

annualreport2000



South
Eastern
Health
Board

Bord
Sláinte
an Oir-
Dheiscirt

SOUTH EASTERN HEALTH BOARD

Bord Sláinte an Oir-Dheiscirt

Our mission is:

“To help the people we serve maximise their health and social well being, using the resources at our disposal as effectively and efficiently as we can”.

Our Corporate Objectives

We will:

- Provide a quality, integrated service for our patients, clients and users by providing a prompt, responsive, effective and accessible service for all our population;
- Enhance the contribution of our staff by initiating action to develop and nurture our staff, increase their involvement and recognise their contribution as a key resource;
- Enhance our financial and general management performance by establishing mechanisms to enhance the management performance of the Board;
- Develop and integrate our organisational structure by streamlining and focusing the structures of the organisation to achieve our objectives;
- Promote health and social gain by our population by working with other agencies to develop health promoting activities and developing our own policy on health promotion;
- Work constructively with other relevant agencies, both statutory and voluntary by working in partnership with other agencies to achieve our objectives.

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Chairman's Review *An Cathaoirleach*



Mr. Jackie Fahey
Chairman

During the year 2000 the South Eastern Health Board continued its mission of providing health and social services to our region.

It is clear that even without a census since 1996 that the rapid pace of economic growth over the last five years has resulted in significant growth in our population as people returned from abroad to share in the prosperity here. This of course increases the pressure on our facilities and underlies the need for growth. The flow of funds to our service also benefited from the new prosperity, and 2000 in particular saw a very large increase in our allocation dedicated especially to the relief of significant social problems amongst the disabled and children who were being neglected in some way.

We also were the recipients of a significant capital programme to commence in 2000. This will enable us to continue to build up our health infrastructure by enlarging and modernising our hospital system.

With the increase in prosperity has come a rise in expectations also amongst the general public who now seek a rapid quality response to their health problems as is available in many European countries.

This will require a very large expansion in our funding and also the development of a pro-active consumer policy in all our services.

I look forward to 2001 when the new health strategy will chart our way forward to a service, which will build on our strengths especially the quality of our staff.

I would like to express my thanks to the Board for their support while I was Chairman and also to the Chief Executive Officer and his team for the continuing energy and courtesy shown by them in pursuit of our objectives.

Le linn na bliana 2000 lean Bórd Sláinte an Oir-Dheiscirt ar aghaidh lena mhisean chun seirbhísí sláinte agus sóisialta a sholáthar inár limistéir.

Is léir, fiú gan daonáireamh ó 1996, go bhfuil an fíor dul chun cinn eacnamaíochta 'sna cúig bliana atá thart mar bhunús le fás suntasach ins an daonra agus daoine ag fillleadh ó i gcéin chun 'bheith páirteach sa rathúnais. Cuireann sé seo, ar ndóigh, leis an mbrú ar ár seirbhísí agus léiríonn sé an riachtanas le fás breise a dhéanamh. Tá an rathúnais nua ag cur leis an maoiniú ar ár seirbhísí. In 2000, go h-áirithe, bhí árdú an-mhór ins an dáilleadh tugtha dúinn maidir le faoiseamh ar fhadhbanna sóisialta suntasacha i measc lucht mí-chumasach agus páistí go raibh faillí á dhéanamh orthu in slí éigin.

Táimid freisin mar faighteoirí ar chlár suntasach capital chun tosnú i 2000. Dá bharr beimid i ndán leanúint lenár n-infrastructúr sláinte d'fhorbairt trí méidiú agus nuachóiriú a dhéanamh ar ár gcóras ospidéil.

Leis an árdú rathúnais, tá méidiú tagtha ar shúilíocht an phobail. Tá siad anois ag cuartú freagra den árd-chaighdeán ar fadhbanna sláinte, mar atá le fáil i mórán de thíortha na hEorpa.

Beidh méidiú an-mhór inár maoiniú riachtanach chun é seo a dhéanamh, chomh maith le forbairt ar pholasaí tomhaltóireachta inár seirbhísí uile.

Táim ag súil le 2001 nuair a bheidh Straitéis Sláinte nua chun ár mbealach a threorú chun seirbhíse a bheidh ag forbairt ar ár gcuid láidreachtaí, go mórmhór árd-chaighdeán ár lucht fóirne.

Ba mhaith liom mo bhuíochas a ghabháil leis an mBórd don dtacaíocht agus mé i mo Chathaoirleach. Gabhaim buíochas freisin leis an bPríomh-Fheidhmeannach agus a fhoireann don bhfuinneamh leanúnach agus cuirtéis léirithe acu agus iad ag cur i gcrích ár gcuspóirí.

Report of Chief Executive Officer



Mr. John Cooney
Chief Executive

The year 2000 proved to be a year of considerable contrasts. On the one hand those services which were selected for development by the Government received a considerable financial boost. Included in these were childcare, disability and the beginning of a major upgrade of cancer services and cardiovascular services. On the other hand core services in the acute hospital sector, long stay care and primary care were under ever increasing pressure of demand from a growing and ageing population despite waiting list programmes and expansion in nursing home numbers. A considerable slice of the increased allocation was also required to fund special increases in pay for nurses as well as the costs of national pay increases.

The result of these contrasts was that long overdue and extremely badly needed resources were allocated to children and the disabled but the overall impression of the system was one of increasing congestion and ongoing waiting lists for services despite the progress made on these during the year. The pressure on the core system was most evident in the rapid rise of demand for medical beds. This forced medical patients into the elective beds of other specialities where these existed and onto corridors in some hospitals.

In all hospitals, proposals to expand the number of acute beds were submitted to the Department of Health & Children as part of the National Development Plan. The region was allocated a capital programme of £161 million over six years of which 50% was to be spent in hospitals. However existing commitments in Clonmel and Kilkenny especially were included in this sum. The programme prioritised projects on the basis of criteria approved by the Board and in conformity with the specifications of the Department of Health & Children.

On the social services side of our service the build up on childcare and family care services continued as we sought to respond to the needs of individual children whilst at the same time seeking to improve standards, recruit and train sufficient staff. Our adoption service was evaluated in the light of a big increase in foreign adoptions and the necessary improvements required were identified. Many more high support places for distressed children were opened and the programme for creation of refuges for women subject to violence continued. Women's health generally came into focus with the launch of our report on Women's Health and a new counselling service for adult victims of past abuse was introduced, similarly services for Asylum seekers, travellers and drug addiction were improved.

In relation to elderly services there was a continuing increase in demand for long stay care especially in nursing homes. The subvention system had been under severe pressure from rising costs and demand increases. Although an increase in subvention was envisaged the Board had to intervene in many cases to provide additional subsidy for persons whose resources had become exhausted.

The Board also made progress in increasing the availability of para medical grades and home support staff as part of our policy to develop primary care. Much still remained to be done at year-end.

Other primary care service improvements included the successful completion of the Care Doc project in Carlow/Kilkenny and a decision was taken to extend it to the region as a whole as resources allowed. Similarly health promotion activity increased significantly as an attempt to influence our citizens to reach out themselves for better and healthier lifestyles.

Mental health services continued to develop toward a fully community based model with progress reported on the acute psychiatric unit for St. Luke's Hospital, Kilkenny and the reduction in the number of intellectually disabled population of mental hospitals. We also began to plan for the psychiatry of old age and initial appointments of two psychiatrists in old age were made.

As an organisation the Board continued to implement its 1997 Corporate Strategy. Among the projects addressed during the year was the change in the general management structure to area management. An ambitious programme of ICT system development also proceeded aimed at the introduction of major new system suites for hospital management and financial management. Significant progress was also made in personnel and a new Directorate of Capital Projects was introduced to assist in the drive to improve our infrastructure.

As the year ended the Boards concerns remained very much focused on the acute pressure of demand on our fixed hospital bed numbers and on the need for major and rapid capital investment in additional acute, rehabilitation and long stay beds together with improved capacity to manage patients in a community setting.

I would like finally to thank the Board for their support during the year and also to express my thanks to my colleagues in management and the professions for their total commitment to the service during the year.

Tuairisc Ún bPríomh-Fheidhmeannach

Bliain le contrárthachtaí suntasacha ba ea 2000. Ar lámh amháin, treisíodh na seirbhísí roghnaithe ag an rialtas le h-aghaidh forbartha trí airgeadú suntasach. Ina measc seo bhí cúram leanaí, cúram do mhí-chumasaíocht agus tús le árdú céime do sheirbhísí ailse agus seirbhísí cadío-vascaih. Ar an lámh eile, bhí brú gan stad ar na príomh seirbhísí 'sna géar ospidéal, seirbhísí cúraim fad-théarmach agus cúraim príomha ó dhaonra atá ag dul ina aois. É seo in ainneoin cláracha liosta feithimh agus méidiú in uimhreacha 'sna h-ionaid altranais. Bhí gá, chomh maith, le slios suntasach den dáilleadh méidithe sin chun dul i dtreo árdaithe speisialta d'altraí i dteannta le costas na h-árdúcháin pá náisiúnta.

Bhí sé mar thoradh ar na contrárthachtaí sin gur cuireadh maoiniú go raibh géarghá leis le seal fada, isteach 'sna seirbhísí do pháistí agus daoine mí-chumasach. É sin ráite, bhí sé mar dhearcadh ar an gcóras go raibh plúchadh leanúnach agus liostaí feithimh do sheirbhísí in ainneoin an dul chun cinn. Bhí an brú ar an gcóras lárnach léirithe ins an ghéar árdú ar éilimh do leapacha leighis. Chuir sé seo ícheall ar othair dul chuigh leapacha i speisialtachtaí eile san áit go rabhadar ar fáil nó chuigh leapacha ar na pasáistí i roinnt ospidéal.

Mar chuid den bPlean Forbartha Náisiúnta, ins na h-aighneachtaí curtha go dtí'n Roinn Sláinte agus Leanaí, cuireadh béim ar leapacha breise do na géar ospidéal. Tugadh dáilleadh do chlár caipitil £61 milliúin thar 6 bliana don réigiún, 50% de sin le caitheamh ar ospidéal. Cuireadh san áireamh, áfach, dualgaisí reatha maidir le Cluain Meala agus Cill Chainnigh sa suim seo. Chuir an clár béim ar thógraí ar bhonn an critéir inglachtha ag an mBórd agus in oiriúint do na bunriachtanaisí atá ag an Roinn Sláinte agus Leanaí.

Ar thaobh na seirbhísí sóisialta, leanadh le forbairt ar cúram leanaí agus seirbhísí cúraim clainne agus sinn ag iarraidh dul in oiriúint do riachtanaisí leanaí aonaracha ag an uair chéanna agus caighdeán d'fheabhsú agus líon cuí lucht fóirne d'earcú agus a thraenáil. Deineadh measúntacht ar ár seirbhísí altramais i bhfiannaise an árdú mhór in altramaisí eachtrannacha agus aithníodh na feabhasúcháin a bhí le déanamh. D'osclaíodh oiread eile de áiteanna árd-thacaíochta do pháistí cráite agus leanadh leis an gclár chun tearmainn a sholáthair do mhná ag fulaingt ó fhoréigin. Tháinig sláinte na mban go ginearálta chun cinn le seoladh na tuairisce ar Shláinte na mBan. Cuireadh seirbhís comhairleorachta ar bun dóibh siúd a d'fhulaing mí-úsáid mar pháistí. Mar a chéile, cuireadh feabhas ar sheirbhísí do lucht dídin, an lucht siúil agus aindiúlaigh drugaí.

Maidir le seirbhísí do sheanáirí, bhí árdú leanúnach ann san éileamh do fhanacht fad-théarmach, go mórmhór in ionaid altranais. Tá an córas cabhrach fé bhrú mór de bharr costaisí méidaithe agus árdú éilimh. Cé go raibh sé ar intinn méidiú a bheith ann sa chóras cabhrach, bhí ar an mBórd idirghabháil a dhéanamh in an-chuid cásanna chun breis cabhrach a sholáthar do dhaoine go raibh a gcuid maoin caite.

Tá dul chun cinn freisin déanta ag an mBórd in méidiú a dhéanamh ar ghrádanna para-meidiceach agus ar lucht fóirne cabhrach teaghlaigh mar chuid dár bpolasáí chun cúram príomhach d'fhorbairt. Bhí go leor fós le déanamh ag deireadh na bliana.

I measc na bhfeabhasaithe eile i dtéarmaí cúraim príomhach, bhí cuir i gcrích tógra an "Care Doc" i gCeatharlach/Cill Chainnigh. Tógadh cinneadh chun é a leathnú go dtí an réigiún go h-iomlán de réir mar a cheadaíonn maoin. Mar a chéile bhí meidiú suntasach i gcúrsaí cothú sláinte, mar iarracht chun anál a chur ar shaoránaigh módh beatha níos sláintiúla a leanúint.

Bhí forbairt arís ar chúrsaí sláinte intinne i dtreo tion-scainimh bunaithe sa phobal. Bhí dul chun cinn le tuairisciú maidir le géar-ionad siceatrach d'fhorbairt in Ospidéal Naomh Lúcas i gCill Chainnigh. Bhí laghdú i líon daonra iad siúd le mí-chumas intinne ins na h-ospidéal sláinte intinne. Chuireamar tús freisin le pleanáil do sheirbhísí siceatracha do sheanáirí agus deineadh ceapúcháin tionscantach de dhá siceatraigh seanóireach. Mar eagraíocht, lean an Bhóird le Straitéis Coirpreádach ó 1997 a chur i bhfeidhm. I measc na dtógraí gur tugadh aghaidh orthu bhí na h-athraithe ón gcóras bainistíochta ghinearálta go dtí bainistíocht áitiúil. Bhí bláthú freisin ar chlár aithmeannach i bhforbairt córas ICT, in oiriúint do thionscain socraithe oll-chórais nua do bhainistíú na n-ospidéal agus cúrsaí airgeadais. Bhí dul chun cinn suntasach i gcúrsaí pearsannra agus cuireadh tús le stiúrthacht nua ar thógra caipitil chun cabhrú lenár n-aidhm chun feabhas a chur ar ár n-infrastructúr.

Anois agus an bhliain ag teacht chun deireadh, tá mórán de bhéim an Bhóird lagtha ar an ngéar bhrú éileamh ar uimhreacha leapain socair inár n-ospidéal agus ar an ngá le infheistiú mhór caipitil i mbreis leapa fad-théarmach, athslánaithe agus géar leapacha – chomh maith le breis chumais chun cúram a dhéanamh ar othair i gcómhthéacs pobail.

Ar deireadh ba mhaith liom buíochas a ghabháil leis an mBórd as a gcuid tacaíochta le linn na bliana agus mo bhuíochas a chur in iúl don mbainistíocht agus na proifisiúin don dian obair agus iad tugtha don tseirbhís le linn na bliana.

The Board

The South Eastern Health Board is an elected body with statutory responsibility for the development of health and social policy for the South East region. The daily running of the services is the responsibility of the Chief Executive Officer.

The Board is made up of 31 elected members: 16 of these members are public representatives who are nominated by the local authorities from the five counties of the South East. The medical profession elects eight of the members; two members are elected from the nursing profession; one member is elected from each of the dental and pharmaceutical professions;

and the Minister for Health and Children nominates three members.

The Board is divided into three sub-committees reflecting the way health services are allocated funding:

- Community Care Committee
- General Hospitals Committee
- Special Hospitals Committee.

These committees deal with all aspects of their specialist areas including the strategic development of services and financial issues. They have an influential role in all work carried out throughout the organisation.



South Eastern Health Board Members.

Community Care Committee

(Committees membership as at 1 January 2000)

Members

Cllr Deirdre Bolger (Chairman)
Cllr Michael Deering
Mr. Percy Delaney
Dr. Neville deSouza
Mr. Jackie Fahey
Cllr. Martin Fitzpatrick
Dr. Finian Gallagher
Dr. Sean McCarthy
Dr. Kay O'Leary
Cllr Hilary Quinlan
Dr. James Stacey

Nominating Body

Wexford County Council
Carlow County Council
Pharmacist Nominee
Public Health Specialist Nominee
Ministerial Nominee
Ministerial Nominee
Medical Nominee
Tipperary County Council
Dentist Nominee
Waterford County Council
Medical Nominee

General Hospitals Committee

Ald. Gus Byrne (Chairman)
Cllr Tom Ambrose
Cllr Ann Blackmore
Dr. Jack Gallagher
Ms. Annette Gee
Mrs. Joan Johnson
Cllr. Tom Maher
Dr. Donie Ormonde

Wexford County Council
Tipperary County Council
Kilkenny County Council
Consultant Nominee
General Nurse Nominee
Ministerial Nominee
Kilkenny County Council
Consultant Nominee

Cllr Seamus Ryan
Dr. Frank Walker

Waterford County Council
Consultant Nominee

Special Hospitals Committee

Mr. Leo Carthy (Chairman)
Ald John Coonan
Cllr. Jack Crowe
Dr. Derek Forde
Dr. Tom Higgins
Dr. Michael Kelleher
Cllr Pat Leahy
Cllr Cora Long
Cllr Jimmy Murnane
Cllr. Michael Meaney

Wexford County Council
Psychiatric Nurse Nominee
Tipperary County Council
Medical Nominee
Waterford County Council
Psychiatric Consultant Nominee
Waterford County Council
Kilkenny County Council
Carlow County Council
Carlow County Council

The Health of the People of the South East

The South Eastern Health Board covers the area of Carlow, Kilkenny, South Tipperary, Waterford and Wexford. There were 391,046 people living in the South Eastern Health Board (SEHB) region in April 1996 (Central Statistics Office 1996 census).

Births in the South Eastern Health Board

There were 6,002 births in the hospitals in the South Eastern Health Board region in 2000. The breakdown below refers to the birth rate on a county, regional and national basis for the year 1999 (most recent breakdown available).

Births classified by residence and age of mother

Births 1999	Mothers age - all ages Numbers	Rate per 1000 female population	Mothers age - 15 - 19 years Numbers	Rate per 1000 population
Carlow	616	56.4	48	23.4
Wexford	1,691	63.7	125	25.8
Kilkenny	965	50.9	40	11.7
Sth. Tipperary	983	52.4	68	20.5
Waterford	1,397	56.0	90	20.2
SEHB	5,632	56.4	371	20.5
Ireland	n/a	54.4	n/a	19.8

Teenage Pregnancy



The rate of teenage pregnancy in Ireland has changed little over the past number of years. However up to the 1980s most teenage mothers were married, but in recent years there has been an increase in the number of teenage parents who remain single, Central Statistics Office (CSO) 1999.

The South Eastern Health Board has a higher rate of teenage pregnancy and a higher proportion of teenage mothers who remain single than the national average. In 1996 the rate of births to women in the 15-19 age group was 20 per 1,000 population in the

SEHB whilst the national average was 16. The SEHB rate increased to 21 per 1,000 by the year 1999 and the national average had increased to 20 per 1,000 (CSO 1999).

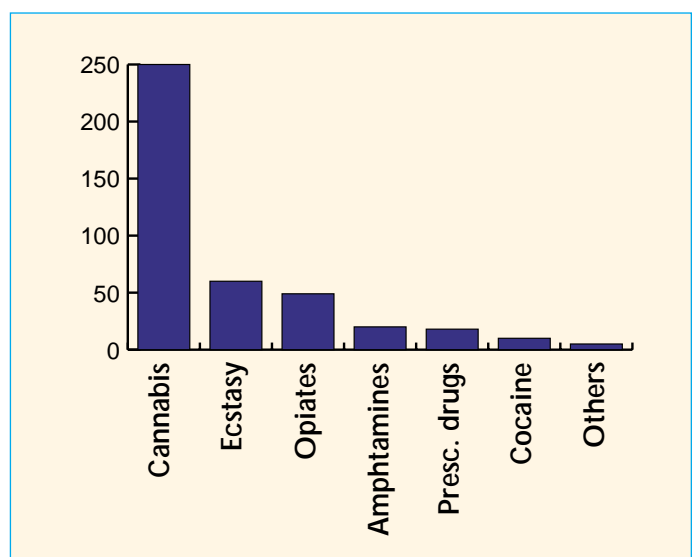
In 1999 there were 371 births to teenage women in the SEHB region. This is a particular cause of concern as the majority of these teenage mothers were single. The SEHB in conjunction with the Health Research Board and University College Cork undertook a research programme into teenage pregnancy in the South East to develop a fuller understanding of teenage pregnancy and the establish what the appropriate responses should be put in place. This research will be completed in 2001.

