

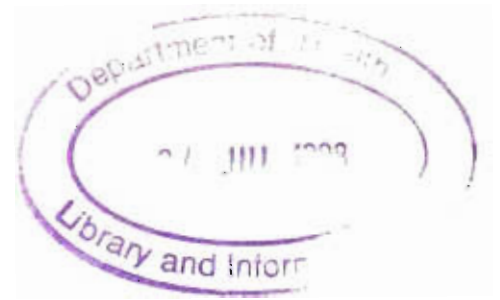
North Eastern Health Board



Bord Sláinte An Oir Thuaiscirt



Annual Report
1997



NORTH EASTERN HEALTH BOARD

Bord Sláinte an Oir Thuaiscirt



Annual Report 1997

Annual Report of the North Eastern Health Board

To the Minister for Health and Children

I have pleasure in presenting this report
on behalf of the Board members,
for the year ended December 31, 1997,
in accordance with the terms of the
Health (Amendment) (No. 3) Act, 1996



Hugh Dolan
Chairman



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**Members
of the
Board
as at
1st July, 1997**

APPOINTED BY LOCAL AUTHORITIES:

CAVAN CO. COUNCIL

Mr. Patrick Conary, Killynebber, Cavan
Mr. Andy O'Brien, Crubany, Cavan
Mr. Edward Feely, Stranamorth, Blacklion,
Co. Cavan
Mr. Patrick O'Reilly, (Jnr.) Murmod, Virginia,
Co. Cavan



*Dr. Hugh Dolan
Chairman*

LOUTH CO. COUNCIL

Mr. Peter Savage, Millgrange, Greenore, Co. Louth
Mr. Declan Breathnach, Annaghs McCann,
Knockbridge, Dundalk
Mr. Tommy Murphy, 53 Pearse Park, Drogheda,
Co. Louth
Senator Fergus O'Dowd, 24 Mary's Villas,
Drogheda, Co. Louth

MEATH CO. COUNCIL

Mr. Michael Lynch, Cogan Street, Oldcastle,
Co. Meath
Mr. John Farrelly TD., Hurdlestown, Kells,
Co. Meath
Mr. Gerry Marry, Main Street, Duleek, Co. Meath
Mr. Brian Fitzgerald, Warrenstown, Kilcock,
Co. Meath



Members of the Board pictured at the May meeting.

Not present when photo was taken were Dr. Fergus J. Cronin and Dr. Teresa Carey.



**Members
of the
Board
as at
1st July, 1997**

MONAGHAN CO. COUNCIL

Mr. John F. Conlon, Main Street, Ballybay, Co. Monaghan
Mr. Jimmy Leonard, Strangarvagh, Smithboro, Co. Monaghan (Vice Chairman)
Mr. Brendan Hughes, Kinnegan, Castleblayney, Co. Monaghan
Mr. Hugh McElvaney, Corcaghan, Stranooden, Monaghan

***MEMBERS ELECTED UNDER HEALTH BOARD (ELECTION OF MEMBERS)
REGULATIONS, 1972 (ELECTED JULY 1997)***

Dr. Teresa Carey, St. Davnet's Hospital, Monaghan, Co. Monaghan
Dr. Hugh Dolan, Sandymount Drive, Blackrock, Dundalk (Chairman)
Dr. Paul McCarthy, Donaghmore, Dundalk, Co. Louth
Dr. Peter M. Wahlrab, Cavan Road, Kells, Co. Meath
Dr. Fergus John Cronin, Lisnaica, Bailieboro, Co. Cavan
Dr. Gillian Carlos McDowell, Verbena, Baltray, Drogheda, Co. Louth
Dr. Alfred Nicholson, Our Lady of Lourdes Hospital, Drogheda

OUTGOING MEMBERS

Dr. Fred J. Breen, Jervis St., Ardee
Dr. Eamon J. Hartman, Church St., Cavan

REGISTERED DENTIST

Dr. Fergal Connolly, Dental Department, Cavan General Hospital, Lisdaran,
Co. Cavan

OUTGOING MEMBER

Dr. William G. Hyland, Monasterboice, Drogheda, Co. Louth

REGISTERED PHARMACEUTICAL CHEMIST

Ms. Ann Smyth, Smyth's Pharmacy,
86 Clanbrassil Street, Dundalk, Co. Louth

OUTGOING MEMBER

Mr. Tom Kelly, Strand Road, Laytown, Co. Meath

REGISTERED NURSE

Ms. Susan Faulkner, Dunmoe, Proudstown, Navan

REGISTERED PSYCHIATRIC NURSE

Mr. Paudge Connolly, Tullylush, Silverstream, Monaghan

OUTGOING MEMBER

Ms. Madge Martin, Tullykeel, Ardee, Co. Louth

MINISTER'S NOMINEES

Mr. Danny Brady, Drumcor, Loughduff, Co. Cavan
Mr. Nicholas McCabe, Crinstown, Ardee, Co. Louth
Mr. Jim Mangan, Rathfeigh, Tara, Co. Meath.



Standing Committees

The Board has two Standing Committees, one for all hospital services and mental health services and one for community services and all services for the elderly. Members discuss and consider draft policy, policy options and service reports and make proposals and recommendations to the Board.

They also consider and report to the Board on all matters referred to them by it. They act as visiting committees to hospitals, homes and service centres appropriate to each Committee's functions. The Committees met a total of 22 times throughout 1997 and the membership of each from July, 1997 is listed below.

Hospital Services/ Mental Health Services

Mr. J. Farrelly, T.D.
(Committee Chairman)

Dr. H. Dolan

Mr. J. Leonard

Mr. P. Conaty

Mr. B. Fitzgerald

Mr. H. McElvaney

Senator F. O'Dowd

Dr. P. Wahlrab

Mr. A. O'Brien

Mr. P. Savage

Mr. T. Murphy

Dr. G. C. McDowell

Dr. F. J. Cronin

Mr. P. Connolly

Mr. G. Marry

Mr. D. Breathnach

Community Services/ Services for the Elderly

Dr. H. Dolan
(Committee Chairman)

Mr. J. Leonard

Mr. E. Feeley

Mr. P. O'Reilly

Mr. D. Brady

Mr. A. Smyth

Mr. M. Lynch

Mr. J. F. Conlon

Mr. B. Hughes

Mr. S. Faulkner

Mr. N. McCabe

Dr. P. McCarthy

Dr. F. Connolly

Mr. J. Mangan

Dr. A. Nicholson

Dr. T. Carey



Management Team

as at
31st December
1997

CHIEF EXECUTIVE OFFICER	Mr. Donal O Shea
DEPUTY CHIEF EXECUTIVE OFFICER & PROGRAMME MANAGER ACUTE HOSPITAL SERVICES*	Dr. Ambrose McLoughlin
PROGRAMME MANAGER MENTAL HEALTH, DISABILITY SERVICES AND HEALTH PROMOTION	Mr. Geoff Day
PROGRAMME MANAGER COMMUNITY CARE	Mr. Larry Walsh
DIRECTOR OF PUBLIC HEALTH	Dr. Rosaleen Corcoran
PERSONNEL OFFICER	Mr. David Gaskin
FINANCE OFFICER	Mr. Seoirse O hAodha
MANAGEMENT SERVICES OFFICER	Mr. Tony Reilly
TECHNICAL SERVICES OFFICER	Mr. Tom Egan
SENIOR EXECUTIVE OFFICER AND PRESS OFFICER	Ms. Frances McNamara
SECRETARY TO THE CHIEF EXECUTIVE OFFICER	Ms. Mary Flanagan



* Dr Sheelah Ryan, Programme Manager Acute Hospital Services was appointed Chief Executive Officer of the Western Health Board in November 1997.

Message from the Chairman



Dr Hugh Dolan, Chairman

It gives me great pleasure as Chairman of the North Eastern Health Board to introduce the 1997 Annual Report. I would like to thank sincerely all the members of the Board who attend to their duties in a most responsible manner. Their dedication to the work of this Board in the last five years can be seen throughout the region in many new services and facilities. Further developments are planned to come on stream in the years ahead. Many would argue that this has been one of the most successful periods in the history of the North Eastern Health Board. I welcome to the Board the new members who joined us last July. They succeed members who have given a full service to the Board and who leave after them a legacy of substantial progress.

The transfer of Our Lady of Lourdes Hospital in May, 1997 to the Board is a most welcome development. I take this opportunity to thank the Medical Missionaries of Mary for their foresight in proposing this transfer and facilitating the arrangements that were necessary. The outstanding contribution of the Medical Missionaries of Mary to health services in this region is recognised by all. We will continue this long tradition in the knowledge that we have the full support of all the staff of the Lourdes Hospital and the Medical Missionaries of Mary.

I would also like to thank those voluntary and community groups who worked with

us during 1997 in the provision of new services or the further development of existing services. They are a vital component in the effective delivery of a comprehensive health care system.

Throughout the year, members of the public gave us their views and suggestions on the health and social care we provide. We are grateful to them for their continued support and co-operation. Service users and their families have valuable insights into the many challenges we face.

The Government, the Minister for Health and Children and his Department have co-operated and worked with us throughout the year; their support is highly valued.

On behalf of the Board, I would like to formally express my gratitude to the Chief Executive Officer, Donal O Shea and his Management Team who continue in their endeavours to maximise the health and social gain of the people of the region. My colleagues and I extend our heartfelt appreciation to all front-line and administrative staff for their dedication and commitment.

The years ahead are full of challenges and opportunities. We are ready and willing to continue the highest quality service to the people of the four counties of the North East. ■



Foreword by the Chief Executive Officer



Mr. Donal O Shea, Chief Executive Officer

During 1997, the Board continued to develop and improve its services for the people of the region and this report outlines the level and nature of that progress.

The Chairman and members of the Board have been courageous and far sighted in the decisions they have taken in policy formation and innovation. They are creating an environment which encourages good work and best practice while being sensitive to the needs of the recipients and users of our services.

The transfer of ownership of Our Lady of Lourdes Hospital, Drogheda from the Medical Missionaries of Mary to the Board in May 1997 is of major significance to the region's health service and my appreciation and thanks are due to all involved in effecting a very smooth transfer. I would wish to record my appreciation to the members of the Medical Missionaries of Mary who worked with us on the transfer, to the late Mr. Eugene Quigley, then Chairman of the Board of Management of the Hospital whose skills and diplomacy played a crucial role, and to the members of my own staff who worked tirelessly to achieve a successful conclusion. The new opportunities now open to us will be fully used to maximise the benefit to patients throughout the region and to develop the services of the hospital and the Board.

The Board continues to explore new ways of delivering its services to the benefit of the patients and clients. In all areas of the

region, in all of the care groups and in both health and social services, we continue to explore better models and arrangements, new structures and innovative units. Our staff of over 5,000 is working throughout all areas of the region; we have a presence in virtually every town and village across the four counties. The range and complexity of our services are enormous; we are fortunate to have such a well motivated, committed and dedicated staff of many professions and disciplines working for the good of the health and social status of our region's population.

As the largest public sector organisation in the region we are working closely with a wide range of other organisations, both public and private, and this collaboration and co-operation is both important and growing.

This has been another successful year for the Board and its staff. The support of the public across the region, of the public representatives of the region, both local and national and of the patients, the clients and the users of our services has been of major importance to us and is very much appreciated.

Dhineamar go maith in 1997, ach ní haon deire aistir é. Níl san méid atá déanta ach bunús don mbliain 1998 agus na blianta romhainn. Tá obair nua le déanamh, fadhbanna nua le réiteach, dubhshláin nua ar an mbóthar agus éilimh nua ag fanacht linn. Cuirimis chuige. ■



AIMS

The North Eastern Health Board aims to provide and develop the highest quality health service both in the promotion of health and in the prevention, diagnosis and treatment of illness. It further aims to achieve this in a manner which is equitable in its delivery and sensitive and responsive to the needs of those availing of the service, the staff entrusted with its delivery and the people of the North East.

The Board is therefore committed to:

- promoting healthy lifestyles;
- preventing, diagnosing and treating ill health;
- caring for those suffering from long term illness and disabilities;
- providing social services to individuals and families at risk.

PURPOSE

To promote and improve standards of health and social well-being for all people of the North East through its own work and influence and in collaboration with others.

VALUES

- **Respect** – For individuals, families and groups within the region who have health and social needs, for each individual member of staff and for each person or group who participates with us in the delivery of

health and social services in the North East;

- **Dignity** – To reflect the highest standards of courtesy, confidentiality and respect for the privacy and dignity of individuals that society expects;
- **Self Reliance** – To enable people to be as independent as possible and to take responsibility for their individual health and social well-being;
- **Excellence** – To set the highest standards of performance in all that it does.

