

With the enactment of the Health Act 2004, the HSE became responsible,
from 1 January 2005, for the management and delivery of health
and personal social services in Ireland.

This signalled the start of the largest programme of change
ever undertaken in the Irish public service.

2005

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1 : Introduction

Overview of the Health Service Executive

Chairperson's Statement

Board Membership

Chief Executive Officer's Statement

Senior Management Team

Legal Reporting Framework

Overview of the Health Service Executive

The Health Service Executive (HSE) was officially established on 1 January 2005 to manage and deliver health and personal social services in the Republic of Ireland.

Prior to 2005, services were delivered through a complex structure of ten regional Health Boards, the Eastern Regional Health Authority (ERHA) and a number of other different agencies and organisations. This structure had been in place since the early 1970s.

The HSE replaced all of these organisations. It is now the single body responsible for ensuring that everybody in the Republic of Ireland can access consistently high quality and cost effective health and personal social services.

The largest employer in the State, the HSE employs more than 67,000 staff in direct employment and a further 33,000 staff are funded by the HSE. The budget of €11.5 billion is the largest of any public sector organisation in Ireland.

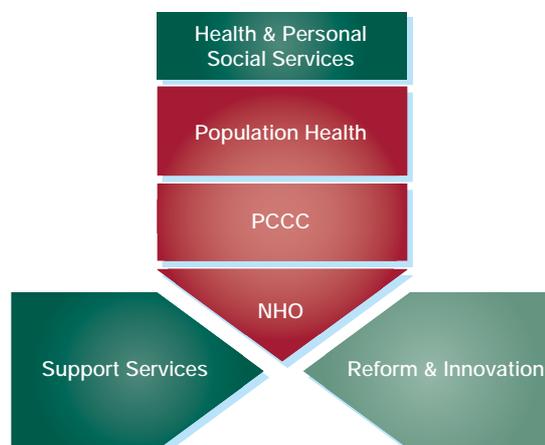
The HSE provides thousands of different services in both acute and non-acute settings. These services range from public health nurses treating older people in the community to caring for children with challenging behaviour; from educating people how to live healthier lives to performing highly-complex surgery; from planning for major emergencies, to controlling the spread of infectious diseases.

At some stage every year, everybody in Ireland will use one or more of the services provided. They are of vital importance to the entire population.

The HSE has three clearly defined areas of operation:

1. Health and Personal Social Services
2. Support Services
3. Reform and Innovation.

Figure 1: Areas of Operation



1. Health and Personal Social Services

Health and Personal Social Services are divided into three service delivery units:

- **Population Health** promotes and protects the health of the entire population
- **Primary, Community and Continuing Care (PCCC)** delivers non-acute services in the community
- **National Hospitals Office (NHO)** provides acute hospital and ambulance services throughout the country.

All of the services provided by PCCC and NHO are delivered through four Administrative Areas – Dublin Mid-Leinster; Dublin North East; West; and South.

Within these four areas, PCCC Services are delivered through 32 Local Health Offices (LHOs), as illustrated in Figure 2.

NHO services are delivered through eight hospital networks as illustrated in Figure 3 (overleaf) and are supported by 93 ambulance bases.

Figure 2: HSE's Four Administrative Areas and 32 Local Health Offices

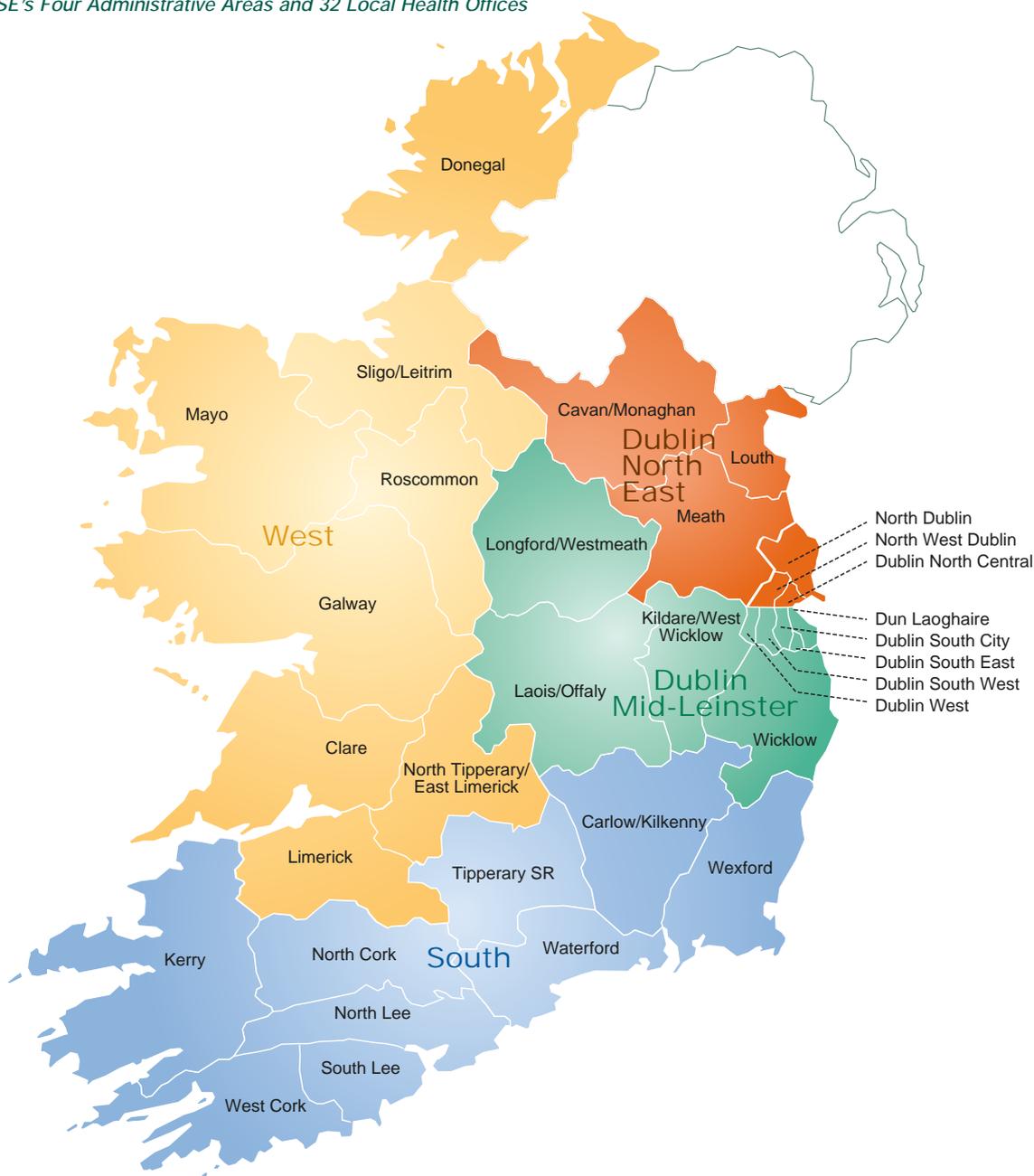
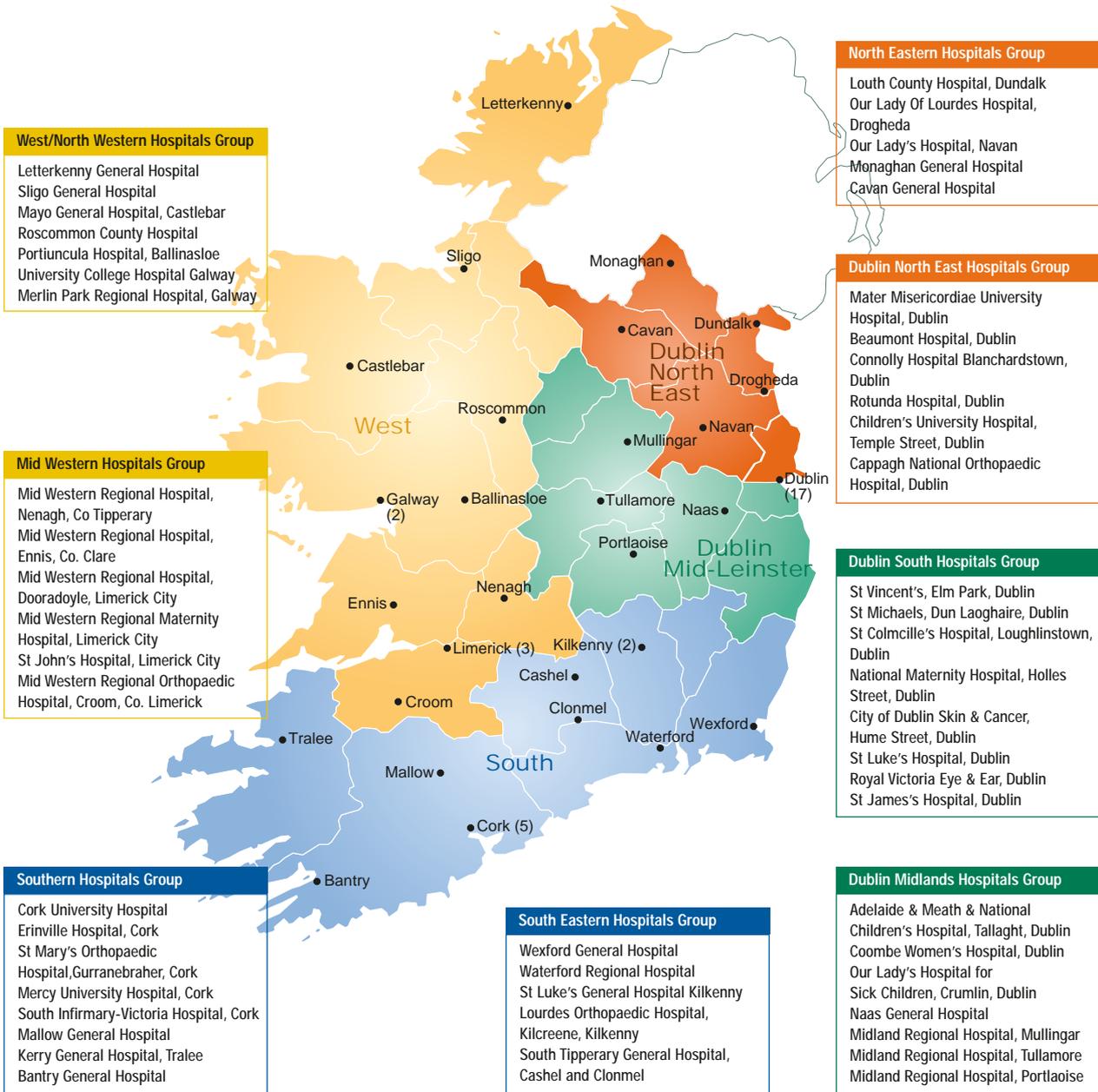


Figure 3: 53 acute hospitals



2. Support Services

The second area of operation is Support Services. Six management units provide the corporate services necessary to enable the organisation to function efficiently and cost effectively.

They are:

- **Human Resources** – responsible, directly and indirectly, for more than 100,000 full-time employees.
- **Finance** – responsible for a budget of €11.5bn.

- **National Shared Services** – delivers economies of skill and scale by consolidating multiple organisations to a single national organisation.
- **Information and Communication Technology** – provides the technology for delivering quality services.
- **Estate Management** – manages the organisation's €10 billion capital infrastructure and the annual capital plan.
- **Procurement** – ensures that the HSE maximises its purchasing power.

