months < 6 months		7			17	
> 6 months < 9 months		2			14	
> 9 months < 1 year		2			16	
> 1 year		-			42	
W/L at 31 st December 2003		28			110	

**Regional Community Alcohol and Drug Services
Community Alcohol & Drug Counselling Service 2002 – end Sept 2003**

Area	Sector	Activity	2002	To Sept 30 th 03	Target 2004
Longford/ Westmeath	Mullingar	Total no. of Sessions	986	820	950
		No. New referrals	203	172	205
		No. Return appointments	466	490	500
	Longford	Total no. of Sessions	824	908	1000
		No. New referrals	174	160	180
		No. Return appointments	332	453	500
	Athlone	Total no. of Sessions	1253	800	1050
		No. New referrals	227	218	230
		No. Return appointments	790	469	600
Laois/ Offaly	Portlaoise	Total no. of Sessions	1063	450	750
		No. New referrals	109	79	100
		No. Return appointments	577	279	540
	Tullamore	Total no. of Sessions	843	1003	1200
		No. New referrals	153	161	190
		No. Return appointments	534	599	650
	Birr	Total no. of Sessions	436	344	400
		No. New referrals	101	109	110
		No. Return appointments	254	257	260

Comparisons of counselling service activity in Longford/Westmeath for the first six months of 2002 and 2003 indicate an increase in the numbers of persons seeking and in receipt of services. There has been an increase in new referrals and increased demand for counselling services in both Longford and Mullingar. A decrease in the number of referrals to counselling services in Athlone is due to the establishment of a psychiatric clinic in March 2003, which provides an assessment service and referral to appropriate services.

There has been an increase in new referrals and demand for counselling services. There is a significant increase in the number of counselling sessions provided in Tullamore. Additional resources were deployed to the Tullamore Sector to meet increased needs.

No. Inpatient assessments by the Counselling Services Laois/Offaly Jan. 2003 – June 31st 2003

	Achievement 2003	Target 2004
Total	53	100

Note: A specialist psychiatric service is not available in Laois/Offaly

No. Inpatient assessments by the Special Interest Psychiatric Services Longford/Westmeath Jan. 2003 – June 31st 2003

	Achievement 2003	Target 2004
Total.	77	154

Opiate Treatment Services 01/01/03 – 30/09/03

Opiate Treatment Service	Longford /Westmeath		Laois / Offaly	
	Achievement To Sept 30 th '03	Target 2004	Achievement To Sept 30 th 03	Target 2004
Total no. of patients seen	32	22	58	22
Total no. of new patients commencing treatment	3	2	24	0
Total no. of patients discharged	5	0	12	0
Total no. of patients waiting for assessment	0	Demand led	9	Demand led
Total no. of patients waiting for treatment	7	Demand led	8	Demand led
Total no. of patients currently in treatment	21	21	21	21

Any increases in opiate treatment activity for 2004, and discharges from the service, are contingent upon increases in funding and w.t.e. ceilings; availability of additional Level-two trained GPs; community pharmacists and GPs undertaking training and commencing Level one shared care services.

Special Interest Psychiatric Out-Patient Clinic Activity - Longford/Westmeath – Alcohol and Drug Service

	Consultant Jan–June '03	Target 2004	NCHD Jan–June '03	Target 2004
Mullingar/Longford				
Total booked	85	170	21	42
Total no. of attendances	69	138	12	24
Total no. new referrals	19	36	3	6
Total no. returns	50	100	9	18
Total no. DNAs	16	---	9	---
Attendances for Opiates	3	6	0	0
Attendances for Alcohol	67	134	14	28
Athlone				
Total booked	57	114	14	28
Total no. of attendances	38	76	6	12
Total no. new referrals	18	36	5	10
Total no. returns	20	40	1	2
Total no. DNA	19	---	7	---
Attendances for Opiates misusers	20	40	4	8
Attendances for Alcohol misusers	24	48	3	6

Note: This service is not available in Laois/Offaly.

**Adult Mental Health Services
Laois/Offaly Catchment Area - Sector Activity 1/1/03 – 30/09/03**

	Tullamore Achievements To 30/9/03	Target 2004	Birr Achievements To 30/9/03	Target 2004	Portlaoise Achievements To 30/9/03	Target 2004
Out Patient Clinics:						
No. clinics held	94	125	77	102	131	174
No. on active caseload	585	780	406	541	508	677
No. new referrals	68	Demand led	96	Demand led	187	Demand led
No. new referrals seen	75	100	84	111	130	173
No. return visits	1879	2505	925	1233	1766	2354
Total attendances	1954	2605	1009	1344	1896	2527
No. of discharges	77	102	12	16	66	102
Psychiatric Consultant Liaison Service						
No. referrals to Acute Hospital	Not available	Demand led	Not available	Demand led	47	Demand led
Psychiatric Liaison Service/Liaison Nurses						
No. referrals from Acute Hospital (sector of origin)	504	N/A	117	N/A	40	N/A

	Tullamore Achievements To 30/9/03	Target 2004	Birr Achievements To 30/9/03	Target 2004	Portlaoise Achievements To 30/9/03	Target 2004
Comm Mental Health Nurse Specialist						
No. of clinics attended	79	105	38	51	152	202
No. of domiciliary visits	1135	1513	640	853	2054	2738
Day Hospital Nurse						
No. on active caseload	30	39	23	31	19	25
No. new referrals	44	Demand led	14	Demand led	50	Demand led
No. of discharges	23	30	20	26	45	60
Total attendances	630	840	822	1095	1032	1375
Psychology Services						
No. on register (assessment and therapy)	24	35	23	33	23	33
No. new referrals	17	Demand led	36	Demand led	32	Demand led
No. on waiting list for assessment	4	6	9	13	12	17
No. on waiting list for therapy	11	16	0	0	12	9
No. of assessments	9	13	47	67	85	122
No. therapy sessions	258	372	163	234	510	735
Social Work					No social worker in post	Assuming social worker recruited
No. on caseload	20	26	13	17	0	16
No. of new referrals	38	Demand led	28	Demand led	0	Demand led
No. of new referrals seen	35	46	28	37	0	35
No. of domiciliary visits	209	Demand led	40	Demand led	0	Demand led
No. of cases closed	33	43	32	42	0	28
Occupational Therapy						
No. on caseload	60	64	27	36	50	66
No. of new referrals	47	Demand led	20	Demand led	25	Demand led
No. of new referrals seen	32	45	9	12	13	17
No. of domiciliary visits	85	Demand led	27	Demand led	78	Demand led
No. of cases closed	18	35	25	13	7	20
No. of groups	186	175	66	57	93	120
No. of attendances at groups	1307	1742	542	627	588	784
Day Centre						
No. on active caseload	90	120	58	77	18	21
No. new referrals	15	20	20	27	10	13
Total attendances	7517	10022	4098	5463	1408	2285
No. of discharges	13	17	20	26	8	10
Daily Attendance Rates	40	53	24	31	9	12

	Tullamore Achievements To 30/9/03	Target 2004	Birr Achievements To 30/9/03	Target 2004	Portlaoise Achievements To 30/9/03	Target 2004
Social Skills Training						
No. on active caseload	Service not provided in Tullamore	N/A	13	17	19	25
No. of new referrals			1	2	4	5
Total attendances			298	397	441	589
No. of discharges			3	4	4	4
Daily attendance rates			6	7	13	17
Nurse Behaviour Therapist						
No. on active caseload	16	12	14	19	19	22
No. of new referrals	19	Demand Led	8	Demand Led	18	Demand Led
Total Therapy sessions	191	210	101	239	267	335
No. discharges	9	21	6	12	13	12
Community Residence						
No. of High Support residents	14	14	17	17	N/a	N/a
No. of High Support places	15	15	17	17	N/a	N/a
No. of High Support residences	1	1	1	1	N/a	N/a
No. of Medium Support residents	4	5	N/a	N/a	14	15
No. of Medium Support places	5	5	N/a	N/a	15	15
No. of Medium Support residences	1	1	N/a	N/a	2	2
No. of Low Support residents	13	14	7	7	32	37
No. of Low Support places	14	14	8	8	37	37
No. of Low Support residences	3	3	2	2	7	7

**Longford/Westmeath Catchment Area - Sector Activity
1/1/03 – 31/09/03**

	Athlone Achievements To 30/9/03	Target 2004	Mullingar Achievements To 30/9/03	Target 2004	Longford Achievements To 30/9/03	Target 2004
Out Patient Clinics						
No. clinics held	67	90	78	103	121	161
No. on active caseload	356	356	560	554	403	430
No. of new referrals	77	N/A	78	N/A	206	N/A
No. of return visits	1,000	1066	1278	1700	1,693	1806
Total attendances	1,077	1148	1356	1800	1,854	1978
No. of discharges	102	130	157	210	184	196
Psychiatric Consultant Liaison Service						
No referrals from Acute Hospital (service provided by Mullingar Sector)	N/A	N/A	137	Demand Led	N/A	N/A

	Athlone Achievements To 30/9/03	Target 2004	Mullingar Achievements To 30/9/03	Target 2004	Longford Achievements To 30/9/03	Target 2004
Community Mental Health Nurse Specialist						
No. of clinics attended	66	70	78	103	143	191
No. of domiciliary visits	1,871	1996	1,205	1600	1584	1690
Day Hospital Nurse						
No. on active caseload (month end)	54	58	31	36	22	23
No. of new referrals	69	Demand led	66	Demand led	14	Demand led
No. of discharges	61	65	72	60	11	12
Total attendances	865	922	490	700	282	301
Psychology Services						
No. on register (assessment and therapy) (month end)	9	Not available	26	25	21	Not available
No. new referrals	64	Demand led	81	Demand led	94	Demand led
No. on waiting list for assessment	21	Not available	40	Not available	54	Not available
No. on waiting list for therapy	Not available	Not available	Not available		Not available	Not available
No. of assessments	295 Combined	Not available	472 Combined	Not available	42	Not available
No. of therapy sessions		Not available			402	Not available
Social Work						
No. on caseload (month end)	24	16	23	16	28	16
No. of new referrals	0	Demand led	40	Demand led	32	Demand led
No of new referrals seen	0	18	24	40	23	15
No. of domiciliary visits	69	Demand led	114	Demand led	76	Demand led
No. of cases closed	27	11	34	25	4	10
Occupational Therapy						
No. on caseload	29	29	27	30	39	36
No. of new referrals	24	Demand led	14	Demand led	16	Demand led
No. of new referrals seen	21	15	14	20	13	13
No. of domiciliary visits	83	Demand led	39	Demand led	58	Demand led
No. of cases closed	18	18	8	8	1	10
No. of attendances at groups	839	Demand Led	292	Demand Led	964	Demand Led
Day Centre						
No. on active caseload (month end)	42	42	54	51	55	59
No. of new referrals	13	17	6	2	10	11
Total attendances	5,228	6000	5,491	7000	2,357	3000
No. of discharges	7	9	1	2	5	5
Daily Attendance Rates (month end)	28	27	30	30	12	13

	Athlone Achievements To 30/9/03	Target 2004	Mullingar Achievements To 30/9/03	Target 2004	Longford Achievements To 30/9/03	Target 2004
Social Skills Training						
No. on active caseload	Incorporated into day centre programme		13	13	Incorporated into day centre programme	
No. of new referrals			4	3		
Total attendances			789	984		
No. of discharges			2	4		
Daily attendance rates	N/A		4	4	N/A	
Community Residence						
No. of High Support residents	7		12		15	
No. of High Support places	10		13		15	
No. of High Support residences	1		1		1	
No. of Medium Support residents	6		7		7	
No. of Medium Support places	9		8		8	
No. of Medium Support residences	1		1		1	
No. of Low Support residents	Na		21		6	
No. of Low Support places	Na		23		14	
No. of Low Support residences	Na		6		4	

Targets for residential accommodation for 2004 will be set following catchment management team review of client's needs for residential services, and residence configuration requirements in Longford/Westmeath area.

Psychiatry for Later Life Activity– Laois / Offaly 1/01/03 – 30/09/03

	Achievement to 30/9/03	Activity 2004 (full year)
Referrals to Service		
No. of new referrals to team for assessment	220	Demand led
No. of re-referrals to team for assessment	27	Demand led
No. of new referrals seen	162	216
No. of re-referrals seen	37	49
No. of discharges from service	163	217
Consultant Assessments/Reviews		
No. new domiciliary assessments	43	57
Acute Hospital – No. new assessments	24	32
Care Centre for elderly – No. new assessments	10	13
Nursing Homes – No. new assessments	7	9
St Vincent's Hospital – No. new assessments	1	1
St Bridget's Hospital – No. new assessments	0	0
Day Hospital – No. new assessments	5	5

	Achievement 2003	Target 2004
Hospital Admissions to:		
St Loman's Hospital acute admissions wards	17	18
St Bridget's Block	3	4
St. Josephs, St. Vincent's and St Mary's	0	0
Hospital Discharges to:		
Day Hospital	0	0
St. Joseph's, St. Vincent's and St Mary's	1	1
Care centres for the elderly/Nursing Home	1	1
Home	1	1
Day Hospital Service		
No. new referrals for assessment	41	44
No. discharged from Day Hospital	16	17
No. of attendances	654	698

Hospital Activity

St Fintan's Hospital – Activity 1/1/03 – 30/09/03

*Targets for 2004 are based on the assumption that the new 44 bedded acute adult in-patient unit and six bedded Psychiatry for Later Life unit at MRHP will become operational during 2004. Long stay patients currently resident on the admission units in St Fintan's Hospital, will be accommodated in the rehabilitation unit, male six ward and a planned step down low supervision residential unit attached to the rehabilitation ward at St Fintan's. Ultimately these patients will be transferred to more appropriate community based residential and care facilities. This reorganisation will lead to a temporary increase in bed numbers on male six ward and the rehabilitation units.

	Achievement to 30/9/03	Activity 2004 (full year)
Admissions - Male		
No. of acute admissions	289	389
No. of first admissions	75	90
No. of acute involuntary admissions	12	18 but demand led
No. of beds – acute complement	25	22* new unit
Bed days used	6901	8052
Monthly occupancy rates %	70.9	73.9
No. new long stay > 1 year	2	1
No. discharged	286	384
Admissions – Female		
No. of acute admissions	228	299
No. of first admissions	48	71
No. of acute involuntary admissions	19	14 but demand led
No. of beds – acute compliment	25	22* new unit
Bed days used	5,679	8052
Monthly occupancy rates %	106	76.6
No. new long stay > 1 year	1	1
No. discharged	216	306
Male six		
No. of beds	15	22 due to bed reallocation
Bed days available	4725	8052
Bed days used	3526	6659
Monthly occupancy rates	66.7	82.7

	Achievement to 30/9/03	Activity 2004 (full year)
Rehab Unit		
No. of beds	27	27
Bed days available	7371	9882
Bed days used	5793	7770
Monthly occupancy rates	77.2	78.6
Social Skills Training		
No. on register	21	23
No. ½ day sessions	175	270
Total attendances	330	519
Day Centre (services to Inpatients)		
No. new referrals	6	0
Total attendances	230	0
No persons attending daily	5	0
Industrial Therapy		
No. of attendances	6117	8782
No of registered clients	35	36
No persons attending daily	32	34

St Loman's Hospital – Activity 01/01/03 -30/09/03

	Achievement to 30/9/03	Activity 2004 (full year)
Admissions Unit - Male		
No. of acute admissions	263	281
No. of first admissions	87	92
No. of acute involuntary admissions	11	11
No. of beds – acute complement	25	25
Bed days used	5908	6302
Monthly occupancy rates %	94%	75%
No. becoming new long stay > 1 year	0	0
No. discharged	259	276
Admissions Unit – Female		
No. of acute admissions	208	221
No. of first admissions	55	59
No. of acute involuntary admissions	28	30
No. of beds – acute complement	25	25
Bed days used	5745	6128
Monthly occupancy rates %	96%	74%
No. becoming new long stay > 1 year	0	0
No. discharged	196	209
St Enda's Ward Special Care Unit - Male		
No. of beds	26	22
Monthly bed occupancy rates	90%	90%
No. of involuntary admissions (direct to unit)	4	0
No. discharged	7	7
St Bridget's Block Long Stay - over 65s		
No. of beds	81	81
Monthly bed occupancy rates	84%	84%
No. of involuntary admissions (direct to unit)	3	5
No. discharged **	17	17
St Ann's Ward - Female Long Stay		
No. of beds	20	18
Monthly bed occupancy rates	95%	95%
No. of involuntary admissions (direct to unit)	0	0
No. discharged	3	2

** Discharged includes RIPs

STAFFING (WTE Numbers) 2004**STAFFING (WTE NUMBERS)**

	TARGET 2003	OUT-TURN¹ 2003	% VARIANCE²	TARGET 2004
General support staff	41.39	44.70	(8.00)	
Health and social care professionals	28.85	35.49	(23.02)	
Management / administration	67.21	59.55	11.40	
Medical/dental	27.50	30.81	(12.03)	
Nursing	332.34	350.98	(5.61)	
Other patient and client care	87.21	96.64	(10.81)	
Total	584.50	618.17	(5.76)	613.00

Letter of Determination Funding

No additional funding to support new or existing services has been allocated for 2004. The budget for the mental health care group for 2004 is €38.062m.

Full year funding has not been allocated to support the following approved service developments in the Adult Mental Health Services over the period 2000 – 2003:

- Opening of the new Psychiatry for Later Life in patient facility at the Midland Regional Hospital at Portlaoise.
- Clerical and administration supports (Freedom Of Information and records management)
- Mental Health Act Project Officer
- clerical supports to substance misuse counselling services (see Community Alcohol and Drug Section)
- General Practitioner Services and opiate treatment services (see Community Alcohol and Drug Section).

Accordingly, the current budget available in the Mental Health care group, which includes funding for positions which the Board has not been in a position to fill due to employment ceilings set for 2003, will be re-oriented to ensure continuation of existing core services in 2004. This will provide for the opening of the new in-patient acute unit at Portlaoise in early 2004 and support substance misuse counselling, mental health and treatment services across the region.

FINANCE ALLOCATIONS 2004

All Mental Health Care Group €m				
	BUDGET 2003	OUT-TURN 2003	% VARIANCE	BUDGET 2004
	€m	€m		€m
Pay	32.077	30.250	5.70%	33.995
Non-pay	7.191	7.244	(0.73)%	7.041
Gross expenditure	39.268	37.494	4.52%	41.036
(Income)	(2.724)	(2.678)	1.69%	(2.974)
Net expenditure	36.544	34.816	4.73%	38.062

Adult Mental Health Services

PERFORMANCE INDICATORS (To end of 3rd Quarter, 2003)

MH3	National Target	Achievements 2003
Number of community residential (Adult Mental Health Service) places per 100,000 population for High support provided by health board Provided by other	No National Target Set	N=70 R= 46.94 Nil
Number of community residential (adult mental health service) places per 100,000 population for Medium support Provided by health board Provided by other	No National Target Set	N= 45 R = 30.17 Nil
Number of community residential (adult mental health service) places per 100,000 population for Low support (split by Health Board) Provided by health board Provided by other	No National Target Set	N=89 R= 59.68 Nil
Number of day centre attendances per 100,000 population	No National Target Set	No=13865 L/W No=13023 L/O Rate = 18,033.97
Number of day hospital attendances per 100,000 population * excludes statistics for psychology services for Laois/Offaly	No National Target Set	No=8,494 L/W No=5514 L/O* Rate 9394.22
Number of out-patient attendances per 100,000 population by diagnosis (based on ICD diagnostic groups):	No National Target Set	No = 9148 Rate = 6134.94

Alcohol Services

MH4	National Target	Achievements 2003
Percentage of admissions to the acute mental health service with a primary diagnosis of alcohol disorder		No = 260 Rate = 174.36

Acute Units in Psychiatric Hospitals

MH5 (II)	National Target	Achievements 2003
[a] Number of in-patient places by 100,000 population	No National Target Set	No. = 100 Rate = 67.06

[b] Admission rates to acute units, per 100,000 population							
To end Quarter 3							
	<15	15-19	20-44	45-64	65-74	>75	Total
Organic Psychosis				3	5	4	12
Schizophrenia		3	91	74	17	3	188
Other Psychosis			5				5
Depressive Disorders	2	6	116	102	28	20	273
Mania			34	21	3	1	59
Neurosis		7	42	13	4		66
Personality Disorder		5	41	7	1		54
Alcoholic Disorders		5	145	90	17	3	260
Drug Dependence		1	44	1			46
Intellectual Disability			10	6	1		17
Unspecified			6	1		1	8
All Diagnosis	1	27	534	318	76	32	No=988 Rate = 663

[c] First admission rates to acute units (that is first ever admission), per 100,000 population							
To end Quarter 3							
	<15	15-19	20-44	45-64	65-74	>75	Total
Organic Psychosis				2	3	4	9
Schizophrenia		1	5	11	3	2	22
Other Psychosis			3				3
Depressive Disorders	1	4	42	28	9	2	86
Mania		1	5	3			9
Neurosis		6	20	4	1		31
Personality Disorder		1	4		1		6
Alcoholic Disorders		3	48	22	3	3	79
Drug Dependence		1	9				10
Intellectual Disability			3				3
Unspecified			3	1		2	6
All Diagnosis	1	17	142	71	20	13	N=264 R= 177.05

[d] Occupancy rates of acute units (bed days)	Q1	Q2	Q3
St Fintan's Hospital	75.8%	75.5%	80.3%
St Loman's Hospital	89.19%	91.73%	103.53%

[e] In-patient re-admission rates to acute units per 100,000 population							
To end Quarter 3							
	<15	15-19	20-44	45-64	65-74	>75	Total
Organic Psychosis				1	2		3
Schizophrenia		2	86	63	14	1	166
Other Psychosis			2				2
Depressive Disorders		1	74	74	20	16	185
Mania			29	18	3		50
Neurosis		1	21	10	3		35
Personality Disorder		4	37	7			48

Alcoholic Disorders		2	97	68	14		181
Drug Dependence			35	1			36
Intellectual Disability			7	6	1		14
Unspecified			3			1	4
All Diagnosis		10	391	248	57	18	724
Rates		6.70	262.21	166.31	38.22	12.07	R=485.53

[f] Average length of stay St Fintan's Hospital

To end Quarter 3							
	<15	15-19	20-44	45-64	65-74	>75	Total
Organic Psychosis				17	279	27	323
Schizophrenia			1364	1208	412	69	3,053
Other Psychosis			40				40
Depressive Disorders	3	31	1571	1139	425	132	3,301
Mania		14	496	261	142		913
Neurosis		16	164	10	273		463
Personality Disorder		8	407	40	45		500
Alcoholic Disorders		10	671	4,072	77		4,830
Drug Dependence		4	337	5			346
Intellectual Disability			163	177	40		380
Unspecified			20				20
All Diagnosis	3	83	5233	6929	1693	228	14,169
Average LOS = 27.9 days							

[f] Average length of stay St Loman's Hospital

To end Quarter 3							
	<15	15-19	20-44	45-64	65-74	>75	Total
Organic Psychosis				4		35	39
Schizophrenia		29	689	697	165	60	1,640
Other Psychosis			36				36
Depressive Disorders		93	410	521	464	239	1,727
Mania			108	167	17		292
Neurosis		18	143	66	45		272
Personality Disorder		37	225	32	25		319
Alcoholic Disorders		16	356	257	81	43	753
Drug Dependence			76				76
Intellectual Disability			46				46
Unspecified			3	3	13	6	25
All Diagnosis		193	2092	1747	810	383	5,225
Average LOS= 11.48 days							

Acute Units in Psychiatric Hospitals

MH6 (ii)	National Target	Achievements 2003
Number of people in acute units in psychiatric hospitals awaiting placement in a rehabilitative setting appropriate to their needs	No National Target Set	11

MH 7	National Target	Achievements 2003
Number of people in intensive care units awaiting placement in a rehabilitative setting appropriate to their needs	No National Target Set	21

MH8 (ii)	National Target	Achievements 2003
Rate of people admitted involuntarily (specify) per 100,000 population		N=70 R=46.94

New Long-Stay

MH9	National Target	Achievements 2003
Rate of new long stay inpatients per 100,000 population (in respect of Acute Units)		No= 8 Rate= 5.36

MH10	National Target	Achievements 2003
Number of suitable long-stay patients transferred from psychiatric hospitals to more appropriate care facilities in the community by discharge destination:		
home		0
private nursing home		2
community residential place		3
learning disability centre		0
community nursing/elderly care centre		9
centre for physically disabled		0
Rate of new long stay clients in community settings per 100,000 population		Total = 7 Rate = 4.69

Consumer Satisfaction

MH11
<p>Methodologies used to involve consumers in the development and assessment of services</p> <ul style="list-style-type: none"> ▪ Psychiatric Consultation Liaison Nursing at the Midland Regional Hospital at Tullamore -One year service evaluation -final draft produced including service user appraisal ▪ An evaluation of the Board's Primary Care Counselling pilot project : Client and primary care providers satisfaction survey regarding counselling services provided by Counsellors in GP settings ▪ "SENCS" report (Survivors experiences of the National Counselling Services) – The Board participated in the evaluation of service available to victims of institutional abuse, the report of which will be published in October 2004 ▪ Participation of the mental health services in regional working group established to develop framework and policy for creation and support of consumer panels ▪ Ongoing involvement of Irish Advocacy Network in feedback by service users to the Board's Mental Health Strategy Group. ▪ Comment Complaint and Enquiry System ▪ Evaluation of the Weekend Out of Hours Community Mental Health Nursing Initiative: A pilot project one year on -Report issued March, 2003 ▪ Occupational Therapy client satisfaction survey ▪ Occupational Therapy Outcome measurement.

Homeless

HO3	National Target	Achievements 2003
[2] The number and percentage of mental health units/psychiatric hospitals having a formal discharge policy for homeless people.	All acute units to have formal policy	Policy developed 2003. For Pilot and full implementation 2004

Child and Adolescent Mental Health Service

Performance Indicators

A national suite of Performance Indicators have not yet been agreed for child and adolescent Mental Health services.

Regional Community Alcohol and Drug Service

Performance Indicators

Alcohol Services

January 1st to September 30th 2003

MH4	National Target	Achievement 2003
Number and rate of people per 100,000 population attending community based alcohol programmes	No National Target Set	No. = 1075 Rate = 675.02 / 100,000 population
community non-residential programmes		0
1. Number		0
2. Rate		
community residential programmes.		The Board does not provide residential programmes
Number		
Rate		

AD1	National Target	Achievement 2003
[a] The number and percentage of drug mis-users having access to Health Board services.	No target Set	Data not collectable for all health Board services
[b] The number and percentage of drug mis-users for whom treatment, as deemed appropriate, has commenced not later than one month after assessment.	No target Set	Nil

Performance Indicator AD1 was found to be unsuitable for data collection due to the lack of integrated information technology systems across all health related service areas.

Due to the absence of sufficient level one trained GPs to share care of persons stabilised on methadone treatment it was not possible to ensure treatment commenced within one month of assessment.

AD2	National Target	Achievement 2003
For drug misusers under the age of 18		Service not provided to under 18 year olds
[a] percentage of referrals in the quarter who were assessed within three working days of their referral		
[b] of those individuals who commenced treatment as deemed appropriate during the quarter, the percentage whose treatment commenced within one month of their assessment.		

The Board is not funded to provide services to under 18 year olds.

A revised suite of performance indicators has been agreed for 2004.

Suicide Prevention

Performance Indicators

Validated data on suicide rates is reported annually in arrears by the Central Statistics Office. Therefore figures for performance indicator MH1 below represent 2002 data only.

Data for parasuicide presentations are collected at each of the Boards A&E unit's. However the data in respect of assessment can only be provided for the MRHT where a dedicated Mental Health Consultation Nurse Service is provided. In 2004 this will be improved to include Mental Health Medical Staff Liaison Services to the Board's remaining acute hospital sites.

Suicide 2002 Statistics - (C.S.O.)

MH1	Actual 2002	1 st half 2003
Suicide rate per 100,000 population by:	14.5%	MHB data not yet available
Total	30	
Male	28	
Female	2	
Age	0 -14yrs = 0 15-24yrs = 5 25-34yrs = 8 35-44yrs = 6 45-54yrs = 4 55- 64yrs = 6 65yrs and over = 1	
County of residence	Offaly = 21.9 Longford = 16.6 Westmeath = 12.6 Laois = 7.5	

The national suicide rate per 100,000 population for 2002 was 11.4. This reflects a reduction from 12.7 in 2001. The rate of suicide for the Boards' population in 2002 was 14.5 compared with 18.9 in 2001. A reduction over one year is insufficient to draw definitive conclusions regarding benefit of prevention programmes.

The higher rates for males in the Board during 2002 were consistent with higher national rates for males.

Within the region, Offaly has consistently experienced the highest suicide rate over recent years with a rate of 21.9 per 100,000 population in 2002. Much lower rates are experienced in the other three counties.

Parasuicide

MH2	National Target	Q1
(a) Number of attendances presenting with parasuicide per 100,000 in Accident & Emergency (Throughout the Board) Data provided by National Suicide Research Foundation	National Targets Not Set	Number = 822 Rate= 551.25
(b) Of those presenting with parasuicide in A&E, the number assessed by the mental health services (Acute Hospital Services at MRHT only)	National Targets Not Set	98
(c) Of that number who have been assessed by the Mental Health Services at (Midland Regional Hospital at Tullamore only), the number who were subsequently referred for further intervention (Mental Health Services) (i.e. where an actual appointment has been made)	National Targets Not Set	77

Rates for 2000-2003 are calculated based on population 1996 (CSO) aged 16 and over. MH2 (a) represents data collected for all parasuicide attendances at A&E units throughout the region. MH2 (b) relates to assessment and follow up at the Midland Regional Hospital by Mental Health Consultation Nursing Service at the Midland Regional Hospital Tullamore only.

