

NORTH EASTERN HEALTH BOARD

ANNUAL REPORT 2004

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Outgoing Members of the North Eastern Health Board

The Minister for Health and Children signed the Commencement Order for the Health (Amendment) Act, 2004 abolishing the membership of the Regional Health Boards and the Eastern Regional Health Authority. The following are the outgoing members of the North Eastern Health Board.

Appointed by Local Authorities Cavan County Council

Mr. Patrick Conaty
Mr. Edward Feely
Mr. Gerry Murray
Mr. Patrick O'Reilly

Louth County Council

Mr. Declan Breathnach
Mr. Finnan Mc Coy
Mr. James Mulroy
Mr. Peter Savage

Meath County Council

Mr. John Farrelly
Mr. Brian Fitzgerald
Mr. Michael Lynch
Mr. James Mangan

Monaghan County Council

Mr. Brendan Hughes
Mr. Hugh Mc Elvaney
Mr. Brian Mc Kenna
Mr. William Mc Kenna

Members elected under Health Board (Election of Members) Regulations, 1972

Dr. Declan Bedford
Dr. Paul Mc Carthy
Dr. Alfred Nicholson
Mr. Maurice Stokes

Registered Dentist

Dr. Patrick O'Neill

Registered Pharmaceutical Chemist

Ms. Grainne Tipping

Registered Nurse

Ms. Nancy Allen

Registered Psychiatric Nurse

Mr. Paudge Connolly

Minister's Nominees

Mr. Danny Brady
Mr. Brian O'Neill
Mr. Thomas Reilly
*Mr. Patsy Treanor
*Mr. Jim Cousins,
**Nominated by Minister for Health &
Children to fill vacancies under the
medical practitioner category.*

Members of the North Eastern Health Board Standing Committees

Hospital

***Mr. Declan Breathnach
(Board Chairman)**
***Mr. James Mangan
(Board Vice-Chairman)**

Mr. John Farrelly
Mr. Patrick Conaty
Mr. Brian Fitzgerald
Mr. Hugh Mc Elvaney
Dr. Declan Bedford
Mr. Paudge Connolly, T.D.
Mr. William Mc Kenna
Mr. Jimmy Mulroy
Mr. Peter Savage
Ms. Grainne Tipping
Ms. Nancy Allen
Mr. Maurice Stokes
Mr. Finnan Mc Coy
Mr. Brian Mc Kenna

Community

***Mr. Declan Breathnach
(Board Chairman)**
***Mr. James Mangan
(Board Vice-Chairman)**

Mr. Gerry Murray
Mr. Eddie Feeley
Mr. Brendan Hughes
Mr. Michael Lynch
Dr. Patrick O'Neill
Mr. Patrick O'Reilly
Dr. Alf Nicolson
Dr. Paul Mc Carthy
Mr. Tommy Reilly
Mr. Danny Brady
Mr. Jim Cousins
Mr. Patsy Treanor
Mr. Brian O'Neill

*Chairman and Vice Chairman are ex officio members of both Committees

Management Team as at 31st December 2004

Mr. Paul Robinson, Chief Officer

Mr. Geoff Day, Assistant Chief Officer – Regional Services

Mr. Tadhg O'Brien, Assistant Chief Officer – Acute Hospital Services

Ms Jane Carolan, Assistant Chief Officer – Community Services

Mr. Jim Reilly, Assistant Chief Officer – Governance and Strategic Planning

Dr. Fenton Howell, Director of Public Health and Planning

Mr. Seoirse O hAodha, Head of Finance

Mr. Eamon O'Brien, Director of Human Resources

Mr. Fran Thompson, Director of Information Systems

Mr. Jim Curran, Technical Services Officer and Director of Capital Projects

Mr. Pat Smyth, General Manager, Chief Executive's Office

Ms. Rosaleen Harlin, Communications Director

Message from the Chief Officer

In line with the Governments proposals for the reform of the Health Services announced in June 2003, responsibility for the delivery of services will be assumed by the Health Service Executive on January 1st 2005. Accordingly, this is the last Annual Report for the North Eastern Health Board.

In December we published a short history of the North Eastern Health Board. This history was written to record, acknowledge and celebrate the achievements of the Board and its staff over the last 33 years. The Ireland of today is very different from that of 1971 when health boards were established. Economic growth was in its infancy, unemployment and emigration were high and infrastructure was underdeveloped. The health status of the population was significantly lower than it is today, and general standards of living were substantially below European norms.

The changes, expansion and improvements in service which have occurred in the North East since 1971 were chronicled in the history, together with an outline of some of the key changes in health status. These demonstrate the level of commitment, competence and dedication which has been shown by people – Board Members and Staff of all grades and professions - down through the years and going forward into the future. We should not forget that this was achieved through the present structures, both nationally and in the North East. However, no organisation can stay static and the need for reform of the health services has been evident for some time, given the growing complexity of health care and the scale of activity which we have today.

I would like to thank the outgoing Members of the Board for their support and cooperation, and especially to thank the Chairman, Mr. Declan Breathnach, who has championed the cause of this Board and its services.

I would also like to acknowledge and record my thanks for the continuing support and assistance provided by the Department of Health & Children and the interim Health Service Executive during the year.

I wish to formally record my appreciation and thanks to all the staff of the Board who continued to provide a very high level of quality service to our patients, clients and community. It is their professionalism, hard work and commitment that ensures continued service enhancements and considerable benefits for the users of our services while still managing to live within our budget. The new health system will depend on the skill, dedication and commitment of those who are currently working for the health services and who will continue to work with that same dedication and commitment.

I would also like to pay tribute to the members of the corporate management team who during 2004 had to contend with not only uncertainty about their futures but also with some members being seconded to the interim Health Service Executive Change Management Team on either a full-time or part-time basis and the additional pressures this created.

The North East has experienced unprecedented economic development and population growth in recent years. This has resulted in the Board being seriously challenged to provide an adequate and appropriate level of health and personal social services to the people in the region within the resources provided. The following contribute directly to the challenges faced by the Board:-

- Demographic changes including increasing numbers of new Irish citizens and asylum seekers;
- Serious deficiencies in regional and general hospital specialties;
- Serious pressures on primary, community and continuing care services.

These issues have been highlighted in the report “Deficiencies in Services and Infrastructure in the North Eastern Health Board”, which was presented to the outgoing Board in April 2004 and subsequently submitted to the Department of Health and Children and the Interim HSE.

The huge increase in the population of the North East region has had a significant impact on services. The 2002 Census showed that the population of the NEHB had increased by 12.7% or 38,771 since 1996. There are already indications that the population continues to rise significantly particularly in the eastern section of the Board’s area since the 2002 census. This will result in even further pressure being placed on already stretched services.

The service deficits identified by the Board arising from this increase in population have not been addressed in allocations from the Department of Health and Children to date, and consequently affects the Board’s service delivery to patients and clients. The requirement to control staffing numbers within the Department of Health and Children specified ceiling is also seriously impacting on service delivery. The nature of the health service is such that demand for services must be met without delay because of the pain and suffering being experienced by patients and/or clients. The Board’s duty of care cannot be ignored but does result in increased pressures on staff and resources. Providing for up to an additional 15% in our population is the principal cause of our service difficulties.

During 2004 services, particularly to Non-Nationals/Asylum Seekers, Elderly, Childcare and in the Acute Hospitals, were subject to considerable pressures. Emergency admissions in the acute sector, together with the historic core under-funding of the service, which has been continuously highlighted are some of the principal factors contributing to the pressures. Direct patient costs have increased by 15% since 2003 in the acute hospitals, illustrating the ongoing effects of the increased activity together with inflationary elements.

The report “Current issues and concerns in providing health and social care” at the Mosney Accommodation Centre for Asylum Seekers, which was submitted to the Department of Health and Children highlights an estimated

unfunded cost of approximately €1.0 million to provide the services in 2004. No specific allocation for the Mosney centre has ever been made to the Board. The number of residents in Mosney at 30th September 2004 was 732. Providing health and social care services at the facility is causing great strain on our staff and resources. It also has a negative roll-on effect on the services available to the general public.

Partnership and Valuing Communities is one of the high level goals in our Strategy for the people of the North East. In addition to formal working under the auspices of the Regional Partnership Committee, we are committed to engaging with service users, agencies and the wider community to achieve better health and well-being. Partnership in the broader sense means working with our staff, voluntary and statutory bodies and the communities we serve.

The Board continued to pursue better Value for Money through effective and efficient use of resources to meet, and if possible to exceed, the targets set in the letter of determination. A Value for Money (VFM) Steering Committee was set up in July 2003 on a partnership basis in order to promote a VFM ethos within the Board. This group met regularly in 2004 to review progress in a number of areas within the Board.

In summary, 2004 was another challenging year for the North Eastern Health Board. An increasing range and quantity of services was provided for the resident population despite budgetary and staffing constraints. This fact is highlighted throughout the annual report, a document that testifies to our continuing commitment to excellence in what we do and in the services we provide to the people we are privileged to serve.

Paul Robinson
Chief Officer

Profile of the Region

NEHB Population

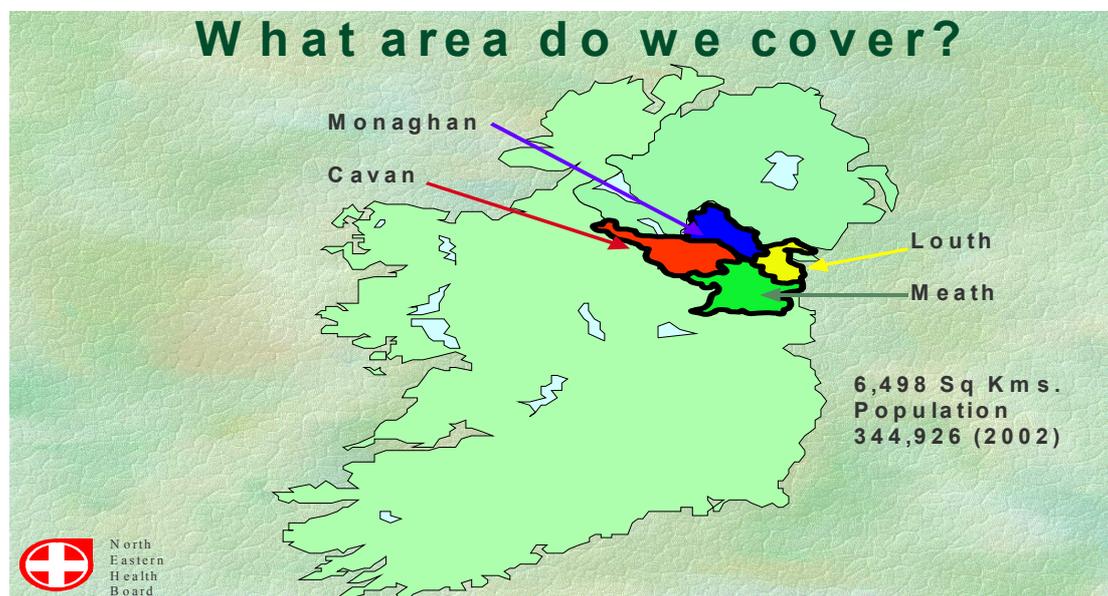


Figure 1: NEHB Region and Population Map

The North Eastern Health Board covers the counties of Cavan, Louth, Meath and Monaghan as outlined in Figure 1. The size and the structure of the population in the north-east have a significant impact on the prevalence of disease and disability in the region and on service provision. Figure 2 outlines the increase in the NEHB population since the health boards were set up. The population in the region has risen from just less than 250,000 in 1971 to 344,965 in 2002. The rise in the population in the NEHB (12.7%) between 1996 and 2002 was higher than in any other board region and far higher than the 8% rise seen in the overall population in the country.

Population

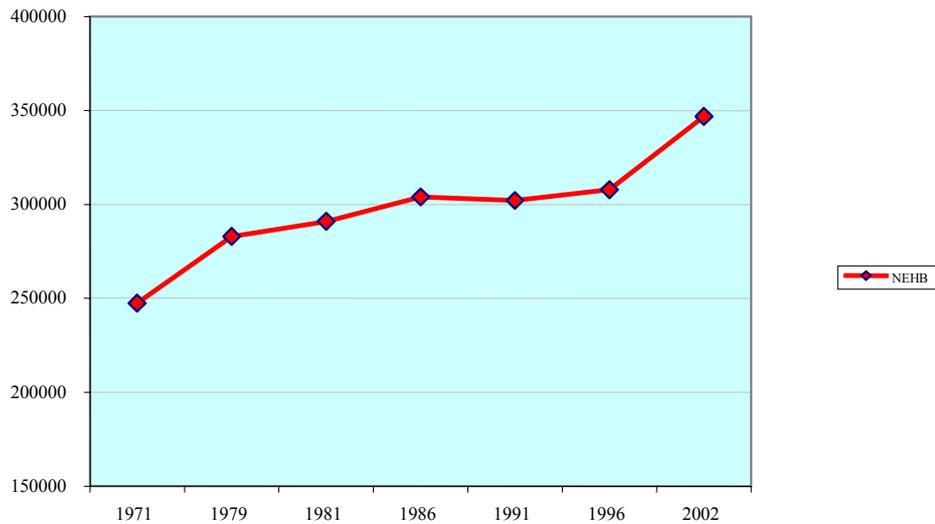


Figure 2: NEHB Population 1971-2002

Population Trends by County

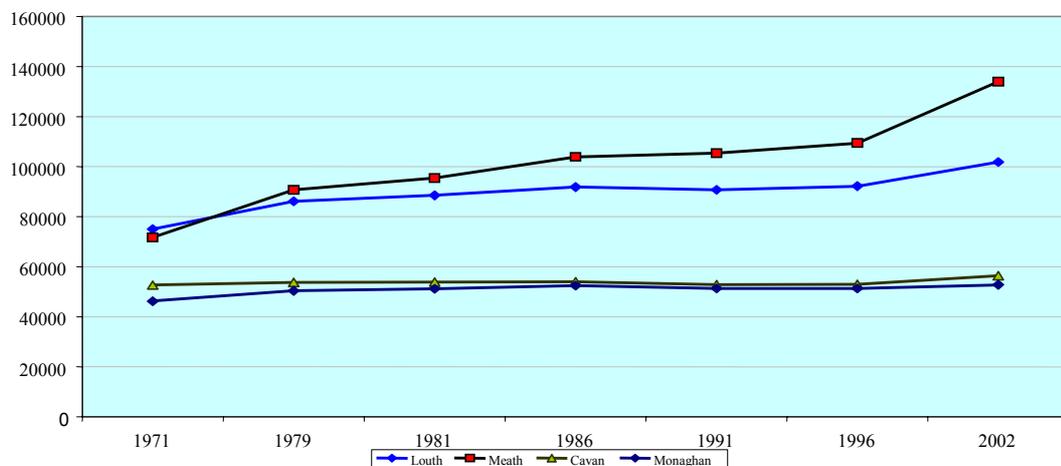


Figure 3: NEHB County populations 1971-2002

Figure 3 outlines the population growth in the constituent counties in the region. Whilst the populations in Cavan and Monaghan have been relatively stable, there have been marked increases in the populations of Louth and Meath, with a significant acceleration of growth in Meath between 1996 and 2002.

The population in the region increased by 99,386 between 1971 and 2002 (**Figure 2**). Of this increase, 62,207 occurred in Meath, 26,851 occurred in Louth, 6,530 occurred in Monaghan and 3,798 occurred in Cavan. Meath has

experienced a massive 86.7% increase in its population since 1971 compared with 35.8% in Louth 14.1% in Monaghan and 7.2% in Cavan (**Figure 3**).

Since 1996 Meath has had the biggest growth in population in the country with an increase in population of 24,204 or 22.1%. Louth has grown from 92,166 in 1996 to 101,802, an increase of 10.5%; Cavan has increased from 52,944 to 56,416, a growth of 6.6% and Monaghan has grown from 51,313 to 52,772 a growth of 2.8%, the smallest growth for any county in the country.

Within counties, the population growth has varied since 1996. Within Meath, the Dunshaughlin Rural and the Navan Rural areas have seen increases of 7,000 each in their population. The area south of Drogheda (Laytown, Bettystown, Duleek, Ardcaith etc.) has seen an increase of some 5,000, with Trim Rural increasing by 4,000 and Kells Rural by 1,000.

Within Louth, most of the increase in population has occurred in the south of the county (61%). Drogheda Urban area, which grew by 15.7%, is now the biggest centre of population in the region at 28,308 followed by Dundalk Urban at 27,399, which grew by 6.4%.

Within Cavan, the growth has been well distributed throughout, whilst in Monaghan 44.6% of the growth is in Carrickmacross Rural area.

Age Structure

The age distribution within a population has a major impact on service demand and service delivery. The changes in the size, age profile, distribution and diversity of the population have posed new and increasing challenges in recent years and will continue to do so in the years to come.