QUALITY APPROACH

In its pursuit of excellence the Board insists that all of its services are of a uniformly high quality and are:

- **Equitable** – persons with identical needs receiving the same standard of care regardless of where they live, where they are treated and what their income is;
- **Accessible** – everyone having ready access to the services they need when they need them. As far as possible services are available locally;
- **Effective** – each patient should get the best possible result from his/her treatment and care;
- **Efficient** – services are organised and delivered in a way which gives the best return for invested resources. The aim of the Board's services is to treat illness at the lowest level of complexity in its health care delivery system;



Aims
Purpose
Values
Quality
Approach

- **Appropriate** – the service meeting local needs, avoiding unnecessary dependence on services or institutions and being flexible enough to cope with the need to change;
- **Responsive** – services reflect the needs and entitlements of the people the Board serves.

The significant developments which have taken place over recent years in the region have been based on a very clear consensus of the Board, full support from its staff and the local community and the endorsement of successive Ministers for Health and Governments.

During 1997, the Board addressed a number of policy issues that are of major importance in further developing and improving the level and quality of services in the North East.

These include:

- ongoing developments in health promotion to deal with the real killers

in this region, especially smoking, drinking, accidents and suicide;

- adopting a regional approach to mental health and continuing to maximise the effective use of resources;
- developing a trauma policy;
- finding new ways of responding to the rapidly changing needs of the elderly population;
- taking advantage of the newer skills and potential of general practitioners and the changing dynamic of the acute hospital services to develop new responses to acute illness;
- responding to the changing requirements of women and the more recent developments in the maternity services to develop a more appropriate and consumer focused service in the region. ■

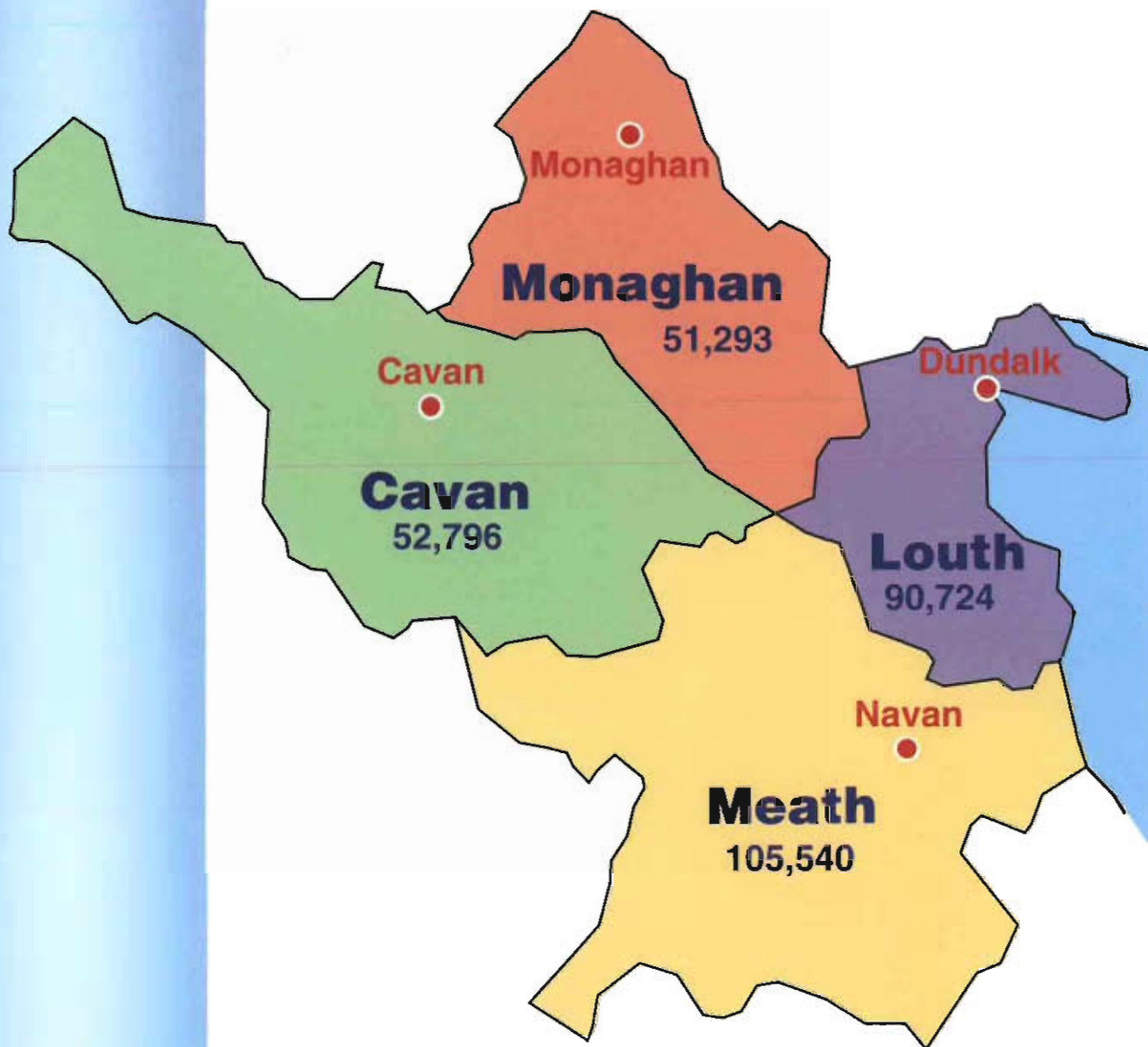


Introduction

POPULATION

The Board's region covers the counties of Louth, Meath, Cavan and Monaghan, an area of 6,498 sq. kilometers. The total population in the region for the census year 1996 was 306,155. This represented an actual population increase of 5,972 (2.0%) since 1991. The increasing population in Counties Meath and Louth in particular is resulting in additional pressure on services.

POPULATION DISTRIBUTION
IN THE NORTH EASTERN HEALTH BOARD REGION

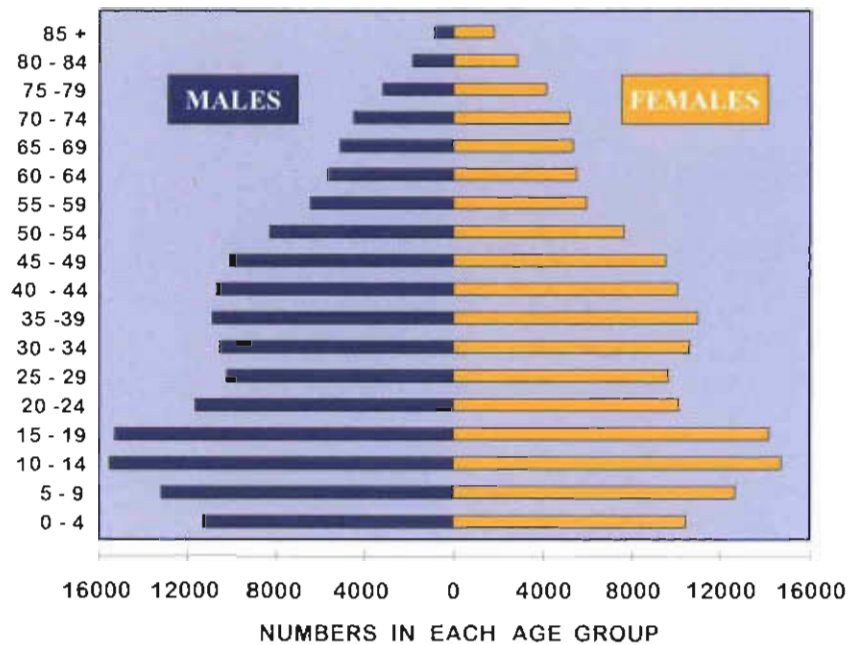


Introduction

AGE STRUCTURE OF POPULATION

The chart that follows depicts the age structure of the population for the region (1996 census) and highlights the large proportion of young persons.

AGE BREAKDOWN



BIRTHS

Provisional figures for 1996 and 1997 show an increase in the number of births in the region – 4,036 and 4,500 respectively. The birth rate for the region in 1997 was 14.7 per 1,000 of the population compared with the national rate of 14.3 per 1,000.

The actual number of births to mothers resident in the counties of the Board's area in 1997 is outlined on the following table:

COUNTY	NUMBER	%
Louth	1,388	30.8
Meath	1711	38.0
Monaghan	633	14.1
Cavan	768	17.1
NEHB	4,500	100

The proportion of births to teenage mothers in 1996 was 5.3%, this is similar to the national figure of 5.0%. The Board must ensure that the necessary services are in place to support young women and children.

DEPENDENCY RATIOS

Dependency ratios (number of people under 14 years and over 65) in Cavan (67%) and Monaghan (62%) are considerably higher than the national ratio (54%). The relatively high proportion of older persons places greater demands on services, which the Board strives to meet.



(Rate per 1,000 pop.)				
Year	Louth	Meath	Cavan	Monaghan
1996*	10,166 (109.8)	3,953 (36.0)	2,693 (50.9)	3,475 (67.7)
1997	9,696 (105.2)	3,678 (33.5)	2,678 (49.6)	3,384 (66.0)

* Month of December figures

UNEMPLOYMENT

The table above represents the number of people on the live register in each county at years ending 1996 and 1997 and the rate per 1,000 of the county population.

Louth has a very high unemployment level in comparison to the other counties, with Meath having the lowest rate per 1,000 people.

These figures are indicative of the need to continue with a high level of welfare and social support in all four counties.

MORTALITY

An important indicator of the health status of a population is its mortality pattern. During 1997, 2533 residents of the region died, and there were over 500 different causes of death. However, between 85-90% of deaths in the region can be assigned to circulatory disease (45%), malignant disease (22%), respiratory disease (15%) and deaths from injury (including road traffic accidents) and poisoning (6%). These figures are

similar to those obtained nationally, with the exception of deaths from motor vehicle accidents. In this region, deaths from motor vehicle accidents are roughly twice those found nationally.

It is clear that smoking is the principal cause of premature death in this region. Parents, teachers and policy makers have serious and fundamental issues to address if any reduction in this level of mortality is to be made. Every effort must be made to eliminate smoking especially amongst the young.

The Board co-operates with the Gardai in *Operation Lifesaver* to ensure that fewer road traffic accidents occur. ■



Financial Performance 1997

The financial targets set by the Board at the start of the year were achieved. The planned services were delivered within budget and the opening deficit brought forward from 1996 was cleared. The satisfactory trend of recent years was continued. The Board's members, management and staff worked together to produce this result.

In May 1997, Our Lady of Lourdes Hospital, Drogheda was transferred to the Board with a consequent increase in service provision and expenditure levels.

The total gross expenditure by the Board in 1997 was £153.2m as follows:

Services	£M
Acute Hospitals (Including Our Lady of Lourdes, Drogheda from June 1997)	68.4
Special Hospitals	17.4
Community Services	62.0
Centrally Administered Services	5.4
Total	153.2

The Department of Health and Children provided a non-capital allocation of £138.3m while the balance of £14.9m was generated from other sources. Pay costs for the year were £103.8m. Approximately £50m was spent on the non-pay area.

A total of 52 capital projects were in process during the year at a cost of £14.6m. The most important development was the purchase of Our Lady of Lourdes Hospital, Drogheda for £5.5m. A number of smaller but equally important projects progressed in every service across the region as the infrastructure is developed to support the Board's network of care.

The Board administers the Supplementary Welfare Allowance Scheme on behalf of the Department of Social, Community and Family Affairs and in 1997 incurred costs of £4m on this scheme. The payment of the allowances to the recipients transferred from the Board to the Department of Social, Community and Family Affairs during 1997.

In 1997 payments totalling £2.1m were made to nearly 100 voluntary organisations who provide health-related and social services to the community.

ANNUAL ACCOUNTS

The Board's 1996 Annual Financial Statements were adopted by the Board in March 1997 and presented to the Comptroller and Auditor General for audit as prescribed by Statute. The accounts and the report of the auditor was presented to the Public Accounts Committee of Dail Eireann in March 1998. The 1997 Annual Financial Statements were also adopted within the appropriate time scale and are with the Comptroller and Auditor General.

FINANCIAL SYSTEMS

The process of the selection of suitable financial and management systems which commenced in 1996 was finalised in 1997. The SAP R/3 system was selected following a wide-ranging procurement process. This system will enhance the quality and timeliness of information available to managers and will facilitate the devolution of accountability and responsibility to service managers. Implementation of the new system commenced in summer 1997 to ensure the target "go-live" date of 1st January 1998.