2.3.4 Key Issues for the Year Ahead

- Impact of EU 'Working Time Directive' on non consultant hospital doctor (NCHD) availability
- Increase expenditure on treatment outside of the Board
- Needs of substance misusers aged 18 and under
- Increased transport requirements for clients
- Access to and funding for increasing numbers referred outside of the Board's area
- Health and safety, security and the appropriateness of premises
- Information technology and service utilisation database systems development
-
- Adult Mental Health Service
- Compliance with the new mental health legislation
- Housing, community residential and placements in more appropriate settings
- Individualised multi-disciplinary care planning and needs assessment.

Child and Adolescent Mental Health Service

- Difficulties in sourcing locum cover for Consultants and NCHDs
- Limitations in range of clinical services available due to physical facilities
- Lack of alternative acute care placements
- Absence of day programme facilities
- Access to in-patient beds and to crisis care placement
- Mental health Act (2001) and inclusion of child psychiatry in Mental Health Services Inspectorate visits
- Need for access to forensic services
- Need for pre-school therapeutic programmes for toddlers.

Regional Community Alcohol and Drugs service

- Training and recruitment of Level one and Level two GPs
- Need for additional community pharmacists in Athlone, Longford and Mullingar and provision of onsite pharmacy dispensing
- Screening facilities for clients outside the methadone protocol
- Services for under 18s

- Integrated specific services for clients with Hepatitis C and HIV
- Services for the homeless drug user i.e. hostels, crisis accommodation
- Seven day week crisis intervention service
- Supported community detoxification programmes including other opiate treatment programmes.

Suicide prevention

- Need for improved data collection methodology.

Substance misuse prevention and education

- Harm reduction programmes
- Alcohol (underage drinking and binge drinking)
- Needs of ethnic minorities.

2.3.5 Monitoring mechanisms and Evaluation

Monitoring against Service Plan for all service areas will be by way of:

- quarterly service plan reviews
- quarterly and annual performance indicator reports
- quarterly budget reports
- quarterly staffing and WTE. equivalent reports

2.3.6 Research, Quality and Value for Money

Value for Money

- A value for money review will be undertaken of the regional linen supplies and laundry service

Adult Mental Health Service

Evaluation

- Patient satisfaction surveys will be carried out
- Evaluation of the out of hours nursing service in Laois / Offaly
- Evaluation of the role and effectiveness of the Community Mental Health Nursing Service.

Research

- Audit of alcohol related admissions
- Re-audit of involuntary admissions
- Client satisfaction with occupational therapy services
- St. Loman's Hospital will continue to participate in the National Bipolar Survey.

Quality

- Working towards the achievement of 'ISO' accreditation for the new acute unit at the MRHP
- A patient information booklet published in 2003 will be made available to all inpatients in the Laois/Offaly area
- Implementation of individual care plans for clients in two long-stay wards at St Loman's Hospital
- Enhancement of a seven day per week activation programme at St. Loman's Hospital
- Implementation of regional /mental health multidisciplinary medical records management policy and audit of medical notes.

Value for Money

- A review will be carried out of prescribed medication at St. Loman's Hospital
- Implementation of enhanced systems of monitoring W.T.E. deployment and staff absenteeism.

Child and Adolescent Mental Health Service

Evaluation

- A pilot patient satisfaction survey will be conducted
- Evaluation of 'Attention Deficit Hyperactivity Disorder' summer camp project (Regional)
- Consumer evaluation in Laois/Offaly of the information available to parents, teachers and children with 'Attention Deficit Hyperactivity Disorder'
- Review of operational/strategic management structures for the Service.

Research

- Evaluate the assessment and treatment outcomes of clients in Laois/Offaly using the 'health of the nation outcome score'.

Quality

- Distribution of information leaflets about the Child Mental Health Service to service users, and referrers, and regular updating of web site
- Expand occupational therapy awareness programme to include primary care colleagues and NCHDs.

Value for Money

- Conduct a study of waiting times for clinic appointments.

Regional Community Alcohol and Drug Services

Evaluation

- Patient satisfaction surveys will continue to provide a basis for evaluating patient service.

Research

- A client satisfaction survey will be carried out
- Evaluation of a pilot outreach counselling service in health care / primary care settings
- Audit of alcohol related admissions for 2003 to St Fintan's Hospital

Quality

- Care-planning for clients attending the service in Longford/Westmeath will be continued

Value for Money

- Audit of pilot day patient alcohol detoxification project in Longford/ Westmeath.

Suicide Prevention Service

Evaluation

- Publication of Mental Health Consultation Liaison Nursing Service audit.

Research

- Participation in and facilitation of regional consultative process for the development of a National Suicide Prevention Strategy (HeBE project).

Quality

- Assist in development of a standardised national training package for staff on suicide awareness and education
- Development of policy and guidelines for staff responding to parasuicide presentations to the Board's acute hospitals.

Value for Money

- An annual review of the suicide Bereavement Support Service available within the Board will be carried out.

REGIONAL CHILD AND FAMILY HEALTH SERVICES

3. Regional Child and family Health Services

3.1 Context

Role and Purpose

Promoting the well-being of children and families. Ensuring early diagnosis of health related problems and prompt referral for assessment and treatment.

Ensuring the early recognition of problems that may affect health, development, behaviour and education.

Supporting parents and guardians in caring for their children and families.

National and regional policy framework

- Infectious Diseases Regulations 1981 S.I. No. 390 of 1981
- A Plan for Women's Health 1997-1999
- MHB Action Plan for Women's Health 1997-1999 Part 1
- The prevention of E. coli 0157:H7 infection, A shared responsibility (1999) Food Safety Authority of Ireland
- Best Health for Children: Developing a partnership with Families (1999)
- Best Health for Adolescents: Get Connected: Developing an Adolescent Friendly Health Service
- National Review of Immunisation/Vaccination Programmes - Report of National Steering Committee
- AIDS Strategy 2000 Report of the National AIDS Strategy Committee Department of Health and Children.
- The Infectious Diseases (Amendment) Regulations, 2000. S.I. No 151 of 2000
- A Strategy for the Control of Antimicrobial Resistance in Ireland (2001) (SARI) Report of the Subgroup of the Scientific Advisory Committee of the National Disease Surveillance Centre
- The Traveller Health Strategy (2002)
- The Forum on Fluoridation Report (2002)
- The National University, Galway survey on level of Oral Health Promotion.
- The Board's Child Care Strategy (2002)
- Promoting Women's Health – A population investment for Ireland's future: A position paper of the Women's Health Council
- Crisis Pregnancy Agency Strategy – to address the issue of crisis pregnancy 2003
- Report of the Task Force on Violence against Women
- 'Investing in Parenthood' to achieve best health for Children, 2002
- Infectious Disease (Amendment)(No 3) Regulations 2003, S.I. No 707 of 2003
- Report of the Working Party on Tuberculosis September 1996 Department of Health
- Hepatitis B Infection in Ireland, The Public Health Perspective (2003) Report prepared by Specialists in Public Health Medicine (ID) for the Directors of Public Health Group
- The European Antimicrobial Resistance Strategy (EARS).

NEEDS ANALYSIS:

The total population of the Board's area is 225,363 (C.S.O. 2002) with a child (0-17 inc.) population of 65,440. The total population increase in the period 1996-2002 is almost 10%. It is anticipated that this trend will continue.

Immunisation

'Perspectives on Immunisation - Views of Parents and Health Professionals', Midland Health Board 2003. This research identified information deficits for parents and professionals who act as advocates for immunisation. These needs will be addressed in 2004.

The vaccination uptake for pre-school children in 2003 in the MHB has improved substantially.

The MMR uptake at 24 months is the highest recorded rate nationally.

Uptake figures 2003:

- % at age 12 months completed 5in1&MenC - 64% in 2002 to 86% in 2003
- % at age 24 months completed 5in1&MenC - 78% in 2002 to 92% in 2003
- % at age 24 months completed MMR - 64% in 2002 to 88% in 2003

The increase in uptake was achieved by all disciplines working together in a co-ordinated and targeted manner. Best practice was developed in the following ways:

- The development of clear written protocols for the Immunisation Co-Coordinator, GPs and practice nurses, staff in the Primary Care Unit and Health Centres and PHN's on their respective roles
- Improved communication with all the stakeholders involved in immunisations.
- An audit of the database was undertaken to determine the accuracy of the uptakes recorded
- The targeting of GPs with the lowest uptake rates
- The development of key target and defaulter letters/reports for parents and health professionals (GPs, practice nurses, senior PHNs in Immunisations and PHNs)
- The provision of feedback of uptake levels for GP practices and for each sector
- Cleaning of data on the computerised database i.e. duplicates, transfers.
- Centralising central administrative functions in the Board's Regional Primary Care Unit.

3.2 Brief outline of Services currently provided

Services for Children and Families are delivered in a range of different settings, including the home, the community, acute hospitals, schools and health centres.

Interventions offered include

Health promotion
Disease prevention
Diagnosis
Treatment / Care / Rehabilitation

Services provided

Public Health Nursing, Community Nutrition Service, Community Welfare, Community Development, Ophthalmic, Health Promotion, Psychology, Family Support Workers, Dental Health, Therapy Services, Surveillance and Control of Communicable Diseases, Environmental Health Pharmacy and GP service.

Non-Statutory / Community Activity

The Board works in partnership with a number of non-statutory / community groups by grant aiding appropriate services and initiatives.

4.3 The Year Ahead

4.3.1. ACTIONS FROM 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- The planned school immunisations programme including the 2:1 (tetanus/diphtheria) immunisation programme was not fully implemented due to the Public Health Doctors' strike
- A 7-9 month developmental examination by a doctor was not provided to all children because of staff shortages
- Appointment of a Parenting Officer
- Establishment of a Regional Child and Adolescent Steering Group
- Appointment of a Continence Promotion Officer

- Implementation of action plan with designated additional GP practices to provide comprehensive family planning services
- Appointment of a Development Officer for Adult Homelessness.

4.3.2 Aims and Objectives for 2004

The aim of the Regional Child and Family Health Services is to maintain and improve the health and quality of life of Children and Families through the provision of appropriate and timely preventative and treatment measures.

Specific objectives are as follows:

- To improve children's health (Q&F, Action 14)
- To implement actions on major lifestyle factors targeted in the National Cancer, Cardiovascular and Health Promotion Strategies (Q&F, Action 5)
- To eliminate the barriers for disadvantaged groups, in achieving healthy lifestyles (Q&F, Action 19).

4.3.3 Actions to achieve Objectives

Better Health for Everyone

- To continue the work of the Regional Immunisation Committee to implement best practice to achieve the best possible uptakes within current resources
- To address the back-log of school immunisations which were not completed in the 2002/2003 school year
- To provide support, advice and tracking service to GPs in relation to their administration of vaccines and follow up of defaulters (Q&F, Action 14)
- To promote and support improved Breastfeeding rates through the launch and implementation of standard operating procedures (Q&F, Action 9)
- Evaluate, further develop and extend the Child Safety Awareness Programme within the MHB (CSAP) (Q&F, Action 10)
- To develop and support a multi-disciplinary/interagency project team to develop an osteoporosis strategy for the Board.
- To support the Ante-Natal Project Team to further develop ante-natal services within the Board (Q&F, Action 5)
- To conduct a review of Maternity Services
- To support GP's in the provision of cervical screening to women (Q&F, Action 11)
- To finalise an action plan for the Board's Sexual Health Strategy
- To develop a Holistic Teen Clinic (Q&F, Action 16)
- To improve the percentage of satisfactory test results for fluoride concentration in public water supplies to 90% where plants are operational
- To improve dental services for adolescents by introducing a recall system
- To implement IT systems in the Dental service (Q&F, Action 62).

Fair Access

- Develop service initiatives with key areas of the health services to support Travellers access, use and outcomes of these services (Q&F, Action 20)
- To publish report on health needs of adult homeless (completed in 2003)
- To pilot the care plan document "Supporting Homeless Mental Health Clients". (Q&F, Action 21).

Quality

- To provide training for the clinical management of domestic violence with the accompanying manual 'Emergency Department Guidelines'
- To establish a women's' health consumer panel.

4.3.4 KEY ISSUES FOR THE YEAR AHEAD:

Each Service has, where necessary, identified certain key issues, which may impact on the delivery of the services outlined in this Service Plan during 2004. Please refer to the relevant sections for details.

Demography

The population of the Midland Health Board continues to exceed the national rate of growth resulting in an increased demand for all services. The continued expansion of satellite towns has resulted in an increase in movement of young families to the area. The Asylum Seekers and refugee population also increased in 2003, many of whom have special needs.

Child Health Screening

A programme for the provision of developmental screening of babies at 7-9 months of age by Public Health Nurses (PHNs) will be extended and standardised across the region in 2004. This programme was developed in response to the absence of adequate medical manpower to provide this service. A designated PHN per Community Care Area will support and develop this initiative.

Data Collection

- Improved data collection and I.T. Systems to maximise accuracy of data collation.

Communicable Diseases

- Implementing the SARI project. This project will aim to reduce the inappropriate and excessive use of anti-microbials in the acute hospitals.
- Implementing the Infectious Disease (Amendment) (No 3) Regulations 2003, S.I. No 707 of 2003. This will have resource implications for the Board as the list of notifiable diseases has been extended and there is a requirement on the Consultant Microbiologist to make notifications. There will be an obligation to actively follow up these notifications.

Immunisations

- Aim to increase the uptake of all immunisations to the National target 95%
- Shortage of Area Medical Officers will make the implementation of the schools immunisation programme difficult.

ACTIVITY

Public Health Nursing

Returns for January – September 2003

SCHOOL HEALTH	Total
No. of schools visited	251
No. on roll in schools visited	27,765
Vision Screening	
Target Population (<i>Snr Infants, 2nd and 6th Class</i>)	11,470
No. screened by PHN	11,086
No. referred to Opthamology	401
Audio Screening	
Target Population (<i>Snr Infants, 1st Class not visited previously</i>)	4,034
No. screened by PHN	3,709
No. referred to specialist	270
Speech and Language	
No. referred to Speech Therapist	265
Questionnaires	
Target Population (No offered questionnaires)	6,208
No. of questionnaires returned	5,797
School Health Clinics	
For AMO	127
AMO Clinic	480
No. attended AMO clinic	488
No. of P.K.U.s carried out	1,462

PHN January – September 2003**Children and Family Care Group:****Total**

No. of Births Notified (not exclusive to Board's maternity hospitals)	3,000
No. of newborn infants discharged from Hospital during Jan-June 2003	2,926
No. of newborn infants visited by PHN within 48 hours of discharge from Hospital	2,536
Additional number of mothers contacted by telephone but not visited within 48 hours.	517
Not visited within 48 hours of discharge	
No. of infants due visit at 3 months	3,340
No. of children due 9 month developmental assessment i.e. children born from 1/4/02 – 30/4/02	
No. of these children seen at Dev Clinic (run by PHN, AMO)	510
No. of these children seen at Dev Clinic (run by 2 PHNs)	2,790
No. of Subsequent Visits under 1 year	12,663
No. of Subsequent Visits from 18mths – 3 yrs	8,027
No. of Well Baby Clinics (not to include Dev. Clinic)	1,813
No. of Children seen at Well Baby Clinics (To include unscheduled visits at Health Centre)	8,436

Activity Levels, Speech & Language Therapy	Child Health
No. of face to face	6,266
No. of Sessions-Clinical	2,018
No. of Clinical Management Sessions	696
No. Sessions (Admin)	249.5
No. of Meetings	247.25
No. of Study Days/Courses	131

PERFORMANCE INDICATORS**Child and Adolescent Health –Performance Indicators September 2003**

CH1	Percentage of new born babies (defined below) visited by a Public Health Nurse (PHN) within 48 hours of hospital discharge	90%
Q1	Number of babies discharged (for the first time) from any hospital to the reporting area (I.e. Health Board area) during the reporting period?	711
Q2	Number of new born babies visited by a PHN within 48 working hours of hospital discharge?	636

**Health Improvement
Efficiency**

CH5							
(a) Percentage of children 12 months of age who have received three doses of vaccine against Diphtheria (D ₃), pertussis (P ₃), tetanus (T ₃) <i>Haemophilus influenzae</i> type b (Hib ₃), polio (Polio ₃), Meningococcal group C (MenC ₃).							
Area	No. in cohort	D ₃	P ₃	T ₃	Hib ₃	Polio ₃	MenC ₃
MHB	982	81%	80%	81%	81%	81%	80%
(b) Percentage of children 24 months of age who have received three doses of vaccine against Diphtheria (D ₃), pertussis (P ₃), tetanus (T ₃) <i>Haemophilus influenzae</i> type b (Hib ₃), polio (Polio ₃), Meningococcal group C (MenC ₃).							
Area	No. in cohort	D ₃	P ₃	T ₃	Hib ₃	Polio ₃	MenC ₃
MHB	978	91%	90%	91%	91%	91%	91%
(c) Percentage of children who have received MMR at 24 months of age, 87%.							

Equity

CH6	Percentage Uptake of Child Health Care Screening and surveillance Programme as outlined in 'Best Health for Children' (1999)	
Q1	Development Screening: of Infants	
a)	total number of children reaching 10 months of age during the reporting period?	
b)	Number of these children who have received their 7-9 months developmental assessment prior to reaching the age of 10 months?	
Q2	Hearing Screening of Primary School Children	4,034
a)	Number of children in the target classes – Senior Infants- during the reporting period?	
b)	Number of children in the target classes – Senior infants- who have received hearing screening during the reporting period?	3,709
Q3	Vision Screening of Primary School Children	11,470
a)	Number of children in target classes – Senior Infants, 2 nd Class and 6 th Class during the reporting period?	
b)	Number of children in target classes - Senior Infants, 2 nd Class and 6 th Class who have received vision screening during the reporting period?	11,086
COMMENTARY Q1 a) and b) figures differ because of; 1. Recalls of Children by AMOs. 2 PHNs performing the check and some children being recalled by AMO.		

Effectiveness

CH7	The percentage of babies who are exclusively breastfed on discharge from hospitals	
a		
Q1	The percentage of babies who are exclusively breastfed on discharge from hospitals	27%
Q2	The percentage of babies who are breastfed (not exclusively) on discharge from hospitals	
Q3	The percentage of babies who are exclusively breastfed at three months	11.9%
Q4	The percentage of babies who are breastfed (not exclusively) at three months	
COMMENTARY *The breastfeeding statistics are nine months in arrears as this is the only way to gather the statistics accurately.		

Dental Services**Effectiveness / Health Improvement**

PC6	Number of public water fluoridation schemes in the Health Board region	61
a		
Q1	Number of public water fluoridation schemes in the Health Board region?	
COMMENTARY		
PC6	Percentage of public water fluoridation schemes, monitoring results within statutory limits	67.5 %
b		
Q1	Number of public water fluoridation schemes tested during the reporting period.	40
Q2	Number of public water fluoridation schemes, tested during the reporting period, that are within statutory limits.	31

**NATIONAL PERFORMANCE INDICATORS SERVICES FOR ASYLUM SEEKERS
(Lissywollen Site Athlone only) for the period July 1st – 30th September 2003**

[a] 2. Dispersal Centres outside Dublin.		
Q.1.	Number of Asylum Seekers placed in dispersal centres by RIA.	526
Q.2.	Number of asylum seekers who had not presented for screening in Dublin.	236
Q.3.	Number of asylum seekers who had not been fully screened in Dublin	66
Q.4.	Number of asylum seekers in Q.2. and Q.3. residing in dispersal centres who are offered screening by health board.	66
Q.5.	Number of asylum seekers accepting medical screening.	45
AR2 [b]		
	Number and percentage of asylum seekers who completed screening process for the following – Hepatitis B, HIV, TB, Polio, and Varicella Zoster virus.	
Q.1.	Number of asylum seekers placed in reception centres or dispersal centres by RIA.	RIA
Q.2.	Number of asylum seekers in Q.1.who completed* screening process for Hepatitis B and HIV.	11

Q.3.	Number of female asylum seekers aged 12+ placed in reception centres or dispersal centres by RIA.	
Q.4.	Number of asylum seekers in Q.3 who completed* screening process for Varicella Zoster virus. (Completed Screening: Is defined by having results back to the Centres)	4
Q.5.	Number of asylum seekers in Q.1. who completed questionnaire for TB.	66
Q.6.	Number of pregnant asylum seekers placed in reception centres or dispersal centres by RIA.	
Q.7.	Number of asylum seekers in Q.1. minus number in Q.6. who completed X-ray for TB.	2
Q.8.	Number of asylum seeking children under the age of 16 placed in reception centres or dispersal centres by RIA.	
Q.9.	Number of asylum seekers in Q.8. who completed the screening process for Polio.	0

Commentary

Q4 we do not screen pregnant women, they have Varicella done on their antenatal visit at Portiuncula Hospital, Ballinasloe, Co. Galway.

Services for Travellers – Performance Indicators

Efficiency

TH1	National Target	Q3	Q4	Yr End (Where applicable)
Percentage of key health board personnel who have completed cultural awareness and sensitivity training programmes, which have been developed in partnership with Travellers and Traveller organisations.		7.91% (421 people)		

TH1 Commentary	
TH1 Q3	The services prioritised for training in the MHB are as follows; Maternity, Accident and Emergency, Paediatrics, GP's Outpatients, Community Care and Mental health Services. "Liaison staff" will be prioritised for training in 2003- 2005 within the MHB. A one day workshop consisting of five modules has been developed in partnership with travellers and guided by the recommendations from a previous evaluation report, national and international models of best practice. The Training Programme commenced in June 2003. 110 staff from service areas prioritised in the Strategy have attended the three workshops delivered to date (October 2003.)

TH2	National Target	Q3	Q4	Yr End (Where applicable)
Establishment and operation of Traveller Health Units (THU) * in partnership with Local Travellers and Traveller Organisations:				
Number and percentage of Traveller Representatives in the THU.		8 (33%)		
List actions in place to support Traveller participation in THU's. (Action No. 16– Traveller Health Strategy). Commentary Required.				
Describe the involvement of Traveller Representatives in decisions regarding prioritising and allocating funding to enhance Traveller Health. Commentary Required				

TH2 Commentary	
TH2 Q3	The percentage of Traveller representatives will be increased. Tullamore Travellers Movement (TTM) is the longest established organisation within the region, but there are the smaller Traveller support groups developing in the other three areas within the Board. The Travellers Health Unit (THU) is committed to supporting the development of these smaller support organisations/groups and allocated funding to Longford Travellers Movement for this purpose in 2002. Funding was also allocated to TTM in 2002 to develop a 'Traveller Support Network' within the region in 2003 and ongoing. These developments within the Traveller communities are vital to support the implementation of the National Traveller Health Strategy within the Midland Health Board region.

TH3	National Target	Q3	Q4	Yr End (Where applicable)
Training of Traveller Health Unit (THU) membership for effective participation in Traveller Health Units				
Number and percentage of THU members who have participated in training in Traveller culture, racism and discrimination.		16 (66%)		

TH3 Commentary	
TH3 Q3	All Traveller representatives on the THU are participating in delivering the intercultural Awareness Training Programme. The designated Traveller health staff on the Travellers Health Unit (THU) are also involved and participating in the training programme. This training programme commenced within the Midland Health Board services in June 2003.

4.3.5 MONITORING MECHANISMS AND EVALUATION

Communicable Diseases

- Levels of infectious disease continued to be monitored through improved surveillance systems and computerisation. These systems act as early warning systems for detection of outbreaks.
- The SARI project will be evaluated.
- Levels of childhood immunisations are monitored to ensure continued improvement of systems.
- The impact of the influenza vaccination campaign is evaluated on an annual basis.

4.3.6 Research, Quality and Value for Money

Implementation of the planned SARI project will result in cost-savings to the Midland Health Board from the reduction of inappropriate use of antimicrobials. This project requires the appointment of an antibiotic liaison pharmacist for a period of one year. A review of service agreements with voluntary/community

MONITORING MECHANISMS

Monthly monitoring against Service Plan, finance and whole-time equivalents.

Detailed quarterly reports will indicate finance, activity and staffing with appropriate commentary where necessary. Aims, objectives and actions of the Service Plan will be monitored by tracking of workplans / operational plans. Tracking will ensure that actions identified in the plan to achieve objectives are implemented and issues arising from the process are identified and addressed.

Quarterly returns on Performance Indicators (PIs). Achievement against these PIs on a quarterly basis will be put into context by comparison against the previous year, where appropriate.

EVALUATION

4.3.6 RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

- Continue to obtain baseline data for fluid promotion project by assessing the attitudes of teachers to fluid use in the classroom (Q&F, Action 19)
- Develop a falls prevention strategy for the Board following research conducted into evidence based practice
- Evaluate the Longford Homeless Forum Action Plan and training programme.

3.2 Services for Children

Childcare and Family Support Services

3.2.1 Context

Role and Purpose

The purpose of Childcare and Family Support Services is to enable and support children and families to lead healthy and fulfilling lives. The Board provides services and funding and works in partnership with a number of non-statutory, voluntary and community service providers. Services provided include child protection assessment and treatment services for children at risk of abuse or neglect, cared for children services for children who require a care placement and family support services. These services should be integrated, easily accessible, and community based.

NATIONAL AND REGIONAL POLICY FRAMEWORK

- Child Care Act, 1991 and associated regulations
- Domestic Violence Act, 1996
- Adoption Acts, 1952-1998
- Protection of persons reporting Child Abuse Act, 1998
- Children First: The National Guidelines for the Protection and Welfare of Children (DoHC, 1999)
- National Children's Strategy (DoHC, 2000)
- Children Act, 2001
- Youth Homelessness Strategy (DoHC, 2001)

Regional Policies Include:

- The Board's Child Care Strategy 2002-2004

Needs Analysis

The total population of the Board's area is 225,363 (C.S.O. 2002) with a child (0-17 inc.) population of 65,440. The total population increase in the period 1996-2002 is almost 10%. It is anticipated that this trend will continue.

National prevalence rates for child abuse and admissions to care are not available, therefore it is not possible to accurately calculate projected service activity levels.

Comparative data for 1998 and 2003 to date (End of 3rd Quarter) shows an increase in child abuse referrals of almost 50% from 1085 to 1625 and of cared for children of 25% from 240 to 299.

Quality and Fairness, Action 27 requires a strategic emphasis on family support measures. The Board's Child Care Strategy provides for the establishment of a management and organisation structure capable of delivering on clinical governance targets which meet legislative requirements and national standards.

3.2.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Child Care and Family Support Services are provided by the Child Care Unit at Athlone, Longford, Mullingar Portlaoise and Tullamore as well as in family centres, residential homes and other locations.

THE YEAR AHEAD**ACTIONS FROM 2003**

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- Implementation of the Board's Child Care Strategy, reconfiguration of Child Care and Family Support Service
- Establishment of the transition service to provide for the needs of "additional needs" children
- Provision of emergency care
- Establishment of the Early Childhood Support Team to provide community based multi-disciplinary, assessment and treatment services
- Establishment of the Child and Family Social Work Team in each community care area in compliance with the National Standards for Foster Care
- Completion of the implementation of the Boards Child Care Management Information System
- Development of the Family Welfare Conference service in each community care area
- Appointment of an After-Care Co-ordinator
- Development of family support services policy and procedures
- Appointment of a Monitoring Officer
- Development of regional standard record system.

4.3.2 AIMS AND OBJECTIVES

- Provide a comprehensive service, within available resources, to support and assist all children and their families, who are not receiving adequate care and protection (Q&F, Actions 8, 21, 27, 45, 51, 53, 54)
- Continue to ensure compliance with the requirements of the Child Care Act, 1991 and the Children Act, 2001 (Q&F, Action 27)
- Continue to facilitate compliance with Action 27 of Quality and Fairness A Health System for You (2001), "Family Support Services will be expanded" (Q&F, Action 27)
- Continue to implement the Boards Child Care Strategy 2002-2004, within available resources. (Q & F Action 51).

4.3.3. ACTIONS TO ACHIEVE OBJECTIVES

Better Health for Everyone

- To develop Family Welfare Conference service in each area (Q & F, Action 27)
- To develop family support services policy and procedures (Q & F, Action 27)
- To develop after care service (Q & F, Action 27)
- To continue to provide screening, initial assessment, full assessment and treatment services as required for referrals of child abuse and neglect.
- To establish the Liaison Management Team process with An Garda Siochana. (Q & F, Action 27)

Fair Access

- To prioritise referrals to Le Cheile, Barnardos and Extern of cared for children whose Care Plan target is to return home or move to independent or semi-independent/supported accommodation
- To develop emergency care placement capacity
- To continue to provide care placement and support services in Foster Care and Residential Care
- To continue to provide assessment, training and support of Foster Parents. (Q & F, Action 63)
- To continue to provide assessment of adoption applicants
- To establish a Transition Service from within existing resources (Q & F, Action 51).

Responsive and Appropriate Care Delivery

- To establish the Early Childhood Support Team in Laois/Offaly from within existing resources (Q & F, Action 51)
- To further develop partnership with organisations who provide family support services on behalf of the Board (Q & F, Action 54).

High Performance

- To publish a Section 8 report on the adequacy of the Board's Child Care and Family Support Services. (Q & F, Action 27)
- To establish Child and Family Social Work training in each community care area from within existing resources. (Q & F, Action 63)
- To delegate operational responsibility for all Child Care and Family Support Services within the designated community care area to the Child Care Manager. (Q & F, Action 63)
- To review training needs with regard to joint health board/garda child protection work.