3. Reform and Innovation

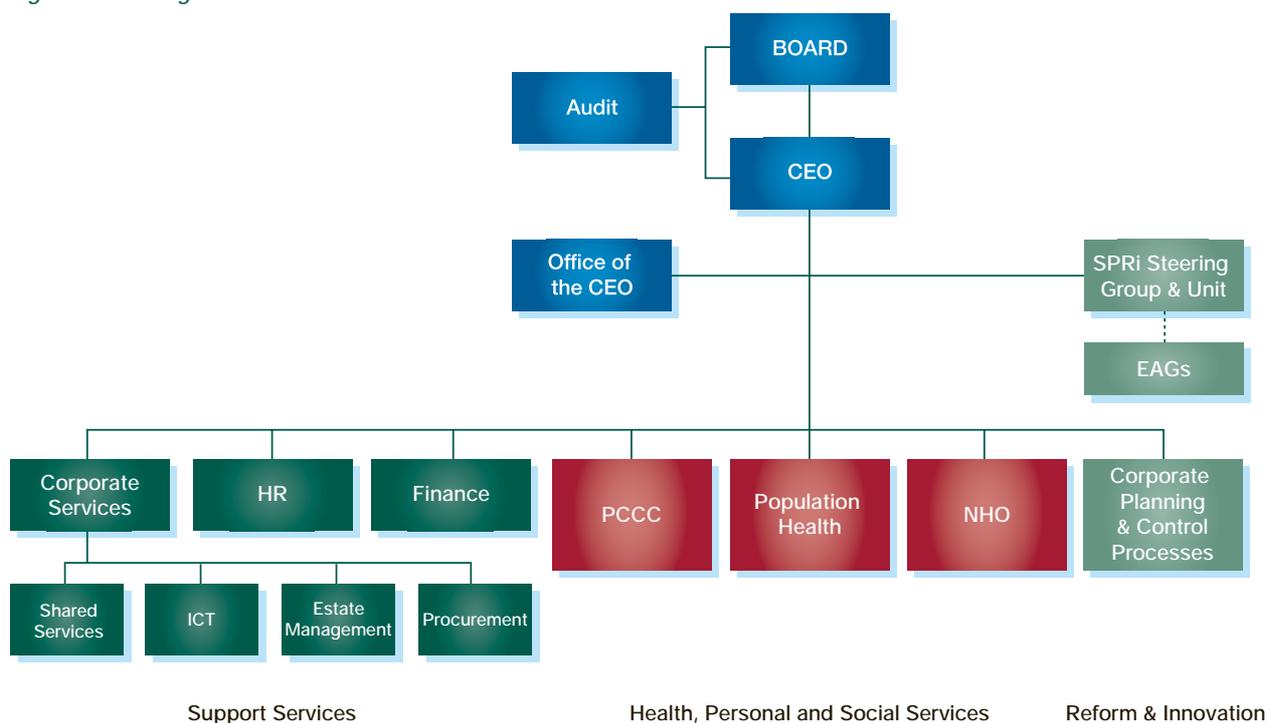
The third operational area, Reform and Innovation, is responsible for driving the HSE's strategic and corporate planning processes. It plays a lead role in developing and monitoring the performance of major strategic initiatives. This dedicated resource reflects the importance the organisation places on making significant and rapid progress on key health reform and transformation issues.

The area is comprised of the Strategic Planning and Reform Implementation (SPRi) Steering Group and Unit, Corporate Planning and Control Processes and Expert Advisory Groups (EAGs).

Organisational Structure

The HSE effectively manages the large range of services it provides through a structure illustrated in Figure 4. This is designed to put the patient/client at the centre of the organisation.

Figure 4: HSE Organisational Structure



2005 Key Statistics

- **572,000** patients were treated in HSE hospitals as in-patients
- **513,000** patients were treated on a day-case basis
- **2,624,000** attended outpatient departments
- **1,257,000** people were treated at 35 accident and emergency departments
- **622,500** calls were responded to by the Ambulance Service
- **100,000** people are employed (directly and indirectly) to deliver health and personal social services
- **€11.5 billion** has been spent on providing health and personal social services

Chairperson's Statement



It is with great pleasure that I introduce the first Annual Report for the Health Service Executive (HSE). With the enactment of the Health Act 2004, the HSE became responsible, from 1 January 2005, for the management and delivery of health and personal social services in Ireland. This signalled the start of the largest programme of change ever undertaken in the Irish public service.

Mr Liam Downey
Chairperson, Health Service Executive

Transition to a new service

During 2005 the Board of the HSE was mindful of the need to manage the significant risks that existed in moving from established structures to the HSE. A key objective therefore was to ensure that there was no disruption to the volume or quality of services being delivered throughout the country. At all times, decisions were taken with the interest of patients and clients in mind.

To ensure services were maintained while the change programme was being implemented, the Health Board Chief Executive Officers were asked to remain until June 2005, and to continue to manage services in their geographic areas. This provided continuity of services while the new structures were developed, and allowed for an effective transition during the first half of the year. On behalf of the Board, I would like to express my thanks to each and every member of staff for their dedication, commitment and professionalism during this period.

On 1 January 2005, the Tánaiste and Minister for Health and Children, Mary Harney, appointed Mr Kevin Kelly as interim CEO until the new CEO took up office in August. The Board and I would also like to express our appreciation for his role in the development of the HSE.

The Board focused on recruiting our first Chief Executive Officer in 2005. Given the importance of the role, this was a task which took time, and I would like to thank all my colleagues on the Board for the dedication they showed in this process. The Board was delighted to recommend to the Tánaiste and Minister for Health and Children, Professor Brendan Drumm as CEO. The Minister formally appointed Professor Drumm and he took up his post in August 2005.

Budgetary Management

I am pleased to confirm that for the year 2005 the Board and management of the HSE succeeded in delivering health and personal social services within the allocated budget of €11.5bn. The details of this outcome are contained in the financial statements included in Part 3 of this report. This was a huge challenge and a notable achievement during a period of major change.

Ensuring that efficiencies derived from the formation of a single organisation are applied to improve services and treatment for patients is essential. This focus on a value for money approach will remain a key driver during 2006.

Strategic Developments

During the first half of 2005 a Service Plan for the year 2005 and a Corporate Plan for the years 2005-2008 were produced by the HSE and approved by the Tánaiste and Minister for Health and Children.

Our strategy during the second half of 2005, following the recruitment of the CEO, was to focus on the development of the HSE as a dynamic and innovative organisation that will have the capacity to deliver high quality, patient-focused care to all who use its services.

In support of this, the Board approved the establishment of a new organisational structure and delivery system which will enable the provision of quality care on a national and local basis while implementing the necessary reforms and improvements throughout the system.

Population Health seeks to provide a unified and consistent approach to promoting and protecting the health of the nation. This is a new departure in the Irish health service, and will provide a much clearer focus on how we configure our services to best meet the needs of the population.

The **Primary, Continuing and Community Care (PCCC)** approach is also new. All non-acute services are configured and managed through a single structure and, most importantly, the establishment of 32 Local Health Offices which provide care in the community. The establishment of the PCCC and filling of all key positions was an important achievement in 2005.

The design and implementation of the **National Hospitals Office (NHO)** was another major milestone. We now manage our hospitals on a national basis. We have the ability to make decisions in the best interest of patients, based on information right across the country, rather than defined by geographic boundaries.

The design of our **Support Services** function, which provides essential professional support for the organisation as a whole, was also fundamentally changed. Previously, each Health Board had its own Finance, Human Resource (HR), Information and Communication Technology departments. Now these have been brought together to deliver a more effective and cost-efficient service.

The **Reform and Innovation** unit will ensure that effective planning, measurement and reporting systems are in place to drive positive change and embed best practice. It will also facilitate, through the use of Expert Advisory Groups, external inputs to the development of future service, thinking and planning.

Conclusion

The last twelve months have been very challenging and demanding for everyone involved. I am satisfied that positive progress has been made in establishing the HSE, in managing our resources and in beginning the process of reform and innovation that will deliver a first class healthcare system.

I would like to acknowledge the enormous contribution of my fellow Board members throughout the year. An unusually high number of Board meetings (16) were held in 2005 as well as many Board committee meetings and other informal meetings. The Board is highly committed to ensuring that the HSE operates effectively and that it will deliver on the purpose for which it was established.

I would also like to give my warm thanks to management and all staff throughout the HSE organisation and health system for their enormous contribution and dedication during a time of uncertainty and change.

Finally, I would like to thank the Tánaiste and Minister for Health and Children, Mary Harney TD and her Ministers of State for their support in this ambitious programme of change.

2005 was a year in which the foundations were laid for a new approach to the management and delivery of health care in Ireland. I now look forward to the year ahead and to accelerating implementation of the reform programme for the benefit of patients and clients who rely on our services.



Mr Liam Downey
Chairperson, Health Service Executive

Board Membership



Mr Liam Downey
Chairperson



Professor Niamh Brennan



Dr Donal de Buitléir



Professor Brendan Drumm



Mr P.J. Fitzpatrick



Dr Maureen Gaffney



Mr Joe Macri



Mr Eugene McCague



Mr Michael McLoone



Professor Michael Murphy



Professor John A Murray



Professor P Anne Scott

Liam Downey is the former Chief Executive of Becton Dickinson Ireland, a medical technology company. He is a former President of the Federation of Irish Employers and was a Trustee and member of the National Executive Council of IBEC. He is former Chairman of the Irish Medical Devices Association and a member of the Labour Relations Commission.

Professor Niamh Brennan, a chartered accountant, is Michael MacCormac Professor of Management at University College Dublin. She is Academic Director of the Institute of Directors' Centre for Corporate Governance at UCD. Professor Brennan chaired the Commission on Financial Management and Control Systems in the Health Service.

Dr Donal de Buitleir is General Manager, Office of the Chief Executive of AIB Group. Prior to joining AIB, he was Assistant Secretary in the Office of the Revenue Commissioners, and was Secretary to the Commission on Taxation 1980-1985. Dr de Buitleir was a member of the Commission of Financial Management and Control Systems in the Health Service. He is Chairman of the Civil Service Performance Verification Group set up under 'Sustaining Progress', the Business Regulation Forum and the Foundation for Fiscal Studies. He is a Trustee of Eisenhower Fellowships.

Professor Brendan Drumm is the Chief Executive Officer of the HSE. In 1981 he was appointed as a Consultant Paediatric Gastroenterologist and Assistant Professor at the University of Toronto and in 1989 was appointed as a Consultant Paediatrician at the Regional Hospital, Limerick. In 1991 he was appointed Professor and Head of the Department of Paediatrics at University College Dublin and Consultant Paediatric Gastroenterologist at Our Lady's Hospital for Sick Children in Crumlin. Professor Drumm is a reviewer of 20 publications, a member of the editorial board of three publications and has had almost 100 manuscripts, book chapters and reviews published.

P.J. Fitzpatrick is Chief Executive Officer of the Courts Service. He is the first person to hold this position and successfully managed the establishment of the Courts Service as a new, independent, statutory agency. He previously held the position of Chief Executive Officer of the Eastern Health Board. He holds an MSc in Organisational Behaviour from Trinity College Dublin.

Dr. Maureen Gaffney is the Chair of the National Economic and Social Forum (NESF). She is a former Law Reform Commissioner; Chair of the National Monitoring Committee for the Programme for Revitalising Areas by Planning, Investment and Development under the National Development Plan; Chair of the Council of the Insurance Ombudsman of Ireland and member of the Council of the ESRI. A psychologist by profession, she is a former Director of the Doctoral Programme in Clinical Psychology at Trinity College Dublin.

Joe Macri is Managing Director of Microsoft Ireland. He is a member of the Management Board of ICT Ireland and IBEC's National Executive Council and was appointed Chairman of the Small Business Forum by Minister for Enterprise, Trade and Employment, Mr Micheál Martin TD in July 2005. An Australian national, he holds an MBA from Warwick Business School (UK) and a Bachelor of Science degree from Sydney University (Australia).

Eugene McCague is a solicitor and Chairman of Arthur Cox. He is a graduate of University College Dublin and is President of the Dublin Chamber of Commerce. He is a member of the Board of Co-operation Ireland and a former chairman of the governing body of the Dublin Institute of Technology.

Michael McLoone has been County Manager with Donegal County Council since 1994. In 1988 he was seconded to Beaumont Hospital as Chief Executive. He was appointed Chairman of the Governing Body of Letterkenny Institute of Technology in 1997. Mr McLoone was Chairman of the Irish Blood Transfusion Board from September 2001 to September 2002. He was a member of the Commission on Financial Management and Control Systems in the Health Service.

Professor Michael Murphy is Dean of Faculty of Medicine and Health, University College Cork. His academic posts include the Postgraduate Fellowship in Clinical Pharmacology at the Royal Postgraduate Medical School, Hammersmith Hospital, London and University of London (1980-84), Faculty at the University of Chicago (1984-1992), and Chairman of Clinical Pharmacology (1989-92) and Director of Hypertension Programme (1986-92). He is a former Chairman of the Health Research Board of Ireland.

Professor John A Murray is Professor of Business, School of Business Studies, Trinity College Dublin. He has held positions at business schools in Europe, Asia and America. He is President of the Marketing Institute of Ireland and Chairman of the Board of the Institute of Public Administration and a former board member of St James's Hospital. He was a member of the Steering Committee for The Audit of Structures & Functions of the Health System undertaken by Prospectus Ltd for the Department of Health and Children.

Professor P Anne Scott was recently appointed as Deputy President of Dublin City University and formerly held the post of Professor of Nursing and Head of the School of Nursing at DCU. Previously, she held academic posts at the University of Stirling, Glasgow Caledonian University and the University of Glasgow. Professor Scott is currently a member of the Governing Authority of Dublin City University and of the Board of the Health Research Board. She was formerly a member of the Board of Governors of St Vincent's Hospital, Fairview.



I am firmly convinced that the rewards of change will be enormous, despite the challenges that lie ahead. The community will be confident that it is being well served and our staff will have greater pride in their work.

Professor Brendan Drumm
Chief Executive Officer, Health Service Executive

Benefits of change

Since taking up my post in August 2005 I have visited many staff in their place of work from Cork to Donegal. I found these visits invaluable. Not only have they enabled me to meet and personally say 'thank you' to thousands of staff, it has given me a very strong sense of the things we do very well and where there are considerable opportunities for improvement.

It has also reinforced to me that the current health transformation programme will only be successful if it includes fundamental and sweeping changes to the way we deliver our services.

Central to this must be the introduction of practices and processes that make it easier for all members of the community to access the services they need and allow people who work in the HSE to achieve their full potential.

We will achieve this by making sure that everything we do and every decision we make is based on what is in the best interests of people who are depending on us, within the resources available.