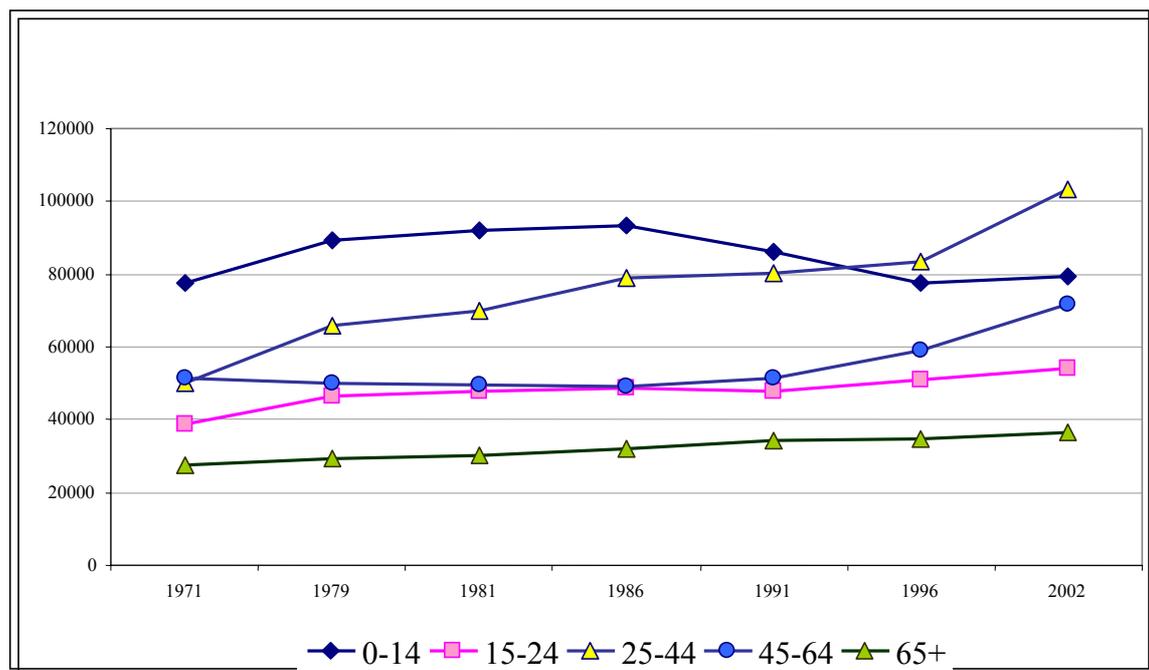


Figure 4: NEHB population by age group 1971-2002

Figure 4 outlines the growth in the various population age-groups in the region since 1971. The most dramatic increase is seen in the 25-44 age-group with a doubling of their numbers between 1971 and 2002. There has also been a large increase in those aged 45-64 during the 1990s. The proportion of persons aged 65 years and over has remained relatively stable in recent years at 11%.

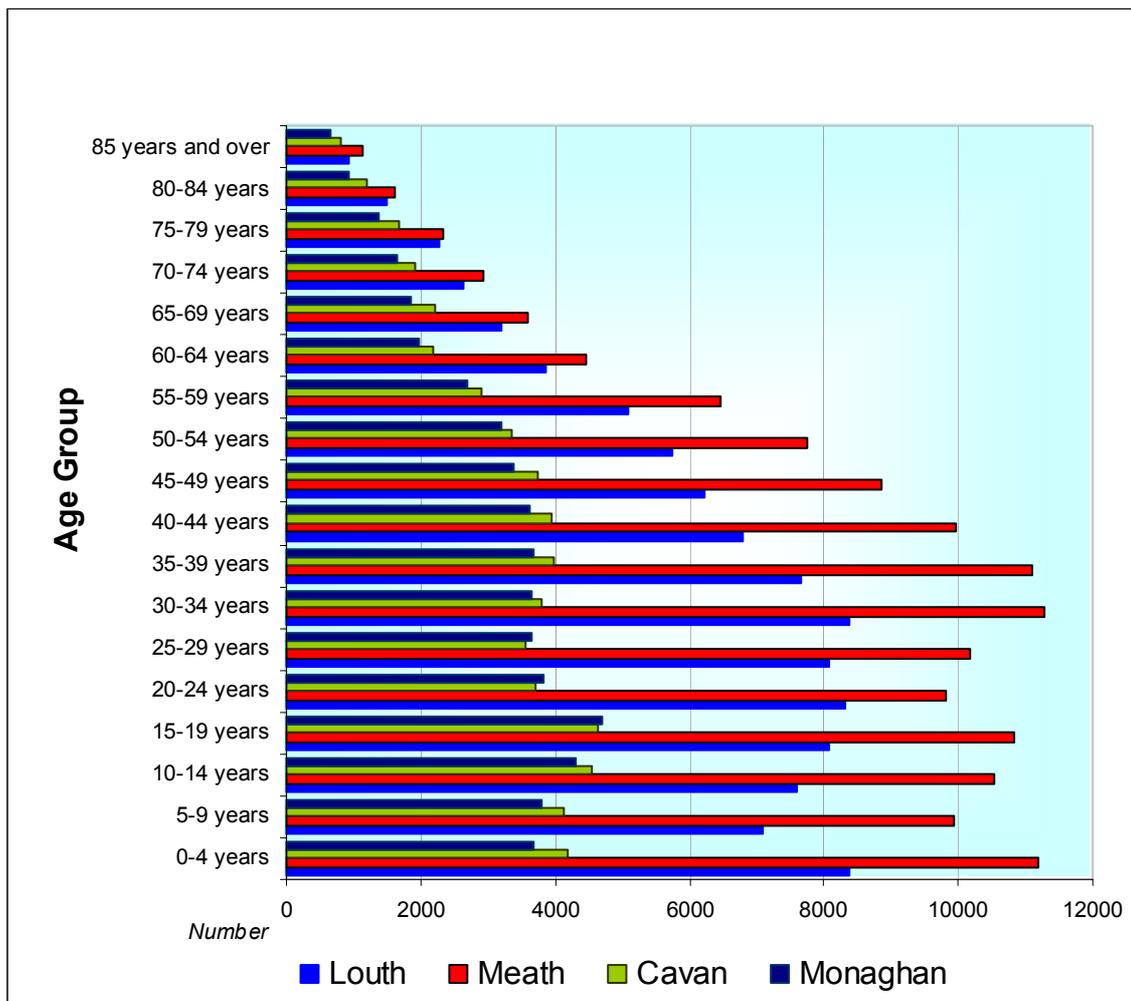


Figure 5: NEHB population by age group 1971-2002

Figure 5 outlines the population numbers by age-group in each of the counties in the region. Whilst there are more people living in Meath and Louth across all age-groups, it is particularly noticeable in the younger age groups. The large number of people under 30 years of age in Meath and Louth and the continued movement of people coming to live in these counties from Dublin in particular, are likely to lead to further significant increases in the populations of Meath and Louth in the coming years.

Population of the NEHB by County and Age Group

From a regional perspective, Meath, with a total population of 133,936 is the most heavily populated county across all ages, although the gap narrows between counties from age 60 onwards. Of note in Meath is the fact that the three largest single groups are those between 30 to 34 years of age, those between 35 to 39 years of age, and those aged 0 to 4. The population breakdown in County Louth (101,802) is very similar to that of County Meath. Those aged 30 to 34 year olds, along with 0 to 4 year olds are also the two single largest groups in Louth. In contrast, the population of Cavan (56,416) and Monaghan (52,772) are much smaller than those of Meath and Louth, and show a more even distribution across the various age groups. Significantly smaller proportions of 0 to 4 year olds live in Cavan and Monaghan. In addition, unlike Meath and Louth, Cavan and Monaghan show relatively stable numbers of people aged between 20 and 50 years. (See **Figure 5**).

The impact of the significant population increase in the region along with the changes in age profile, distribution and diversity of the population have posed new and increasing challenges in recent years and will continue to do so in the years to come. These challenges relate to planning and delivering services based on the unique needs of the people of the north east, identifying those in greatest need and providing responsive and appropriate services. Consideration also needs to be given to those groups who have additional needs including those with a disability, Travellers, asylum seekers and the homeless.

Financial Review 2004

The demand for services provided by the board continued at a high level during 2004. Gross expenditure amounted to €622m compared to €570m in 2003 an increase of 9.1%. The Department of Health and Children provided a health grant of €565.2m. Income generated by the board amounted to €52.7m. A deficit of €0.7m was carried forward to 2005. Over 60% of the deficit resulted from loss of income in December 2004 from long stay patients following the Minister for Health and Children's decision to cease charging patients.

Table A below outlines the distribution of gross expenditure in 2004.

Element	€m	% of Total
Acute Hospitals	257.5	41.4%
Mental Health Services	47.2	7.6%
Community Welfare Programme	115.4	18.5%
Community Health Service	59.5	9.6%
Community Homes and Hospital	40.5	6.5%
Community Support Services	47.1	7.6%
Community Protection Programme	3.9	0.6%
Other Community Services	22.9	3.7%
Central Services	28.0	4.5%
Total	622.0	100%

Source: Draft Financial Statements 2004

Table B shows the breakdown of expenditure between pay, non-pay and income:

Element	€m	% of Gross Expenditure
Pay	365.0	58.7%
Non-Pay	257.0	41.3%
Total Gross Expenditure	622.0	100.0%

Income	52.7	8.5%
Total Net Expenditure	569.3	91.5%

Source: Draft NEHB Annual Financial Statements 2004

The pay cost for the Board in 2004 was €365m which accounts for 58.7% of total expenditure. The Board provides a people enabled service which is reflected in the significant cost of pay. Table C sets out how pay costs are distributed among the various employee categories and highlights the average pay costs for each category.

	Total Pay	% of Total Pay	No of Approved Whole Time Equivalent Positions	Average pay per employee in category
	€			€
Medical and Dental	58,361,669	16%	492	118,621
Maintenance	4,076,571	1%	106	38,458
Nursing	122,487,443	34%	2,328	52,615
Health and Social Services	33,177,414	9%	727	45,636
Management and Administration	47,073,264	12%	1,293	36,406
Support Services	79,304,813	22%	2,237	35,451
Pensions	20,549,867	6%	1,153	17,823
All Categories	365,031,041	100%	8,336	43,790

Source: Draft NEHB Annual Financial Statements 2004

Capital Expenditure

The Board spent €16.1m on capital projects in 2004 compared with €14.2m in the previous year. There were 15 new projects undertaken during the year and submissions were made to the Department of Health and Children on an ongoing basis for approval of capital funding. There is a continuous need to develop and enhance infrastructure within the region.

Voluntary Agencies

The Board assists through its funding, many organisations and groups in the area who provide services to a wide range of clients. The St. John of God Order received the highest grant in 2004, €24.3m for residential services at St. Mary's Drumcar, Co Louth.

Grants in excess of €6,000 were paid to 126 other organisations while 109 organisations received grants of under €6,000. In 2004 the total value of all grants to voluntary organisations was €50.4m

Supplementary Welfare Allowance

The Board administers the supplementary welfare allowance scheme on behalf of the Department of Social, Community and Family Affairs. The allowances are paid directly by that department but the Board spent €3.4m on the service in 2004. This is re-couped from the Department of Social Community and Family Affairs.

Housing Aid for the Elderly

The Board operates this scheme on an agency basis for the Department of the Environment to carry out repairs and upgrade houses of the elderly across the region. The scheme is much appreciated by those who avail of it and contributes to the policy of maintaining everyone in the community for as long as possible. It is a very successful scheme which is funded by the Department of the Environment. Expenditure in 2004 was €1.7m.

CAWT Project

The Board links with a number of health agencies on both sides of the border in projects targeted at improving health and social services in the CAWT area. A number of projects and initiatives are ongoing and expenditure by NEHB in 2004 was €224,212. Allocation of €10.5m for projects in the CAWT region for the period to 31st December 2008 have been approved from the Interreg III A Programme.

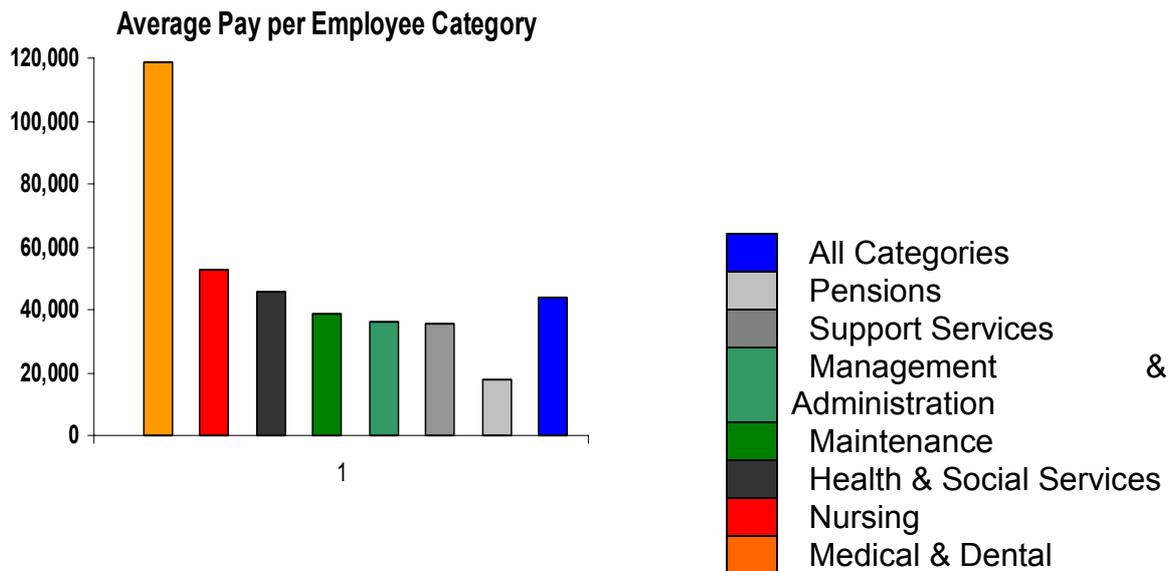
Prompt Payment of Accounts Act 1997

The Prompt Payment of Accounts Act, 1997 applies to the Board as does EU regulation introduced in 2002. These regulations require that all payments to creditors be made within 30 days. Failure to pay on time results in the payment of penalty interest. Cash flow management is monitored closely and staff have dealt successfully with the regulations; interest paid on late payments in 2004 amounted to € 10,928 (€11,410 in 2003). The Board paid in excess of 99% of its invoices on time in 2004.

Annual Accounts

The Board's Annual Financial Statements 2003 were adopted by the Board in March 2004 and later audited by the Comptroller and Auditor General. The 2004 Annual Financial Statements were submitted to the Comptroller and Auditor General in March 2005. The Board's Draft balance sheet as at 31st December 2004 is shown in Table D

Table D: Balance Sheet of the NEHB as at 31 st December 2004		
	31/12/04	31/12/03
Fixed Assets	€	€
Tangible Assets	248,375,868	239,125,404
Financial Assets	-	-
	248,375,868	239,125,404
Current Assets		
Stocks	5,754,963	5,590,563
Debtors	72,480,513	70,382,827
Cash at bank or in hand	-	2,736,354
	78,235,476	78,709,744
Creditors		
Bank Loans and Overdrafts	11,736,310	-
Other Creditors	67,389,651	75,957,301
	79,125,961	75,957,301
TOTAL ASSETS LESS LIABILITIES	247,485,383	241,877,847
CAPITAL AND RESERVES		
Non-Capital Income & Expenditure Account	(729,537)	3,341,379
Capital Fund:-		
Capitalisation Account		
248,375,868		
Deficit on Capital Income & expenditure Account (1,940,819)		
	246,435,049	236,926,756
Deferred Income Account	1,779,871	1,609,712
	247,485,383	241,877,847



OUR SERVICES

REGIONAL SERVICES

Primary Care Services

The main role of the Primary Care Service, which incorporates General Practice, Pharmacy, Dental and Optometry Services, is to support and develop the organisation and delivery of these services to the highest standard, within available resources.

General Practitioner Services in the North Eastern Health Board (NEHB) are provided by 151 GPs operating out of 98 GP Practices of which 78 employ a practice nurse. Approximately 98,741 people or 28.72% of the population have full medical card eligibility.

The North East Doctor-on Call Service (NEDOC) provides out-of-hours family doctor services to patients of participating practices (approximately 85% of the population of the region) from 6pm to 8am, Monday to Friday and 24 hours at week-ends and on public holidays.

In July 2004 the NEHB "Guidelines for Best Practice in General Practice Setting" were published. This was the result of an extensive cross disciplinary working initiative involving many different professionals within the NEHB and GPs within the region. The guidelines, which have been endorsed by the Irish College of General Practitioners (ICGP), have now been circulated to all GP Practices in the region.

Primary Care services produced a CD of referral forms which are frequently used by GPs when referring patients to services within the NEHB. The CD, which contains approximately 150 referral forms, represents a low cost, low technology initiative offering many benefits. It ensures standardisation of forms, reduces the volumes of paper in circulation and provides a single point of access for GPs to all relevant referral forms.

The out-of-hours Centre in Castleblayney was re-located. A Health Board premises on the grounds of Rath na nOg Children's Centre in Castleblayney was renovated to meet the specific needs of the service. Transfer to the modern, well-equipped, accessible premises was completed in November 2004.

The NEHB 24-Hour Information Line continued to develop. In excess of 7,500 calls have been received since the introduction of the service in December 2002, indicating the need for such a service in the region. The Information Line has also proved to be a valuable resource to the Board in dealing with specific issues and unforeseen circumstances which occurred throughout the year.

Work to develop a Dental IT System within a new National Dental IT Plan commenced and a project group, with links to the National Implementation Group, was established. Extensive work was carried out during the year in relation to capital equipment and also staff training.

Contracts have been negotiated with service providers in Northern Ireland to secure general anaesthetics for dental procedures, which will result in significant savings to the Board as compared to sourcing the service from private hospitals in the Republic.

In June, a total of 258 residents and day care service users in St. Joseph's Hospital, Trim participated in a pilot survey of the dental needs of older people. Questionnaires were distributed to both clients and staff, 82% of which were completed. Data analysis will be carried out and a report on the findings will be available in early 2005.