MATERIALS MANAGEMENT

The planned streamlining of the materials management process continued during 1997 at Board and national level. The Department of Health and Children approved the appointment of a Materials Manager for the Board.

PROGRAMME FOR PEACE AND RECONCILIATION

In June 1997 the Department of Foreign Affairs advised that the Joint Cross Border Ambulance Service Training Scheme,

submitted by the Board and the Northern Ireland Ambulance Service qualified for EU funding as follows:

Total EU Funding	ERDF Element	ESF Element
£266,000	£62,000	£204,000

Matching Government funds of £44,000 were also approved for the project. The project commenced in late 1997.

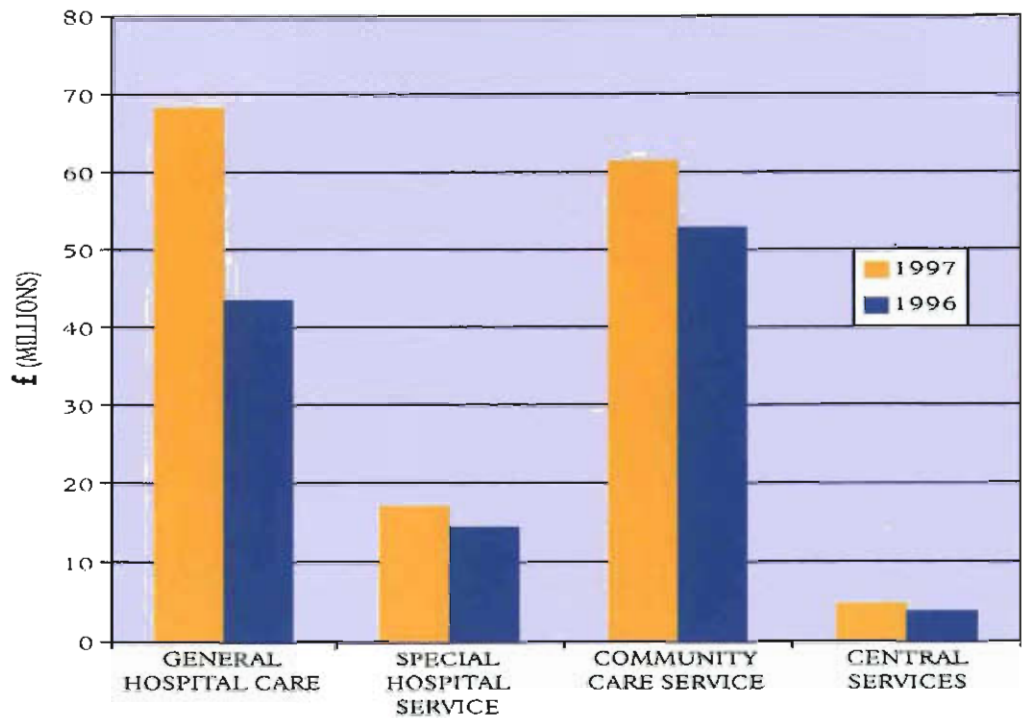
BALANCE SHEET AS AT 31ST DECEMBER 1997

	31/12/97 £	31/12/96 £
FIXED ASSETS		
Tangible Assets	70,843,477	50,432,671
Financial Assets	nil	nil
	70,843,477	50,432,671
CURRENT ASSETS		
Stocks	2,505,198	1,713,309
Debtors	15,958,722	13,721,120
Cash at bank or in hand	117,875	6,270
Star Project E.C.U. Account	92,288	137,459
	18,674,083	15,578,158
CURRENT LIABILITIES		
Bank Loans & Overdrafts	nil	93,884
Other Creditors	21,793,385	16,465,191
	21,793,385	16,559,075
TOTAL ASSETS LESS LIABILITIES	67,724,175	49,451,754
CAPITAL AND RESERVES		
Non-Capital Income & Expenditure Account	2,102,254	225,558
Capital Fund:		
Capitalisation Account 70,843,477		
Less Deficit on Capital Income & Expenditure Account (1,017,048)	69,826,429	49,677,312
Deferred Income Account	nil	nil
	67,724,175	49,451,754

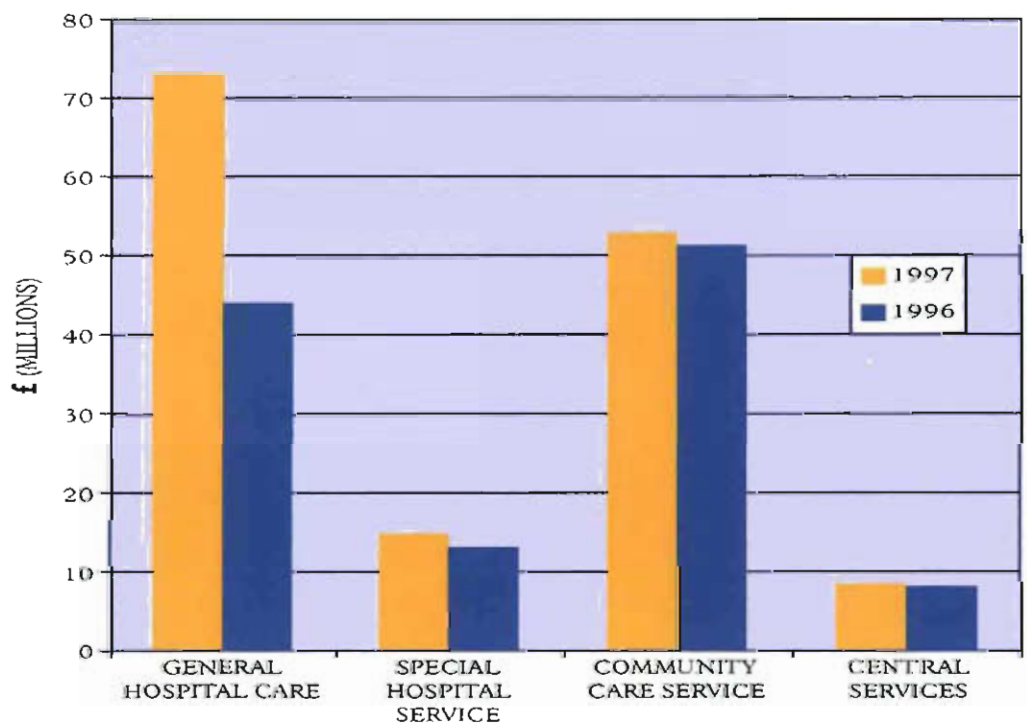


Financial Performance 1997

GROSS EXPENDITURE 1997



INCOME 1997



Customer Care and Freedom of Information

During 1997 the Board worked on ways to improve the way it deals with complaints, in identifying patient and service user needs, in providing information and in being more responsive to the needs of clients. Preparations were also made during 1997 to enable the Board to meet its obligations under the Freedom of Information Act, which will be implemented in 1998 giving the Board a welcome opportunity to demonstrate the openness with which it does its business.

Considerable work has already been undertaken to identify and respond to the implications of the Act. A member of staff has been seconded to work full-time to ensure that the Board is ready for the implementation of the Act. This Board holds over 250,000 patient and client records in upwards of 100 locations. ■



The Board is committed to the provision of the highest customer care and is working to meet its obligations under the Freedom of Information Act.



The improvement of quality is an ongoing requirement of each service and each service manager is obliged to carry out work to achieve this objective. A number of quality initiatives was put in place in 1997.

COUNTY LOUTH LIFESTYLE STUDY

The Board decided to carry out in Co. Louth a detailed study of lifestyle issues, including smoking, alcohol intake, exercise and dietary habits, and to examine people's attitudes to their own health. Preliminary work on this project included discussions with the Department of Health and Children regarding the overall format of the study including the involvement of other organisations and agencies in the work. The study will be completed in 1998.

PATIENT SATISFACTION

This project was initiated to assess levels of satisfaction or dissatisfaction with out-patient services in one Board hospital and to identify areas for change where dissatisfaction exists. Over a two week period, all patients attending the out patient department in the hospital were mailed a four page questionnaire. In total, 794 patients were mailed a questionnaire, 83% of whom responded.

Overall, 75% of patients were very satisfied with the quality of service received, 21% were satisfied and 4% were dissatisfied. This dissatisfaction rating varied between 2% and 12% for different types of clinics (e.g. general medical, paediatric, post natal, etc.). Patients who were most dissatisfied tended to be in more severe pain, considered their waiting time unreasonable, considered that they had been given inadequate privacy and reported wanting more involvement with decisions about their care.

Across all clinic settings, 37% of patients had been attending out patients for one year or more with rates varying between 10% and 61% for different clinic groups. Patients reported that doctors' and nurses'

attitudes toward them were friendly, helpful, caring and professional. Patients in approximately 5-8% of cases reported negative attitudes. Fifty-nine percent of patients were unaware that a Patient's Charter of Rights existed.

Details of the findings were made available to the medical, nursing and management staff at the hospital. A plan is being implemented which will address the concerns raised.

The research method developed for this study will be used to ascertain levels of satisfaction at the remaining hospital out-patient departments in the region.

TOTAL HIP REPLACEMENT OUTCOMES STUDY

This study commenced in January 1997 in the Orthopaedic Unit, Navan Hospital to look at the physical functioning and quality of life improvements that result from having a hip replacement. This was achieved by interviewing patients before and after operations. One hundred patients have been recruited and have had their pre-operative assessment. The post-operative phase is now in progress and is due for completion by December 1998.

THE MANAGEMENT OF LEG ULCERS IN THE COMMUNITY

Leg ulcers are a significant cause of morbidity and disability. The most effective way to clinically manage leg ulcers has been the subject of extensive debate and research in recent years. A detailed survey was carried out amongst public health nurses towards the end of 1997 as to their clinical practice with respect to leg ulcer management. An analysis of the information gathered is underway and the results should provide for the establishment of an evidence-based approach to the management of leg ulcers.

INFLUENZA

Influenza is a major cause of mortality and morbidity in the elderly. In 1997 the Board undertook a number of studies to



identify any barriers there may be to the implementation of an influenza vaccine programme for persons aged 65 and over.

The findings of the study were very positive. The vast majority of general practitioners consider the vaccine to be effective. In addition, 78% of older persons considered influenza a serious disease and over two-thirds stated that they would accept the vaccine if offered.

As a result of these studies and the evidence on the effectiveness of the vaccine, the Board has doubled the amount of the vaccine to be made available in the region in 1998.

HIGH DEPENDENCY NURSING

A staff development programme for high dependency and coronary care has been developed to enhance the skills and knowledge of nursing staff in delivering high dependency care. Nurses undertaking this programme have been supported by a mentorship system. Each mentor will be knowledgeable within the speciality and will facilitate learning according to individual need.

CO-ORDINATION OF TRANSPORT SERVICES FOR PEOPLE WITH DISABILITIES

A review of transport services for people with disabilities was undertaken in 1997. Views were sought from users which will be used to ensure that services are more responsive.

FOOD HYGIENE

Work commenced in 1997 on the development of a quality management system, akin to ISO 9002, for environmental health services. This initiative was in partnership with the Mid-Western and South Eastern Health Boards and will provide a blueprint for the delivery of the food control service throughout the country.

DENTAL SERVICES

Our dental services were awarded the ISO 9002 standard in 1997. This enables us to track customer reaction to dental and orthodontic services and respond more effectively to patients.

SCHOOL EYE PROGRAMME

A quality initiative on the school eye programme was carried out to determine the effectiveness of the service in detecting eye problems in young people. It indicated a need to prioritise children with eye defects.

GUIDELINES AND PROCEDURES FOR CHILD CARE AND PROTECTION

In close co-operation with key partners such as the Gardai, an updated set of Child Protection Procedures were developed in 1997. This will improve the quality of service in child protection cases by ensuring a standard response based on good practice.

A new set of guidelines on Good Practice in Child Abuse Assessment was developed in 1997.

A Foster Parents' Handbook was also developed. It will improve the quality of service to children in the care of the Board by ensuring that all concerned with the welfare of such children have detailed information on all aspects of foster care.

A set of Practice Guidelines for Adoption Tracing Services was developed in 1997. The guidelines will be used by all staff providing a service to those tracing their background. ■



CHILD CARE AND FAMILY SUPPORT SERVICES

Since the implementation of the Child Care Act 1991, the Board has significantly increased its child care personnel including the recruitment of social workers, clinical psychologists, child care workers and family support workers. The Board now has two consultant-led child and adolescent psychiatry teams which are multi-disciplinary in nature. All of these staff work closely with professionals in other areas of service, particularly paediatricians, general practitioners, nursing staff and service teams in disability services and mental health services.