Responsibility

We have been entrusted with an immense responsibility by the people of Ireland, through the Government, to spend money on life enhancing, life changing and life saving services. It is an enormous undertaking. It is one that each person working in the HSE must take very seriously by constantly challenging inefficiencies and supporting efficiencies. Anything less is a compromise.

It is our goal to ensure that the money we spend employing people, delivering services and investing in infrastructure delivers the maximum possible return in terms of the quality of the services we provide.

While we are currently achieving this in many parts of the health service, there are several key areas where improvements can be made.

As Accounting Officer, I am very pleased to report that in its first full year of operation, the HSE has balanced its budget and reported a capital surplus of €50m, which will be carried forward to 2006.

In the context of a budget of €11.5 billion this is a very satisfactory outcome and reflects our unwavering commitment to carry out all our financial duties and responsibilities in accordance with the highest standards of governance and financial management.

Challenges

Given the significant role the HSE plays in the lives of so many people, it will regularly face many operational challenges.

One of the most high profile challenges during 2005 was the difficulties faced by some of our Accident and Emergency Departments.

We must recognise that Accident and Emergency Departments are one part of a complex healthcare system and the difficulties they sometimes experience stem from shortfalls in other parts of the health service.

Therefore, our focus is to address the wider system issues so that Accident and Emergency Departments can be freed up to focus solely on dealing with accidents and emergencies.

At the heart of this focus is community and primary care and a recognition that it is unfair that people have to be admitted to hospital for care that could be provided within the community. We must re-orient our services away from seeing hospitals as the foundation upon which the health service is built. The HSE is committed to providing care as efficiently as possible, to the highest quality standard and in a manner that is convenient for patients and their families.

I have said on many occasions that the key to this reorientation is greater integration between the services that are provided in hospitals and those provided in the community. However, we must view integration as the vehicle, it is not the ultimate destination. A seamless quality service where there is no delay or interruption to services people receive as they pass back and forth between hospitals and the community is our goal.

Thanks

2005 was a year marked by great organisational and structural change. As with all major change initiatives, it created unease and uncertainty. I want to acknowledge the impact this structural transformation programme has had on staff and their dedication to maintaining our services during this period.

While the road ahead may be at times difficult and challenging for people who use our services and for staff, I am firmly convinced that the rewards of change will be enormous. The community will be confident that it is being well served and our staff will have greater pride in their work.

I would like to take this opportunity to thank every single member of staff employed directly and indirectly by the HSE for their commitment and contribution. I would also like to thank the Board of the HSE for its support and Mr Michael Scanlan, Secretary General of the Department of Health and Children and his officials for their ongoing assistance.

We must now aim to become world leaders in the delivery of health and personal social services. This is our key challenge. I am looking forward to 2006, and the years ahead, confident that we can make a real and tangible difference.



Professor Brendan Drumm
Chief Executive Officer, Health Service Executive

Senior Management Team

In place as at 31 December 2005



Professor Brendan Drumm
Chief Executive Officer



Mr Aidan Browne
National Director of Primary,
Community and Continuing Care



Ms Ann Doherty
National Director of Corporate Planning
and Control Processes



Dr Patrick Doorley
National Director of Population Health



Mr Michael Flynn
National Director of Internal Audit



Mr Seán Hurley
National Director of Information
and Communication Technology



Mr Tommie Martin
National Director of the Office of the Chief Executive



Mr Martin McDonald
National Director of Human Resources



Ms Laverne McGuinness
National Director of National Shared Services



Mr Pat McLoughlin
National Director of National Hospitals Office



Mr Liam Woods
National Director of Finance

Legal Reporting Framework

The Health Act 2004 sets out the HSE's legal reporting requirements. These requirements include the preparation and submission to the Minister for Health and Children of:

- A Corporate Plan for three years, within six months of the establishment of the HSE
- A National Service Plan (to include capital plans) 21 days after the publication by the Government of the Estimates for Supply Services for that financial year
- A Code of Governance for the HSE
- An Annual Report which sets out the implementation of the:
 - Corporate Plan
 - Service Plan
 - Capital Plan
 - Code of Governance
 - Complaints Framework

Corporate Plan

The HSE was required to produce a Corporate Plan within six months of its establishment, outlining its agenda for the years 2005 to 2008, and setting out the future direction for health and personal social services. The Corporate Plan identifies how the HSE will utilise anticipated resources allocated to it, outlines its response to the National Health Strategy, *Quality and Fairness*, and reflects the strategic responses of the HSE Board in implementing national policy.

The Corporate Plan states that the HSE will:

- Promote health and empower people to maintain their own health
- Provide easily-accessible services
- Take decisions based on evidence
- Deliver the best possible care within available resources

It was prepared by a Project Team established in 2005. This team included representation from each of the three service delivery units: Population Health, PCCC and NHO and also from Support Services. The project team consulted with members of the Management Team, with staff at all levels from across the services, with the Department of Health and Children, and with the Board of the HSE.

The HSE's first Corporate Plan was submitted to the Tánaiste for approval within the statutory timeframe on 30th June 2005, and was subsequently approved and laid before the Houses of the Oireachtas.

National Service Plan (NSP)

The first National Service Plan was developed in 2005, and is framed within the overall context of the Corporate Plan. It will be produced every year and outlines the agreed level of health and personal social services that the HSE will provide during the year.

It represents the annual agreement between the Minister for Health and Children and the HSE, and is the benchmark against which the HSE's performance is measured. Each element of the NSP is supported by a business plan which identifies how the objectives and actions of the NSP will be achieved at each level of the organisation.

During 2005 the Board and the Management Team began the process of introducing a rigorous system to enable the HSE to account for its performance in a transparent manner and report on how it achieves objectives as outlined in the NSP. This process will continue in 2006.

The monitoring arrangements for the NSP 2005 were initially managed by the Chief Executive Officers of the former Health Boards and the ERHA. Following the appointment of Professor Brendan Drumm, the HSE's first Chief Executive Officer, in August 2005 reporting arrangements were put in place to reflect the HSE as a single national entity.

Performance monitoring mechanisms (through monthly and quarterly reporting) ensure that objectives are delivered within allocated resources and within approved employment levels and meet the requirements of the Health Act 2004. This will assist in continuously measuring performance while achieving the best possible outcomes for the funding which has been allocated. The HSE is committed to the further development and promotion of a performance management culture as an important part of the new unified organisation.

Capital Plan

The Capital Plan sets out the HSE's capital intentions for 2005, and identifies its investment priorities.

The review and the ongoing development of the Capital Plan nationally was transferred from the Department of Health and Children to the HSE in 2005. The Department of Health and Children worked closely with the HSE to ensure a smooth transition. The Plan remains part of the National Development Plan 2000-2006 (NDP) and the Capital Investment Framework 2005-2008 (CIF).

A Capital Planning Group (CPG) was established in 2005 including senior representation from NHO, PCCC, Estates and Finance. This group oversaw the compilation of the Capital Plan, and was also engaged in the monitoring of expenditure and ongoing approvals.

The HSE Capital Plan 2005 was submitted to the Tánaiste for consideration and approval.

The capital provision sanctioned by the Department of Finance and included in the Vote for the HSE in 2005 was €564m. The main capital priorities were:

- Procurement of individual projects
- Management of the capital allocation within available resources
- Building the HSE's capacity to independently plan and deliver a capital programme

Total actual expenditure for the year was circa €514m on a budget of €564m representing a €50m carryover to 2006.

The HSE recognises the opportunity that exists to strategically use the value of the health estate to improve services to patients and clients. During 2005, the HSE commenced the development of a coherent National Estates Policy through the establishment of a Property Steering Group, setting out the strategic direction for the Estate of the HSE in coming years. Some of the key objectives in this area include driving value from the Health Estate through disposal, joint ventures and reinvestment, with a particular focus on community and primary care facilities.

Quality and Fairness

The National Health Strategy *Quality and Fairness – A Health System for You*, was launched in November 2001 and centered on a whole-system approach to examining health in Ireland which went beyond the traditional concept of health services. It set out an ambitious programme of reform and investment for the future delivery of health and personal social services.

The various initiatives in the strategy had at their core the guiding principles of equity, people-centeredness, quality and accountability.

The strategy emphasised the importance of monitoring and evaluation of service delivery and focused on the need for ongoing measurement and reporting of progress against targets, to enhance accountability at all levels. Consequently the achievements outlined in this report have been cross referenced to the Action Plan in Quality and Fairness which was developed to monitor progress on the implementation of the strategy.

2 : Review of 2005

Population Health

Primary, Community and Continuing Care

National Hospitals Office

Support Services

Population Health

The establishment of a Population Health Division was a significant development for the HSE in 2005. This division is responsible for promoting and protecting the health of the whole population, with particular emphasis on reducing health inequalities.

The population health approach provides a framework to analyse health issues and to make decisions about how best to invest resources to improve the health of everyone living in the Republic of Ireland.

The approach uses and develops a strong evidence base for policies, programmes and services that take into account the effects of a number of determinants that impact on health. It enables the HSE to prioritise actions and outcomes that have the most significant impact on improving the health status of the whole population.

During 2005 six functions were set up recognising the critical importance that Population Health has in keeping citizens healthy in order to ease the burden, in the longer term, on our hospital and primary care services.

The six functions are:

Health Promotion aims to improve and promote health. A number of programmes were

JANUARY



New €96m Hospital Development opened in Blanchardstown

This development includes a new A&E Department, Coronary Care and Cardiac Unit, Therapeutic Psychiatry of Old Age Unit, Theatre Suite, Surgical Block, Intensive Care Unit, Day Surgery Facilities and Acute Psychiatric Unit.

undertaken to address key health issues affecting our society during 2005. These included promoting mental health, smoking cessation programmes, educating groups on sexual health issues, promoting physical activity in the workplace, schools and communities and working on nutrition programmes.

Environmental Health develops and monitors policy on areas impacting on environmental health.

Protecting people from infectious diseases and from harm when there is an environmental hazard is the role of **Health Protection**. During 2005 this area introduced a Hib booster and purchased pandemic flu vaccines to help protect the population should a pandemic occur. **Strategic Planning** has a key role working with PCCC and the NHO in formulating plans to ensure an entire population health approach is adopted.

Analysing and standardising information from within the newly formed single entity, the HSE, will enable **Health Intelligence** to plan

appropriately for the future health system. This critical role will impact directly on patient care. In 2005 this function oversaw the development of Health Atlas Ireland which will combine the use of statistics, health datasets and geographical information systems to examine the health of the Irish nation. **Emergency Planning** ensures that the HSE is capable of responding to major emergencies. These may arise in different ways such as a major road or rail accident, storm flooding or infectious disease epidemic. It involves staff from across the service working with other agencies such as Fire Brigade, Local Authorities, An Garda Síochána and cross border agencies.

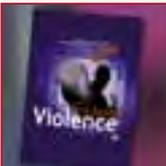
Population Health also includes the Health Protection Surveillance Centre, Public Health Departments and Health Promotion Departments around the country and the National Office for Suicide Prevention.

These disciplines work together to address health issues, from disease prevention and health promotion to diagnosis, treatment and care. They cover the whole spectrum of health and utilise all socio-economic and environmental factors in planning to improve the health of the Irish population.

Health Status

The health of the Irish population has improved substantially during the past 30 years; however life expectancy at birth for Irish males is still below the average EU15 but above the EU25 average and for Irish females is below the EU 15 and

JANUARY



Management of Workplace Aggression & Violence

A new staff training programme was launched as a collaborative effort between the HSE and the Dundalk Institute of Technology.

EU25 average. Many of the conditions that cause ill health are lifestyle and socio-economic related, eg: heart disease, cancer, obesity, injury and infectious diseases.

Lifestyles are changing, with many people working longer hours and travelling longer commuting distances. These factors are impacting on our overall well-being. The population is also becoming more ethnically diverse, and the health service must adapt to these changing requirements.

Demography

In April 2005, the Central Statistics Office (CSO) estimated that the population exceeded four million people (4.13 million). This is due to an increase in the number of births, immigration, a welcome increase in life expectancy and a reduction in death rates.

Projections by the CSO indicate a population of 5.8 million by 2036, with a significant increase in the proportion of older persons from 11.7% at present to 19.7%. This will pose challenges for the development of health services in the future, and must be planned for now.

Age Profile

The age distribution for the population of Ireland from 1991 through to 2005 is shown in Table 1. There has been an increase in population numbers in every age group over 20 years since 1991, with the greatest percentage increase in the 50-59 year age group followed by those 80+ years.