Pharmacists in the region participated in a project involving patients who are on Warfarin therapy to ensure improved monitoring and thereby reducing the risks to this client group.

The Diabetes Pilot Initiative has been extended to each of the GP training practices and there are currently more than 450 patients enrolled in the programme. "Diabetes Watch" includes interventions from GPs, Chiropody, Ophthalmology and Hospital Services. The initiative is currently being evaluated by the Department of Public Health in conjunction with Primary Care Services.

Primary Care Services in conjunction with Physiotherapy Services across the region developed a GP Referral Physiotherapy Service under the Primary Care Strategy. This service, which commenced during 2004, can be accessed by General Practitioners from across the region.

The Primary Care Strategy identified the need to establish 'mechanisms for active community involvement in primary care teams'. With this in mind the Virginia Community Health Forum was established in December 2004. The forum is representative of clinical and administrative staff from the Virginia Primary Care Team, the Director of Primary Care Services and four representatives from the Community. The forum will work on a number of themes aimed at integrating and promoting community participation in 2005.

A focused, cohesive approach to the management of Asthma and Chronic Obstructive Airways Disease (COPD) has been developed by the Primary Care Team in Virginia. This includes the training of various members of the Multidisciplinary Team in the assessment and diagnosis of the disease, the setting up of clinics and the provision of information sessions at open evenings.

Significant work took place during 2004 in relation to the Extranet Laboratory Links Project. Following a feasibility analysis and discussion with lab

personnel and lab vendors the implementation of laboratory results from the Drogheda Laboratory system was carried out with results being made available to a number of GP Practices. This work was carried out in line with national HEBE messaging standards.

Work with the Our Lady of Lourdes, Drogheda Radiology Department to make radiology results available electronically to GP practices progressed in 2004. It is estimated that the number of electronic results transmitted by the end of 2004 was in the region of 25,000.

Activity Data - Out of Hours Services

Activity	2004	2003	2004 v 2003
NEDOC	73,462	70,574	+4%
Telephone Advice Only	24,861	22,562	+10%
Treatment Centre	40,802	39,939	+2%
Home Visit	7,799	8,073	-3%
MIDOC	39,063	23,433	+67%
TOTAL	112,525	94,007	+20%

Adult Mental Health Services

The Mental Health Service aims to promote and protect the mental health and well being of the population of the north east. It endeavours, through its staff, to provide comprehensive, integrated, community-based services and acute hospital inpatient and out-patient services, which are client centred, appropriate and responsive to the needs of individuals, families and the community. Services are provided based on two catchment areas: Cavan/Monaghan and Louth/Meath. Acute inpatient services are provided at St. Davnet's Hospital, Monaghan; Cavan General Hospital; St. Brigid's Hospital, Ardee; and Our Lady's Hospital, Navan. Specialist mental health services in rehabilitation psychiatry and psychiatry of old age are also in place. The service also works in liaison with voluntary and statutory agencies. It supports educational and research activities and strives for high standards within a modern service.

A new Day Care and outpatient facility was opened as part of the Louth/Meath Mental Health Service in Kells. It has facilitated the extension of both the number of attendees and the range of therapies provided in the area. It also provides more suitable accommodation for out patient clinics and has assisted with an increase in the number of patients attending clinics. It also provides a venue to support partnership with voluntary organisations e.g. MHA, Aware, Grow.

Having reached agreement with staff associations the newly constructed Monaghan Staffed Hostel (Woodvale) opened in August, facilitating the closure of the last two long stay wards of St. Davnet's Hospital, Monaghan. This development represents one of the final steps in re-orientating from a

district mental hospital service to a community mental health service in Cavan/Monaghan.

A liaison nurse specialist in deliberate self-harm/parasuicide was appointed to Our Lady of Lourdes Hospital, Drogheda. This appointment supports the service provided in the Dundalk area since 2001 and further enhances the support to victims of parasuicide, offering early follow-up and support on an outpatient basis. A total of 143 clients have availed of the new service in 2004.

Due to ongoing evolution within the service it was possible to achieve the amalgamation of Carrickmacross Staffed Hostel and Castleblayney Staffed Hostel on the Castleblayney site and consequently to use the Carrickmacross accommodation for the delivery of a range of community mental health services for South County Monaghan.

The services in the North Louth sector were further enhanced with the appointment of a permanent consultant psychiatrist in general adult mental health.

Information technology (IT) networks were extended throughout the service into day services and all sector offices. This has improved the communication network and has also made it possible to allow for IT training for clients who attend the day centres.

Two senior psychologists and a second student psychologist were recruited in County Louth as well as two additional social workers. This allows for further development of the multi-disciplinary teams in the county and expands access to the specialist skills available from these personnel.

A patient focus group was established in Drogheda. This group is involved in the running of the day centre and is a forum through which staff can canvass for patient views on service development.

A two year CAWT cross border mental health promotion project commenced in 2004 with significant input from Cavan Monaghan Mental Health Service personnel.

Patient satisfaction surveys were carried out in most areas in the service and the results of these considered as part of the service improvement and planning process.

Activity Data	2003	2004	2003 v 2004
Cavan Monaghan Mental Health Service			
All Admissions	208	221	+6.25%
1 st Admissions	71	56	-21.13%
Louth Meath Mental Health Service			
All Admissions	737	708	-3.93%
1 st Admissions	198	191	-3.54%

Ambulance Services

The NEHB Ambulance Service provides pre-hospital emergency care for the population of the North East and is responsible for the care and transportation of the seriously ill and injured to, and between hospitals. The ambulance service provides a non-urgent patient transport service that operates within and outside the NEHB region. It also has responsibility for the planning, co-ordination and provision of a comprehensive and common region-wide response in the event of a major emergency. The year-on-year increased demand for ambulance services reflects the changing demographic profile in the NEHB region.

Five new Accident and Emergency vehicles were commissioned during the year.

The Ambulance Service, in collaboration with the Health Promotion Department, Environmental Health Services, Local Authorities and the Gardaí, planned, co-ordinated and provided emergency medical cover at a number of outdoor crowd events in 2004.

The Computer Aided Despatch System (CAD), which was installed in 2003, was commissioned in 2004 and has greatly enhanced the responsiveness and efficiency of the control centre.

Basic Life Support training, including defibrillation, was made available to industry, business, statutory organisations and clubs in the region.

The Ambulance Service provided First Responder Training courses to members of local Fire Services and the Civil Defence, which not only develops and enhances individual's skills, but also increased co-operation and integration between the services.

The Patient Transport System, introduced on a trial basis in 2003, proved very successful in freeing up emergency vehicles enabling them to respond to more serious incidents. Work has already begun to expand and develop the service to enable the efficient transport of more diverse types of patients with a broader range of conditions.

Activity Data

Type of Call	2003	2004	2004 v 2003
999 A&E calls	11,887	12,814	+ 8%
Urgent calls	3,931	5,110	+ 30%
Planned calls	9,427	9,799	+ 4%
Dublin calls	4,414	4,082	- 8%

Health Promotion

Health Promotion is the process of enabling people to maintain and promote their own health. It aims to enhance the ability of individuals, communities and several sub-population groups to achieve this in a number of different ways including education, advocacy, marketing, preventative measures, creating supportive environments etc. and ultimately making the healthier choice the easier choice.

The smoking cessation programme, in conjunction with hospital services, helped over 2,800 people to quit smoking (36% success rate after three months) during 2004. In partnership with the Irish Heart Foundation and with the assistance of the Inequalities Funding, a pilot community based smoking cessation service was established in seven housing estates identified within areas of deprivation in the region. The service was delivered by trained Lay Health Advocates from these areas and is currently being evaluated.

In line with “Heartwatch” the community nutrition service held 1,031 clinics treating 6,187 clients. A ‘Stages of Change’ training tool was developed and published to assist all health professionals to engage with clients who require lifestyle behaviour change. The ‘Cook-It’ training programme, aimed at enhancing the nutritional intake of disadvantaged sectors was delivered to fifteen groups (105 persons) with the ‘Cook-It’ Leadership course delivered to 35 persons enabling sustained delivery of the programme across communities.

A home-based physical activity pack, published in both English and Irish, was developed for clients who do not currently exercise to enable them to re-introduce physical activity at a safe pace. Similarly, a physical activity wellness programme for staff was delivered across the region.

The substance misuse programme provided a range of courses, including 40 needs-based community drug awareness courses, 20 life skills drugs awareness courses, 50 drug information and awareness seminars, with inputs into the Social, Personal Health Education (SPHE) teacher training programme, primary healthcare workers training, and training for healthcare professionals including trainee GPs, and general and psychiatric nurses.

In collaboration with the Co-operation and Working Together (CAWT) partners, a cross border ‘Steering to Safety’ project commenced with the aim of reducing the number of road traffic accidents in the border counties. A multi-sectoral project advisory committee was established to guide the process including representation from the PSNI, An Garda Síochána and other relevant agencies.

The workplace health promotion service implemented programmes across the healthcare, public and private sectors including:

- Nineteen staff representatives completed the comprehensive training programme and implemented dependency projects in their own workplaces as part of the Euridice project.

- Two 6-week smoking cessation courses were delivered to Monaghan County Council and Louth County Council.
- A 6-week healthy workplace training programme was developed and delivered to Louth County Council's workplace well-being committee.
- A 10-week physical activity programme was delivered to Monaghan County Council staff.
- In conjunction with CAWT, health and wellbeing policy formulation programmes were delivered to 5 major businesses in the region.

Mental Health Promotion continued to develop and sustain five Local Action Groups who provide a range of services aimed at mobilizing communities to identify and respond to 'At Risk' behaviour. The ASIST (Applied Suicide Intervention Skills Training) Programme was initiated in 2004 and 50 targeted individuals, in both statutory and voluntary settings, received training.

The youth health service provided sexual health and family planning training for teachers, persons working in the Disability Services, Youth Federations, and Youth Reach etc. The youth health web site at www.youthhealthne.ie continued its interactive service.

The Healthy Schools Initiative (SPHE) was intensified with training, development of Nutrition Policies (13), Fitness Challenge Workshops (10), Play Ground Markings (6) and Substance Misuse Policy Development (7). This work was strengthened by three Summer Schools comprising 60 participants.

Child and Adolescent Health Services

Child and adolescent health services continued to be provided through health promotion, illness prevention, immunisation programmes and child health screening and surveillance. In addition, children and their families were provided for through primary care and a range of hospital and community-based specialist services. Specific disciplines working with children and their families in the community included public health nursing, the area medical officer service, dentistry, psychology, speech and language therapy, occupational therapy, physiotherapy, child psychiatry, audiology, ophthalmology and the dietetics service.

The provision of services was underpinned by a model of child health which recognised and valued the role of families, children and young people as partners in the process of promoting and maintaining health. It adopted a best practice and evidence based approach to the development and delivery of services. An integrated approach to service planning and evaluation continued to be developed, and this was strengthened by collaboration with other relevant statutory and voluntary organisations.

The Regional Steering Committee for Child and Adolescent Health Services provided strategic direction for all service developments. In doing so it worked closely with local area services and reflected relevant national and regional

strategies. It also liaised closely with the national Programme of Action for Children (PAC).

The findings of the Child Health Demonstration Project surveys continued to be implemented through the provision of specific funding to the local committees to address issues identified in the consumer survey. Meath local committee established a working group to examine the information needs of parents. Cavan/Monaghan committee, through the adolescent health project, established youth consumer panels. Louth committee mapped a care pathway for children through the services.

The Adolescent Health Demonstration Project continued to be implemented. The action plan was developed and began to be implemented. Service adjustments were identified and recommended changes facilitated. A comprehensive summer programme was rolled out. The overall aim of the Project is to develop a more Adolescent Friendly Health Service in the catchment area of Cootehill and Ballybay. The unique element of the Project is the emphasis placed on engaging parents, adolescents, health service providers and the local community in the change process.

The findings of the Birthing and Babies Study were disseminated. This report, carried out by the University of Ulster, explored the educational needs of expectant mothers and new mothers and developed a preparation for parenthood education framework. The findings of the report informed the antenatal education initiative developed in Meath Community Care Area.

A framework was agreed for the assessment of project proposals developed to address health inequalities. 18 projects were established and supported. A comprehensive interim review was carried out of individual projects and overall implementation of the initiative in October 2004. It was decided to provide additional funding to the projects to allow implementation continue into 2005. Funds were also allocated to allow for an external evaluation of the initiative.

The training programme on child health surveillance for Public Health Nurses and Area Medical Officers began to be implemented. Staff sat on the National Expert Group and the national Surveillance Programme Review Group. The Training Officer and Clinical Trainer attended the Training the Trainer's Course and the programme was officially launched. A total of 149 Public Health Nurses and Area Medical Officers have attended the first module on Health Promotion. Planning work commenced for modules two and three on Vision and Hearing screening.

Three service reviews were commenced with the aim of auditing current service provision against the recommendations of the three national reports: Best Health for Children: Developing a Partnership with Parents (1999), Get Connected: Developing an Adolescent Friendly Health Service (2001) and Investing in Parenthood (2002). The review of adolescent services was

completed and the child health and parent support reviews carried over to 2005 for completion.

In addition, a review of youth service user involvement was commenced. Staff presented the initial findings of the Adolescent Health Demonstration Project at the 2004 European Health Managers Association Annual Conference on Citizen Empowerment.

The development and piloting of the audit tool for child health clinics was completed and approved by the Regional Committee. The audit tool was disseminated for use by the local committees.

A proposal for the introduction of the Parent Health Record was developed which successfully secured funding for implementation from the Health Inequalities Fund. Following consultation, the ICT system which supports the record was agreed and sourced and the training programme for staff developed.

Homeless Services

The objective of this service is to contribute to the reduction and to the ultimate elimination of homelessness in Ireland, and to co-ordinate the activities of the Board in responding to homelessness. It also aims to promote inter departmental co-operation within the Board; between the Board and local authorities and between the statutory authorities and non statutory organisations which provide residential and social services for homeless people.

Monthly interagency review meetings organised and chaired by the Director of Homeless Services were held at Dundalk, Drogheda and Navan to review service provision to homeless people. These meetings were attended by staff from the following services: mental health, community welfare, the housing department from the local authorities and voluntary homeless organisations. They have led to a more integrated service provision to individual homeless people.

The Navan Emergency Accommodation Support Group provides a range of family support services for homeless families which prepare them for transition to medium term or permanent accommodation. It also prepares children from homeless families for school entry.

An Aftercare support group for young adults meets monthly. It is providing a peer led support service for teenagers who have left care.

Mainstream funding was provided for the following projects:

- Dundalk Simon Community
- Drogheda Homeless Aid
- Drogheda Women's Centre
- Castleblayney Trust
- St Vincent De Paul, Cavan

- YIP Project, Dundalk
- Monaghan Neighbourhood Youth Project
- Cavan Rapid Project
- Meath Youth Federation

Women's Health

The Women's Health Implementation Group continues to set the agenda for service change and development, which focus on the needs of women in the region. In collaboration with the Women's Health Implementation Committee, women's health has progressed the implementation of the national and regional plans for women's health. This was achieved in collaboration with various departments, in partnership with women, local communities, statutory and voluntary agencies. The overall aim is to achieve enhanced health outcomes for women and promote women friendly services.

A women's health website was developed. Lack of access to relevant information had been identified as the single greatest gap for women. This gap extends from lack of information on what services are available, how to access these services, to lack of information from health professionals in relation to concerns and treatments. Meanwhile, the Internet is becoming increasingly important as a gateway to health information, offering many benefits such as easy access 24 hours a day and up-to-date health information. The NEHB women's health website now provides this accurate and up to date information on women's health conditions such as reproductive health, menopause, breast and cervical cancer. Up to date news items and links to other reliable sites offering further health information are also available. The information will be used in the development of the National Health Portal.

Pathway of Care for Prevention and Management of Post Natal Depression in Co Louth was developed. Multidisciplinary meetings working towards the implementation of multidisciplinary training sessions on the prevention and management of postnatal depression were facilitated for 62 health professionals. Listening skills for health professionals were facilitated for 28 professionals.

A Peer Education Programme was facilitated in Co Meath in collaboration with Pathways to Progression.

A postnatal support group and drop-in service continued in Dundalk in collaboration with the health promotion department, Public Health Nurses, General Practitioners, maternity services, community parents and the affective disorder team in the mental health services.

A Teenage Parenting Support Programme is now fully operational. Support services in relation to health, education, welfare and housing are now available.

Acted as liaison personnel with National Group of Survivors of Symphysiotomy and facilitated individual assessments and progressed pathways of care for approximately 60 women.

A regional multidisciplinary group working towards developing increased awareness and more co-ordinated service responses in the prevention and management of incontinence was developed.

The partnership arrangement with organizations providing services to women who experience violence was supported and extended. Multidisciplinary and interagency training in relation to recognizing and responding to issues of violence against women has been facilitated throughout the region.

Men's Health

Men's Health is the process of enabling men to be more proactive in taking responsibility for their own health. The overall aim of Men's Health is to achieve enhanced health outcomes for men and promote men-friendly services through working in collaboration with various departments in the North Eastern Health Board and in partnership with men, local communities, statutory and voluntary agencies. Established in 2003, the Men's Health Consultative Committee continues to set the agenda for service change and development, which focuses on the needs of men in the North East region.

The Men's Health Consultative Committee finalised the development of the *The Men's Health Action Plan 2004–2009* and it was published and launched on the 13th December 2004. A website, which provides local and general information on Men's Health issues was also developed.