The Board continued during 1997, to develop service partnerships with other child care agencies such as youth groups, women's refuges and pre-school services and continued to develop a close working relationship with the Gardai, local authorities, the Department of Social, Community and Family Affairs and primary and secondary schools throughout the region.

FOSTER CARE

The numbers of children in care rose from 340 in 1996 to 410 in 1997. Most of these children are in foster care as part of voluntary working arrangements between the Board and families. The budget for foster care was £1.15m in 1997. The Board is pro-active in initiating partnership projects with community and youth organisations in order to stabilise the number of children coming into care by developing alternative support services.

CHILD PROTECTION

A total of 1,141 cases of child abuse was reported in 1997 compared with 957 cases in 1996. Prior to confirmation, each allegation is fully investigated and a full notification is made to the Gardai.

FAMILY SUPPORT SERVICES

As part of the response to meet the need for family support, the Board is developing family resource centres throughout the region. Centres were opened in Drogheda and in Navan during 1997 and plans were made to incorporate new family resource facilities into local health care units being developed in Dunshaughlin and Monaghan. Similar services in Dundalk and Cavan are being planned.

CHILD AND ADOLESCENT PSYCHIATRIC SERVICE

The aim of the child psychiatric service is to provide an assessment, diagnosis and treatment service to children and adolescents under the age of 16 who are referred with serious emotional and behavioural problems. Referrals are accepted from GPs, community care personnel, consultant paediatricians, physicians and psychiatrists. The number of new referrals in 1997 was 340. This represents an increase in the referral rate of 23% from 1996 to 1997.

PSYCHOLOGY SERIES

The Board is committed to providing a comprehensive psychology service which includes:

- Appropriate assessment and therapy of children, adolescents and their families as well as working with the child/adolescent;
- Interdisciplinary and interagency work;
- Group treatment, preventative work and evaluation/research;
- Training, consultation and ongoing professional development.

A total of 817 referrals was made to the Board's clinical psychology service in 1997. Referrals were received from schools, general practitioners, social workers, public health nurses, as well as parents.



VICTIMS OF DOMESTIC VIOLENCE

During 1997, the Board provided funding to allow the Federation of Women's Refuges to establish the post of Co-ordinator for Services for Victims of Domestic Violence.

There are a total of 36 refuge places in the region located in Dundalk and Navan. Calls to the two helplines run by these refuges numbered 926 in 1997 and indicated that additional places are required to provide services for Monaghan and Cavan.

PRE-SCHOOL SERVICES

As a result of the introduction of Pre-school Regulations, preparations were made during 1997 to put in place an inspection service to ensure standards in pre-school services throughout the region. There are approximately 300 pre-school services in the region, which include sessional and full-time day care, crèches and child minding.

PRIMARY PREVENTION

The Stay Safe Programme is offered to all 330 national schools in the region and 244 schools are now teaching the programme. All schools have received initial teacher training on the programme; 277 schools have held parent meetings on the programme.

ADOPTION SERVICES

The Board is responsible for all adoption services in the region. During 1997, 340 enquiries were received from people wishing to trace their background. All

enquiries have been responded to but the majority of cases require significant work. About 90 couples enquired and received information about foreign adoption in 1997 and 30 couples proceeded with applications for assessment.

STAFF TRAINING

The Board has in place a regional child care training programme. A new programme of training courses for the period June 1997 to June 1998 was produced. This programme is designed to provide educational and training opportunities to all staff involved with children and includes courses on recognising and responding to child abuse, domestic violence and working with children in care.

CHILD CARE ADVISORY COMMITTEE

During 1997, the Child Care Advisory Committee met seven times. The Committee discussed and submitted recommendations on a number of significant issues during the year.

During 1997, the Child Care Advisory Committee set up sub-committees to examine:

- the Report of the Task Force on Violence against Women
- Proposals for Child Protection Committees

The sub-committee on Violence against Women reported to the Committee in October and the sub-committee on child protection will report in 1998. The Child Care Advisory Committee participated



New Family Resource Centre at Commons Road, Navan



Continuing Care Services

fully in the Annual Review of Services including appointing a sub-committee to prioritise recommendations for development.

We acknowledge the hard work and effort of the Child Care Advisory Committee during 1997.

SERVICES FOR THE ELDERLY

The provision of appropriate home support and the strengthening of primary health services are the basic tenets of the Board's policy to enable elderly people to remain in their homes with dignity, independence and an improved quality of life. The Board also seeks to provide a high quality of hospital and residential care for those who can no longer be maintained in dignity and independence at home.

During 1997 the Board provided the following community and residential services for elderly:

- A total of 1,266 home helps/home care assistants provided a service to approximately 1,425 elderly persons;
- The number of attendances at day care centres increased by 14% in 1997; 1,900 persons were provided with day care services in the region. This represents a substantial level of service and there is an increasing demand for such services in the region. The Board's boarding out service for the elderly maintains persons who would otherwise require institutional care, in a home-like social environment;
- 1,700 persons attended the Board's seven day hospitals. Day hospital facilities have been expanded by the further development of the day hospital at Cavan General Hospital. A consumer satisfaction survey of day care and day hospital services was commenced throughout the region and results from this survey are expected shortly;
- The Board's policy of staff training continues to ensure that service provision is responsive to need and of the highest possible quality. An EU funded project to provide training for 82 carers of dementia sufferers was undertaken during the year. The result of this training programme is currently being evaluated;
- All units for the elderly have a flexible approach to the use of accommodation. Admissions for extended care decreased during the year, while admissions for respite and convalescent care will have increased in 1997 by 20% (to 1,697 persons) and 66% (to 250 persons) respectively. The number of patients admitted in 1997 was 2,396;
- A new service unit for the elderly at St Mary's, Drogheda was completed. Progress was made in the development of a Unit for the Elderly Mentally Infirm at St Joseph's, Trim. Stage three planning for a unit at Ballyconnell, Co. Cavan was completed and planning permission sought. Progress was made on the planning of a service unit at Virginia, Co. Cavan;
- The Board now has 130 places available for services for those suffering from mental infirmity within care units for the elderly. A special feature of this service is the co-operation between mental health services and services for the elderly and it is hoped that additional resources will be made available to improve this service;
- The public health nursing service provided care for 10,000 elderly persons in the region during 1997. This included planned essential nursing care and intensive nursing care and was provided both within normal working hours and at weekends;
- The Board continued to assist voluntary organisations in providing meals on wheels and the service was provided from 28 centres distributing approximately 98,360 meals;



Continuing Care Services

- Voluntary bodies were encouraged and assisted during the year in improving and increasing their services for the elderly.
- Chiropody services were provided from 10 centres in the region during 1997.
- The Board worked closely with Age and Opportunity during 1997 in various joint programmes to achieve maximum health and social gain for the elderly.

HIGH DEPENDENCY/RESPITE/ CONVALESCENT CARE

During 1997, the Board's residential units for the elderly were further developed to continue to provide the highest quality care to meet the needs of each patient. Services provided include patient assessment, rehabilitation, respite care, short term care, convalescent care, continuing care and other support services for the elderly and their carers.

In 1997, there were 959 residential beds in 12 Board institutions used for long stay care, respite and convalescent care. A further 49 beds are grant aided by the Board in two private nursing homes in Co. Monaghan. The Board also subvents patients in private nursing homes.

The respite care service has proved to be of immense social gain to both relatives and patients and has enabled patients remain in their own homes for longer than would otherwise be possible. All of the Board's institutions for the elderly have a flexible approach to the use of respite care places and every effort is made to facilitate respite admission.

The convalescent care service greatly facilitates the early discharge of patients from acute hospitals and ensures that elderly patients get the necessary nursing and paramedical support before returning home. It is the Board's objective to continue to develop this service.

Respite care admissions increased by 20% and convalescent care admissions increased by 66% in 1997. The largest

inpatient group is the 75-84 year age band. At the 31st December, 1997, 77% of all inpatients were over 75 years. The number of patients aged 75 and over (718) represents 5.4% of the total regional population in this category.

A total of 508 patients were discharged from extended nursing care patients units during the year, 31.4% of these discharged patients had a length of stay of less than three months.

The major source of referral for extended nursing care continued to be the acute hospitals, (46.9%).

The Board has a high level commitment to approximately 330 clients within nursing homes in this region at a cost of approximately £1.5m. There will be increasing pressure on this budget in the years ahead.

The Board has signalled its concerns about the lack of resources for services for the elderly to the Minister for Health and Children in December 1997. The Board has requested the Minister to provide substantial resources in the years ahead to meet the pressing needs of older persons in the community.

SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

A community based service for people with learning disabilities is being advanced in the region, based on the principles of promoting and maintaining better health in people with learning disabilities, and their carers. The Board's key objectives are to provide a service which is community based, modern and comprehensive and which maximises the individual's potential. The Board aims to ensure quality and monitoring procedures, to standardise operational procedures, to maintain and enhance health promotion activities and to build on its relationships with the voluntary sector. The existing service requires to be consolidated through a number of quality



Continuing Care Services

measures which continue to place the focus on the needs of individuals.

The overall number of people with a learning disability in the Board's area is 2,022 with a prevalence rate of 6.65 per 1,000 population.

Significant progress was made in 1997 towards achieving the developments set out in the five year plan for people with learning disabilities.

DEVELOPMENTS IN 1997

The following developments took place in 1997:

- The continuing care complex in Navan was opened, providing twenty-eight day places and seven residential/respite places;
- A tutor was approved for the Meath Training and Education Centre in Navan, to meet the ongoing training and educational needs of school leavers with special needs;
- Negotiation of service agreement with Rehabcare to expand to 20 the number of people provided for in the former HOPE project in Dundalk;
- Provision of four additional residential places to service users requiring supported living arrangements in Drogheda;
- Fourteen service users were transferred from inappropriate former ward accommodation in St. Davnet's Hospital to the refurbished Clogher House residential unit on the site. A further eighteen service users were moved into appropriate residential accommodation in Cavan and Monaghan;
- Capital funding arrangements were agreed between the Board, Monaghan County Council and the Camphill Community in Ballybay for a new 12 place residential unit;

- Review of service provided to 100 clients at the Meath Sheltered Workshop in Navan;
- Review of autism services including the role of Mounthamilton House in Dundalk;
- The Board provided 144 residential places in 1997. 197 day places were provided. 39 clients benefited from the breakaway Scheme and Summer Camps. Host families supported 81 clients.

MENTAL HEALTH SERVICES

The key objectives of the mental health services are to promote and improve standards of mental health care, to develop and implement individual care plans, to restore the mentally ill to as independent a life as possible and to provide integrated, comprehensive, sectorised and community focused services.

Services are provided on the principle that everyone has the right to the best available treatment and that no organisational, social or geographic factors should prevent this. Access should be based on individual need and should be flexible and responsive. Specialist services will be developed on a regional basis across existing catchment areas.

DEVELOPMENTS IN 1997

The promotion of awareness of mental health with individuals and with local communities continued in 1997. The further expansion of GP liaison arrangements allowed mental health promotion to be more embedded in the primary care services.

Within the mental health service, the following developments took place:

- the new Department of Psychiatry in Navan became fully operational;
- the new hostel in Navan, Rath na Riogh, opened in April 1997;



Continuing Care Services

- a system of providing improved appointment and treatment details for out-patient clinics to GPs was implemented and its effectiveness will continue to be monitored;
- GP liaison arrangements were extended to a further six practices;
- a new location for addiction services was obtained in Monaghan Town and these will be operational early in 1998;
- an addiction counselling service was established in Drogheda and will operate in conjunction with the voluntary part-time service already provided by the community services centre in the town;
- a clinical audit of schizophrenia was completed in North Louth;
- research was concluded in Monaghan, to identify all patients in the two sectors who are known to suffer from schizophrenia;
- a computerised hospital information system was introduced facilitating faster and more sophisticated availability of data and analysis.

The work of voluntary organisations expanded in 1997, with specific developments supported by the Board, notably:

- the continued secondment of a member of staff to the Mental Health Association of Ireland;
- Section 65 grants to GROW and Schizophrenia Ireland;
- refurbishment of rooms in the Jim Roche building in Navan for use by Navan Mental Health Association, to provide recreational, social and educational services;
- support for the establishment of a new Schizophrenia Ireland group in East Cavan;
- ongoing support from staff involved in local Mental Health Associations.