Table 1: Population by Age 1991-2005

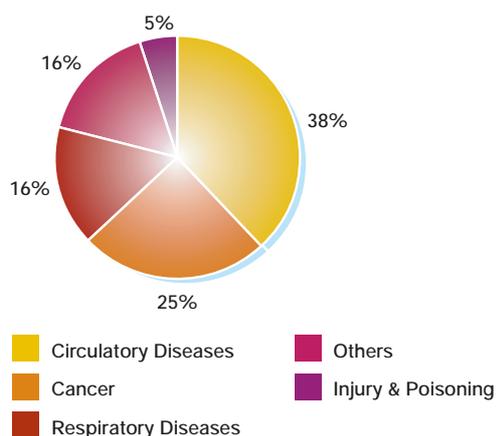
Age Group	1991	1996	2002	2005	% change 1991 - 2005
0-9	592,246	533,337	541,720	578,575	-2.3%
10-19	683,354	665,623	598,896	570,719	-16.5%
20-29	512,893	552,399	641,027	692,755	35.1%
30-39	486,960	516,605	595,582	636,599	30.7%
40-49	413,445	465,841	521,588	554,446	34.1%
50-59	299,355	340,454	428,137	464,537	55.2%
60-69	265,318	264,755	287,726	313,792	18.3%
70-79	193,407	196,639	201,944	208,006	7.5%
80+	78,741	90,434	100,583	111,293	41.3%
Total	3,525,719	3,626,087	3,917,203	4,130,722	17.2%

As the population ages, there is increased pressure on acute services to provide appropriate care, and a need to develop community supports to allow older people to be supported in their own communities. Demographic changes and increasing life expectancy will impact directly on services provided by the HSE, and therefore services must be planned to take account of these changes over the short term, but also into the future.

Principal Causes of Death in Ireland

Diseases of the circulatory system are the leading cause of death in Ireland, followed by cancer, respiratory diseases and injuries and poisonings, as illustrated in Figure 5.

Figure 5: Principal Causes of Death in Ireland



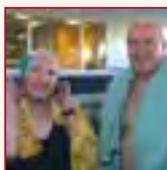
Source: CSO 2005

Major Health Challenges in 2005

Cardiovascular disease

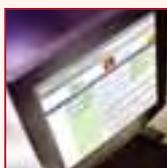
Diseases of the circulatory system, coronary (heart), cerebral (stroke) or peripheral vascular (limbs) account for four out of every ten deaths in Ireland. In addition, for premature mortality from heart disease (under 65 years), Ireland remains at the top of the league table amongst the EU 15. During 2005 the Health Intelligence function worked closely with the NHO to initiate a project to improve the quality of care for patients following a heart attack. This project will be rolled out in three hospitals in 2006.

FEBRUARY



Conference held on the Challenge of Developing Integrated Services for Older People

How public bodies can work together to provide a truly integrated service for older people was discussed at a conference hosted by the European Health Management Institute and supported by the Department of Health & Children and the HSE.



eLearning received 'Best Health Sector' Project at National eGovernment Awards

Online learning centre for health service staff received the 'best health sector project' at the 3rd Annual Public Sector Times eGovernment Awards. Users have full access to learning resources, including materials on management and personal development.

Cancer

The number of cancer cases increased by 2.3% annually between 1994 and 2001. This increase seemed to be almost entirely due to changes in the size and age distribution of the population, with very little increase in the underlying risk of developing cancer. There were significant increases in risk in some cancers (kidney, prostate, testis and breast) of 3-5% per annum, while others (stomach, bladder, larynx and head and neck) decreased.

Suicide and Deliberate Self-Harm

The number of suicides registered in Ireland in 2004 was 457, and the number of deliberate self-harm presentations to Accident & Emergency Departments was 11,204. Whilst Ireland ranks 17th out of 24 amongst the EU for overall suicide rate, the rate of youth suicide (15-24 years) is the 5th highest in Europe, and 40% of suicides in Ireland are young men under the age of 44 years.

The National Office for Suicide Prevention was set up in September 2005. The Office will implement the approach in the National Strategy for Action on Suicide Prevention 2005-2014, developed by the HSE and the National Suicide Review Group, and supported by the Department of Health and Children.

Diabetes

Diabetes is associated with significant increased mortality and morbidity, particularly from increased rates of cardiovascular, cerebrovascular and peripheral vascular disease. Diabetes patients also have an increased burden of renal disease and visual impairment, and may present with acute medical emergencies due to poor control.

Alcohol

Alcohol misuse is a serious public health problem, particularly in the younger age categories. Indicators of alcohol-related harm include: alcohol-related mortality, unintentional injuries, road traffic accidents (RTA), mental health problems and sexual health problems. There has been a rise in alcohol-related mortality ranging from 90% (alcohol poisoning), to 70% for cirrhosis to 60% for chronic alcoholism.

One-Stop Shop for Children with Developmental Delay



Child Development Services in Limerick, Clare and North Tipperary are now delivered from one centre where team members include an early intervention specialist, occupational therapist, psychologist, physiotherapist, speech and language therapist, social worker and administrator.

Following the assessment, an individual plan is developed with the family, setting out short-term goals. A key worker is assigned to each child and family; the role of the key worker is to be the link person with the family and the team.

Assessment and Intervention Through Play

The team offers the family a trans-disciplinary play-based intervention group for the child, where the practitioners provide expert advice and give strategies to help the child, while the family plays and learns alongside the child. The therapy is integrated into the play session.

“The assessment and intervention is done through play as that’s what children do best,” Margaret says. “Therefore it’s the best way to see what a child can do and what they can learn to do.”

The HSE and other agencies released existing staff, created new posts, and formed a team and a management group which provides a governance role. The administrator has responsibility for operations.

“All barriers to accessing services have been broken down as any child is able to avail of services if they have development issues. No longer is access determined by diagnosis or type of disability,” says Margaret Galvin, project manager.

Each child has a trans-disciplinary play-based assessment (TPBA). The TPBA includes the child being observed by three or more team members during structured and unstructured play to determine the child’s abilities and needs. Family members are key players in the assessment team.

The families gain ideas and ways to help develop the child’s skills at home in their natural environment. The key worker may visit the home to support ongoing learning at home. Each child is offered the opportunity to go to local community pre-schools where he or she can generalise the skills learned at the early intervention centre. If support is required to include the child in the pre-school or help the child to access play with their peers, the team determines the level of support required and applies for a pre-school assistant for the child. This model also benefits the practitioners as they know exactly what skills each child is learning, they can share skills and learn from, and support, each other, they have all the notes in one file and they know what is expected of them as a team.

It is estimated that approximately 25% of A&E attendances are alcohol related. Up to 40% of fatal RTAs and 30% of all RTAs are attributed to alcohol. One quarter of male admissions and one tenth of female admissions to mental health services are alcohol related. Much of the rise in sexually-transmitted infections has been linked to alcohol (Reports of the Strategic Task Force on Alcohol (2002 and 2004)).

During 2005, Population Health worked to enhance public awareness of the issues associated with alcohol consumption. Over the past year the need to provide a more comprehensive response to problematic alcohol use has become more acute. This has been strengthened by further evidence from the A&E departments, as well as continuing suicide, sexual infection, RTAs, and home and water safety concerns.

Obesity

Obesity is now recognised as a major public health problem in Ireland, with the establishment of a National Task Force in 2004, the development of a major health promotion campaign by the Department of Health and Children, and the development of physical activity and nutrition projects to counter obesity.

The prevalence of overweight and obesity is increasing in Ireland, in line with global trends. The North/South Ireland Food Consumption Survey (NSIFCS) 2000 showed that 40% of Irish adults were overweight, and an additional 18% were obese, which represented a 1.7 fold increase in obesity over the previous 10 years. The SLÁN survey in 2002 found that 14% of men and 12% of women were obese, with an additional 34% overweight. This was a 3% increase since 1998. Recent data from the National Children's Survey (IUNA) 2005 shows that overweight and obesity have increased from 11% to 20% in boys, and from 14% to 23% in girls.

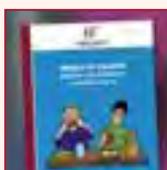
Departments of Public Health and Health Promotion throughout the country contributed to the National Taskforce on Obesity. *Our Children, Their Future, Why Weight?*, a report on childhood obesity was produced by HSE South, Health

MARCH



27 graduated from the Midland School of Nursing

The majority of the new graduates will continue to work in the HSE Midland Area hospitals. The nurses are the fourth and final class to graduate, as all future nurses will graduate from the Degree programme at the Athlone Institute of Technology.



Munch & Crunch Healthy Lunch Project Undertaken by HSE

Waterford Institute of Technology evaluated the project. It has been effective in helping to create an awareness of the importance and benefits of healthy eating, and has become integrated into 217 (84%) of schools in the South East.

Promotion Department. The report examined family eating habits, physical activity and parents' views on TV food advertising directed at children, facilities for physical activity in primary schools, and the food and drinks available in post-primary schools.

The report of the *National Task Force on Obesity* (2005) provides the policy framework for addressing obesity. It outlines the proposed responsibilities of a range of sectors – government, education, health, social and community sector, food production and supply, and the physical environment – in tackling obesity through collaboration in all of these sectors.

A detailed overview of programmes and activities to address obesity was undertaken in 2005. Projects undertaken by the HSE include the following:

- GP referral for exercise in several areas. Population Health staff from health promotion and public health have worked with General Practitioners and the leisure industry to develop a project where GPs refer patients with particular conditions, including obesity, to local leisure centres. Here exercise is prescribed according to the individual's risk factors and condition. Individual clients follow a 12-week programme and evaluations have shown very positive results
- The HSE is working with ten local sports partnerships in which the Local Authorities, the County Development Boards, the Health Services and the Irish Sports Council work together to promote physical activity. A key aspect of this approach is to encourage participation in physical activity and exercise for those population groups who are at risk of obesity and ill health
- Low-income nutrition projects. Members of local communities have been trained in nutrition, as part of a peer-led programme, and have worked with their own communities on a range of nutrition projects
- The HSE is working with the Irish Heart Foundation and the Department of Education and Science and local schools, where teachers are trained to develop activity sessions as part of the PE curriculum

Like many other health problems, obesity affects those who are poorest in society more than those who are better off. In addressing health inequalities, the HSE prioritises groups who are more at risk from health inequalities and obesity.

Key Health Promotion projects in 2005

- The Youth Health Service project, which is a partnership between the HSE, Ógra Corcaigh and Cork City Development Board commenced. This project offers young people a range of dedicated health services under one roof. The project is an important pilot project which will be evaluated in 2006, and will form a model for services nationally. The Crisis Pregnancy Agency has funded and supported the project since its inception

MARCH



Worklink Create-a-Link Mental Health Project launched by President Mary McAleese in Dungloe, Co Donegal

Worklink helps individuals return to the work setting in a rehabilitative manner. Create-a-Link provides rehabilitative assistance through engagement in art projects.

- A teen website, Spun Out, targeting all aspects of youth health was developed with and by young people in the North West. Spun Out covers all aspects of health, lifestyle and culture. It is an on-line youth information centre, a magazine, a health clinic, a contact directory and a youth media forum
- Healthy eating guidelines were completed for primary schools on a national basis
- Playground markings were funded for primary schools to develop a supportive environment and encourage physical activity
- A community 'stop smoking' project in a low-income area, involving a partnership between the HSE, the Irish Cancer Society and a local community showed significant results.

Primary, Community and Continuing Care

Primary, Community and Continuing Care (PCCC) provides health and personal social services in communities. This includes primary care, mental health, disability, child, youth and family, community hospital, continuing care and social inclusion services.

During 2005 primary care services were reorganised to be delivered through 32 Local Health Offices (LHOs). The primary management focus was on maintaining a high standard of care, while creating a new, more effective organisational structure. The LHO ensures an integrated approach to the management of all PCCC related services. Each Local Health Office Manager works closely with the hospital managers in their geographic area to ensure that patient/client needs are met.

A national focus on specific population groups was provided for the following areas:

- Primary Care
- Children and Families

- Older People
- Mental Health
- Palliative Care and Chronic Illness
- Social Inclusion
- Disabilities

This national focus ensures an integrated system and plays a central role in meeting the objective of delivering consistently high-quality services within each community. Figure 6 and Table 2 analyse staff levels in PCCC during 2005.

Figure 6: Staff in PCCC at December 2005

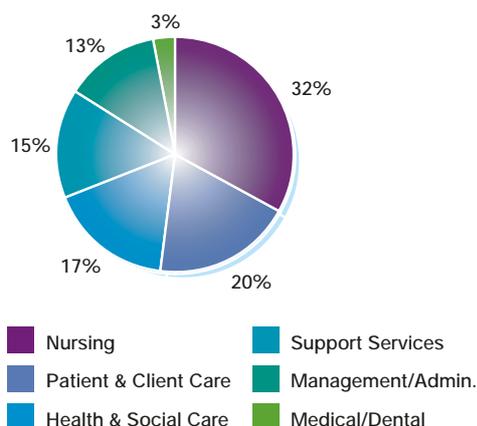


Table 2: PCCC Staff by grade category

Staff Category	2005
Nursing	15,774
Other Patient and Client Care	9,549
Health & Social Care Professionals	8,198
General Support Services	7,466
Management/Administration	6,482*
Medical/Dental	1,617
Total	49,086

*This figure includes Community Welfare and Environmental Health Services staff as well as many direct client contact personal social services.