The Men's Health module, which was developed in 2003 and incorporated into the Board's Health Promotion Training Programmes, was extended to include additional programmes. A men's health module was also provided at a number of conferences during the year including the First National Conference on Men's Health in Wexford on the 1st and 2nd December.

In collaboration with Primary Care Services and the Department of Public Health Medicine, a pilot Men's Cardiovascular Health Initiative was launched in September 2004. This project, which is scheduled to take place over a six month period, invited all men between 30 and 54 years with a registered address in Co. Louth, who are medical card holders with a participating GP to attend for a cardiovascular wellness check. 338 men had participated in this project up to 31st December 2004.

In collaboration with the Royal College of Surgeons in Ireland, the Board supported the development of a Higher Diploma/MSc in Men's Health for commencement in Autumn 2005.

The training programme, Promoting Men's Health Within the Health Services, was delivered to healthcare and community professionals in the Regional

Education Centre, Ardee. The course was also delivered as part of the South Western Area Health Board's Health Promotion training programme.

As part of the NEHB response in relation to addressing the needs of diverse groups, the health needs of male travellers, gay & bi-sexual men, asylum seekers/ refugees, men with a disability, male victims of domestic violence, male farmers and rural bachelors were identified.

Cardiovascular Strategy

The Board's five-year action plan supports the implementation of the recommendations of the National Cardiovascular Health Strategy and aims to contribute to improvements in the cardiovascular health of the population of the North East. Services supporting the five-year plan are delivered in collaboration with Primary Care Services, Health Promotion, Ambulance Services and Acute Hospitals and the Irish Heart Foundation. Significant returns on the implementation the Cardiovascular Health Strategy have been achieved throughout 2004 in the NEHB.

Funding was provided for the appointment of a consultant cardiology post at Our Lady of Lourdes Hospital Drogheda and further staff to support the development of a Regional Chest Pain Service with the recruitment of a registrar, second cardiac technician and clerical support.

Cardiac telemetry monitoring equipment was purchased for Louth County Hospital and Our Lady's Hospital Navan. This will enhance monitoring of patients for cardiac events.

The Cardiac Rehabilitation Programme at Our Lady of Lourdes Hospital moved into a newly developed modern Rehabilitation Laboratory, which will enhance the exercise phase of rehabilitation. The other acute hospitals in the region continue to develop Cardiac Rehabilitation Programmes.

The Heart Failure programmes commenced in 2003 are already indicating a reduction in bed days by patients on the programme who previously would have been admitted to the Wards. 324 new patients commenced on the programmes during 2004.

Cardiac investigation areas continue to develop in the acute hospitals in the region and this has reduced the need for many of our patients to travel to external hospitals. The following is a summary of the tests carried out during 2004 :

- 4,784 echocardiographs;
- 2,807 exercise stress tests;
- 2,310 holter monitor tests;
- 1,619 blood pressure monitor tests.

The 'Heartwatch' initiative is ongoing and over 1,800 patients from the NEHB are now involved, with results showing benefit to the patients in the areas of risk factor reduction for coronary heart disease. The 'Diabetes Watch' initiative

continues to deliver structured care to over 470 patients in the region and the delivery of chiropody and retinopathy programmes is progressing.

A regional forum was developed in 2004 to identify the training needs, equipment and priority areas for placement of Automatic External Defibrillators (AEDS).

Cancer Services

Cancer Services continue to be developed in line with both national and regional strategies aimed at contributing to improvements in cancer care through the development of a more coordinated and structured approach to the delivery of cancer services. Local services are currently provided collaboratively by Primary Care Services, Health Promotion, Community Care Services, Palliative Care Services, and Acute Hospitals.

RIAN Counselling Services

Rian Counselling Service as part of the National Counselling Service, exists to listen to, value and understand those who have been abused in childhood in particular those abused in institutional care. Rian aims to assist clients to live more satisfying lives and in learning from their experiences, strives to prevent further child abuse.

This is a regional service delivered locally in each community care area which provides a professional counselling service for adults in the North Eastern Health Board region who may have experienced neglect, physical, emotional or sexual abuse in their childhood. Rian aims to provide accessible, therapeutic services of the highest quality which are respectful of client choice. It is a directly accessible counselling service which is responsive to and informed by those who use its services. It achieves its objectives by working in partnership with groups representing survivors of abuse, the Commission to Inquire into Child Abuse, other Health Board Services and Community and Voluntary Agencies.

A total of 1086 people have been referred to Rian Counselling Service since it was established in 2000 and has received the highest number of referrals to date of all the counselling services in the country. Activity levels during 2004 within the service are presented in the table below.

	Meath	Louth	Cavan/ Monaghan	Total (at 31-12-2004)
Total Number of Referrals	93 [37%]	80 [31%]	81 [32%]	254
No of Institutional Clients referred				19 (7%)
Available client contact hours per week	28	36	32	96

No Clients currently attending				110
No. of clients who concluded/ discontinued counselling				250
No. of clients awaiting a counselling place				163

In line with the principles of the service, self-referral is encouraged and the majority of clients self-refer to the service. In 2004, 66% of all clients self – referred, a figure in line with patterns in previous years reflecting the service’s accessibility. Family members continue to be an important source of referral with the number of referrals in 2004 from family increasing to 11%.

Regional Community Welfare Service Support Team

The Community Welfare Service seeks to relieve social distress and where possible, helps to prevent its recurrence. This service informs people of the statutory income maintenance services which are available and assists them to avail of the services, and provides financial support where necessary, through the Supplementary Welfare Allowance (SWA) scheme. It seeks to determine eligibility for the Health and Welfare services.

The organisational arrangements for the delivery of the SWA schemes are set out in the Social Welfare (Consolidation) Act, 1993 which states that ‘subject to the general direction and control of the Minister (for Social and Family Affairs) each Health Board shall, in respect of its functional area, be responsible for the administration of the functions relating to Supplementary Welfare Allowance’. The Department of Social and Family Affairs (DSFA) have overall responsibility for the SWA scheme but it is administered as part of the Community Welfare Service in the Health Boards. The Department sets the guidelines for the scheme and informs the Health Boards accordingly.

The Community Welfare Service continued to provide a quality service through direct financial assistance, financial assessments and the provision of an information and referral, advice and advocacy service.

Information packages, containing appropriate claim forms and customer friendly information leaflets explaining conditions of entitlements for different SWA schemes, were developed, printed in 10 languages and implemented. They were distributed to all Community Welfare Services and to all direct provision centres.

The service continues to work with the Department of Justice and all other bodies in relation to Liaison for Asylum Seekers. This work has many varied aspects including the provision of ongoing statistical information for audit and

planning purposes. The number of asylum seekers in the region has increased. The special needs of this group, the complex nature of cases along with language/communication barriers continue to challenge the service.

Traveller Health

Travellers are a distinct minority of Irish people with their own identity, ethnicity and culture. They have experienced disadvantage and discrimination in their interactions with the general population over many years and this has led to Travellers living a marginalised existence with little control or influence over the decisions that affect their lives. This marginalisation has led to Travellers having a much poorer health status than that of the general population with a lower life expectancy and higher instances of infant mortality. There are many factors influencing the health status of the Traveller community including access issues, literacy and the cultural appropriateness of service provision however, the most significant factor is the living environment in which many Travellers find themselves.

The National Census in 2002 indicated that the Traveller community represent 0.6% of the total population or close to 24,000 people. The contrast between the age structure of Traveller and the overall population is still quite stark. 42.2% of travellers are aged between 0 and 14 years of age compared to 21.1% of the overall population. Older Travellers aged 65 and over account for 3.3% of the total Traveller population compared to 11.1% of the general population.

Services for Travellers continued to be developed throughout 2004. The Traveller Health Unit (THU), which comprises of eight health board staff and eight members of the Traveller community, met bi-monthly to oversee the development of the Service Plan for Traveller Health in the region. This Service Plan was developed by the THU in the context of the National Traveller Health Strategy 2002 – 2005, the Equal Status Act 2000 and the National Health Strategy 2001.

In Louth and Meath, Local Traveller Health Advisory Committees have been established. These committees comprise of health professionals and Travellers from the local community working together to support the development of initiatives and ongoing service provision for the Traveller community within the community care area.

In Co Louth, a Primary Healthcare for Travellers Project was established in 1998, and currently seven Traveller women are employed as community healthcare workers, providing support and information on health to the wider Traveller community. The THU commissioned a review of the posts within Traveller health in Co Louth to ensure that appropriate supports were in place for the future development of services for Travellers. This review was completed in December 2004 and recommendations are being considered.

In Co Meath, a similar project has been established and 12 Traveller women are currently been trained as community healthcare workers and are due to

complete this training in June 2005. The project is managed by a full time coordinator and was officially launched in May 2004.

Following a consultation process, a service agreement was approved between the North Eastern Health Board and Navan Travellers Workshops for the employment of a Community Development Worker to support the work of the Primary Healthcare Project. A community development worker has been identified for the project.

In Cavan and Monaghan, a coordinator was appointed in March 2004 and has been engaging with Travellers in Co Cavan. Preliminary work has begun to develop a Primary Healthcare Project. The two principal recommendations of a report on supporting Traveller participation in Cavan (jointly commissioned by the North Eastern Health Board and Cavan RAPID) have been developed. A number of meetings were held with service providers in Co Monaghan to discuss the particular issues of Traveller participation

COMMUNITY SERVICES

Introduction

The community services programme continues to provide a comprehensive range of locally based and accessible general medical and community services to the population, on the basis of defined criteria of eligibility. Services were provided through staff drawn from a wide range of disciplines, working in partnership with each other, and with voluntary organisations and groups, other health and public service providers, clients, families and carers. The objective has been to optimise the health and social gain of individuals, families and the wider population by delivering a wide range of surveillance, preventative, treatment, therapy and welfare services, and by delivering these services in an integrated, equitable, people-centred and accountable manner, in line with best practice, thereby continuously striving to improve the quality, efficiency and effectiveness of these services.

From February 2004 until year end all regional and community services were managed as one programme in preparation for the health service reforms. This reconfiguration led to improved service integration at community care area level and this was reflected as far as practicable in the preparation of service plans for 2005.

Year 2004 proved particularly challenging for community services. The rapidly altered economic environment following on from a period of unprecedented growth coupled with the significant growth in population made it exceptionally difficult to maintain services at levels previously provided. The emphasis throughout the year was on consolidation and budgetary control, partnership, value for money initiatives, integration and quality. The gains made in these areas will be fundamental to the maintenance and development of services in 2005.

Two particular areas of difficulty were:-

- the capacity to deal with the unique needs of asylum seekers which was compounded by the lack of targeted funding. Mosney accommodation centre alone had a total of 752 clients at the end of the year. A report was completed and submitted to the DoH&C outlining the issues.
- the restrictions imposed as a result of the employment ceiling has, along with the demographic pressures, been the greatest challenge for most services in 2004 and has again limited our options in relation to further service developments.

This report attempts to capture and give a flavour of some of the achievements and constraints of 2004 within the overall context of the aims and objectives of the North Eastern Health Board.

The management and delivery of community based services has been particularly challenging given the increasing complexity of and demand for such services. There are many internal and external factors, which influence

the delivery of our services such as changing demographic trends, changing expectations of the public, the health status of a given population, the development of different models for the delivery of any service, service pressures in one area of the health services either internal or external to community services which have knock on effects on the delivery of community based services and the numerous legislative, strategic and policy documents which influence services.

Services for Older People

Services for Older People are an integral part of the health and social services provided by the North Eastern Health Board. Services were provided in a range of settings, including older people's homes, their communities, acute hospitals, residential units and private nursing homes. The growing number of people aged 75 and over contributes to the challenge of planning and providing appropriate health and social services. A key objective of the service is to support 95% of older people to continue to live in their own homes for as long as possible in accordance with their personal choices. The objective is to promote and support the health and quality of life of older people, their carers and their communities by utilising the resources at our disposal to provide the most appropriate care in the most appropriate setting at the most appropriate time.

The 2002 Census shows that there are 36,471 people aged 65 and over living in this region. This represents an increase of 5% since the 1996 census. More significantly there are 3,525 people aged 85 years and over living in this region, representing a 31% increase since 1996. This increase needs to be set against the below national average number of non acute beds for older people in the North East i.e. 40 beds per 1,000 (National average 50 beds per 1,000).

Activity Targets 2004

Service	Achieved 2003	Target 2004	Achieved 2004
Nursing Home Subvention – Numbers in receipt of subvention	445	510	520
Enhanced Subvention	263	277	293
Home Help (recipients)	2,451	2588	2668*
Residential Beds Admissions	952	952	932
Nursing Home Beds	3,301	3340	3564
Contract Beds	1498	1498	1547
Day Services Attendances	89	89	96
	5,196	4970	4102**

*Number in receipt of home help @ Dec 04

**Number of Day Services Attendances @ Dec 04

Achieved 2004

A Regional Steering Group on Elder Abuse was established, as per the guidelines outlined in the National Report 'Protecting Our Future'. This Group will produce procedures and guidance for staff in identifying and reacting to cases of suspected abuse.

A number of regional Awareness Workshops were held with over 160 staff attending from Residential Units, Public Health and Private Nursing Homes.

A draft Discharge Planning Policy was developed to facilitate the integrated and appropriate discharge planning of older people from acute settings. This Policy is being piloted at Cavan General Hospital and Our Lady's Hospital, Navan.

Three Home Support Managers were appointed in early 2004 and a comprehensive needs assessment of the existing service was completed. Enhanced personal care packages were piloted in Louth and Meath.

A comprehensive needs analysis for Services for Older People was completed based on outstanding actions identified in our Strategy 'Health Ageing - a Secure Future' and 'Quality & Fairness'.

A Practice Development Co-ordinator was appointed in order to enhance clinical governance. A Steering Committee was established and a development plan put in place. Training in the interpretation and application of Critical Incident Reporting system was carried out in all residential units.

A pilot project was established to improve financial governance in respect of the contracting of beds from Private Nursing Homes. This project was developed in partnership with Regional Materials Management and through consultation with the Private Nursing Home owners.

The actions outlined in the 2004 report 'Working Towards Quality in Residential Services within the NEHB' were further implemented in a structured and integrated programme of improvement.

A special interest group was set up in 2004 in order to ensure best practice on the delivery of aural care and the work commenced on the development of Aural Care Clinics for start up in 2005.

In order to research the need for Specific Multidisciplinary teams to meet the needs of older people, a pilot project was set up where the needs of older people 70 years + in a specific catchment area (Carlingford Peninsula) were assessed by the multidisciplinary team using a standard tool. The project will continue into 2005.

Two new Active Retirement Groups were established during the year at Drumconrath and Gibbstown.

A new Day Centre at Oldcastle for Dementia patients in partnership with the Alzheimers Society commenced in July 2004.

Extensive refurbishment took place in 2004 at Oriel House Residential Unit. While the renovations were underway the existing patients were accommodated in St. Davnet's Hospital. Due to the co-operation of all staff involved this was a very successful project.

Elder Abuse Programme was advanced through awareness training and education;

Child Care and Family Support Services

The Child Care and Family Support Services aim to provide a range of child-centred, high-quality, accessible and effective services for children. We aim to support families to provide the best environment for their children. The development and delivery of services are influenced by a wide range of legislation, regulations, standards, strategies, policies and procedures which can be complex but provide a clear framework for the work that is carried out. The Board also works in collaboration with communities, other key statutory agencies and in partnership with other voluntary service providers to enable a wide continuum of quality services to be provided. Working with children and families involves working with a wide range of professionals, across a number of teams and programmes in conjunction with a host of external groups and agencies. Co-ordination of this work is a central element of the service.

Achieved 2004

In 2004, a review of the regional child care management group was undertaken by the Director in liaison with the Management Development Unit. The alignment of reporting and subcommittee structures at regional level has assisted tracking and monitoring of progress.

Leaps and Bounds: A Strategy for Children and Families in the North-East was developed and the launch took place in December 2004. This document will give vision, direction and clear objectives to all working with children and families for the next six years.

Changing Direction – an evaluation of services for women experiencing violence in the North East region was launched and a strategic plan to assist implementation of the recommendations drawn up.

The supervision policy for child care staff and aligned disciplines was printed and distributed and a standardised file management format was implemented across the region.

The key policies, procedures and practices in foster care that require to be standardised across the region were identified by the foster care forum and

work progressed on an out of hours support service for foster carers and emergency foster care service. The panel system was reviewed in all three community care areas in light of the requirements of the national standards.

A research proposal was produced for the Family Welfare Conference project, Youth Support and Youth Advocacy Programme and a steering committee established to advise and support the research projects.

The range and quality of preventative family support services was further developed with the appointment of a full team of practitioners to provide a range of family support services directly within Louth.

Contracts and services provided by voluntary groups have been reviewed to ensure value for money.

Regular consultation with children, parents and families, communities through voluntary and community providers and with other interested parties and groups has been ongoing in 2004. Two high profile examples have been featured in national and international conferences as examples of good practice.

Disability Services

Disability Services are committed to the development and provision of high quality health and personal social services. It is policy to facilitate the independence and quality of life of each individual through working in partnership with families and non-statutory agencies. We endeavour to provide a co-ordinated service from first point of contact and to ensure that service response is characterised by, respect, person centred planning, the measurement of outcomes, continuous quality improvement, user involvement and the promotion of equity.

Strategic planning and needs assessment is based on data generated from the regional disability databases which are also used to support accounting for service performance alongside performance indicators and activity data.

Under the direction of the Director of Governance, Planning and Evaluation – Disability Services, a Regional Disability Directorate has responsibility for strategic planning, commissioning, quality assurance and service evaluation. The Directorate has lead responsibility for the co-ordination of services within and between the Board, service users, the non-statutory sector and other Government Departments. This includes the negotiation of service level agreements, stewardship of development monies, management of disability databases and co-ordination of consultation structures.