Organisational Reform

- To continue the implementation process of the Board's Child Care Strategy. (Q & F, Action 110)
- To co-ordinate the work of Le Cheile, Barnardos and Extern. (Q & F, Action 110)
- To continue the implementation of the Boards Child Care Management Information System and to support the National Management Information Services Project. (Q & F, Action 117)
- To develop a regional standard record system. (Q & F, Action 110)

Performance Indicators – Achievement to Date (as at 3rd Quarter 2003)

The following table sets out the national suite of child care performance indicators with achievement against each one for 2003 together with an identified target for 2004, where this has been possible

PERFORMANCE INDICATOR	ACHIEVEMENT 2003	TARGET 2004
CC1		
% of children for whom a written care plan, as defined by child care regulations 1995 (all care types) was drawn up prior to placement	15.7%	100%
reviewed within 2 months of placement	2%	100%
reviewed every 6 months from the first 2 years	8%	100%
reviewed annually	14%	100%
% of children in care who have an allocated social worker in residential care	92%	100%
foster care	77%	100%
foster care with relatives	79%	100%
other	n/a	100%

CC2		
number of children awaiting a foster care placement, who are not already in a foster care placement	5	0
% of approved foster carers with an allocated link social worker	89%	100%
% change in availability of approved foster carers (during 2003 to date)	+12%	+15%
Number of approved foster carers recruited during the reporting period (during 2003 to date)	20	30
Number of foster carers who left the service during the reporting period	0	0

CC3		
number of operational pre-school centres, which were notified in accordance with the pre-school regulations, 1996	217	Not applicable
% of operational pre-school centres, which were notified in accordance with the pre-school regulations 1996 and were inspected in accordance with the regulations	21.2%	100%

CC4		
% of inter country adoption (ICA) 1 st assessments completed during the year within:		
18 months of receipt of application	21%	75%
24 months of receipt of application	25%	95%
36 months of receipt of application	50%	100%

CC5		
i) % of child protection case conferences held, where the parent / guardian of the child was invited	97%	100%
ii) % of child protection case conferences held, where the invited parent/guardian of the child attended	63%	100%

FINANCE

	BUDGET 2003 €M	OUT-TURN 2003 €M	% VARIANCE	BUDGET 2004 €M
Pay	13.902	14.463	(4.0)	14.733
Non-pay	10.478	11.494	(9.7)	10.798
Gross expenditure	24.380	25.957	(6.5)	25.531
(Income)	(0.891)	(0.950)	6.6	(1.141)
Net expenditure	23.489	25.007	(6.4)	24.390

STAFFING (WTE NUMBERS)

	TARGET 2003	OUT-TURN 2003	% VARIANCE	TARGET 2004
General support staff		0.16		
Health and social care professionals	179.60	185.32	(3.18)	
Management / administration	28.00	32.97	(17.75)	
Medical/dental	-	-	-	
Nursing	2.50	1.00	60.00	
Other patient and client care	23.98	21.44	10.59	
Total	234.08	240.89	(2.91)	235.00

LETTER OF DETERMINATION FUNDING 2004

SERVICE OBJECTIVES	ACTIONS TO ACHIEVE OBJECTIVES	L.O.D. FUNDING €M
To meet foster care allowance obligations	Full payment of fostering allowance	0.300
To comply fully with legal obligations	To have access to adequate legal advice and services	0.270
TOTAL		0.570

4.3.4 KEY ISSUES FOR THE YEAR AHEAD

- Review of existing budgetary framework for childcare and family support services and establish appropriate new policies. (Q & F, 68)
- Implement the Boards Child Care Strategy by enhancing:
 - - Family Support Services
 - - Cared for Children Services
 - - Children at Risk Services
- Address placement issues "for additional needs" children by establishing a Transition Service (Q & F, Action 51)
- Address the funding requirements for residential service in context of the Child Care Strategy
- Enhance community based assessment and treatment capacity by establishing an Early Childhood Support Team (Q & F, Action 51)
- Develop a Family Welfare Conference Service (Q & F, Action 27)
- Integrate residential service within reconfigured Cared for Children Service (Q & F, Action 51)
- Prioritise referrals of cared for children (whose Care Plan target is to return home or to move to independent or semi-independent (supported accommodation) to Le Cheile, Extern and Barnardos. (Q & F, Action 53)
- Develop regional standard record system
- Develop emergency care capacity.

4.3.5 MONITORING MECHANISMS AND EVALUATION

MONITORING MECHANISMS

- Monthly monitoring of Service Plan
- Quarterly meetings of the Care Group Executive in relation to Service Plan progress and targets
- Quarterly returns on performance indicators
- Submission of annual and bi-annual Interim Dataset reports to the Department of Health and Children
- Analysis of Quarterly returns on Intercountry Adoption
- Social Service Inspectorate inspections will be facilitated and supported at any health board service and location. Inspection findings will be acted on
- Monitoring of standards in residential centres in line with Child Care Regulations, 1995
- An Audit function for Child Care Services will be established to ensure the Board's compliance with all statutory and regulatory obligations.

EVALUATION

- Services will continue to be evaluated in line with the Social Services Inspectorate inspections (Q&F, Action 63)
- Service agreements with non-statutory voluntary and community providers will be reviewed and amended where necessary to ensure evaluation of outcomes in line with Board objectives (Q&F, Action 72)
- The Board's Child Care Management Information Services will be evaluated in terms of its efficiency in compiling statutory returns and delivering local management information (Q&F, Action 120).

4.3.6 RESEARCH, QUALITY AND VFM INITIATIVES

RESEARCH

As part of the implementation of the Board's Child Care Strategy and as a method to co-ordinate and formalise research being conducted in child care, a child care multi-disciplinary research committee has been established with the following functions:

- To identify relevant research already conducted that can be implemented through the strategic process
- To identify gaps in current research and undertake steps to conduct this research
- To provide guidance to each service manager on dealing with applications from students and staff to conduct research based projects
- To prioritise research needs in terms of resources available
- To utilise a best practice approach including any ethical issues associated with the carrying out of research

QUALITY

- To fully implement the Board's Child Care Management Information System in order to provide timely, accurate and relevant information (Q & F, Action 117)
- Implement the Social Services Inspectorate audit recommendations with regard to children in residential services in line with available resources (Q & F, Action 63)
- The Fostering and Adoption Committee will progress the standardisation of the assessment process across the region and will promote best practice (Q & F, Action 63)
- The Child Care Management Information System will facilitate more effective and efficient management of the service (Q & F, Action 117).

Value for Money initiatives

- The Child Care Management Information System will enable an automated fostering payment system (Q & F, Action 117)
- A review will be conducted of the current staffing levels and associated rostering arrangements in the Board's child care residential units.

CHILD AND FAMILY SUPPORT SERVICES ACTIVITY TABLES

CATEGORY	LW AT Q3 2003	LO AT Q3 2003	TOTAL MHB AT Q3 2003
CHILDREN IN CARE			
FOSTER CARE			
FOSTER CARE	103	84	187
CARE OF RELATIVE	22	64	86
PRE-ADOPTION			
OTHER ARRANGEMENTS			
RESIDENTIAL CARE	18	8	26
SPECIAL CARE UNITS			
HIGH SUPPORT UNITS			
MAINSTREAM UNITS			
NUMBER OF FOSTER CARERS	92	100	192

CATEGORY	LW AT Q3 2003	LO AT Q3 2003	TOTAL MHB AT Q3 2003	ESTIMATED TO Q4 2003
Number of Reports to Social Work Depts as returned to MIS Database				
EMOTIONAL	174	62	236	295
NEGLECT	160	164	324	405
PHYSICAL	135	122	257	321
SEXUAL	108	98	206	258
WELFARE	452	140	592	740
UNCLASSIFIED	6	4	10	13
TOTAL	1,035	590	1,625	2032

CATEGORY	OUT-TURN 2003	TARGET 2004
INTERCOUNTRY ADOPTIONS		
NUMBERS WAITING FOR 1 ST ASSESSMENT	21	15
NUMBERS WAITING FOR 2 ND ASSESSMENT	4	4
NUMBERS OF 1 ST ASSESSMENTS COMPLETED	20	25
NUMBERS OF 2 ND ASSESSMENTS COMPLETED	7	7
PROJECTED WAITING TIME FOR 1 ST ASSESSMENT (FROM RECEIPT OF APPLICATION)	10 MONTHS	6 MONTHS
PROJECTED WAITING TIME FOR 2 ND ASSESSMENT (FROM RECEIPT OF APPLICATION)	2 MONTHS	2 MONTHS
NUMBER DEFERRED	1 ST ASSESSMENT – 2 2 ND ASSESSMENT - 0	N/A
PRE-SCHOOL SERVICES		
NUMBER OF NEW CENTRE NOTIFICATIONS IN 2003	23	N/A
NUMBER OF ANNUAL INSPECTIONS AND ADVISORY VISITS IN 2003	204	204
NUMBER OF PRE-SCHOOLS CLOSED PRIOR TO INSPECTION	8	N/A
NUMBER OF PRE-SCHOOLS CLOSED FOLLOWING INSPECTION	N/A	N/A

NATIONAL GOAL NO. 1: Better Health for Everyone 1-35

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
8	Initiatives to promote healthy lifestyles in children will be extended	<ul style="list-style-type: none"> ▪ A wide range of health promoting initiatives for children will continue to be provided by family centres ▪ Healthy lifestyles will be an integral part of intensive, community based programmes for 'additional needs' young people provided by Extern, Barnardos and Le Cheile 	
21	Initiatives to improve the health and well being of homeless young people will be advanced	<ul style="list-style-type: none"> ▪ The Regional Youth Homelessness Forum will continue to provide a regional focus on youth homelessness issues ▪ Intensive, community based services for young people at risk of homelessness will be provided by Extern, Barnardos and Le Cheile 	
27	Family Support Services will be expanded	<ul style="list-style-type: none"> ▪ Family Support Service budget will be clarified ▪ Family Welfare Conference service will be developed ▪ Intensive, Community based services will be developed by Extern, Barnardos and Le Cheile as an alternative to care placement 	

NATIONAL GOAL NO. 2: Fair Access (Actions 36 – 47)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
45	All reasonable steps to make health facilities accessible will be taken	<ul style="list-style-type: none"> ▪ The development of outreach capacity at all Family Centres will be promoted 	

NATIONAL GOAL NO. 3: Responsive and appropriate care delivery (Actions 48 – 62)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
51	An integrated approach to care planning for individuals will become a consistent feature of the system	<ul style="list-style-type: none"> ▪ Reconfiguration of child care and family support services will facilitate enhanced integration ▪ The Early Childhood Support Team will provide an integrated service using the Integrated Care One Network (ICON) model ▪ The transition service will provide an integrated service for 'additional needs' young people requiring a Care Placement 	
52	Provision will be made for the participation of the community in decisions about the delivery of health and personal social services	Family Centres will continue to work in partnership with local communities	

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
53	Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting	The transition service will provide a child centred approach to the care placement needs of children	
54	Community and Voluntary activity in maintaining health will be supported	Family Centres will continue to optimise the involvement of community and voluntary activity in service planning and delivery Services provided by Extern, Barnardos and Le Cheile will optimise community and voluntary activity in developing programmes for 'additional needs' young people	

NATIONAL GOAL No. 4: High Performance (Actions 63 – 73)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
63	Quality systems will be integrated and expanded throughout the health system	Social Service Inspectorate recommendations will be implemented The Fostering and Adoption Committee will continue to progress the implementation of National Standards An internal monitor will ensure compliance with the Child Care Regulations, 1995	
72	Service agreements between the health boards and non-statutory/voluntary sector will be extended to all service providers and associated performance indicators will be introduced	Service agreements with non-statutory/voluntary and community providers will be reviewed and amended where necessary to ensure evaluation of outcomes are in line with the Boards objectives	

NATIONAL GOAL NO. 5: ORGANISATIONAL REFORM (ACTION 110)

110	Health Boards will be responsible for driving change, including a stronger focus on accountability linked to service plans, outputs and quality standards	As part of the implementation of the Board's Child Care Strategy, services will be re-organised and responsibility and authority for operational matters will be delegated to the Child Care Managers.	
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NATIONAL GOAL NO. 6: DEVELOPING HEALTH INFORMATION (ACTION 117)

117	Information and communications technology will be exploited in service delivery	The Child Care Management Information System will facilitate more effective and efficient management of the system and will use the Integrated Care One Network (ICON) model.	
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4. Services for Older People

4.1 Context Role and Purpose

The purpose of the Services for Older People is to -

- Maintain the independence of older people by improving community services so that where appropriate they can be maintained in their own home.
- Improve linkages in the continuum of care between home care, community care, acute care and long stay care.
- Shifting the balance from long term care to assessment/rehabilitation, respite and provision of community based services.

National and Regional Policy Framework

Service developments are informed and guided by the following National Strategies:

- The Years Ahead (Policy document) 1988
- Health Promotion Strategy for Older People (1998) `Adding life to Years`
- Action Plan for Dementia (National Council for Ageing & Older People,1999)
- Care and Case Management National Council for Ageing & Older People(2001)
- Protecting Our Future -Working Party Report on Elder Abuse(2002)
- Review of Nursing Home Subvention Scheme (2002)
- Day Care Report - National Council for Ageing & Older People (2003)
- Home from Home -Social Gain Age & Opportunity (2003)
- Health Service Modernisation Programme under Sustaining Progress

Board Strategies / Policies:

- Plan for Health & Social Gain for the Elderly (1997)
- Continence Strategy
- Day Care Review
- Dementia Report –Recommendations
- Risk Management / Health & Safety
- Local Partnership –under Health Services National Partnership Forum

Needs Analysis

Services for older people are provided to a population of 26,201 over 65 years (11.6%) of the total population (225,363) for the region (Census 2002).

Table: Older People population profile by County

County	Over 65 Years	Over 75 years
Westmeath	7,898	3,498
Longford	4,264	2,029
Offaly	7,392	3,218
Laois	6,647	2,874
TOTAL	26,201	11,619

A total of 1,124 people aged over 75 years are currently in continuing residential care (Care Centres / Nursing Units and Private Nursing Homes) - 9.7% of the total population (11,619) aged over 75 years in the Board's area. This is in line with the national target of 10% of the population over 75 years being in continuing residential care. The Board has a higher than average proportion of older people in its population compared to other health boards. Population estimates suggest that, proportionally, the greatest increase will be among those over 80 years and this will continue to place greater demands on services.

With the increasing dependency ratio of older people in the Board's area, achieving equity of access to services is dependent on an improved infrastructure and transport service within the region.

Community support structures need to be developed to ensure that older people will be able to remain at home for as long as possible.

4.2 Brief outline of services currently provided

Services for Older People are delivered in a range of different settings, including home, community, acute hospitals and in care centres for older people. The interventions offered include health promotion, disease prevention, diagnosis, treatment, care and rehabilitation.

Services provided in the community include public health nursing, special twilight nursing service, home help services, therapy services, community rehabilitation units, support services for carers, boarding out of the elderly and special housing aid scheme for the elderly.

Services in community units include assessment, rehabilitation, palliative care, respite care, day care and long-term care.

Community Support Services

Other services provided to meet the needs of older people include health promotion, GP service, community dietician, chiropody, dental, ophthalmology, pharmacy, community welfare, community development, environmental health, continence advisory service and psychiatry of later life.

Day care services are provided in 10 locations throughout the Board's area, these centres provide 326 day care places.

Voluntary / Non-statutory

The Board works in partnership with a number of non-statutory /voluntary and community organisations. Funding is provided by way of Section 65 grants.

4.3 The Year Ahead

4.3.1. Actions from 2003 –

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004:

- Commission the 90 bedded Community Nursing Unit in Birr
- Development of Elder Abuse Programme
- Development of Psychology services in older person care group
- Establishment of Community Rehabilitation Unit in Athlone
- Establishment of Admission and Discharge Unit in Longford /Westmeath
- Establishment of Regional Nursing Home Inspection Team
- Development of Standards for Residential Care Settings
- Implementation of the Board's day care review recommendations
- Increase in staffing levels across professional disciplines
- Maintenance programmes to enhance environments for dementia care in residential care centres for older people.

4.3.2 Aims and Objectives 2004

The aims and objectives in Services for Older People that will guide the overall provision of services are:

- To promote healthy lifestyles (Q&F, Action 5)
- Provide an integrated approach in meeting the needs of older people, promote the development of ICON (Integrated Care One Network) (Q&F, Actions 26, 51)
- To enable older people to remain at home by the provision of support services (Q&F Action 54)
- Improve linkages between primary and secondary care (Q&F, Action 74) (Primary Care Action 10)

Actions to Achieve Objectives

Better Health for Everyone (Actions 1-35)

- Establish Community Rehabilitation Unit in Athlone (Q&F, Action 30)
- Target major lifestyle factors through Health Promotion programmes (Q&F, Action 5)
- Include sexual health needs of older people in care planning assessment (Q&F, Action 16)
- Deliver educational /training programme in dementia care to staff and carers (Q&F, Action 26)
- Promote uptake for Influenza / Pneumococcal Vaccine (Q&F, Action 26)

Fair Access (Actions 36 – 47)

- Provide information pack for older people on available services (Q&F, Action 44)
- Implement the action plan for day care services including transport needs (Q&F, Action 45)
- Achieve annual target for subvention payments (Q&F, Action 40)

Responsive and appropriate care delivery (Actions 48 – 62)

- Continue Age Awareness training in association with Age & Opportunity for staff, voluntary, and non-statutory organisations (Q&F, Action 50)
- Develop and implement a single assessment tool within a care management framework
- Continue the development of Integrated Care One Network (ICON) (Q&F, Action 51 & 74).
- Continue to implement the Board's Continence Strategy. (Q&F, Action 51)
- Establish Consumer Panels. (Q&F, Action 52)
- Further implement the Comment, Enquiry, Complaint, Appeal (CECA) system
- Work in partnership with the Voluntary Housing Associations (Q&F, Action 54).

High Performance (Actions 63 – 121)

- Develop standards for residential care settings with relevant stakeholders (Q&F, Action 50)
- Develop a falls prevention programme. (Q&F, Action 63).
- Develop and implement Elder Abuse Guidelines. (Q&F, Action 68)
- Extend Service Agreements to all service providers (Q&F, Action 72)
- Further develop web-site for Older People (Q&F, Action 116)

National Performance Indicators

The relevant performance indicators from the national suite, against which the Board will report in 2004, are set out in the following sections:

Efficiency/Effectiveness

Please note that P.I.s are reported on a half yearly basis.

OP1 The number of re-admissions for the same complaint/condition, by speciality: Orthopaedics Medicine Surgery Gynaecology Ophthalmology ENT To acute hospitals within: One week of discharge One month of discharge Per thousand admissions of those aged over 65 years.	National Target	Q1	Q2	Q3	Q4	Target for 2004 Reduce number of re-admissions
Orthopaedics One week of discharge One month of discharge		N/A	0 3	N/A		
Medicine One week of discharge One month of discharge		N/A	9 60	N/A		
Surgery One week of discharge One month of discharge		N/A	13 54	N/A		
Gynaecology One week of discharge One month of discharge		N/A	1 1	N/A		
Ophthalmology One week of discharge One month of discharge		N/A	0 0	N/A		
ENT One week of discharge One month of discharge		N/A	7 22	N/A		

OP1 CommentaryOP1 | Reported at the end of six month period –June 30th 2003**Equity/Access****Efficiency**

OP2	National Target	Q1	Q2	Q3	Q4	Target for 2004
i) The number of patients over 65 years on the waiting list for- Cataract surgery		N/A	286	N/A		Time on waiting lists not to exceed national averages
ENT surgery		N/A	5	N/A		
Orthopaedic Surgery		N/A	79	N/A		
ii) The number of cataract procedures completed day case		N/A	—	N/A		
in-patient		N/A		N/A		

OP2 Commentary	
OP2 Q1	(i) Reported at the end of six month period –June 30 th 2003
OP2 Q2	(ii) Information in relation to cataracts collected centrally –Eastern Regional Health Authority
OP2 Q3	N/A
OP2 Q4	

Efficiency

OP3	National Target	Q1	Q2	Q3	Q4	Target for 2004
Percentage uptake of influenza vaccine among the GMS population aged over 65 years		56%	N/A	N/A		100%

OP3 Commentary.

OP3 Q1	The GMS figures for reporting periods as specified are not yet available. The figures provided are up to end of November 2002 and, therefore, these figures do not reflect uptake for period in question.
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Efficiency

OP4	National Target	Q1	Q2	Q3	Q4	Target for 2004
Number of people aged over 75 years in residential continuing care settings, i.e. Health Board and other residential continuing care settings, including private and voluntary, as a percentage of the total population over 75 years.		10.07%	10%	9.7%		Not exceed 10% of total population over 75 years

Efficiency

OP5	National Target	Q1	Q2	Q3	Q4	Target for 2004
Percentage of people over 65 years of age in receipt of the following services during the reporting period.						Provide and maintain services in response to need
Home Help services		10.86%	7.8%	8.6%		
Hours of Home Help service provided				133,718		
Day care						
Day Hospital		N/A	N/A	N/A		
Day Care Centres						
Social Clubs / Day Centre		3.11%	4%	3.73%		
Respite care.		1.09%	1.3%	1.05%		

Finance

	Budget 2003	Out-turn 2003	% Variance	Budget 2004
	€m	€m		€m
Pay	43.945	44.593	(1.5%)	46.862
Non-pay	8.601	9.142	(6.2%)	8.885
Gross expenditure	52.546	53.735	(2.2%)	55.747
(Income)	(6.795)	(7.051)	3.8%	(7.095)
Net expenditure	45.751	46.684	(2.0%)	48.652

Letter of Determination funding 2004

Service Objectives	Actions to achieve Objectives	L.O.D. Funding
Continue to implement Nursing Home Subvention Scheme (Q&F, Action 40)	<ul style="list-style-type: none"> ▪ Funding will be applied towards the cost of responding to existing service pressures 	€0.214
Development of Personal Care Packages (Q&F, Action 53)	<ul style="list-style-type: none"> ▪ The Board will develop and implement the provision of personal care packages ▪ Laois / Offaly €0.052m ▪ Longford / Westmeath €0.053m ▪ Alzheimer Society €0.010m ▪ Carers Association €0.010m 	€0.125
Provide Home Help Service (Q&F, Action 53)	<ul style="list-style-type: none"> ▪ Develop and expand scope of Home Help service within a care management framework €205,000 ▪ Training Programme €20,000 	€0.225
Develop Elder Abuse Programme (Q&F, Action 68)	<ul style="list-style-type: none"> ▪ Commence development of guidelines on Elder Abuse ▪ Social Work Service ▪ Implementation of guidelines in line with National Implementation Group recommendations ▪ Education and Training programme 	€0.075
Palliative Care Services (Q&F, Action 68)	<ul style="list-style-type: none"> ▪ Implementation of National Strategy in consultation with the Board's Consultative Steering Group on Palliative Care ▪ Care Centres €0.035m ▪ LARCC (Psycho-social support centre) Longford €0.030m 	€0.065

Staffing (WTE numbers)

	Target 2003	Out-turn 2003	% Variance	Target 2004
General support staff	52.60	51.97	1.20	
Health and social care professionals	38.01	39.11	(2.89)	
Management / administration	32.10	32.04	0.19	
Medical/dental	7.00	3.50	50.00	
Nursing	357.88	357.79	0.03	
Other patient and client care	743.02	746.73	(0.50)	
Total	1,230.61	1,231.14	(0.04)	1,230.00

4.3.4 Key Issues for the Year Ahead:

The demographic and health profile of older people in the Board's area combined with societal changes and illness patterns are placing greater demands on services and existing staffing resources.

- The resourcing of appropriate packages of care to meet individual needs, both in the community and residential care through increased respite care, appropriate day care and residential care services in particular for persons with Alzheimer's
- Upgrading and replacement of some care centres to meet modern standards
- Appointment of additional posts-Consultant Geriatricians and supporting staff i.e. Social Work/Psychology Services
- Appropriate placements for people with significant disabilities currently inappropriately placed in long-stay units
- Establish Community Rehabilitation Unit in Athlone
- Additional Therapy services
- Additional Clinical Dietetic services
- Investment in IT systems in all centres and locations where appropriate
- Increase chiropody sessions to meet the needs of older people
- Requirement for day care facilities in South Laois and Longford
- Need for Nursing Home Inspection team
- Development of information leaflets on the safe use of equipment in community settings
- Review /development of protocols for oxygen in the home
- Development of guidelines for provision of therapy services to clients in Private Nursing Homes
- All-Ireland Traveller Health Study- Health needs and status of older Travellers to be specifically addressed.

4.3.5 Monitoring Mechanisms and Evaluation:**Monitoring mechanisms**

Monitoring against Service Plan will be by way of:

- Recording Monthly activity
- Quarterly Service Plan Reviews
- Performance Indicator Reporting
- Financial Budgetary Control Reports
- Weekly staff absenteeism monitoring in each unit
- Monitoring of stock control
- Clinical Audit /Risk Management reports.

Evaluation

- Evaluation of wound care management model
- Evaluation of Music Network Project
- Evaluation of Arts in Care Project by Age and Opportunity
- Evaluation of a single assessment process
- Evaluation of Dementia training programme
- Evaluation of Community Rehabilitation Units through patient satisfaction survey.

4.3.6 Research, Quality and Value for Money:

Research

- Research best practice in the area of falls prevention
- Review of the Board's Action Plan for Older People
- Participate in National Council for Ageing and Older People survey on Ageism in the workplace
- Conduct research into an aspect of occupational therapy within care of the older person, 'Effectiveness of OT pre-discharge home visits in reducing re-admission'
- Needs assessment of older Travellers.

Quality

- Establishment of Consumer Panels
- Database for Older People further developed
- ICON Projects identified (Admission & Discharge Project)
- Age Awareness training programmes continued
- Roll out of dementia educational/training programme to staff
- Pilot project in Longford / Westmeath area in implementing policies, procedures and guidelines for Occupational Therapy interventions, with evaluation mid-2004
- Community enteral tube feeding database and register for older person care group developed
- Physiotherapists across the Board working towards standardised procedures and guidelines for clinical practice based on European Core Standards 2002
- Regional Policies committee working on development of standards, policies and procedures in older person care group
- Development of Single Assessment tool –Public Health Nursing Service.

Value for Money Initiatives

- Service agreements/ contracts with non-statutory and voluntary organisations, private nursing homes and other Board services
- The opening of the Regional Recycling Unit will facilitate the recycling of aids and appliances.
- Nursing and Midwifery Planning and Development Unit skills mix project progressed

Activity Table – Older Persons Services

Out-turn figures –as at end of September 2003

Older Persons	Target 2003	Out-turn 2003	% variance	Target 2004
Respite Care recipients		272 Q1 336 Q2 274 Q3		Continue to provide the following services in response to individual need
Day Care attendances		15,739 Q1 16,717 Q2 13,654 Q3		"
Home Help services recipients		2,718 Q1 2,035 Q2 2,241 Q3		"
Number of people over 75 years in residential continuing care settings, including private nursing homes		1,124 Q3		Remain within National target of not more than 10% of total population over 75 years in residential care

Summary of Planned Actions by reference to the National Health Strategy Actions Services for Older People

NATIONAL GOAL NO. 1: Better Health for Everyone (Actions 1-35)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
5	Actions on major lifestyle factors targeted and Health Promotion Strategies will be enhanced	<ul style="list-style-type: none"> ▪ All nutrition projects evidenced based. Standards, protocols and procedures further developed ▪ Go for life Project further developed in the community ▪ Arts in Care and Music Network projects further developed ▪ Smoking cessation sessions provided ▪ Activity in care training (ACT) programme in residential care centres continued 	
16	Measures will be taken to promote sexual health and safer sexual practices	<ul style="list-style-type: none"> ▪ Care planning assessment to include sexual health needs 	
17	Food safety management systems	<ul style="list-style-type: none"> ▪ Compliance with Regulation 42 of the EU Communities (Hygiene of Foodstuffs) Regulations 2000 	
19	Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded	<ul style="list-style-type: none"> ▪ Health Promotion programmes expanded to enhance the quality of lives of older people 	
20	Initiatives for disadvantaged groups to achieve healthier lifestyles developed and expanded	<ul style="list-style-type: none"> ▪ Implementation of relevant targets for older people from Traveller Heath –A National Strategy 	
26	An integrated approach to meeting the needs of ageing and older people will be taken	<ul style="list-style-type: none"> ▪ Commence the implementation of the Board's Dementia Report recommendations within available resources ▪ Educational programme developed for staff and carers 	

NATIONAL GOAL NO. 2: Fair Access (Actions 36 – 47)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
40	The Nursing Home subvention scheme will be amended to take account of the expenditure review of the scheme	<ul style="list-style-type: none"> ▪ Payment in accordance with the Department of Health and Children guidelines ▪ Regional protocols in place for assessment and payment of enhanced subvention ▪ Personal Packages of care 	
44	Availability of information on entitlements including use of information technology will be improved	<ul style="list-style-type: none"> ▪ Standardise and communicate eligibility for services across all community service areas ▪ Information Pack provided ▪ Links with CIC's and Comhairle further developed ▪ Promotion of Mullingar Senior Help Line 	
45	All reasonable steps to make health facilities accessible will be taken	<ul style="list-style-type: none"> ▪ Action Plan developed based on recommendations contained in day care review –transport needs considered ▪ implementation of targets –based on funding allocation ▪ Work progressed to support the provision and access of social day care with voluntary/ non-statutory organisations <p>Reference National Performance Indicator No.5</p>	

NATIONAL GOAL No. 3: Responsive and appropriate care delivery (Actions 48 – 62)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
48	A national standardised approach to measurement of patient satisfaction will be introduced	<ul style="list-style-type: none"> ▪ Further promote and implement Comment, Enquiry, Complaint, Appeal system (CECA) 	
50	Individuals and families will be supported and encouraged to be involved in the management of their own health	<ul style="list-style-type: none"> ▪ Training will continue to support individuals and families. Information /advice and support service will be available ▪ Public private partnership links developed with housing agencies and other relevant agencies in response to the accommodation needs of older people 	

NATIONAL GOAL No. 3: Responsive and appropriate care delivery (Actions 48 – 62)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
51	An integrated approach to care planning for individuals will become a consistent feature of the system	<ul style="list-style-type: none"> ▪ Initiatives to progress an integrated approach to care planning through ICON in order to support active participation by individuals and families in shared decision making about their own health and health care ▪ Progression / implementation of single assessment tool in the identification of older people's needs 	
52	Provision will be made for the participation of the community in decisions about the delivery of health and personal social services	<ul style="list-style-type: none"> ▪ Further develop consultation process through Regional Forum for Older People ▪ Consumer panels established ▪ Patient satisfaction surveys will continue 	
54	Community and voluntary activity in maintaining health will be supported	<ul style="list-style-type: none"> ▪ Programmes to support informal carers continued through training/ information and advisory work ▪ Support provided to Mullingar Senior Help Line ▪ Funding to Carers Association, Alzheimer Society, and LARCC 	
54	Community and voluntary activity in maintaining health will be supported	<ul style="list-style-type: none"> ▪ Community Rehabilitation Unit in Athlone established ▪ The Board will continue to invest in the development of the Home Help Service with policies and protocols in place <p>Reference National Performance Indicator No. 5</p>	

NATIONAL GOAL NO. 4: High Performance (Actions 63 – 121)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F Action	Actions to Achieve Q&F Action	Page ref.
63	Quality systems will be integrated and expanded throughout the health system	<ul style="list-style-type: none"> ▪ Standards and protocols for quality care, risk management /health and safety in place ▪ Patient safety programmes developed ▪ Comprehensive falls prevention /management programme developed. This project will identify risk factors across all age groups ▪ Implementation of Smoking Legislation ▪ Elder Abuse Guidelines developed and implemented in accordance with national recommendations 	
68	Decisions across the health system will be based on best available evidence	<ul style="list-style-type: none"> ▪ The Board will continue to implement its Quality Strategy, through training, policy practice guideline development and evaluation ▪ Work will continue in development of standards for residential care settings with relevant stakeholders through the work of the work of the regional policies committee ▪ Links with Acute Hospital accreditation established ▪ Care/Case management recommendations progressed 	
70	Accountability will be strengthened through further development of the service planning process	<ul style="list-style-type: none"> ▪ New Performance Indicators agreed for older person group ▪ Reporting mechanisms agreed 	
72	Service agreements between the health boards and voluntary sector	<ul style="list-style-type: none"> ▪ Service Agreements will be entered into with all service providers ▪ Performance Indicators agreed 	
74	A new model of primary care will be developed	<ul style="list-style-type: none"> ▪ Promote linkages between primary and secondary care 	

PERSONS WITH DISABILITIES**5.1 Context****Role and Purpose**

The role and purpose is to ensure that quality services are delivered locally and are responsive to individual needs of persons with disabilities.