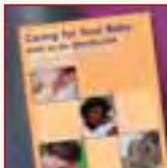
PRIMARY CARE

The HSE places huge significance on the development of primary care. The Government policy on Primary Care is set out in the *Primary Care Strategy – A New Direction*. The three primary aims of this strategy are to:

- Strengthen primary care to make it the first and ongoing point of call for people within the healthcare system
- To provide an integrated, inter-disciplinary, high-quality, team-based and user-friendly set of services for the public
- To enhance capacity in areas of disease prevention, rehabilitation and personal social services.

To prepare for the further development of primary care teams in 2006, an evaluation of the existing ten Primary Care Projects was commissioned in 2005.

MARCH



Child Health Information Service Project (CHISP) launched pack

The first information pack in a series of three to support parents and main carers of infants in the South East was launched. Called 'Caring for your Baby: Birth to Six Months Old', it is given to all new parents across the area by public health nurses during the first visit.



New Renal Dialysis Unit opened in Tullamore

The new unit treated its first patients in 2005, marking a major milestone both for the patient and in the technology used to provide the treatment. The Irish Kidney Association provided the infrastructure. The new unit will provide dialysis for 12 patients per day who are currently travelling to Dialysis Units in Dublin, Galway and Cavan.

The teams to be evaluated are located at Arklow, Co Wicklow, Ballymun, Dublin, Cashel, Co Tipperary, Erris, Co Mayo, Liberties, Dublin, Lifford, Co Donegal, Portlinton, Co Laois, Virginia, Co Cavan, West County Limerick and West Kerry. This evaluation will be completed in mid-2006. The learning gained from the evaluation will be transferred to support the new teams in development.

Within existing teams, developmental work has continued in relation to enrolment policies, record sharing and community participation.

Primary Care / Acute Hospital Integration

Direct access to cardiac diagnostic services has been developed for patients of GPs in Arklow. Services include echocardiography (ECG), 24 hour blood-pressure monitoring and stress tests. This initiative was developed by Primary Care Services in collaboration with the consultant cardiologist in St Columille's Hospital, Loughlinstown.

In Kildare/West Wicklow a nurse-led leg ulcer clinic was established, with nurses having direct access to a consultant vascular surgeon if required. A similar service was developed in Arklow, with outreach access available from a consultant.

To provide more equitable access to DEXA scanning – which facilitates early detection of osteoporosis – three machines were purchased by the HSE for St Columille's, St Michael's and St Vincent's Hospitals in Dublin. This will provide public access for the patients of GPs in the area. Cancer referral guidelines which were developed between consultants and GPs were distributed to GPs.

Out of Hours Co-Operatives

In order to meet the requirements of patients in providing more flexible hours of opening, a new out of hours co-op was launched in Wicklow, and plans were developed to establish a service in Longford. Existing services in Galway and Mayo will also be expanded to meet the requirement of patients. New treatment centres were established in Birr, Portlaoise, Glenamaddy and Knock.

These now offer a high-quality GP service outside normal surgery hours.

Information and Communication Technology (ICT) in Primary Care

Improved patient care and significant time-saving for GPs and their support staff resulted from an ICT pilot project completed in the south. Ninety GPs in 29 practices now receive hospital laboratory results directly and this is now being rolled out further. This is an important development in moving people away from acute hospitals, and providing the maximum range of services to people in the community.

In the West, similar electronic links between hospitals and GPs were developed, and five practices took part in the initial phase. Electronic links have also been developed between CareDoc out of hours co-op and 37 GPs in 15 practices. This involved moving from fax and paper-messaging to electronic communication.

Primary Care Schemes

The Schemes Modernisation Programme was a priority during the year. The key objective of the programme is to extensively modernise the operation of the Medical Card and other related schemes including Drugs Payments, Long Term Illness, Dental Treatment Services Scheme, thus making them more customer-friendly, administratively streamlined, fair, accountable and IT-enabled. Medical card and GP Visit Card application forms were launched. There were 1,155,727 medical card holders in 2005 and 5,080 people availed of GP Visit Cards, which were launched in November 2005.

General Practitioner Training and Education

A further 14 GP training places were made available during 2005. This initiative is to ensure that there are enough GPs in the system to replace those retiring, and to provide services to a growing population.

The number of training places is set to expand from 84 to 150 over a three-year period.

In order to facilitate this and other developments, a joint Irish College of General Practitioners (ICGP) – HSE Steering Group was established.

APRIL



New Ultrasound and Foetal Assessment Unit and Colposcopy Unit opened at the Rotunda Hospital

The Unit has 3D and 4D ultrasound scanners that give incredibly detailed images of the developing baby. 3D scanners significantly improve the medical team's ability to assess foetal growth and health. The new Colposcopy Unit is the leading centre for cervical screening and treatment on Dublin's Northside.



New development in Radiation Oncology Services in Cork University Hospital (CUH)

Cancer services received a major boost with the addition of a new linear accelerator. The new €1.5 million cancer treatment unit brings to three the number of linear accelerators in CUH.

CONTINUING AND COMMUNITY CARE

Partnering the Service User

PCCC placed greater emphasis in 2005 on the service user in the design, delivery and evaluation of PCCC services in areas such as Traveller Health, Children's Services and Mental Health. In Mental Health Services, PCCC worked closely with service partners and representative organisations to support capacity building, training and staff recruitment in advocacy and self help.

Services for Older People

Providing older people with services to enable them to remain in their own homes is a priority. There were 1,100 home care packages provided in 2005. This included home care grants, contracted home carers, and other services that help older persons to remain in their own home.

Older people are susceptible to flu and other conditions during the winter months. PCCC focused on encouraging the uptake of influenza immunisation to protect this vulnerable group.

The uptake of influenza immunisation is illustrated in Table 3.

Table 3: Uptake of influenza immunisation

Age	Uptake
>75	67.4%
70-74	57.6%
65-70	49.1%

Nursing Home Inspections

A new national inspection process for nursing homes was agreed in 2005, following a number of issues that arose during the year relating to the provision of care for the older person in nursing homes. This process has now been standardised across the country, and ensures that all nursing homes will be examined against the same criteria, with uniform procedures in place for follow-up. This new process will ensure that clients and their families receive a greatly enhanced service and can have greater confidence from the inspection and registration process in the quality of care provided.

Children, Youth and Families

2005 was a formative year for the management of Children, Youth and Family Services in PCCC. Formation of the HSE provided the opportunity for a 'whole child' focus within the delivery of services.

One of the key themes was to focus on prevention and early intervention through the expansion of the community-based Springboard and Youth Advocacy Programmes (YAP).

The Springboard initiative is an intensive family support project targeting the most vulnerable children, young people and their parents/carers. The Springboard Projects are located in identified areas. The YAP is a private, community-based programme that aims to re-integrate 'out of control' young people into the community, and to create effective long-term links for them with formal and informal services such as schools, recreational clubs, employers, welfare services and religious organisations. Five new Springboard Projects and an additional five YAP Projects were funded in 2005. Effective models of care and support for children with more challenging problems were also developed.

In partnership with the voluntary sector the issue of violence against women was also a key area of focus during the year. This was achieved by developing inter-agency training for frontline staff and GPs. This training was also made available to professionals for all agencies including the judiciary.

National Information Line

The HSE established a single National Information Line, designed to provide access to information on a range of health-related topics.

Information is available on more than 110 subjects. The public can access information on entitlements, eligibility and application forms. The National Information Line assisted with a number of national initiatives including providing information on the drugs payment scheme, long term illness scheme and nursing home subvention. The line is in operation from 8.00 am - 8.00 pm daily on **1850-24-1850** or infoline@maile.hse.ie.

MAY



€10.8m
Emergency Department opened in Cork University Hospital

The new Emergency Department has a patient assessment area, a children's waiting room and treatment area, a minor injuries treatment area, a four-place resuscitation area with overhead x-ray equipment (the first in Ireland), an emergency eye treatment facility and a decontamination unit.



HSE Policy for Patient Welfare & Managing Allegations of Abuse launched

Tánaiste Mary Harney TD, launched 'Trust in Care', a new policy for health service employers which aims to uphold the dignity and welfare of patients and clients through promoting a safe and caring environment in all health settings.

Mental Health

The establishment of the HSE as a national system provided, for the first time, a single national perspective for the provision of mental health services in Ireland. Managing these services within PCCC facilitates the integration of mental health services with local health services.

The HSE's Implementation Project Team worked to put the structures in place to facilitate the introduction of the Mental Health Act, 2001. Eighty HSE staff became trainers, and by the end of the year over 1,500 had received training on the new legislation.

Significant service developments took place with additional funding for 11 Consultant posts with developments in General Adult, Child and Adolescent and Old Age mental health services. Additional funding was also provided to advance the innovative DETECT Programme in south Dublin. This new model focuses on the early detection and treatment of mental illness. Another innovation was the collaboration between the HSE and the National Association for the Deaf in appointing a Consultant Psychiatrist with sessions dedicated to addressing the mental health needs of members of the deaf community.

The extension of mental health home care services in Meath, Louth, Kildare and Tallaght facilitated earlier discharge of patients. In addition, home-based treatment using a multidisciplinary team model provided more flexible support to service users in their own environment.

Further development of the forensic services and the improvement of facilities at the Central Mental Hospital at Dundrum focused on the incremental expansion of the Outpatient and Occupational Therapy services at Ushers Island.

Multidisciplinary Community Mental Health Teams offered clients a more comprehensive assessment and treatment option, delivering a wider range of treatments. The multidisciplinary teams (MDT) include skilled inputs from Medical, Nursing, Psychology, Occupational Therapy & Social Work staff. New community based MDTs were established or enhanced in Sligo, Leitrim and Donegal.

Culture and health initiative benefits service users



A HSE initiative brought music, dance, drama, video, photography, storytelling, ceramics, visual and sound art to more than 2,500 service users, staff and visitors in 43 separate healthcare locations.

HSE South and Cork 2005 developed a culture and health strand to Cork's European Capital of Culture programme.

These projects spanned a range of services including disability, young people, mental health, older people and areas of disadvantage.

The development built relationships that will continue long after 2005 between some of the more marginalised groups of service users and the cultural life of Cork.

The project culminated in a national conference, *Culture & Health; Partnership and Opportunities*, when speakers shared learning and ideas and explored ways of continuing the involvement of arts in health work.

A publication and DVD, *Culture + Health; a study of 32 projects in diverse healthcare settings* were created.

The publication and DVD visually celebrates and records the wealth of vibrant and innovative work that took place throughout the year. It also provides practical information, adaptable templates and a useful reference section for anyone who has an interest in developing their skills in the field of arts and health. Potentially, each of the 32 'culture & health' projects could be adapted and transferred to different healthcare and community settings.

The initiative brought a range of cultural activities to audiences in hospitals, day-care centres, residential units and community healthcare settings in the Cork area and encouraged service users to participate in the arts projects.

This was achieved by:

- Staging specially commissioned concerts and events at healthcare venues
- Allocating tickets to service users to attend events
- Establishing an ambitious series of residencies whereby artists worked alongside staff and service users devising projects that were specific to the particular service and to the people involved.

A national project on Primary Care Mental Health was progressed in collaboration with the Irish College of General Practitioners (ICGP) and included initiatives on GP training, clinical guidelines and protocols and referral pathways.

As the transition from the traditional psychiatric hospital to the community is almost complete, the need for specialist rehabilitation services and supported accommodation continues. During 2005, the HSE invested over €20 million in the creation of new community-based facilities and on improving existing infrastructure.

Examples of this include:

- Enhanced service amenities in Wicklow Mental Health Service
- Purchase of a residential service in Kells, North Meath
- Improvement in the care environment by the renovation of the Swinford treatment centre in Mayo
- Development of a Mental Health Resource Centre day hospital in Bantry.

Integrated Care Pathways

The development of integrated care programmes is a priority for the HSE. During 2005, work on this approach was developed further. In the community, a rehabilitation team in Offaly has implemented an integrated care plan for hospital discharges. Where a patient is being discharged, but continues to need ongoing non-acute services in the community, a dedicated care plan was developed by all the health professionals, including GPs and public health nurses. This plan, which is signed by the patient/client, identifies the range of services required. Through a key worker, this ensures the minimum disruption to the patient/client in accessing services. This facilitates the smooth movement of people from hospitals to the community, while maximising their care.

Disability Services

PCCC is responsible for overseeing the implementation of the National Health Strategy for Disability Services, and ensuring that there is a national framework to guide service provision. The level of services provided is summarised in Tables 4 and 5.

JUNE



Learning Disabilities Social Housing Scheme, Stranorlar, Co Donegal

Sod turned by Minister of State Pat the Cope Gallagher, TD. This is a new independent living scheme that will benefit over 30 clients in the Donegal area providing a home environment in a secure setting.



New HSE Initiative commenced for Young People with Garda Juvenile Liaison Service

This service, the first of its kind in Ireland, aims to help vulnerable or at risk young people. It enables the Garda Juvenile Liaison Officers to make appropriate referrals to the HSE South if they come into contact with a young person who needs further intervention by means of counselling or family therapy.