Drug Misuse

The number of people treated for drug misuse continues to rise. In 2000 there were 392 persons treated compared to 196 in 1998. Although the rise appears to be substantial, some of this rise is due to the expansion of community and residential treatment facilities in the Region.

Cannabis is still the most common drug for which treatment is sought, however there is a steady increase in the treatment of ecstasy and opiate misuse.

The table below shows treatment of drugs misuse by the type of drug.



Deaths

There were 3,505 deaths in the South Eastern Health Board in 1999*, (*most recent statistics available).

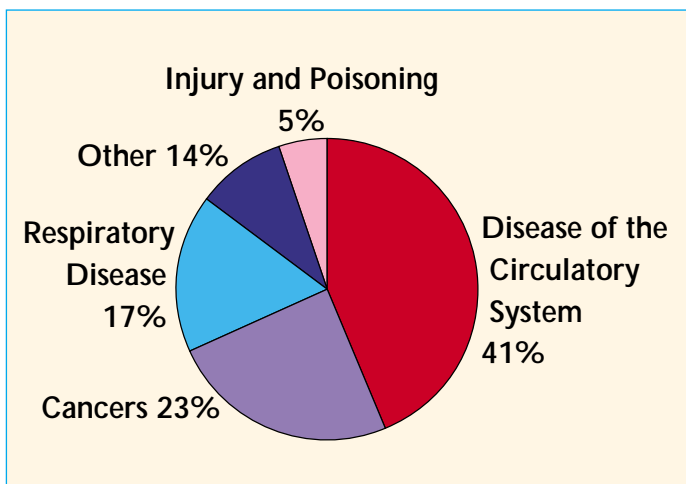
Deaths in 1999 classified by county of residence of deceased

These are crude death rates and not standardised for age or sex differences.

County	Number of Deaths Male	Death Rate (Per 1000)	Number of Deaths Female	Death Rate (Per 1000)
Carlow	199	9.16	180	8.51
Kilkenny	301	7.66	320	8.35
Sth. Tipperary	385	9.75	338	8.82
Waterford	436	8.92	393	8.03
Wexford	506	9.35	447	8.35
SEHB	1827	8.98	1678	8.38
Ireland	16480	8.86	15203	8.06

Causes of Death

Deaths registered in 1999 classified by principal cause.



Cardiovascular Disease

Cardiovascular disease is the single most common cause of death in the South Eastern Health Board. In the years 1991 to 1995 south eastern residents experienced a death rate of 233 per 100,000 population from Ischaemic Heart Disease, which was higher than the national rate of 219 per 100,000.

In 1999, the Government launched the Cardiovascular Heart Strategy "Building Healthier Hearts". In 2000 the SEHB Cardiovascular Disease Strategy Steering Committee developed a comprehensive strategy for the Board, and recommended priorities for development in the region. The priority of the South Eastern Health Board during the Year 2000 was to develop the infrastructure necessary to provide comprehensive cardiac care within the region. In accordance with the recommendations set down in "Building Healthier Hearts", the South Eastern Health Board launched initiatives in:-

1. Health Promotion

Emphasis was placed on developing smoking cessation services and dietetic services and expanding the health promotion programme with a specific focus on Cardiovascular Disease

Prevention. As part of the Boards policy to improve information access and communication with the general public, a health information officer to co-ordinate information needs relating to all aspects of health promotion was appointed. Eight additional health promotion posts were created.

2. Primary Care



A Secondary prevention project was initiated and co-ordinated through the primary care unit. Dietetic, smoking cessation and nursing resources were put in place to support the project. The development of disease management protocols for general practice setting were started. Resources were also made available for the purchase of ECG machines and ambulatory BP (blood pressure) monitors. A total of 11 partnership nurses were put in place coordinated by a nurse partnership facilitator working in conjunction with a Primary Care Unit doctor all employed under the strategy.

3. Pre-Hospital care

The pre-hospital telemetry project commenced which assists in the rapid diagnosis and management of cardiac chest pain at Waterford Regional Hospital. In order to expand the resuscitation-training programme, in all areas of the Board resuscitation training officers were recruited and a certain amount of funding for training/equipment was made available. Resuscitation training officers were appointed.

4. Hospital Care

Non-invasive cardiology services within the region were expanded through the recruitment of additional cardiac technicians and student cardiac technician in the acute hospitals. Implementation of permanent pacemakers commenced in year 2000. Ultrasound echocardiographer machines, holter systems and other cardiac equipment were installed in acute hospitals throughout the region. A regional training programme for student cardiac technicians was implemented.

Chest pain nurses and cardiac disease management nurses were appointed to co-ordinate management of patient care in accordance with agreed protocols. Medical and nursing staffing levels were increased at ward level. This ensured prompt and improved quality of cardiac care services. A total of 28 posts were approved for hospital care under the Cardiovascular strategy.

5. Cardiac Rehabilitation

Four cardiac rehabilitation nurses were employed to extend existing and establish new services within the region. Smoking cessation, dietetic and physio supports for a multidisciplinary rehabilitation approach were also put in place. Equipment for cardiac rehabilitation was also purchased.

6. Strategy Development Disease Surveillance, Disease Management Audit and Research.

A cardiovascular disease co-ordinator was employed to develop a comprehensive strategy for the region in conjunction with the Cardiovascular Disease Steering Committee. The development of disease management protocols commenced involving consultant cardiologists/physicians and disease management nurses facilitated by a specialist in public health medicine.

In 2000 the total number of posts approved under the Cardiovascular strategy was 58. The strategy development will continue into 2001 with further implementation of plans and objectives.

The National Primary Immunisation Programme consisted of Diphtheria, Tetanus and Pertussis (Whooping Cough), Polio and Haemophilis Influenza B at 2, 4 and 6 months and Measles, Mumps and Rubella at 15 months. In October, 2000, the Minister of Health launched the Meningococcus C immunisation Programme, children aged 2, 4 and 6 months now also receive Meningococcus C immunisation. This was a welcome addition to the childhood immunisation programme, as Meningococcal Disease is a serious illness causing considerable permanent disability and death. Ireland has the highest prevalence of meningococcal disease in Western Europe, of course, Meningococcal C vaccine only protects against disease caused by Meningococcus C and there is still no vaccine against Meningococcus B, so parents still need to be vigilant about Meningococcal disease.

In addition to introducing Meningococcal C to the infant immunisation scheme, a catch up programme was carried out on all children and adults up to the age of 22 on a phased basis, the targeted programme will be completed in early 2002. Of the groups that have been vaccinated, the uptake of the 15-18 years old is 90% in the school population and 74% in the 3rd Level colleges. The uptake in the 1-4 year olds has been disappointing at 63%.

The vaccination uptake rate continues below the target rate of 95%, but it has increased over the rate for 1999, and compares favourably with the national rate.

Immunisations

Uptake Rate for Immunisation in 1999 and 2000 South Eastern Health Board, Ireland

Vaccine	SEHB 1999	SEHB 2000	Ireland 1999	Ireland 2000
DTP/DT	89.0%	89.6%	86.2%	85.9%
Hib	88.8%	89.3%	85.5%	85.4%
Polio	88.8%	89.6%	86.0%	85.7%
MMR	86.6%	89.7%	76.9%	78.9%

Influenza

The Influenza Vaccination Campaign was launched in the Autumn of 2000. The Influenza Vaccine was available free of charge to all persons aged 65 years and over and those with chronic medical conditions. The administration of the vaccine was also free to these groups who were in the GMS Scheme.

The target for the uptake in people over 65 years was 65% of the GMS population, unfortunately this target was not reached in the South Eastern Health Board Region and an uptake figure of 56% of the GMS Population was achieved.

It is important to achieve as high an uptake of influenza vaccine as possible especially in the elderly to reduce morbidity and hospitalisation during the Winter months.

South Eastern Health Board personnel Ann Mullins and Margaret Fogarty, of Carlow/Kilkenny Community Care working on the National Meningococcal C (Meningitis C) Immunisation Programme



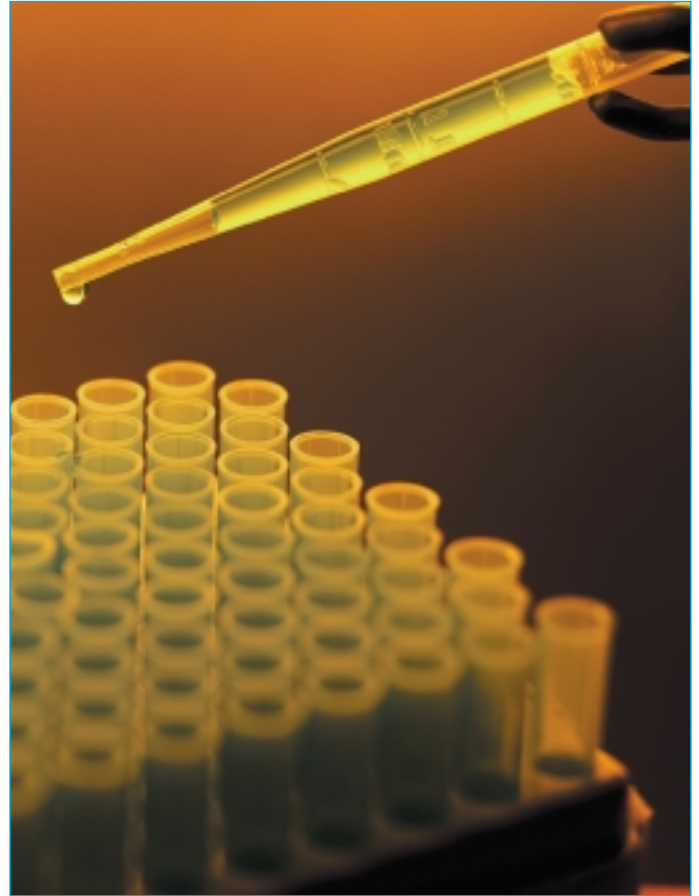
Infectious disease

In 2000, the SEHB Public Health Department were informed of 1,266 cases of infectious diseases. There were a number of outbreaks of gastro-enteritis as well as eight cases of E Coli 0157, each of which was treated as an outbreak.

Among the vaccine preventable diseases, 10 cases of Rubella were recorded, 11 of Pertussis/Whooping Cough and 105 of Measles. The year 2000 saw a major outbreak of measles that largely hit the eastern area of the country and southern counties. It had significant impact on the SEHB. The control measures put in place for a number of months included major efforts to vaccinate those with no computerised record of vaccination as well as the interim measure of reducing the age of vaccination to help protect the more vulnerable children.

2000 will be remembered as the year for the introduction of the Meningococcal C vaccination campaign. In the same year in the SEHB, 63 cases of meningococcal disease were recorded; almost half of which was due to Meningococcal C. The impact of the programme should become clear over the next few years.

Surveillance of Flu and Respiratory Tract Infections was undertaken for the first time in 2000. A national programme of influenza surveillance was co-ordinated by the National Disease Surveillance Centre, Irish College of General Practitioners and Virus Reference Laboratory. To enhance the data gathered by these sources the public health department gathered weekly figures on numbers of staff and clients with respiratory illness in all Nursing Homes in the South East



Region. The regional hospital provided figures on weekly admissions with respiratory illness and many primary schools in the South East provided information when 10% or more of their pupils were absent. It is anticipated that similar surveillance will occur next winter.

Community Services

Community services work closely with local groups, voluntary and statutory organisations in the delivery of its services. A wide range of services are provided and this chapter highlights the work, achievements and developments in 2000. The Community Care report covers the following services:

Child Care and Family Support Services



Service Objectives

- To ensure that all children who live within the region:
 - Are safe and secure
 - Are brought up by their own families, wherever possible
 - Have equal access to opportunities that will enable each individual to make the best of their physical, educational, psychological, emotional, spiritual and cultural development
- To meet the requirements of all relevant legislation, regulations, guidelines and Irish Social Services Inspectorate Standards
- To develop appropriate services in line with the National Children's Strategy, the National Strategy on Homeless Children, the National Working Party Report on Foster Care and the Standardised Framework for Inter-Country Adoption Assessment.

The following service objectives were met by developments in 2000:

- Phase 1 of the implementation of Children First was commenced. In addition, the South Eastern Health Board took a lead role in developing National Children's First Training Programmes for joint Garda Síochána – Health Boards training; and for Health Boards in-service training of Designated Officers.
- The development of a Draft Child Care Strategy. The finalisation of this Strategy was deferred pending the launch of The National Children's Strategy.

- 20 High Support Unit places were developed.
- Five County Childcare Committees were established during the year. A South Eastern Health Board Child Care Manager was selected by the Southern and Eastern Regional Assembly to represent it on the National Appraisal Committee. A Parent Support Programme was launched in Clonmel, in partnership with the Van Leer Foundation. Early Years Projects were launched in Kilkenny and Waterford.
- In partnership with Carlow College, a course leading to the qualification "Certificate in Applied Social Studies (Social Care)" was started in November 2000. This course provides Residential Child Care Workers who are employed by the Board with the opportunity to complete professional training, whilst continuing with their work.
- A Therapeutic Crisis Intervention (T.C.I.) course for residential care staff was provided in association with the Southern Health Board. A Training of Trainers Course in Therapeutic Crisis Intervention (Cornell University) was provided to develop 16 Trainers in T.C.I. who are now available to provide this training Board wide.
- A pilot project in the development of High Support Family Placements has been successful in Wexford Community Care Area, and this will be rolled out across the Board's area in 2001.
- The Board commissioned Barnardos to undertake a study to indicate the resource and training needs that the implementation of the Children Act will necessitate. Training in Family Welfare Counselling has begun in the region.
- Additional staff were recruited to the Regional Adoption Service (SEEK), and training of couples has been developed.
- The implementation of the recommendations from the Review of SEEK was started during 2000. Full implementation will be achieved in 2001.
- The Irish Social Services Inspectorate inspected three of the Board's Residential Children's Centres during 2000. The Board inspected three Residential Children's Centres that are owned and managed by voluntary bodies.
- The U.K. based Social Information Systems was commissioned to conduct a Review of the Board's Community Care Social Work Service. The first two stages of this four stage Review were completed during 2000.
- A range of existing partnerships with statutory and voluntary services were strengthened and new service partnerships were developed during 2000. The Clonmel based Cuan Saor Women's Refuge was opened during 2000 as was a small residential unit for children with disabilities who have presented as also having welfare and/or protection needs. This latter development was achieved in

partnership with the Presentation Sisters, Fethard, Co. Tipperary.

- The Waterford Springboard Project was evaluated during the year and it has had an opportunity to consolidate and develop its service remit. Two additional Family Centre projects have been developed during 2000, in Clonmel and Carlow.

Therapeutic Services for Children & their Families

Child & Family Consultation Services



- Two child psychiatric teams in the Board's area provide Child & Adolescent psychiatric services. One team based in Kilkenny provides a service for the Carlow/Kilkenny and South Tipperary community care areas and the second team based in Waterford provides a service for the Waterford and Wexford community care areas. These multidisciplinary teams are composed of Consultant Child Psychiatrist, Psychiatric Registrar, Clinical Psychologist, Social Workers and clerical staff. The service aims to provide a comprehensive child psychiatric service to children and their families and a consultation service to other professionals working with children and families. It also provides a range of support to children up to the age of 18 years.

Both the psychiatric service and professionals in community care continue to face increasing demands from the courts in relation to the provision of assessments and social reports for children and families.

Psychology Services

The Psychology services specialise in working with children and young people by helping them and their families promote their emotional well being. The majority of referrals to the psychology services come from social workers GPs and schools with the remainder coming from a variety of sources such as public health nurses and area medical officers. Most of the referrals are related to emotional/behavioural difficulties. As well as providing one-to-one services the psychology service has also initiated a number of

parenting programmes in the community. Psychologists also provide consultation on behaviour management and emotional needs of children to school guidance counsellors.

Source of Referral

Social Work Department	281
Speech & Language Therapy	52
Area Medical Officer	39
Paediatrician	56
Child Guidance	14
Schools	135
GP	187
Public health nurse	62
Others	108
Total	934

Services for People with Physical and Sensory Disabilities

The South Eastern Health Board aims to provide a comprehensive, well planned range of services to children and adults who have a physical and sensory disability in an accountable fashion within the resources available to it.

Strategic Objectives.

- To assist people with physical and sensory disabilities to achieve their full potential through the development of appropriate and responsive services which enable people to live with dignity and with the greatest independence possible.
- To provide high quality services that are responsive and appropriate to its users, which lead to a positive outcome in terms of health and social gain.
- To develop the Board's own diagnostic early intervention and therapeutic services so as to ensure that the effects of any disability are minimised as far as possible.
- To continue working in partnership with other voluntary and statutory agencies in the region in the development of services for people with physical and sensory disabilities.
- To foster customer friendly services that are easily accessible.
- To increase the range and the extent of aids and appliances for people with physical and sensory disabilities.
- To consult with users/carers in the design of care options for people with disabilities.

Achievements in 2000

In conjunction with the Regional Co-Ordinating Committee (comprising members of the Voluntary Sector, the Health Board, Advocates and people with physical and sensory disabilities) emphasis was placed on the development and planning of future services in the South Eastern Health Board area by providing resources and concentration of work that:

- Improved the core funding for existing voluntary agencies providing services to the region.
- Significantly increased the number of clients with physical and sensory disabilities who obtained professionally recommended aids and appliances.

- Allocated significant levels of funding to provide personal and home support services to people in their own homes throughout the region.
- Enhanced and developed the range of services to people with visual and hearing impairments.
- Provided funds for additional respite care services for adults and children in the region.
- Provided for the employment of additional Physiotherapy, Occupational Therapy and Speech & Language Therapy staff in the region.
- Developed the level of day places in the region for adults and children with disabilities.
- Established new residential and personal development services in the Cheshire Home, Tullow.
- Progress plans for a residential and respite unit for people with long term illness in the region.
- Worked with existing and new voluntary agencies with a view to the extension of their services to meet the local needs of people with physical and sensory disabilities.
- Assisted with the establishment of the EUROCAT register (congenital abnormalities) in conjunction with the Department of Public Health.
- Finalised plans for regional assessment and outreach service to commence with the provision of specialist services in Waterford in conjunction with the Central Remedial Clinic.
- Progressed plans for the development of a national database of information for people with physical and sensory disabilities and commence working as a pilot study in South Tipperary.
- Improved services for victims of Head Injury Trauma.
- Set out a programme of capital works, agreed in conjunction with the Regional Co-Ordinating Committee in order to meet future needs in the areas of day, residential and respite services throughout the region.
- Provided emergency responses to families and individuals requiring crisis intervention throughout the year.
- Provided for the transfer of Training Opportunity Programme (TOPs) and Level 1 Training Services from the National Rehabilitation Board to the South Eastern Health Board.
- Promote those who avail of our services as the central focus of the programmes delivered by emphasising the value of the individual, clear accountability, good communication and supporting the development of the individual.
- Provide supports and services to people with learning disability in order that they may participate and involve themselves in local community activities. These include Day Services, Residential Services, Respite Services, and Home Support Services.
- Protect the dignity, rights and independence of each person who has an intellectual disability.
- Develop quality standards to achieve these in full co-operation with the voluntary sector.
- Develop a health management system designed to plan effectively for the development of existing services, the implementation of new services targeted at those in greatest need and the promotion of new initiatives and specialist services for clients with complex and multi-disciplinary needs.