The operational management of disability services is delivered and developed on a catchment area basis under the direction of the General Managers of Community Services. Each community services area (Cavan/Monaghan, Louth and Meath) has a Disability Services Manager, who leads a number of disability management teams

The wide range of disabilities catered for by disability services throughout the region can be grouped in to three major types: Intellectual Disability and Autism, Physical Disability and Sensory Impairment

The North Eastern Health Board is also committed to responding to those with multiple disability or more complex needs who require an integrated and cross care group response.

Services and supports include: day, residential, home support, respite, personal assistance, multidisciplinary supports, therapeutic assessment and intervention, counselling, rehabilitation training, supported/sheltered employment and occupational guidance. In addition to direct service provision, the North Eastern Health Board also funds non-statutory agencies to deliver services on its behalf. A range of specialist services are also delivered through partnership and service level agreements with non-statutory agencies.

Some services, mainly specialist day and residential services for people with disabilities are not available within the region. In such cases arrangements are made for the provision of the services outside the region, in other health boards, in Northern Ireland or in the United Kingdom.

Table 1: Number of People with an Intellectual Disability in the North East Region

County	Number	%	Prevalence Rate per thousand
Louth	843	41.8	8.28
Meath	552	27.4	4.12
Cavan	279	13.8	4.93
Monaghan	319	15.8	6.07
External Placements	25	1.2	N/A
NEHB	2018	100.0	5.85
Republic Of Ireland*	25,448	100.0	6.49

Source: National Intellectual Disability Database 2004

**Based on National Intellectual Disability Database Committee Annual Report 2002*

Table 2: Number of People with a Physical or Sensory Disability in the North East Region

County	Number	%	Prevalence Rate
Louth	643	35.8	6.3
Meath	659	36.7	4.9
Cavan	246	13.7	4.4
Monaghan	247	13.8	4.7
NEHB	1,795	100.0	5.2

Source: National Physical and Sensory Disability Database 2004

Table 3: Intellectual Disability Services – no. of people receiving support services in the North East Region

Type of Service	Service Level 2004
Community Nursing	467
Nutritionist	71
Occupational Therapy	183
Physiotherapy	282
Psychiatry	408
Psychology	391
Social Work	407
Speech and Language Therapy	344
Medical Services	655
Home Support	108

Source: National Intellectual Disability Database 2004

Table 4: Intellectual Disability Services – no. of people receiving residential services in the North East Region

Type of service	Service Level 2004
Living semi-independently	21
Community Group Home	179
Village type residential centre	277
Nursing home	28
Psychiatric Hospital	1
Intensive placement with special requirements due to challenging behaviour	14
Intensive placement with special requirements due to profound or multiple handicap	9
Regular part-time care	1
Other	2

Source: National Intellectual Disability Database 2004

Table 5: Intellectual Disability Services – no. of people receiving day services in the North East Region

Type of Service	Service Level 2004
Generic vocational training	40
Special vocational training centre	133
Activation Centre/Adult Day Centre	342
Programme for the older person	19
Special high support day service	12
Special intensive day service	11
Sheltered work centre	404
Sheltered employment centre	7
Enclave within open employment	1
Supported Employment	93
Other	11

Source: National Intellectual Disability Database 2004

Table 6: Autism Services – no. of people receiving services in the North East Region

Type of service	Service Level 2004
Therapeutic Services	167
Pre-school Assistance	27
Home Support	37
Respite	12
Residential Services	20
Day Placement	3

Physical Disability and Sensory Impairment

Table 7: Physical and Sensory Disability Services – no. of people in the North East Region receiving support services

Support Service	Service Level 2004
Nutritionist	156
Occupational Therapy	515
Physiotherapy	607
Psychology	170
Social Work	211
Speech and Language Therapy	294
Public Health Nurse	417
Community Resource Worker	354

Chiropracist	146
Assistive Technology/Client Technical Service	127
Orthotist/Prosthetist	254
Personal Assistant	68
Home Help	198
Home Assistant	83

Source: National Physical and Sensory Disability Database 2004

Table 8: Physical and Sensory Disability Services – no. of people receiving respite services in the North East Region

Type of respite service	Service Level 2004
Planned Home-based Respite	8
Planned Residential Respite with high support	60
Planned Residential Respite with low support	43
Holiday Respite Placement	35

Source: National Physical and Sensory Disability Database 2004

Table 9: Physical and Sensory Disability Services – no. of people receiving day services in the North East Region

Type of Service	Service Level 2004
Rehabilitative Training	48
Vocational Training	21
Sheltered Employment	5
Supported Employment	9
Sheltered Work	10
Resource Centre for the Elderly	8
Resource Centre for Intellectual Disability	2
Resource Centre for people with a Physical or Sensory Disability	76
Social & Recreational Service for Physical and Sensory Disabilities	4
Social and Recreational Service for Elderly	0
Rehabilitative Service (Physical and Sensory Disability)	0
Specialised day service for people with head injuries	0

Source: National Physical and Sensory Disability Database 2004

Achieved 2004

Data Activity and Performance Indicators have been collected using a newly developed performance measurement system and analysis of the Disability Databases validated data for 2004 has been conducted.

The recommendations of the regional reviews of the Regional Behavioural Support Service, Intellectual Disability Residential Service, and Autism Spectrum Disorder Services were progressed.

Ongoing audit of the quality and integrity of the data on the disability databases continued throughout 2004.

The discussions on the Core Deficits of Voluntary Sector Providers in the Physical Disability Sector have been concluded with 5 disability service providers and draft service level agreements prepared.

Consultation with Board, non-statutory and Department of Health and Children commenced, including a scoping of current resources assigned to quality and standards activity.

A Regional Quality and Safety Group representative of the Board and non-statutory service providers was established to oversee the introduction of National Standards for Disability Services, and a work plan on quality assurance issues has been developed.

The Report of the Review on Autism Spectrum Disorder (A Spectrum of Response for a Spectrum of Need) was published and circulated in June 2004 and was formally launched in October 2004.

A Statement of Strategy for Physical Disability and Sensory Impairment Services 2005-2007 was completed and published. A formal launch was hosted on the 16th December, 2004 at a joint event with Child and Family Services.

A Statement of Strategy for Intellectual Disability and Autism 2005-2007 was completed to final draft stage.

A governance questionnaire was developed and circulated in partnership with the Federation for Voluntary Bodies and the Disability Federation of Ireland and a training programme designed.

A series of information sessions between the community workers attached to the Traveller Primary Health Care Unit and each of the disability teams took place in September/October 2004 in Mounthamilton House, Dundalk. This proved to be a very valuable exercise and increases access to services for families of the travelling community.

Specialist Palliative Care Services

Specialist Palliative Care services are provided to patients with life limiting illness (e.g. cancer, motor neurone disease, heart failure, lung failure). Support is also offered to their families through illness and into bereavement. Services are provided to all age groups including children. Services are offered to children with leukaemia, cancer and other illnesses at birth that are incompatible with life. The aim of our interventions is to support the patient and their family to live as active a life as they can for as long as possible. The patient is accompanied as they begin to die and efforts are made to anticipate problems so that patients and families do not suffer unnecessarily.

In this regard a range of services are provided by three specialist teams (one for each community care area). The specialist team is multidisciplinary and consultant led. It comprises doctors, nurses, medical social workers, clinical psychology, physiotherapy, occupational therapy, complimentary therapy and pastoral care. Services are provided in a range of care settings (acute hospital and community) in conjunction with the primary attending team.

The purpose of palliative care is to provide a range of specialist, comprehensive, appropriately based services at a level suited to the patients and families needs, when and for how long it is needed, in a way and a place that is acceptable to those receiving care. Services are provided through professional staff educated to a level that is appropriate to the care being provided, in association with voluntary hospice groups throughout the region, other service providers (including acute hospitals), clients, families and carers.

Achieved 2004

During 2004, patient services provided included the following:-

There was a 24/7 on call medical service for Palliative Care provided at Our Lady of Lourdes Hospital throughout the year. The year also saw an increase in referrals to all elements of the service. Significantly in mid-year the community based service was extended to seven days in both the Louth and Meath Community Care Areas.

The following services were provided during the year and will continue into 2005:-

Consultant-led specialist palliative care services in the community,
Specialist Palliative Care Consult Services in Acute Hospitals,
Specialist Palliative Out-Patient Clinics at Cavan General Hospital and Our Lady of Lourdes Hospital in Drogheda,
Shared Care of Inpatients in Our Lady of Lourdes Hospital, Drogheda,
Specialist Palliative Care Advisory Service to General Practitioners and to Medical Directors of residential units for older people.

The service is committed to the Board's policy of lifelong education with the development of targeted programmes of education and training at three levels.

A number of Clinical Nurse Specialists commenced Higher Diplomas in Palliative Care during the year with 3 undertaking Masters Degrees. There were nine regional in-service training days for all grades of staff in 2004. In addition members of the service provided training for Specialist Registrars of the Royal College of Physicians in Ireland, and UCD's Higher Diploma in Palliative Care Nursing.

Non-specialist Training: This level is targeted at health-care workers who may have a significant case load of patients with palliative care needs but are not working full-time in palliative care. This includes a programme directed at PHNs, GPs, vocational trainees in general practice and doctors and nurses in acute hospitals.

General Training: As part of the Care of People Dying in Hospitals Project weekly lectures were provided. Training was provided through the Irish Cancer Societies five-day programme on cancer care.

In partnership with The Irish Hospice Foundation and other outside agencies a number of significant research projects were undertaken in 2004, which include:-

- Care of People Dying in Hospitals,
- Patient Transition to Palliative Care,
- Effectiveness and Cost Efficiencies of Parenteral Drug Delivery Systems,
- Patient Held Shared Card in General Practice.

The Report of the National Advisory Committee on Palliative Care (NACPC) made a number of recommendations related to staffing for specialist palliative care. In line with these minimum recommendations a number of key appointments were made within the Board.

With centralization of services there has been increasing challenges to meet the accommodation needs of the teams in a manner that facilitates integration and orientation of the new personnel. A number of capital development projects were commissioned and others are at a planning stage.

The NACPC made a key recommendation to develop a partnership between Statutory and Non-governmental Sectors. Arising from this a Regional Consultative and a separate Regional Development Committee was formed. These met quarterly in 2004. They have proved to be very productive effective fora. Through these committees, Regional Specialist Palliative Care Services are planned, monitored, reviewed and developed in partnership with the Voluntary Hospice Groups throughout the region.

A Project Group to map Development of Palliative Services has been established in each of the Louth/Meath and Cavan/Monaghan Hospital Group areas, with membership comprising of both statutory and voluntary hospice representation. The work of the Cavan/Monaghan Group was completed and their report, with recommendation relating to provision of Level II beds and Level III Day Hospital Services, was endorsed by the Development Committee

and presented to the Department of Health and Children in May 2004. The work of the Louth/Meath Group will be on-going.

Child and Adolescent Psychiatry

The Child and Adolescent Psychiatry service provides an assessment diagnostic and treatment service for children and adolescents from 0 – 16 years of age. The service currently operates three multidisciplinary teams, one providing a service to Meath, one to Louth and one to Cavan/Monaghan. In addition to assessment and treatment a consultation service is also provided to other agencies. The service also actively engages in teaching, research and academic activities.

The service deals with children with serious mental health problems. Types of serious mental health problems include; Anorexia Nervosa and other eating disorders, suicidal behaviour, depression, psychotic disorders, psychosomatic problems, severe anxiety disorders, obsessional compulsive disorders, Attention Deficit Hyperactivity Disorders, severe emotional problems and severe parent/child relationship problems.

Children and adolescents with learning disabilities greater than mild are outside the remit of the service. In addition, milder behavioural problems and some school-based problems are more often appropriately referred to Community Care Psychology services or the National Educational Psychology Service (NEPS).

The Child Psychiatry Service aims to provide a comprehensive psychiatric service to children, adolescents and their family through assessment, diagnosis, consultation and therapeutic intervention. The provision of this service is guided by Quality and Fairness and local and national strategic documents. The remit of this service extends to children and adolescents who suffer from childhood psychiatric disorders and this defines a group of problems that are qualitatively and quantitatively distinct from those with milder difficulties.

Achieved 2004

Group Therapy Development - a number of the groups planned were run successfully in Cavan/Monaghan – e.g. a group for parents with children aged 4 – 11 years with mixed emotional, behavioural difficulties.

In Cavan/Monaghan, one of the nursing staff with a special interest in eating disorders became a Clinical Nurse Specialist and continues to train up to increase her specialization in the area of eating disorders. Therefore, it is hoped that in the future a regional eating disorders service will be developed.

It was envisaged that child psychiatry services would move into the same programme as adult mental health, however, as part of the reform programme child psychiatry now comes under the Primary Community and Continuing Care Directorate.

The Cool School Anti-Bullying Programme progressed further during the year with the provision of training to teachers at second level schools. This training allows teachers to provide group sessions to vulnerable students who have been or are likely to be victims of bullying. Provision of support and training to teachers in schools already involved in implementing this programme is ongoing.

During 2004, the North Eastern Health Board funded treatment of individual patients with eating disorders and other psychiatric disorders in St. Patrick's Hospital, Dublin. However, patients have had to be placed in eating disorders units in the U.K. such as Rhodes Farm and in inpatient psychiatric treatment facilities for adolescents in the U.K. such as Huntercombe Hospital. These interventions have proved very costly and place considerable financial burden on the health service while also proving problematic in terms of access for the families who need to be involved in the treatment. Treatment of this cohort and the need to develop appropriate services in Ireland will continue to be a priority

The Child Psychiatry Team in Cavan/Monaghan now runs a Journal Club weekly in order to keep abreast of all current developments in Child Psychiatry. The service continues its commitment to further training for all team members.

The Multiagency Crosslinx Preventative Project for the children of psychiatrically ill patients continued during the year. This project involves the Navan Mental Health Service, Community Care Psychology and the Family Support Service.

A day programme (one day a week) for adolescents with serious psychiatric disorders commenced during the year. This is located at the Child and Family Centre, Drogheda, Co. Louth.

Therefore, it can be seen that the principal achievements of 2004 have been to maintain in so far as possible the existing level of service in terms of assessment, diagnosis and treatment of children and adolescents with severe mental health problems and also to continue to offer assessment and treatment of those children and adolescents referred to the Paediatric Liaison service in Our Lady of Lourdes Hospital. A number of groups have been run despite constraints of staffing levels.

Ophthalmology Services

The review of Ophthalmology Services was completed in 2004. An Implementation Committee was established to consider the implications of the recommendations of the review and work is ongoing.

Acute Hospital Services

Overview

The North Eastern Health Board provides acute hospital services on an inpatient, outpatient and day case basis in two hospital groups the Louth Meath Hospital Group comprising Our Lady of Lourdes Hospital, Drogheda, Our Lady's Hospital, Navan and Louth County Hospital, Dundalk; and the Cavan Monaghan Hospital Group comprising Cavan General Hospital and Monaghan General Hospital.

During 2004 emphasis was again placed on improving access to services and reducing waiting times as per the National Health Strategy, A Health Strategy for the People of the North East and other policy initiatives.

Overall hospital activity increased significantly in 2004. Inpatient admissions remained static at 2003 levels, but day case activity continued to grow at double-digit rates. In the Louth Meath Hospital Group, the pressure on obstetric services eased with a reduction of almost 50% in births to non-national mothers. However growth in the indigenous population almost counter-balanced this reduction, with the result that occupancy rates remained very high. Births and obstetric cases increased in the Cavan Monaghan Hospital Group. Our Lady of Lourdes Hospital, Drogheda experienced the most severe service pressures particularly with trauma admissions.

ACUTE HOSPITAL ACTIVITY 2004 (based on discharges)

Specialty	Our Lady of Lourdes Hospital, Drogheda	Louth County Hospital, Dundalk	Our Lady's Hospital Navan	Cavan General Hospital	Monaghan General Hospital	TOTAL
Surgical	2851	1738	1997	2774	1048	10408
Medical	3649	3928	3153	3823	2170	16723
Orthopaedic	2810		1169			3979
Paediatric	3288			1670		4958
Obstetric	6862			1779		8641
Gynaecology	2092			835		2927
ENT	188					188
Total	21740	5666	6319	10881	3218	47824
Births	3398			1380		4778
Day Cases						
Surgical	3543	2959	2222	1942	1875	12541
Medical	2287	1328	491	631	1931	6668
Orthopaedic	325		917			1242
Renal Dialysis				6763		6763

Urology	464	250				714
Obstetric	1582			135		1717
Gynaecology	989	416	40	404	134	1983
Oncology	1298			2048		3346
Paediatrics	1490			312		1802
Dermatology	268					268
ENT	147					147
Geriatric Day Hosp	340			1990		2330
Other	63	88			36	187
TOTAL	12796	5041	3670	14225	3976	39708
A&E Dept						
New	34944	17750	16194	18006	7239	94133
Review	2429	1130	1850	1557	4186	11152
Total	37373	18880	18044	19563	11425	105285

Orthopaedics

A bone banking service was established and has been operational at Our Lady's Hospital, Navan since February, 2004. It is envisaged that the bone bank will harvest sufficient quantities of bone to supply all the revision joint surgery (e.g. second joint replacements) with surplus bone being transferred to Cappagh for distribution to other centres.