Table 4: Physical and Sensory Disability Services increases in 2005

Increased capacity:	
Residential Services	55 places
Home Support	118,985 hours
Rehabilitation and Sheltered Places	75 places
Therapy Posts	13
Aids and Appliances	€3m

Table 5: Intellectual Disability/Autism Services

Service	New Places	Enhanced Service*
Residential Care	206	104
Respite Care	95	15
Day Care	426	28
Transfers from Placements	22 persons have been transferred to more appropriate care settings	

*Enhanced services provided to those already receiving care

Over 700 people with a disability and their families enjoyed an enhanced quality of life with the implementation of the Service Development Programme. PCCC targeted persons who are currently not in receipt of a service; those receiving services in inappropriate settings; and those who required enhanced supports consistent with their needs.

During the year PCCC engaged with key stakeholders on the provisions of the Disability Act 2005 and the Education of Persons with Special Educational Needs Act 2004. PCCC also worked with service providers in initiating a review of the Partnership Framework.

Social Inclusion

Social Inclusion addresses inequalities in health between social groups and improving health. It aims to improve access to mainstream and targeted health services. It also aims to enhance the participation and involvement of socially excluded groups and local communities in the planning, delivery, monitoring and evaluation of health services.

In partnership with the Dublin Simon Community, PCCC established an Alcohol Detox Unit for people who are homeless. This is the first service of its kind in Ireland. Staff working on the programme have been trained in the Community

Reinforcement Approach (CRA) to addiction treatment. In 2005, 156 people were admitted to the programme of which 80% completed the 7-10 day detox programme successfully, and 66% completed the 21 day detox programme.

Palliative Care

Palliative Care services provide the continuing active total care of patients and their families when the medical expectation is no longer of a curative nature. These services were provided in care settings such as specialist in-patient units, acute general hospitals, community hospitals and the patient's home environment.

An additional €2m was allocated to Palliative Care nationally. This funding was used to provide additional consultant, nursing and multi-disciplinary posts.



Chronic Illness

The Chronic Disease Care Group was formed in September 2005 to aid people with chronic illnesses. These include heart disease, stroke, cancer, chronic respiratory diseases and diabetes. This care group focused on raising awareness within the system to a chronic disease management approach, creating interest networks and assessing current provision in the areas.

PCCC was also involved in the development and publication of national guidelines for diabetes, development of research proposals with the Irish Society for Quality and Safety in Healthcare (ISQSH), and the development of self-care management programmes with voluntary organisations.

National Hospitals Office

With the establishment of the National Hospitals Office (NHO), acute hospital services are now managed on a single national basis. The NHO manages acute hospital services in 53 hospitals nationally. It also provides Pre-hospital Emergency Care Services (ambulance and emergency response services).

Within the 53 public acute hospitals, 35 contain accident and emergency departments and 20 contain maternity units. Table 6 summarises the activity levels in the NHO for 2005.

Table 6: Key NHO statistics

Key Statistics	2005
Inpatients discharged	572,260
Day cases	513,188
A&E attendances	1,257,131
Outpatients	2,624,171
Bed Days Used	3,752,772
Average Length of stay	6.56
Births	58,489
Budget	€3.7 billion
Number of A&E Units	35
Number of Maternity Units	20
Number of staff	49,337



Tánaiste Opened Radiotherapy Department in University College Hospital Galway
The €12 million Radiotherapy Department is building up to a full level of Radiotherapy services which will mean treating some 2000 new patients each year with over 20,000 out patient episodes every year.

Ambulance Service

Calls responded to	622,500
Response Times	41% within 10 minutes 74% within 20 minutes
Miles travelled	9.67 million

NHO Staffing Levels

Figure 7: Staffing in NHO at December 2005

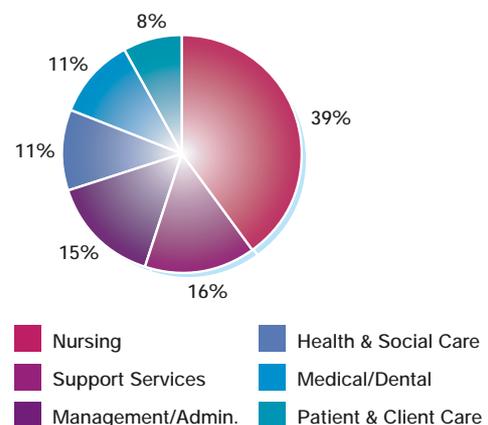


Table 7: Breakdown of staff in NHO

Staff Category	2005
Nursing	19,321
General Support Services	7,628
Management/Administration	7,552
Health & Social Care Professionals	5,604
Medical Dental	5,528
Other Patient and Client Care	3,704
Total	49,337

ACUTE HOSPITAL SERVICES

A range of assessment, diagnostic, treatment and rehabilitation services are provided across the acute hospitals. Designated national specialist services incorporate areas of care such as heart, lung and liver transplants, bone marrow transplants, spinal injuries, paediatric cardiac services, medical genetics, renal transplantation and haemophilia. Supra-regional services include neurosurgery and cardiac surgery, as well as complex cancer treatments and radiotherapy.

The development of private hospitals on public hospital sites is Government policy and there have been expressions of interest from a number of parties. The NHO will take steps to implement this policy in 2006.

There are a number of arrangements in place with other service providers in Ireland and abroad for the delivery of specific services. These include agreements to provide clinical services such as renal dialysis, paediatric cardiothoracic surgery, lung transplantation and radiotherapy.

Acute hospitals play a key role in undergraduate and postgraduate training and education for medical and health service professionals.

Hospitals are also involved in clinical and related research activities, involving close links with universities and other third level institutions.

DEVELOPMENTS IN 2005

Accident and Emergency Departments

Pressure on the Accident and Emergency (A&E) Departments around the country was an important issue for the HSE during 2005

JULY



Youth Participated in Health and Social Service Development Conference

This collaboration between HSE and Foróige was held in 2005. It has been running since 2003 and has extensively explored ways of actively involving young people in the development of local health and social services.



Consumers have their say in Complaint Management framework

Tánaiste Mary Harney, TD addressed over 100 consumers attending a workshop organised by the HSE to give input to the design of a framework for the management of complaints within the health service. The Department of Health and Children will draft regulations to establish a statutory basis for the handling of complaints by the HSE.

and will remain so in 2006. The HSE has been working nationally on implementing the 10-point plan, with some measures aimed at minimising the need for individuals to go to A&E, and others designed to free up beds in hospital for people waiting for admission.

Work continued with PCCC in relation to delayed discharges. A significant pressure on the acute hospital system is the lack of available and appropriate beds for patients who no longer require acute care. By the end of 2005, the number of delayed discharges in major Dublin hospitals was reduced to 300, from a peak of 448 in the summer. Under the auspices of the Delayed Discharge Project, a series of initiatives were taken to bring about this improvement, including the operation of all public long term care facilities at full capacity, and securing additional capacity in private nursing homes which allowed for the placement of 250 patients.

KEY PATIENT INITIATIVES

Accident and Emergency

Continuing to improve A&E services is a priority for the HSE. The implementation of the 10-point plan has involved the NHO and PCCC divisions working closely together. The material below indicates progress, and in 2006 it is intended to introduce more dedicated resources to focus on these issues.

1. The development and expansion of minor injury unit, chest pain clinic and respiratory clinic

Funding was provided for the development of a minor injury unit and chest pain unit in the South. The minor injury unit is in operation and a recruitment process is ongoing for staff for the chest pain unit.

2. Second MRI at Beaumont Hospital

Discussions are taking place with a private provider to examine the possibilities of increasing capacity for MRI scanning in the north Dublin area until the second MRI is operational.

3. The provision of Acute Medical Units (AMU)

The findings of a process mapping exercise will form the development of a business case for AMUs to address their particular requirements. Assessment units have also been developed and are in operation in both HSE West and South Areas.

4. High dependency beds

38 beds have been contracted in private nursing homes for those patients with more demanding care needs.

5. Intermediate care

There has been an increase of discharges from hospital to intermediate care beds to 562 nationally.

6. Homecare packages and nursing home subventions

Additional home care packages and enhanced subventions have facilitated the discharge of 530 patients in the Dublin area.

7. GP out of hour services

Procurement process was initiated.

8. Dedicated cleaning and security measures

The Hygiene Audit has been completed and a report was presented in November 2005. Hospitals were ranked as either Poor (48%), Fair (43%) or Good (9%). The NHO will continue to work with the individual agencies to monitor improvements in hygiene in 2006.

9. Expansion of palliative care facilities

Six palliative care beds were commissioned in Dublin.

10. Direct access for GPs to diagnostic services

In the East a pilot initiative was undertaken with private hospitals to improve access to diagnostics for GPs. This is currently being evaluated and the results will inform decisions to expand this service elsewhere.

JULY



HSE South Drug Misuse statistics published

The fifth annual Overview of Drug Misuse report gives a breakdown of alcohol and drug misuse based on information supplied by treatment services located in the South East. The information enables the HSE to monitor the use of services and will be used for long-term planning of new services.



Health programme for secondary schools in South Tipperary launched

The HSE and a range of community organisations designed and developed a Substance Misuse Awareness programme to combat the rise in the misuse of alcohol and illegal substances amongst young people in the South Tipperary area, especially around the time of the Junior Certificate results.

New €10.8m Emergency Department opened in Cork University Hospital

Twice the size of the old one, this new Emergency Department is capable of dealing with 50,000 patients a year. It features a bright reception area; a separate area to assess patients; a waiting-room and treatment area for children; a treatment area for minor injuries; and a four-place resuscitation area with state-of-the-art overhead X-ray equipment – the first in Ireland.

There are also two X-ray examination rooms, 16 treatment places, an emergency eye treatment facility and a decontamination unit for treating those who have suffered exposure to hazardous chemicals. In a 12-bed clinical decision unit, consultants in emergency medicine can refer patients for a short period of observation or treatment, typically for a maximum of 24 hours.

New Emergency Department at St. Vincent's University Hospital

The new unit enhances innovative pathways of care already developed at both a local and regional level. Staff in the Emergency Department have initiated a trauma by-pass protocol for victims of major trauma. This means that patients with major life or limb-threatening injuries sustained in the south east Dublin and north Wicklow area can be brought directly to this Emergency Department – ensuring that such critically ill patients can access the specialist expertise they need immediately.

This new Department will further develop the concept of 'streaming', which was initiated at St Vincent's Hospital. (The Department is 'streamed' or 'zoned' into resuscitation, high-dependency, and ambulatory care zones.) This helps to avoid bottlenecks, and supports the philosophy of the Department – the right patient being seen by the right doctor in the right place at the right time.

Department staff have also developed a Rapid Assessment and Treatment area, where patients can be seen on arrival by a senior member of staff. This has reduced waiting times as well as providing a valuable educational experience for non consultant hospital doctors.

Hospital-acquired Infections

Hospital hygiene and infection control remain a challenge for the NHO. Raising hygiene and infection control standards in hospitals and health settings is a priority, and the service is determined to tackle the issue of health-care-associated infections and the spread of MRSA. The first national hygiene audit took place in 2005, examining standards across all hospitals. Hospital hygiene is given a high priority at all levels throughout the system, including Government, corporate HSE, local hospital management, staff and patients. Both hospital management and staff are committed to improving the standard of hygiene.

A National Hygiene Services Standards policy is being developed for all areas of the HSE. An awareness campaign was launched during the year, informing all in the hospital environment that maintaining good hand hygiene is one of the simplest and most effective measures that can be used to stop the spread of MRSA and other infections. All of these initiatives contribute towards improving the cleanliness of our hospitals, providing a better care environment for our patients, their families and our staff. Improvements in hospital hygiene, in particular hand-washing, play a key part in reducing the prevalence of hospital associated infection.

€12 million Radiotherapy Department opened in University College Hospital, Galway (UCHG)

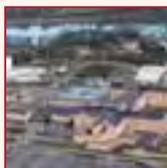
The first treatment was given in the department in March 2005 and 600 patients subsequently received treatment throughout the year. This development has dramatically improved access to the full range of cancer treatments for patients on the Western seaboard. Previously patients had to travel to centres in Dublin for treatment. The unit has three linear accelerators and so is an important contribution to increasing radiotherapy capacity nationally. When fully operational, the Radiotherapy Department at UCHG will treat 2,000 new patients each year. It will also facilitate over 20,000 out-patients annually.

AUGUST



New psychology support service provided for parents in Carlow/Kilkenny

The HSE Southern Area launched the Carlow/Kilkenny Child and Adolescent psychology service for parents. The drop-in service offers parents an opportunity to discuss difficulties they are experiencing with parenting and to get advice about managing these difficulties.



Sexual Assault Treatment Unit marked one year anniversary

The 24-hour service for victims of rape and sexual assault has been in operation for 12 months at Waterford Regional Hospital. Forensic medical examinations are necessary if a case is to be processed by the criminal justice system and it enables women and men to avail of services locally.

New Cardiac Services at Midland Regional Hospital in Tullamore

Up to 500 patients will benefit within the first 12 months from the introduction of these new cardiac services. In addition, the installation of a high-tech telemedicine system, which links consultants in Tullamore with their colleagues in St James's Hospital, Dublin, will lead to faster and more effective treatment for patients. This is of enormous benefit to patients who previously had to travel to Dublin for that service. Patients now have the benefit of greater access to the specialists and facilities in Tullamore and in Dublin. Ultimately, it means less inconvenience for patients, and faster and more effective treatment.