Achievements in 2000

The 2000 allocation was used to develop the following services throughout the region:

- Created 95 new day places for adults and children with varying degrees of disability.
- Created 53 new residential places for adults and children in the region.
- Increased access to a range of residential and home based respite services throughout the region.
- Increased access by families to home support services.
- Increased access to multi-disciplinary staff providing therapeutic services throughout the region.
- Continued development of a strategic response specialist service needs for people with Autism and Challenging Behaviour.
- Commenced a needs analysis survey of clients with challenging behaviour in the region.
- The Health Board assumed direct responsibility for overseeing and monitoring the pre-vocational training Programmes, TOPs and Level 1R. This process became effective when the National Rehabilitation Board ceased operating.
- Provided emergency responses to crisis situations in the region to people who found themselves with urgent care needs that were not anticipated.
- Continued upgrading of premises, the completion of new day centre and residential buildings and the commissioning of buildings to extend day and residential services were implemented through the 1999 National Development Plan.
- Maintained the Intellectual Disability Database in respect of each individual's specific future needs.
- Relocated adults with a learning disability from Psychiatric Hospitals and unsuitable residential settings to Community Group Home settings.
- Work completed with the three directly funded agencies, Brothers of Charity, Waterford, St. Patrick's Kilkenny, Sisters of Bon Saveur, Dungarvan to achieve the smooth transition of their funding arrangements from the Department of Health & Children to the South Eastern Health Board.

Services for People with Learning Disabilities

Strategic Objectives

Using the resources available effectively and efficiently the Health Board's objectives are to provide services, including community and residential services, designed to:

- Develop the full educational, social and vocational potential of each person who has a learning disability.
- Ensure all services are of the highest possible standards and responsive to the needs of clients and their families/carers.
- Maintain to the fullest possible extent, contact with the family and the provision of support for the family in order to enable the person with an intellectual disability to remain at home or in a home-like environment.

- The commencement of a new process of consultation for the purpose of planning services for people with learning disability in line with the strategy outlined in "Enhancing the Partnership". Local Planning Teams were formed to include all agencies in the South Eastern Health Board area who provide services. These groups identified local gaps in services, prioritised the needs that were identified and set out a strategic plan for service development in accordance with regional health care policy.
- Review of Antenatal/Parent Education Services in the region carried out.
- Training of Antenatal Facilitators carried out and a resource pack on Antenatal Education developed.
- A community Midwifery Project was developed in two community care areas.
- The "South East Teenage Pregnancy Study" was completed. This was a qualitative study, carried out in conjunction with UCC, which set out to explore the experience of Irish teenage pregnancy and to consider the service provision response.
- Funding was provided for the "Doras" project in Waterford. The project supports people working in the sex industry in Waterford.
- Collaborative research, in conjunction with Waterford Institute of Technology, University of Ulster and Department of Social, Community and Family Affairs was carried out into the health and social care needs, including respite needs, of carers of older people within the region.

Women's Health



Mr. John Cooney; Ms. Ann Kiely, Chair of the Women's Health Committee and Mr. Jackie Fahey, SEHB Chairman at the launch of the Women's Health Strategy

The South Eastern Health Board's Women's Health Plan, "Women's Health in the South East – 2000 and Beyond" states that the overriding concern for women's health services should be:

- to deliver a women friendly health service;
- to empower women to take control of their own health;
- to improve consultation and representation;
- to take an holistic approach to women's health;
- to particularly address the needs of women who are disadvantaged.

Achievements in 2000

- Publication, launch and distribution of the report "Women's Health in the South East – 2000 and Beyond".
- A Consumer Information Pilot Project was established in Waterford.
- Seminars on Women's Health were carried out in some community care areas and will be continued in 2001.
- Breastfeeding Information Booklet produced, launched and distributed.
- Project Officer for the Promotion of Breastfeeding appointed in one pilot area – to be continued in 2001.
- Breastfeeding Seminars conducted in some community care areas – to be continued in 2001.

Food Safety & Environmental Health

The primary objective of these services is the prevention of ill health caused by environmental factors.

During the year 2000 the Board's Environmental Health Officers were mainly involved in:

- The ongoing monitoring of food samples and the enforcement of food hygiene regulations. In 2000, a total of 2,911 inspections were carried out and 452 improvements were identified. Most of these related to hygiene issues.
- Supervision and inspection of food business and laboratory analyses of food samples in compliance with the contract with the Foods Safety Authority of Ireland. There are 4,146 food establishments registered with the South Eastern Health Board.
- The continued implementation of the ISO 9002 accreditation of the Environmental Health Service obtained in December 1999 from the National Standards Authority.
- The promotion of good practice guidelines in relation to food safety, through education and training of workers in the industry.
- The continued involvement in inspections of pre-schools and nursing homes.
- Follow up audits on standards of food handling and safety in the Board's own institutions.
- The continued "roll-out" of the integrated IT system to support service delivery.
- To facilitate compliance with Hazard Analysis Critical Control Points system (HACCP) requirements for food safety the Environmental Health Service established a working group to make recommendations on the implementation of food safety systems based on HACCP.
- In conjunction with the Regional Laboratory, annual sampling plans were developed and reviewed. This also facilitated continued quality review.
- A structured and targeted approach to food sampling concentrating on foods considered higher risk was continued.

Travellers' Health

The primary objective of the South Eastern Health Board is to improve the health status of travellers by providing accessible and acceptable health services designed to meet their specific needs. The co-ordination of services is done mainly through four Public Health Nurses (P.H.N.), one in each Community Care area with specific responsibility for traveller issues. Local committees also operate in each area with representatives from health board staff and local authorities and the travelling communities.

Review of Year 2000

- Vaccination uptake statistics on traveller children born in 1998, as of 1st November 2000 continued to improve.
- The Meningitis C Vaccination programme for the traveller population commenced and was provided by GPs and the Meningococcal "C" vaccination team. Traveller P.H.N. assisted co-ordinations of special clinics for travellers.
- Special measles, mumps and rubella (M.M.R.) clinics for traveller children aged 5-12 years were held during the year to respond to measles outbreak in the region. These clinics were co-ordinated by the Traveller P.H.N., Area Medical Officers and the Child Health Office.
- Special dental clinics for traveller children were held, including a dental survey held for traveller age groups. These clinics were co-ordinated by the Traveller P.H.N. and the Dental Department.
- A foundation programme to provide education, including health education over a 30 week period for 20 hours per week was completed in 2000. This programme was co-funded by S.E.H.B., FAS, Department of Social Community and Family Affairs, Clonmel Community Partnership and V.E.C.
- The "Becoming a Happier Healthier Me" programme was delivered to two groups of Traveller Women.
- The basic Health Education programme was delivered to a group of teenage travellers.
- A traveller specific pre-marriage course, including the issues of sexuality, family planning and domestic violence was organized for 20 couples.

Child Health



Many of the causes of chronic ill health are established in the womb and are influenced by the health of a person's mother when she was a child. To achieve significant gains in health, the most effective targets for preventative health services are children, mothers and potential mothers.

The 1998 report of the Director of Public Health "The Health of the South East – Our Children's Health" outlines the major causes of death and ill health among children in the region and describes risk factors associated with ill health and children with special needs.

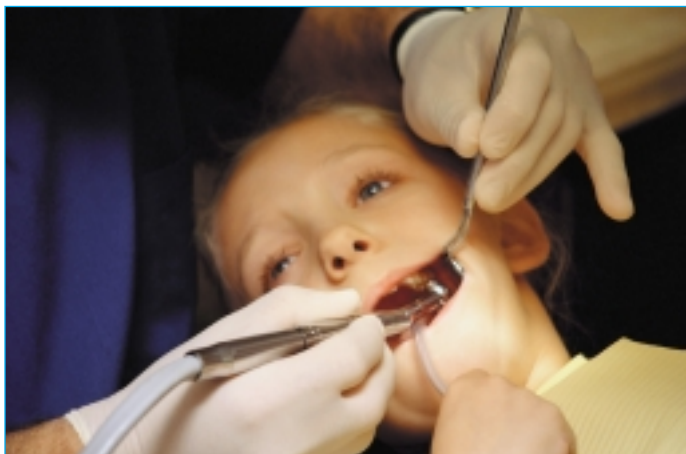
The report "Best Health for Children" issued in 1999 points to the shortcomings of the current child health programme in that its focus is mainly on disease and physical ill health while the emotional and psychological health of children has received insufficient attention in surveillance programmes. The recommendations of the report are underpinned by the development of a model, which encompasses a more holistic child health promotion approach and emphasises the role of families as partners in the process.

Review of Year 2000

- An implementation group was set up to plan the implementation of the "Best Health for Children" report and to prioritise service improvements. A one year development plan has been drawn up.
- Improvement continued in the uptake of primary childhood vaccination. Current uptake rates are as follows:
 - Diphtheria/Pertussis/Tetanus (3 doses), Diphtheria/Tetanus (3 doses) 89.6%
 - Hib (3 doses) 89.3%
 - Polio (3 doses) 89.6%
 - Measles/Mumps/Rubella 89.7%.
- The national Meningococcal C campaign began in September 2000. Teams were established in each Community Care Area to deliver the vaccine to all children and young people under the age of 22 living or studying in the South East. By the end of December 2000 over 45,000 children and young people had received a Meningitis C vaccine.
- Improved staffing levels in Child Health Offices.
- A Community Accident Awareness pilot project was established in Wexford Community Care Area.

Dental & Orthodontic Services

	2000 Children	2000 Special needs	2000 Adults	1999 Children	1999 Special needs	1999 Adults
Sessions	14,738	259	16	14,620	247	27
Appointments	75,106	1,917	426	72,304	2,227	1,325
Examinations	20,174	637	95	19,669	722	269
Treatment completed	15,460	376	50	14,990	438	188
Orthodontic treatment completed	645	3	0	686	2	0
Undergoing orthodontic treatment	1,313	0	0	1,189	0	0



The Board's dental staff provide dental screening and treatment services for children up to the age of 16 years via a network of dental surgeries throughout the region. This service is staffed by 37 Dental Surgeons and has an annual cost close to £3 million.

The Orthodontic Service is led by a Consultant Orthodontist based at Waterford Regional Hospital. This service is delivered by specially trained Dental Surgeons in each catchment area.

The adult population is now comprehensively covered by the Dental Treatment Services Scheme – a scheme operated mainly by private dentists. Approximately £4 million was spent on this service in 2000.

Service Objectives

Good oral health is achievable for the majority of the population and can be sustained throughout life. The main risk factors associated with oral diseases are diet and oral hygiene as well as tobacco usage and alcohol consumption. Several of these risk factors also apply to many other diseases.

The National Health Promotion Strategy 2000/2005 sets out a number of key objectives to address these concerns. These include improving the use of fluoride, improving oral health promotion for special needs groups and the education of parents and carers in the supervision of oral hygiene practices amongst children.

Review of Year 2000

- Vacancies within staff establishment has given rise to waiting lists for school-based screenings in some areas and this is being tackled as a matter of urgency.
- The Board has not been successful to date in its efforts to recruit an Oral Surgeon for this region and renewed efforts will be made in 2001.
- Overall the productivity within the service has remained high in spite of staff shortages and it is also the Board's expectation that the improvements sought in respect of service development for 2001 will allow the Board to improve overall service delivery in this key service area.

Primary Care Unit

In line with the Blueprint Document on the Development of General Practice, the Primary Care Unit was established in 1993 with a focus on general practice development. The Unit became proactively involved in developing general practice as part of the wider primary care concept, with the aim of reflecting the increasing emphasis on the primary care multi-disciplinary team.

Strategic Objectives

The objectives of the Board in relation to General Practice Development are:

- To promote best practice amongst general practitioners in consultation with the profession.
- To facilitate improved interface between general practitioners and other health services including hospital services, with the aim of securing optimum integration of services.
- To improve the organisation of general practice.
- To identify opportunities for extending the services provided by general practice.
- To assist general practitioners to prescribe appropriately and cost effectively.
- To work with the General Medical Services (Payments) Board (GMS) on issues relating to contracted general practitioners, pharmacists and eligible patients.
- To improve information systems and information technology in general practices.

Review of the Year 2000

- The Primary Care Unit conducted a comprehensive and extensive evaluation of the national pilot scheme for general practitioner out of hours co-operative – CAREDOC – from a patient, health board and general practitioner perspective.
- The CAREDOC out-of-hours general practitioner co-operative was extended to incorporate all general practitioners within Kilkenny county and city.
- A pilot project on epidemiological data collection within general practice involving five general practice settings was completed
- Continued to collect epidemiological data collection on morbidity within general practice during an out-of-hours general practice setting – CAREDOC.
- Completed an educational module on hepatitis management for general practitioners and other health professionals in co-operation with the SEHB Vocational Training Scheme and the Hepatology Unit at St. Luke's General Hospital, Kilkenny. This educational module has been adopted on a National basis.
- An evaluation was undertaken on wound management programmes in progress within the Carlow/Kilkenny and South Tipperary community care areas.
- Financial support was provided to the Irish College of General Practitioners (ICGP) for training courses.
- Further development of the general practitioner based women's health service took place.

- Initial implementation of the cardiovascular system strategy for primary care, which involved the recruitment of five partnerships or groups of ten general practitioners to a total of fifty general practitioners, partnership nurses for each partnership and a primary care cardiovascular facilitator.
- Investment continued in computerised practice management systems – currently 67% of GMS general practitioners in this region are computerised.
- Commenced an educational programme in association with the ICGP with the aim of improving both the level and use of information technology within general practice.
- Development of teleconferencing facilities within the general practitioner vocational training scheme.

Ophthalmology Services

	Children 2000	Adults 2000	Children 1999	Adults 1999
New patient seen	2,327	1,993	2,294	4,355
Recall patients seen	5,921	4,231	5,431	3,896

Ophthalmology Services are provided through the Board's own Community Ophthalmic Physicians and by private Community Opticians/Optometrists. Community Ophthalmic Physicians usually treat both adults and children with a medical eye condition. Community Opticians/Optometrists, by and large, are contracted to provide eye-sight testing for eligible adults.

The Ophthalmology Department at Waterford Regional Hospital provides surgical and inpatient care for children and adults.

Review of the Year 2000

- The Child Health Ophthalmic Services has been standardised in conjunction with the National Best Health for Children report.
- A dedicated diabetic eye clinic was established.
- Locally based pre-operative assessment clinics for cataract patients have been established with the Consultant Eye Surgeons, and are supported by post-operative care at Community Ophthalmic Clinics.
- Ongoing training has proceeded throughout the year at local level for Public Health Nurses and General Practitioners.
- A Regional Education Ophthalmic Nursing Day was organised to inform and train primary screeners during 2000.
- All the cost neutral recommendations of the SEHB Ophthalmic Service Review Report of 1997 have now been implemented.

Adult Counselling Service

This service provides a high quality, accessible, community-based counselling service to adult survivors of childhood abuse. Individual clients are enabled to become aware of the residual effects of past abuse on their current lives so that they can effectively realise their potential for health and social gain.



The service was set up to respond to survivors of institutional abuse in the industrial school system. In 1999 the Government also announced a package of measures including the establishment of a Commission to Inquire into Childhood Abuse and the establishment of a dedicated professional counselling service for survivors of childhood abuse. The Commission had its first public sitting on 29th June 2000 and the first hearings began in September 2000.

Review of the Year 2000

Two bases have been established for the new counselling service at 49 O'Connell St., Waterford and Priory House, Dean St., Kilkenny, and both have been operational since October 2000. The base in Waterford acts as a single access point for the service and potential clients can self-refer or can be referred by another professional.

The staffing complement for 2000 was:

Waterford Base	Kilkenny Base
1 Regional Director	2 Counsellors/Therapists of Counselling
3 Counsellors/Therapists	
1 Clerical/Admin. Grade 1V	

Strong links have been established with survivor groups in the south-east region. There has been ongoing regular liaison with representatives of the survivors groups who have identified confidentiality and anonymity as being essential characteristics of the new counselling service.

A publicity campaign to inform the public and other professional of the services available was undertaken during November and December 2000. A substantial amount of preparation and training has been undertaken by the team.

Regional Services for Sexually Transmitted Infections

The primary objective of this service is the provision of a prevention and curative service for sexually transmitted infections throughout the region through the delivery of a quality service, increased awareness and understanding epidemiological trends of infection in the region and controlling spreads of sexually transmitted diseases.

Review of the Year 2000

During the year 2000 this service saw a continuing increase in referrals reflecting the pattern over recent years:

	1990	1997	1998	1999	2000
New patients	132	405	494	671	916
Total consultations	543	1,568	1,744	2,179	2,586

Achievements include the:

- Introduction of additional nursing input to service.
- Introduction of dedicated clerical support.
- Delivery of Health Education Programmes in schools.
- Participation in Health Promotion Seminars.
- Managed the increase in new referrals and total consultations.
- The Clonmel outreach service has been consolidated.

Asylum Seekers & Refugees

This service provides a comprehensive range of health and welfare services to asylum seekers and refugees residing in the South Eastern Health Board region.

The services include:

- Community Welfare Services, administering payments to asylum seekers through the Supplementary Welfare Allowance Scheme, processing medical card applications etc
- Health screening
- Provision of general medical and surgical services in accordance with national regulations
- Social Work services for unaccompanied minors.
- Personal, social and psychological services.
- Inspection of premises used for preparation of meals (Direct Provision Accommodation).
- Interpreter Services.
- Training.

Review of the Year 2000

In 2000 there were 708 asylum seekers residing in the South Eastern Health Board area (as per SEHB statistics dated 02.10.00)

Acc. type	Carlow	Kil.	Sth Tipp.	Wat.	Wex.	Totals
Private rented	157	28	5	81	286	557
Self-catering	0	8	10	0	0	18
Direct provisional	0	0	17	116	0	133
TOTALS	157	36	32	197	286	708

The above numbers will increase as the Office of Public Works and the Directorate for Asylum Support Services have purchased more property in the region and are also negotiating in respect of others. It should be noted that 42 different nationalities are represented in the above numbers.

Kosovar Refugees

A total of 278 Programme Refugees were provided with accommodation in reception centres in Waterford City and Dungarvan in June/July 1999. The centres were managed/operated by staff who were seconded from the Health Board. The full range of health board services were co-ordinated and made available to them. Since August/September 2000 a significant number were repatriated to Kosovo and there are currently 54 residing in Waterford City. The Dungarvan centre closed in early October 2000 and the staff reverted to their health board posts. There was also a reduction in staff in the Waterford Centre due to the reduced number of refugees. The challenge over the coming months will be to prepare the remaining Kosovar Refugees for independent living in the community.

Para Medical Services

Speech & Language Therapy Services

	2000 Children	2000 Adults	1999 Children	1999 Adults
New clients	1,270	615	1,055	336
New referrals	1,428	599	1,331	365
Attendances	25,041	4,360	25,522	2,708
Discharged	831	661	1,001	380

Speech & Language Therapists are responsible for the assessment, diagnosis, treatment and management of children and adults who have disorders of communication. In addition the service plays a significant role in the management of clients with swallowing disorders. These services are provided through Community Care clinics, hospitals, long stay/rehabilitation units, language classes, pre-school, day care centres and special schools. Speech & Language Therapy services are also provided to children with intellectual disability at pre-schools and through special schools.



Physiotherapy Services

Community Physiotherapists provide a service, which looks at the needs of the individual client in a caring and confidential manner. Services are provided at the Community Care Centres and Day Centres. Domiciliary treatments are also provided. The physiotherapy services cross all client groups but the main need is with the disabled and elderly.

Occupational Therapy Services

Community Occupational Therapists are concerned with maintaining the clients safely at home for as long as possible and its aim is to overcome or minimise the effects of physical disability, whatever its cause. Referrals for the Occupational Therapy Services are accepted from all other disciplines in Community Care, GPs, Consultants, hospitals special hospitals or voluntary bodies. The Occupational Therapist may also be requested by the Local Authorities to carry out an assessment of an applicant for a Disabled Persons Grant. This work is carried out on an agency basis for the Local Authority.