The continued support of voluntary organisations in mental health in 1997 is acknowledged with gratitude.

The organisation of services is based on nine sectors covering populations of up to 46,000 in the two catchments of Louth/Meath and Cavan/Monaghan. However, as modern treatment techniques have developed, strict sectorisation is no longer acceptable and resources will need to be flexible across sectors and catchments.

Current activity levels are measured by admissions to acute units and by attendance at out-patient clinics, day services and specialist services.

Overall admission levels are declining and admission rates in the region remain below the national average. There is increasing access to community services provided by medical and nursing staff and through the provision of specialist services such as family therapy and counselling.

There were 1,155 total admissions in 1997 of which 448 were first time.

In 1997, 121 staffed hostel places and 69 unstaffed hostel places were available and the number of places available for day care use by the mental health service was 219.

The Board hosted a national conference in October 1997 entitled Promoting Positive Mental Health and recommendations made at that conference will be considered by the service in 1998.

Substantial staff resources are invested in addiction services for both alcohol and drug misuse.

Work continued on a five year development programme for mental health services.

A development plan for the St. Davnet's campus, prepared in 1997, will form the basis of recommendations to the Board for re-using existing buildings or disposing of surplus lands.



Continuing Care Services

SERVICES FOR PEOPLE WITH A TERMINAL ILLNESS

Palliative care is the active total care of patients and their families by a multi-professional team when the patient's disease is no longer responsive to curative treatment. It is a philosophy of care rather than a specific building or service and is applicable in all care settings.

Services are provided both in the community and in hospital based units. The palliative care nurse provides a common link and visits patients both in the home and in the hospital unit.

During 1997, 398 patients availed of the palliative care service. Of those, 306 died during 1997, 188 died at home, 101 died in general hospitals and 10 died in hospice/palliative care units. The remaining deaths occurred in long-stay hospitals or private nursing homes.

Two of the acute hospitals, Dundalk and Monaghan, have self contained palliative care units which provide, as far as possible, a home-like environment for the patient and his/her family. The units are staffed by nurses who have knowledge and special training in the concepts of palliative care.

Palliative care services are provided in this region in conjunction with the Irish Cancer Society and local branches of the Hospice Homecare Movement. There are branches of the Homecare Movement in each county and services are provided by a team of specially trained palliative care nurses.

While general practitioners and public health nurses make the majority of referrals to the service a number of referrals are also made by consultants and family members. It would not be possible to provide this level of service without the active support of a dedicated number of people and organisations who fundraise for this service.

PHYSICAL AND SENSORY DISABILITY SERVICES

The Board's policy is based on the key objectives of promoting independence and integration, building on its relationship with the voluntary sector, raising awareness and developing services as resources permit. Services for people with physical and sensory disabilities continue to develop in the region from a low base level.



New facilities at An Draighneán, Navan which includes residential day-care and respite facilities for people with disabilities.



Continuing Care Services

Physical Disability Service Data	
Respite Places for Adults	10
Day and Residential Respite for Children	20
Home Support Families	15

DEVELOPMENTS IN 1997

The following developments took place in the region during 1997:

- the new respite unit for people with physical disabilities opened in Navan providing 43 adults with respite during its first seven months;
- week long summer respite programmes for 28 children were organised in Sruthan House, Dundalk and Na Driseoga, Navan;
- a pilot data base developed in conjunction with the North Western Health Board and the Midland Health Board was established. This will provide a national model for other boards;
- the Regional Advisory Committee provided service user comment on the new facilities at St. Christopher's Unit in Cavan and An Draighneán in Navan;
- the third annual conference for service users with physical and sensory disabilities was attended by 120 people providing them with an opportunity to influence policy and service provision;
- the first phase of St. Christopher's Unit was completed. This will provide two residential places for people with physical disabilities and palliative care needs. Ten places will be available for day-care for people disabilities. An advisory committee representing the board, the hospice committee and service users was established to advise on the development of services at St. Christopher's. ■



GP SERVICES AND COMMUNITY PHARMACY SERVICES

Since the establishment of a special unit in 1993 to oversee the development of GP and community pharmacy services, the Board's strategy has been to improve the standard of services which the patient receives.

INFRASTRUCTURAL DEVELOPMENTS

The Board's strategy of encouraging partnerships and grouping of practices in formal and informal agreements has been continued. The sharing of facilities and equipment especially among single handed GPs continues to be encouraged.

New local health care units were brought into operation in Meath at Athboy, Drumconrath, Nobber; in Monaghan at Ballybay, Monaghan, Rockcorty and in Killeshandra, Co. Cavan.

Local health care units were brought to an advanced stage of planning in Co. Louth at Clogherhead, Castebellingham and Carlingford; in Co. Meath at Kells, Trim, Laytown and Oldcastle; in Co. Monaghan at Clones and Castleblayney and in Cavan at Cootehill, Ballyconnell and Virginia.

ROTA COVER IMPROVEMENT

Considerable progress has been made in the development of rotas in the region and more three person rotas continue to be encouraged. The idea of co-operatives is being actively pursued and a number are now in place. The major urban areas of Dundalk, Drogheda, Cavan, Monaghan and Navan have been targeted in 1997 to improve rota cover and ensure easier access to services at weekends and holiday periods.

PRACTICE SUPPORT

The number of practice managers employed in the region has risen to four and the number of practice support staff has risen to 108 as a result of the pooling of subsidies in practices. There are now 52 practice nurses in the region.

PRE-HOSPITAL EMERGENCY SERVICES

Special trauma kits were made available to GPs in Carlingford, Co. Louth; Ashbourne, Co. Meath; Swanlinbar, Co. Cavan and in Carrickmacross, Co. Monaghan. These kits were well received and an evaluation of service benefit is being carried out at present.

WOMEN'S HEALTH AND FAMILY PLANNING

GPs contributed to the consultative process that took place in the Board's area on women's health issues during 1996 and 1997. Feedback from meetings with GPs helped formulate the Board's policy on women's health. A special committee on family planning issues was formed in conjunction with the Irish College of General Practitioners. Successful Family planning courses were organised in 1997 and were attended by GPs and practice nurses in the region. A database on the availability of family planning services being provided by GPs across the region is now available to the public and through the GP Unit.

The employment of female doctors on a sessional basis and the employment of practice nurses is being encouraged to facilitate greater availability of services to female patients. Promotion of inter-referrals amongst GPs is actively encouraged where choice is not available to persons seeking family planning services. Vasectomy services are now available in general practice settings in the region. It is planned to extend the coverage of this service to meet demand.

IMMUNISATION

GPs have been provided with regular feedback on uptake levels for the region. It is estimated that 3,500 children benefit from the immunisation scheme.

SHARED GP/PSYCHIATRIC SERVICES

Shared care involving GPs and consultant psychiatrists have been set up in GP



practices at Ballybay, Castleblayney and Monaghan town. Research links have been established between the GP practices and hospital based consultants. Similar services have been developed in Co. Cavan in conjunction with the psychiatric unit at Cavan.

COMMUNITY DIETETICS

The Board is developing linkages involving GPs and dieticians. The GPs are currently looking at ways of improving this service at primary care level and there are a number of dieticians currently working from GP practices.

COMMUNITY PHARMACY CONTRACT

In 1997, a new contract for the provision of all community pharmacy services under the Health Act 1970 was signed by 99 pharmacists in the north east region. Continuing education programmes and refresher courses has been delivered for pharmacists throughout the region. Health promotion initiatives on smoking, alcohol abuse and substance abuse are supported by pharmacists. Full co-operation takes place between pharmacists and GPs, consultants and dentists in more cost effective prescribing and dispensing.

HI-TECH MEDICINE SCHEME

New arrangements were introduced with effect from November 1996 for the supply and dispensing of Hi-Tech medical products through community pharmacies. Certain Hi-Tech medicines e.g. anti rejection drugs, growth hormone and chemotherapy, which were formerly only available through hospitals or through special arrangements with health boards, are now available from local community pharmacies. Some 600 patients in the region will benefit from this scheme in 1998.

INFORMATION TECHNOLOGY

Sixty seven percent of GP practices were computerised in 1997. The target is 90%

for 1998. Information technology projects planned for 1998 include:

- a Board "Internet" with bulletin board; this project has been piloted in ten training practice areas and will be evaluated in 1998. This bulletin board provides information on services available throughout the region and country wide;
- a practice data base has been developed to facilitate the ongoing management of facility and equipment upgrades in GP practices throughout the region.

EDUCATION AND RESEARCH

Continuing education and research are vital for the future of community services including general practice and pharmacy. The following initiatives were put in place in 1997:

- grants were provided for vocational educational training practices;
- ongoing financial support was given to the Irish College for General Practitioners for training;
- GP mailshots and newsletters were used to disseminate appropriate information on health services developments;
- guidelines on the appropriate use of various services and general advice on how to access services more effectively were provided in 1997;
- financial support was provided to the Irish Pharmaceutical Union for continuing education for pharmacists in the region.

COMMUNITY MEDICAL SERVICES

COMMUNICABLE DISEASES

An important role for public health doctors is the surveillance of communicable diseases within the community. This is carried out in conjunction with community care staff, general practitioners and hospital staff. The total number of communicable



diseases notified to the Board for the year 1997 was 414. This Table outlines the main diseases notified since 1995.

Communicable Disease	1997	1996	1995
Gastro Enteritis (persons aged less than 2 years of age only)	124	125	134
Rubella	6	86	6
Salmonella	80	53	101
Bacterial Meningitis	56	53	27
Whooping Cough	18	34	20
Tuberculosis	27	40	25
Measles	18	32	21
Hepatitis A	38	32	6
Mumps	8	14	2
Food poisoning other than salmonella	15	4	1

MENINGITIS

During 1997 the increase in the number of notifications of Meningococcal meningitis/ septicemia in the region, first noted in 1996, continued. The number of cases notified in 1996 was 38, and in 1997 was 53, of which 40 were definite cases.

This gave the region a rate of 13.1 definite cases per 100,000 of the population. The incidence for the Republic of Ireland was 8.5 in 1997. Regrettably, there were three deaths as a result of Meningococcal disease in the region in 1997. The rise follows on from documented increases in the incidence of the disease in the SHB and EHB regions.

The Board has made a considerable response to the increased level of meningococcal disease in the region. This response has included:

- The circulation of relevant information and guidelines for public health doctors, hospital doctors and general practitioners,

- The circulation of information leaflets to every pupil attending school in the region,
- The circulation of information leaflets to every known crèche in the region,
- Participation in the awareness campaign by the Meningitis Research Foundation,
- Participation in medical educational seminars both at regional and national level;
- The use of "best practice guidelines" as recommended by the centres for disease control in Atlanta, USA and Colindale, London;
- In addition press statements and interviews have been issued to the local and national media in order to keep the public informed at all times.

DENTAL SERVICES

The Board's policy for oral health services in the region is to promote improvement in the oral health status of adults, adolescents, children and special needs groups. Oral health services are organised to target key age groups for preventive services such as fissure sealants and treatment services. Children, adolescents and those with special needs are provided with services in the Board's dental clinics. Eligible adults receive dental treatment services through the Dental Treatment Services Scheme from general dental practitioners operating in their own surgeries.

DEVELOPMENTS IN 1997

In 1997 the dental services in the region were certified as having met the requirements of the ISO 9002 standards. The Board's dental services are the first in the country to achieve this certification.

It has been possible to achieve most of the basic targets such as the fissure sealant programme throughout the region.

The total number of patients receiving orthodontic care in 1997 was 1,042.



During 1997, 546 special cases were commenced. The Board advertised in 1997 for a consultant orthodontist and it is expected that this post will be filled in 1998. This Table outlines the level of treatment provided.



At the presentation of ISO 9002 certificates to Principal Dental Surgeons were, left to right: John Kelly; David Burke, Promech; Donal O Shea, CEO; Jacinta McLoughlin; Dan Bashford, SGS, Edinburgh and Fergal Connolly.

	TOTAL
Attendances	24,594
Emergency Treatments	2,194
Fissure Sealants (preventive treatments)	9,971
Orthodontic Treatment	1,402

There was a significant increase in the number of treatments carried out in 1997 through the Dental Treatment Services Scheme when compared to 1996. During 1997 all existing waiting lists for patients in the age group 16-34 and 65 years and older were cleared. The target of approving the 65+ and 16-34 age groups for routine treatment within 30 days has also been achieved. The number of emergency treatments has reduced significantly. There were 72 dentists contracted to the Board to provide the care of adults.