General Surgery Reorganisation

Proposals to establish a joint department of surgery between Dundalk and Drogheda were advanced to implementation stage by way of a partnership model. It is expected that the plan will be fully implemented by 1st January, 2005. A six-person consultant surgical department was created to provide services across both hospital sites. This is expected to result in increased elective activity in Louth County Hospital and a reduction in waiting lists on both sites.

The Department of Health and Children approved a Design Team to advance the provision of two modular theatres, with supporting accommodation facilities, at Louth County Hospital, Dundalk to support the establishment of the Joint Department at an estimated capital cost of €3m.

Development Control Plans

During 2004 the Department of Health and Children issued approval to the Board to appoint a Design Team to prepare a development control plan for Our Lady's Hospital, Navan. This plan when complete will inform the Executive with regard to future capital and service developments for the hospital site. Approval was also received for the appointment of a Design Team to prepare a site feasibility study which will help to determine future development plans for Our Lady of Lourdes Hospital, Drogheda.

In August, 2004, the Department approved the appointment of a Design Team to up-grade the kitchens at Our Lady Of Lourdes Hospital, Drogheda at an estimated capital cost of €2.125m.

A Design Team was formally appointed in December 2004 to prepare the Outline Development Control Plan for the Cavan General Hospital site. The planning brief for Phase One of the Outline Development Control Plan for Cavan General Hospital was completed in December 2004 and represents the completion of the shelled out surgical 3 area, the operating theatre and associated accommodation. The brief was submitted to the Department of Health and Children in December, 2004. The capital cost of the project is €6.55m.

Following the establishment of a project team in December, 2003 the Board submitted a planning brief to Department of Health and Children in February, 2004 for upgrading of Treatment Room facilities at Monaghan General Hospital. The Board was advised of a €750,000 grant allocation in March, 2004. Following the appointment of a Design Team construction commenced in September, 2004.

Following the establishment of a project team in December, 2003 the Board submitted a planning brief to the Department of Health and Children for the refurbishment of the male medical ward and the surgical ward at Monaghan General Hospital. The Board was advised of a €2m grant allocation in March 2004. A Design Team was appointed in May 2004 and approval to proceed to detailed design was being awaited at year end.

Service Reorganisation

Following a directive from the CEO in April 2004, a Steering Group was established to determine, in conjunction with the Board and hospital management, the level of service to be provided at each site in the Cavan Monaghan Hospital Group taking into account available resources, quality of care and safe practices (including risk management). The Steering Group issued its Report in October 2004 and a group was formed to implement the recommendations contained in the Report.

General Medical

A Cardiac Rehabilitation service commenced in July, 2004 in Our Lady of Lourdes Hospital, Drogheda

A new post of Consultant Cardiologist commenced in March 2004 at Our Lady of Lourdes Hospital, Drogheda.

New Regional Symptomatic Breast Care & Palliative Care Service commenced in June, 2004 with commissioning of new modular accommodation at Our Lady of Lourdes Hospital, Drogheda and a new ICU/CCU Unit opened in June 2004 at a capital cost of €1.17m. Additional revenue funding of €0.800m was also approved to support consultant anaesthetist and nursing staff for this development

A Consultant Rheumatologist and General Physician was appointed to Our Lady's Hospital, Navan in September, 2004.

A Consultant Physician with a special interest in Endocrinology, based at Louth County Hospital, was appointed in April, 2004.

A heart failure clinic commenced at Monaghan General Hospital in February, 2004.

A & E Services

In August, 2004, the Department of Health and Children approved the appointment of a Design Team to up-grade the Accident and Emergency Department at Our Lady of Lourdes Hospital, Drogheda at an estimated capital cost of €2m.

Paediatrics

Comhairle na nOspidéal approval was secured for a permanent complement of five posts in the Louth Meath Hospital Group and the remaining two vacancies were filled in 2004. These posts are in line with the recommendations of the Maternity Services Review Group chaired by Mr. Pat Kinder.

Obstetrics/Gynaecology

In the Louth Meath Hospital Group Comhairle na nOspideal approval was secured for a permanent complement of six posts in the Louth Meath Hospital Group.

Revised transfer protocols for pregnant women and newborns presenting to non-obstetric hospital facilities were introduced at Our Lady's Hospital, Navan, Louth County Hospital, Dundalk and Monaghan General Hospital.

As a positive action to promote an inclusive approach which respects difference, an information pamphlet advising of maternity and paediatric services was printed in ten languages and displayed at each hospital and health centre in the region.

Radiology

Two Consultant Radiologists with special interest in Breast Radiology, were appointed to Regional Breast Services based at Our Lady of Lourdes Hospital, Drogheda in 2004.

Pathology

A locum Consultant Histopathologist commenced at Our Lady of Lourdes Hospital, Drogheda in May, 2004, pending a permanent appointment.

Accreditations of Services

During 2004 the three laboratories in the Louth Meath Group continued to participate in the national accreditation process. Maternity services within the group were reviewed in accordance with standards set out by the Irish Hospital Services Accreditation Board. The experience gained will prove extremely useful in pursuing system-wide accreditation under the national scheme.

Maternity and Women's Services

In August 2004 the Department of Health and Children approved the appointment of a Design Team to develop midwifery led units at Drogheda and Cavan. The estimated total cost is €1.48m. The new units at Drogheda and Cavan were completed in December 2004.

A Maternity Information System was put in place in December, 2004.

Direct Access Services

During 2004 the Electronic booking system underwent a one year pilot phase in Louth County Hospital. This system is due to go live in early 2005. Five G.P. practices within the Dundalk area took part in the pilot phase by booking in their patients for endoscopy procedures electronically.

The Haematuria service in the Louth County Hospital will be the next service to 'go live' on the system. The system will be implemented in Monaghan Hospital in 2005 to facilitate Endoscopy, urea breath test procedures and leg ulcer clinic. In Our Lady of Lourdes Hospital the Colposcopy service will be the first service there to go electronic. Also in Cavan General Hospital the booking system will be implemented for Endoscopy and Minor procedures.

These developments mean that more GP's within the region will have access to the booking system in their local hospital if they are connected to the GP Extranet.

Regular audits and surveys will be carried out and the results from a patient's survey on Direct Access Services in Louth County Hospital will be available early in 2005.

Orthodontic Services

The Orthodontic service increased the number of patients in treatment and waiting lists numbers continued to decrease. A specialist orthodontist was recruited. Two postgraduate trainees entered their third and final year of training and this will have a very positive impact during 2005 when they start work full time in the service. Plans were advanced to install a new patient management computer system and staff were trained in its full use.

The provision of extra office accommodation in the Regional Unit in Dundalk was agreed and this project should be completed by Autumn 2005.

Clinicians in Management

The national action by the IHCA has impacted negatively on plans to appoint lead consultants in each specialty. During 2004 consultation continued in relation to the establishment of four clinical business units.

Risk Management

Risk Management has been further consolidated within the Acute Hospitals in the last year through its integration into all hospital activities, which has been lead by the General and Group Manager.

A single system for incident reporting was implemented across all hospitals in March, which was supported by extensive training. Incidents, near misses, hazards reported are now graded based on likelihood of occurrence and their severity using the Risk Matrix in the Incident Reporting Policy (December 2003). All incidents are reviewed and to this end an Incident Review Policy has been finalised to compliment the incident reporting policy. This defines what level of review is required for each incident. A small cohort of serious incidents require a higher level of review, an approach called "Root Cause Analysis". This approach was taken on a number of incidents over the past year.

The Risk Advisors have undertaken a competence based training program for Critical Incident Review and this training was extended in 2004 to a cohort of senior personnel within the Acute Hospital setting.

Within clinical departments, senior clinicians have been involved in the establishment of multidisciplinary forums to lead the management of risk within their specialities. These forums are supported by the Risk Advisors. As a core clinical governance activity, there is a need to develop and establish clinical audit within a Quality Framework. This has been advanced in 2004 through the assistance of external agencies (Irish Society for Quality and Safety in Healthcare (ISQSH) and Clinical Quality Ireland (CQI). Both agencies have recently reported and a North East Acute Hospital Quality Framework will be finalised shortly which will serve to integrate all clinical governance pillars. This will include the roll out of a Clinical Audit programme.

The Risk Advisors have taken a lead role in the development of Regional Policies to include, Consent to Clinical treatment, Medical Records, Emergency admissions and Patient Transfer Policy, etc. Risk Management Personnel have contributed to the development and reorganisation of services within acute hospitals i.e., Midwifery Led Units (MLU) and the reorganisation of Surgery and Trauma Services. The Obstetric department in Our Lady of Lourdes Hospital underwent an accreditation programme, which is a central Quality assurance mechanism. It is envisaged that this will be hospital wide in the future as an Accreditation/Inspectorate process will be a feature of the newly reformed Health Services.

Undoubtedly the developments in Risk Management over the last year are a testament to the commitment of all Hospital Staff to patient and staff safety and the delivery of a Quality Service.

Performance Indicators

During 2004 we continued to participate in the collection of National Performance Indicators in line with the National Health Strategy.

Performance Management

During 2004 the national model on team based performance continued to be developed with the Louth Meath laboratories as part of the national pilot scheme.

GOVERNANCE AND STRATEGIC PLANNING

Overview

The Governance and Strategic Planning Department facilitates and supports the management of the North Eastern Health Board in managing efficiently and effectively the resources that are applied to meet the service needs of the population of the North Eastern region.

A Health Strategy for the People of the North-East (2003) provides the overarching modernisation framework to guide and shape the service plan for all areas. The *Strategy* took into account the implications of change and transition arising from the Health Service Reform Programme. It is aligned to *Quality and Fairness* (2001) and influences and guides the commitments identified in *Sustaining Progress – Social Partnership Agreement 2003-2005* (2003) by the North Eastern Health Board.

The Governance and Strategic Planning Department consists of a number of advisory, developmental and support functions to the Health Board, including:

- Service Planning and Performance Monitoring
- Performance Indicator Development
- Audit Committee
- Organisation Development
- Appeals Service
- Risk Management/Health and Safety
- Ethics Committee
- Regional Customer Services
- Directorates of Governance, Planning & Evaluation in Disability Services, Older People Services and Children and Family Services.

A number of notable developments occurred in 2004 including:

Service Planning and Performance Monitoring

- Monthly Evaluation Reports of the 2004 Service Plan were prepared for the Management Team. The Department developed the Monthly Exception Reporting process incorporating performance against service plan targets, performance indicators and activity targets.
- The Department co-ordinated the production of documentation to support the CEO and Corporate Management Team at Service Plan Review Meetings with the Department of Health and Children.
- The Draft 2005 Business plans for the iHSE were developed in line with the National Service Planning Template. Submissions were drafted following the maximum level of consultation, using a partnership approach and integrating the planning process across all service areas as appropriate. The NEHB submission was sent to the iHSE within the specified deadline.

Performance Indicator Development

The department was responsible for the development of the Performance Indicator process and also for the operation of both the National Performance Indicator Working Group for Services for Older People and the North Eastern Health Board Regional Performance Indicator Group. The responsibility included the continued development and implementation of the Performance Indicator process across all NEHB services, the collation and preparation on a quarterly basis of the NEHB PI return to the Chief Executive Officer and Department of Health and Children and the review of the PI suite for use in 2005.

Audit Committee

The Audit Committee met on four occasions during 2004 and a charter was adopted in June 2004. This Committee identified areas of high priority which informed the development of a workplan for the year. The Committee also developed a reporting template which recorded issues identified and produced regular reports for the Chief Executive Officer.

Organisation Development

Modernisation and Development

The Department took a lead responsibility for integrating an Organisation Development approach into the activities of the organisation to support and enable the implementation of the *A Health Strategy for the People of the North-East* (2003) and the Reforms. This involved increasing awareness of Organisation Development and an Organisation Development approach through integrating it into key organisational activities including the following:

- Working with teams in relation to the implementation of the *Strategy* and the Reforms by providing guidance and appropriate supports i.e. meetings as required, supporting documentation, etc.
- Supporting the ongoing development of capacity of managers at a local level through pre-planned and agreed locally based interventions including service/team reviews.
- Working with specific services regarding strategy development and implementation based on an agreed planned agenda.
- Developing an *Organisation Development Intranet Site* as a key resource to staff across the system and to support in particular the modernisation agenda of reform and development.

Strategy and Planning

Supported the ongoing development of the service planning process as the key vehicle to implement the *Strategy* through the development of *A Guidance Document to Support the Development of the 2005 Service Plan*.

Policy Development

The Department provided an oversight role in relation to the Strategy Policy and Advisory Forum (SPAF). The section developed and published *Guidelines for Policy Development: Promoting good governance in policy development, 2004*.

Research and Development

The Department planned and conducted an organisation wide analysis of the culture of the organisation in 2004. This included the design of an Organisation Cultural Survey that was unique to the health and personal services and which took into account key contextual factors in terms of the reform programme. The survey was circulated in June 2004 with a 46% response rate.

Appeals Service

The Appeals Process was developed further in 2004 with new procedures ensuring a standard approach being adopted to all appeals received. The advisory leaflet to assist customers in accessing the appeals process was updated according to the changing needs of clients. In addition, an appeals email address was introduced in 2004 in an effort to streamline and enhance the accessibility of the appeals process.

A regional appeals forum was established to ensure a consistent approach was adopted by all services in addressing the application of SWA and medical card schemes.

Activity

Number of Appeals Received	270
Number sent to Chief Appeals Officer	19

Risk Management (incorporating Health and Safety)

The Risk Management Department throughout 2004 has continued to have an emphasis on collaborative working most notably in the area of the development of board wide policies and systems for reducing risk and improving quality. Support and advice is provided to managers at all levels in relation to their role in the management of risk and the provision of safe services. The emphasis of this approach is one that is supportive to patients and staff and aims to abstract learning for dissemination across services.

The achievements in 2004 included:

Continue to develop a partnership culture that secures the involvement and participation of all staff in risk management activities.

Ensuring that routine and systematic identification, assessment and control of significant risk is an integral component of all work activities.

Ensuring that an effective reporting process is in place to facilitate the systematic identification of adverse events and near misses.

Review of the existing and development of a revised Corporate Risk Plan and the Board's Corporate Safety Statement

Policy development work in relation to Incident Review, Consent to Clinical Treatment, Inter Hospital Patient Transfer, Medical Records and the Administration of Parenteral Drugs.

Health & Safety policies reviewed included: Guidelines for the Management of Healthcare Risk Waste, Guidelines for the Transport of Diagnostic Specimens and the Guidelines for the Management of Chemical Waste.

Led development of the organisation's response to the management of work related violence.

In consultation with Technical Services Dept., reviewed water quality risk assessments, assisted in drawing up action plans and worked with line management in implementing necessary actions.

Provided and facilitated training in relation to key areas of Risk and Health and Safety Management.

Ethics Committee

In July 2004 the Department of Health and Children gave approval for the recognition of an Ethics Committee under the European Communities (Clinical Trials on Medicinal Products for Human Use) Regulations 2004, for a period of 3 years. In the discharge of its function the Committee will act for the whole state and in relation to clinical trials of all descriptions and classes.

In 2004, a review of the governance of research was undertaken with key stakeholders. The review report included a number of recommendations including the establishment of a Healthcare Research Advisory Committee, which will be progressed in 2005.

Regional Customer Services

The Department continued to promote a positive approach to the processes of Freedom of Information, Data Protection, Complaints Management and Nursing Home Subvention Appeal within the Board while also ensuring compliance with the relevant legislative timeframes. In 2004, the Department published a number of documents for staff and the public including:

Staff

- Procedural Manual for Decision Makers
- A guide to Obtaining your Personal Health Information Booklet

Public

- A guide to Obtaining your Personal Health Information Leaflet
- Updated information leaflet for the public - Freedom of Information, Data Protection and Admin Access and Complaints
- Comments/Complaints and Compliments Form

Extended training to include extern agencies funded by the Board, total trained 720

Monitoring of thematic trends in Freedom of Information requests and complaints handling and analysis of same and liaison with the Risk Management Department.

Completed population of National Health Portal in line with HSE requirements in respect of North Eastern Area.

Development of quarterly Decision Maker training sessions/meetings to facilitate review of progress against application of exemptions provisions and appeals in relation to Data Protection and Freedom of Information Commissioner and Ombudsman.

Activity

Freedom of Information Requests	332	Internal Review	17
Appeals to Information Commissioner	5	Admin Access Requests	889
Data Protection	5	Nursing Home Subvention Appeals	28
Complaints	285		

Training

Attendees

Internal	605
Nursing Schools	84
G.P. Training Unit Scheme G.P. Unit	18
Gardai/Social Workers	13

Directorates of Disability Services, Older People Services and Children and Family Services

Services for Older People

The achievements of the Directorate are outlined in the Services for Older People Section (see page 35)

Regional Children and Family Services

The achievements of the Directorate are outlined in the Childcare and Family Support Services section (see page 37)

Disability Services

The achievements of the Directorate are outlined in the Disability Services section (see page 38)

OUR SUPPORT SERVICES

Finance Department

The Finance Department is central to the effective management of the board's resources in the delivery of services provided by the Board in the region. The department must ensure that appropriate statutory and regulatory requirements are adhered to and that the Board's finances are managed in accordance with best available practice. The board has focussed on improving the quality, timeliness and the relevance of financial information provided to service managers so that optimum value can be obtained for our patients and clients from available resources.

It is important that the finance department has modern financial systems and has a competent and professionally trained staff to use these systems. The implementation and development of the SAP Financial System in this region has been critical in meeting this objective. Participation by our staff in the Financial Information Systems Project (FISP) to now implement the SAP Financial System in all health agencies will provide valuable experience as reform of the Health Services progresses.