Community Drug Schemes

For those not eligible for medical cards a number of schemes are available to offset the high cost of medication.

The Long Term Illness Scheme meets the costs of prescribed drugs for patients suffering from any one of a specified range of illnesses. Each patient who qualifies under the scheme is given approved drugs and medicines for the qualifying illness. The pharmacist then claims the cost of these items from the GMS (Payments) Board. At the end of 2000 a total of 6,553 persons in the South Eastern Health Board area were covered by this scheme and the total expenditure on the scheme in 2000 was in excess of £4.81m as compared with £3.85 m in 1999.

The Drugs Payment Scheme covers families and individuals for the cost of their prescribed medication. Under the Scheme no individual or family will have to pay more than £42 in any calendar month for approved prescribed drugs, medicines and appliances for use by that person or his/her family in that month. The total cost refund of medicines in 2000 was in excess of £13.55m and the number people registered for the scheme was over 94,000 at 31st. Dec. 2000.

Registration of Births, Deaths & Marriages

	2000	1999	1998
Registered Births	6,002	5,844	5,646
Registered Deaths	3,423	3,418	3,066
Registered Marriages	1,817	1,784	1,580
TOTAL	11,242	11,046	10,292
Certificates issued	64,587	68,982	57,656

The Board is responsible for the registration of Births Deaths & Marriages in the South Eastern Health Board area. The purpose of the civil records for Births Deaths and Marriages is to keep long lasting and reliable records of these events.

Community Welfare Services

The Community Welfare Service was set up with the objectives of relieving social distress and the prevention of its re-occurrence. It aims to provide and deliver a prompt and user-friendly service by:

- Providing a social assistance service, which enables pressing need to be met in a discretionary, local, personal, flexible and speedy manner.
- Addressing the needs (both immediate and ongoing) of those marginalised by poverty, disability, isolation or stigma.
- Dealing with social problems with more than a "mere cash" response in conjunction with community care services geared to longer-term solutions.
- Informing persons of entitlements and assisting them to avail of services, training and employment opportunities.

During the year Community Welfare Officers were involved in the following core activities:

Activity	1999 Actual	2000 Projected	Variance
Supplementary Welfare – Basic	11,156 payments £6.5m	14,000 payments £8m	+23%
– Supplements	4,182 payments £9.2m	5,500 payments £11.5m	+25%
– Emergency needs	15,222 payments £2m	17,000 payments £2.5m	+25%
Clinic hours	29,7000	30,000	
Medical cards	81,283	80,000	-0.015%
Nursing homes			
– New	656	800	+22%
– Reviews	250	350	+40%
Back to school	21,568 children	19,428 children	-9.9%
Clothing	£1.07m	£1.35m	+26%
Blind welfare	190	200	+5.3%

Other activities not measured include providing information, referral to other disciplines, networking, and negotiating internally and externally, participating on interdisciplinary client groups, meetings and workshops on SWA review evaluation.

Review of the Year 2000

- A major submission was prepared to the National SWA Review Group. This was based on a comprehensive review of the service, involving all Community Welfare staff.
- Nine Community Welfare Officers were recruited in order to meet increased service demands and to replace CWOs during leave periods.
- A survey and analysis of CWO stress levels was carried out. This has assisted in ensuring that courses on stress management are focussed on the needs of staff.
- Training materials have been developed for existing CWOs covering communication skills, time management, stress management, money advice & budgeting, report writing and advanced system training.
- In order to ensure that the service becomes more focused on care groups, many Community Welfare Officers have participated on Community Care Committees on Disability, Travellers, Elderly, Lone Parents.

- Specialised rent units were set up in Clonmel and Carlow in order to streamline delivery of services.
- Due to the increased number of asylum seekers, two extra Community Welfare Officers were assigned, bringing the total number of CWOs dealing specifically with asylum seekers to four.
- The information service provided by Community Welfare Officers was enhanced by the provision of up to date entitlement leaflets for the public in each Health Centre and by the delivery of information presentations to voluntary and community groups.

A comprehensive customer survey was conducted during the year. Feedback will assist strategic planning.

Health Promotion

The central aim of the Health Promotion Department continues to be positively influencing the Health and Social status of the population through the process of reorientation, partnership and education. In the year 2000 Health Promotion initiatives were launched through a variety of approaches – topic approaches i.e. addressing lifestyle risk factors such as smoking, setting approaches which work through existing structures i.e. schools such as the Smoke Free Carlow Project and population group approaches which address the health issues of children, men, women, older people and employees such as Health Board personnel.

The year 2000 saw a number of key developments in health promotion. One of the major developments was the launch of the Smoke Free Policy on 8th March 2000. The aim of the Smoke Free Policy is to establish a healthy environment for all employees, clients and visitors at all South Eastern Health Board facilities. Area committees were established in each community care area to oversee implementation of the policy. In addition local implementation committees were also established to co-ordinate and facilitate the implementation of the Smoke Free Policy in their own work areas. Over 60 Health Board personnel were trained as smoking cessation facilitators.

Being Well Project

The Being Well Project was launched in September and eleven tutors were trained to deliver the course throughout the region. This is a new Health Promotion course for the public, which takes a positive, holistic and simple approach to health issues. The course focuses on healthy eating, physical activity and dealing with stress. The approach is based on the premise that individuals and communities can be supported in making healthy lifestyle choices by taking part in courses that are enjoyable, participatory and informative.

Healthy Community Project

The Regional Steering Committee for the project was established, this included representatives from Carlow Co. Council, Tipperary Co. Council, The Public Health Department, Health Promotion Department Communications Department and the Department of

Health and Children. Selection criteria for the villages were agreed upon and out of the seven villages which met the criteria, two were selected on the basis of their application – Ballingarry, Co. Tipperary and Hacketstown, Co. Carlow.

Local Steering Committees were established in each community with representatives from the Regional Steering Committee and preparations were made for the launch, which will take place in January 2001

Promoting Health in the Community

This course was designed by Health Promotion Officers in the Health Promotion Department to enhance the facilitation skills of Community workers and to increase their knowledge of the holistic concept of health and health promotion in the community. It is envisaged that those who complete the course will initiate health education activities in the course of their work. Sixteen participants completed the 50 hour course. Topics covered included the concepts and principles of health promotion, particularly in relation to community lifestyle diseases, alcohol and drug abuse, emotional health and stress management. The course also facilitated development in assertiveness, communication and group facilitation. All the participants designed workshops, which are included in the course resource pack available for participants. An external evaluator was appointed by the Health Promotion Department to carry out an evaluation of the course, each participant identified as outcomes, personal growth, facilitation skills development and awareness, knowledge and information on healthy living.

Smoke Free Carlow Project

This project was launched by Ray D'arcy (TV Presenter) in the presence of the C.E.O Mr. Cooney in March 2000 and it was implemented in 38 schools throughout Carlow. The collation of data from the



Launch of Smoke Free Carlow project

baseline survey was carried out and the report was compiled. A Steering Group was established in May 2000 and briefing sessions for teachers were delivered throughout October 2000. Ongoing support for teachers and students was provided by the Project Officer.

Youth at Risk Conference

A one day conference entitled 'Developing effective partnerships for promoting health with youth at risk' was held on 5th December 2000. This conference explored the concept of partnership and identified opportunities for working together to promote the health of youth at risk, and was well attended by those working with 'youth at risk'. The key outcome of the conference was the need to initiate seminars in each local area to develop the concept of partnership, which will be developed in 2001.

Health and Wellbeing for Carers

This six week course was designed by the Health Promotion Department for carers who work mainly with older people but also with families in their homes. Carers are in key positions to promote health in the course of their work. The course raised awareness of a positive holistic concept of health. It developed personal awareness and skills involving communication and setting boundaries and also provided information and an opportunity for discussion. This course was facilitated by Health Education Officers and delivered to home helps in Kilkenny and Wexford.

Sun Safety

The Health Promotion Department published a leaflet entitled "The Sun Seekers Guide to Taking Care in the sun". The aim of the leaflet is to alert the public about how best to take care in the sun. The leaflet was distributed to all travel agents in the region and enclosed with holiday tickets to sunny destinations.

Enniscorthy Safety Awareness Project

A community safety awareness pilot project was established in Enniscorthy, Co. Wexford. A Project Officer was recruited, and a multi-agency Steering Committee was established to develop and guide the project. The primary focus of the project is to raise awareness of accident and injury prevention which will be achieved through researched, targeted and evaluated actions and activities.

Training for Managers

The Health Promotion Department organised a training seminar for Managers on health promotion. It included briefings on the National Strategy, local developments and also focused on how to promote their own health.

Other Initiatives

Health Education Officers co-ordinated activities during Breast Cancer Awareness Month (October 2000). A drama group The Pyramid Theatre toured the region with a play which aimed to demystify the

subject of breast cancer and provided an expert panel to answer questions on breast cancer.

The following National Campaigns were also co-ordinated by the Department National Healthy Eating Week, Skin Cancer Campaign, Irish Heart Week and National Fire Safety Week.

Demand Reduction Measures for Drugs



The Demand Reduction Measures for Drugs Programme was set up following the launch of the "First Report of the Ministerial Task Force to Reduce the Demand for Drugs" in 1996.

While primarily the focus of this programme is on prevention, "Demand Reduction" also involves Harm and Risk Reduction. Adult residential services are provided by Aiseiri and adolescent residential services by Aislinn (17 bed places per year). Clients referred to Health Board Addiction Services are offered assessment and counselling.

South Eastern Health Board Strategy

The Regional Co-ordinating Committee was restructured last year to include two representatives from the five local co-ordinating committees in Carlow, Kilkenny, South Tipperary, Waterford and Wexford, and a representative from child care services, Aiseiri and Foroige. The initial Health Board Drugs and Alcohol Misuse Strategy was adopted by the board in 1999. This Strategy is being "built on" and a number of working groups have been established.

- Education Working Group – to develop a Drug Education Strategy 2001-2006
- Regional Research and Audit Group – to assist in the development of a uniform system of data collection.
- Regional Treatment and Rehabilitation Working Group - to develop a Treatment and Rehabilitation Strategy 2001 - 2006 and to develop a Regional Policy for Addiction Services.

Review of the Year 2000

Data Collection

The Data Co-Ordinator, appointed to the Board in 1999, developed a uniform system of data collection from all reporting agencies in the South East region on the incidence of substance abuse and misuse.

The following figures include data received from the South Eastern Health Board Addiction Treatment Services, Drug Treatment Clinics (methadone) Aiseiri, Aislínn and In-Patient Psychiatric Service at St. Dymphna's Hospital, Carlow.

- 927 (between the ages of 14 and 74) attended the service from January – September 2000. 76% male and 24% female.
- 607 had never been treated for drug/alcohol misuse before.
- 43% live with parents/family.
- 17% live with a partner and child(ren).
- 13% live alone.

The main drugs for which treatment was sought were:

Alcohol	69%
Amphetamines	2%
Benzodiazepines	1%
Cannabis	7%
Cocaine	1%
Ecstasy	5%
Hallucinogens	0.2%
Heroin	5%
Other Opiates	1%
Solvents	0.2%
Prescribed Medication	0.2%

On average 43% of the cases referred to the Probation & Welfare services within the South Eastern Health Board region involve either alcohol and/or drugs.

Reports from H.I.P.E. (Hospital Inpatient Enquiry System) suggest on average, 2% of the cases coded had an alcohol and/or drug diagnosis.

Education

Two Drug Education Officers were appointed, one for South Tipperary, Carlow/Kilkenny and one for Waterford/Wexford.

The N.U.I. Certificate in Addiction Studies was run for an inter-agency group including Gardai, Nurses, Social Workers, etc.

The development of a pilot project on Hospital Drug and Alcohol Policy, in conjunction with a working group from St. Luke's Hospital, Kilkenny, was started.

Co-Ordination

Under the first Ministerial Task Force on Drugs (1996) Health Boards were requested to set up Regional Co-Ordinating Committees on Demand Reduction Measures for Drugs. The South Eastern Health Board has taken this a step further by setting up a Local Co-Ordination Committee in each county chaired by the Community Services Manager and comprising of members from local communities, voluntary and statutory bodies.

Community Based Drug Initiatives

Recognising that drug misuse is firmly rooted in communities, the South Eastern Health Board has set up and funded nine Community Based Drug Initiatives to support local communities. A process of evaluation is being developed and will be completed in 2001.

Acute Hospital Services



The Acute Hospitals in the south east provide over 1,200 acute beds and 150 district hospital beds for people living in the region.

As the in-patient capacity of the Board's acute hospitals was virtually fully used up, the ability to cope with the ever-growing demand on medical beds was a great strain on all acute hospital services during 2000. Increasingly, non-medical beds were used to cope with the escalating demand and day care services were expanded to help offset the loss of surgical beds due to emergency medical patients' needs. This however has led to an increased number of elective patients on waiting lists for routine and non-urgent treatments. The bed capacity issue is being addressed through the national development plan and through the use of innovative ways of working. At the end of 2001 additional beds will be in place and will increase over the coming years.

The first Regional Palliative Care Consultant was appointed in 2000 and has established palliative services in the general hospitals across the South East. Following intensive fund-raising efforts, two CT Scanners were ordered – one for St. Luke's Hospital in Kilkenny and one for Wexford General Hospital. These are expected to go live in the spring of 2001. A replacement CT scanner for Waterford Regional Hospital was also ordered.

Hospital Inpatient Enquiry System (HIPE) and Casemix

Hospitals use the HIPE system to gather information on the patients treated and, using the best-known and most widely used casemix classification system, assign each patient to a diagnostic related group (DRG). The treatment received by an individual patient may range from a simple investigation to a complex range of medical or operative interventions

and the individual patients age, sex, presence of complications and other co-existing illnesses (co-morbidities) affects length of stay and resource usage.

The DRG classification system allows an adjustment for these factors to be taken into account when measuring the hospitals workload and predicting the cost of treating patients. Actual costs incurred are then compared with the predicted costs and a casemix adjustment is calculated.

The casemix adjustments for the South East for 2000 was £48,866. In response to the growing importance and complexity of the HIPE Casemix function additional funding of £56,000 was allocated for the upgrading of staffing in HIPE Coding.

Waiting Lists

Waiting List management continued to be a priority in 2000. Significant reductions in waiting lists and waiting times were achieved in 2000. The total number on the Acute Hospitals inpatient waiting list at 31.12.99 was 2036 and this has been reduced to 1777 by 31.12.00 (-12.72%).

The Board received £1.5 million from the Department of Health and Children for the provision of additional services under the Waiting List Initiative 2000. An additional allocation of £475,000 was received as part of the supplementary waiting list funding to agencies, which have achieved the best performance in reducing waiting lists and waiting times. A further allocation of over £1 million was received at the end of 2000.

Waiting list initiative monies received from the DOH&C funded a total of 1,462 procedures. The Board provided these services in a way that used hospital facilities to best effect, and ensured equity of access to services for patients on the public waiting list.

It is anticipated that the decreasing trend in waiting lists can be maintained. However, this is contingent on a number of factors, not least among them, the levels of medical admissions.

Inpatient Waiting Lists

Hospital	31st December 1999	31st December 2000
Waterford regional	719 25 Dental	591 32 Dental
Wexford General	151 192 Dental	120 215 Dental
St. Luke's Hospital	368 13 dental	493 0 Dental
St. Joseph's Hospital	202	161
Kilcreene Hospital	541	390
Our Lady's Cashel	55	22
Total waiting	2036 230 Dental	1777 247 Dental

Regional Specialty Inpatient Waiting List

Specialty	1999	2000
Orthopaedics	541	390
Gynaecology	450	421
Surgery	263	274
V. Veins	159	191
ENT	222	159
Ophthalmology	365	304
Urology	22	15
Nephrology	8	0
Pain	4	20
Rheumatology	2	0
Medicine	0	3
Dental	230	247
Total waiting	2,266	2024

Summary of reductions of inpatients waiting lists in target specialties.

Specialty	1999	2000	Variance
Orthopaedics	541	390	-27.91%
ENT	222	159	-28.37%
Ophthalmology	365	304	-16.71%
Gynaecology	450	421	-6.5%
Surgery inc VV	422	465	+10%

Some of the highlights and achievements from the hospitals and ambulance service are as follows.

Acute Hospital Activity in the South East

	2000	1999	1998
Inpatients	63,637	58,484	58,932
Daycases	25,034	22,395	18,029
Outpatients	174,809	160,875	158,484
Accident & Emergency	123,626	116,977	113,087
Total	387,106	358,731	348,532

Carlow/Kilkenny Acute Hospital Services

St. Luke's Hospital Kilkenny

St. Luke's General Hospital	2000	1999
Inpatients	14,000	12,498
Daycases	3,240	2,889
Outpatients	24,742	20,330
Accident & Emergency	20,329	18,875
Total	62,311	54,592

The hospitals patient activity levels continued to increase in 2000 with a total of 62,311 inpatient days and 24,742 outpatient attendances. Inpatient days increased by 11.95%, and outpatient attendance's increased by 21.7% in comparison with 1999. Inpatient admissions increased by 12.9%, day cases by 12.2% and A&E attendance increased by 10%.

A major building programme got under way on the hospital campus comprising of a 45 bed acute

psychiatric unit, a three storey extension to the front of the hospital which includes a coronary care unit on the ground floor and an extension to the radiology department to house the new CT scanner. All three capital projects are due for completion in 2001.

The new A&E Radiology Room became fully operational. All inpatient requests are being completed within 24 hours. In the laboratory, staffing was strengthened and equipment upgraded. The department took part in five external quality control schemes to cover all disciplines. Introduction of new tests occurred in November, this enabled the full range of routine biochemistry tests to be performed on site.

A coronary angiography service for Carlow/Kilkenny patients was established in St. James' Hospital, Dublin. As part of the implementation of the cardiovascular strategy, a dietician joined the cardiac team, working in cardiac rehabilitation and GP clinics, in designated areas in Kilkenny and Carlow. The cardiac investigation department had an increase in activity. The appointment of additional staff through the Cardio Vascular Strategy 2000 allowed further development of services. Introduction of a training programme for cardiac students added a new dimension to the Department. The purchase of the Holter Monitoring Analysing System enabled the department to provide a service, which was previously carried out in Waterford Regional Hospital.

The new regional Regional Palliative Care Service is based at St. Luke's Hospital with out-reach services in the other general hospitals in the South East.

A four-bed Medical Assessment Unit opened in November. This unit allowed medical patients to be assessed before admission to the medical wards which reduces the number of medical admissions and leads to less beds on the hospital corridor. 206 patients were admitted to the unit by 31.12.00 of which 50 (25%) were discharged home.

In the Department of Medicine there was a 48% increase in outpatient visits. A Respiratory Nurse Specialist was appointed to provide Pulmonary Function Tests and run an Asthma Clinic. The Hepatology Unit was upgraded to cater for an 83% increase in numbers of patients attending. The number of ERCPs continued to rise, reaching 322 from 261 in 1999.



The Dr. Jim Mahon Library and a new Reading Room were opened and regular teaching courses for MRCPI, Parts I and II were continued.

The Hospital was inspected by the General Professional Training Committee of the Royal College of Physicians of Ireland and the Irish Committee for Higher Medical Training and all SHO, Registrar and Specialist Registrar posts were approved and accredited for training purposes.

The activity levels of the Department in Nutrition and Dietetics increased by 29% and a total of 3452 patients were seen, 1271 of these being new referrals. A weight management clinic began in May 2000 to aid the treatment and risk reduction of overweight patients this clinic had 138 attendances.

A monthly Paediatric diabetic outpatient clinic commenced in October. By the end of December 2000 the waiting list for the clinic had been cleared.