Improved Renal Services at Midland Regional Hospital in Tullamore

A new Renal Dialysis Unit at the Midland Regional Hospital at Tullamore was officially opened in 2005. In addition to benefiting locals in need of this essential service, the Unit also relieves pressure on dialysis units outside of the region. Previously, people requiring dialysis in the midlands had to travel as far away as Galway and Dublin for treatment. Receiving their care at Tullamore has significantly enhanced their quality of life by reducing travel time while maintaining high quality care close to home. The services provided in the new Unit have been developed using the latest secure wireless and mobile technologies which enable it to function in a paperless mode. This will be the norm for the future working environment in all areas providing health care.

Improved Services for Patients with Renal Conditions in the West

A Consultant Nephrologist was appointed within HSE West covering Donegal, Sligo and Leitrim in March 2005. This new appointment provided services locally for the first time for patients suffering from renal disease. Since the appointment, there has been a considerable increase in patient services across the region, including Nephrology Clinics and an Acute Renal Failure Programme. The improvement and expansion of renal services for patients with kidney disease have been key priorities for the past number of years.

Nurses Returning to Work



Kate O'Brien, a staff nurse in the theatre department at Waterford Regional Hospital, was one of the participants on the Return to Nursing Practice course held in Waterford earlier this year.

"I always kept up my nursing registration as I felt that, maybe, some day I would need it.

I did my course this year and the six weeks were extremely enjoyable, although I would have preferred to have spent most of my on-the-job sessions in the theatre area where I knew I would be going. The lecturers were great and there was a great mix of ages and experience in the participants. People on the course were out of nursing from five to 27 years and it was great to see people coming back into the system who were so focused on patient care. My underlying principle when it comes to nursing is to care for patients in the way that you would want someone to care for your family if they are in hospital – so it's good to be back and working full-time in theatre again."

Breda Adamson, specialist coordinator at Waterford Regional Hospital, says:

"the Return to Nursing Practice course is a great opportunity for nurses to update their skills and return to a newly invigorated career. There have been many positive changes in nursing since the 1998 Report of the Commission on Nursing. The career structure and salary scales have been improved, making nursing a progressive career. Course lecturers and facilitators are drawn from various speciality areas within the nursing services to ensure that course participants have access to the widest range of skills. The course also gives an introduction to modern advances in nursing care."

During 2005 some 216 nurses completed the Return to Nursing Course and returned to nursing.

"I was ten years out of nursing when I decided to do the Return to Nursing Practice course. I had qualified in 1981 from the County and City Infirmary in Waterford and trained in my speciality of theatre nursing in Canterbury, England. I went on to work in a private hospital in Galway and was responsible for managing the theatre department. It was a busy and rewarding job and I had to use my management skills on a daily basis. I left nursing to work in private industry because I wanted to expand my business skills."

Focused on Patient Care

"Having worked with a major dietary organisation, I made a decision that I wanted to use my nursing skills and experience again and the Return to Nursing Practice course was my entry back into nursing.

The new state-of-the-art Renal Unit in Sligo General Hospital has enhanced the current care provided to patients on dialysis, promoted renewed enthusiasm amongst the staff who are dedicated to excellence in renal healthcare delivery, and will enable continued development of renal services within the region.

Medical Assessment Unit Midland Regional Hospital, Mullingar

The first Medical Assessment Unit for an acute hospital in the Midlands opened during 2005 in the Midland Regional Hospital at Mullingar. The six-bed unit aims to improve efficiency and provide quality patient care for people with acute medical problems that are not immediately life-threatening – but who may require either in-patient admission or immediate specialist medical opinion. Suitable patients are referred directly to the Unit by their GPs. Laboratory and other in-patient services can be fast-tracked, and patients admitted as required.

Establishment of Joint Department of General Surgery for Louth Hospitals Group (Our Lady of Lourdes Hospital, Drogheda and the Louth County Hospital, Dundalk)

A six-person consultant surgical department providing general surgical services across both the Drogheda and Dundalk hospital sites was established. The overall aim of this important initiative is to maximise the use of resources, beds, staff and theatre-availability on both hospital sites, while at the same time enhancing the quality of care provided. The establishment of the Joint Department of Surgery has resulted in the following:

- Increase in surgical cases performed by the more efficient use of clinical resources
- A significant decrease in waiting times for both initial outpatient assessment and follow-up elective surgery
- Improved training opportunities for Non Consultant Hospital Doctors
- Positive patient feedback.

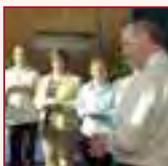
This model of combining surgical resources across two or more sites in order to enhance efficiency and patient safety is a model that can be replicated across the country.

SEPTEMBER



Health Survey of older people in the South East undertaken

The Public Health Department of the HSE South undertook an important piece of research on the health of older people living in the area. This included those in acute and long-stay care settings.



Prof Drumm visited Virginia Community Health Centre

The Virginia Community Health Centre aims to provide a centre of excellence and integrated services for all its clients.

Day Hospital, Wexford General Hospital

The Day Hospital for Older People was opened at Wexford General Hospital in March 2005. A number of out-patient clinics are provided for older people, including Parkinson's Disease Clinics, Memory Clinics and Falls Clinics. The facility prevents unnecessary admissions to hospital.

National Heart / Lung Transplantation Unit at the Mater Misericordiae University Hospital

The National Heart / Lung Transplantation Unit in the Mater Misericordiae University Hospital undertook the first single lung transplant in May 2005. This was followed by two further single lung transplants completed in September.

AMBULANCE SERVICE

The Ambulance Service operates services from 93 stations across the country.

Rapid Response Pilot Project

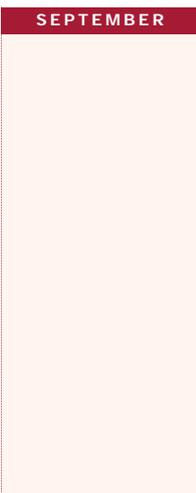
As part of the strategy to improve response times in rural areas, the ambulance service initiated a rapid response pilot. A number of new rapid response vehicles were purchased and built to a significantly higher specification, thus improving the quality of pre-hospital care. These vehicles have highly visible livery aimed at alerting the public to their presence while travelling in emergency situations but also ensure the health, safety and welfare of the staff operating these vehicles and patients being attended to.

Fleet

In the course of the year, the Ambulance Service purchased 36 new vehicles. This investment in cutting-edge developments meets European standards for the provision of a safe working environment for ambulance staff and patients. The vehicles are very distinctive with their new livery of Battenburg yellow and green squares. The livery and lighting systems represent cutting edge technology, designed to clearly identify ambulance vehicles, alert traffic and pedestrians, and protect crews and patients in the event of an emergency arising day or night.

Control and Communications

The Ambulance Service's Regional Control Centres are generally the first point of contact for the public seeking assistance and immediate medical care. As such, they represent key components in the pre-hospital health care system. In 2005, the ambulance service introduced several technological advances to complement existing technology. These systems provide the foundation upon which to introduce an advanced medical priority dispatch system.



This allows clinical priority to be assigned to a request for assistance. Ambulance response is thereby specifically targeted to meet the patient's particular clinical need. In order to further enhance current information systems, automatic vehicle locationing was introduced in several areas. This additional tool will allow ambulance controllers to pinpoint ambulance crews, providing them with the appropriate information to deploy the appropriate crew, and therefore improve activation times.

Support Services

The HSE Support Services are important organisational functions, allowing front-line service providers to deliver quality care. With the creation of the HSE the opportunity exists to introduce a standardised approach to the management of these functions to improve consistency, to develop greater efficiency and to generate Value for Money, which will result in increased investment in patient/client care.

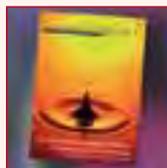
HUMAN RESOURCES (HR)

HR has overall responsibility for developing and delivering key human resource strategies and policies, including resourcing and recruitment, learning and development, employee relations and personnel administration. It carries out a wide range of activities from the recruitment of personnel to dealing with representative organisations and trade unions.

The key role of HR is to ensure that the HSE has the right number of people, with the right skills, in the right place, and at the right time.

This involves managing staff turnover. It also requires focusing on staff training and paying particular attention to recruiting specialist disciplines. HR is also charged with working with representative bodies to maintain industrial peace.

HR is responsible for organisational design and development. This focuses on developing and supporting an organisational structure and culture that is client/patient focused and that empowers



Guidelines on Hand Hygiene and Control of MRSA launched

The HSE launched national guidelines on hand hygiene and the control of MRSA in hospitals and community settings. These two documents give a clear policy and practical guidance on the control of healthcare-associated infection.

staff to realise their potential in a safe and healthy working environment.

The HSE is the largest employer in the state, with 101,978 whole-time equivalent (WTE) employees at December 2005. More than 67,000 – over 66% – are direct employees, the remainder are employed by agencies funded by the HSE.

Figure 8: HSE Staffing

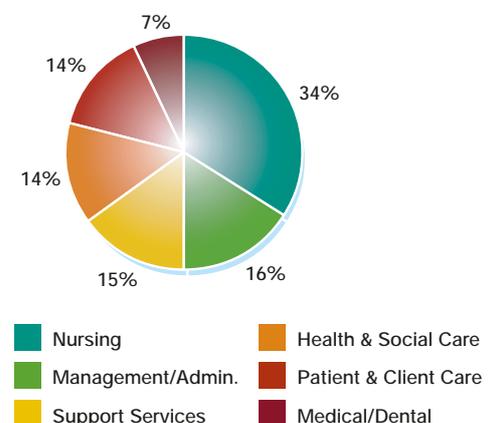


Table 8: HSE Staffing Numbers

Staff Category	December 2005
Nursing	35,248
Management/Administration	16,699
General Support Staff	14,945
Health & Social Care Professionals	13,952
Other Patient & Client Care	13,867
Medical/Dental	7,266
Total	101,977

Management Administrative Staff

The 2005 Health Employment Census shows a total of 16,699 WTEs in the management administrative grade category. This grade category covers a wide range of staff, the majority of whom provide direct services to the public. Because of the generic nature of grades involved, an analysis of work done by these staff was undertaken in 2001. This analysis indicated that 64% of all staff, within the management/administration grade category, are involved in direct patients services. Of the remaining 36%, the staff are involved in important organisational activities such as:

- Payroll
- HR management (training)
- Managers with responsibility for specific services, e.g. disability
- Information and Communication Technology
- Legislative and Information Requirements

Personnel, Payroll, Attendance Recording System (PPARS)

PPARS is an integrated personnel and payroll system designed to provide up-to-date information on the HSE's workforce. PPARS was originally planned and designed for implementation in the Health Boards, ERHA and Voluntary Agencies, on a site by site basis. Following the establishment of the HSE a review of the implementation schedule was undertaken, and a number of issues identified. A more comprehensive review of the project led to the rollout of PPARS being paused, and its long term future being fully examined.

OCTOBER



HSE takes lessons from Children

The message at the HSE Programme of Action for Children national conference (planned with the assistance of young people) was children, young people and families are experts on their own health. Young people chaired sessions, made presentations and attended the conference.



New Income Guidelines for Medical Cards and GP Visit Cards introduced

The HSE launched an information campaign to highlight these new income guidelines, which mean greatly increased numbers of people are now eligible for both full Medical Cards and the new GP Visit Cards.

FINANCE

The financial year 2005 was a period of transition for the HSE with the significant challenge of amalgamating 17 former health agencies, each of which operated its own system of financial control. During 2005, each agency also operated a separate financial reporting system which was amalgamated into the 2005 financial statements of the HSE. The HSE is planning to implement a fully integrated financial system in the coming years. In the meantime, current systems will continue to operate while controls and procedures will be streamlined and standardised where appropriate.

Key processes in place across the HSE to provide effective internal financial control are as follows:

- During its first year of operation in 2005 the HSE's organisational structure was in transition. Lines of responsibility and accountability were defined and job specifications arranged to reflect the new structure. New reporting relationships were put in place. This work is ongoing.
- The systems of internal financial control documented in the former agencies are currently being consolidated into a consistent organisation-wide system of internal financial control, reflecting the new arrangements and status of the HSE.
- There is a framework of administrative procedures and regular management reporting in place including segregation of duties, a system of delegation and accountability and the authorisation of expenditure.
- The HSE is required to comply with public procurement policies/directives and other legal and regulatory obligations. As part of the exercise to consolidate the system of internal financial control, the policies and procedures of predecessor bodies will be standardised in 2006.
- The HSE has a comprehensive planning and financial reporting process. In 2005 monthly expenditure and activity was monitored against plan at each service level. Regular monthly and periodic reports were presented to the Management Team and the Board for consideration and appropriate action.

Health Innovation Awards



The first National Health Services Innovation Awards scheme in 2005 attracted more than 250 entries from different parts of the health system. The awards, sponsored by the Health Service National Partnership Forum, acknowledge the commitment, dedication and contribution of staff towards improving the well-being of the population.