NATIONAL AND REGIONAL POLICY FRAMEWORK

The principal and legislative framework guiding the provision of these services include: Needs and Abilities (1990)

- Services for People with Autism Department of Health (1994)
- A Strategy for Equality Report of the Commission on the Status of People with Disabilities (1996)
- Towards an Independent Future (1996)
- Enhancing the Partnership/Widening the Partnership (1997)
- Report of the Establishment Group Building a Future Together (1998)
- Children First National Guidelines for the Protection and Welfare of Children (1999)

- Health Services Modernisation Programme under Sustaining Progress (2002)
- Autism Task Force, Department of Education & Science (2003)
- Review of access to Mental Health Services for People with Intellectual Disabilities, National Disability Authority (2003)
- Health Services National Performance Indicators for Intellectual Disabilities and Physical & Sensory Disabilities (2003)
- Employment Challenges for the Millennium, Report of the National Advisory Committee for Training and Employment
- Continuous Quality Improvement (CQI) and Management by Projects approach.

Needs Analysis

The service needs of persons with an Intellectual Disability, Autism and persons with a Physical and/or Sensory Disability are recorded on two National Databases. Both databases include a personal profile of each registered person, details of their assessed needs and a projection of their future service requirements. At December 2003, 1,417 people registered on the Board's Intellectual Disability Database and 1,279 people were registered on the Board's Physical and Sensory Disability Database.

Statistical information from the databases is used extensively as the basis for service planning by the Board and Regional Planning Consultative fora and committees.

5.2 Brief Outline of Services Currently Provided

Services for Persons with Disabilities are funded by the Board and delivered in partnership with non-statutory agencies.

Intellectual Disabilities and Autism

Services for people with an Intellectual Disability/Autism are delivered in a range of different settings; in the family home, community, day, respite and residential settings.

Multi-disciplinary and therapy support services are provided by Area Medical Officers, Occupational Therapists, Public Health Nurses, Speech and Language Therapists, Physiotherapists, Psychologists, Social Workers, Multi-disciplinary Autism Team for Children and Adolescents and specialised mental health services.

THE NON-STATUTORY SERVICE PROVIDERS WHO WORK IN PARTNERSHIP WITH THE BOARD ARE LISTED BELOW:

- **Sisters of Charity of Jesus and Mary:** Provides day, residential, respite and support services in Laois, Longford, Offaly and Westmeath
- **St. Anne's:** Provides day services and residential services including semi-independent living, for adults in Birr
- **St. Hilda's:** Provides day, residential and respite services for children and adults in Athlone
- **St. Christopher's:** Provides day, residential and respite services for children and adults in Longford
- **KARE:** Provides a day service in Edenderry for adults
- **St. Cronan's:** Provides day services in Roscrea and Birr for adults
- **RehabCare:** Provides sheltered work in Athlone, Portlaoise and Tullamore also provides a residential service in Longford for adults with Autism and a regional respite service in Tullamore for adults and children with Autism.

PHYSICAL AND SENSORY DISABILITY

Services for people with a Physical and/or Sensory Disability are delivered in a range of different settings; in the family home, community, day and respite services.

Multi-disciplinary and therapy support services are provided by Occupational Therapists, Public Health Nurses, Physiotherapists, Speech and Language Therapists, Counselling Nurses, Continence Advisors and Home Helps

Non-statutory service providers provide the following service:

- **Centres for Independent Living (CIL):** Provide personal assistants to individuals with disabilities, enhancing their quality of life in Laois, Longford, Offaly and Westmeath
- **The National Council for the Blind of Ireland:** Provides counselling, rehabilitation, training and other compensatory supports to blind and visually impaired persons
- **Multiple Sclerosis Ireland:** Provides support for persons with M.S
- **The Irish Wheelchair Association (IWA):** Provides assisted living services, information, assessment and advice, and day activity resource programmes for persons with physical and sensory disability
- **Post Polio Support Group:** Creates awareness and provides information services in relation to the late effects of post polio
- **The National Association for the Deaf (NAD):** Provides citizen support services, deaftech, communication support, employment supports, resource centres, family support services and outreach clinics in the Board's area
- **Headway Ireland and BRÍ:** Provides support to people with an acquired brain injury.
- **Muscular Dystrophy Ireland (MDI):** Provides information and support services to people with neuromuscular conditions
- **Brainwave:** Provides support, information and advisory services to people with epilepsy
- **Spinal Injuries Action Association:** Provides Information and support to people with spinal injuries in the Midlands
- **Spina Bifida and Hydrocephalus Association:** Provides family support to persons with Spina Bifida and Hydrocephalus in the Midlands
- **Disability Federation of Ireland:** Provides a range of supports and services to non-statutory organisations to enable the delivery of the best possible range of services to people with disabilities

Rehabilitative Training

Rehabilitative training services are planned and commissioned in partnership with Aontacht Phobail Teoranta (APT).

Rehabilitative training is provided in the following centres:

- Mullingar Resource Centre Midland Health Board
- Training Centre, Portlaoise Midland Health Board
- Springfield Resource Centre, Mullingar Midland Health Board
- St. Christopher's, Longford
- National Training and Development Institute (NTDI) Athlone, Longford, Portlaoise and Tullamore
- St. Cronan's, Birr
- Sisters of Charity of Jesus and Mary, Delvin
- RehabCare, Athlone and Tullamore

5.3. THE YEAR AHEAD

5.3.1 ACTIONS FROM 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004:-

- The audit of a representative sample of services in relation to employment of people with disabilities
- The organisation of advocacy workshops to support people with disabilities in the community and residential settings
- The work in relation to transport services provided by the Board and non-statutory service providers for persons with a disability
- The recruitment of personnel to therapy posts.

5.3.2 Aims and objectives:

- To develop services for people who are not currently receiving support and who have been assessed as requiring services
- To augment services for those in receipt of services, based on changing needs
- To plan and develop services for people who are currently in receipt of services in inappropriate settings
- To ensure that there are clear and simple pathways for people with disabilities and their families to access services
- To promote an integrated approach to individual care planning
- To provide services in line with quality standards that reflect value for money
- To seek innovation and compliance with best practice in the planning and delivery of services
- To develop partnerships in the planning, delivery and evaluation of services.

5.3.3 Actions to Achieve Objectives

Services for Young Children with Disabilities 0 – 6 years

Early Intervention Services provide referral, assessment, family support, care planning and support services for young children with developmental delays.

- The recommendations of the Early Intervention Services Project Team (due to report by June 2004) will be used to inform the design of a model of integrated care in the delivery of Early Intervention Services (Integrated Care One Network Project Q&F, Action 14).
- To further develop pre school services (Q & F Action 14).

Services for Children with Disabilities 6 – 18 years

Children's Services provide referral, assessment, therapeutic support, respite and family support for children of school going age.

- A project group will report on the provision of children's services with emphasis on a model of integrated care (ICON Project. Q & F, Action 14).
- Partnership structures with the Department of Education and Science and the National Education Psychological Service (NEPS) will be developed to improve co-ordination in service delivery.
- The role of children's therapeutic support teams will be reviewed and defined (Q&F Action 14).
- Children's respite, recreational and summer camp provision will be further developed (Q & F, Action 27).
- A review of respite services for children with disabilities will be undertaken following consultation (Q & F, Action 52).

Services for Adults

Adult services include the provision of day, residential, respite, personal and therapeutic supports to adults with disabilities. Actions will include:

- Continuation of the transfer programme of persons with Intellectual Disabilities from institutional settings to community settings within available resources. (Q&F, Action 53).
- A joint Project Team involving the Board, Westmeath County Council, Athlone Town Council, Irish Wheelchair Association, Westmeath Childcare Committee, St Hilda's and community groups will report upon a housing, childcare, adult day service and community resource at Clonbrusk, Athlone. This project is in the RAPID (Revitalising Areas by Planning, Investment and Development) area. (Q&F, Action 53).
- Additional residential provision for people with an Intellectual Disability and Autism will be commissioned
- Develop a specialised approach for people with an Intellectual Disability and Autism that present with challenging behaviour (Q&F, Action 68)
- Improve physical facilities available to people with Physical and Sensory Disability including services at the Phoenix Centre, Longford and the Cedar Centre, Athlone (Q&F, Action 45).
- Commission day services for people with Intellectual Disability at the Block Road, Portlaoise.
- Establish a Project Team to examine the needs of older persons with a disability (Q&F, Action 26).
- Develop structures to ensure fair access for people with a Physical and/or Sensory Disability to home based services (Q&F, Action 37).
- A review of respite services for adults with disabilities will be undertaken which will involve consultation with service users and their families (Q&F, Action 68).
- Review plans for the provision of residential services for people with a Physical and/or Sensory Disability including services at Tullamore (Q&F, Action 68).
- Agree, in consultation with representative groups, a strategy for the development of services for people with an acquired brain injury (Q&F, Action 68).
- Examine what health support services are available to people with disabilities (Q&F, Action 31).

Organisational Actions

Organisational actions include initiatives planned to support the overall leadership, management and evaluation of disability services and operational issues.

- Continue preparation for the implementation of National Service Quality Standards including National Disability Authority and Sheltered Work Standards (Q&F, Action 35).
- Support the development of a Project Team established to examine equitable access for people with disabilities to home support services (Clearing House concept)
- Audit the Intellectual Disability Database.
- Pursue an academic research project in association with Dublin City University relating to the Health Status of people with Disabilities.
- Initiate health promotion projects including health screening and health issues for people with disabilities in long stay residential settings (Q&F, Action 19).
- Finalise the development of five-year strategies 2005 – 2009 for Intellectual Disabilities and Autism and Physical/Sensory Disabilities.
- Develop a strategic plan for rehabilitative training services.
- Promote partnership agenda with all stakeholders (Q&F, Action 70).
- Ensure effective communication with staff and non-statutory service providers of developments concerning the National Health Services Reforms (Q&F, Action 72).
- Further develop sector teams through training (Q&F, Action 52).
- Explore the possibility of expanding the sector team concept to Physical & Sensory Disability services (Q & F, Action 52)

- Develop an awareness programme for primary health care staff on disability issues particularly intellectual disability and autism.
- Roll out the National Physical and Sensory Disability Database including the commissioning of new software and a comprehensive review of existing database information (Q&F, Action 120).
- Commission the National Rehabilitative Training and Sheltered Work Services database to include staff training and networking (Q&F, Action 120).
- Roll out the National Intellectual Disability Database software to non-statutory service providers (Q & F, Action 120).
- Enhance service agreements reporting and monitoring mechanism (Q&F, Action 72).
- Support in association with Comhairle the publication of an Information Booklet/Directory of Services (Q&F, Action 117).

Performance Indicators

The following table sets out the national suite of Intellectual and Physical and Sensory performance indicators with achievement against each indicator for 2003 together with an identified target, where feasible/appropriate, for 2004.

PERFORMANCE INDICATOR	ACHIEVEMENT SEPT 2003	TARGET 2004
ID1 (SOURCE INTELLECTUAL DISABILITY DATABASE AT /07/2003)		
% of people with an Intellectual Disability in Residential Care for whom a written person centred plan is in place	48%	60%
ID 2 (Source Non-Statutory Service Providers At 30/09/2003)		
(a) % of people with an Intellectual Disability in Residential Care including Group Homes who have been vaccinated against Hepatitis B.	53%	
(b) % of people with an Intellectual Disability who declined the vaccination.	12%	
(c) % of staff in Residential Services for people with an Intellectual Disability who have been vaccinated against Hepatitis B.	57%	
(d) % of staff that declined the vaccination	18%	
ID 3 (SOURCE NON-STATUTORY SERVICE PROVIDERS AT /07/2003)		
(a) % of clients on the Intellectual Disability Database assessed as requiring Day Services and who are receiving the service	98%	
(b) % of these clients requiring a further Day Service.	2%	
(c) % of clients on the Intellectual Disability Database who are assessed as requiring Residential Services and who are receiving the service.	46%	SUBJECT TO FUNDING
(d) % of these clients requiring further Residential Services	3%	
(e) % of clients who have been assessed as needing to be transferred from psychiatric hospitals and large institutional settings for whom funding has been received.	60%	No Additional funding 2004
ID 4 (SOURCE NON-STATUTORY SERVICE PROVIDERS AT 30/09/03)		
% of agencies providing Intellectual Disability Services that employ a methodology to seek the views of the person in Residential Care, their parents, family members and/or advocates	50%	65%
PS 1 (SOURCE PHYSICAL & SENSORY DISABILITY DATABASE AT 30/09/2003)		
% of clients who have applied to Health Board/Voluntary Sector, or have otherwise been identified as eligible, to be included on the Physical/Sensory Disability Database who have been interviewed	58%	70%

PERFORMANCE INDICATOR	ACHIEVEMENT 2003	TARGET 2004
PS 2 (SOURCE NON-STATUTORY SERVICE PROVIDERS AT 30/09/2003)		
(a) Number of people who have applied to the Health Board/Voluntary Sector for a Personal Assistant.	41 people	
(b) % of people who have applied to the Health Board/Voluntary Sector for a Personal Assistant who are awaiting assessment during the reporting period	45%	30%
(c) % of those assessed by the Health Board/Voluntary Sector as being in need of a Personal Assistant who are receiving a service.	46%	50%
(d) Number of hours people in receipt of Personal Assistants Service receive	1018 hours	
(e) % of Personal Assistants who have received training	61%	75%
PS 3		
% of agencies or residential service employers for people with Physical and Sensory Disabilities that employ a methodology to seek the views of the residential service users, their parents, family members and/or advocates.	N/A*	N/A

* The Midland Health Board does not have a dedicated residential service for persons with a Physical and/or Sensory Disability

Activity Levels INTELLECTUAL DISABILITY & AUTISM

DAY SERVICES

AGENCY	NO. OF PLACES AT 17/12/2003
Sisters of Charity of Jesus & Mary, Regional	352*
St Hilda's, Athlone	112
St Christopher's, Longford	153
St Anne's, Roscrea	27
St Cronan's, Roscrea	9
RehabCare, Regional	60
KARE, Edenderry	10
NTDI, Regional	73
Lough Sheever Centre, Mullingar	57
St Peter's Centre, Castlepollard	73
Alvernia House, Portlaoise	46
St Loman's Hospital, Mullingar	6
St Fintan's Hospital, Portlaoise	7
Mullingar Resource Centre	76
Midland Health Board – Block Road, Portlaoise	6
Special Schools, Regional	171
Mainstream Schools, Regional	121
Midland Health Board Early Intervention Services, Regional	50
Home Support/Multi Disciplinary Placement, Regional	8
Total number of day places	1,417**
Source: National Intellectual Disability Database Does not include: People who are in receipt of services who are not registered on the Intellectual Disability Database People who are in receipt of services in other areas and are funded by the Midland Health Board.	

* Including Annual Review of Social Work Clients

** Includes full or partial placement of 22 school leavers in 2003 (11 Rehabilitative training) 13 Emergency Day places and 5 Pre-school placements.

RESIDENTIAL SERVICES

AGENCY	PLACES AT 17/12/2003
Sisters of Charity of Jesus & Mary Services, Regional	138
St Hilda's, Athlone	22
St Christopher's, Longford	26
St Anne's, Roscrea	23
RehabCare, Regional	4
Lough Sheever Centre, Mullingar (including community residences)	89
St Peter's Centre, Castlepollard (including community residences)	88
Alvernia House, Portlaoise	46
St Loman's Hospital, Mullingar	7
St Fintan's Hospital, Portlaoise	7
Total number of residential places	450
Does not include: People who are in receipt of services who are not registered on the Intellectual Disability Database People who are in receipt of services in other areas and are funded by the Midland Health Board.	

* Includes 2 high support residential placements (1 in SEHB) in 2003.

RESPIRE SERVICES

AGENCY	NO OF BED NIGHTS AT 30/09/03	TARGET 2004
Charleville Cottage, RehabCare	409	Demand led and based on prioritised needs
Clonkeen, Sisters of Charity of Jesus & Mary	649	
Fountain View, Sisters of Charity of Jesus & Mary	1,054	
Glendaniel, Sisters of Charity of Jesus & Mary	629	
Rosecourt, Sisters of Charity of Jesus & Mary	171	
Wood of O, Sisters of Charity of Jesus & Mary	616	
Newtownforbes, St Christopher's Services (opened 28/10/03 four respite beds)	138	
College View, Midland Health Board	1,054	
Teach Solas, Midland Health Board	1,388	
Total	6108	
Source: Non-Statutory service providers & Midland Health Board Respite Houses.		

TRANSFER PROGRAMME

Transfer of people from institutional settings to community living.

AGENCY	NO OF CLIENTS RELOCATED 01/01/03 – 30/09/03	TARGET 2004
Alvernia House, Portlaoise	0	5-10
Lough Sheever Centre, Mullingar	11	0
St Peter's Centre, Castlepollard	12	0
Total	23	5-10

PHYSICAL & SENSORY DISABILITIES

AGENCY	NO. OF PEOPLE WHO RECEIVED A PA SERVICE 01/01/03 – 30/09/03	TARGET 2004
Irish Wheelchair Association	56	Demand led and based on prioritised needs
Laois CIL	16	
Longford CIL	30	
Offaly CIL	40	
Westmeath CIL	20	
Total	162	

DAY SERVICES

AGENCY	NO. OF PEOPLE WHO ATTENDED DAY SERVICES 01/01/03 – 30/09/03	TARGET 2004
Arus Eoghan, Portlaoise, Midland Health Board	21	Demand led and based on prioritised needs
Cedar Centre, Athlone, Midland Health Board	44	
Phoenix Centre, Longford, Midland Health Board	36	
Springfield Centre, Mullingar, Midland Health Board/IWA	65	
Total	166	

Respite Services

AGENCY	NO OF RESPITE BEDS 01/01/03 – 30/09/03	TARGET 2004
Cloghan House, Tullamore Midland Health Board	1,256	Demand led and based on prioritised needs

DATABASE RESOURCE OFFICER

Promotion of the National Intellectual Disability Database and National Physical and/or Sensory Disability Database in mainstream schools.

SCHOOL	01/01/03 – 30/09/03
Primary	255
Secondary	50
Total	305

DISABILITY SEMINARS/CONFERENCE SUPPORTED BY MIDLAND HEALTH BOARD HELD IN 2003

- Dementia Seminar – 24th February 2003
- Autism Workshop – 4th June 2003
- Governance Training for non-statutory organisations – 19th June 2003
- Brainwave – Epilepsy seminar – 7th October 2003
- Spina Bifida and Hydrocephalus Seminar on Life Choices – 18th October 2003
- Disability Federation of Ireland Seminar on Rights for Persons with Disabilities – 27th November 2003
- Challenging Behaviour Seminar – 1st December 2003
- Education for Disability Bill Seminar – 1st December 2003

GROUPS ESTABLISHED IN 2003

- Early Intervention Services 0–6 Years Project Team – will report in June 2004.
- Children Services 6-18 Years Project Team – will report in 2004.
- Project Team established to examine equitable access for people with disabilities to personal support services (Clearing House concept) - will report in 2004.
- Diet & Nutritional Needs Project Team – will report in 2004
- Sector Teams Intellectual Disability Services became operational (Teams established in Athlone, Birr, Longford, Mullingar, Portlaoise and Tullamore)
- Edenderry Project Team established to report on the proposed development of a Disability Resource Centre
- Birr Project Team established to examine provision of day services for persons with disabilities
- European Year for People with Disabilities Project Team established to co-ordinate local celebrations and activities to mark the year.
- The Board also supported a Resource Office for Special Olympics in 2003.

Finance

	BUDGET 2003	OUT-TURN (1) 2003	% VARIANCE (2)	BUDGET 2004
	€m	€m	€m	€m
Pay	18.200	18.334	(0.7%)	18.962
Non-Pay	37.877	37.690	(0.5%)	38.510
Gross Expenditure	56.077	56.024	-	57.472
(Income)	(1.941)	(1.672)	(14%)	(2.041)
Net Expenditure	54.136	54.351	(0.4%)	55.431

STAFFING (WTE NUMBERS) – NON-STATUTORY AGENCIES AS AT 30/09/2003

AGENCY	MAN/ ADMIN	HEALTH & SOCIAL CARE PROF	MED/ DENTAL	NURSING	SUPPORT STAFF	TOTAL
Sisters of Charity of Jesus & Mary	27.67	99.11	0	54.84	162.09	343.71
St Hilda's	1.70	0	0	5.32	40.02	47.04
St Christopher's	6.83	0	0	5.50	59.09	71.42
St Cronan's	1.50	0	0	0	4.50	6.00
RehabCare	7.00	2.00	0	0	30.50	39.50
KARE	0.05	0	0	0.23	2.80	3.08
National Council for the Blind	1.28	3.13	0	0	0	4.41
National Association for the Deaf	3.24	1.00	0	0	0	4.24
Multiple Sclerosis Ireland	0.50	1.00	0	0	0	1.50
Brainwave	0	0.71	0	0	0	0.71
Muscular Dystrophy Ireland	0	0.15	0	1.50	0	1.65
Irish Wheelchair Association	4.12	1.75	0	0	29.06	34.93
Laois CIL	0	0	0	0	8.77	8.77
Offaly CIL	0	0	0	0	16.58	16.58
Longford CIL	0	0	0	0	8.12	8.12
Westmeath CIL	0	0	0	0	10.00	10.00
Disability Federation of Ireland	1.00	0	0	0	0	1.00
Spina Bifida & Hydrocephalus	0	1.00	0	0	0	1.00
APT	4.70	0	0	0	1.00	5.70
Total	59.59	109.85	0	67.39	372.53	609.36

STAFFING (WTE NUMBERS)

	TARGET 2003	OUT-TURN ¹ 2003	% VARIANCE ¹	TARGET 2004
General support staff	18.00	17.08	5.11	
Health and social care professionals	14.50	14.13	2.55	
Management / administration	26.50	25.72	2.94	
Medical/dental	3.00	2.83	5.53	
Nursing	144.90	143.88	0.70	
Other patient and client care	129.70	140.99	(8.70)	
Total	336.60	344.63	(2.39)	335.00

LETTER OF DETERMINATION 2004**Intellectual Disability, Autism**

SERVICE OBJECTIVES	ACTIONS TO ACHIEVE OBJECTIVES	L.O.D FUNDING €M (2004)	FULL YEAR COSTS €M (2005)
Day and Residential Services	Full year costs for services commissioned in 2003 to provide day and residential services to emergency cases and school leavers.	0.480	-
Transfer Programme	Supporting the transfer of people with an Intellectual Disability from long-stay to community settings.	0.080	0.096
Respite Places	Two emergency respite places based on the agreed and ratified emergency list. Laois/Offaly €0.105 Longford/Westmeath €0.105	0.210	0.252
Specialist Support Budget	Emergency contingency fund	0.060	0.072
Day Services	To provide additional day services, with particular reference to the provision of day services, including rehabilitative training places, for young adults who will be leaving school in June 2004	0.285	0.570
Total		1.115	0.958

Physical & Sensory Disability

SERVICE OBJECTIVES	ACTIONS TO ACHIEVE OBJECTIVES	L.O.D FUNDING FULL YEAR COSTS €M
Under resourcing of the non-statutory organisations	Alleviation of under resourcing of the non-statutory organisations	0.159
Physical and Sensory Database	Continued roll-out of the NPSDD (including the introduction of a management structure for the NPSDD and the NIDD)	0.257
Priority service pressures	Funding of services for two individuals placed outside the Midland Health Board region	0.106
Priority service pressures	Home Supports provided through C.I.L's, I.W.A. & Midland Health Board	0.063
Total		0.585

5.3.4 Key Issues for the Year Ahead

- Disabilities Legislation and Education for Persons with Disabilities Legislation and the implications for the Board
- Full year costs for respite services, transfer programme, and emergency placements for individuals with challenging needs
- Litigation outcomes in relation to Autism and Intellectual Disability
- Core funding deficits in statutory and non-statutory services including Harmon/Bruton and Wolfe recommendations
- The roll out of the National Disability Standards.

Monitoring Mechanisms & Evaluation

- Completion of national monitoring standard reports on a quarterly and monthly basis in relation to activity, financial and employment levels
- Quarterly Service Review Plans with the non-statutory organisations
- Quarterly Executive Care Group reviews
- Financial and Budgetary control reports
- Clinical Audit/Risk Management reports
- Monitoring of Service Agreements
- Audit and on-going evaluation of the National Databases
- On-going evaluation of specific aspects of service delivery e.g. review of respite service, review of early services and review of children services
- Consultative Fora/Sector Teams.

5.3.6 Research, Quality and Value for Money Initiatives

Research

- Research will be undertaken on the impact of the 'Transfer Programme' from institutional settings to community with particular emphasis on Quality of Life of the service user.
- An academic research project in association with Dublin City University, will be undertaken in relation to the Health Status of People with Disabilities in the Board's region.
- Review of Rehabilitative Training with particular emphasis on outcomes for trainees.

QUALITY

- A review of respite services for children and adults with disabilities will be undertaken and report by November 2004.
- The Project Team on Diet and Nutritional Needs will pilot a programme in children's service.
- Criteria for the approval and allocation of aids and appliances will be reviewed.

VALUE FOR MONEY

- A Project Team will examine equitable access for people with disabilities to personal support services (Clearing House concept).
- Recycling and Disinfecting Project for aids and appliances will be fully commissioned.
- Services Agreements with non-statutory service providers, with particular emphasis on the development of comprehensive information systems, will be reviewed.

Summary of Planned Actions by reference to the National Health Strategy

NATIONAL GOAL NO. 1: BETTER HEALTH FOR EVERYONE (ACTIONS 1 – 35)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
6	The Public Health (Tobacco) Bill will be enacted and implemented	<ul style="list-style-type: none"> ▪ To ensure the compliance of the Tobacco Legislation in all disability services. 	
8	Initiatives to promote healthy lifestyles in children will be extended	<ul style="list-style-type: none"> ▪ The Project Team on Diet and Nutritional Needs will pilot a programme in children's service. 	

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
14	Initiatives will be taken to improve children's health	<ul style="list-style-type: none"> ▪ A model of integrated care in the delivery of Early Intervention Services will be pursued including referral, assessment, care planning, pre school, family support and therapeutic supports. ▪ An initiative to support the development of pre school services will be examined. ▪ A Project Group will report on the provision of children's (6 – 18 years) services with emphasis on a model of integrated care. ▪ The role of children's therapeutic support teams will be reviewed and defined. 	
19	Initiatives to eliminate barriers for disadvantaged groups to achieve healthier lifestyles will be developed and expanded	<ul style="list-style-type: none"> ▪ In association with Health Promotion Department initiate health promotion projects which will include health screening and health issues for people with disabilities in long stay residential settings 	
26	An integrated approach to meeting the needs of ageing and older people will be taken	<ul style="list-style-type: none"> ▪ To establish a Project Team to examine the needs of older persons with a disability. 	
27	Family Support Services will be expanded	<ul style="list-style-type: none"> ▪ There will be a further development of children's respite, recreational and summer camp provision. 	
31	A national palliative care service will be developed	<ul style="list-style-type: none"> ▪ To initiate an evaluation of health support services available to people with disabilities including palliative care. 	
35	A national policy for the provision of sheltered work for people with disabilities will be developed	<ul style="list-style-type: none"> ▪ Continue preparation for the implementation of National Service Quality Standards including National Disability Authority and Sheltered Work Standards. 	

NATIONAL GOAL NO. 2: FAIR ACCESS (ACTIONS 36 – 47)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
No.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
37	Eligibility arrangements will be simplified and clarified	<ul style="list-style-type: none"> ▪ Develop structures to ensure fair access for people with a physical and sensory disability to home based services. 	
45	All reasonable steps to make health facilities accessible will be taken	<ul style="list-style-type: none"> ▪ To improve physical facilities available to people with physical and sensory Disability, including services at the Phoenix Centre, Longford and the Cedar Centre, Athlone. 	