A number of clinical nurse specialist posts and clinical nurse manager I posts were appointed in line with the Commission on Nursing Report. The appointment of a bed manager greatly enhanced the management of beds in an already pressurised service. A number of quality initiatives were undertaken during the year.

Staffing levels for physiotherapy on an outpatient basis fluctuated throughout the year. It was a very busy year in this department with 1,039 referrals, representing an increase of 90 on the previous year. Treatment numbers rose to 6,446 in outpatients, an increase of 787. Throughout the year the physiotherapists, in conjunction with the midwives, provided antenatal classes. In addition to the traditional afternoon classes, evening classes were commenced in November and it is hoped to continue providing this option in the coming year.

Carlow District Hospital

Beds available	20
Bed days used	5,614
Admissions	206
Discharges	204

Capital Developments:

The National Development Plan is providing funding for 10 additional beds, at a cost of £535,000. It is expected to commence construction in August of 2001 with a probable opening date of April 2002. It is expected that this project will be completed before the end of 2002.

Service Developments:

A fortnightly medical clinic commenced in October 2000, facilitated by the Consultant Cardiologist from St. Luke's General Hospital. Additional nursing hours have also been provided and these are being used to provide extra blood pressure monitoring clinics. Two new clinical nurse managers were appointed and a clerical assistant.



Pictured at the signing of the SEHB Cat Scan contract in the Ormonde Hotel, Kilkenny were (l to r) Tommy Martin, Picker Ireland Ltd.; Jackie Fahy, chairman of the South Eastern Health Board and John Cooney, CEO.

Castlecomer District Hospital

Beds available	29
Bed days used	9,014
Admissions	268
Discharges	264

Progress was made on the upgrading plans for the hospital, which include the provision of four extra beds, extra toilet and bathroom facilities and a day room. It is hoped to complete this upgrading in 2002.

The main kitchen was upgraded with the installation of new catering equipment. New wardrobes/locker units, equipment, armchairs, quilt covers and bed screens were purchased for the wards. Pressure relieving devices were purchased to ensure that each bed has varying degrees of pressure relief. Lap trays were introduced to enhance the dining facilities for patients with impaired mobility.

A new nurse manager post was sanctioned for the hospital in line with the Commission of Nursing recommendations.

Kilcreene Orthopaedic Hospital

The re-roofing programme, which commenced in 1998 continued, and all roofs on the campus of Kilcreene were completed. This included the theatre, St. Joseph's ward, out-patient clinic, nurses home/doctors' residence, church and administration building.

St. Patrick's ward was closed for refurbishment at year end and the nurse call system was replaced. New windows were installed, refurbishment and painting of St. Patrick's ward was carried out.

Kilcreene Orthopaedic Hospital Activity Levels

	2000	1999
Inpatients	1,412	1,027
Outpatients	4,141	3,991
Total	5,553	5,018

South Tipperary Acute Hospitals

St Joseph's Hospital Clonmel

Activity Levels

St. Joseph's General Hospital	2000	1999
Inpatients	8,015	7,823
Daycases	1,306	1,408
Outpatients	15,527	14,354
Medical Emergency room	9,093	8,260
Total	33,491	31,845

St Joseph's Hospital Clonmel continued to provide an acute service in the following specialties: General Medicine, Obstetrics/Gynaecology, Paediatrics and Psychiatry. The total number of admissions to the hospital was 8015 the total number of bed days used was 49,924. The Medical Emergency Room attendance was 9,093.

The completion of decanting works and the decanting of key hospital departments to enable the commencement of Phase I of the Major Hospital Development due to commence in March 2001 was an important development.



Checking the developments on site at St. Joseph's Hospital

Service developments

One of the most important service developments in 2000 was the appointment of a Consultant and team in Elderly Care Medicine. This has resulted in the development of a comprehensive Elderly Care service providing Inpatient, Outpatient, Day Care and Outreach services.

A Consultant in Palliative Care was appointed to the Health Board resulting in the provision of an outreach Consultant service to South Tipperary.

Approval was obtained in 2000 from the Department of Health and Children for a 2nd Consultant Radiologist who will be in post in 2001. This will improve access to diagnostic services for the people of South Tipperary.

An infection control department was set up with the appointment of an infection control sister. The purpose of this department is to provide guidelines on infection Control and to reduce the amount of hospital acquired infection.

A respiratory rehabilitation service was developed in the physiotherapy department, this will be further enhanced by the appointment of a respiratory nurse specialist early in 2001.

The implementation of the recommendations of the national Cardio-Vascular strategy began in 2000 with the appointment of a coronary care nurse manager and additional specialist coronary care staff nurses. The Cardio-Vascular strategy recommendations will be implemented further in 2001.

The continuing work of the Multidisciplinary Quality Group in standard setting and quality assurance added a necessary quality dimension to a pressurised service. The inclusion of patients and clients in the quality assurance process was an important aspect of the work of the Hospital Patient Group.

Our Lady's Hospital Cashel

Activity Levels

Our Lady's Hospital Cashel	2000	1999
Inpatients	3,545	3,261
Daycases	1,966	1,923
Outpatients	9,192	8,985
Accident & Emergency	16,082	16,462
Total	30,785	30,631

Our Lady's Hospital Cashel continued to provide a service in General Surgery, Accident and Emergency and Day Care Oncology. The total number of admissions to the hospital was 3,545, the total number of bed days used was 13,788 and the number of day cases was 1,966. The Accident and Emergency attendance in 2000 was 16,082.

The Radiology department underwent major refurbishment as part of the Cashel Hospital Project; this along with the approval for a 2nd consultant radiologist post was a welcome hospital development.

Approval was obtained in 2000 from the Department of Health and Children for a 3rd consultant surgeon with a special interest in breast surgery. This has resulted from the recommendations of the South Eastern Health Board Cancer Strategy and will improve access for breast treatment to the women of South Tipperary. Approval was also obtained for a 4th permanent consultant anaesthetist.

The Regional Palliative Care Consultant commenced a visiting palliative care service in the hospital in 2000.

The hospital also benefited from the commencement of a phlebotomy / ECG service and the appointment of a night nursing supervisor.

District Hospitals Carrick on Suir and Clogheen

	Carrick-on-Suir	Clogheen
Beds available	21	22
Beds days used	7,413	6,216
Admissions	241	278
Discharges	237	267

The district hospitals in Carrick on Suir and Clogheen continued to play an important role in South Tipperary healthcare in 2000. Both hospitals provided direct access beds for local GPs and step down beds for St Joseph's Hospital and in the case of Carrick on Suir step down facilities for Waterford Regional Hospital.

The continuation of physiotherapy and hospice care facilities contributed to the quality of care provided by both hospitals. The level of nursing and support staffing increased in both hospitals in 2000.

Waterford Regional Hospital

Activity Levels - Waterford Regional Hospital

Waterford Regional Hospital	2000	1999
Inpatients	23,143	20,588*
Daycases	15,424	13,410
Outpatients	91,877	83,644
Accident & Emergency	56,724	53,472
Total	187,168	171,114

*1999 figure affected by industrial action

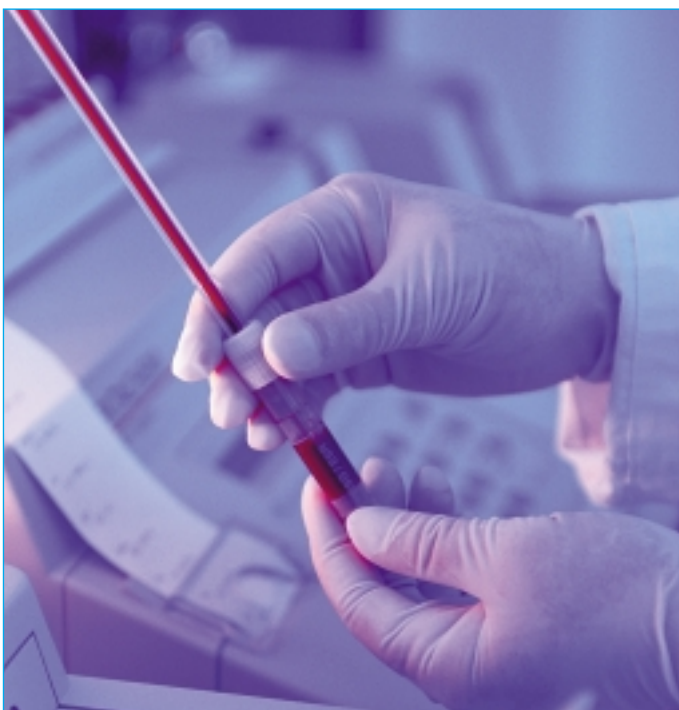
Overall hospital activity was about 5% ahead of projected activity at the end of 2000. This increase masks problems in some areas notably medicine where its activity was ahead of that projected, by 24%. Arising from this increase in activity in medicine and its resulting bed capacity problem, areas such as

Ophthalmology under-achieved projected activity level by approx. 35%. Oncology and Rheumatology also exceeded projected activity levels during 2000 substantially (6% and 53% respectively).

Waterford Regional Hospital had a busy year during 2000. A number of projects were implemented to expand services during 2000 while others were prepared for implementation in 2001 and beyond.

New services and developments during 2000

- The district ward was opened temporarily early January in response to the Winter medical demand giving an additional 18 beds.
 - Extra medical resources were committed to Oncology, Rheumatology, A & E, Obstetrics and Medicine to meet ever growing demand. Further expansion in general medicine is planned for 2001 with the opening of a new 31 bed ward and appointments of an endocrinologist, respiratory physician and a second rheumatologist.
 - The Renal Dialysis Unit increased its capacity from 42 to 56 patients as planned. Further expansion will occur under the National Development Plan.
 - Permanent pacing implantation (heart pacemakers) began in 2000 and work continues so that this service will be rolled out during 2001 to take referrals from the region. Prior to this development, patients from Waterford travelled to hospitals in Dublin or Cork to have heart pace-makers implanted.
 - Preparation was made for the commencement of Surgical Audit, it is envisaged that this audit will come on stream in April 2001.
 - The referral process for Orthopaedic Services was centralised to allow for greater and more equitable access.
 - The Regional non-smoking policy was implemented throughout the hospital.
 - The "Employee Assistance Programme" commenced during August 2000. This programme is a resource for all hospital staff who need individual support and absolute confidentiality is guaranteed. The service is completely independent of all other departments.
 - The "Change Management" agenda which started late 1999 progressed further during 2000 to develop a Management Team supported by communication structures which facilitate broader participation in the management process.
 - A patient satisfaction survey was carried out during January to March 2000. The survey was carried out by the Irish Society for Quality in Healthcare and involved a random number of patients discharged during that period.
- Waterford Regional Hospital was one of a number of acute hospitals taking part. The purpose of the survey was to investigate and report upon the patient's perception of the quality of care they received during their hospital stay and to identify levels of patient satisfaction along the following dimensions:
- overall impressions
 - admission procedures
 - information received



- tests and operations
- pain management
- care and assistance
- hotel aspects
- discharge procedures

The results of the survey were published in a report during December 2000 and while they are being studied and will be presented early 2001, initial findings are very satisfactory and encouraging for all providers of the hospital services concerned.

- New staff appointments included a number of consultants in a variety of disciplines and an employee assistance programme officer.

Challenges during year 2000

The main challenge in year 2000 was the lack of sufficient beds in the medical specialities. Increased demands of haematology, oncology, nephrology and rheumatology lessened the availability of core medical beds and resulted in ongoing invasion of ophthalmology, ENT and general surgical beds. The new 31-bed medical ward to be opened during 2001 will reduce this pressure on these beds.

The coming on-line of new services during 2000 has increased demand on scarce staff accommodation especially on-call accommodation. However, extra on-call accommodation will become available early 2001. The bed capacity problem called for a more targeted waiting list initiative to be achieved in a more telescoped time frame.

Projects undertaken during 2000 or projects at an advanced stage of implementation are:

- Regional Community Child Care Unit
- Child Guidance Unit
- Patient hotel
- Telecommunications system not only in Waterford Regional Hospital but also St. Otteran's Hospital and St. Patrick's Hospital, Waterford.
- Radiology diagnostic equipment both in Waterford Regional Hospital and St. Joseph's Hospital, Dungarvan, Co. Waterford.

St. Vincent's District Hospital, Dungarvan

Beds available	30
Bed days used	8,039
Admissions	211
Discharges	211

It is evidenced by the figures above that St. Vincent's Hospital continued to serve in a critical support role to the acute and special hospitals in Waterford and to the greater community in West Waterford. The staff are congratulated for the level of care and service given in a difficult working environment.

Because of the inappropriateness of the current building the Board committed itself at the end of 2000 to develop a replacement building for St. Vincent's. It is anticipated that a planning brief for the new hospital

will be in place by early Summer 2001 to ensure the development of St. Vincent's. During the year the hospital kitchen was upgraded

Wexford General Hospital

Activity Levels

Wexford General Hospital	2000	1999
Inpatients	13,522	13,287
Daycases	3,098	2,889
Outpatients	29,330	29,571
Accident & Emergency	21,398	19,908
Total	67,348	65,531

The increase in medical emergency admissions continued to be one of the major challenges met by the hospital in 2000. The medical activity exceeded planned activity by 10%. This increase in medical activity created difficulties for the hospital resulting in some curtailment of elective activity in surgery, Gynaecology, and dental work.

To further facilitate the operation of the clinical directorate, a second nurse manager was appointed during 2000. There is now a nurse manager for each directorate and a hospital bed manager. This new structure facilitates effective management of beds and waiting lists and has enhanced the running of the hospital.

The lack of experienced medical staff in the A&E Department was a continuing cause for concern, especially in the light of increasing numbers attending at the A&E Department. It is anticipated that this will be addressed through the Medical Manpower Forum. Wexford General Hospital was chosen by Comhairle na nOspideal as a pilot site to take part in a study under the auspices of the Medical Manpower Forum to examine the medical staffing structures in hospitals.

A third consultant surgeon with a special interest in breast disease was approved during 2000. The post has been filled in a temporary capacity pending the permanent appointment.

The appointment of a consultant physician/geriatrician brought an added dimension to the consultant medical team with specialisation in medicine for the elderly. This appointment gives an enhanced service to elderly patients, both in the hospital and the geriatric rehabilitation unit in St. John's Hospital. This appointment together with the appointment of an occupational therapist during 2000 enhanced the health and social gain of older people.

A diabetic nurse specialist was appointed during the year. This will improve the service to diabetic patients, with the development of specialised diabetic clinics and the diabetic day care service. This service plays an important role as a capacity increasing measure for the hospital as patients are treated on an outpatient basis thereby relieving pressure on acute medical beds. We are awaiting approval for a consultant

physician with a special interest in endocrinology & diabetes mellitus, which will further enhance the service to diabetic patients.

During 2000 the following posts were approved under the Cardiovascular Strategy for Wexford General Hospital:

- A registrar
- Senior cardiac technician
- Student cardiac technician
- Cardiac rehabilitation nurse
- Smoking cessation officer
- Disease management nurse
- Chest pain nurse
- 1/2 Physiotherapist post
- 1/2 Resuscitation officer post
- 1/2 Dietician post.

These appointments will improve services for patients presenting with cardiac problems.

Health promotion for patients and staff continues to flourish at Wexford General Hospital. During 2000, we continued our policy through cardiac rehabilitation programmes, healthy eating week, smoking cessation programmes, blood pressure checks, cholesterol checks and vaccinations for flu and Hepatitis B.

A surgical audit system in operation at Wexford General Hospital was extended to other acute hospitals during 2000. This system provides valuable information on surgical activity in hospitals. It enhances medical education by promoting discussion and improving the efficiency of clinical care. It has also improved the efficiency of the management of medical records, HIPE coding and income collection.

The CT Scanner was commissioned during 2000 and will be operational for 2001. This is a very important facility allowing patients to receive a service quickly without the inconvenience of travelling. It is an important factor in bed management as it will not be necessary for patients to occupy acute hospital beds while waiting for an appointment for a CT scan outside the catchment area.

There was disappointment with the delay in progress of the project brief for Wexford General Hospital regarding future building requirements associated with bed capacity requirements, care of the elderly, labour ward, the transfer of Ely Hospital facilities and the provision of an acute psychiatric unit. It remains a priority for 2001 to appointment a design team to progress the planning of the project brief.

During 2000 a new security service combined with the orderly service was set up on a partnership basis and is proving very successful. The new service streamlines the orderly service and provides a much-needed security service, both inside the hospital and on the grounds.

A gastrointestinal (GI) Function Laboratory was set up in Wexford General Hospital, providing a regional service for oesophageal manometry and 24-hour pH testing. This service complements the development in upper gastrointestinal, gastroenterology and surgical services provided in Wexford General Hospital. The GI Function Lab has the capacity to perform up to 2 pH studies per day, in addition to performing manometric studies.

Medical grand rounds commenced in September 2000. This is a new post-graduate teaching initiative, which takes place once a month and involves presentations by all the medical services in the hospital. This initiative strengthens communication between the medical departments of Wexford General Hospital and helps fulfil continuing medical education obligations for all medical staff.

A discharge planning nurse was appointed on a pilot basis to assist in the early discharge of patients.

The occupational health service for staff was improved by the appointment of an extra part-time nurse.

Wexford General Hospital has been chosen by the Royal College of Physicians for Higher Intensity General Internal Medicine Training by the appointment of two specialist registrars in general internal medicine. A formal affiliation with UCD for the teaching of medical students has been agreed. These initiatives will focus the medical profession on clinical teaching and, thereby, enhance patient care.

During 2000 the Pharmacist commenced constituting the chemotherapy drugs at Wexford General Hospital. This has had a very positive impact on patient care, as it avoids long delays while drugs are being transported and it also eliminates waste.

Gorey District Hospital

Beds available	26
Bed days used	8,454
Admissions	327
Discharges	324

The District Hospital in Gorey continued to provide a range of services during 2000, including:

- Step-down beds for Wexford General Hospital
- Convalescent beds for ophthalmic and orthopaedic patients from Waterford Regional Hospital and Kilcreene
- Respite beds for the north Wexford area
- GP access beds for medical admissions from the north Wexford area
- Palliative care
- Extended care beds

The Minister for Health & Children officially opened the Hospice Suite in July 2000. Up grading has taken place at the hospital to provide an extra six extended care beds with adjoining shower and toilet facilities. It is hoped to open this during 2001.

Ambulance Service

The Ambulance Service commenced the Millennium on full alert as part of the Board's Millennium Contingency Plan. All stations were on full 24 hour duty cover and although activity was less than usual it did not remain so for the rest of the year. The Board's ambulances responded to 35,276 calls during the year, an increase of 12%.

The Ambulance Service also provided a comprehensive transport service for children with special needs to attend special schools and workshops. All dialysis patients are transported for renal dialysis, the Board's own minibuses and hired transport provided these services in 2000.

Training

In the Year 2000 a total of eighteen staff successfully completed the Emergency Medical Technicians New Entrants Course including 10 nurses. Twelve staff completed the conversion EMT refresher course. In line with national recommendations, four staff attended a Critical Incident Stress Counsellors Course. As part of the commissioning of the new control centre in Wexford, seven member of staff completed the Emergency Medical Controllers Course. One member of staff is currently engaged in the Supervisory Management Development Programme.

Clinical Audit System

The Ambulance Service has developed a new computerised audit system. As part of the programme a new computerised patient report form was designed and is now on trial. The new system is designed to meet the requirements of emergency medical services as specified by the Ambulance Service Association in the U.K.

RACC

The Regional Ambulance Control Centre (RACC) went live in November 1999 taking over ambulance and patient transport calls for Wexford. In March 2000 ambulance calls and patient transport calls for

South Tipperary were taken over. In April 2000 ambulance calls for Carlow and Kilkenny were taken at the RACC. From September all ambulance calls for South Eastern Health Board region were handled from the RACC. In order to ensure that the RACC is fully integrated with the operational aspects of the Ambulance Service and adhering to best practice a review of the service by an Independent Consultant was carried out and a further review of the RACC will take place early in 2001.