SERVICES PROVIDED IN 1997

- The total cost of the adult service in 1997 was £1,521,234;
- The total number of treatments provided in 1997 was 37,830;
- The total number of approvals for treatment issued in 1997 was 6,544.

EYE SERVICES

The Board provides eye services to medical card and children. Services provided include examination, treatment of discovered defects and the provision of spectacles.

DEVELOPMENTS IN 1997

There was a substantial improvement in the ophthalmic services throughout the region facilitated by the appointment of two community ophthalmic physicians in 1996. In 1997, waiting times were reduced and glaucoma screening for adults and ophthalmic screening clinics for diabetics commenced.

The total number of patients examined for services in 1997 increased by 2,000 to approximately 21,000. The number of people supplied with spectacles was 8,500.

Community Ophthalmologists made some 1,100 referrals to the Mater Hospital for ophthalmic surgery.

ENVIRONMENTAL HEALTH SERVICES

The objectives of the environmental health service are to control those environmental health factors in the physical environment which adversely affect health and to promote good environmental health standards.

DEVELOPMENTS IN 1997

The following targets were achieved:

- catering at outdoor events was monitored including liaison with the organisers, pre-event meetings and inspections;
- food hygiene education courses for food workers in the catering, retail butchery trade and in Teagasc "start up" courses were recommenced; there were 200 participants in 1997;
- an information campaign, run by environmental health officers, for over



Community Health Services and Health Promotion

70 participants was provided for the butchery trade in Co. Meath;

- complaints concerning drinking water and requests for advice on contaminated drinking water were responded to as a matter of urgency;
- a response time target of ten days on complaints of public health nuisances was achieved and urgent complaints of health hazards were responded to immediately.

In the area of food safety:

- A total of 3,829 visits were made to each of the 1,500 high risk food businesses in the region with less frequent visits to less vulnerable operations. There are 82 food vans on the environmental health service register and a total of 358 inspections were carried out in 1997.
- Approximately 25 food inspections took place at outdoor events in 1997.
- In the case of food sampling, a target of 614 routine food samples was achieved in 1997.

Extensive food hygiene training programmes for food workers across the region continued during 1997.

Enforcement of legal requirements in relation to nursing homes, poisons, pest controls, tobacco product sales, drinking water and other environmental health hazards statutes by inspection, education programmes and investigations continued in 1997.

The sampling programme for drinking water, drawn up under the EC (Drinking Water) Regulations, 1989 continued to be implemented with monthly sampling of 19 fluoridated supplies taking place.

Restrictions on smoking in catering premises and food outlets generally are enforced as part of the Board's normal food control programme under tobacco products legislation.

COMMUNITY SUPPORT SERVICES

The provision of community welfare services in the Board is underpinned by present legislation, regulations and guidelines with the main objective being the provision of an income maintenance package under the supplementary welfare allowance scheme to persons who have either no income or an insufficient income to meet basic requirements. This takes the form of a basic personal payment or supplements to existing income. It also includes once-off payments in situations of exceptional or urgent need and the Back to School Clothing and Footwear Scheme. Community welfare services also support the Board's activities in relation to financial assessment for general medical services, i.e. the medical card scheme, maintenance charges for services for the elderly and institutional admissions, mobility allowances, long term illness and nursing home subvention.



New Community Welfare Office in Cavan.

Community Welfare Officers deal not only with Supplementary Welfare Allowance, but with the assessment of a range of services which also includes:



Community Health Services and Health Promotion

- Back to School Clothing and Footwear Scheme;
- Financial assessment for medical cards;
- Blind Welfare Allowance;
- Nursing Home Subvention;
- Extended/respite care and institutional assistance;
- Domiciliary Care Allowance,
- Mobility Allowance;
- Motorised Transport Grants.

DEVELOPMENTS IN 1997

The Board became the first health board to complete the Integrated Short Term Scheme system (ISTS) which is fully networked to all 59 locations throughout the region.

Advice and Information Services Offices were opened in Lynton House, Cavan and Church Square, Monaghan to complement those in Navan, Drogheda and Dundalk. Information and advice are provided on supplementary welfare allowances and entitlements as administered by the Board and the Department of Social, Community and Family Affairs.

New office accommodation in Monaghan, Cavan, Kells and Clonard and a new training facility in Dundalk were provided. Office accommodation was improved in Trim, Rockcorry, Killeshandra, Inniskeen, Clones, Moynalty and Ashbourne.



New Community Welfare Office in Monaghan.

Additional clinic days were provided in districts where it was felt that an improvement in services was required. This greatly assisted in the reduction of queues in these areas thus providing a more customer focused service.

Communications generally for the service have been improved. Access to e-mail and phone/fax and message recording was provided at all major community welfare locations. All field officers were provided with "mini-calls" to enable them to provide an immediate response on an ongoing basis to all emergency situations.

A consumer satisfaction survey was carried out across the region in 1997. The results are currently being examined.

The Board continued to support the Money, Advice and Budgeting Service (MABS) throughout the region in 1997.

Liaison officers continued to work with the various voluntary groups, e.g. women's refuges, hostels for the homeless and travellers, and are available in each community care area to serve all voluntary groups and special categories.

HEALTH PROMOTION

The aims of the Board's strategy for health promotion:

- to empower individuals and communities to take responsibility for their own health by making the healthier choice the easier one;
- to work in partnership with other policy makers in order to create an environment which is conducive to health;
- to support and develop the health promoting role of professionals and to encourage them to identify opportunities for the promotion of good health;
- to encourage people to adopt a healthier lifestyle and to reorient the health services towards a primary care approach.



Smoking is the biggest killer in the region. There were 535 deaths recorded as being directly due to smoking in the Board's area in 1997, however this figure does not reflect the actual total of deaths linked, but not officially recorded, as being due to smoking. Therefore, smoking prevention and reduction must continue to be one of the top priorities.

Alcohol misuse remains one of the most significant health problems in the region with its potential impact on families and relationships, accidents and other injuries. The link with drug and substance abuse by individuals is recognised and an action plan to tackle substance abuse includes:

- effective liaison between addiction counsellors across the region to ensure that both a health promotion and a treatment approach are offered;
- in-service training for teachers;
- continued Board sponsorship of sport and leisure to provide a no smoking and sensible drinking message.

As with the no smoking programme, substance misuse education will use the Healthy Schools Programmes mentioned above to target school children and young people. 65,000 newsletters were delivered to homes in the region to provide basic information for parents and teacher.

Research was undertaken during 1997 which indicated the need to focus resources on influencing young people's attitudes to smoking and alcohol through integrated and holistic approaches and programmes.

DEVELOPMENTS IN 1997

The co-ordination of regional activity took place during 1997 around national campaigns for No Smoking Day, Irish Heart Week, Healthy Eating Week, Ten Million Mile Walk Campaign, and Europe Against Cancer Campaign. Focused activities during these campaigns were incorporated into longer term strategies. Sixty tutors have received training in

Cardiac Resuscitation and by mid-January 1998 approximately 500 people will have been trained.

Consultation to establish health promotion needs in respect of older people, drug misuse, and childhood accidents, was undertaken. The results of these consultations will be used to develop appropriate health promotion strategies.

Specific local initiatives have been established, including:

- the development of a helpline, home safety checklists and exercise programmes for older people;
- a pilot project on childhood accidents in two housing estates in Drogheda;
- five public seminars on women's cancers held in October in venues across the region;
- a healthy eating award, collaborative work with hospital catering officers and media support has enhanced the healthy eating profile in the region;
- nine additional post-primary schools were added to the Health Promoting Schools network, and the programme was extended to include another year cohort in ten existing schools. The number of schools now covered is 29. In-service training was provided to four clusters of primary schools;
- all general hospitals in the region are members of the Health Promoting Hospitals Network;
- the Healthy Cities project in Drogheda agreed a six point action plan to achieve the targets set for the project;
- the Board hosted a North/South seminar promoting positive mental health in October, which was attended by over two hundred delegates.

Recent research on substance misuse has indicated further new areas for developing strategies to educate young people about the impact of particular drugs and alcohol. A recent consultative process with staff and the Regional Drugs and



Substance Abuse Committee will influence the strategy developed by the Board in this area.

Support was given to the Childhood Accident Prevention Programme, Operation Lifesaver and Lifestyle Research programmes, undertaken in conjunction with other Board staff and outside organisations.

Initiatives for older people such as the Senior Citizens Helpline in Summerhill Co. Meath, will continue.

Health Promotion in Hospitals

The Cavan/Monaghan group is already designated as a health promoting hospital and continues to provide a full range of health promotional activities and services. The Louth/Meath group has applied for health promoting hospital status and it is anticipated that this will be obtained shortly. A number of programmes are ongoing at present including smoking cessation programmes, promotion of breast feeding, healthy eating, cardiac rehabilitation and the empowering of patients to make informed choices through the promotion and availability of health promotion literature and information throughout the hospitals.

All health promotion programmes are monitored and evaluated to ensure they obtain maximum impact.

SERVICES TO PREVENT DRUGS AND SUBSTANCE ABUSE

The Board has been taking a number of initiatives to improve services and to combat drugs and substance abuse in the North Eastern region.

During 1997 the Board received an allocation of £190,000 to enable us to improve services. The following proposals were implemented:

- three addiction counsellors were appointed;
- educational and health promotion initiatives were expanded;

- partnerships were developed with the voluntary groups and parent groups throughout the region with a view to providing some financial assistance to those groups willing to participate with the Board in the strategies recommended by the Regional Advisory Committee on Drugs and Substance Abuse;
- the Board continues to take advice from and co-operate with the key voluntary and statutory organisations in the region;
- 65,000 newsletters on drugs and substance abuse were circulated to parents and teachers in the region;
- research initiatives were put in place to directly answer some critical questions on the extent and nature of drugs and substance abuse in this region. For example a major research initiative began in 1997 to assess and document the prevalence and patterns of drug use by adolescents and to inform a health promotion strategy specific to the Board. The results demonstrated that regular use of cigarettes and alcohol was high amongst adolescents. For example, at age 16 years, 40% of males and 34% of females were regular smokers and at age 17 years 81% were regularly drinking alcohol. Patterns of male and female alcohol consumption were similar. Adolescents tended to have binge drinking patterns with most alcohol being consumed on a Friday or Saturday night.

The prevalence of illicit drug use was low with usage concentrated primarily on solvents and cannabis. Ecstasy, psilocybin (magic mushrooms) and speed were the second major category being used, although their use was low. Less than 1% used drugs such as cocaine, heroin and barbiturates. Adolescents reported being offered drugs for the first time between 12-15 years of age at social events such as discos, house parties and concerts.



Adolescents reported that good friends also offered them drugs.

The reality of adolescent drug use as revealed by the adolescents calls for a refinement of five stereotypical images:

- Adolescents are not well informed of the effects of illicit drugs;
- Peer pressure can have a positive as well as a negative impact in relation to drug use;
- As drugs are distributed and procured for the most part via friendship networks, the concept of *drug seeking* now seems more appropriate than *drug pushing*;
- The concepts of *friendship, reciprocity and sharing* are the hallmark of drug use among adolescents. Drugs are usually got from friends, are shared and money is either pooled or saved to buy them;
- Adolescents do exert control over their drug use;

The findings also indicate that adolescents feel that current educational and health promotion initiatives are in need of improvement. New initiatives must involve a variety of creative responses, some of which may be counter to those advocated

in the past e.g. harm reduction, peer education and reality checking. The Board is involved in a wide ranging consultative process with voluntary and statutory agencies to develop an appropriate response.

WOMEN'S HEALTH

In 1997, the Minister for Health launched a Plan for Women's Health to the Year 2000. This plan sets national targets to be achieved in the areas of information, healthier lifestyles, reductions in cardiovascular disease and cancer, improvements in oral health, implementation of the recommendations contained in the Report of the Working Group of the Maternity and Infant Care Scheme, reproductive health, family planning, violence against women, women with disabilities, traveller women, older women and drug and alcohol abuse.

This plan, along with the Board's own comprehensive policy report developed in recent years, has allowed for a more flexible and co-ordinated cross programme approach to be taken in the provision of services for women in the North Eastern Health Board. The Board established an advisory committee to prepare a regional plan for women's health to implement the commitments of the national plan and to address issues which will be identified as part of the consultative process over the period 1997 to 1999. The membership of the group is multi-disciplinary and includes Health Board personnel from each programme, two members of the National Women's Council of Ireland, a consumer representative and a Garda representative.

In 1997, the Board made significant progress in the implementation of its report on women's health.