NATIONAL GOAL NO. 3: RESPONSIVE AND APPROPRIATE CARE DELIVERY (ACTIONS 48 – 62)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
NO.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
52	Provision will be made for the participation of the community in decisions about the delivery of health and personal social services	<ul style="list-style-type: none"> ▪ A review of respite services for children with disabilities will be undertaken (will involve consultation with service users and their families). ▪ Further develop Sector Teams through training. ▪ Explore the possibility of expanding the Sector Team concept to the physical and sensory Disability area. 	
53	Initiatives will be developed and implemented to ensure that care is delivered in the most appropriate setting	<ul style="list-style-type: none"> ▪ Continuation of the Transfer Programme of persons with Intellectual Disabilities from institutional settings to community settings within available resources. ▪ A joint Project Team involving the Board, Westmeath County Council, Irish Wheelchair Association, Westmeath Childcare, St Hilda's, and community groups will report upon a housing, childcare and community resource at Clonbrusk, Athlone. This project is in the RAPID (Revitalising Areas by Planning, Investment and Development) area. 	

NATIONAL GOAL NO. 4: HIGH PERFORMANCE (ACTIONS 63 – 121)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
NO.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
68	Decisions across the health system will be based on best available evidence	<ul style="list-style-type: none"> ▪ Develop a specialised approach for people with an Intellectual Disability and Autism that present with challenging behaviour. ▪ Review respite services for adults with disabilities (involving consultation with service users and their families). ▪ Review plans for the provision of residential services for people with a Physical and/or Sensory Disability, including services at Tullamore. ▪ Agree, in consultation with representative groups, a strategy for the development of services for people with an acquired brain injury. 	
70	Accountability will be strengthened through further development of the service planning process	<ul style="list-style-type: none"> ▪ Continue to promote partnership agenda with all stakeholders. 	
72	Service agreements between the health boards and the voluntary sector will be extended to all service providers and associated performance indicators will be introduced	<ul style="list-style-type: none"> ▪ Enhance service agreement's reporting and monitoring mechanisms. ▪ Ensure efficient communication with staff and non-statutory service providers of developments concerning the National Health Services Reform. 	
73	Health research will continue to be developed to support information and quality initiatives	<ul style="list-style-type: none"> ▪ Pursue an academic research project in association with Dublin City University relating to Health Status of People with Disabilities. 	

NATIONAL GOAL NO. 4: HIGH PERFORMANCE (ACTIONS 63 – 121)

QUALITY & FAIRNESS ACTIONS		MIDLAND HEALTH BOARD SERVICE PLAN	
NO.	Q&F ACTION	ACTIONS TO ACHIEVE Q&F ACTION	PAGE REF.
117	Information and communication technology will be fully exploited in service delivery	<ul style="list-style-type: none"> ▪ Support in association with Comhairle the publication of Information Booklet/Directory of Services 	
120	Information system development will be promoted as central to the planning process	<ul style="list-style-type: none"> ▪ Roll out of the National Physical and Sensory Disability Database, including the commissioning of new software and a comprehensive review of existing database information. ▪ Commission the National Rehabilitation Training and Sheltered Occupational Services database to include staff training and networking. ▪ Roll out of the National Intellectual Disability Database software to non-statutory service providers. 	

6.1 Finance**Strategic Direction**

To deliver a pro-active financial management service to budget holders which supports effective decisions in an explicit control environment.

Core Services

Management of the Boards statutory accounting requirements including the production of annual financial statements, payroll function, accounts payable.

Delivering the Boards financial planning and reporting requirements both internally and externally.

Exploiting the benefits of the Board investment in SAP through efficient financial processing and the provision of effective information to support budgetary management.

Planned Service Developments in 2004

The planned service developments in 2004 will again be very much driven by the need to ensure the Boards statutory obligations are met, in particular ensuring the Board's services are delivered within the financial determination.

In this regard, the Board will continue to exploit the development of dedicated Finance managers to support front line staff in the delivery of services, ensuring VFM is maximised and services are delivered within the available budget. Some specific developments include;

Financial Processing & Control

- PPARS " go live" in July for all payroll
- Supporting the development of national Financial systems via the FISP project
- Processing of accounts payable using Electronic Funds Transfer
- Development of procurement cards to facilitate a more efficient purchase to pay process

Financial Management

- Continue the exploitation of SAP financial & HR in managing the Boards budget
- Continue the financial support of the Clinicians in Management initiative through the support of business managers and the development on an information template to assist clinicians in managing budgets
- Support to Boards Audit Committee
- Continue the devolution of budgets to Speciality level
- Further develop the boards costing information systems
- Support the national reform agenda: in particular the recommendations from the " Brennan report.

The Finance Department will be actively involved in supporting the Boards VFM initiatives and in the further development of the Boards SAP HR & Financial programme in 2004.

6.2 Corporate Fitness

Executive Overview

Role and Purpose

The Corporate Fitness function provides assurance to the Chief Executive Officer regarding the safety, quality and efficiency of the services which the Board provides. Safe systems must be in place throughout the organisation and a robust system of communication with patients/service users, staff and the public.

For the purpose of the 2004 Service Plan, Corporate Fitness is subdivided into nine sections under the overarching themes of quality, safety, efficiency and person-centredness.

The sections are;

- Healthcare Risk Management – incorporating Occupational Health, Safety and Welfare, Fire Safety and Prevention and Clinical Risk Management
- Quality of Working Life programme
- Clinical Audit & Research
- Communications – Internal and External
- Library and Information
- Consumer Participation and Complaints Management
- Freedom of Information and Data Protection
- Accreditation
- Internal Audit

The fitness of the organisation to deliver on its objectives is assured and led from the centre and owned locally. Therefore elements of the Corporate Fitness Service Plan are included in the individual care group plans e.g. Clinical Audit, Risk Management, Consumer Participation.

National And Regional Policy Framework

Corporate Fitness has as its overarching framework the following:

- Health Services Reform Programme
- Health, Safety & Welfare at work Act
- National Partnership Strategy
- Action Plan for People Management
- Freedom of Information Act
- Data Protection Act
- Childcare Act

Corporate Fitness also developed the Board's Quality Strategy (2001), Healthcare Risk Management Policy (2003), and Communication Strategy (2003) and has responsibility to develop the action plans from each.

Needs Analysis

An audit carried out by Healthcare Risk Resources International (HRRRI) in 2000 highlighted a number of weaknesses in the Board's systems and made recommendations on the development of a robust system of management and communication. Local consultation on the National Health Strategy, Risk Management Policy and Communications Strategy also gave a framework for development.

Brief Outline Of Services Currently Provided

The Service Plan for each section will give details of services currently provided, actions from 2003, aims and objectives for 2004, key issues and monitoring mechanism and evaluation and research.

Key Strategic Issues In 2004

- Accreditation for the Midland Regional Hospital (three sites) (Q&F, Action 63)
- Customer Care Programme prepared and delivered to enhance the Board's Comment, Enquiry, Complaint and Appeal System (CECA). This will be developed through the local Partnership Committees (Q&F, Action 49)
- Development of approximately 10 Consumer Panels and a standardised approach to the measurement of patient satisfaction will be ensured as per HeBE approach (to be published January 2004) (Q&F, Action 52)
- Quality Systems will be integrated throughout the services. Training will be continued and monitoring and evaluation will be carried out through the Quality Facilitator, Clinical Audit and Research Service, Risk Management and Financial Audits
- The results of the Quality of Working Life Survey 2002/2003 were presented to the Partnership Committee in December 2003. Three main objectives have been outlined for 2004 and are highlighted in the relevant section
- Corporate Fitness continues to roll out a system of Performance Management to all staff within the function This process will be evaluated in 2004
- Implementation of the Corporate Fitness Management Infra-Structure to ensure that risk issues are addressed at the most appropriate level in the organisation.

6.2.1 Healthcare Risk Management

(incorporating Occupational Health, Safety and Welfare, Fire Safety and Prevention and Clinical Risk Management)

Role and Purpose

The purpose of the Risk Management Service is the promotion and maintenance of the highest standards of safety, health and welfare of patients, visitors and staff and for continuous health service quality improvement.

National & Regional Policy Framework

- The Health, Safety and Welfare at Work Act.
- A report by Healthcare Risk Resources International (2001)

Needs Analysis

Incidents which occur in health services can affect patients, visitors and staff. Effective healthcare risk management systems and processes are required to prevent these incidents occurring and enhance service safety and the overall quality of the services provided.

Brief Outline of Services Currently Provided

Core services provided by the healthcare risk management service include:

- Assessing and addressing healthcare risk management service needs of the Board

- Designing policies, processes and systems for the management of healthcare risks including processes for effectively managing the following:
 - Hazard identification
 - Risk assessment
 - Control development
 - Evaluation and monitoring
 - Amelioration of harm caused by adverse events
 - Incident / complaint management, reporting and investigation
 - Claims management
- Basic healthcare risk management training for all staff
- Provision of site specific safety training
- Provision of root cause analysis training for incident investigation
- Managing the Board's incident reporting process
- Conducting critical incident reviews
- Provision of occupational health services
- Provision of fire prevention and safety services
- Co-ordinating responses to recommendations for action from the Health and Safety Authority
- Input into planning support for the development and updating of site specific safety statements
- Managing of health and safety funding
- Input into planning for the training of complaints and incident investigators in the techniques of complaints and incident management and investigation.

The Year Ahead

Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

Occupational Health Services:

- Development and implementation of a strategy for the prevention and management of manual handling injury and back care
- Prioritising of manual handling training for patient handlers and laundry staff.
- Provision of safe handling refresher courses.

Fire Prevention and Safety

- Assistance in the development of fire safety plans
- Delivery of fire prevention and safety training and support
- Delivery of training and support for the development of a policy for the transport of dangerous goods
- Development and implementation of a policy for the safe transport of dangerous goods
- Provision of administrative support for the health and safety risk management service.

Corporate Risk Management

- Development of risk management support systems for the improvement of patient, staff and visitor safety.

Aims and Objectives for 2004

- Corporate Risk Management: (Q&F, Action 63)
- Support incident review work
- Co-ordinate activities for Health and Safety Week
- Re-focus effort on training – Corporate Induction
- Conduct a training needs analysis (integrated training)
- Promote the Risk Management ethos within the service by enhancing employees understanding of how to use the service
- Delegation of risk management function to line managers

- Development of an audit tool to assess compliance with the healthcare risk management policies, procedures and guidelines.

Risk Management – Acute, Community and Mental Health Services:

- Establish and develop communication systems and working relationships with key stakeholders (including frontline staff, line and senior managers)
- Facilitate the establishment of additional Health and Safety Committees
- Input of data from incident report forms and provision of feedback to service areas
- Develop systems to support and advise staff in relation to the litigation process.

Occupational Health:

- Provision of absence review clinics on site
- Provision of additional pre employment screening services to temporary staff engaged in food handling
- Initiation of health surveillance screening for specific roles.

Fire prevention and Safety Office:

- Enhancement of fire and safety awareness
- Increased provision of training in fire prevention and safety
- Development of an understanding of management responsibility for fire safety in each area.

Insurance:

- Completion of the system to track and trend incident rate and severity information for risk management purposes
- Provision of information on existing claims, type, cost etc. for senior management team and general managers/risk managers
- Provision of support and training to staff who appear as witnesses in cases taken against the Board.

Actions to Achieve Objectives

Corporate Risk Management

- To complete a guidance policy on staff responsibility for completion of incident reviews
- To carry out critical incident reviews and support managers who are assigned to conduct incident reviews
- To provide healthcare risk management training programme, incorporated into corporate induction training
- To complete the analysis of healthcare risk management training needs of the Board and develop a training plan based on the findings of this analysis
- To use the website and newsletter to promote a risk management ethos
- To prepare an audit tool to assess compliance with the healthcare risk management policies, procedures and guidelines.

Risk Management – Acute, Community and Mental Health Services

- To participate on the executive care groups and health and safety committees
- To facilitate the establishment of new health and safety committees where necessary
- To analyse incident information
- To report incident data to service managers
- To provide support and information to staff involved in cases taken against the Board.

Occupational Health

- To set up additional clinics to bring absence reviews up to date
- To commence the provision of additional pre employment screening services to temporary food handlers
- To commence health surveillance specific to the risks of the job.

Fire Prevention and Safety Office

- To increase attendance at fire prevention and safety meetings
- To carry out additional fire prevention and safety sessions in line with fire and safety legislation
- To assign responsibility to particular managers for the role of Fire Marshalls and Fire Wardens, and provide support for these roles.

Insurance

- To input all incident report forms from the Board's area onto the Clinical Indemnity Scheme (C.I.S.)/STARS database
- Produce management information reports from CIS/STARS system
- Be the point of contact for support for Board witnesses at upcoming court cases.

Key Issues for the Year Ahead

- Development of risk management audit tool and training of risk management staff in its application
- Carrying out audits on risk management activities throughout the Board
- Risk assessment of health & safety funding requests.

Monitoring Mechanisms and Evaluation

- Monitoring and evaluation of healthcare risk management service plan targets will be conducted on a quarterly basis.
- Evaluation and monitoring of the Board's compliance with the healthcare risk management policy will be audited bi-annually.

Research, Quality and Value for Money

- Value for money will be a cornerstone for all work carried out in the risk management section for the coming year with particular reference to savings on services where appropriate.
- Regular budget and finance meetings will be held to ensure that the service is keeping within overall targets.

6.2.2 Quality Of Working Life Programme**Role and Purpose**

The Board aims to be the employer of choice. It is the staff of the Board who are key in delivering a high quality service. The link between quality service delivery and an improved quality of working life for staff is at the heart of all good employment practices. (Action Plan for People Management, Action 2.1, 4.1)

National and regional policy framework

The overarching strategies/frameworks which have influenced the development of the Quality of Working Life Programme include:

1. The Action plan for People Management – 2002; Department of Health and Children
2. The Midland Health Boards; Human Resource Strategy 2001-2010; Communications Strategy; Healthcare Risk Management Programme and Quality Strategy
3. The National Health Promotion Strategy 2002-2005; Department of Health and Children

Needs Analysis:

- "The Quality of Working Life Survey-2003-A report on the Midland Health Board Workforce"
In November 2002, the "Quality of Working Life Survey" was conducted on the entire Midland Health Board workforce. In November 2003, the results were presented to all staff via the Board's staff newsletter and the intranet. Workshops and focus groups were carried out with representative groups to identify ways of responding to the needs and problems highlighted in the survey.

This resulted in the following strategic aims and objectives 2003-2008

To demonstrate that the Board is a good place to work

To address the management capacity and capability required to deliver this agenda and the associated programme of change

To demonstrate that by improving the quality and safety of working life for staff that the Board can improve the quality of the services provided to our service users.

- "Experience of and attitudes to the Workplace in Ireland", ESRI 2003

The Year Ahead

Actions from 2003

All of the actions planned for 2003 were progressed and will be developed further in 2004.

Aims and Objectives for 2004

- Address the priorities and needs identified in the survey
- The development of a comprehensive approach to mental health promotion among staff (Action Plan for People Management Action 2.1)
- The development of a more co-ordinated approach to moving and handling related injuries, including the promotion of back care management among staff
- The implementation of a training programme for managers in people management skills (Action Plan for People Management R. 1.3.1)

Actions to achieve Objectives

- Five year action plan will be drawn up in partnership with all relevant stakeholders
- A holistic approach to addressing mental health promotion among the Board's staff will be developed (Action plan for people management Action 2.1)
- Health Care Risk Management will develop a back care strategy for the Board that will include promotion of healthy back care management, the prevention of injury and the implementation of a treatment programme for those who are injured.
- A training programme for managers in people management skills will be implemented and directed by the Human Resource department, Partnership and Corporate Fitness. (**Action Plan for People Management Action. 1.3.1**)

Key Issues for the Year Ahead

- Continued implementation of all programmes outlined above
- Increased partnership working (Q&F, Action 104).

Monitoring mechanisms and Evaluation:

Impact and outcome evaluation will be carried out to ensure the programme is achieving its objectives and in line with best practice.

6.2.3 CLINICAL AUDIT AND RESEARCH

Role and Purpose

Clinical Audit and Research aims to continuously improve the quality of healthcare and services provided within the Board through the audit, research and development of quality standards for the promotion of best practice.

Needs analysis

The work of the Clinical Audit and Research Service in the Midland Regional Hospital will be closely aligned with preparation for self-assessment and external peer review of the Irish Health Services Accreditation Standards. This work will build on work already undergone in previous years, which includes the development and revision of policies, procedures and guidelines.

With the development of the project office for the Health Information and Quality Authority (HIQA), the Board's work will be closely aligned with their model for quality systems, standards implementation and monitoring.

Brief Outline Of Services Currently Provided

- Advice on audit and research project methodologies and topics.
- Literature Searches
- Data collection and analysis
- Re-Audits
- Monitoring of action as a result of audits
- Assistance with policy, procedure and guideline formulation
- Publication of project results.
- Training – Two-day Clinical Audit training, briefing sessions on Clinical Audit and Project Management.

The Year Ahead

Aims and Objectives 2004

The Service will continue to facilitate clinical audit and research work as outlined in the individual care group service plans including:

- Regular audits of clinical record keeping
- Clinical Audit staff participation on Accreditation teams
- Training of front line staff in clinical audit methods
- Implementation and monitoring of the Records Management Policy
- Development of consent policy and new patient consent form.

Actions to achieve objectives

- Pilot the new patient consent form in the MRHP
- Participate on accreditation teams.

Key Issues for the Year Ahead

- Availability of front line staff for training.
- Availability of time for staff to carry out clinical audit and research activity as part of their normal work activity.

Monitoring Mechanisms and Evaluation

The Service will continue to implement the Performance Management and Development System (PMDS) as a means of regular review against service / operational plan targets. A planned series of re-audits and monitoring of agreed action plans with service managers will be carried out in 2004.

Research, Quality and Value for Money

The Service will implement the Board's Records Management Policy. Further policies and procedures will be developed in order to improve systems and service (Q&F, Action 63).

6.2.4 COMMUNICATIONS

Role and Purpose

The Communications Team supports and advises management and staff to enable them to communicate effectively with each other and with the public in an open, responsible and accessible way.

National and Regional Policy Framework

- The publication that supports the strategic direction of the Board in relation to communications includes:
- Midland Health Board Communications Strategy (2002)
- The Official Languages Act (2003)

Brief Outline of Service Currently Provided

- Provides information on the Board's activities and services through print and broadcast media, the Board's internet, intranet, interactive information points and staff newsletter
- Deals with local and national broadcasts and media queries on a 24 hour a day seven day a week basis
- Advises the Senior Management Team on communication and media issues
- Ensures that all publications issued by the Board are literacy, disability and quality proofed and meet the Board's obligations under the Official Languages Act
- Provides advice on written, verbal and media skills
- Provides advice on communications issues to various management, advisory, planning and service committees
- Assists with the planning and organisation of various functions within the Board
- Promotes a culture open to bilingualism.

The Year Ahead

Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- The development of a Directory of Health and Social Services was postponed due to the planned introduction of a new telecommunications system, including a 1850 Board-wide telephone number
- The development of corporate guidelines covering signage, printed material, logo, etc. to strengthen the Board's corporate image, was not proceeded with due to the announced Health Reform Programme.

Aims and Objectives for 2004

- Inform individual audiences in a timely, consistent and appropriate way of activities and service developments within the Board
- Listen to the views of individual audiences both internal and external to the Board
- Channel feedback from individual audiences as appropriate
- Review and evaluate feedback
- Create awareness among staff of the linguistic choice afforded to the public by the Official Languages Act and provide appropriate training and support

Actions to Achieve Objectives

Internal Audience

Inform:

- Publish five staff newsletters
- Manage, update and expand information on the Board's Intranet site
- Establish and maintain email networks for specific work groups
- Participate on various planning, advisory and management committees to advise on communication issues
- Develop a video for staff explaining the contents of the Board's Communications Strategy
- Communicate (SAP) changes to staff
- Survey staff to find native, fluent and willing Irish speakers to provide a bilingual service
- Provide language awareness training for all frontline staff
- Prepare Language Scheme in accordance with guidelines issued by the Minister for Community Rural and Gaeltacht Affairs and submit for approval

Listen:

- Monitor comments and questions from staff obtained through the 'invited comments' mechanism on the Board's Intranet site
- Liaise with appropriate Service Managers to ensure that communication is an agenda item for staff meetings and multidisciplinary team meetings
- Monitor local and national media for staff comment and opinion.

Channel Feedback:

- As comments, queries, and suggestions are received, they will be channelled to the appropriate service manager.
- A quarterly report on communication issues arising from consultation or reported through media will be circulated to the Board's Senior Management Team.

Review:

- A forum will be set up mid-year to review effectiveness of communication within the Board as measured against the Board's own Communications Strategy. The review will be informed by focus group research carried out in a location in each county of the Board's area. Results will be published internally.

External Audiences

Inform:

- Provide information on the Board's activities and service developments to local and national media outlets
- Assist selected spokespeople to deliver concise, accurate, timely information to media outlets
- Update and expand information provided on the Board's website, www.mhb.ie
- Encourage and assist compliance with the Board's guidelines on publications.

Listen:

- Establish a Consumer Panel to specifically provide feedback to the Board on communication issues (Q&F, Action 52).
- Liaise with the Board's CECA Service, to ensure a response to any issues relating to the Board's communications service
- Monitor local and national press for comments relating to the Board and its services
- Monitor feedback received through the Board's website 'invited comment' section.

Channel Feedback:

- Channel comments, queries, and suggestions to the appropriate service manager.

Review:

- Analyse media coverage on a weekly basis.
- Conduct focus group research to assess public satisfaction with the Board's communications.

Key Issues for the Year Ahead

Irish Language Act

The Official Languages Act 2003 requires the public service to offer linguistic choice to the public on a nationwide basis, subject to an agreed scheme. The Irish Officer will undertake to write the scheme for the Board under guidelines issued by the Minister for Community, Rural and Gaeltacht Affairs.

Health Reform Programme

There will be a requirement in terms of resources and expenditure to communicate specifically on the health reform programme.

Monitoring Mechanisms and Evaluation

Staff Satisfaction with Communication within the Board

- Staff satisfaction survey on the Board's newsletter, pertaining to frequency, content, style and layout.
- Focus groups to monitor progress on achieving objectives as laid down in the Board's Communication Strategy.

Usage of the Board's Intranet and Internet Sites

- Quantify 'hits' on the Board's website, both Intranet and Internet.

Consumer Research

- Research will be conducted to assess public satisfaction with the Board's Communications.

Analysis of Media Coverage of the Board

- Review articles/interviews published featuring the Board and its activities.
- Ensure, in so far as is possible, that the Board's viewpoint / comments are provided and reflected in media reports

Research, Quality and Value for Money:

Quality

- All Board publications will be literacy, disability and quality proofed.
- Value for Money
- Reduce print runs by providing electronic versions of publications on the Board's internet and intranet sites.

6.2.5 LIBRARY AND INFORMATION SERVICES

Role and Purpose

The Library and Information Service (LIS) supports clinical practice, patient care and decision making by providing access to up-to-date clinical and evidence-based information.

Brief Outline of Services Currently Provided

- Assists and supports staff in accessing clinical information
- Provides user education and support in relation to accessing electronic information resources
- Assists and supports research activities
- Provides information to assist in management decision making
- Provides a video-conference facility for training, linking to clinical meetings/presentations, linking to other hospitals to allow medical staff to discuss patient care, interviews, and access to the Board's meetings
- Acquires, organises preserves and makes available knowledge resulting from medical research
- The LIS has a library located in the three acute hospitals and in the two psychiatric hospitals
- The LIS supports staff education, professional development and training by providing access to information and training on using all LIS facilities.

The Year Ahead

Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- Develop a virtual library and networked catalogue via the Board's intranet
- Develop courses in literature searching using electronic databases for all staff
- Purchase and develop access to an expanded range of electronic journals to cater for the multidisciplinary staff, especially the staff in the Mental Health Service
- Expand and refurbish the LIS in the MRHP.

Actions 2004

- Further enhance and develop online access to electronic journals via the Board's intranet
- Develop a virtual library via the Intranet to provide access to the networked catalogue of the combined holdings of the libraries
- Expand and refurbish the LIS at the MRHP
- Examine alternative sources of inter-library loan and document delivery to assist in reducing costs of providing this service to staff
- Continue to develop the LIS presence on the Intranet site by providing links to evaluated health care web sites
- Expand opening hours in the libraries in Portlaoise and Mullingar
- Develop guidelines for staff on how to maximise usage of online electronic journals and databases
- The LIS to bind the full volumes of journals from 2003
- Introduce access management software to enable efficient management of username accounts and passwords for remote access to online databases
- Complete quality assurance procedures and policies of the LIS
- Further develop video conferencing facilities and resources (Q&F, Actions 68, 117).

Monitoring mechanisms and Evaluation

The Regional Librarian will monitor identified targets in conjunction with the Director of Corporate Fitness. This will be achieved by regular meetings with library staff, and testing of new services provided. Statistics will be kept by the library staff on usage of services, and these statistics will be reviewed regularly throughout the year.

The LIS will also adhere to the standards published by the Irish Health Libraries Group.

6.2.6 Consumer Participation and Complaints Management**Role and Purpose**

Participation of patients/service users is a key component of the Corporate Fitness function. A formal structure for ongoing involvement of and communication with consumers will lead to a transparent service with realistic expectations.

National & Regional Policy Framework

The HeBE guidelines on Community Participation, Complaints and Suggestions and the standardised approach to the Measurement of Patient Satisfaction are used to ensure that the appropriate involvement of consumers in planning, developing and delivering services is achieved.

Needs Analysis

Patient satisfaction survey results reveal consumers believe they are not actively encouraged to comment on the services the Board is providing. To address this issue the Board has set about introducing various consumer participation methods to record and develop consumer participation. The Board's own Communication Strategy has also highlighted the need to communicate with both staff and service users about the provision of health services.

Brief Outline of Services Currently Provided

- Consultative and Development Committees
- Questionnaires
- Fora
- Focus Groups
- Public Consultation/Community Planning
- Comment, Enquiry, Complaint and Appeals System (CECA)

The Year Ahead

Aims and Objectives for 2004

- Establishment of Consumer Panels in each service area of the Board (Q&F, Action 52)
- Promote the consumer participation ethos within the Board (Q&F, Action 52).
- Development of a framework to evaluate and monitor consumer participation (Q&F, Action 52)
- Raise awareness of the role and function of Consumer Panels in the Board's area (Q&F, Action 52).

Actions to Achieve Objectives

- To provide support and guidance, through the Consumer Panel Implementation Group, on setting up consumer panels in each care group
- To provide briefing sessions for co-ordinators and chairpersons of Consumer Panels (Q&F, Action 52).
- To use the Board's communications channels e.g. Website, Newsletter, to promote a greater understanding of the value of consumer participation.
- To conduct information sessions for public and staff on consumer participation (Q&F, Action 52)
- To facilitate briefing sessions by members of Implementation Group for all new co-ordinators and chairpersons to ensure consistency and equity across all panels.
- To develop and implement a process for the evaluation and monitoring of consumer participation through a sub-group of the Consumer Panel Implementation Group.
- To facilitate communication between key stakeholders
- To introduce a fully computerised CECA system so that management information reports may be generated
- To conduct a public awareness campaign about CECA and other methods of commenting to the Board.

Key Issues for the Year Ahead

- Address co-operation by service managers to ensure that consumer participation is regarded as a priority in each service area
- Carrying out evaluation, and monitoring consumer participation activities
- Release of staff to attend Consumer Panels and any necessary training.

Monitoring Mechanisms and Evaluation

- Corporate Fitness will monitor and evaluate consumer participation in 2004.

Research, Quality and Value for Money

- On-going research into best practice methods of consumer involvement will be maintained throughout the year.

6.2.7 Freedom of Information and Data Protection

Role and Purpose

The purpose is to provide an effective support for service users and staff in making requests for access to records and information and commenting on services – while providing a timely decision or reply.

National and Regional Policy Framework

Freedom of Information Acts 1997 and 2003

Data Protection Acts 1988 and 2003

Midland Health Board Administrative Access Policy 1998

Needs Analysis

Developments in national and local customer service policies direct and inform the implementation of the (CECA System) across all community and hospital based services. Ongoing annual reports issued by the Information Commissioner, the Data Protection Commissioner and the Office of the Ombudsman, inform expectations and standards of best practice to be met in respect of service users.

Brief Outline of Services Currently Provided

- Co-ordination of access and training issues pertinent to the Board's response to Freedom of Information (FOI) Acts and Data Protection Acts.
- Provide customer service supports in respect of CECA.

The Year Ahead

Aims and Objectives 2004

- To ensure timely decisions in response to FOI requests
- To provide awareness training on Data Protection access issues
- To co-ordinate and report on requests and appeals for FOI access
- To provide a customer centred response to CECA (Q&F, Action 49)
- To heighten public awareness of their rights of access under FOI.

Actions to achieve Objectives

- Continue to promote, develop, support and co-ordinate an open and responsive service for FOI
- Develop staff training material
- Design and deliver public information material (booklets and leaflets) relating to record access arrangements and options on appealing decisions
- Develop a reporting system on access requests and resulting complaints to the Commissioner
- Promote, support and develop further the CECA processes in association with CECA team members (Q&F, Action 49)
- Identify a regional strategy to promote a quality FOI service (Q&F, Action 49)

Activity

	2002 (up to 30/11/02)	2003 (up to 30/11/03)	% Increase / Decrease
FOI Requests	222	231	4
Administrative Access Requests	743	841	13
Comment/Suggestions	86	125	45
Complaints	119	40	(67)

Key Issues for the Year Ahead:

- Publication of Board policies, procedures and guidelines as highlighted by the Office of the Information Commissioner (Section 16, FOI Act)
- Publication of a comprehensive staff handbook on access to Personal Information (Q&F, Action 44)
- Develop and implement a standard record access policy
- Re-design and deliver health staff training programmes consistent with new legislation
- Develop positive working relationship with the Office of the Data Protection Commissioner and implement Data Protection Commissioner notification orders or compliance guidance.

Monitoring mechanisms and Evaluation

Monitoring

Monitoring of the Service Plan will be done on a monthly and quarterly basis. Appropriate monthly reports will be prepared for the Director of Corporate Fitness and the Finance Department.