The changeover to a central control system has been implemented within the time frame set. This has been achieved through the co-operation and professionalism of all the staff involved.

Fleet Replacement

The Board replaced six ambulances and commissioned a replacement neo-natal ambulance during the year. There was always a neo-natal ambulance service run from Waterford Regional Hospital and the purchase of the most up to date neo-natal ambulance built to the national specifications will ensure that Waterford Regional Hospital neo-natal services will be foremost in the country. The Board also commissioned four, four-wheel drive single stretcher vehicles to be used in adverse weather conditions, over rough terrain and in major emergency situations. These fleet purchases will come on stream in 2001 once they have been fitted out to specification.

New Ambulance Stations

A new ambulance station was officially opened at Clonmel during the year. A new rest room for ambulance nurses was completed at Cashel. Planning permission was received for a new Regional Ambulance Headquarters incorporating a new ambulance station for Kilkenny. Plans are well advanced for the provision of a new ambulance station at Carlow. The Board is in the process of purchasing a site for an ambulance station in Waterford. There will be refurbishment and expansion to the ambulance station at Dungarvan.

Public Relations

The Ambulance Service in Waterford in conjunction with the Brothers of Charity have raised £30,000 over the past four years for the Comeragh Training and Employment Centre. The Golf Classic run last year raised £9,000.

The Ambulance Service in Kilkenny in conjunction with the Fire Service raised over £6,000 by carol singing for one day. The money was shared between the Friends of Children's Cancer and the Irish Handicapped Children's Association.



Brendan Crowley using the new RACC system – the only such system in the country for ambulances

Mental Health Services

The development of the mental health services have been motivated by the document Planning for the Future 1984. Since the publication of this report, there has been a continuing transformation in the orientation and ethos of mental health services in the region. Services have been developing from an institutional base and focus to a service focus which is consumer driven as well as being community orientated and based. The South Eastern Health Board's objective is to examine existing strategies, policies and arrangements and to propose new solutions to incorporate the principles and values and targets set down in the National Strategy "Shaping a Healthier Future". This includes integration of services, accessibility, equity, quality, accountability, health gain, social gain and to have regard to national policies set out as they relate to the development and provision of the mental health services.

Mental health services are provided in four catchment areas – Waterford, South Tipperary, Wexford and Carlow/Kilkenny. In each of these areas, services are provided through hospital based services, day hospitals and day centres supported by community residential accommodation, training centres and voluntary services.

Relates to all admissions to Psychiatric Hospitals both acute and long stay

Psychiatric Hospital Admissions	2000	1999	1998
Admission to Hospitals	3,407	3,029	2,993
Outpatients	23,953	18,621	23,641
Residential patients	783	787	751

Service Objectives

Our main focus in 2000 was to continue the development of community based services with teams who are composed of medical, nursing and other health professionals. Our key objective is to bring forward a prioritised plan for each catchment area and to suggest the process by which performance measures will be established to evaluate each plan.

To this effect the board has established a Mental Health Strategy Review Group. Substantial progress has been made on planning the development of mental health services, through the Review Group. Recommendations and priorities for the development of the mental health service have been identified and their final report will be published in 2001.

Mental Handicap Patients from Psychiatric Hospitals

The number of mentally handicapped patients still in residence in our psychiatric hospitals is continually reducing, in 2000 the number of in residence was

132. The majority of these patients are cared for in mental handicap wards. However, it is the objective of the Board to continue to place patients in more suitable accommodation within the community during 2001.

A development control plan and brief have been prepared for the construction of a 21 place residential unit in Carlow to facilitate the transfer of the mental handicap patients from Kelvin Grove, Carlow.

Work is underway on the development of a 3x7 place residential unit and associated occupational activation and ancillary support services to replace existing accommodation for mental handicap patients at St. Canice's Hospital, Kilkenny. Building work on the new facility will be complete in mid 2001. This will enable the transfer of 21 mental handicapped patients from St. Canice's to Kilcreene. These are the last mental handicap patients living in St. Canice's and the Board will have achieved its objective to care for mental handicap patients in purpose built facilities in the Kilkenny area.

Acute Psychiatric Unit – Carlow/Kilkenny Mental Health Services

We are committed to the development of acute psychiatric services in the acute general hospitals. The building of the Acute Admission Unit at St. Luke's Hospital, Kilkenny has commenced. The primary objective of the unit is to provide a comprehensive assessment, diagnostic and treatment strategy for all clients admitted to the unit suffering from psychiatric illness. The unit is due to be completed and opened in 2001.

Day Care Centre – South Tipperary Mental Health Services

A brief for the development of a day care centre at Clonmel was prepared. The role of the day centre is to provide support and social care for hostel residents and for other people with psychiatric problems whose needs cannot be met at community care day centres.

Structural Works

- Work was completed on the upgrading and refurbishment of St. Gabrielle's Ward in St. Canice's Hospital, Kilkenny to accommodate elderly patients.
- Upgrading and refurbishment of the Admission Unit at St. Senan's Hospital has been completed.
- The development of an existing five place low support community residence at Greenbanks, Carlow to a 14 place high support hostel has been completed.

Appointments

Consultant Psychiatrists with a special interest in old age were appointed to Tipperary (SR) and Waterford with the support of multi disciplinary teams. Approval was received for the appointment of a consultant team to the Wexford Mental Health Services.

During the year we appointed social workers with an interest in mental health in Carlow, Tipperary (SR) and Wexford. We also appointed clinical psychologists in Waterford and Kilkenny.

Voluntary Agencies

The Board has continued to strengthen and develop its relationship with the voluntary agencies who specialise in the provision of mental health services. In the year 2000 funding was doubled to provide support for GROW, AWARE, Schizophrenia Ireland, Samaritans and Mental Health Association of Ireland.

Services for older people

Services for older people are provided across all the different service areas including community care, acute hospitals and special hospitals. The continued focus was on a range of residential, respite, day care services and a focus on health promotion and health prevention strategies. These strategies will target the prevention of disease and promotion of a positive attitude to ageing and the care of older persons in our community.



Activity in hospitals for older persons

Activity in hospitals for older persons*	2000	1999	1998
Admissions	1,172	895	1,020
Patients in residence	879	831	696

*Relates to six hospitals for older persons, three welfare homes and one long-stay ward in Ely Hospital.

In relation to services for older people the following developments took place:

Care for older people at home

A research project "Listening to the Voice of Carers" was completed to identify the information and health promotion needs of carers of older persons in our area in consultation with the Waterford Institute of Technology and University of Ulster.

Home helps payment will now be made on the Group 1 non nursing salary scales which will greatly enhance our ability to recruit and retain staff. This in turn allows for a greater number of people to be cared for at home.

Building and refurbishment in 2000

- The new St. Anthony's Care Unit, Clonmel provides care for residents who are no longer able to be cared for at home. It also provides a respite service to clients/carers for short periods to relieve the burden of caring in the home environment.
- Completion of the upgrade of St. Enda's Ward, St. Joseph's Hospital, Dungarvan
- The preparation of the brief for the 10 place unit in the District Hospital, Carlow was approved.
- The commencement of building developments at Cluainn Arainn Unit, Tipperary including 10 additional places.
- The Cashel/Clonmel building projects have received approval to proceed with stages 4 & 5.
- Development of a specialist interim Elderly Mentally Ill Unit at the Sacred Heart, Carlow.

New appointments

Strengthening of the multi disciplinary care teams with the appointment of additional paramedical staff to support hospital and community based services.

The appointment of Co-ordinator of Services for Older People in Wexford and Carlow/Kilkenny to enhance co-ordination of community support structures.

Provision of additional nursing staff in the six long stay geriatric hospitals.

The appointment of additional nursing, paramedical and care assistant staff to St. Joseph's Hospital, Dungarvan.

Voluntary agencies

The provision of additional resources to the voluntary organisations, including the Carers' Association and the Alzheimer's Association of Ireland to support the development of services in our area.

Clinical Winter Initiatives

The development of new initiatives to assist in the management of the clinical winter 2000/2001 included the development of medical assessment units in Kilkenny and Wexford. Another initiative was the contracting of Nursing Home Beds that enabled patients who required nursing care, but not medial care, to have time recuperating in local nursing homes.

Suicide Prevention Strategy

The number of deaths registered as suicide by county of residence for the years 1998 and 1999 were 54 and 58 (most recent figures).

COUNTY	MALE		FEMALE		TOTAL	
	1998	1999	1998	1999	1998	1999
Carlow	5	3	-	1	5	4
Kilkenny	8	13	2	2	10	15
Wexford	9	15	5	-	14	15
Tipp S.R.	12	9	4	-	16	9
Waterford	9	10	-	5	9	15
TOTAL	43	50	11	8	54	58

Regional Suicide Advisory Group

During 2000 a Regional Suicide Advisory Group was convened consisting of representation from the various statutory and voluntary services within the region. This group is chaired by a Regional Manager and its membership includes:

- Clinical Psychologists
- Gardai
- Media
- Regional Suicide Bereavement Council
- Chief Nursing Officers
- Bishops
- Accident & Emergency Departments
- Aware
- Consultant Psychiatrists
- Samaritans
- Department of Education
- Coroners
- General Practitioners
- Child Psychiatrists
- Regional Youth Directors
- Public Health

The functions and purpose of the Advisory Group are:

1. To act as a forum for the exchange of information on the further development and co-ordination of policies and services aimed at the prevention of suicide between various public and voluntary agencies in the South Eastern Health Board region.
2. To facilitate the exchange of views and information to assist the Board in developing services for the prevention of suicide and for the support of para-suicide persons, families of victims of suicides and para-suicide, etc.
3. To advise on the prioritisation of service developments.

Directory of Services

In April 2000 the Chairman of the Board launched the 'Directory of Services for people in Distress'. To date almost 7,000 copies of these have been distributed throughout the region. These have become a valuable resource for people supporting those in distress as it contains information on the statutory services available to people in the region. It also contains information on eighty voluntary community groups that offer support to others. These directories are soon to be supported by crisis cards, which shall be distributed to each household in the South East.

Training

An on-going awareness-training programme in relation to suicide and para-suicide was established. A wide

range of statutory and voluntary groups attended these programmes.

To date almost two hundred nursing staff in the region have attended training. Representatives of sixty youth organisations, Samaritans, Gardai, Third Level Colleges, Journalism, Rape Crisis Centres, Women's Refuges, Social Welfare Inspectors and Community Welfare Officers have also received training.

Policy development

A multi-disciplinary working group was convened. The objective of the group is to develop regional guidelines in relation to the care and management of those engaging in para-suicide, or individuals that are suicidal. This group shall also develop a mechanism for auditing of suicides that occur within the Board's services or shortly after discharge from services.

Bereavement support

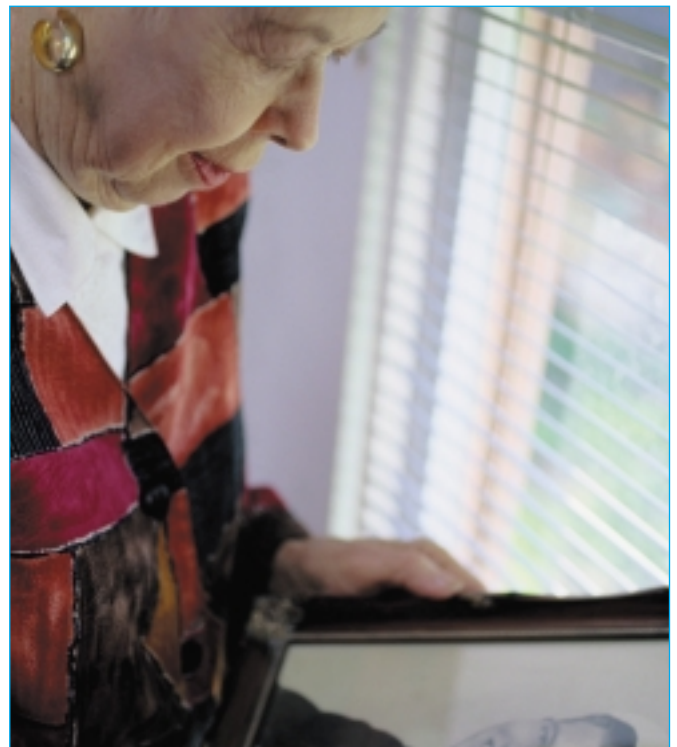
The local Suicide Bereavement Support Groups were affiliated to a Regional Suicide Bereavement Council. Its function is to act as a forum for:

1. Exchange of information and support between each local group.
2. The setting of standards and protocols for training and supervision of volunteers.
3. The formulation and standardisation of a code of ethics for local groups.

The local bereavement groups were represented through the Regional Bereavement Council on the Suicide Advisory Group, thus offering the bereaved a voice at policy and strategy development level.

Research

The National Suicide Research Foundation in Partnership with the South Eastern Health Board commenced a study into hospital treated para-suicide. This is part of a national study to be conducted over five years and will eventually provide national statistics in relation to para-suicide. Ireland will then be the only country in the world that will have such statistical information. A pilot study of this research commenced in December 2000.



Public Health



The Public Health Department aims to support the work of the Board and protect and improve the health, health services, and quality of life of people in the South East. To achieve its aims, the Department concentrates on assessing the needs of the population, and where appropriate planning effective services to meet those needs.

The main activities of the Department include research, evaluation, identification and development of best practice guidelines and development of health information systems. Additional responsibilities include prevention and control of disease, especially infectious disease and advice on environmental hazards.

The Public Health team works on many important projects both at a national level and a regional level. In 2000 it has played a key role in the following:

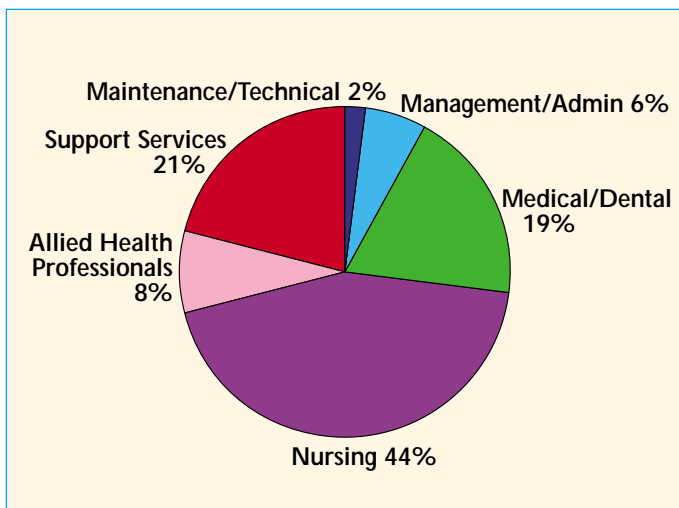
- Development of South Eastern Health Board Cardiovascular Strategy.
- Review of audiology services.
- Completion of a joint study with U.C.C. on the needs of teenage mothers.
- Contribution to a review and needs assessment for rehabilitation services in the South East.

- Completion of a suicide study in the South East.
- Contribution to the development of the South Eastern Health Board Mental Health Strategy.
- Involvement in local implementation of the recommendations of the Regional Report on Suicide Prevention.
- Continued work with clinicians on the implementation of the Cancer Strategy.
- Establishment of General Practitioner and Physician Protocol Development groups on common cardiovascular syndromes.
- Development of a plan for the advancement of health service research in the Region in conjunction with third level institutions.
- Establishment of a pilot project on accident prevention in conjunction with Wexford General Hospital.
- Study of traveller status in the region.
- Contribution to the hospital information system development programme.
- Development work on SEHB response to major chemical incidents.
- Continued work with the National Disease Surveillance Centre on surveillance of infectious diseases.
- Continued work with Food Safety Authority of Ireland.
- Continued control and surveillance of outbreaks of infectious diseases with ongoing development of regional data base.
- Contribution to the National Meningo C Vaccination Programme.
- Commencement of development plan for Regional STD services.
- Review of work of Regional Infectious Diseases Committee and Regional Zoonosis Committee.
- Commencement of the development of a regional congenital abnormalities register.
- Joint work with Health Promotion Department on evaluation of Smoke Free Carlow Project.
- Completion of a qualitative study of infant feeding in the SEHB.
- Establishment and research on Healthy Communities Project.
- Contributed to the development of the SEHB strategy for Women's Health.

Personnel

The South Eastern Health Board is the largest employer in the South East region, employing approximately 10,500 staff including part-time, temporary and contract staff. There are over 300 different grades of staff working in the Board area.

Staff profile (on a cost basis)



Recruitment

There is a centralised recruitment service based in head office, which is responsible for the recruitment of all permanent nursing, paramedical, management, information technology, clerical/administrative grades and a number of specialist medical grades. In the year 2000, 201 recruitment competitions were held, 3,399 applications were received and 688 appointments were made across the region, this is an increase of 37.5% on the previous year.

Staff Relations

This department supports local managers in dealing with staff and industrial relations issues. It also represents the Board at the Labour Court, Conciliation and Rights Commissioner hearings, Employment Appeals Tribunals and national negotiations in relation to pay and conditions.

Staff Development

One of our corporate objectives as outlined in the Board's Corporate Strategy is to "enhance the contribution of our staff by developing and nurturing our staff, ensuring their involvement and recognising their contribution". The people who deliver and support health and community services for the Board are the most valuable resource within the organisation. The South Eastern Health Board is committed to developing staff and the organisation as a whole. In 2000 a wide range of development activity took place within the region including:



- **Management Development**

The Senior Management Development Programme which commenced in 1998 was completed in January 2000 and the Management Development Programme 2000 commenced for the next level of senior management. Two modules of this programme took place during 2000 and it is planned to develop the Senior Management Development Programme in 2001.

- **Sponsorships**

The department continues to operate a sponsorship scheme for staff pursuing third level courses from certificate to doctorate level. The amount of sponsorship applications doubled during 2000.

- **Other Training**

A number of other courses were organised by the Personnel Department during 2000. These included, Interviewing Skills, Dealing with Change, Presentation Skills, Retirement Planning, Minute Taking and Telephone Skills. A total of 48 courses were organised during the year and it is planned to expand on this in 2001 if additional staffing is made available to the department.

- **Child Care Service Training**

Professionals who work in the community and in hospitals are provided with invaluable training in recognising and responding to child abuse, emotional abuse and neglect, as well as practical court room skills. The launch of the National Guidelines for the Protection and Welfare of Children, launched in 1999, provided the main focus for training in 2000. In 2000 the programme's priorities were basic training for all staff, advanced training of core child protection staff, joint training with An Garda Síochána, and training of selected key voluntary service agencies, including children's residential centres managed by voluntary and religious bodies.

• **Continuing Nurse Education (CNE)**

CNE offers nursing staff opportunities to develop new skills and knowledge and to update existing ones, so they can continue to provide the highest quality nursing services to patients and clients. CNE provides a programme throughout the year for nurses across all disciplines and services (acute, elderly, mental health and community). In 2000 the priorities for CNE included:

- Suicide awareness
- Enhancing midwifery practice
- Frontline management for ward managers
- Care of the older person
- Clinical updating

Health, Safety and Welfare

The Health and Safety and Occupational Health departments played an essential role in support local managers and staff in ensuring safety at work.

In 2000 a health and safety training co-ordinator was appointed to the division to organise and coordinate the various health and safety training courses being run on an on-going basis throughout the region. These include breakaway techniques; control and restraint; patient and manual handling; induction training and management training in occupational safety, health and welfare.