A survey of client satisfaction, including patient care, availability of services and choice for women was carried out in each maternity unit, the results of which have been discussed with the staff concerned.



Antenatal care was organised at times to suit women arising from this survey.

A co-ordinated approach to breast feeding by hospital and community services continued. Lactation teams were established to plan and oversee the promotion of breast feeding with a target of 40% for breast feeding rates being a realistic, achievable goal.

Continence services have been established in the region. Continence clinics provide assessment, education and therapy programmes. Services are available to women on a self referral basis or by referral from the GP.

Information evenings were organised by the Board during 1997 on various topics of interest to women, to which the public were invited. Topics included menopause, positive ageing, leisure management, exercise and healthy lifestyles.

In the area of cancer services, a holistic approach to the management of breast cancer was taken by each of the hospital groups and multi-disciplinary teams were formed to respond to the needs of women presenting with cancer.

Courses were held to increase the awareness of staff in A&E departments about women who present with injuries.

Training for all carers, those employed by the Health Board and the voluntary sector, was provided in 1997.

A travellers advisory committee was established in the North East, which is peer led and which focuses particularly on the needs of women and on the potential of women members of the travelling community to deliver health information to their families.

In the area of lifestyles, smoking cessation programmes for women were organised throughout the region. Health promotion campaigns throughout the region in 1997 addressed the issue of women and alcohol.

SERVICES FOR TRAVELLERS

The Board developed a number of initiatives in 1997 as part of its continued response to the particular health and social service needs of travellers. There are 390 travelling families in the Board's area with the majority located in Counties Louth and Meath. Travellers accommodated in standard local authority housing, in group schemes and at service halts account for 348 families with the remaining 42 families on the roadside. The main centres of the traveller population in the region are Dundalk, Navan, Cavan, Trim and Monaghan.

DEVELOPMENTS IN 1997

A Board survey carried out in 1995 provided baseline information on the health status of travellers in the region. As a result of this and in response to the Report of the Task Force on the Travelling Community, a representative advisory committee on services for the travelling community was established in 1997. The committee of 28 members consists of health care professionals within the Board, representation from the county councils, vocational education committee, community workers and travellers themselves.

The functions of the committee are:

- to consult with voluntary bodies and other statutory agencies providing services and support for travellers in the region;
- to review the needs of the travelling community and to identify needs that are not being adequately met;
- to prepare an annual review of the adequacy of services;
- to identify the needs of children, adolescents and women in the travelling community and to identify the housing and social needs of all travellers in the region.

The advisory committee identified key issues which impact on the health and



Community Health Services and Health Promotion

health care needs of travellers, namely the provision of primary health care services, access to services, health promotion, accommodation and education. Sub-committees were established to examine each of these areas in more detail, and to consult with relevant statutory and voluntary agencies.

In November 1997, an information workshop on traveller health and accommodation issues was held. A report on the findings is currently in preparation by the accommodation sub committee.

PRIMARY HEALTH CARE FOR TRAVELLERS PROJECT AND LOUTH COMMUNITY CARE, 1997

The Board developed a peer-led initiative in partnership with the Dundalk Travellers Health Group which aims to improve traveller awareness and knowledge of health issues in a manner appropriate to their community. The programme is delivered with specially trained traveller women supported by a Public Health Nurse and a community development worker. ■



Acute Hospital Services

The North Eastern Health Board provides acute hospital services based at five sites in Cavan, Monaghan, Dundalk, Drogheda and Navan. Two hospital groups, one in Louth/Meath and the other in Cavan/Monaghan were established as a result of the Board's policy decision in relation to acute hospital services taken in 1993. This policy has guaranteed an active role for each site based on the structures of the hospital groups, joint clinical departments and joint appointments which make a wide range of services more accessible to a greater number of people.

New and replacement consultant posts approved in 1997 covered various specialities and services including radiology, anaesthetics, surgery, obstetrics and gynaecology and endocrinology.

In 1997, following discussions with the Medical Missionaries of Mary, the ownership of Our Lady of Lourdes Hospital, Drogheda transferred to the Board.

During 1997, the Board continued its policy of stabilising and consolidating the hospital groups. Relationships with mental health services, services for children and the services for the elderly were further developed. The development of appropriate management structures to support the growing service activity levels at all hospital sites was also continued.

The planned 1997 activity levels were maintained and in some cases exceeded. The Board's hospitals were again successful in bidding for funding from the Waiting List Initiative for a range of services including orthopaedics, surgery and ENT. Over 600 patients benefited from the procedures carried out under the Waiting List Initiative.

As a result of proposals contained in the National Cancer Strategy published in November 1996, a consultant surgeon and a consultant pathologist were appointed to act as Co-Directors of Cancer Services.

LOUTH/MEATH HOSPITAL GROUP

With the appointment of four new consultants to the Louth/Meath Hospital Group, a number of major service developments were initiated.

- Paediatric out-patient clinics commenced at the Dundalk site and approximately 450 patients attended in 1997;
- The appointment of a consultant geriatrician to Our Lady's Hospital, Navan has resulted in the development of consultant services for the elderly across the hospital sites;
- The appointment of two new consultant radiologists to the group has increased the range of services available to patients in the area. The CT scanning service was commissioned in the Louth/Meath Group at Our Lady of Lourdes Hospital, Drogheda in 1997. The provision of this service in the Louth/Meath Group has enabled patients to receive the service locally and not have to travel outside the area for CT services. Together with the purchase of ultrasound equipment, the range of radiological examinations available at each site has been enhanced and the level and quality of services available will be greatly improved as a result;
- The number of orthopaedic procedures at the Navan site exceeded 2000 with 257 people benefiting from joint replacement operations;
- A consultant surgeon with a special interest in gastro-intestinal surgery took up duty in late 1997 introducing this new sub-specialty to the Louth/Meath area for the first time;
- During 1997 plans were drawn up for the provision of a cardiac rehabilitation programme at Our Lady's Hospital, Navan under the direction of the cardiologist and the newly trained cardiac rehabilitation nurse. Equipment for this project was jointly funded by



Acute Hospital Services

- the Friends of Our Lady's Hospital and a National Lottery grant;
- Building work on the new male medical ward and coronary care unit at Our Lady's Hospital, Navan continued during 1997;
- The provision of new accommodation at the Dundalk site for the physiotherapy, occupational therapy, pharmacy and radiology departments was completed;
- The refurbishment of laboratory, stores and the provision of a secure carpark and CCTV system and the refurbishment of surgical wards took place at Dundalk;
- The library and reading room facilities were upgraded in Dundalk and Navan;
- A major project was finalised in the nursing department across the Louth/Meath Hospital Group with the completion of a strategy for nursing which focused on the future requirements of nursing in the areas of training and professional practice development;
- Services for the out-patient treatment of patients with diabetes were significantly improved with the provision of a new Day Care Centre at Dundalk.



At the ceremony to mark the transfer of ownership of Our Lady of Lourdes Hospital, Drogheda were Dr. Hugh Dolan, Chairman and Sister Philomena Sheerin, Superior General, Medical Missionaries of Mary.



Our Lady of Lourdes Hospital, Drogheda.



CAVAN/MONAGHAN HOSPITAL GROUP

The development of new services in all specialities at the Cavan/Monaghan Hospital Group continued in 1997. The consolidation of services at Cavan/Monaghan has resulted in a high level of confidence in the local services with less people travelling outside the area for services which heretofore were unavailable locally. A number of developments took place at Cavan/Monaghan in 1997, the most notable of which were:

- There were almost 20,000 in-patient and day-case admissions in 1997 across both sites;
- Almost 54,000 out-patient consultations took place, together with 5,500 operations;
- The development of a full ICU service.
- The continued development of CT scanning services;
- The continued development of the geriatric day hospital with a total of 888 patients treated and out-patient services;
- The development of a day services unit on both sites;
- A cross border project was initiated between the North Eastern Health Board and Craigavon Area Health Trust. This project is C-BAP (Cross Border Acute Project) and will enable the development of linkages in information technology, education and services as well as increasing the movement of patients from the counties to adjoining hospital/healthcare settings;
- A number of nursing developments took place in 1997 including:
 - A strategy for nursing and midwifery;
 - Regional Faculty of Nursing Diploma Course;

- Multi-disciplinary Wound Care Committees;
- Health Promoting Hospitals Initiative;
- Nurse led smoking cessation programmes.

AMBULANCE AND TRANSPORT SERVICES

An increase of 4% in the numbers of patients transported took place in 1997 due to an increase in service provision, particularly CT services, services for the elderly and an increased volume of activity at all hospitals.

In 1997 the Board endeavoured to continue improving response and activation times to all emergency calls.

The Board, in conjunction with the Northern Ireland ambulance service, was successful in securing approval and funding for a joint cross border training and development project under the Peace and Reconciliation Programme. The main emphasis of the project is to develop control centre performance through systems introduction, controller training programmes and state of the art major incident planning systems.

In addition to the ambulance service, there is a substantial level of transport service for all care groups including the elderly, the mentally ill, children, the disabled and other patients not in need of ambulance services. Transport services provide support to day hospitals, out-patient clinics, accident and emergency departments and Dublin hospitals.

The Board's ambulance service continued to deliver a high standard of pre-hospital care to the population of the North East. In 1997, almost 22,000 patients availed of transport services, which represents a 1.5% increase in the volume of calls. To improve the quality and effectiveness of the service to the population of the North East, provisional plans are in place to select sites for sub-stations in Kingscourt and Ashbourne.



Acute Hospital Services



Two new front-line cardiac equipped ambulances were added to the existing fleet in 1997.

The ambulance service continues to update its equipment in line with the National Ambulance Standards. In accordance with the Board's fleet replacement programme, two front-line cardiac equipped ambulances were purchased in 1997.

Recognising the need for highly motivated and trained staff, the in-service training unit which was established in 1996 has been active in developing the wide range of skills required by ambulance personnel.

The following training courses were conducted by the ambulance service during 1997:

- Basic First-Aid courses;
- Cardiac Resuscitation Instructors Courses;
- Occupational First-Aid Courses for Industry;
- Lifting & Handling Courses.

In addition to the above training, eight ambulance personnel commenced emergency medical technician training in the Ambulance Training School.

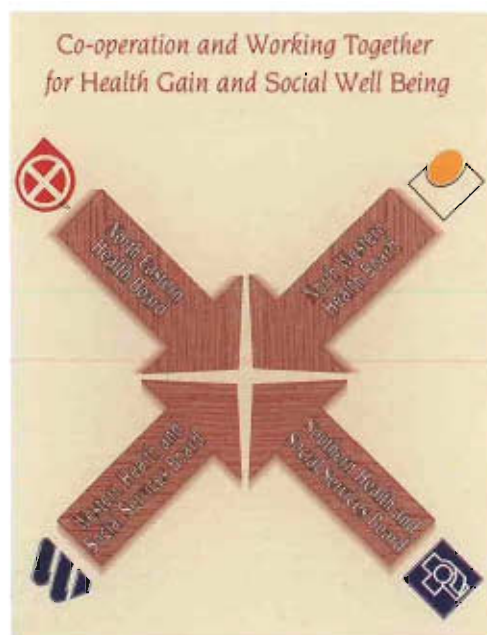
The Board in conjunction with the Northern Ireland Ambulance Service Trust jointly applied for funding from the International Fund for Ireland. In order to bring synergy to the response to major incidents within the adjoining border areas it is proposed to develop a joint strategy in relation to training of emergency service staff. ■



Co-operation and Working Together (CAWT)

This Board, the North Western Health Board, and in Northern Ireland the Southern Health and Social Services Board and the Western Health and Social Services Board, have been working together since the Ballyconnell Agreement in 1992, to improve the health and social well-being of their resident populations. The four Boards embrace the whole of the land boundary between the Republic of Ireland and Northern Ireland and comprise a population of one million.

The organisational structure of CAWT consists of an overall Steering Group and secretariat and is supported by designated sub-groups for particular projects.



The primary objectives of CAWT are:

- The improvement of health and social well-being of their resident population;
- The exploitation of opportunities for co-operation in the planning and provision of services;

- The take-up of funding which may be available from the European Union or other third parties;
- The involvement of other public sector bodies in joint initiatives where this would help fulfil their primary objectives;
- To assist border areas in overcoming the special development problems arising from their relative isolation in national economies, and within the European Union as a whole, through the promotion of Government and European Union awareness of and support for this process;
- The exploitation of all opportunities for joint working.

DEVELOPMENTS IN 1997

During 1997 the consolidation and putting in place of stable and formal structures and protocols to support the day to day workings between boards was achieved by the production of a strategic plan, "CAWT The Bridge to the Future (Strategic Plan 1998-2001)".