Research, Quality and Value for Money

Research

- The project to research and publish the policies of the organisation and delivery of services for service users is ongoing
- This policy/internal law material is to be published on both intranet and internet sites.

Quality

- The quality parameters in the legislation are monitored, verified and enforced by the work of the Office of the Information Commissioner, the Data Protection Commissioner and the Ombudsman
- The National Health Board Liaison Group for Freedom of Information and Data Protection collaborate to achieve a cohesive quality approach.

Value for Money

The national standing group of Liaison Officers has led to group procurement of materials.

6.2.8 Internal Audit

Role and Purpose

The role of Internal Audit is to provide assurance that the systems, procedures and controls which management operates are being complied with and are capable of achieving policy objectives.

National And Regional Policy Framework

The Audit Guidelines issued by the Auditing Practices Board (APB) give guidance to internal auditors on the main issues and procedures which they need to consider when carrying out their work.

Needs Analysis

As part of the Three Year Strategic Audit Plan drawn up for the period 2002 to 2004 an audit needs and risk assessment was carried out for the Board. The risk factors contained within the model used are: - materiality; inherent risk; control risk; corporate importance and management concerns. These factors combine to form the *assessed risk* and this in turn determines the level of audit resource allocated to a particular area.

Brief Outline Of Services Currently Provided

The work of Internal Audit concentrates on the financial systems of the Board that represent the area of highest financial risk.

The following services are provided as part of an agreed one year Operational Plan: -

- Review of financial controls in operation
- Special investigation work into alleged fraud or irregularity
- Departmental or Operational reviews
- Review of compliance with value for money requirements
- Review of corporate governance arrangements
- Negotiation and agreement with management on appropriate recommendations to improve internal controls
- Follow up of recommendations to ensure their satisfactory implementation.

The Year Ahead

Aims and Objectives for 2004

- To widen the audit net
- To undertake operational style reviews of service departments
- To continue the work of the Internal Audit Conjoint Working Group (CWG) in developing a national Internal Audit Manual
- To develop the role of I.T auditing within the department
- To provide advice and perform a post implementation review of the PPARS Phase 2 Project
- To develop specific internal audit work programmes for operational audits
- To develop a good working relationship with the new audit committee.

Actions to achieve Objectives

- PPARS time management system will be reviewed.
- An audit programme will be developed and finalised for use in the audit of smaller Community and Mental Health units
- Appropriate and timely information will be provided to the Audit Committee.

Key Issues for the Year Ahead:

- The implementation of the national PPARS Phase 2 Project will introduce a new system for both time management and payroll.

Monitoring mechanisms and Evaluation:

Progress against the annual operational audit plan is monitored on a quarterly basis. Out-turn reports are produced which give a summary of the key findings and recommendations from audit work undertaken and tracks the implementation of key recommendations.

6.3 Human Resources

6.3.1.1 Role and Purpose

The Human Resources Department exists to ensure that the Board has the correct number of competent staff to deliver a quality service for the customers.

National and Regional Policy Framework

Action Plan for People Management 2002

Sustaining Progress – Social Partnership Agreement 2003 – 2005

Commission on Financial Management and Control Systems in the Health Services 2003

Board Strategies/Policies

Midland Health Board Human Resource Strategy

Midland Health Board Quality Strategy

Midland Health Board Communication Strategy

Midland Health Board Risk Management/Health and Safety Policy

6.3.1.2 Brief Outline of Service Currently Provided

The Human Resources Department provides a comprehensive service including recruitment, training and development, employment relations, employee assistance and superannuation in accordance with best practice.

6.3.1.3 Aims and Objectives for 2004

- To develop further partnership working throughout the Board's services
- To enhance performance management
- To work with other health sector employers to implement best practice
- To achieve value for money in recruitment practices.

Employment Control

It will be necessary to maintain strict ongoing employment control. In 2003, the Department of Health and Children directed a reduction of 11 in the Board's employment ceiling, as a contribution to the reduction of 200 in the national employment ceiling for Health. A similar reduction will be required in 2004.

Health Modernisation Programme

Under Sustaining Progress, the Board is committed to addressing specific modernisation objectives for the health services. Pilot projects are currently underway in relation to Customer Service, Industrial Relations Stability, Performance Management, Reform and Value for Money and will be mainstreamed where appropriate.

6.3.2 Employee Relations Service 2004

Context

The Employee Relations Section aims to promote harmonious employee relations through the promotion and practice of partnership and a commitment to dispute resolution through the full use of established procedures and due process.

National and Regional Policy Framework

- Review of Industrial Relations in the Health Service for the Minister for Health and Children, May 2001.
- Action Plan for People Management in the Health Service (APPM) 2002.
- Sustaining Progress – Social Partnership Agreement 2003 – 2005.

Broad Strategies/Policies

- Midland Health Board Human Resource Strategy
- Midland Health Board Human Resource Policies

Brief Outline of Service Currently Provided

The Employee Relations section provide a comprehensive service to line managers including industrial relations and staff relations, discipline and grievance handling, staff welfare, dispute resolution and advisory service.

Aims and Objectives for 2004

- To work closely with Line Managers and the Unions to ensure that a stable industrial relations climate is maintained and that where disputes/grievances are unresolved that they are processed in line with the Industrial Relations Stability clause provided under Sustaining Progress (Ref. 23.5 Sustaining Progress Agreement).
- Increased focus on a partnership approach towards problem solving, change management and dispute resolution. In this regard, the Regional Partnership Committee and the Partnership Committees at the Boards three Acute Hospital sites have facilitated the early discussion of issues and joint decision making to arrive at solutions which might otherwise manifest themselves as disputes within the Industrial Relations arena. In the course of 2004 further local Partnership Committees will be developed.
- Enhanced usage of the reporting mechanism for the identification and tracking of Industrial Relations issues in the Board using the template developed nationally.

Service Plan Recruitment / PPARS Sections 2004 :

No.	Item	Description / Specific Elements	Origin	Rationale	Monitoring / Reporting
1	Recruitment Policies and Procedures	Implement the Nationally Agreed Recruitment "To Be Processes" in preparation for the introduction of the e-Recruitment module of PPARS Revise the Boards Recruitment Policies, procedures and processes and align with "To be Processes" Submit Recruitment policies and procedures for ISO accreditation by the end of 2004	Q&F, Action 103 APPM Action 3.3.1 Q&F, Action 63 APPM Action 3.3.1. Action 6.3.4	Information sessions on "To Be Processes" Recruitment section and hiring managers to use new processes in all recruitment activities Recruitment Section in conjunction with hiring managers New policies, procedures, and processes to be captured in recruitment quality manual.	January to March 2004 Commence with new processes as vacancies arise.. new processes to be implemented by April 2004 Assess policy, procedures and process on a quarterly basis First assessment for ISO accreditation to take place in Q3.
2	Employment Contracts	Design and implement a professional contract for permanent staff Provide appropriate training and support to line managers in temporary recruitment to ensure conformity with current employment legislation	Q&F, Action 103 APPM Action 2.3 The Protection of Employees(Fixed-Term Work) Act 2003)	Recruitment manager in conjunction with HR Specialists Briefing sessions and audits of local practices and requirements to be conducted by recruitment manager in conjunction with Line Managers	Final draft to be submitted for legal review by end of January. Approved contract to be used from February 2004 To be complete by April 2004.
3	Competency Frameworks	Implement competency frameworks in regard to recruitment and selection	AAPM Action 1.2.3	Briefing sessions and workshops for both potential interviewers and interviewees to be conducted by the Recruitment	Commence in February 2004.

PPARS Section 2004:

No.	Item	Description / Specific elements	Origin	Rationale	Monitoring / reporting
1	Management Reports	Develop and produce a suite of agreed monthly reports for Senior Management Team, General Managers, Service Managers and Line Managers so that the benefits of the PPARS system can be fully exploited by managers	Q&F, 120	Suite of reports to be agreed with managers Information sessions on benefits and use of such reports to be conducted by PPARS section in conjunction with the HR Specialists	Suite of reports to be agreed by end of Q1 Reports to be issued from Q2 onwards.
2	Operational Procedures	SAP/PPARS operational procedures to be revised and aligned to the National To Be recruitment Processes	APPM Action 3.3.1	PPARS section to review in conjunction with line managers	Revised operational procedures to be implemented by end of Q1 .

Corporate Learning & Development 2004:

No.	Item	Description / Specific Elements	Origin	Rationale	Monitoring / Reporting
1.	Learning and Development Needs Analysis.	Provide ongoing support to line managers in the learning and development needs analysis which provides a tool to link corporate and individual need to the service needs of the organisation.	APPM 5.1	Improve and develop individual development.	
2.	Management Development Programme.	Provide a quality management development function.	Action no. 1.3. APPM.	Improve management training programmes to target specific people management skills	No. of managers who have received training.
3.	Front Line Supervisors course for line managers in ancillary services.	Funding given by OHM and training by UL in Train The Trainer skills to facilitate the roll out of front line supervisors course for line managers in Ancillary Services.	OHM	To facilitate front line supervisors course for line managers in ancillary services.	No. of managers who have received training.
4.	HR Policies and Procedures.	Provide information sessions to all staff on the HR policies & procedures.	APPM 3.1	To ensure HR best practice	All staff attend information sessions.
5.	Induction Training.	<ul style="list-style-type: none"> ▪ Provide corporate induction training for all new staff. ▪ Provide workshops for line managers on delivering local induction 	APPM 5.2	Ensure all new staff receive induction in a timely fashion	
6.	Management Competencies & Personal Development Planning.	Provide workshops on the use of PDP's.	APPM 1.2.3		
7.	Retirement Planning Workshops.	Provide retirement planning workshops for staff retiring 2004/2005.	HR Strategy	Ensure that staff are provided with an opportunity to prepare for retirement.	
8.	Customer Care Programme.	Provide customer care training.	APPM 5.2	To enhance quality customer care to all customers	
9.	Bullyproof Programme.	Provide workshops for all staff to ensure that staff are made aware that bullying is unacceptable and are equipped to protect themselves from being bullied or from bullying. That there is a capability and awareness within the Board of how bullying should be handled at source.	HR Strategy	To improve the quality of the working environment	All staff attend workshops.
10.	Staff Learning and Development	Provide listing of general training programmes.	HR Strategy	As identified in the 2003 training needs analysis	

Employee Assistance Service 2004:

No.	Item	Description / Specific Elements	Origin	Rationale	Monitoring / Reporting
1.	Employee Assistance Service	A confidential support service providing advice, assistance and information in relation to welfare services, support groups, national specialist help-lines, and guidance in relation to managing stress and interpersonal conflict within the workplace. Some of these services could be provided in conjunction with agencies such as Comhairle (formerly N.S.S.B.)	H.R. Strategy	To improve the quality of working life.	
2.	Employee Assistance Service	Inclusion of support and welfare initiatives in management and staff training, and ensure that these issues are given a high priority.	H.R. Strategy	To improve the quality of working life.	
3.	Employee Assistance Service	The provision of an external option for staff will continue to be provided in 2004. This option will provide for periods when the internal EAS is unmanned due to annual leave or training	H.R. Strategy	To improve the quality of working life.	
4.	Employee Assistance Service	Further expansion of the Critical Incident Debriefing/Trauma Counselling Service	H.R. Strategy	To improve the quality of working life.	
5.	Employee Assistance Service	<p>The Stress Audit undertaken in 2002/2003 contains recommendations in relation to the provision of appropriate services for staff.</p> <p>The Employee Assistance Service will work with other services in the provision of appropriate support.</p> <p>Critical Incident Stress Management (C.I.S.M.) includes such areas as stress inoculation, support onsite and defusing training. The Employee Assistance Manager and the Critical Incident Debriefing team will work with others to implement the recommendations contained in the Evaluation of the Critical Incident Debriefing Service which took place in 2002.</p> <p>The expansion of Peer Support which currently operates in the Board's Ambulance Service will be explored and developed.</p>	H.R. Strategy	To improve the quality of working life.	

Superannuation Section 2004:

No	Item	Description/ Specific Element	Origin	Rationale	Monitoring/ Reporting
1.	Superannuation	Application of superannuation arrangements for temporary wholtime and part-time staff	Department of Health and Children Circular Ref: 14/2003	Staff will oversee the implementation of revised superannuation arrangements for relevant staff appointed Follow up on arrears owing for previous reckonable temporary service Process refunds of superannuation to staff who exercised an option to opt out of the superannuation scheme	Reporting to Director of Human Resources
2.	Superannuation		Department of Environment, Heritage and Local Government, Circular letter S.9/2001	Progress project in consultation with the Department of Health and Children, Department of Environment, Heritage and Local Government and the national superannuation subgroup, representative of the various health agencies and the National PPARS Office, established for this purpose Prioritise as the initial target group, staff members registered in the superannuation scheme and aged between 60-65. Facilitate the generation of benefit statements for this specific target group, an audit of individual service records will be undertaken to verify assess accuracy of records.	Reporting to Director of Human Resources
3.	Superannuation	Continue to deliver the highest standards of service in the superannuation section	Quality Initiative	Ensure that up-to-date accurate records are maintained on staff superannuation contributions. Provision of staff training and development to improve skills, knowledge, practice and process within the parameters of pertinent legislation Develop necessary skills to enhance current provision of support and advice in particular to relatives of deceased members of staff Provide suitable accommodation wherein staff contemplating retirement can discuss their benefits with superannuation staff in a confidential manner Utilise the Board's Intranet site to impart general information on the various superannuation schemes.	

6.3.2 Nursing and Midwifery Planning and Development Unit

6.3.2.1 Role and Purpose

The Nursing and Midwifery, Planning and Development Unit (NMPDU) will lead the advancement of Nursing and Midwifery in the Board's area by strategically planning and developing the profession in response to national, regional and local issues.

6.3.2.2 Brief Outline of Services Currently Provided

- Workforce Planning
- Practice Development
- Continuing Professional Development

6.3.2.3 The Year Ahead

Aims and Objectives 2004

- To enable workforce planning by developing a comprehensive workforce data set
- To facilitate continuing professional development
- To develop appropriate skill mix for patient centred care.

Actions to Achieve Objectives

Workforce planning

- To initiate a Skill Mix Review Project in two centres (Q&F, Action 104)
- To build a HR profile of Nursing and Midwifery staff (Q&F, Action 101)
- To continue with the Health Care Assistant (HCA) training programme (Q&F, Action 104)
- To establish a blueprint for the development of Clinical Nurse Specialist (CNS) , Clinical Midwife Specialist (CMS) Advanced Nurse Practitioner (ANP) and Advanced Midwife Practitioner (AMP) posts (Q&F, Action 101)
- Practice Development
- To standardise nursing documentation and to facilitate the development of local/regional policies and guidelines (Q&F, Action 63)
- To develop Centres of Excellence (Q&F, Action 26 & 110)
- To facilitate the expansion of Nursing and Midwifery practice (Q&F, Action 104)
- To implement the recommendations from the audit of the Clinical Learning Environment in Acute Hospital Services (Q&F, Actions, 101, 104)
- Continuing Professional Development
- To facilitate staff to undertake continuing professional development training (Q&F, Action 101, APPM, Action 5.1.1)
- To deliver the Diabetes in Primary Care Programme (Practice Nurses and Public Health Nurses) (APPM, Action 5.1.1)
- To implement the recommendations arising from the Training Needs Analysis Report for Psychiatric Nurses (APPM, Action 5.1.1).

Quality and Research

- Facilitate training in auditing for Nursing and Midwifery staff in collaboration with Clinical Audit (APPM Action 5.1.1)
- Develop the Nursing and Midwifery Research Database (APPM, Action 1.1.2) (Q&F, Action 68).

Finance

Letter of Determination Funding 2004

SERVICE OBJECTIVES
To continue to oversee the transition of the Nursing Diploma Programme to degree based training in Athlone Institute of Technology
To continue to support Nursing and Midwifery staff who wish to undertake Nursing Degree/Higher Diploma programmes via the Fees Initiative Scheme

Key Issues for the Year Ahead

- The increasing difficulties for services to release nursing and midwifery staff for continuous professional development and other initiatives
- No student nurses graduating in 2005 – workforce planning challenge
- No Nurse Practice Development Co-ordinators for Intellectual Disability Services and Community Nursing.

Value for Money Initiative

- Initiation of skill mix review project in Riada House, Tullamore (Q&F, Action 104)
- Facilitate the development of the Board's Pressure Ulcer Prevention and Management Policy, and the Wound Care Products Catalogue.

6.4 Information Systems and Services**6.4.1 Role and Purpose**

The Information Systems and Services Department is responsible for:

- The secure and efficient implementation and operation of Information and Communication Technology (ICT) infrastructure and Information Systems
- Contributing to, and utilising the benefits of the conjoint working on systems with other Boards
- Providing enabling technologies for more effective service delivery.

Needs Analysis

There are a number of key issues that impact on the Board. These include:

- Funding of local infrastructure (networks, desktops, and operating systems upgrades). Typically the annual cost is 20% - 30% of the initial capital cost
- Enterprise approach to Primary, Community and Continuing Care systems.
- There are a number of stand alone national projects in train (Dental, Childcare, GMS Schemes, E111 forms, Immunisation, etc.) but no integrated approach. The Board's ICON Project can provide an integration route to this problem and will be promoted as a national solution.
- Prioritisation and scheduling of national systems implementation in individual boards.
- The Board will go live with PPARS Phase II in August 2004. No timelines have been established for national SAP Financials or The new Hospital System. Ideally they should be sequentially planned. The implementation of the new national hospital system may need to commence in the Boards area before funding is allocated to ensure implementation can commence in the second half of 2004.
- Migration strategy
- The enterprise approach does not enable the Board to catch up with other boards and fill the information systems gaps in key service areas.

Strategic Direction 2004

The strategic direction for 2004 will be determined by the Information Communication Technology (ICT) policies and funding criteria being implemented nationally. These are driven by:

- National ICT Strategy
- National funding of enterprise systems only (i.e., Information Systems that are to be implemented in a consistent manner across all boards)
- Development of Shared Services Model for implementing and delivering systems as part of the reform process.

The key principles of these policies include:

- I.C.T. Enterprise Wide Architecture
- I.C.T. Enterprise Wide Solutions
- I.C.T. Applications to support standardised business practice
- Common ICT policies, standards, protocols and processes
- Use of Shared Services.

The specific national projects that are currently being progressed, and that fit with some of these criteria, are:

Project	Status
National Hospital Systems	Contract stage
National Laboratory System	Tender stage
PPARS (Human Resources, time management and payroll)	Being implemented
SAP Financials (National implementation of SAP system as currently used within the Board)	Implementation about to start
Health Services Portal (National web site for Health services that will provide multi-channel public and employee access to Health Information and Services)	Tender stage
Childcare System	Definition stage
Immunisation System	Initiation stage
Recruitment system	Implementation stage
Central Client Eligibility Index (CCEI)	Under Review

In planning for 2004 the Board's involvement in all of these projects has to be factored into resource planning.

6.4.2 A Brief Outline of Services Provided in 2003

Hospital Systems:

- Radiology system implemented in Portlaoise
- Steering group set up and functioning for new hospital systems
- Testing of upgraded Irish Medical Systems (IMS) Patient Administration System (PAS) has commenced in conjunction with the Eastern Regional Health Authority (ERHA) and the Mid-Western Health Board (MWHB)
- The Board is one of the initial boards involved in the National Laboratory procurement which is out to tender.

Primary, Community and Continuing Care

- Phase I of "ICON" (Integrated Care) project completed successfully and has been rolled out. It has delivered a model for integrated care delivery.
- Phase II of the project underway to implement the ICON model in two areas and define the IS requirements.
- Dental system is being implemented across the Board.
- Out of Hours system has been deployed to Westmeath.
- Environmental Health Officer (EHO) system set up in Eastern Health Shared Services (EHSS) for deployment in 2004.

Infrastructure:

- Broadband infrastructure constructed and successfully tested between main sites (Mullingar, Tullamore, and Portlaoise). Initial design for Longford and Athlone completed.
- Core operating systems upgraded to Windows 2003
- New helpdesk system has been implemented.

Administration Systems

- PPARS Phase II project is running to schedule for 2004 implementation.
- SAP financials and materials management continue to be deployed and enhanced
- Implemented pilot system using electronic workflow and shared data for Comment, Enquiry, Complaint, and Appeals (CECA)
- National Clinical Indemnity Scheme (CIS) system set up for Board users.

National systems

- The Board has been actively involved in a number of national ICT initiatives. These include:
 - Development of ICT strategy
 - Design and procurement of national health portal
 - Draft Project Methodology document developed in conjunction with HeBE
 - Collaborative Working Pilot system (Sharepoint Portal) developed in conjunction with HP, Microsoft and HeBE for use (initially) on Board, National eGovernment, and HeBE projects.

6.4.3 Planned Service Developments 2004

- Acute Services: National Hospital Information System: Continue Board project (with management, administration and clinician support); with goal of having the new digital (paperless) system in place for commissioning of new hospital in Tullamore in 2006. (Q&F, Action 116).
- Primary/Community Care Services: Complete Phase II of ICON project for delivery of an information system based on a person centred business process for Primary Care, Community Care and Mental Health. In 2004 the business processes will be piloted, and procurement of the new system started (Q&F, Action 117).
- Continue development of Financial, Materials Management, and Human resource systems using the Enterprise Resource Planning system (SAP) in line with Board needs, national priorities, and funding. Key target is Phase II of PPARS (Q&F, Action 117).
- Departmental systems: The implementation of the following systems are planned for 2004 :
 - Environmental Health System
 - Dental System
 - Continue existing systems rollouts (e.g., Home Help, Patient Private Property, Hospital system reporting) (Q&F, Action 117).
 - Implementation of national systems in line with national timelines for the following systems:
 - GRO (Births/deaths/marriages registration)
 - CCEI (Community client eligibility Index)
 - Other national systems as planned (Q&F, Action 118)
 - Develop broadband infrastructure: Continue design and build of broadband network phase II (Athlone, Longford, and other major centres), within available resources (Q&F, Action 119)
 - GP access to Health Board systems: Partake in national messaging project on secure GP access to laboratory systems and standards for system integration, and pilot initial GP links to the Board's systems (Q&F, Action 119).

6.5 Health Promotion Service

6.5.1 Context

Role and Purpose

The Health Promotion Service works together with individuals and communities to promote their wellbeing by informing, supporting, and enabling people to live a healthy life. This work is carried out in a caring, committed and respectful way.

Health Promotion staff work with staff throughout the Board in order to ensure that health promotion is integrated into their work and with other relevant agencies in order to ensure that there is an inter agency approach to health promotion.

NATIONAL AND REGIONAL POLICY FRAMEWORK

- Building Healthier Hearts; The Report of the Cardiovascular Health Strategy Group (DoHC,1999)
- The National Health Promotion Strategy 2000-2005 (DoHC,2000)
- Ottawa Charter for Health Promotion, World Health Organization, 1984
- Friel, S., Nic Gabhainn, S. & Kelleher, C. (2003) The National Lifestyle Surveys: Survey of Lifestyle, Attitudes and Nutrition (SLAN)
- Ireland – a Smoke Free Zone: Towards a Tobacco Free Society (Government of Ireland, 2000)
- The Midland Health Board's Regional Tobacco Strategy
- The World Mental Health Report 2001: Mental Health, New Understanding, New Hope.
- National Drugs Strategy (2001-2008)
- The National Alcohol Policy (1996)
- Midland Health Board Substance Misuse Education and Prevention Policy (1999)
- A strategy for Health Boards in Ireland-promoting increased physical activity
- Best Health for Adolescents, Get Connected Developing an Adolescent Friendly Health Service. The National Conjoint Child Health Committee
- Department of Health and Children (1998) Adding Years to Life and Life to Years Health Promotion Strategy for Older People. The Stationery Office Government of Ireland
- Department of Health and Children (2001) Primary Care A New Direction, Quality and Fairness – A Health System for You. The Stationery Office Government of Ireland
- Food Safety Authority of Ireland (2000) Recommendations for a national food and nutrition policy for older people. Food Safety Authority of Ireland.
- The Irish Health Behaviour in School-Aged Children Survey (HBSC). Department of Health and Children: Dublin
- Best Health for Children: Developing a partnership with Families (1999)
- The Report of the National Review of the Immunization/Vaccination Programmes.
- The Traveller Health Strategy (2002)
- The Forum on Fluoridation Report (2002)
- The National University Galway survey on level of Oral Health Promotion.
- The Board's Breastfeeding Policy & Action-Plan 2000- 2005

NEEDS ANALYSIS:

Examples of the needs analysis approach approved by Health Promotion are given below:

Stigma Reduction Project – Mental Health

Research has been carried out with staff, clients and a representative sample of the Board's population on attitudes and stigma around mental illness. This research has informed the development and direction of the stigma reduction project.

Substance Misuse Education and Prevention – Mental Health

Needs are identified in consultation with the Regional Drugs Task Force, the community, voluntary and statutory sectors, parents and young people.

Physical Activity – Cardiovascular Strategy

- The Quality of Working Life survey 2003
- Preliminary evaluation results of the GP exercise referral programme 2003 (Unpublished document)
- Preliminary evaluation results of the Activity in Care Setting programme 2003 (unpublished document)
- County Westmeath Sports, Recreation and Leisure, Facilities and Needs Survey, Analysis Report, 2002.

Traveller Health – Children and Families

The Board published an 'Action Plan for the Health and Social Gain of Travellers' in 1996, which identified the health needs of the Traveller population in the Board's area. A formal 'Health Needs Assessment of Traveller Women' was completed within the Board in 2000. This assessment informs the ongoing development of services for Travellers within the Board's area.

Breastfeeding – Children and Families

The Board has one of the lowest breastfeeding rates at a national level. The Board published a Breastfeeding Policy and Action-Plan in 2000 with the aim of improving breastfeeding rates.

Child Safety Awareness Programme – Children and Families

On average one in six children will attend A& E unit each year for treatment on injuries. Children between the ages of 0 and 5 years are at highest risk of injury in the home. Traveller children are at a high risk of accidental injuries, 47% of Traveller families reported an accidental child-injury, (MHB 2000).

6.5.2 BRIEF OUTLINE OF SERVICES CURRENTLY PROVIDED

Projects and Programmes undertaken by Health Promotion include:

- Heart Health (Tobacco) – Cardiovascular Strategy.
- Stigma Reduction Project – Mental Health
- Substance Misuse Education and Prevention – Mental Health
- Physical Activity – Cardiovascular Strategy
- Training
- Community Nutrition and Dietetic Services – Children and Families and Cardiovascular Strategy
- Community Health Development - Cardiovascular Strategy
- Traveller Health – Children and Families
- Midland Schools' Health Project – Children and Families
- Sexual Health – Children and Families
- Breastfeeding - Children and Families
- Child Safety Awareness Programme (CSAP) – Children and Families
- Consumer Health Information – Corporate Fitness/Health Information

6.5.3 THE YEAR AHEAD

ACTIONS FROM 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004:

- Youth friendly smoking cessation programmes
- Brief Intervention Training Skills programmes
- Sexual Health Strategy
- The Consumer Health Information Service
- Health Promotion Project Disabilities Services.

AIMS AND OBJECTIVES 2004

- The Board will continue to develop the following programmes in 2004:
- Heart Health (Tobacco) – Cardiovascular Strategy.
- Substance Misuse Education and Prevention – Mental Health
- Physical Activity – Cardiovascular Strategy
- Community Nutrition and Dietetic Services - Cardiovascular Strategy and Cardiovascular Strategy
- Community Health Development - Cardiovascular Strategy
- Traveller Health – Children and Families
- Midland Schools Health Project – Children and Families
- Sexual Health – Children and Families
- Breastfeeding – Children and Families
- Child Safety Awareness Programme – Children and Families
- Consumer Health Information – Corporate Fitness/Health Promotion

ACTIONS TO ACHIEVE OBJECTIVES

Heart Health (Tobacco) – Cardiovascular Strategy.

- Smoking awareness activities will be developed and delivered in a range of settings (Q&F, Action 5).
- Smoking cessation services that consider social, cultural and economic needs will be developed in partnership with all key stakeholders and provided throughout the Board's area (Q&F, Action 68)(R6.30 Building Healthier Hearts)
- A forum will be established to bring together those involved in planning and delivering services for women's health to develop strategies that will target a reduction in smoking in young women (Q&F, Action 5)
- Models of best practice will be developed in consultation with other key health boards, schools and community groups to reduce the prevalence of smoking in children and young people (5.4.2 objective 1. National Health Promotion Strategy)(R5.24 (3) Building Healthier Hearts)
- Awareness raising programmes to inform adults of the risks associated with passive smoking will be delivered in workplaces and to all key health board staff (R5.24 (2) Building Healthier Hearts)
- Brief Intervention Training programmes will be offered to all health professionals and allied healthcare staff
- Evaluation of Smoking Cessation will be carried out (Q&F, Action 68)
- A regional working group will be established involving all key stakeholders.

Substance Misuse Education and Prevention – Mental Health

- Promote the Parents Guide to Drugs booklet which was developed in 2003 to ensure that parents have access to factual preventative materials which also encourages them to discuss the issues of coping with drugs with their children (NDS, Action 35)
- To promote greater awareness of the service throughout the Board's area by developing links with various media sources (NDS, Action 73)
- To explore and develop new approaches and methods for working with young people and vulnerable groups such as peer education and harm reduction
- To provide training and support to professionals working with at-risk groups to recognise and manage drug related issues (NDS, Action 39)
- To continue to work with parents to equip them with the skills to assist their children to make informed choices about their health (NDS, Action 42)
- An interagency response within the region will be used to address and respond to the issues relating to substance misuse (NDS).