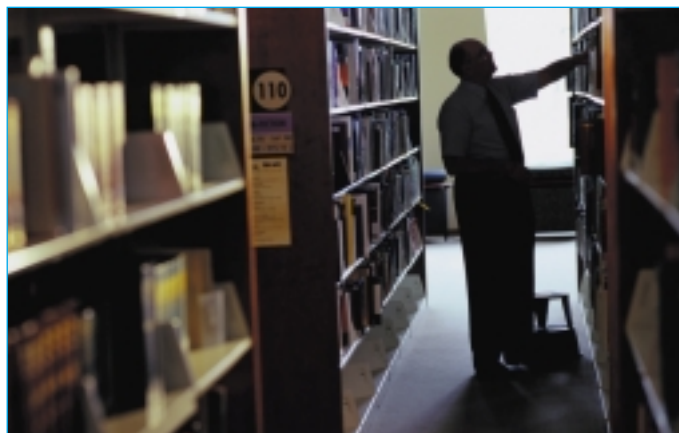
Audits and follow up audits were carried out in workplaces throughout the region to identify workplace hazards, assess risk, identify control measures and to monitor progress in implementing control measures. Special attention is paid to remedial work or control measures that were identified during audits and investigations to ensure compliance with legal requirements. In the area of risk management approximately 400 reported accidents and incidents were investigated with the relevant department heads to ensure appropriate action had been taken where necessary to prevent recurrence. Specific resources were allocated to Health and Safety was used to purchase equipment which was required to eliminate or minimise risk e.g. lifting aids, alarm systems etc.

In 2000 the term of office for the local safety representatives expired and elections were held in each location. 73 safety and deputy safety representatives were newly appointed and trained in their roles.

The occupational health department, introduced in 1999, continued to expand and develop its services with a locally based, region-wide, service to all staff, including vaccinations, pre-employment medicals, support for staff who are sick, and support in dealing with stress and bullying in the workplace. During the year an Employee Assistance post was introduced at Waterford Regional Hospital on a pilot basis.

Library and Information Service

The library and information service ensured staff had access to a comprehensive range of periodicals, books and research. Access to the Internet was also available to staff for research purposes. 2000 saw the continued development of facilities throughout the



region with extended opening hours. Work continued on the bar-coding and inputting to provide users with a computerised book catalogue of all publications held by the library and information service. Training and demonstrations to staff in how to use computers to gain access to library information was increased in 2000. This service provided invaluable support to all staff in the region.

Nursing and Midwifery Planning and Development Unit

Arising from the Report of the Commission of Nursing (1998), the Nursing & Midwifery Planning & Development Unit was established in the SEHB in October 2000 with the appointment of a Director of Nursing and Midwifery. Among the key functions of the Unit are strategic planning and quality assurance of nursing and midwifery services in the Board's area. Some of the other general functions of the Unit include:

- Working in partnership with the Chief Nursing Officer in the DOHC in planning and policy development on nursing and midwifery issues
- Overseeing the detailed provision of continuing nursing and midwifery education within a health board area
- Liaising with centres of nursing education of health service providers
- Developing, monitoring and reviewing the co-ordination and development of multi-disciplinary nursing services in a community care area
- Identifying inter-nursing and inter-agency training needs and promoting the development of an inter-nursing and inter-agency training strategy
- Assisting in internal communication with nurses and midwives in a health board area

The strategic objectives of the Nursing & Midwifery Planning & Development Unit can be divided into five key themes:

- Human resource management
- Practice development
- Communication
- Continuing professional development
- Quality.

As part of a collaborative process a strategy for nursing and midwifery services will be developed utilising the five strategic themes.

Management Services



The Management Services Department supports the delivery of the Board's services through the deployment of Information & Communications Technology (ICT). ICT-based systems provide efficient, effective means of recording, sharing and communicating client/patient data, supports the administrative processes.

The work of the department involves the purchase and commissioning of ICT hardware, software and services on behalf of all hospital and community care centres throughout the Board, together with the provision of a range of ICT support services including systems analysis/design, programming, equipment maintenance, software support, user training and advice.

The ICT infrastructure of the Board is substantial, comprising host-computers and servers, many local area networks, a wide area network, PCs, VDUs, printers and a range of applications in areas of administration, clinical support, financial management, personnel records, engineering and office systems.

The work of the department during 2000 can be divided into three broad categories:

1. Support and maintenance of existing systems
2. Major projects
3. Minor projects.

1. Support & maintenance of existing systems

This area uses the majority of ICT resources, it provides for the continued operation of the ICT infrastructure

and the many applications that it supports. It includes management of the Board's host/server computers and data communications networks, software maintenance and enhancement, user advice, support and training.

During 2000 the support and maintenance service continued to be provided and a full-time IT Officer was appointed to the Wexford area to provide a locally based support and advisory service and to undertake IT related projects as required.

2 Major Projects

These projects are strategic and long-term in nature and demand very substantial resources. Overall there are four projects of this type: Hospital Information Systems (HIS); Financial Information Systems (FIS); Community Care Information Systems (CCIS); and Management Information Systems (MIS). A brief outline of the progress made during 2000 is as follows:

Hospital Information Systems Project

This project has two main streams, one dealing with the definition of requirements and procurement of a suitable IT-based system and the other dealing with change management issues, which deals with process improvements and the definition of operational policies and procedures. The main developments in 2000 were:

- The Board's independent public procurement process was ceased and a multi-agency procurement process began led by the South Eastern Health Board on behalf of five other health boards and the Eastern Regional Health Authority
- The specification of requirements was agreed with the other health agencies and a Request-for-Proposals document was issued to the market. Eighteen proposals were received (August 2000) and the evaluation of them was ongoing at the end-of-year.
- A draft policy document was prepared on the introduction of a new region-wide Hospitals Master Patient Index. The production of policies in other areas was progressed substantially also, particularly in the areas of OPD clinic management, inpatient waiting lists, bed management, medical records management and patient billing.
- Windows-based terminals and PCs were purchased as replacements for most of the older terminals. Infrastructure upgrades were carried out in most hospitals to support the newer Windows-based terminals and PCs.
- Work began on the procurement of new Laboratory Information System, which involved agreeing a request-for-proposal document with the Western Health Board, who are leading a multi-agency procurement, and the initial evaluation of supplier proposals received.

Financial Information Systems Project

This project has two main flows, one dealing with the definition of requirements and procurement of a suitable IT-based system and the other dealing with change management issues, including organisational/process improvements and operational policies/procedures. Most of the activity to-date has concentrated on the former with the preparation and sign-off of a request-for-proposals document, which was sent to the market in October. The preparation involved intensive work for the project team over the course of a number of months.

In addition to the main procurement work, the project team commenced work on a revised Financial Management Structure for the Board, including an initial assessment of devolved management / budgeting. They also identified other major issues to be addressed (e.g. selection of appropriate costing methods and models) and areas requiring policy definition.

The activities during 2000 again involved the purchase of Windows-based terminals and PCs as replacements for the older monochrome terminals. This also involved infrastructural upgrades in some locations (networks, servers, etc.).

Community Care Information Systems Project

This project is concerned with the provision of an integrated client-based information system for front-line staff in the community-based services. Two areas have been identified as priorities, namely child care and community nursing. The plan is to provide IT-based support for the professional staff engaged in these services, including a client contacts database, which will record all contacts with clients and will ultimately be shared as appropriate across other services within the Board.

Staffing constraints limited the progress that was possible on this project during 2000 but scoping and definition work was commenced, including an examination of various options for providing IT-based professional support. In addition, PC technology was purchased for many of the key professional staff in child care and community nursing so that the necessary training and technology familiarisation work can get underway.

Management Information System Project

This project is concerned with the development and implementation of a database of performance indicators, coupled with a suite of tools to enable standard and ad-hoc analyses. The performance indicators will cover financial performance (resource utilisation),

activity levels and quality measures. The database will be fed by various internal systems, such as HIS, FIS and CCIS. It will be developed on a phased basis and rolled-out to all senior managers and departmental supervisors across the Board.

In late 2000 the project was initiated with the appointment of a Project Manager and the commencement of scoping work and standard data definitions.

3 Minor Projects

These projects are short-to-medium term in nature and in general do not demand the same resource levels nor do they have the same organisational change implications as the major projects outlined above. They are, however, important in their own right and are often very significant in the particular areas that they are concerned with. The following were the principal projects of this type that were undertaken during 2000:

- All the Board's IT-based systems were assessed for conversion to the Euro in January 2002.
- The Child Health System was enhanced for the introduction of the National Meningococcal C Vaccination Programme.
- The Staff Records System was enhanced for the implementation of the Nurses' Pay Award.
- The Lothian Surgical Audit System, which had been piloted in Wexford, was extended to St. Luke's Hospital, Kilkenny and to Our Lady's Hospital, Cashel
- The Cardiac Diagnostic System was commissioned and put into live use at Waterford Regional Hospital
- The Laboratory Information System was put into live use at St. Luke's Hospital, Kilkenny
- A clinical/administrative support system was purchased for the Palliative Care Service (to be commissioned fully in 2001)
- A clinical/administrative support system was purchased for the Community Ophthalmic Service (to be commissioned fully in 2001)
- The IT facilities at CAREDOC in Carlow were upgraded to cater for the expansion of the GP out-of-hours service to Kilkenny and other counties.
- A Help Desk System was purchased for detailed logging of IT support requests for and requests for new IT facilities. This will be fully commissioned in 2001 to improve the quality and responsiveness of the service
- Work commenced on the analysis and specification of requirements for an Occupational Health System with a view to preparing a Request-for-Proposal document for issue to then market in 2001.

Technical Services Department



Hospital Planning Office of the Department of Health & Children

National Development Plan (NDP)

The department assisted in the planning, estimating and cost projections for the seven-year period of the NDP. Essentially the NDP will provide additional capital, about two to three times the previous yearly expenditure. The majority of these projects will be designed and managed to completion in-house. In addition the scale and work programme of the NDP has dramatically increased the demands on the department particularly in the role as professional technical advisor to all of the major developments.

Fire Precautions and Health & Safety

The Technical Services department has an ongoing programme of works to improve fire safety in all occupied buildings. It also provides a service for fire prevention, control and evacuation. During October and November Fire Safety Seminars were held for senior management and personnel. In addition the Fire and Safety Officer provided fire safety training for almost 2,000 staff.

The Technical Services Department also ensured that all new construction and refurbishment work were carried out to current fire safety standards. Other functions included the following: the installation and maintenance of fire detection and alarm systems in all buildings, the provision and maintenance of First Aid fire fighting equipment and the training of staff in the means of control and extinguishing fire as well as that of evacuation.

Waste management

During 2000 a new waste management contract was implemented. For the past five years all healthcare risk waste was exported to the UK and other North European countries for destruction. The new contract means that the high costs associated with the export and treatment of the waste have been dramatically reduced.

Energy/Utilities

The cost of energy increased significantly during 2000, particularly in the second half of the year. During 1993 an Energy Audit by the Office of the C&AG demonstrated that the South Eastern Health Board compared very favourably with the other Health Boards in terms of energy consumption. The report on energy consumption for 1999 was updated and a significant improvement was recorded on SEHB energy consumption over the past number of years.

The Technical Services Department supports and advises on the entire Boards physical resource requirement. It does this by:

- A. Acting as the Board's Professional Technical Adviser on all capital projects, and
- B. Providing the full range of Professional Technical services on selected projects. This includes the preparation of option appraisals on procurements of buildings and healthcare facilities, the commissioning and maintenance of new facilities, advice on their design, and specification and maintenance management. As healthcare becomes more technologically dependent the role of the department is increasingly concerned with risk particularly within the electrical and mechanical services infrastructure.

The role of the Technical Services Department has changed considerably over recent years and particularly in 2000. This trend has evolved in order to meet the demands associated with the introduction of Irish and EU legislation for the construction and operation of facilities. Also with the introduction of de-regulation of utilities and the increased costs of energy, a considerable amount of resources has to be allocated in order to optimise the management of the relevant operational facilities and to ensure that all economies and efficiencies are availed of.

The Strategic Management Initiative has devolved responsibilities to the Technical Services Department, these functions were carried out previously by the

With the deregulation of the energy market, the SEHB energy efficiency strategy focused on two areas for 2000:

- Continued to manage and monitor existing energy consumption using performance indicators to identify areas of concern.
- Monitored the deregulation of the electricity market for opportunities such as Eirtricity, E-Power, the introduction of more combined heat and power plants etc. During 2000 the SEHB contracted with Eirtricity to provide electricity to some of its facilities and will continue this process with the other suppliers during 2001.

Risk Management, Health & Safety and Quality

Health & Safety Consultants prepared a comprehensive Health and Safety Audit report for the Department. Risk assessment appraisals were carried out and measures will be put in place to eliminate or mitigate possible or potential risks.

In-house design service

In-house design enables opportunistic improvements in infrastructure, as well as financial saving on design team fees. The technical services staff have gained very specialist knowledge in the design requirements of the SEHB Healthcare Estates and Facilities. It is hoped to strengthen and enhance the in-house design service with the recruitment of additional staff in 2001.

Samples of Projects designed by Technical Services Department, (which were completed or substantially completed) during the year 2000 are outlined:

- St. Dymphna's Hospital, Carlow additional accommodation for community care
- Regional Community Childcare Centre at Waterford Regional Hospital
- Ardmore Health Centre
- Day room for St. Malachy's wards at St. Patrick's Hospital, Waterford
- New X Ray room at Carlow District Hospital
- Refurbishment of ward accommodation at St. John's Hospital, Enniscorthy. Replacement of telecommunications systems for Waterford Hospitals

- Roof Replacement and other refurbishment works at Kilcreene Hospital
- Refurbishment of 30 bed ward at St Joseph's Hospital, Dungarvan.
- Cappawhite Health Centre.
- Kilmacthomas Health Centre.
- Dayroom – St Patricks Hospital.
- Regional Community ChildCare Unit at Waterford Regional Hospital.
- Child Guidance Unit, Waterford Regional Hospital.
- High Support Unit Kilkenny.
- Office and ancillary accommodation, St Canices Hospital.
- Office block (34 People) at Kilcreene Hospital.
- Major refurbishment projects at Kilcreene Hospital.
- Sacred Heart Hospital – upgrade of existing catering facility.
- Replacement and installation of electrical generators.
- Ancillary operating theatre accommodation at Kilcreene Orthopaedic Hospital.
- Patient hotel accommodation at W.R.H.
- Medium Support Unit at Drinagh, Co. Wexford.
- Ancillary accommodation for Hospital Porters and Ambulance Technicians at St Luke's Hospital, Kilkenny.
- Medium Support Unit at Coolgower, Co. Waterford.
- Conversion of lodge at St Luke's Hospital for use as a Regional HQ for Occupational Health.

Projects commenced in the last quarter of the year 2000 with a completion date for 2001.

- New day care unit at Thomastown
- Replacement of telecommunications systems for Kilkenny Hospitals and H.Q.
- Replacement of telecommunications systems for Waterford Hospitals.
- New sewage and disposal treatment system for St. Senan's Hospital, Enniscorthy
- New Greenbanks Hostel in Carlow
- Installation of radiology diagnostic equipment in all our Acute Hospitals, and also at St Joseph's, Dungarvan and Carlow District Hospital
- New day wards at Wexford General Hospital.

Capital Projects Department



This Department was established in 2000 to oversee the implementation of the National Development Plan. Its principal functions are to:

- Establish and co-ordinate the work of the various Project Teams
- Develop Planning Briefs
- Procure external professional and contracting services
- Develop and implement commissioning plans
- Maintain liaison with appropriate officers of the Department of Health and Children

The Department comprises a Director, Project Managers, Assistant Project Managers, Nurse Planner/Commissioning Officers, Equipping Officers and administrative support staff.

Following the Government's announcement of the National Development Plan towards the end on 1999 the Board was informed, in February 2000, of the indicative capital funding which would be made available to it for the period 2001 to 2006. Indicative funding (€millions) was identified for each care group each year as follows:

Care Programme	2000	2001	2002	2003	2004	2005	2006	Total
General Hospitals		11.9	17.10	14.71	12.49	12.97	14.36	83.53
Mental Health		1.50	2.80	2.50	3.75	1.75	1.69	13.99
Disability Services	3.75	6.55	3.85	2.10	1.44	1.75	1.93	21.37
Community Health		2.22	2.17	1.35	1.84	2.46	3.87	13.91
Services for Older People		1.34	1.44	2.83	2.75	3.63	2.78	14.77
Child Care		1.42	1.44	1.74	1.45	1.54	1.97	9.56
ICT	1.28	1.37	1.97					4.62
Total	5.03	26.30	30.77	25.23	23.72	24.10	26.60	161.75

At its April 2000 meeting the Board decided how these indicative funds were to be used and approved a programme of works which included the provision of new buildings, renovation and extension of existing buildings, purchase of property and purchase of new equipment.

Additional funds were made available in the course of the year 2000, which enabled the Board to replace a considerable amount of its older equipment and to provide new diagnostic equipment particularly in the laboratories and radiology departments. This funding also facilitated improvements in community health services, childcare, mental health, services for older people and disability services through the provision of new premises and renovation of existing premises. The Department will continue to implement the National Development Plan priorities as funding comes on stream.

Projects under construction in 2000

Location	Project
St. Luke's Hospital, Kilkenny	Acute Psychiatric Unit
St. Luke's Hospital, Kilkenny	Coronary Care Unit
St. Luke's Hospital, Kilkenny	CT Building
Kilcreene	21 Bed Residential Unit, Mental Handicap
St. Joseph's Hospital, Clonmel	New Surgical Department
Cluan Arainn, Tipperary	10 Bed Nursing Unit
St. Vincent's, Tipperary	Psychiatric Day Centre
Greenbanks, Carlow	High Support Hostel
Thomastown	25 place Day Care Centre

Communications



The Communications Department is a key resource to media, the general public, Board Members and staff. The media and publications work of the Communications Department is often dictated by the ongoing work of the Board and the latest reports carried in the media. The Board is committed to developing communications with the people who receive services from the Board; between the Board and other agencies and among the staff who deliver services.

Media Relations

More than 800 press calls from local, regional and national journalists were received and responded to and over 120 press releases were issued to ensure a balanced coverage on the Board's services. Television and radio interviews with regional and national media took place throughout the year. The department continued to maintain and develop media relationships across the region.

Media Training

Media Training, based on the Board's media guidelines was provided for 40 staff who were likely to receive media interview requests. Further media training sessions will be provided to other staff groups in 2001.

South East Health News & Reviews

With over 10,000 members of staff in the South Eastern Health Board, the newsletter provided a regular means of communication and staff news. Five editions of the staff newsletter, South East Health, were produced and published by the Communications Department. The newsletter gave information on new developments, future plans, launches, health promotion, new appointments and promotions. The newsletter will be reviewed in 2001 and publication frequency increased.

Staff Training

Training sessions on communications and listening skills were provided to nursing, clerical and administration staff across the region.

Health Information

The Communications Department was involved in highlighting many public health issues including immunisation campaigns, meningitis awareness, disability services, drugs awareness and health promotion campaigns. The department was also involved on a national level, with the Office of Health Gain, in the development of all communications and advertisement materials for the national Meningitis C campaign.

Conferences, Launches and Openings

The Communications Department provided communications and Public Relations support to national and regional conferences, launches and openings held within the South East. Some of these functions included:

- A National Suicide Conference
- The Carers' Conference
- Women's Health Launch
- Drug Committee launches
- Irish Heart week
- Smoke Free policy launch
- The Presidential opening of the Healthy Garden in Waterford Regional Hospital
- Opening of the new ambulance station in Clonmel
- Opening of Kilmeaden Health Centre
- Launch of the Adult Counselling Service
- Healthy Village launch.

Publications

A wide range of patient and staff information was published through the Communications Department, including the Annual Report, residential childcare booklets, drug awareness leaflets, women's health

plan, directory of services for people in distress, directory of services for older people and many more. Publications are lodged with the library and the majority are also accessible on the Board's website, www.sehb.ie.

Website

The website for the South Eastern Health Board is broken down into two sites – the internet and the intranet for staff. These were constantly updated with items of news, publications and board papers. In the year 2001, in conjunction with the Management Services Department, a Web project will be established to re-format the current site making it easier to update and for the public to access information.