CAWT projects include the following:

- The Child Accident Prevention Programme – which has been ongoing since 1996 and aims at the prevention of childhood accidents in the home;
- The Cross Border Flexi Workers – a project which involves a programme for people with disabilities;
- The Drug Awareness – programme which aims to make staff and public more aware of substance abuse. ■



HUMAN RESOURCES

It is recognised that the most valuable and most important asset of any organisation is its staff. The Board in its treatment of its staff recognises this principle and strives to be both fair and caring.

The Board expects all staff members to:

- be fully committed to their work;
- strive to observe the highest professional standards;
- co-operate with other members of staff in the interest of providing the best possible service to patients and clients;
- observe confidentiality in all matters.

TRAINING AND DEVELOPMENT

Our training and development programmes were further developed in 1997. There was particular emphasis on the following:

- Management Development Training;
- Continuing Nurse Education Programme;
- Child Care Education Programme;
- Non-Nursing Education Programme;
- New Technology Training;
- Personal Development/Self Care Programmes;
- The development of local trainers/facilitators.

The Board is committed to continuing education and life long learning which enables staff to improve their performance and professional competence. In this regard it continues to encourage and

support staff to seek opportunities for their own development.

Management Development

The competence of managers at all levels is fundamental to the effective provision of services. In 1997, the Board continued to source and develop high quality management programmes to assist managers to develop new skills and new working relationships. Particular emphasis was placed on developing the managerial competencies of ward sisters and the medical profession. Management development programmes for ward sisters working in Care of the Elderly Services and for medical consultants were organised and implemented during 1997.

Child Care Education and Training

The child care training programme continued to offer courses to all those engaged in the network of child care and in contact with children and adolescents. It is vital that those who work for children work together in the care process. In this regard particular emphasis was placed on transcending organisational barriers to enhance the delivery of this service. Where appropriate, training was delivered on a multi-disciplinary, inter-agency basis. The Board continued to develop links with the voluntary agencies and the Gardai. As the Board continues to expand and develop its child care services in line with good practice, the 1991 Child Care Act, and 1996 Domestic Violence Act, the training needs of the child care staff are subject to analysis on a regular basis. Programmes are reviewed and updated to reflect contemporary good practice and the changing needs of staff.



Continuing Nurse Education

The rapid pace of service development in recent years together with the emphasis being placed on primary care and the growing need for new knowledge and skills requires that nurses keep abreast of professional development. High quality nurse education programmes based on identified service needs continued during 1997. Nurses were encouraged to take part in research and to undertake quality initiatives in pursuance of continuing professional development and best practice.

Particular emphasis was placed on enhancing the nurses' role in health education and promotion.

LIBRARY SERVICES

The development of library information services continued with the phased implementation of the Board's library report. A librarian was appointed to the library in Cavan General Hospital. Reading rooms were opened in Monaghan General Hospital and Our Lady's Hospital in Navan and work commenced on the development of reading rooms in St. Mary's Hospital, Castleblayney, St. Davnet's Hospital, Monaghan and Louth County Hospital in Dundalk.

STAFF RELATIONS

In 1997, the staff relations section played a significant role in achieving the integration of staff of Our Lady of Lourdes Hospital, Drogheda, with the North Eastern Health Board. It was proactively involved in meeting with groups of staff and their representatives prior to, during, and after the transfer.

The Board will continue its proactive policy of promoting good working relationships amongst its staff and with organisations representing staff interests. Expert advice, guidance, assistance and support continues to be available to line managers in respect of employee relations and other issues.

SAFETY, HEALTH & WELFARE

The Board has, as its core value, the delivery of a high quality service in a work environment which is conducive to securing the safety, health and welfare of its employees and the safety and health of persons who come in contact with its activities.

To achieve these objectives the Board's corporate safety statement and location safety statements were reviewed and updated.

In collaboration with the Training Section, existing training programmes, i.e. manual handling and control and restraint, were continued. A number of courses on hazard identification and risk assessment/audit techniques were run for staff responsible for developing and reviewing safety statements. Local managers from community care attended a seminar on the management of violence and aggression in the workplace where the Board's policy on same was addressed. A course was run to update maintenance personnel on relevant health and safety legislation, their responsibilities in terms of the legislation and how to identify and manage hazards within their work environments.

A new cohort of 46 safety representatives for the region was elected and trained during 1997.



Guidelines on the notification and reporting of accidents and dangerous occurrences and safe working in the mortuary and post-mortem room were produced.

The Safety, Health & Welfare Section continued to assist local managers in carrying out audits, addressing safety, health and welfare issues raised by HSA Inspectors, union representatives and staff. Checklists were also developed to assist local managers in carrying out audits and Safe Work Practice Sheets were reviewed and developed with appropriate professional and vocational input.

Accident and incident trends were reviewed with a view to identifying the main hazards in the work place and to prioritise the areas of training which require most urgent attention.

Department of Health funding was allocated to the various locations based on hazards identified in the workplace.

RECRUITMENT

As in previous years the Recruitment Section continued to provide an efficient and quality service to each of the Programmes. The successful outcome of the nurses' pay dispute, while placing extra demands on the section in terms of the conversion process and the subsequent appointment of long term temporary staff to permanent positions, was completed on target and within Department of Health approved levels.

Much work was completed in relation to the formulation of policy documents governing the employment of temporary staff. In providing comprehensive guidelines, supplemented by a user-friendly computerised database, a system

employing best practice in the employment of temporary staff was successfully implemented. The delegation to line management of the issuing of contracts of employment to temporary staff, signalled a pro-active response to the needs of local managers to control and monitor the employment of temporary/locum staff.

SUPERANNUATION

The section, as part of its routine operation, processed payment of superannuation awards, issued notifications in respect of contributions due for temporary service, updated superannuation registers, revised pension entitlements in accordance with the Department of Health approval, determined PRSI status of newly appointed officers and submitted an annual income/expenditure report to the Department of the Environment.

In order to improve the quality of service provided, a two-day Retirement Course in October 1997 was held for staff members (and partners) retiring during 1997/98. It also provided a number of superannuation information days throughout the region and issued benefit/information statements to approximately 400 Board staff including a number for nurses being appointed to the Board under the nationally agreed long-term conversion process.



**TECHNICAL SERVICES AND
HEALTH SERVICES
INFRASTRUCTURAL
DEVELOPMENTS**

It is well documented that the physical environment in which services are delivered to clients has an influence on their health, the speed of their recovery and compliance with health care advice. The on-going development of the Board's health services infrastructure continued during 1997.

Improvements in community services were carried out at the following locations:

- **Cavan** – Mullagh, Killeshandra, Corlough, Mountainlodge, Termon;
- **Louth** – Ballsgrove, Market St., Dundalk;
- **Meath** – Athboy, Trim;
- **Monaghan** – Ballybay, Rockcorry.

Planning is ongoing on a number of projects: Enfield, Laytown, Oldcastle, Castlebellingham, Carlingford, Clogherhead, Mountnugent and Stradone.

In the Acute Hospital Services the following developments took place in 1997:

- A programme of maintenance and upgrading to improve the quality of the physical environment in which patients are cared for was continued in each hospital;
- Phase III of developments at Dundalk was completed and tenders were received for Phase IV;

- The new medical ward and coronary care unit at Our Lady's Hospital, Navan was completed;
- The ongoing provision of new en suite and bathroom facilities at Monaghan Hospital continued.

Mental Health Services developments include:

- Refurbishment of an admissions ward in St. Brigid's Hospital, Ardee;
- Substantial works were carried out in hostels and group homes throughout the region.

Developments in Learning Disability Services include:

- The adult care unit at Commons Road, Navan was completed;
- Development of a six place, high dependency residential group home in Navan was completed.

Physical and Sensory Disability Services:

- The purpose built unit offering respite care at Commons Road, Navan was completed.

Services for the Elderly

- Work was completed on a new 50 bed unit for the elderly in Drogheda and planning is ongoing at Ballyconnell and Virginia;
- Improvement and refurbishments were carried out at St. Oliver Plunkett Hospital, Dundalk; St. Felim's, Cavan; St. Mary's, Castleblayney and St. Joseph's, Trim.

Significant investment in upgrading buildings, new extensions and new and



Corporate Support Services

replacement equipment has been made over the past couple of years at each site and plans are in train for continuing capital developments. With the full support of the Department of Health and Children, the Board will continue to develop cost effective and practical facilities to meet the needs of the people it serves.

INFORMATION AND TELEMATIC SERVICES

Information technology and telematic services are vital to the Board's services. The Management Services function provides and supports the information technology and telecommunications infrastructure for the Board. Information and telecommunications underpin the Board's business and clinical environment.

The following developments took place during 1997:

- Our Lady of Lourdes Hospital, Drogheda was transferred to the ownership of the Board and this necessitated the integration of existing information systems there with those already in place. This included work on the introduction of the regional patient administration system which was targeted for live running from April 1998;
- The design, training and implementation of a new set of integrated management and financial reporting systems was undertaken with a "go live" date of January 1998. This was the first phase of an initiative that will see the greater devolution of financial management, staff skills



A new SAP R/3 Financial System was introduced during the year. The system improves the quality and speed of information for management and facilitates greater devolution of accountability and responsibility to service managers.

Corporate Support Services

- development and the introduction of service based costing systems;
- The Board was selected as the pilot region for the introduction of a national credit card-like plastic medical card which replaced the old paper-based version. All people covered by the scheme were issued with the new card in December 1997;
- Work commenced on addressing the implications of the Year 2000 on electronic systems and equipment, many of which may not function properly due to their inability to deal with dates after the 31st December 1999. The problem applies to a variety of equipment and devices – not just computers. All these are being examined in this context to ensure that they are capable of operating after the end of 1999;
- The range of office support systems was extended throughout the year. New e-mail (electronic mail) systems have been put in place. The Board's data communications network was upgraded to the latest technologies;
- A Virtual Private Network (VPN) for telephone systems was introduced during 1997. This was part of a public sector-wide initiative which allows participating organisations, such as health boards, government departments and voluntary hospitals, to streamline and improve their internal and external telephone services at very cost effective rates;
- Participation in European Union based telematic initiatives continued during the year. The Board led the Irish group (NEHB, EHB, NWHB, St. James's and Tallaght Hospitals) in the InterCare

Consortium which was successful in its bid under a recent call for proposals from the European Commission. This project includes developments to facilitate members of the public in having access to information on the Board's services. Work will commence on this initiative during 1998;

- Information about the Board and its services is available on the Internet at 'www.nehb.ie.'

PUBLIC HEALTH

The Board continues to assess health needs and evaluate health services. It is essential that the correct interventions and preventive strategies are in place across the region. Our public health experts are the advisory arm to the Management Team and local managers in the control of communicable diseases. They advise the Board on important policy options in such areas as episodic care, acute hospitals, the care of the elderly, the care of children, disability services and the mentally ill.

Our public health team works on many national agendas and has played a lead role in the following:

- smoking target action group;
- national breast and cervical screening committee;
- evidence based health care groups;
- the Irish Clearing House on Health Outcomes;
- the national task force on suicides.



Corporate Support Services

At a regional level, our public health team plays a significant role in advising senior managers on the quality initiatives outlined in this report and in developing best practice in all aspects of our services;

New resources have been added in 1997 with the appointment of statisticians and research workers; additional appointments will be made in other disciplines in the years ahead to supplement the public health medical expertise available to the Board;

Corporate strategic planning with a view to enhancing the cost effectiveness of our services must be given a greater priority than heretofore. This will inevitably engage most of our senior health professionals and should result in the best possible outcomes for our patients and clients. ■





“Sláinte an Bhradáin”

The Chief Herald of Ireland granted the Coat of Arms pictured on the cover of this Annual Report to the North Eastern Health Board. The design reflects the **River Boyne**, one of the most notable geographic features of the region.

The symbol of the **clashed hands**, from which **drops of water fall**, recalls the legend of the death of Diarmuid ua Duibhne, celebrated Fianna warrior. Diarmuid lay mortally wounded having been gashed by a wild boar which impersonated his enemy and pursuer, Finn mac Cumhaill. Aengus, a Celtic deity associated with the region and with the **sun** and youth is charged with bringing to Diarmuid the **life-giving water of the River Boyne**. But before he reaches him, the water has dripped through his hands and Diarmuid dies.

On the bend, which represents the River Boyne, is depicted the **celebrated salmon, the Eo Fis**, “the salmon of knowledge” which signifies the research and knowledge inherent in all medicine.