Physical Activity – Cardiovascular Strategy

- Increase the number of GP practices participating in the exercise referral programme by five (R6.40 Cardiovascular Strategy)
- Continued implementation of the Board's Workplace Health Promotion Programme (R6.40 Cardiovascular Strategy)
- Continued implementation of the physical activity in Care Setting Programme, among patients in care centres for older people (R5.17 Cardiovascular Strategy)
- Pilot the playground markings programme in primary schools throughout the Board's area (R5.17 Cardiovascular Strategy) (Q&F, Action 8)
- Implement the 'Buntus Programme' for primary schools in County Laois and one other county in collaboration with the local sports partnership (R5.41-5.46 Cardiovascular Strategy)
- Continue to implement and evaluate the Go for Life Programme for older people in the community (R5.16 Cardiovascular Strategy) (Q&F, Action 26)
- Continue to deliver educational and participational programmes to socially excluded groups in the community including, Travellers, and low income groups (R5.12-14 Cardiovascular Strategy) (Q&F, Action 19-20)
- Work in partnership with Athlone Institute of Technology to encourage participation in physical activity among third level students
- Continue to work with Local Sports Partnerships (R5.41-5.46 Cardiovascular Strategy)
- Deliver the weight management training programme in partnership with the Community Nutrition Services (R6.33 Cardiovascular Strategy)
- Training on Brief Intervention Skills to community groups
- Deliver Action for Life training to primary schools, pre-schools and after schools programmes. (R5.41-5.46 Cardiovascular strategy).

Community Nutrition and Dietetic Services

Cardiovascular Strategy

- Expand the Food and Health Project in partnership with Mountmellick Development Association to Laois /Offaly (Q&F, Action 5)
- Expand Happy Heart Catering award and support implementation of Healthy Catering Guidelines. (Q&F, Action 5)
- Continue regular health information delivery via local media (Q&F, Action 5).
- Children and Families
- To develop a nutrition peer led project for travellers in partnership with primary care team. (Q&F, Action 19)
- To develop and implement nutritional standards in breakfast clubs and after schools clubs via the Stay in School Retention Initiative (Q&F, Action 19)
- To develop a weight management service to include a paediatric weight management component (Q&F, Action 8)
- To deliver infant nutrition update sessions via the child health surveillance training programme (Q&F, Action 8).
- To provide evidenced based nutrition training through Health Promoting Schools, SPHE and Summer Schools (Q&F, Action 8)
- To expand the Healthy Eating Schools Policy (Q&F, Action 8)
- To develop links with pre-school stakeholders in order to provide quality nutrition programmes (Q&F, Action 8)
- Assess attitudes of teachers to fluid use in classroom with a view to increasing consumption of same (Q&F, Action 8).

Community Health Development - Cardiovascular Strategy

- To carry out needs assessment with local communities and groups of specific health concerns and issues
- To identify resources and formulate an action plan based on identified needs
- Monitoring and evaluation of programme in line with needs assessment and identified performance indicators.

This will be achieved through working with a Heart Health Team covering issues of cardiovascular health. The workers will also provide training and capacity building to groups where necessary to support their development. (Q&F, Action 19).

Traveller Health – Children and Families

- To Prioritise Traveller Community Development in Counties Laois and Westmeath. Develop 'working partnerships' with key services and agencies
- To support the All- Ireland Traveller Health Study
- To develop service initiatives with key health services to support Traveller access, use and outcomes of these services as prioritised in the Traveller Health Strategy.

Midland Schools Health Project – Children and Families

- To participate as a partner in the SPHE Support Service
- To provide training events to teachers in response to their identified needs to facilitate the provision of SPHE
- To support the introduction of SPHE at senior cycle level and influence the syllabus content
- Develop stronger links to support primary schools with the new SPHE syllabus
- To facilitate schools seeking support in addressing health related issues
- To liaise with schools to promote healthy eating
- To further develop the intergeneration project with St. Joseph's Care Centre
- To support the development of Substance Use Policies
- Facilitate a number of Summer Schools for primary teachers in partnership with the Education Centres in Athlone, Laois and Carrick-on-Shannon
- Twelve participants will complete the 'Specialist Certificate in Health Promotion
- An award scheme to promote school/training centres/youth centres participation in health issues will be devised
- To develop resources to promote mental health in junior cycle SPHE.

Sexual Health – Children and Families

- To develop policies and procedures for front line staff
- To implement the recommendation of Crisis Pregnancy Agency - Crisis Pregnancy Strategy 2004-2006
- To develop a Pilot Holistic Teen Clinic in partnership with local youth service providers in the Mullingar area
- To design and deliver training to Public Health Nurses dealing with female genital mutilation
- To develop appropriate training programmes to target health professionals and community workers and nursing students in A.I.T
- To development inter-disciplinary work
- To update STI Book in conjunction with IFPA
- To identify needs pertinent to the Gay and Lesbian community
- To train residential care staff and community groups
- To work in partnership with schools, A.I.T. and young people to develop and promote positive sexual health within the context of a healthy lifestyle
- To support and promote the Relationship and Sexuality Education (RSE) programme with parents, teachers and communities within the context of SPHE
- To pilot a peer education programme
- To continue to provide schools with training and the resource "Baby Think It Over".

Breastfeeding – Children and Families

- To improve the breastfeeding rates in the Board's area through the continued implementation of the Board's Breastfeeding Policy and Action-Plan (2000- 2005).

Child Safety Awareness Programme – Children and Families

- To evaluate and develop CSAP in partnership with the 'Action for Children Programme'
- To develop CSAP to meet the identified needs of Travellers within the Board's area (Midland Health Board 2000, PHCP 2002)
- To develop the CSAP in partnership with A&E policies and procedures on child injuries.

Consumer Panels 2004 – Corporate Fitness/Health Promotion

- To continue research on consumer panels and other methods of community participation. This will include review of present consultation processes in the Board to identify what is already working well.
- Consult with representative groups e.g. statutory groups, carers association, community groups, councils, community fora
- Develop an evaluation plan based on performance indicators specified in the guidelines and produce interim report at 12 months in operation and full evaluation report after 18 months in operation.

Consumer Health Information – Corporate Fitness/Health Information

- To establish a regional working group to consider all aspects of health information provision
- To consolidate existing structures.

KEY ISSUES FOR THE YEAR AHEAD:

- The implementation of the tobacco legislation in all workplaces
- Alcohol (underage drinking and binge drinking)
- Needs of ethnic minorities
- Childhood and Adult Obesity
- Type 11 Diabetes
- Osteoporosis
- Literacy.

MONITORING MECHANISMS AND EVALUATION:

All aspects of the service will be monitored on a monthly and quarterly basis and where there are national performance indicators these will be collated and reviewed.

RESEARCH, QUALITY AND VALUE FOR MONEY:

A full review of the Health Promotion Service budget has been undertaken at the end of 2003.

- The updating and review of service agreements
- Skills and Training Audit of all staff members is currently being carried out to maximise skill use
- Research support will continue in the dietetic service in Diabetes Structured Care and 'Food and Health' projects
- Research support will continue for the evaluation of the GP exercise referral project
- An evaluation of the Health Action Zones (HAZ) will be carried out
- Evaluation of the smoking cessation service will be carried out.

FINANCE**STAFFING (WTE NUMBERS)**

The approved staffing complement for 2003 was 17 and staffing numbers were contained within this complement.

The approved staffing complement for 2004 remains the same.

	TARGET 2003	OUT-TURN ¹ 2003	% VARIANCE ¹	TARGET 2004
General support staff	3	3	-	3
Health and Social Care Professionals	-	-	-	
Management / Administration	14	14	-	14
Medical/Dental	-	-	-	
Nursing	-	-	-	
Other patient and client care	-	-	-	
Total	17	17	-	17

¹ Estimated out-turn based on 2003 actual figures available at time of finalising Service Plan

¹ Management commentary should be included to explain variances

STAFFING 2004

HEALTH PROMOTION SERVICE	GENERAL SUPPORT STAFF	HEALTH AND SOCIAL CARE PROFESSIONALS	MANAGEMENT/ ADMINISTRATION	MEDICAL / DENTAL	NURSING	OTHER PATIENT & CLIENT CARE	TOTAL
PERMANENT			12		2		14
TEMPORARY	3		14				17

Health Promotion – Performance Indicators**HEALTH PROMOTION 2003 – PERFORMANCE INDICATORS**

PLEASE NOTE THE PERFORMANCE INDICATORS COLLECTED IN 2003 DIFFER FROM THOSE TO BE COLLECTED IN 2004. THEREFORE THE PERFORMANCE INDICATORS 2004 WILL FORM THE BASELINE, UPON WHICH FUTURE TARGETS CAN BE SET.

Effectiveness

HP1	Nat Target	Q1	Q2	Q3	Q4	Yr End Where applicable
Percentage of primary schools in each Health Board designated as health-promoting		2	2	2		
Percentage of post-primary schools in each Health Board designated as health promoting.		6	6	6		
Percentage of primary schools in each Health Board working towards this designation.		0	0	0		
Percentage of post-primary schools in each Health Board working towards this designation.		4	4	4		

Effectiveness

HP2	Nat Target	Q1	Q2	Q3	Q4	Yr End Where applicable
Percentage of post-primary schools with at least one health-related policy agreed and published.		10	10	100		

HP2 Commentary	
HP2 Q1	Types of policy Social, Personal and Health Education, Relationship and Sexuality Education, Anti-Bullying Policy, Substance Misuse Policy, Nutrition, Health and Safety.
HP2 Q2	
HP2 Q3	The Board has worked with an Garda Siochana and the profession on the question of substance misuse education in schools. Meetings were held with parents and in service training has been provided to teachers

**Summary of Planned Actions
By
Reference to the National Health Strategy Actions.**

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
5	Actions on Major life Style Factors Targeted in the National Cancer, Cardiovascular and the Health Promotion Strategy....	<ul style="list-style-type: none"> ▪ The Midland Health Board will, through joint working between Health Promotion and Environmental Health Staff, play its part to ensure the success of the Public Health (Tobacco) Bill. The approach will be one which informs the public about the risks of passive smoking and their rights to a smoke-free environment, and seeks to ensure that those rights are vindicated. ▪ Smoking awareness activities will be developed and delivered in a range of settings which will include; the workplace, schools, public and community venues. (Q&F Action 5) ▪ A forum will be established to bring together those involved in planning and delivering services for women's health to develop strategies that will target a reduction in smoking in young women (Q&F Action 5) ▪ Models of best practice will be developed in consultation with other key health board, school and community groups to reduce the prevalence of smoking in children and young people (5.4.2 objective 1. National Health Promotion Strategy)(R5.24 (3) Building ▪ Awareness raising programmes to inform adults of the risks associated with passive smoking will be delivered in workplaces and to all key health board staff (R5.24 (2) Building Healthier Hearts)Healthier Hearts) ▪ Brief Intervention Training programmes will be offered to all health professionals and allied healthcare staff ▪ Delivery of training on Brief Intervention Skills to community groups ▪ Increase the number of GP practices participating exercise referral programme by five (Cardiovascular strategy R6.40). ▪ Continued implementation of the Midland Health Board workplace health promotion programme (Cardiovascular strategy R6.40). 	

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
		<ul style="list-style-type: none"> ▪ Work in partnership with Athlone Institute of Technology to encourage participation in physical activity among third level students ▪ Continue to work in with Local Sports Partnerships in the Boards area including (Cardiovascular Strategy R5.41-5.46). ▪ Delivery of the Weight Management-Training Programme in partnership with the Community Nutrition Service (Cardiovascular Strategy R6.33). ▪ To expand the Food and Health Project in partnership with Mountmellick Development Association to Laois /Offaly. This a Peer led nutrition project targeted at disadvantaged groups ▪ Expand Happy Heart Catering award plus support implementation of Healthy Catering Guidelines ▪ Continue regular Health Information delivery via publications and presentations on local newspapers & local radio. (O&F, Action 5) 	
5 22	<p>Actions on Major life Style Factors Targeted in the National Cancer, Cardiovascular and the Health Promotion Strategy....</p> <p>Initiatives to improve the health and well being of drug misusers will advanced (Pillar – Prevention)</p>	<ul style="list-style-type: none"> ▪ Promote the Parents Guide to Drugs booklet which was developed in 2003 to ensure that parents have access to factual preventative materials which also encourages them to discuss the issues of coping with drugs with their children. (NDS, Action 35) ▪ To promote greater awareness of the service throughout the region by developing links with various media sources. (NDS, Action 73) ▪ The prioritising of the development of Substance Use Policies will be supported ▪ To explore and develop new approaches and methods for working with young people and vulnerable groups such as peer education and harm reduction ▪ To provide training and support to professionals working with at-risk groups to recognise and manage drug related issues (NDS, Action 39). ▪ To continue to work with parents to equip them with the skills to assist their children to make informed choices about their health, personal lives, and social development. (NDS, Action 42). ▪ An interagency response within the Board's area will be used to address and respond to the issues relating to substance misuse. (NDS) 	

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
8	Initiatives to promote healthy life styles in children will be extended	<ul style="list-style-type: none"> ▪ Deliver action for life training to primary schools, pre-schools and after schools programmes. (R5.41-5.46 Cardiovascular strategy) ▪ Pilot the playground markings programme in primary schools throughout the region (Cardiovascular Strategy R5.17) (Q&F, Action 8) ▪ Implement the 'Buntus Programme' for primary schools in Country Laois and one other county in collaboration with the local sports Partnership (Cardiovascular Strategy R5.41-5.46). ▪ Develop Weight Management Service to include a paediatric weight management component. ▪ To deliver infant nutrition update sessions via the child health surveillance training programme. ▪ To provide evidenced based nutrition training through Health Promoting Schools, SPHE and Summer Schools ▪ Expand the Healthy Eating Schools Policy ▪ To develop links with pre-school stakeholders in order to provide quality nutrition programmes ▪ The Board will continue to participate as a partner in the SPHE Support Service ▪ Training events will be provided to teachers in response to their identified needs to facilitate the provision of SPHE ▪ The Board will be proactive in supporting the introduction of SPHE at senior cycle and influencing the syllabus content ▪ In response to the Primary Curriculum Support Programme stronger links will be developed to support primary schools with the new SPHE syllabus ▪ Requests from schools seeking support in addressing health related issues will be facilitated by the Midland Schools' Health Project ▪ A Community Nutritionist will continue to liase with schools to promote healthy eating ▪ In partnership with the Education Centres in Athlone, Laois and Carrick-on-Shannon a number of Summer Schools for primary teachers will be facilitated ▪ Twelve participants will complete the 'Specialist Certificate in Health Promotion ▪ An award scheme to promote schools, training centres, and youth centres participation in health issues will be devised 	

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
		<ul style="list-style-type: none"> ▪ The development of resources to promote mental health in junior cycle SPHE ▪ To continue to participate in training primary and secondary teachers through Summer Schools and through SPHE. 	
9	Measure to promote and support breastfeeding will be strengthened	<ul style="list-style-type: none"> ▪ To improve the breastfeeding Rates in the Boards' area. This will be achieved through the continued implementation of the Board's Breastfeeding Policy and Action-Plan (2000- 2005) and the following objectives: Maintain the development and implementation of the Specialist Breastfeeding Training and Education Programme within the Board's services Launch the Standard Operating Procedures developed to support Breastfeeding Policy within the Board's Services Develop the Antenatal Services to promote and support Breastfeeding (identified by the Breastfeeding Policy Steering Group as a priority in 2004). 	
10	A National Injury Prevention Strategy to co-ordinate action on injury prevention will be prepared	<ul style="list-style-type: none"> ▪ Evaluation of the CSAP within the Board as per framework ▪ Develop CSAP in partnership with the 'Action for Children Programme' – implement nationally ▪ Develop CSAP to meet the identified needs of Travellers within the Board (Midland Health Board 2000, PHCP 2002) ▪ Develop the CSAP in partnership with A&E policies and procedures on child injuries ▪ Develop the CSAP in partnership with Health Promoting Hospitals as outlined in Children in Hospital Standards ▪ Support the work of the National Safety Council in relation to Safety Awareness and accident prevention ▪ Explore partnership working to promote safety awareness and Accident prevention within the Board's area. 	

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
16	Measures will be taken to promote sexual health and safer sexual practices	<ul style="list-style-type: none"> ▪ Develop policies and procedures for front line staff in relation to sexual health ▪ Endeavour to implement the recommendation of Crisis Pregnancy Agency - Crisis Pregnancy Strategy 2004-2006 ▪ To develop a Pilot Holistic Teen Clinic in partnership with local youth service providers in the Mullingar area ▪ Design and delivery of training to Public Health Nurses dealing with female genital mutilation ▪ Develop appropriate training programmes to target health professionals & community workers and nurse courses in A.I.T. ▪ Development of inter-disciplinary work in the area of sexual health ▪ Publication and dissemination of the Board's Guide to Contraception ▪ Completion of Service Directory ▪ Update of STI Book in conjunction with IFPA ▪ Identification of needs pertinent to the Gay and Lesbian community ▪ Training residential care staff and community groups in sexual health 	
		<ul style="list-style-type: none"> ▪ Disseminate Board's Sexual Health Strategy and implementation ▪ Work in partnership with schools', A.I.T. and the youth sector to develop and promote positive sexual health within the context of a healthy lifestyle ▪ Support and promote the Relationship and Sexuality Education (RSE) programme with parents, teachers and communities within the context of SPHE ▪ To pilot a peer education programme ▪ Continue to provide schools with training and the resource "Baby Think It Over" to promote sexual health in schools ▪ To continue to train teachers in the delivery of the 'Baby Think It Over' programme with pupils. To continue to deliver the training program 'All in a Nut Shell' to both community and residential staff. 	

National Goal No1: Better Health For Everyone 1-35			
Quality & Fairness Actions		Midland Health Board Service Plan	
No	Q&F Action	Actions to Achieve Q&F Action	Page Ref.
19	Initiatives to eliminate barriers for disadvantage groups to achieve healthy life styles will be developed and expanded	<ul style="list-style-type: none"> ▪ To develop and implement nutritional standards in breakfast clubs and after schools clubs via the Stay in School Retention Initiative ▪ Continue to deliver educational and participational programmes socially excluded groups in the community including, Travellers low income groups (Cardiovascular strategy R5.12-14) ▪ Needs assessment with local communities and groups of specific health concerns and issues ▪ Identification of resources and formulation of an action plan based on identified needs. ▪ Implementation of plan in partnership with group/ community over an agreed period of time ▪ This will be achieved through working with a heart health team covering issues of cardiovascular health. The workers will also provide training and capacity building to groups where necessary to support their development. 	
20	The Health of Travellers will be improved	<ul style="list-style-type: none"> ▪ Continue to deliver educational and participational programmes to socially excluded groups in the community including, Travellers and low income groups (Cardiovascular strategy R5.12-14) ▪ Develop a nutrition peer led project for Travellers in partnership with Primary Care Team ▪ To continue developing the work on the services established in 2003 ▪ To prioritise Traveller Community Development in Counties Laois and Westmeath- need to develop 'working partnerships' with key services and agencies to develop this further in 2004. Work has commenced on this ▪ To support the All- Ireland Traveller Health Study ▪ Develop service initiatives with key health services to support Travellers access, use and outcomes of these services as prioritised in the Traveller Health Strategy. 	

6.6 Community Welfare Service

6.6.1 Context

Role and Purpose

The Community Welfare Service delivers a range of community based services, which aim to reduce the incidence and effects of poverty and promote the process of economic and social inclusion.

The service is responsible for the administration, delivery and control of the Supplementary Welfare Allowances Schemes on an agency basis on behalf of the Department of Social and Family Affairs.

It is responsible for the financial means testing of all means-tested health and personal social services delivered by the Board.

The Service engages with a wide range of statutory and non-statutory agencies providing welfare and social services in the Board's area.

National and Regional Policy Framework

- Social Welfare (Consolidation) Act 1993
- The Health Act 1970
- National Anti Poverty Strategy
- Social Inclusion Strategy
- Health Services Modernisation Programme under Sustaining Progress

6.6.2 Brief Outline of Services Currently Provided

The Community Welfare Service provides a range of services including income support, information, advice and referral, advocacy and representation to individuals and community groups within the Board's functional area.

Weekly public clinics are held in the Board's 67 Health Centres and other public offices.

In 2003, more than 4,000 public clinics were delivered and a total number of 225,249 payments issued to eligible clients. Overall expenditure on Supplementary Welfare Allowances increased by almost 12% and the greatest single increase, almost 24%, occurred within the range of income supplements (rent, mortgage, diet etc.)

SUPPLEMENTARY WELFARE ALLOWANCES EXPENDITURE ANALYSIS				
PAYMENT TYPE	2002 €	2003		% VARIANCE
		€	No. of payments	
Basic Payments	10,154,859	10,272,993	74,733	+ 1.2 %
Supplements	9,687,981	11,978,832	138,813	+ 23.6%
Exceptional needs/Back to school clothing	2,486,436	2,726,250	11,703	+ 9.6%
Total	22,329,276	24,978,075	225,249	+ 11.9%

The Year Ahead

Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- Distribution of the Community Welfare Services Information Pack
- Development of protocols and procedures for payment of enhanced Nursing Home Subvention.

Aims and Objectives 2004

- To provide a range of community based services to individuals, statutory and non-statutory agencies and community groups to promote the process of social inclusion and reduce the incidence and effects of poverty amongst marginalised groups in society (Q&F, Actions 18, 21 and 23)
- To deliver services in an efficient, effective and accessible manner (Q&F, Action 45)
- To ensure that its processes and systems support the efficient management of health board schemes with particular emphasis to Primary Care Services.

Actions to Achieve Objectives

- Monitor the efficiency and effectiveness of Social Welfare Allowance Scheme (SWA) by:
 - Quarterly case management analysis of long-term SWA
 - Targeted response to identifiable trends in SWA expenditure
 - Control audit of 15% random selection of all SWA cases in payment.
- To review, evaluate and improve the delivery of services with particular attention to improving accessibility and customer focus
- To publish and circulate the Community Welfare Services Information Pack (Q&F, Action 44)
- To participate with the Primary Care Unit in the continuing review of the Board's GMS register with particular reference to the validity of client PPSN information (Q&F, Action 117)
- To examine and update the information held on the services IT (ISTS) systems
- To commence the process of upgrading public offices with particular reference to health and safety issues.

Key Issues for the Year Ahead

Proposed changes to SWA regulations governing the payment of Rent Supplements

Proposed changes in relation to diet supplements

The need to upgrade computer systems, hardware and networks to maintain current levels of service

Health and safety issues in some Board premises in which Community Welfare Services are delivered.

6.7 Environmental Health Service

6.7.1 Context

Role and purpose

The Environmental Health Service promotes and protects public health through enforcing legislation for which it is delegated and authorised. The service advises and provides information to statutory agencies and the public on environmental health issues.

The service operates under contract agreement with the Food Safety Authority of Ireland (FSAI), for the provision of services for the inspection and monitoring of food businesses, the enforcement of food labelling controls and the provision of food safety and food hygiene education.

The service implements tobacco, poisons, pest control, pre-school and nursing homes legislation.

An agency service is provided to the local authorities mainly in relation to planning, water monitoring, housing assessments and environmental health hazards.

National and Regional Policy Framework

The principal framework guiding the provision of these services includes:

- Service contract with the FSAI, dated 1st January 2003.
- Local Authority Service Agreements
- Legislation governing tobacco control, poisons, childcare and nursing homes.
- Health Services Modernisation Programme under Sustaining Progress

6.7.2 Brief Outline of Services Currently Provided

Environmental Health services are provided by a team in each of the Board's community care areas. Services are located in five locations in the Board; Athlone, Longford, Mullingar Portlaoise and Tullamore.

6.7.3 The Year Ahead

Actions from 2003

The following actions were not fully completed in 2003 and will be pursued or re-evaluated in 2004.

- Achieve accreditation for food control service to ISO 9001:2000
- Implement a computerised food control system
- Achievement of the HACCP compliance in premises as targeted in the National HACCP Strategy.

Aims and Objectives 2004

- To promote and protect public health through enforcing legislation for which it is delegated and authorised
- To provide an advisory and information service on issues of environmental health to local authorities, other statutory agencies and the public as required.

Actions to Achieve Objectives

- Food Control: High risk business: One programmed full inspection and two programmed surveillance inspections per year. Medium risk business: One programmed full inspection and one programmed surveillance inspection per year. Low risk business: One programme full inspection per year
- To undertake routine food sampling, focussing on appropriate areas in the food supply chain from production importation to retail catering, to provide optimal data for protection of the consumer
- To implement hygiene education programme for food business
- To implement the Public Health (Tobacco) Act 2002 within resources available
- To carry out inspection, assessment and prioritisation of applications received in respect of persons seeking rehousing from local authorities
- To assess planning applications referred from Local Authorities to determine the Environmental Health Impacts
- To implement the water sampling programmes under current European Union directives, and to monitor fluoridated water supplies monthly
- To investigate complaints or problems where public health may be affected or nuisances may exist
- To liaise with the Public Health Department and other disciplines in relation to outbreak control teams
- To assess applications for registration of private nursing homes and carry out inspections in accordance with relevant legislation
- To implement current poisons legislation in relation to licensing of premises
- To inspect full day and sessional childcare facilities in accordance with relevant legislation
- A Safety Statement has been drawn up for Longford/Westmeath. Hazards were identified and control measures put in place. It is proposed to draw up a similar statement for Laois/Offaly. However, personal protection equipment is required.

SERVICE OUTPUTS:

Non-Food Activities:

	2002	2003 (9mths Figures)
Housing Inspection	3059	1677 (No. Housing Inspections in Laois from Jan 03)
Planning Inspection	570	543
Public Health Nuisance Investigations	209	100
Water Samples (Public)	1776	1260
Water Samples (Private)	308	340
Fluoride Samples	288	243
Tobacco Control	1103	1922
Nursing Homes	63	56
Pest Control	56	49
Childcare		220

Food Control Activities:

Food Premises – Risk Type

Total No. of Inspections

	2002	Sept. 2003
High Risk	2770	2172
Medium Risk	226	175
Low Risk	498	450

Programmed Activities	2002	Sept. 2003
No. of Food Premises Registrations Issued	69	51
Number of Food Stall Licences	20	23
No. of Food Safety Education Participants	216	167
No. of Food Samples Taken	861	1125

Non-programmed Activities	2002	Sept. 2003
No. of Food Stall Inspections	170	39
No. of Outdoor Food Events Monitored	19	21
No. of Food Complaints	84	118
No. of Food Poisoning Incidents	50	62
No. of Food Safety Prosecutions Initiated	6	3
No. of Occasional Food Premises Inspected	15	48
No. of Closure Orders	1	1

Performance indicators

The following table sets out the national performance indicators set for 2003 by the Department of Health and Children.

The following data refers to reporting period September 2003.

OH1 a	Percentage of target number of programmed inspections of food premises by high risk category carried out in 2003*	70.3%
Q1	Target number of programmed inspections of food premises by high risk category	984
Q2	Number of high-risk inspections carried out at the end of the reporting period.	692
OH1 b	Percentage of target number of programmed inspections of food premises by medium risk category carried out in 2003*	52.8%
Q1	The target number of programmed inspections of food premises by medium risk category	104
Q2	Number of medium risk inspections carried out at the end of the reporting period	55
OH1 c	Percentage of target number of programmed inspections of food premises by low risk category carried out in 2003*	57.7 %
Q1	Target number of programmed inspections of food premises by low risk category	181
Q2	Number of low risk inspections carried out at the end of the reporting period?	104
OH2 d	Percentage out-turn of target number of food samples as specified in the National Food Sampling Plan**	98%
Q1	Target number of food samples as specified in the National Food Sampling Plan?	219
Q2	Number of food samples processed during the reporting period	216

OH2	Number of premises in each of the 12 categories as specified in the Tobacco (Health Promotion and Protection) Regulations 1995 S.I. No. 359 of 1995.	
Q1	Number of premises in each of the 12 categories as specified in the legislation in your region?	
	Premises	Number
	Public Buildings	81
	Education	278
	Retail	1100
	Restaurants	327
	Transport	364
	Sports/Leisure	10
	Bingo/Bridge	25
	Hospitals	25
	Surgeries	67
	Health Premises	76
	Hair/Barber	134
	Financial	169

Staffing

Staff compliment is 39 WTE's for the Health Board area.

Monitoring of food safety at outdoor events also impacts on activity levels.

Key Issues for the Year Ahead

- The implementation of the Public Health (Tobacco) Act 2002 and associated regulations in 2004 will place significant pressure on existing resources
- Implementation of Food control computer system
- Achievement of accreditation to I.S.O. 9001:2000.

Monitoring Mechanisms and Evaluation

- Financial reports and position reports will be monitored monthly
- Quarterly performance indicator returns to the Department of Health and Children.
- Quarterly activity reports will be returned to the Food Safety Authority of Ireland (FSAI)
- Aims, objectives and actions of the Service Plan will be reviewed on a quarterly basis.

Evaluation

- Internal Audits
- External ISO accreditation audit by the National Standards Authority of Ireland
- External Audits by the FSAI.

Research, Quality and Value for Money initiatives

Research

- Participation in national and local working groups to develop codes of practice.

Quality

- Achieve accreditation for food control service to I.S.O. 9001:2000

Value for Money

- Value for Money (VFM) will be achieved through target setting and performance evaluation, including the efficient use of non pay resources combined with appropriate personal development programmes for staff.

6.8 Regional Material Management

6.8.1 Role and Purpose

The role of Regional Materials Management (RMM) is to:

- Provide goods, services and equipment to patient care providers and their support services
- Maximise the effectiveness of the use of funds available for procurement
- Comply with national and EU procurement legislation.

6.8.2 Brief Outline of Services Currently Provided

The service comprises of the Materials Management Office, the Equipping Office Contract Section and the Central Supplies Departments.

Needs Analysis

- The adoption of the Health Sector Procurement Strategy Report has signalled the strategic direction for the next five years. The key elements of the strategy are: -
- Leveraged buying power
- Maximised transaction efficiency
- Sustainable and competitive supply base
- Optimised supply, inventory and logistics arrangements.
- A working committee has been established to examine the feasibility of one centralised Supplies Department.

6.8.3 The Year Ahead

Aims and Objectives 2004

- To proceed with the aids and appliance cleaning, re-cycling, tracking and delivery service
- To ensure all significant expenditure areas are covered by contractual agreements
- To develop business plans in other locations to allow further rollout of SAP
- To extend on-line requisitioning to a major acute hospital
- To continue to extend consignment stock.