Irish Language

The development of the Irish Language Action Plan in the South Eastern Health Board progressed in 2000 with the appointment of an Irish Language Officer. The post is in place with support of a Foras na Gaeilge sponsored scheme.

The Board's Plan set out a number of targets in relation to publications, corporate identity and signage, correspondence, staff training opportunities and services to the public and computerisation.

Board publications in 2000 incorporated an Irish language element. The Annual Report now features a bilingual Chief Executive Officer's Report and Chairman's Review. The South Eastern Health Board staff newsletter also featured bilingual material.

A working group has reviewed the Board's corporate identity and agreed proposals for change. This will result in the title accompanying the Board's logo being displayed in both Irish and English and will be implemented in 2001. Several local initiatives have used bilingual signage since the introduction of the Action Plan and one major health promotion campaign, based on the Board's policy on smoking, has utilised the bilingual message.

Regular communication between Public Health Nurses, Area Medical Officers, Irish Language Officer and the Gaelscoileanna improved the level of service given to the schools in their principal language. The Irish Language Development Officer, working with the South Eastern Health Board Health Promotion Department, prepared a series of initiatives in schools.

Support was provided to staff to increase fluency and South Eastern Health Board personnel have participated in Irish classes. The expansion of the Irish language committee, maintained a network of classgoers and staff who completed Gaeleagras scholarships, this is basis of a database of staff who can serve the public through Irish. This will be further developed in 2001.

Gaeilge

Leanadh ar aghaidh le forbairt Plean Gníomhaíochta do cur chun cinn na Gaeilge i 2000 le ceapadh Oifigeach Forbartha Gaeilge. Is le cabhair scéim urraithe ag Foras na Gaeilge a chruthaíodh an post.

Shocraigh plean an Bhóird roinnt spriocanna maidir le foilsíocht, aitheantas coirpreádach, comharthaíocht, deiseanna traenála fóirne, comhfhreagras, seirbhísí don pobail agus i gcúrsaí ríomharachta.

Le linn 2000, bhí eilement Gaeilge le feiscint i bhfoilsiúcháin an Bhóird. Tá cuntas ón bpríomhfheidhmeannach agus léirmheas an Chathaoirligh as Gaeilge sa Tuairisc Bliantúil anois. Tá ábhar Gaeilge go rialta ins an nuachtlioir.

Dhein grúpa oibre ina raibh an t-Oifigeach Forbartha Gaeilge páirteach, athchoimire ar aitheantas coirpreádach an Bhóird agus tá mollaí maidir le leasaithe socraithe acu. Mar thoradh, cuirfear suaitheantais dá-theangach an Bhóird ar bun i 2001. Ar bhonn áitiúil, tá tionscnaimh áirithe ag úsáid comharthaíocht dá-theangach mar aitheantas ar an bPlean Gníomhaíochta agus tá leagan dá-theangach ar na comharthaí bainteach le tionscnamh an Rannóg Forbartha Sláinte i bhfoirgnimh an Bhóird madir le bac ar tabac a chaitheamh.

Trí teangmháil rialta leis na h-altraí agus dochtúirí pobail, tá feabhas tagtha ar leibhéil na seirbhísí a táthar ag tabhairt do pháistí ins na scoileanna Gaeilge ins an bpríomh teanga acu. De bharr comhoibriú idir an t-Oifigeach Forbartha Gaeilge agus an Rannóg Forbartha Sláinte, tá scéim tógraí le béim Ghaeilge 'sna scoileanna curtha i gcoír.

Tá tacaíocht ar fáil dóibh siúd sa lucht fóirne gur mian leo a gcuid Gaeilge a fheabhsú agus tá lucht fóirne tar éis 'bheith páirteach i ranganna Gaeilge. Tá méidú ar an gCoiste Gaeilge agus táthar ag coimeád liosta díobh siúd a fuair oiliúint Ghaeilge agus tá sé mar bhunús maidir le líon ainmneacha a fhéadfaí a fhorbairt de lucht fóirne a bheadh ábalta dealáil leis an bpobail trí Ghaeilge.

Bhí teagmháil leanúnach idir Bórd Sláinte an Oir-Dheiscirt agus grúpaí Gaeilge san Oir-Dheisceart. Bhí an t-Oifigeach Forbartha Gaeilge páirteach i laethanta traenála le Foras na Gaeilge i 2000.

Trí ceapadh Oifigeach Forbartha Gaeilge, tá Bórd Sláinte an Oir-Dheiscirt ag dul in oiriúint do threoracha a thiocfaidh de bharr Acht Comhionannais Teanga.

Freedom of Information



A total of 191 formal requests under the Freedom of Information legislation were submitted during the year. The majority of these were dealt with administratively, with a swift turn-around time. A total of six appeals were forwarded to the Information Commissioner's Office. To date the Information Commissioner has not altered or annulled any decision taken after internal review by this Health Board

Developments in 2000

- A full time research officer for Freedom of Information for the Wexford/Waterford area was appointed during the year.
- Guidelines on record retention periods were circulated to all managers. These provided recommended minimum periods for which records should be retained.

- A number of requests were received from persons seeking information relating to birth or institutional care. A series of guides to the older records and registers within the board to assist requesters and research officers alike, has been commenced and will continue in 2001.
- Progress was made in terms of identifying a suitable system for recording and tracking FOI requests. The key system requirements were documented and specifications for a system to include the logging and tracking of PQs and customer issues were circulated to five suppliers. It is expected that a working system will be selected and implemented in 2001.
- In 2000 the Regional Librarian and FoI Officer surveyed a number of the board's significant archived records. Meetings took place with the Heritage Council as well as the relevant local managers a report and recommendation will be finalised in 2001.

Training

- Decision-maker and FOI research officer training was provided during the year in cooperation with the Southern, Midland and Eastern Regional Health Authority.
- Seminars on Freedom of Information the law and its implications for good record keeping were held for General and Psychiatric Student nurses.
- Seminars for decision-makers and research officers regarding legislation and FOI procedures were held in May 2000
- Training sessions (4) on the Freedom of Information Act and good record practices were delivered to approximately 40 staff from the Wexford services, Dawn House and John of God House Enniscorthy.
- Talks (4) on the operation of the Freedom of Information Act in the Health Board were given to nurse managers in May and June as part of a joint focus on record best practice with the Continued Nurse Education programme.
- In October 2000 a seminar on the operation of the Freedom of Information Act was held with representatives from the Federation of Voluntary bodies.

Materials Management Service



Purpose & Strategy

The primary objective of the Materials Management Service is to ensure that all aspects of Materials Management within the Board are developed appropriately. This supports healthcare professionals and patients/clients through the timely provision of quality equipment, goods and services required in the delivery of healthcare services.

The Materials Management Service is responsible for the development of policy in compliance with European Union Directives and National Law and for providing leadership in developing best procurement and inventory management practices and protocols in the Board.

Through the implementation of policies and protocols the Materials Management Service strives to reduce the total costs associated with the acquisition and total life costs of equipment, goods and services whilst ensuring appropriate levels of quality, security of supply, delivery performance, supplier relationships and commercial risk.

Supplies Departments are based at seven hospitals and operate on a professional reporting relationship with the Materials Manager and have a collaborate responsibility with the Central Contracts Department to put regionally co-ordinated contracts in place.

The Materials Management Service also has a national brief and must act co-operatively and conjointly with other Health Agencies under the auspices of the Healthcare Materials Management Board (HMMB). The HMMB is a national body consisting of

representatives of the Health Boards, Voluntary Hospitals, Direct Funded Homes, the Department of Health and Children and external expertise.

Review Of 2000

Key Achievements in the past year included:

Savings

The Board's annual savings target was set at £955,000 by the Department of Health and Children. The Materials Management Service achieved savings of over £1.4 million during 2000 through procurement initiatives and contracts in areas within which it had influence.

Equipment

The co-ordination and completion of equipment procurement projects under the auspices of the National Development Plan (NDP) and special revenue allowances to the value of £10 million took place. This included the establishment of a cross functional Equipment Purchasing Committee (EPC) in Wexford General Hospital to assess, prioritise and procure the hospitals equipment needs. EPCs are now established in Waterford, South Tipperary and Wexford.

Systems

The specification of the Materials Management Modules of the Board's Financial Information Systems Project. This included contracts, purchasing and inventory management modules. These specifications were quality assured by internal South Eastern Health Board teams, teams from three other Health Board's involved in the procurement of new systems, and external expert consultants.

Structures

The integration of St. Canice's Hospital stores into Carlow/Kilkenny Supplies Service took place. Agreement was reached with staff representative bodies on the commencement of the integration of the Supplies Service across all programmes in Waterford.

E-Tendering

The electronic release of tender documents to all capable suppliers began in 2000. This initial step into electronic commerce proved to be a resounding success.

Policy

The National Health Service Procurement Policy Document was published and then launched by the Minister for Health and Children on June 14th.

Financial Review

The initial allocation made available for Health & Social Services in the South East in 2000 was £295.052million. During the year, additional funding of £33.929million was allocated and at year end further funding of £370k was anticipated.

The resulting anticipated final allocation was £329.351m. The Board's expenditure for the year at £328.388m was within that figure as required under the Health (Amendment) (No. 3) Act 1996 and is detailed on tables and charts herewith.

Audit 1999

The Audit of the Board's accounts for the preceding year (1999) was completed during 2000 and a positive certificate issued.

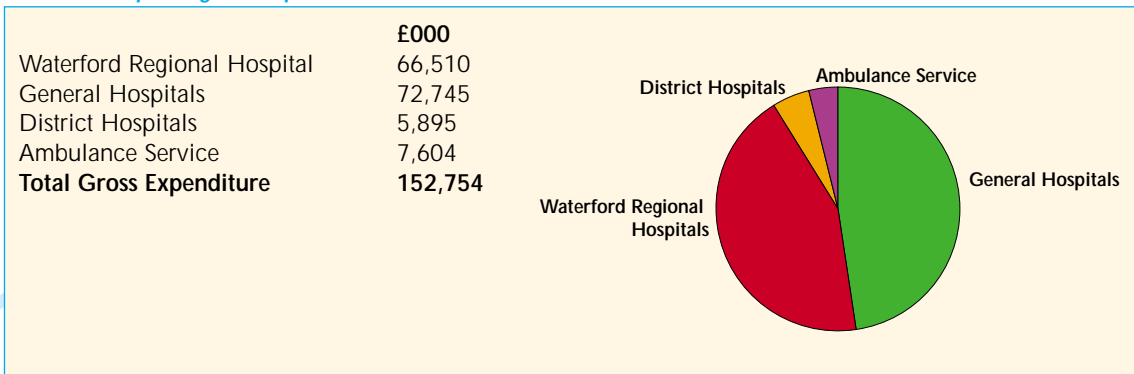
Prompt Payment Act

The following are details of payment practices and statistics, as required in respect of 2000. The Board's practice is to ensure that invoices are paid promptly and within the limits set down in the Act.

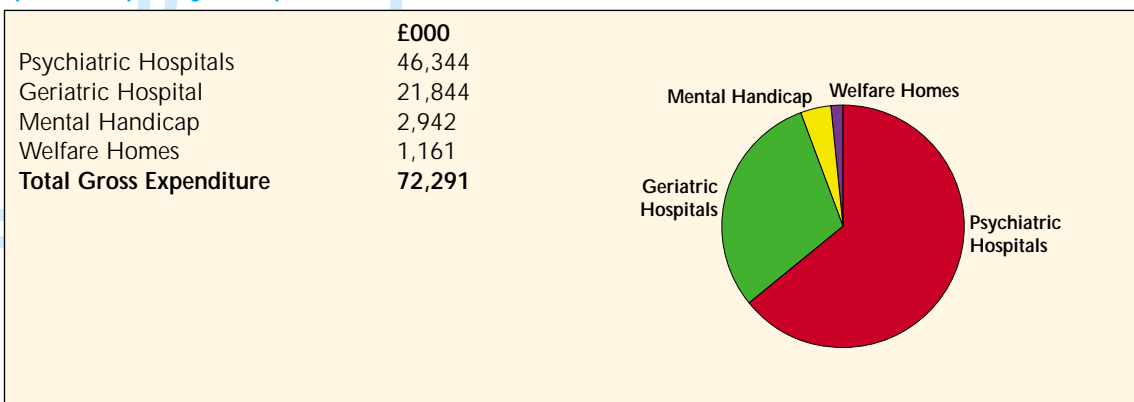
In the event of a late payment, the amount of interest is calculated and paid automatically. The following are relevant statistics:

Estimated annual number of invoices	180,000
Number of invoices paid late	813
Estimated annual value of invoices	£117m
Value of invoices paid late	£248,821 (.2%)
Amount of Interest Paid	£1273

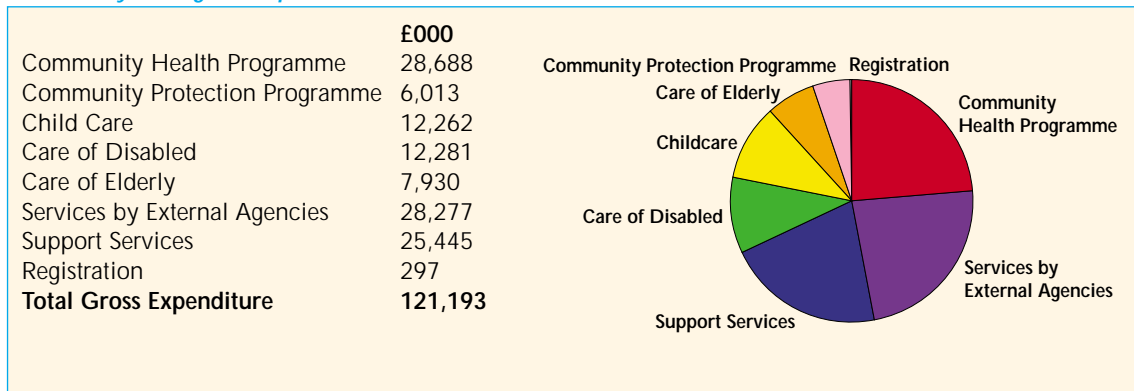
General Hospitals gross expenditure in 2000



Special Hospitals gross expenditure in 2000



Community Care gross expenditure in 2000



Expenditure Summary

A. Total Expenditure (Net)

	2000 £000	1999 £000
Health Revenue	328,388	276,657
Health Capital	27,565	9,306
SWA Scheme	3,689	3,163
Other	757	438
Total all sources	360,399	289,564

B. Analysis of Health (Revenue) Expenditure

Programme/Service	Gross Expenditure £000	Income £000	2000 Net Expenditure £000	1999 Net Expenditure £000
General Hospitals	152,754	18,596	134,158	116,816
Special Hospitals	72,291	7,485	64,806	61,921
Community Care	121,193	1,514	119,679	90,980
Central & Other Services	11,756	2,011	9,745	6,940
Totals	357,994	29,606	328,388	276,657

Balance Sheet

	At 31/12/2000 £000	At 31/12/1999 £000
Fixed Assets	297,417	281,598
Current Assets		
Stock	5,912	5,128
Debtors	44,716	28,333
Bank	11,019	12,824
Current Liabilities		
Creditors Pay	14,345	16,552
Creditors Non Pay	46,169	29,135
Total Assets Less Liabilities	298,550	282,196
Represented by		
Balance on Revenue	1,756	(137)
Capital Fund	296,794	282,333
Total	298,550	282,196

2000 Expenditure Analysis by Hospital/Service

Hospital/Service	Gross Expenditure €000	Total €000
Acute Hospitals		
Waterford Regional	66,510	
St. Luke's Kilkenny	22,561	
Wexford General	24,749	
St. Joseph's Clonmel	13,977	
Our Lady's Cashel	7,229	
Orthopaedic Kilcreene	4,229	
District Hospitals		
Ely	1,542	
Gorey	735	
Carrick-on-Suir	682	
Clogheen	610	
Castlecomer	736	
Carlow	926	
Dungarvan	664	
Ambulance	7,604	
Total General Hospitals & Ambulance		152,754
Psychiatric Hospitals		
St. Luke's Clonmel	10,948	
St. Otteran's Waterford	8,636	
St. Canice's Kilkenny	8,788	
St. Dymphna's Carlow	7,519	
St. Senan's Enniscorthy	9,907	
Regional Nursing School	546	
Mental Handicap		
Damien House	532	
Dawn House	532	
St. John of God House	1,878	
St. Patrick's Cashel	3,434	
St. Joseph's Dungarvan	3,207	
St. Patrick's Waterford	3,222	
St. Columbas Thomastown	3,625	
St. John's Enniscorthy	4,177	
Sacred Heart Home Carlow	2,649	
New Houghton	1,528	
Welfare Homes		
Carlow	474	
Tipperary	320	
Dungarvan	369	
Total Special Hospitals		72,291
Community Care		
Dental, Ophthalmic & Aural	9,444	
Maternity	854	
Health Promotion	710	
Community Medicine	17,680	
Community Protection	6,013	
Child Care	12,262	
Care of Disabled	12,281	
Care of Elderly	7,930	
Services provided by External Agencies	28,277	
Support Services	25,445	
Registration	297	
Total Community Care		121,193
Total Central Services		11,756
TOTAL		357,994

Expenditure Analysis for the year ended 31 December 2000

Summary by Programme and Subjective Heading

	General Hospital Programme £000	Special Hospital Programme £000	Community Care Programme £000	Central Services £000	Total £000
PAY COSTS					
Nursing	39,606	35,519	6,161	226	81,512
Medical/Dental	25,123	3,638	5,754	396	34,911
Paramedical	7,731	1,081	6,841	9	15,662
Clinical Support	4,580	411	844	0	5,835
Support Services	17,494	11,695	9,291	73	38,553
Maintenance/Technical	1,705	902	9	265	2,881
Administration/General	2,690	1,377	4,121	3,126	11,314
Administration/Finance					
Administration/Computers					
Administration/Personnel					
Superannuation	9,388	5,184	3,134	388	18,094
Total Pay Costs	108,317	59,807	36,155	4,483	208,762
NON PAY COSTS					
Drugs & Medicine	6,996	1,408	2,412	0	10,816
Blood/Blood Products	1,719			0	1,719
Medical Gases	403		79	0	482
Medical/Surgical Supplies	6,735	381	8,168	0	15,284
Medical Equip/Repairs	5,769	114	999	4	6,886
X-Ray	1,083	5	8	0	1,096
Laboratory	3,122	1	3	0	3,126
Catering	1,589	1,650	56	0	3,295
Power Heat & Light	1,279	1,291	231	28	2,829
Cleaning & Washing	2,317	607	109	6	3,039
Furniture/ Hardware	625	344	113	30	1,112
Bedding & Clothing	736	632	287	2	1,657
Maintenance	2,439	2,522	980	39	5,980
Education & Training	1,657	559	560	1,438	4,214
Farm & Ground	65	193		0	258
Travel & Subsistence	827	612	2,081	357	3,877
Transport	1,648	273	104	0	2,025
Bank Fees	3			119	122
Finance Charges	2,791	405	423	1,753	5,372
Office Exp Rent & Rates	2,265	793	1,480	533	5,071
Computer Equip	363	115	717	892	2,087
Prof Supplies	20	3	6	27	56
Grants to Outside Agencies	75	28,553	0		28,628
Cash Allowances		335	4,880	0	5,215
Capitation Payments			12,200	1,055	13,255
Community Drug Schemes			17,681	0	17,681
Miscellaneous	264	341	3,146	299	4,050
Total Non-Pay Costs	44,716	12,658	85,276	6,582	149,232
Total Gross Expenditure	153,033	72,465	121,431	11,065	357,994
Income					
Payroll/Superann					
Deduction	3,799	2,468	1,067	872	8,206
Patient Income	12,731	4,368			17,099
Canteen Receipts	712	62			774
Other	1354	586	447	1,140	3,527
Total Income	18,596	7,484	1,514	2,012	29,606
TOTAL NET EXPENDITURE	134,437	64,981	119,917	9,053	328,388



South
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Health
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