The department achieved the 2004 targets for submission of Financial Management Reports to the NEHB Board, the Boards Management team and the Department of Health and Children.

Throughout the organisation staff must have appropriate resources to work effectively and they must also be assured that they will be paid accurately and on time. Modern systems and dedicated staff have combined to achieve this in the NEHB.

- Over 95% of our staff have their salary paid directly to their bank accounts through the pay-path system
- In 2004 payments of €365m were made to 12,560 permanent, temporary, part-time staff and pensioners
- A number of "deductions from salary" schemes are operated for the benefit and convenience of staff. These include schemes for trade unions, credit unions, local authorities, banks, general insurance companies and health insurance companies. In all 50 schemes are operated.

Our strong relationship with suppliers of goods and services is demonstrated through our improving rates of payment on time.

In 2004 over 99% of our suppliers were paid within 30 days of receipt of invoice. The Board made 101,421 payments to suppliers totalling €257m for goods and services provided during the year.

Payment by Electronic Funds Transfer (EFT) was rolled out to 60% of suppliers in 2004.

The Finance department manages various elements of the Board's estate management, including the purchasing and disposal of assets, servicing the Board's Property Committee and managing the insurance portfolio. The Board's Finance Committee was also serviced by the Department with quarterly reports on budgets and expenditure.

The Finance Department was actively involved in the National FISP and PPARS projects as well as managing the changes encountered as a result of the ongoing health reforms.

Other developments in 2004 included:

- Continued development of national payroll / HR system in conjunction with other health boards and hospitals
- Implementation of an interface between the pharmacy systems and SAP Financial System
- Improved budgetary control features were introduced on the SAP Financial System
- Value for money review of external transport service providers commenced
- Interface of Patient billing on SAP Financial system with Hospital Information System commenced.
- A significant reduction in manual processing of selected suppliers accounts has been achieved with the introduction of E-Billing
- The CAWT Finance Forum continued to review cross border projects and monitor income and expenditure on current projects.
- The audit of the Boards Annual Financial Statements 2003 was completed and reported on by the Comptroller and Auditor General.

MATERIALS MANAGEMENT

Across the health sector over €1.3 billion is spent on the goods and services used by health agencies. This board accounts for some €140m of that figure. The role of the Regional Materials Management Service is to provide the Board and its managers with strategic procurement and materials management support and advice and to add value to service delivery while striving to maximise the value of every euro spent. This is achieved through the application of best practice in contracting and inventory management and the development of policies and protocols to support the activities of contracting for goods and services, inventory management and to develop

training and development initiatives for staff involved in procurement. Some of detailed activities include:

Management of procurement process including tendering, product/service evaluation, supplier and commercial evaluation, facilitate and develop user groups

Inventory Management advice and support incl. project management of CSP and total inventory management

Catalogue Management incl. catalogue compliance and vendor management

Procurement process design e.g. Procurement Cards

Contracts for Goods & Services along with contracting advice and support to service managers

Facilitate and participate in Conjoint and National Procurement initiatives with HeBE/HSE and FISP

Expenditure and market analysis of non pay spend

Decision support methodologies in relation to contracting

Contract management and maintenance which includes level of uptake, savings and managing cost increases

Management of Hazard Notification Database

Central information reservoir for purchasers

Training Programme for staff responsible for procurement

Guidance notes for all aspects of procurement

Supplier training in use of electronic tendering

EU Procurement Directive advice

Some of the strategic and policy frameworks informing the Regional Materials Management Service include:

A Health Strategy for the People of the North-East (2003);
National Health Strategy "Quality and Fairness: A Health System for You" (2001);
HeBE Strategy for e-procurement in the Health Sector (2002)
Health Service Reforms

The main achievements in 2004 were:

Regional and local contracts for goods and services totalling over €23 million of which €6 million was in new areas including, Pressure Mattresses, Laparoscopy, Orthodontic, fuel cards, MRI/CT service, Lab Reagents, Clinical Waste for non acute areas, Private Ambulances, Digital X-ray equipment, Agency nurses. The table shows since 2000 the steady progress that has been made in improving the range and extent of contracts undertaken or influenced by the service

	2000	2001	2002	2003	2004
Addressable non-pay*	€69.5m	€96.3m	€104.6m	€122m	€140m
% Of non-pay contracted^	24%	27%	37%	39%	43%
<p>*Addressable non-spend excludes Fees, Grants, GMS Payments, Community Medicines, Travel & Subsistence, Cash Allowances, Bye law fees & supplies, Treatment Abroad. Addressable non-pay accounts for approx. 52% of total non-pay spend.</p> <p>^%of non-pay contracted- reflects the level of contracting directly undertaken by or influenced by the RMM service.</p>					

Documented net annual savings on contracts awarded in 2004 of over €1m. Indeed since 2000 over €2.7m in savings has been achieved.

Reorganisation of the Contracts department in light of the recommendations of the HeBE Portfolio and Category Management strategy.

Total inventory management was extended to a further 20 areas resulting in an increase of 28% in managed stock

Stock reductions of €125,000 achieved. Since 2000 the total reduction in stock has been €343,000, which was achieved against a background of ever increasing activity. Similarly in stock management there has been steady improvement in two key stock measures, number of days stock held and percentage of stock managed on a day to day basis

	2000	2001	2002	2003	2004
No of days stock held	49	48	38	39	34
% Of stock managed	15	15	22	22	23

The Board contributed significantly to the development of a national catalogue that will underpin the new financial systems.

Over 3,800 new codes set up on the catalogue up from 2,000 the previous year.

Working with the Louth Meath Hospital Group to complete the establishment of a central structure for procurement for the area.

The Board, on behalf of HeBE, managed the tendering process for a number of projects, namely consultancy for the ambulance project, LIS, Procurement Management Software, and Inventory Optimisation Software.

Under the HeBE eprocurement and materials management programme, this Board contributed to the changeover plan to HSE in relation to procurement

A conjoint training initiative on Supply Chain Management was undertaken with the Midland Health Board in association with the National Institute of Transport & Logistics.

In conjunction with TCD the Board is participating in a doctoral research programme into the impact of eprocurement in a public sector environment

The department relocated to new premises.

All this was achieved within the context of the policy in relation to the employment ceiling which continued to impact on the service's ability to initiate new areas for contract spends. However, despite this constraint, 2004 continued to see inroads into areas not previously targeted. In addition, resulting from the HeBE project in 2003 on category and portfolio management, advances have been made in the areas of contract and vendor management. This has resulted in improved uptake in contracts due to greater visibility on spend and quicker response to rectifying problems with products and suppliers.

The ability of the service to make a significant contribution to service managers' operational budgets is due in no small part to the participation of clinical and procurement staff throughout the organisation to the development of value adding procurement processes. It is important to recognise and thank them for their contribution and ongoing co-operation.

MANAGEMENT SERVICES DEPARTMENT

Role and Purpose

The Management Services Department provide the Board's personnel with modern, integrated computerised information systems that use Information Communication Technology where appropriate to achieve and sustain healthcare professional excellence and to underpin improved high-quality patient care.

Information Communication Technology (ICT) is a major enabler that will help to deliver people-centred, quality, integrated services. ICT systems will provide management with the information they need to support decision-making, planning, governance and the measurement and evaluation of performance.

Brief Outline of Services Currently Provided

Application Support

Data Centre services (Server Hosting, Disaster Recovery, and Business Cont.)

Network development, maintenance & support

Helpdesk services (24k calls per annum)

Telephony services

Applications Development

Project Management

e-Business & e-Communications

Systems Analysis

National and Regional Policy Framework

The strategic and policy framework is provided by:

A Health Strategy for the People of the North-East

National Health Strategy '*Quality and Fairness: A Health System for You*'

National Health Information Strategy

HeBE National ICT Projects Portfolio

HeBE ICT Strategy (adopted by HSE)

Health Service Reforms

Developments in 2004

The majority of our resources (70–75%) were and are committed to providing operational and network support, maintenance and ongoing development to in excess of 55 existing IT systems and over 3000 personal computing devices in use throughout the Board. In addition to this, the continued rollout of e-mail services has seen an increase in the numbers of accounts to over 3500.

As a shared services provider, we also deliver shared processing through the use of electronic, or “e-billing” for telephony, and provide on-site facilities management services to the Kells Business Park complex. In addition to this, we continue to actively manage telephony services throughout the region, which encompasses all landlines and mobile phones.

Achieved / Ongoing Actions 2004

Access to the board's wide area network has expanded to more sites. Our helpdesk resolved more than 25,000 calls during the year (480 a week).

The NEHB continued to provide the lead role in the National Laboratory Information System Project. The Management services Department provided the Project Management and Steering Group Co-Chair to the project and brought it to a successful conclusion at the end of the year.

Some of our staff were also involved with other Boards in the planning process for implementation of the National Hospital Information System.

The new server purchased in 2003 for the existing Hospital Information system was commissioned in March of 2004 resulting in much improved response time for users of this system in 17 sites throughout the region.

The functionality of the existing HIS was extended and enhanced in the area of Mental Health clinics and through the implementation of chart tracking at Monaghan General and Louth Hospital.

Participation in the building of the Data/network infrastructure for the National Dental system continued and will be completed early in 2005.

In the arena of Community Care ICT, there was a review and enhancement of the Occupational Therapist system installed in 2003, the nursing home subvention management system was completed. Specifications and requirements were drawn up for the development of IT systems to support Physiotherapy specialists across all programmes and for Home Support workers.

In-Patient billing on the SAP financial system which went live in Cavan General during 2003 was extended to Monaghan General and later to the Non-acute hospitals in Cavan, Monaghan and Louth.

A pilot system to enhance communications through delivery of e-mail and appointment details to mobile devices was undertaken and is proving very successful.

A full upgrade of the Lotus Notes e-mail system was completed. Towards year end we had, as part of the preparations for the transition to the HSE to carry out a complete re-branding of all our e-mail users to the HSE domain.

We played major roles on a number of HeBE conjoint projects including Medical Card implementation project and the development of a national ICT strategy for the health service.

This year saw the continued rollout of the DAS Electronic Booking System which enables GPs to book patients directly to the ward for day procedures through the GP Extranet thereby eliminating the need for attendance at an outpatient clinic and speeding the delivery of services. The system is currently in operation in Cavan General Hospital and Louth County Hospital and it is planned to expand the system to Monaghan General Hospital and Our Lady of Lourdes Hospital during 2005. It is also planned to utilise the system for additional services such as Haematuria, Colposcopy and Urea Breath Test.

The implementation of PPARS phase two impacted significantly on our resources through the secondment of one of our three Project managers to this project for most of the year.

The upgrading of our wide area network to the Windows 2003 platform was substantially completed during the final quarter with rollout to be finished early in 2005.

The new fibre optic backbone for our data network was installed and will enable speedier and more reliable backup of critical systems. A significant percentage of our Networks technical resources were engaged in enabling access to the Government VPN for projects such as PPARS and CIDR.

Within telephony services the emphasis was on achieving better value for money through such initiatives as negotiation of regional maintenance contracts for systems, active management and monitoring of mobile phone costs, and auditing of landlines to identify lines which might be surplus to requirement. We also successfully piloted the use of voice over internet protocol technology (VOIP) in Kells which will enable us to progress the aim of using our existing data network to route our voice traffic, this will result in significant savings in the future.

In our regional data centre we continued the process of server consolidation which will help rationalise the overhead in this area.

We provided project management services for the procurement of a regional Maternity system.

HUMAN RESOURCE DEPARTMENT

Introduction

The primary objective of the Human Resource Department is to contribute to the creation of an organisation where all staff are enabled to achieve their full potential, where quality services are delivered in partnership with staff and where achievement of excellence and continuous improvement are the norm. The H.R. Department sets the overall direction the organisation must follow in achieving its objectives through people and ensures that all human resource management activities are aligned to support national, organisation and functional strategies.

Developments in 2004

Human Resource Management Plan

A significant development during 2004 was the formal launch of the strategic Human Resource Management Plan developed as part of the process for the development of A Health Strategy for the People of the North East (2003). Ten key focus areas were identified in the Plan and actions identified under these focus areas will influence and direct the work of the H.R. Department over the next three years:

- Effective workforce planning
- Effective people management
- Improved quality of working life
- Best practice policies and procedures
- Working together in partnership
- Training, development and education
- Change management and team building
- Improved employee/industrial relations
- Performance Management
- Enabling structures, technology and systems

Partnership Working

With funding and support from the partnership process, work continued on the delivery of Joint Problem Solving Techniques with the aim of integrating working together in partnership as the way we conduct our business at all levels within the organisation. Locations where training was delivered during 2004 include:

- Meath Community Services
- St. Joseph's Hospital, Trim
- Cavan General Hospital
- Our Lady of Lourdes Hospital, Drogheda
- Cavan/Monaghan Community Services
- St. Christopher's Cavan
- Regional Ambulance Service
- Monaghan General Hospital

Work commenced on two significant partnership projects aimed at improving the quality of working life of staff and enhancing the dignity of people dying and of their families. These projects listed below will continue into 2005:

- Management of Aggression and Violence within the Health and Social Services Project
- Care for People Dying in Hospitals Project

Review of Activities

2004 showed a continued increase in activity across all areas as the H.R. Department expanded a number of initiatives commenced the previous year and sought to implement the strategic objectives outlined in the Human Resource Management Plan (2004).

Resourcing & Recruitment

In addition to ongoing work, the Resourcing & Recruitment Section were successful in achieving the ISO 9001 standard. This involved staff within the section in evaluating all recruitment processes and in submitting to external audit in advance of successful achievement of the ISO standard. Work has commenced on setting objectives and targets for 2005 with the aim of maintaining standards achieved.

Work continued on the introduction of competency based selection based on the Office for Health Management Competency Frameworks for clerical/administrative staff, nursing staff and social care professions. Training on the competency based approach was delivered to 85 interviewers and 400 interviewees and during 2004 a competency based approach was used in all interviews held. It is intended to continue the roll out of this approach during 2005 with the objective of competency based interviewing for all posts within the organisation.

Learning & Development Unit

The work of the Learning & Development Unit focused on ensuring that individual and organisational training, learning and development activities were aligned to support the organisation's strategies and goals. During 2004 a total of 503 courses were delivered in the Regional Education Centre. The delivery of Corporate Induction benefits new staff joining the organisation and, in conjunction with local H.R. Managers, Induction Programmes were introduced locally in St. Mary's Castleblayney with the aim of building on the corporate programme and facilitating delivery of statutory health and safety training.

In addition to ongoing activities in the Unit, work was completed on the development of a Diploma in Human Resource Management in conjunction with the National College of Ireland. This one-year programme commenced in October 2004 with twenty participants.

The Diploma in Healthcare Management, developed in conjunction with Dundalk Institute of Technology, commenced in October 2003 and has been progressing well. Thirteen participants are involved and commenced the second year of the programme in October 2004.

The Diploma in Applied Social Studies for undergraduate students, also developed in conjunction with Dundalk Institute of Technology, commenced in October 2003. Twenty-eight students are participating on this programme and will undertake a three-month placement in Disability, Homeless and Childcare Services during 2005.

Following development and delivery of a Senior Management/Leadership Development Programme during 2003/2004, work continued on the development and delivery of management/leadership development programme at first and middle manager levels. A total of four New Health Service Manager programmes and two Middle Manager Development programmes were delivered during 2004. A total of 44 attended the New Managers programmes and 21 attended the Middle Managers programmes.

A nationally developed Team Based Performance Management System for the health services was introduced on a pilot basis during 2004. The system was introduced to the two pilot sites below and, based on the experience and learning of these sites, work commenced on the development of core skills training to support introduction of the system during 2005:

- Laboratory Services, Louth/Meath Hospital Group
- Physiotherapy Services, Cavan/Monaghan

The ongoing development of library services continues to support learning and development activities within the organisation and during 2004 links to online databases were extended resulting in staff now having access to Cinahl, Medline, Cochrane, Psychinfo, Health Management Information Consortium MD Consult and EBSC.

Employee Relations Section

Staff within the section continued to work on the development of positive relationships with staff and their representatives, to provide guidance and support in relation to best practice working conditions and practices and to administer employee benefit schemes. These include sick pay schemes, maternity leave, parental leave, paternity leave, force majeure leave, term time working and career breaks.

2004 saw completion of work on the development through partnership of an Attendance Management Policy for the organisation and also completion of a partnership project to review the Employee Information Handbook. A number of staff within the section received training on the delivery of the nationally developed 'People Management – The Legal Framework' and during 2005 will commence delivery of the programme to line managers and union representatives with the aim of enhancing knowledge of the legal framework governing the employment relationship.

The work of the Personnel Administration Unit continued to enhance the standardisation and accuracy of data quality on the SAP HR system and supported implementation of the action plan to facilitate introduction of PPARS Phase II by the nationally agreed target date in 2005.

The Superannuation Section calculated and paid awards to 203 staff who retired or resigned during 2004 and continued to provide information and assistance to staff on superannuation matters. In addition to ongoing activities, a quality retirement programme was provided through the delivery of 3 pre-retirement planning seminars attended by 73 staff (and partners where this option was taken).

Nursing & Midwifery Planning & Development Unit (NMPDU)

During 2004 the Unit continued its role of overseeing the strategic planning and quality assurance of nursing and midwifery services within the region. During 2004 the Continuing Nurse & Midwifery Education Prospectus provided 34 programmes. A total of 672 nursing and midwifery staff

attended various education and training prospectus programmes in the region in 2004. In addition a total of 45 Local Education In-Service Initiatives were funded through the Continuing Nurse Education Budget. Funding was provided to 29 nursing and midwifery staff in respect of third-level courses. A further 244 nursing staff undertaking third-level courses received funding support under the Department of Health & Children Fees Initiative Scheme. The NMPDU were successful in receiving funding from the National Council for the Professional Development of Nursing & Midwifery for 20 practice development initiatives in 2004.