Performance Indicators

Performance Indicators under the following headings will be reported on in January and July 2004: -

- Procurement
- Inventory Management
- Customer Service

Value for Money

In relation to the Board's Value for Money requirements, a review of the existing contractual arrangements is underway with a view to extending to other areas.

Financial Plan

<u>Summary - 2004 Draft Care Group Budgets</u>					
	Pay	Non Pay	Gross Expenditure	Income	Net Expenditure
	€m	€m	€m	€m	€m
Episodic	125.773	80.077	205.850	(15.272)	190.578
People with Mental Illness	33.995	7.041	41.036	(2.974)	38.062
Older People	46.862	8.885	55.747	(7.095)	48.652
People with Disabilities	18.962	38.510	57.472	(2.041)	55.431
Children & Families	14.733	10.798	25.531	(1.141)	24.390
Central Services & Selected Cross Care Groups	46.283	21.805	68.088	(6.547)	61.541
Midland Health Board Total	286.608	167.116	453.724	(35.070)	418.654

Year on Year Budget Growth

<u>2003 Original Budget</u>	Pay	Non Pay	Gross Expenditure	Income	Net Expenditure
	€m	€m	€m	€m	€m
Episodic	106.444	77.178	183.622	(13.194)	170.428
People with Mental Illness	29.848	7.401	37.249	(2.608)	34.641
Older People	42.027	8.526	50.553	(6.504)	44.049
People with Disabilities	16.358	32.634	48.992	(1.746)	47.246
Children & Families	13.339	8.615	21.954	(0.805)	21.149
Central Services & Selected Cross Care Groups	35.480	16.999	52.479	(4.889)	47.591
Midland Health Board Total	243.496	151.353	394.849	(29.746)	365.103

<u>2003 Final Budget</u>	Pay	Non Pay	Gross Expenditure	Income	Net Expenditure
	€m	€m	€m	€m	€m
Episodic	117.184	79.399	196.583	(13.851)	182.732
People with Mental Illness	32.078	7.191	39.269	(2.724)	36.545
Older People	43.945	8.601	52.546	(6.795)	45.751
People with Disabilities	18.200	37.877	56.077	(1.941)	54.136
Children & Families	13.902	10.478	24.380	(0.891)	23.489
Central Services & Selected Cross Care Groups	41.334	24.178	65.512	(6.547)	58.965
Midland Health Board Total	266.643	167.724	434.367	(32.749)	401.618

<u>2004 Original Budget</u>	Pay	Non Pay	Gross Expenditure	Income	Net Expenditure
	€m	€m	€m	€m	€m
Episodic	125.773	80.077	205.850	(15.272)	190.578
People with Mental Illness	33.995	7.041	41.036	(2.974)	38.062
Older People	46.862	8.885	55.747	(7.095)	48.652
People with Disabilities	18.962	38.510	57.472	(2.041)	55.431
Children & Families	14.773	10.798	25.531	(1.141)	24.390
Central Services & Selected Cross Care Groups	46.283	21.805	68.088	(6.547)	61.541
Midland Health Board Total	286.608	167.116	453.724	(35.070)	418.654

<u>% Budget Increase</u>	% increase on 2003 original budget	% increase on 2003 final budget
Episodic	11.82%	4.29%
People with Mental Illness	9.88%	4.15%
Older People	10.45%	6.34%
People with Disabilities	17.32%	2.39%
Children & Families	15.33%	3.84%
Central Services & Selected Cross Care Groups	29.31%	4.37%
Midland Health Board Total	14.67%	4.24%

DRAFT CALENDARISED BUDGETS – 2004

€m	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec *</u>	<u>TOTAL</u>
<u>BOARD SUMMARY:</u>													
PAY	22.838	21.574	23.342	23.162	23.349	23.769	23.453	23.453	23.842	24.549	23.565	29.712	286.608
NON PAY	15.198	12.455	13.910	12.901	13.157	13.181	13.074	13.315	13.124	13.309	13.894	19.599	167.116
GROSS EXPENDITURE	38.036	34.028	37.252	36.063	36.506	36.950	36.527	36.768	36.965	37.858	37.459	49.311	453.724
INCOME	(2.959)	(2.690)	(2.995)	(2.871)	(2.975)	(2.907)	(2.959)	(2.995)	(2.871)	(2.975)	(2.907)	(2.966)	(35.070)
NET	35.077	31.338	34.257	33.193	33.531	34.043	33.568	33.773	34.095	34.882	34.552	46.345	418.654

* December includes Contingency

€m	<u>Jan</u>	<u>Feb</u>	<u>Mar</u>	<u>April</u>	<u>May</u>	<u>June</u>	<u>July</u>	<u>August</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>TOTAL</u>
<u>CARE GROUP SUMMARY:</u>													
EPISODIC	15.968	14.265	15.594	15.110	15.264	15.496	15.280	15.374	15.520	15.879	15.728	21.100	190.578
MENTAL HEALTH	3.189	2.849	3.114	3.018	3.048	3.095	3.052	3.070	3.100	3.171	3.141	4.214	38.062
OLDER PEOPLE	4.076	3.642	3.981	3.857	3.897	3.956	3.901	3.925	3.962	4.054	4.015	5.387	48.652
PEOPLE WITH DISABILITIES	4.644	4.149	4.536	4.395	4.440	4.507	4.444	4.472	4.514	4.618	4.575	6.137	55.431
CHILDREN & FAMILIES	2.044	1.826	1.996	1.934	1.953	1.983	1.956	1.968	1.986	2.032	2.013	2.700	24.390
CENTRAL & CROSS CARE GROUP	5.156	4.607	5.036	4.879	4.929	5.004	4.934	4.965	5.012	5.128	5.079	6.813	61.541
TOTAL MHB	35.077	31.338	34.257	33.193	33.531	34.043	33.568	33.773	34.095	34.882	34.552	46.345	418.654

DRAFT DETAILED BUDGET BREAKDOWN 2003/2004 : YEAR ON YEAR INCREASE

Category	Budget 2003 Final € m	Revised Base at 31/12/03 € m	Budget 2004 Original € m	Increase/ Decrease € m
Payroll Deductions	(11.066)	(11.066)	(11.850)	(0.784)
Patient Income	(13.341)	(13.341)	(14.286)	(0.945)
Other Income	(8.271)	(8.271)	(8.857)	(0.586)
Other Grants	(0.072)	(0.072)	(0.077)	(0.005)
Total Income	(32.749)	(32.749)	(35.070)	(2.321)
Management Administration	29.441	27.775	31.645	3.871
Medical Dental	43.065	40.627	46.289	5.662
Nursing	90.001	84.907	96.740	11.833
Paramedical	32.243	30.418	34.657	4.239
Support Services	50.035	47.203	53.781	6.578
Maintenance & Technical	3.826	3.609	4.112	0.503
Superannuation	18.033	17.012	19.383	2.371
Total Pay Expenditure	266.643	251.551	286.608	35.057
Drugs & Medicines	9.050	9.118	10.017	0.967
Blood & Blood Products	1.470	1.481	1.628	0.157
Medical Gases	0.588	0.592	0.651	0.063
Medical & Surgical Supplies	13.239	13.338	14.654	1.415
Other Medical Equipment	0.307	0.309	0.340	0.033
Supplies & Contract on Other Med Equip	1.948	1.963	2.156	0.208
X - Ray & Imaging	1.150	1.158	1.273	0.123
Laboratory	4.057	4.088	4.491	0.434
Catering Expenses	5.408	5.449	5.986	0.578
Heat Power & Light	3.364	3.389	3.723	0.360
Cleaning & Washing	2.952	2.974	3.268	0.316
Furniture & Hardware	0.802	0.808	0.888	0.086
Bedding & Clothing	1.140	1.149	1.262	0.122
Maintenance	3.320	3.345	3.675	0.355
Education & Training	3.823	3.851	4.231	0.409
Travel & Subsistence	6.962	7.014	7.706	0.744
Transport Patients	2.294	2.311	2.539	0.245
Vehicles Purchased	0.014	0.014	0.016	0.002
Vehicle Running Costs	0.592	0.597	0.656	0.063
Bank Loans & Finance Leases	0.009	0.009	0.009	0.001
Bank Interest	0.011	0.012	0.013	0.001
Bank Charges	0.020	0.020	0.022	0.002
Insurance	4.047	4.077	4.479	0.433
Audit	0.065	0.065	0.072	0.007
Legal Fees	0.439	0.442	0.486	0.047
Bad & Doubtful Debts	0.037	0.037	0.041	0.004
Office Expenses	13.136	13.234	14.540	1.404
Computer	2.582	2.602	2.858	0.276
Professional Services	6.107	6.153	6.759	0.653
Grants to Outside Agencies	30.522	30.751	33.784	3.262
Cash Allowances	8.343	8.406	9.235	0.892
Capitation Payments	4.950	4.988	5.480	0.529
Community Drugs Scheme	17.420	16.504	18.036	0.616
Miscellaneous	1.937	1.951	2.144	0.207
Non Pay Expenditure	166.578	152.105	167.116	15.011
Total Net Expenditure	400.472	370.907	418.654	47.747

Mr Pat Gaughan
Chief Executive Officer
Midland Health Board
Arden Road
Tullamore
Co Offaly

4th December 2003

Determination of Health Expenditure for 2004

Dear Mr Gaughan

1. Introduction

I am writing to advise you of the Minister's determination of health expenditure for your Board for 2004 under *Section 5* of the Health (Amendment) (No. 3) Act, 1996 (referred to in this letter as the Act) and your Board's revised determination for 2003.

As you are aware, following on the Government decision of 17 June last, preparations are underway for the introduction of new structures and governance arrangements for the health system. Transition to the new structures will require the enactment of new legislation. The planned date of transfer of responsibility to the new Health Service Executive is January 2005. The health boards and ERHA will therefore retain formal responsibility for managing the system within the existing legislative framework during 2004.

2. 2004 Funding

The funding provided by Government for 2004 includes the Estimate for Health and Children as contained in the Abridged Estimates Volume 2004, together with the funding contained in the 2004 Budget figures. This funding should in overall terms support the broad range of services currently delivered, taking into account the impact of the increased charges and value for money targets as outlined. It is clear, therefore, that the task of managing services within approved parameters in 2004 will again be a challenging one. The experience of your Board during 2003 should provide a strong indication of the areas where pressures can be anticipated in 2004. In preparing the Service Plan and budget, all areas of activity and spend will need critical evaluation so that available resources are targeted at national priority areas and emerging needs as far as possible. Given the dominance of pay cost in overall spend, all staffing allocations and, in particular, premium pay elements should be critically reviewed in this process.

The Minister, conscious of the extra demand placed on particular services in 2003, has taken the deliberate step of prioritising specific services so as to provide some additional protection in the Service Plan. Such services include cancer, renal and services for older people in the main and, together with the additional funding in the Budget for disability services, should add a measurable impact to the planned service provision in these areas in 2004. You are requested to indicate in your Service Plan the specific service volumes planned in these areas in 2004.

3 Planning for 2004 Spending

As in 2003, your Board is advised to set aside a contingency provision to deal with unexpected issues and service pressures arising in 2004. The Minister for Finance has again advised that Supplementary Estimates cannot be anticipated, and your Board will again be expected to manage items such as minor pay, pay related issues and demand-led services from within the notified determination.

4. Approved Expenditure Level for 2004

The level of non-capital expenditure for 2004 (i.e. gross expenditure less minor income) determined for your Board is **€418.750m**.

When comparing this figure with your Board's net expenditure in 2003, account should be taken of the once-off expenditure in 2003.

Your Board's revised level of non-capital expenditure for 2003 is **€400.472m** (including the 2003 Supplementary Estimate).

Outline details of the funding for services are set out at **Appendix One**. The approved expenditure level for 2004 notified to you above includes provision for technical and other adjustments of:

Non-Pay inflation factor of 2.8%
Sustaining Progress agreement in 2004
Benchmarking, 50% of the award
Parallel Benchmarking full year cost
Patient charges, including A & E
Drugs Payment Scheme increase in threshold
VFM Targets
Budget Day funding

Your Board's service plan should be drawn up within the parameters above for the year 2004.

5. Funding of Initiatives Under Health Strategy "Quality and Fairness"

Reference has already been made to the need to review all programme spending to secure efficiencies and improve effectiveness. Apart from the specific service priorities identified above, the overall policy framework which health boards/ERHA are asked to address in preparing Service Plans for 2004 is that set out in the Health Strategy. By continuing to shape services along the lines advocated in the Strategy, it should be possible in the context of an overall investment in excess of €10 billion in 2004 to make further progress towards the goals and objectives outlined in the Strategy. Further mention is made in paragraph 10.2 regarding reporting of Health Strategy actions by way of regular returns.

6. Control of Expenditure and Management of Service Plan

The Minister, as in 2003, wishes to emphasise the critical need for and importance of an effective expenditure control framework and active management of Service Plan delivery. Both requirements put a particular onus on the role of local managers delivering services efficiently and within agreed budgets. Therefore, the structures operating in 2003 should be reviewed and, where appropriate, strengthened in order that the system is fully responsive and effective across all programmes and care groups. Similar systems should be in operation within agencies funded by your Board.

7. Reporting on Expenditure and Service Plan

The arrangements introduced by the Minister for Finance in 2003 for reporting progress on expenditure will continue in 2004. The Minister for Finance will again publish cash and expenditure profiles as submitted by Departments, and monitor these against actual results.

To enable the Minister for Health and Children to comply with the Government reporting arrangements, the following information sets and timeframes will again be required from your Board:

Cash Profile: you are requested to prepare a monthly cash profile, aligned to your service plan expenditure, taking fully into account the trends in expenditure and the impact of delivery month by month, including the contingency element, consistent with the overall total cash advised. You should note that this profile will form the basis on which cash will be made available to you on a monthly basis throughout 2004. The profile must provide for the full release of funding included in your Board determination for the GMS, including funding due in relation to 2003, if any. In addition, funding of voluntary and other agencies providing services to your Board must be fully included within the monthly profile.

The cash profile must be submitted by 5th January 2004 for review by the Department before submission to the Minister for Finance.

IMR: having regard to the circumstance facing the system in 2004 and the absolute necessity to support budget holders, the CEO and his management team, with information to allow the system to respond speedily and effectively to emerging events. The provision of timely and accurate information, both financial and non-financial will be crucial to the successful management of resources throughout the year.

In the first instance the IMR will allow the CEO and his management team and local management to take advantage of opportunities arising and where necessary provide the capability to address emerging difficulties at the earliest possible time.

The IMR, together with the CEO's commentary and the quarterly PI reports, are equally important within the Department in that they inform service and support units on trends in service delivery and specific pressures within the system experienced by individual Boards/Authority. In turn, they allow the Minister to be fully briefed and to appraise his colleagues in Government on performance overall. This is vitally important in the context of demonstrating accountability for resources secured and in supporting the case for continued investment.

To accelerate the use of the IMR at all levels as a management tool you are requested to make the necessary arrangements to provide the IMR, with commentary, to the Department by the 20th of the following month. I appreciate that this places additional pressure on senior management but believe it is justified by the need for timely and accurate information if managers are to be successful in managing their budgets. Your Board and agencies under your direction are therefore asked to put arrangements in place immediately in order to comply with the revised timescales.

8. Accountability of Chief Executive Officer

You will be aware that section 9 of the Act places specific responsibilities on a chief executive officer in regard to service plans and financial accountability. In that context it is important that the chief executive officer takes **personal** responsibility in regard to the reporting arrangements set out in this Letter of Determination on activity, personnel and financial information. It is critical that the process of reporting to the Department includes a clear statement by the chief executive officer of the immediate steps he is taking to manage emerging difficulties in these areas.

Where a CEO delegates to an identified officer of the Board the authority, accountability and responsibility for specific services, the officer must be made explicitly aware by the CEO of what is being delegated. The CEO must take personal responsibility for ensuring that this is the case. However, this does not dilute, in any way, the CEO's functions under the Act, including Section 9, and those functions therefore remain fully in place. The parameters of control and reporting described in this Letter of Determination apply equally to the CEO and those other officers of the Board to whom authority, accountability and responsibility have been delegated. That delegation must ensure that the officers have the authority to act immediately to address problems which could adversely affect the budgetary position, including any unfunded activity increases or unapproved increases in staffing numbers.

9. Indebtedness Level

Section 8 of the Act requires the notification of the approved level of indebtedness, arising from this determination. This figure is **€33.500m** for your Board in 2004. A more detailed letter on indebtedness and working capital requirements will issue shortly. The provisions of the Prompt Payment of Accounts Act, 1997 should be strictly adhered to.

10. Service Plans

10.1 Submission of Service Plan

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

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

The Department will be working with the HeBe project team to further develop the service planning process during 2004. In this context a standardised quarterly progress report format will be agreed to be used in 2004 in conjunction with PIs and IMRs to monitor Service Plan delivery in 2004.

The Board's Service Plan should be submitted in hard copy to the Minister. In addition, the plan should be e-mailed as one document (in .PDF format) to the e-mail address: serviceplan@health.irlgov.ie.

10.2 Format and Content of Service Plan

The Department welcomes the CEOs' decision to adopt the standardised National Service Plan Template for the 2004 Service Plan. The template, which is based on best practice, will assist in the monitoring and evaluating of Service Plan delivery and is in keeping with the Government's Programme of Reform.

It is essential that your Service Plan is realistic and achievable. It should reflect and be grounded in the Strategy, referencing all relevant Strategy actions. You will be aware that the Minister is required to report to the Cabinet Committee on the Health Strategy on a quarterly basis regarding ongoing progress in the implementation of the Strategy and the Health Service Reform Programme. The Service Plan and its associated periodic review reports and meetings are the primary reporting mechanism which facilitate the monitoring of progress in the implementation of the Strategy.

In accordance with section 10 of the Act, if your Board anticipates, on the basis of the information now available, incurring any excess or credit on expenditure in 2003, your service plan must clearly include provision for charging the full amount of such excess or credit to the Service Plan for 2004. An excess expenditure in 2003 must be a first charge on the resources available for 2004. In the case of an excess, your Board should detail, as part of its service plan, how it proposes to recover the excess expenditure in full and bring current expenditure back into line. Any significant excess being brought to account at this stage will, inter alia, raise questions regarding the reliability of your Board's regulatory and reporting systems.

10.3 Documents to accompany your Service Plan

When your Board is submitting its Service Plan to the Minister, please also submit whatever operational details you feel would be helpful in assessing your Service Plan, together with an estimated position at the end of 2003 for your Board in relation to IMR information, the completed Health Strategy PI reporting template referred to in paragraph 11, and also (where possible) PIs. Budgetary statements by care group should accompany or be part of the Service Plan as far as is practicable at this stage.

10.4 Review of Service Plan

Whilst it is intended that the Service Plan be used throughout the year along with IMR and PI reports as a basis to guide the monitoring and evaluation of Service Plan delivery (and help to identify emerging trends so that action can be taken at the earliest possible time), there will also be periodic formal Service Plan reviews during 2004. For each review of 2004, a specific report will be required (to complement the IMR and PI returns) elaborating on the position regarding the implementation of new developments as well as on core service delivery targeted in the Service Plan.

11. Performance Indicators

The Health Strategy emphasises the necessity for service planning and delivery to be based on high quality, reliable and timely information. In this context it is critical that PI reports are submitted by the 20th of the month following on from each quarter. The PI Reports should be sent in hard copy to the Secretary General of the Department and electronically to serviceplan@health.irlgov.ie using the agreed template. The PI data together with the IMRs will better enable monitoring and evaluation of the on-going position in relation to your Board's Service Plan. Commentary should cover areas where hard quantitative PI information is not available in full or where the quality of the information may not be optimal. With regard to PIs for Materials Management, you should note that as for 2003, the five most important PIs from the IBM report should be reported on during 2004.

The Minister wishes to acknowledge the good work that has been achieved to date in developing and reporting on the national set of PIs and welcomes the CEOs' decision to share PI data. You will be aware that the PI reports will assist in monitoring progress of the Health Strategy and in reporting on progress to the Cabinet Committee. It is critical that the quarterly reports are as complete as possible and that the quality of the data is maintained.

A number of Strategy actions fall outside the National PI set as they do not readily adapt to this form of measurement. A separate reporting template, which was forwarded to your Board on 17th November 2003, has been devised to facilitate the monitoring of progress in the implementation of these actions. Your Board is required to submit the completed template for 2004 with your Service Plan.

12. VFM strategies

12.1 New Technology Assessment

New Technology Assessment has an increasingly central role to play in the use of VFM strategies and you are asked that every effort continues to be made to seek out assessments of new technologies to guide their introduction so that tighter targeting of the use of technologies, combined with appropriate protocols, will ensure that new technology is employed only for those cases where clear demonstrable benefits exist and resultant costs are justified. In this regard, it is proposed that the health boards and agencies, pending the establishment of the Health Information and Quality Authority, should continue the development of a common approach to the assessment of new technology under the auspices of HeBE.

12.2 VFM Targets

The attainment of better value-for-money through effective and efficient use of resources continues to be a critical objective for all health agencies. The Government have decided that health boards and agencies must continue to pursue VFM during 2004 and your determination reflects an appropriate amount of a VFM target which is to apply across the boards to both pay and non-pay areas. In developing your approach to achieving that target, you should also take into account possibilities that will emerge from the Procurement Strategy for health services, which is being completed under the aegis of HeBE.

It is critical that all health agencies use the skills and structures now in place to maximise co-operation and actively pursue value-for-money in materials management, particularly in the development of national protocols and contracts. The level of co-operation between boards to achieve greater VFM will be closely monitored by the Department throughout 2004.

13. Health Service Modernisation Programme under Sustaining Progress

The Department is concerned to ensure that the many positive results now being achieved at pilot stage in addressing the specific modernisation objectives set for the health services under Sustaining Progress will be translated into a more positive general impact on the health system overall. At a recent meeting of the Health Service National Joint Council, the trade union side gave a commitment to maintaining the momentum for change and modernisation and to moving the changes being piloted towards more widespread adoption. Both sides accepted the need for a more readily transparent assessment and verification process.

It is essential that clearly defined targets, against which further progress can be incrementally measured, be set over the remaining phases of the agreement. Accordingly, your Board should include in its service plan, specific targets in relation to Sustaining Progress under the following five headings:

- Customer Service;
- Industrial Relations Stability;
- Performance Management;
- Reform; and
- Value for Money.

These are the five priority areas in which the Health Service Performance Verification Group (PVG) requires health agencies to achieve real and verifiable progress between now and 1 June 2005

The Health Service National Partnership Forum will provide guidance to health boards in relation to this matter.

14. Pay Recommendations of the Public Service Benchmarking Body

Funding is being allocated to your Board in respect of the second (50%) phase of the of the pay awards recommended by the Public Service Benchmarking Body (PSBB) and due for payment under Sustaining Progress for payment from 1 January 2004. Consistent with standard practice, this funding is inclusive of the general pay round increases agreed in Sustaining Progress.

The allocation for benchmarking is based strictly on the funding allocated to your Board for payment of the first phase of the PSBB's recommendations earlier this year. In line with the recommendations of the Commission on Financial Management and Control Systems in the Health Service, the Department will in 2004 be updating the costing model for the Health Service developed collaboratively with the health boards for benchmarking. The information requirements arising in this context will be communicated to your Board in due course.

As you are aware, payment of the benchmarking awards is strictly conditional on the successful completion of the performance verification process detailed in Sustaining Progress. In accordance with section 26.5 (x) of the agreement, the Health Service Performance Verification Group has recently informed me of its conclusions in relation to whether the level of progress achieved since 1 July 2003 in relation to the commitments set out in Sustaining Progress warrants the payment of the relevant pay increase(s). Sanction arrangements arising in respect of payments due from 1 January next will be communicated to your Board very shortly.

15. Parallel Benchmarking

Funding is being allocated to your Board on an ongoing basis in respect of the pay awards from the first two phases of the parallel benchmarking process for craft and non-nursing grades (including pensioners) employed in the health service (and also *eligible* personnel employed in Section 65 agencies. The funding is also inclusive of general round increases agreed under Sustaining Progress for 2004.

The allocation is based on: the costings recently submitted to the Department by your Board; the increases in basic pay set out in the revised pay scales for the grades; information on gross pay (i.e. overtime/premiums) supplied for the benchmarking costing model; and employment levels in wholtime equivalent (WTE) terms recorded in the Health Service Personnel Census. Arising from this process, a number of issues remain to be clarified with some agencies.

A letter of sanction will issue to you very shortly in respect of the first (25%) phase of the awards due for payment with effect from 1 December 2001.

I understand that the implementation protocol setting out the conduct of the performance verification process for these grades in respect of the second (50%) phase of the awards was recently furnished to your Board by the Health Service Employers Agency.

16. Employment Control 2004

Continued strict adherence is required to the current framework for employment control in your Board as detailed in the Department of Health and Children Circular No. 6/2003 issued in January 2003.

You will be aware that the Minister for Finance indicated in his Budget Statement in December 2002 that a reduction of 5,000 is planned in the numbers employed in the public service over the period to end-2005. In this regard, you have already been notified of the contribution of your Board to the overall reduction in numbers to be achieved in the health service by end-2003. A further reduction of 200 posts in the national employment ceiling is to be achieved by end 2004, in respect of which the contribution of your Board will be on the same basis as the 2003 adjustment. Your service plan should take into account this further reduction in the authorised ceiling.

The reduction in the regional employment level in 2004 is to be achieved by maximising the benefit of natural wastage, through detailed scrutiny of replacement recruitment in the health service and non-filling of any non-essential posts with specific emphasis on posts that are not directly involved in the delivery of front-line

services. It is intended that this approach will, as much as possible, minimise any adverse impact on existing levels of service to the public in key areas.

It is essential that the implementation of the arrangements outlined above are undertaken in a manner consistent with agreed protocols for consultation with staff representatives at local level, and in conformity with the provisions set out in Sustaining Progress for the maintenance of a stable industrial relations environment.

The implementation of the reduction in public service employment levels in the health service will be monitored on a quarterly basis. Accordingly, the quarterly employment report submitted to the Department should also identify the specific posts and the location of those posts that have not been filled in order to accommodate the required adjustment in the regional employment ceiling.

In the context of the Determination for 2004, your Service Plan should therefore confirm that employment levels associated with the activity levels set out in the Service Plan for your Board will conform to ceiling requirements.

In 2004, no posts above the authorised ceiling may be filled. In these circumstances, the employment requirements of specific services, consistent with planned activity levels, should be met through the management of your approved employment complement, including the appropriate staffing mix and the precise grades of staff employed in the approved workforce.

To expedite financial clearance, your service plan should clearly indicate and list medical consultant posts (new, replacement and/or restructured) for which you intend to seek financial clearance during 2004, before making application to Comhairle na nOspidéal.

Your Board's adherence throughout the year to its approved employment ceiling will require to be confirmed on a monthly basis through information furnished in the IMR. The Department through the IMR and also by means of the quarterly employment reports will monitor compliance by your Board with the employment control measures. Hence, it is essential that the quarterly employment report is comprehensive and accurate and submitted to the Department on a timely basis.

Arrangements for formally validating at CEO level the employment information supplied by your Board continue to be those as set out in [section 8] above.

17. Pay Costs

Your Board should also, having regard to the totality of pay resources available, make adequate provision for pay costs in 2004, to be met within the existing allocation, having regard to:

the present numbers employed;

the appropriate balance between pay and non-pay costs;

the projected cost of minor claims expected to arise during the year.

18. National Projects PPARS/FISP

Significant resources, both capital and revenue, have been made available to allow for the development and full implementation of the National PPARS projects and for the commencement of the FISP project. The Minister recognises the importance of these projects in the effective management of resources across the healthcare system. You are asked to ensure that the projects are given the full commitment required in terms of funding and appropriate staffing to ensure that the implementation timescales are met and that the full benefit of this significant investment is achieved. A significant increase in the Capital IT funding is available for rollout of both of these major projects.

19. Development of Human Resource Management and Implementation of the Action Plan for People Management

The Service Plan for your Board should include details of the full range of measures which it is intended will be undertaken by your Board in 2004 to implement the specific actions detailed in the Action Plan for People Management (APPM) and to strengthen the capacity for more effective human resource management in the health service, in line with the objectives set out in the Health Strategy.

20. Social Inclusion

You will be aware of the importance accorded in the National Health Strategy to social inclusion, in particular to Action 18 which has deliverables relating to reducing health inequalities in line with the key targets set out by Government in its review of the National Anti-Poverty Strategy (*Building an Inclusive Society: Review of the National Anti-Poverty Strategy under the Programme for Prosperity and Fairness*).

Social inclusion should be a major consideration in framing the Service Plan and the Plan should set out the way in which the various actions in it address this. Actions to develop services in line with RAPID and CLÁR proposals must continue to be prioritized in 2004. The Service Plan should therefore clearly indicate the actions which further the implementation of these programmes as well as the wider social inclusion agenda wherever possible. RAPID and CLÁR projects should be clearly described as such. The boards should include clear statements as to the arrangements being put in place to ensure maximum coordination with other public service agencies involved and details of health agency participation in relevant management structures (for example in relation to City/County Development Boards and related bodies).

21. Conclusion

To assist your Board to complete the matters addressed in this letter quickly, senior officers of the Department will be available if there are any matters requiring clarification. These queries should, in the first instance, be referred to Dermot Magan, Helen Minogue and Paula Monks, Finance Unit, (01-6354254, 6354293, 6354513) who will co-ordinate the Department's response to all health boards/ERHA. You are reminded to submit the cash profile by the date advised.

I wish to acknowledge the significant effort and commitment given by Chief Executive Officers and all other levels of management to the successful delivery of services and budget plans in 2003. I recognise that the management of Service Plans within approved parameters has proved challenging and has demanded consistent effort and commitment over the course of the year. Given the transitional nature of the period we are going through and the equally challenging budgetary position in 2004, I look forward to your continuing support and co-operation in providing leadership and managing the system to an equally successful outcome in the coming year.

Yours sincerely

Michael Kelly
Secretary-General