The Centre for Nurse Education (CNE) was fully established during 2004. The CNE is governed by a board of management, chaired by the Director of the Nursing & Midwifery Planning & Development Unit and comprises representation from the Dundalk Institute of Technology, St. John of God Services, North East, Directors of Nursing, General Managers and the organisation's Corporate Learning & Development Manager. The CNE has responsibility for addressing the in-service needs of Nurses and Midwives across the region and for maintaining close liaison with Dundalk Institute of Technology following the transfer of undergraduate nurse education and training to the Institute.

During 2004 sixty health care assistants from mental health services, community and continuing care and acute hospital services participated on the FETAC Level II Health Care Support Certificate Programme with the aim of enhancing skills and improving skill mix throughout the services.

In conjunction with Dundalk Institute of Technology, thirty nurses from orthopaedic, mental health and services for the older person together with St. John of God Services, North East are participating in a Post Graduate Diploma Programme. This programme has a unique clinical competency module requiring participants to apply knowledge and skills gained as measurable outcomes in their clinical practice.

PPARS

During 2004 work continued on the implementation of an action plan aimed at ensuring go live of PPARS Phase II by the nationally agreed date of August, 2005. Work commenced on rationalisation of payroll frequencies and on the elimination of variances in business processes to ensure standardisation in advance of go live date in 2005.

A more detailed breakdown of the activities undertaken by the department is provided in the following section:

Statistical Activity	2003	2004
Learning & Development Unit/Regional Education Centre		
Number of Centre Users	12,789	12,467
Number of Training Courses Held	518	503
Third Level Programme		
Certificate	120	118
Diploma	109	142
Degree	26	51
Masters	67	98
Library Services		
Number of staff registered to use library services	5,112	4,385
Number of hits on library web site	18,000	26,322
Interlibrary Loans	5,112	3,377
Nursing & Midwifery Planning & Development Unit		
Number of staff attending courses under Continuing Nurse Education Prospectus	306	672
Number of local education/in-service initiatives to which support was provided:		
Acute Services	22	30
Mental Health	4	4
Services for the Older Person	10	14
Public Health	5	9
Disability Services	1	0
Midwifery Services	-	3
National Council Funded Projects	-	20
Resourcing/Recruitment		
Number of competitions advertised	175	362
Number of applications requested	3,247	5,639
Number of candidates interviewed	892	1,300
Number of interview boards convened	181	295
Number of Interviewers trained	85	85
Number of Interviewees trained	----	400
Number of Exit Interviews	215	175
Employee Relations/Personnel Administration Unit		
Calculation of incremental credit for temporary/part-time staff		
Career Break applications	1,588	1,041
Flexible Working applications	118	136
Internal Transfers	590	650
	447	515
Superannuation		
Lump Sums/Gratuities	80	78
Refunds of contributions	73	125
Notifications in respect of reckonable service	666	492
Benefit statements issued	550	485

Pre-Retirement Planning Seminars		
Seminars held	3	3
Attendance	69	73

Occupational Health

Occupational Health works as strategic partners with Human Resources Department to ensure the health and well being of staff at work. Good occupational health and safety is an essential part of the effective management of people at work and the Occupational Health service provides competent advice and support to secure this aim.

In addition to ongoing work during 2004, Occupational Health completed the first phase of a survey of staff health and welfare in acute hospital and ambulance services. The findings of the survey were published in November, 2004 and a working group commenced analysis of the findings with the aim of introducing appropriate interventions where necessary. The second phase of the survey covering staff in community services and continuing care, and regional and central services is scheduled for early 2005.

Occupational Health provide other services to the under-graduate nursing programme within the region through the delivery of a comprehensive pre-placement health assessment to nursing students based in Dundalk Institute of Technology. Overall 2004 saw a significant increase in activity and usage of the service by both staff and managers alike.

Statistical Activity	2003	2004
Medical Examinations	818	955
Health Screening (incl. Pre-Employment)	1,124	3,067
Health Interview (Advisory)	206	451
Immune Status Investigations	3,040	5,790
Immunisations	4,217	1,685
Influenza Vaccinations	1,145	958
Worksite Visits/Risk Assessments	17	54
Induction Talks	22	28
Staff training presentations (latex, absence management/rehabilitation, stress management, etc.)	25	34

Department of Public Health

The Department of Public Health is principally concerned with the determination of the health status of the population, the monitoring and evaluation of outcomes of health services, the development of information services, the promotion and encouragement of healthy lifestyles and health orientated public policies and the surveillance and control of communicable diseases.

In 2004 the Department of Public Health published its second report on the health status of the population of the north east. The first report was published in 2000 and this report highlighted changes that occurred in the population's health status since the first report. Following the publication of the report a number of information meetings were held throughout the region. The purpose of the meetings was to inform healthcare managers, policy makers and healthcare workers so that future policies and work plans take account of the findings of the report.

In 2004 the Department of Public Health continued to facilitate the implementation of the national and regional health strategies and sought to assist each of the service areas in identifying and targeting inequalities in the region.

The Department of Public Health was also involved in carrying out and facilitating many evaluations/assessments and research projects including the following:

- Continued to work with the development officers in respect of both men's and women's health and chaired the regional women's and men's health committees.
- Continued to facilitate audit/evaluation and research in respect of cardiovascular health as recommended in the cardiovascular strategy.
- Provided population health and demographic data for service managers.
- Facilitated the implementation of the Best Health for Adolescents demonstration project through baseline surveys of the parents and students in St Aidan's Comprehensive School, Cootehill and Ballybay Community College.
- Evaluated the health promotion programme aimed at increasing awareness among farmers of the dangers of the sun and the benefits of protection measures.
- Completed with Cavan/Monaghan Services for Older Persons a needs assessment for people with dementia living in Cavan and Monaghan.
- Initiated pilot testing of the Computerised Infectious Disease Reporting (CIDR) system in conjunction with the National Disease Surveillance Centre and participating Reference Laboratories.
- Improved the surveillance of antimicrobial resistance by facilitating standardisation of resistance testing in microbiology laboratories.

- Completed a survey of Methicillin Resistant Staphylococcus Aureus (MRSA) infections in hospital patients
- Undertook a vaccination uptake improvement programme in conjunction with Community Care, Health Promotion, Primary Care, General Practitioners, Practice Nurses and hospital staff.
- Reported on the length of times patients have to wait for their first outpatient appointment at each of the acute hospitals in the region.
- Commenced a study investigating the reasons why some patients fail to attend for outpatient appointments.
- Completed a study on the blood alcohol levels in those who died as a result of accident or suicide.
- Facilitated the implementation of the smoking ban.
- Undertook a study to measure patient satisfaction with GP out of hours service.
- Continued to monitor the cardiovascular health status of residents of the region with reports on the changing epidemiology of heart disease, heart failure and atrial fibrillation.
- Produced report on self-reported depression and self-esteem among adolescents.
- Undertook baseline study of smoking prevalence in deprived estates.
- Managed and completed the international data collection phase of EUCOMP 2, an EU funded project. Conducted analysis of 18 member states' data and completed the final report.
- Facilitated the development of an audit tool for use in health centres in Meath.
- Worked with the Primary Care Unit in a mapping exercise to aid consultation regarding location of primary care teams in the region. This work will be completed in 2005.
- Continued to work with the palliative care service in examining the needs of the service.
- Continued to work with the CAWT boards and the Institute of Public Health in developing co-ordinated training in the area of health impact assessment and worked with the health promotion units in the four boards in implementing funded CAWT projects, including Steering to Safety.

TECHNICAL SERVICES/CAPITAL PROJECTS

Capital Developments in Health Care facilities continued in 2004, funded by the capital allocation received under the National Development Plan 2000-2006.

In addition to the major projects listed hereunder, works continued on the refurbishment of existing facilities and the purchase of new equipment for both acute hospital services and non-acute services. Much of this work was

funded under the Minor Capital allocations received during the latter part of the year.

The following is a summary of the main capital projects commenced/completed in 2004.

Community Services

Smithboro Health Centre

Work commenced on the construction of a new health centre at Smithboro, Co. Monaghan.

Clontibret Health Centre

Work commenced on the construction of an extension to and the refurbishment of the existing health centre at Clontibret, Co. Monaghan.

Muirhevnamore Health Centre, Dundalk

The complete re-roofing of this structure was completed in 2004.

Services for Older People

Oriel House

An extensive refurbishment project which commenced in 2003 was completed and commissioned in 2004.

St Joseph's Hospital, Ardee

Work on the installation of a new bed passenger lift was completed.

St Joseph's Hospital, Trim

Internal refurbishment work was commenced and completed.

Disability Services

Clinical Assessment Accommodation, Drogheda

Work commenced on the fit-out of a new premises at Boyne Business Park, which will provide a Drogheda base for Louth Disability Services, with extensive multi-disciplinary therapy and assessment accommodation.

Sensory Room, Dundalk

Work commenced on the provision of an extension to Mounthamilton House, Dundalk, which will accommodate a sensory room and ancillary space.

Mental Health Services

Climber Hall, Kells

Work was completed on the provision of new day service and clinical accommodation for Meath Mental Health Service.

Regional Services

NE Doc Accommodation, Castleblayney

Work was completed on the refurbishment of a disused building at Rath na nÓg for the accommodation of the North East Doc-On-Call service.

Acute Hospital Services

Development Control Plans and Feasibility Studies

Approval was received in 2004 from Department of Health and Children to progress

- Louth county Hospital, Dundalk - Development Control Plan
- Our Lady of Lourdes Hospital, Drogheda - Feasibility Study
- Our Lady's Hospital, Navan - Development Control Plan
- Cavan General Hospital - Development Control Plan
- Monaghan General Hospital - Feasibility Study

Work on all of the above has commenced.

Our Lady of Lourdes Hospital, Drogheda

- Upgrading of the ICU/CCU Dept was completed.
- Modular Accommodation for Symptomatic Breast Care Unit and Palliative Care was provided
- A Cardiac Rehabilitation unit was constructed.
- A Midwife Led Unit was provided within the Maternity Department

Our Lady's Hospital, Navan

- Upgrading of the Female Orthopaedic Unit was completed.
- The main Electrical Transformer and Switchboard was upgraded.
- The Boilers were converted to natural gas and upgraded.
- Work commenced on the upgrade of the kitchen.

Monaghan General Hospital

- Upgrading of the main electrical switchboard and transformer was completed in 2004.
- Work commenced on the provision of a Treatment Room at MGH.
- Refurbishment of boilerhouse.

Louth County Hospital

- Upgrade of kitchen electrical supply and air conditioning system was completed.
- The design of a Modular Theatre Facility (2 theatres) was commenced and progressed.

Cavan General Hospital

- A Midwife Led Unit was provided in Cavan General Hospital.

- Upgrade of the kitchen was completed.

Approval was received from Department of Health and Children at the end of 2004, to proceed with the selection and appointment of design teams to progress work in respect of a number of projects, both in the acute and non-acute sectors.

Other activities of the Technical Services Department include Building and Facilities Maintenance, Fire Prevention and Safety, Water Quality Management, and Waste and Energy Management.

The Technical Services Department has in conjunction with the HSE North Eastern Area Health & Safety Department initiated and progressed a project to review and improve the Water Quality within HSE North Eastern Area facilities. Risk Assessment of the larger residential facilities were carried out late 2003 and report and recommendations issued to all local management teams. The Technical Services Office has continued to support the local management teams to action the recommendations and has progressed the design and replacement of a number of the high risk water tanks identified in the Risk Assessment Report.

- Upgrade works to OLH Navan Water System were completed in 2004
- Orders were placed in 2004 for the replacement of water tanks at
 - Our Lady of Lourdes Hospital, Drogheda
 - St Mary's, Castleblayney

In 2004 the design of replacement tanks at a number of other facilities commenced also.

The Technical Services Department has progressed a number of Energy Reduction initiatives in 2004 under the headings:

- A) Oil to gas conversion**
Our Lady's Hospital, Oriel House in St Davnet's
- B) Insulation of old buildings**
Our Lady of Lourdes Hospital, Louth County Hospital, St Brigid's Hospital

The Technical Services Department initiated in 2004 the development of an Energy Management System for the HSE North Eastern Area. The Technical Services Department (in co-operation with Regional Materials Management) participated in a new initiative which was led by Department of Health and Children and Department of Finance to progress a National Contract for the Supply of Electricity to Public Buildings and Facilities. This process commenced in late 2004 and will result in reduced cost rates for electricity supply to the larger facilities in the HSE - North Eastern Area in 2005.

OFFICE OF CHIEF EXECUTIVE OFFICER

The role of the office of the Chief Executive Officer is to provide administrative support to the CEO, the Management Team, the Board and its committees and to ensure the efficient and effective management of the corporate affairs of the Board. The office also provides administrative support to the CEO in his roles as a member of the National CEO group, the Board of the Health Boards Executive (HeBE), CAWT, the Hospitals of the European Union (HOPE), Chairman of the Pre-hospital Emergency Care Council and other tasks that arise from time to time.

The CEO's office is also responsible for day-to-day upkeep and maintenance of the headquarters building.

The CEO's office focused on a number of key areas during 2004.

The office continued to provide administrative support to the CEO in his many commitments at regional, national and international level.

The CEO is supported by the office in his role as lead CEO in a number of HeBE projects including among others all projects relating to the Ambulance service.

The Freephone service for Board and Oireachtas members was provided up to June 2004.

The office provided administrative support to the Board for its monthly meetings together with a number of special and joint committee meetings.

The office continued to maintain and develop links with Patient Advocacy groups.

During 2004 the CEO's office has been working actively with the Interim HSE to assist in a seamless and effective changeover on 1 January 2005. This support has included:

- Consultation Sessions with Management of the Interim HSE & NEHB Management & Staff.
- Information days and workshops between the Interim HSE and Staff.
- Transfer of learning and corporate knowledge to the Interim HSE.

COMMUNICATIONS DEPARTMENT

The Communications Department co-ordinates internal and external communications for the Board. The North Eastern Health Board aims to create a communication style that is based upon openness and trust. All

local and national media enquiries relating to Board policy, management, finance, procedures, protocols or incidents are dealt with by the Communications Department. During 2004 the Communications Department continued to provide a 24-hour media service to local and national media. Press releases can be accessed on the NEHB website www.nehb.ie.

The office continued the development of a bilingual approach to public communications through the implementation of the Irish Language Action Plan. Irish language awareness training was provided to staff to enable them to understand why the organisation is implementing a bilingual policy and how this will affect their work.

Six editions of the bi-monthly staff magazine 'Health Matters' were produced.

A History of the North Eastern Health Board was written and published. This project was directed by the Communications Department.

The Communications Department also assisted staff when organising events such as official openings, launching reports or guidelines, presentations or any other event the Board wishes to celebrate. During 2004 those included:

- Bullying in Secondary Schools – Launch of Booklet
- Opening of Virginia Health Centre and ISO presentation to Breffni Care Centre
- Opening of Swanlinbar Day Care Centre
- Rath na nÓg International Conference
- History of the North Eastern Health Board
- Launch of Men's Health Action Plan
- Management of Violence in the Workplace
- Leaps & Bounds Conference
- Together We Can Conference

CO-OPERATION AND WORKING TOGETHER (CAWT)

The Co-operation and Working Together (CAWT) partners, the North Eastern and North Western Health Boards in the Republic of Ireland and the Southern and Western Health and Social Services Boards and relevant Trusts in Northern Ireland continued to co-operate in improving the health and social wellbeing of their resident populations. These four Boards cover the whole of the land boundary between the Republic of Ireland and Northern Ireland and between them they comprise a population of one million people.

They share common demographic features and common problems in terms of rural isolation, infrastructure, population trends and unemployment. There is frequent cross border traffic and in some cases, services provided in a consumer's natural hinterland are provided by the neighbouring health service on an agency basis.

During the past year the Board continued to work with CAWT through the following sub-groups: Public Health, Health Promotion, Primary Care, Learning Disability, Mental Health, Older Person, Physical and Sensory Disability, Acute Services, Human Resources, Communications, Family and Childcare, Information Technology and Finance. NEHB personnel, along with personnel in the other CAWT Boards and Trusts supported the development of cross border projects.

Personnel from the North Eastern Health Board area have continued to work with Health and Social Services personnel from across the CAWT region to lead on, and develop a number of imaginative and innovative projects across the health and social care spectrum. The following highlights some of the cross-border initiatives in which our personnel have played a major role:

Diabetes Services (Craigavon Area/Louth/Cavan Hospitals) - The Population Health Profile of the CAWT area identified diabetes as a serious problem for the region. A working group was established to facilitate the development of common data collection methods across two jurisdictions, to provide comparable and robust information in the planning and evaluation of cross border diabetic systems.

Renal Services – The Triangle Feasibility Study highlighted that patients with kidney failure living in border counties have several disadvantages. Regional specialist services are relatively inaccessible because of long travelling distances. The aim of this project is to establish a cross border strategic alliance committed to improving renal services for the people of the CAWT region.

Mobile Cardiac Catheterisation services – Further to a successful pilot of a cross border Mobile Catheterisation Service a business case for a permanent Cardiac Catheterisation laboratory in Craigavon Area Hospital has been submitted to DHSSOS with the potential to offer services to people across the border, in the region.

Details of all projects are outlined in full in CAWT's Annual Report.