Explaining the work undertaken by the AOT on a daily basis she says “the kind of population we look after has a wide range of needs, psychiatric, social, intellectual, vocational and family. So we wanted to put together a package that would better serve that range of needs.”

“We go out to people’s houses, ensure compliance with medication, observe signs of relapse, help with finance and budgeting, parenting skills and assist with employment and social interaction.”

Members of the team say that they are now all firm believers in the view that change is possible.

“This was a group of patients about whom people would have said ‘They need to be in hospital, they’re not going to be able to integrate into society.’”

“We found that when you went out to offices such as the county council – in terms of getting housing or private accommodation – and said we have a group of patients who have needs and we will provide supports to them if you take them on... they have been very open to that,” Ms McKenna observed.

To date, the AOT has shared its experience with several visiting groups, both national and international. It seems likely that similar services will be established elsewhere in Ireland and abroad.

The awards were presented in Dublin Castle by the Tánaiste and Minister for Health and Children Mary Harney, TD.

The overall winner was the Assertive Outreach Team (AOT), St Davnet’s Hospital, Monaghan. The team was established to provide services for a group of adults with severe and enduring mental illness.

Monica McKenna, clinical nurse specialist with the AOT said that as a multi-disciplinary service based in the community, the initiative is proving extremely effective.

“There has been a dramatic fall in the use of in-patient beds. The first 30 clients referred to the AOT went from revolving-door type re-admission to zero bed days after just two years. An independent audit confirmed that staff morale is up and sick days are down.”

A devolved budgetary system was in place with senior managers charged with responsibility to operate within defined accountability limits and to account for budgetary variances.

Finance provides service support to the wider HSE organisation and fulfils an oversight and reporting role for the CEO, who is also the Accounting Officer for the vote and to the Board of the HSE. Finance manages all key internal and external relationships impacting on HSE resources.

In 2005, the HSE produced its first ever Appropriation Account, and did so within the statutory deadlines set by legislation and the requirements of public financial management procedures. Additionally, for the first time, the HSE produced integrated annual financial statements which involved consolidating the Annual Financial Statements of all 17 previous bodies amalgamated within the HSE. Both these achievements are significant in the context of a time of major transition in the organisation and systems within the HSE.

The staffing of the new structure within finance and the implementation of area-based finance structures across the four administrative areas of the HSE now provides effective support to the NHO and PCCC. During the course of the year, new reporting relationships and information sets were devised to meet the needs of Network Managers and Assistant National Directors in PCCC as well as LHO Managers.

In the third and fourth quarter of 2005 a new corporate reporting system was implemented to provide national data for the Board and Directors of the HSE, as well as supporting services. This system extracts data from all of the legacy systems to provide one coherent view of the financial position of the HSE.

Finance and Shared Services have worked together in planning processes for the implementation of Shared Services in relation to Finance.

OCTOBER



Prevention Better than Cure - Prevent, Protect, Immunise
World Health Organisation European Immunisation Week was launched. A new website www.immunisation.ie was also launched, which will serve as the official online source of all information on childhood, adult and healthcare workers immunisation programmes.



New Primary Care Centre in Dromod Co Leitrim
An Tánaiste Mary Harney TD officially opened the new Centre. A unique project, it was designed in co operation with a local voluntary committee and is energy efficient. The project received a national award for its design concept.

NATIONAL SHARED SERVICES

In managing the healthcare system, one of the major objectives is to ensure maximum efficiency and value for money. The introduction, development and establishment of a National Shared Services for the HSE is a major 'value for money' transformation programme, and will bring with it unprecedented opportunities to deliver efficiencies and economies of scale through consolidation and standardisation of processing and support functions. The HSE is committed to eliminating, wherever possible, duplication in administrative processes and/or structures. This will enable the HSE to leverage considerable economies of scale and skill through acceptable centralisation to standardisation transaction processing and the creation of 'centres of expertise'.

The initial focus is to provide administrative support services in Finance, Procurement, Information and Communications Technology, Human Resources and the Primary Care Reimbursement Service (formerly GMS).

National Shared Services – Existing Operations

There are two live operations which came under the remit of National Shared Services with effect from 15th June 2005:

- Shared Services Eastern Region
- Primary Care Reimbursement Service

Shared Services Eastern Region has operations across four key functional areas of Finance, Procurement, HR and ICT which will be transitioned into the emerging National Shared Services directorate during 2006

Primary Care Reimbursement Service is one of five functional services of Shared Services. PCRS processes and pays claims on a national basis from General Practitioners, Dentists, Optometrists/Ophthalmologists, for services they have provided to the public.

Table 9: Medical cards and GP cards issued in 2005

Medical Cards/GP Visit Cards

Number of New Medical Cards issued during 2005	232,463
Medical Card Eligibility withdrawn during 2005	221,819
*Number of GP Visit Cards at 31 December 2005	5,080

* GP Visit Cards were issued from November 2005

The expenditure payments processed to GPs and other contractors by the Primary Care Reimbursement Service of National Shared Services in respect of goods and services received during 2005 are illustrated in Table 10.

Table 10: PCRS Expenditure 2005

Expenditure 2005	€
Doctors' Fees and Allowances	448.257m
Pharmaceutical and Allowances	1,418.988m
Dental Treatment Services Scheme	52.964m
Community Ophthalmic Services Scheme	17.168m

The management structures for national shared services were approved in the last quarter of 2005, and it is planned to have the team in place in early 2006. PCRS was successfully transitioned to Shared Services in 2005, and plans for Eastern Shared Services to move to a national model will be developed in 2006.

A programme approach to the implementation of the National Shared Services has been adopted with individual project teams working on each functional area. A governance committee for this programme will be established and project teams will be put in place early in 2006.

INFORMATION AND COMMUNICATION TECHNOLOGY (ICT)

ICT provides essential support for all administrative and support services and, increasingly, patient care delivery. It embraces all voice, video and data communications technologies and provides one central

NOVEMBER



Hand Hygiene Awareness Week - Clean Hands Save Lives

As part of the 'Clean Hands Save Lives' campaign, hospitals countrywide held a range of promotional events to reinforce the critical message that good hand hygiene is essential in hospitals and healthcare settings.



First Ever National Hospital Hygiene Audit Published

The first national Hygiene Audit of Acute Hospitals was published by the National Hospitals Office (NHO). Mallow General Hospital achieved the highest score in 2005. It is planned to provide new national standards, as well as an initial capital grant of €20m, to enable hospitals to implement the recommendations of the audit.

management point for all purchases of hardware, software, telecommunications, ICT development and advisory services. The potential of ICT to add value and reduce cost is substantial.

ICT uses voice, video and data technology to provide services to other HSE Directorates and external health and social services providers.

The key developments during 2005 were:

- Board approval to implement Integrated Patient Management System. Plans for roll-out were developed.
- Audit of current national infrastructure undertaken.
- Finalisation of PCCC ICT Strategy.
- New ICT Directorate Management Structures agreed.
- Consolidation of existing telecommunication infrastructure to provide a national infrastructure.

ESTATE MANAGEMENT

In 2005 transition structures were put in place where these were necessary, and existing arrangements continued as appropriate to deliver the required level of service to manage and develop the health estate. The following is an outline of activities and developments during the year:

Property

The HSE owns a vast property portfolio ranging from small rural health centres to very large hospital campuses. The total replacement value of these properties is estimated at over €10 billion.

Key advances made in 2005 were:

- Protocols for the acquisition and disposal of property in compliance with relevant codes of practice and legislation were prepared, and were approved by the Board
- An Interim Property Committee was formed to recommend property transactions for approval by the CEO and sanction by the Board as necessary, based on the value of each transaction.

Property transactions carried out

A total of 106 property transactions were undertaken during 2005. Ranging from small leases to very large disposals and acquisitions, generating a total income of approximately €27m and expenditure of €99m.

Energy Management

The emphasis on becoming more energy efficient in terms of cost and performance continued in 2005. With an annual energy bill in excess of €45m, this is constantly monitored. A group was formed to establish a corporate strategy on energy efficiency measures, and to promote a sustainable environment in terms of building design. In October 2005 the HSE achieved an award from Sustainable Energy Ireland (SEI) for Energy Manager of the year.

Waste Management

The HSE Waste Management Group was set up in 2005 to pursue and develop a waste management strategy in health care buildings. This helps to ensure that environmental damage and costs are minimised and that patients, staff and local communities are protected from harm. Waste Management incorporates health care risk waste and domestic type waste and is an integral part of a broader environmental portfolio.

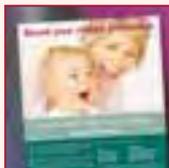
A national contract for the treatment and disposal of risk waste is in place. Domestic waste is disposed to landfill, but a greater emphasis will be made in the future to reduce and recycle waste.

PROCUREMENT

The primary objective of procurement is to maximise effectiveness and efficiency to the benefit of patient care. The patient is the focus, and all opportunities to improve procurement is viewed in the light of their contribution to improved patient care.

The HSE spends in excess of €3bn annually on goods and services. This expenditure extends across a diverse range of products and services which are necessary to support the very many professionals who provide services to patients. The range of products and services procured

NOVEMBER



HSE Commenced Hib Booster Catch-up Campaign

This campaign was designed to further protect 1-4 year old children against haemophilus influenza type b (Hib) infection. The booster is free. A booklet of basic information in eight languages helps GPs to provide health care to members of ethnic communities.



Medical Assessment Unit opened at Midland Regional Hospital Mullingar

It is the first Medical Assessment Unit for an acute hospital in the Midland Area. Suitable patients are referred directly to the Unit by their GPs, thus by-passing outpatient waiting lists. Laboratory and other inpatient services can be fast-tracked.

include highly complex building projects, medical equipment, medicines, banking services and ICT services.

A key objective for procurement in 2005 was the transition from the multi-agency organisational structure to a single contracting organisation within the HSE. Significant progress was achieved in designing a streamlined procurement organisational structure. When implemented the new structure will ensure that:

- Best possible value for money will be achieved by taking advantage of the HSE's substantial purchasing power
- Quality of service to patient care providers will be enhanced
- Processes will be streamlined in order to eliminate unnecessary duplication

By delivering on these objectives, significant benefits and savings will be realised which can be redirected towards improving patient services.

A significant number of new sector level procurements were undertaken in 2005 which will result in improved value for money. Sector level procurement will be a key feature in the ongoing drive for value for money in 2006 and subsequent years.

In continuing to develop e-procurement within the HSE, 400 HSE tender opportunities were advertised on the Government e-tenders website in 2005.

2005 also saw the development of the HSE's Procurement Policy. The policy is based on best practice and is designed to ensure a common approach for all HSE staff in the procurement of supplies, works and services. Application of the policy across the HSE will ensure consistency, compliance and the achievement of value for money in procurement.

OFFICE OF THE CEO

The Office of the Chief Executive Officer manages, amongst other areas, a range of functions that deal with the HSE's accountability. This includes accountability to the Board, the Oireachtas, elected representatives and the general public.

Orthopaedic Services in Mayo



Pauline* is 78 years of age. She lives alone on a small farm in North Mayo. For two years she had been experiencing pain in her right hip. Eventually it got to the point where she could not sleep because of pain. She was unable to do her shopping or attend mass. She went to her GP who referred her to the orthopaedic unit at Mayo General Hospital.

She was given an urgent appointment and was seen at the Orthopaedic clinic within a week. She was assessed and told she would need to have a hip replacement. She was referred as a priority case to the Arthroplasty Pre Admission Clinic where she underwent a detailed multi-disciplinary evaluation by nursing, physiotherapy, and occupational therapy staff. She had some blood and heart tests performed and the results of these were available within a few hours when she had a consultation with the consultant anaesthetist. She reassured Pauline that she was healthy enough to have the operation and that the physiotherapist and occupational therapist felt that she would rehabilitate well afterwards. At that time it was agreed that a home assessment by the OT would be helpful and this was arranged before her operation date.

"I was very surprised that I got called so quickly. I was putting off going to the GP because I thought the waiting list for the operation would take forever. Also I thought I'd have to go to Galway or maybe even Dublin. After seeing the GP I was called into the hospital straight away. At the first visit I met the Consultant Orthopaedic Surgeon. He was very good and reassured me that I'd only be in hospital for a week. The occupational therapist arranged to call out to the house to me. She did a full assessment of the house and organised the aids and appliances that I'd need after the operation.

The operation went fine. They had me up on my feet the next day. The physio called in to me every day and the nursing staff were great. The Public Health nurse called in to see me when I arrived home and a home help came every morning for an hour to make sure everything was OK. My family were great as well, my son took time off work to help out and my daughter came to look after me for the first couple of weekends.

It's 6 months now since I had the hip done and I really don't know myself. I'm getting out and about a lot more than I used to. My consultant was absolutely right. I don't know why I left it so long to get something done about it."

A full trauma and elective orthopaedic service was launched in Mayo General Hospital on the fourth of January 2005 providing all orthopaedic services to a catchment population of over 120,000 people. The core of this service is the trauma service and the new unit has a strong emphasis on joint replacement for arthritic diseases and on the prevention and treatment of osteoporotic fractures. Pauline was one of 1,288 inpatients who availed of our orthopaedic service in 2005 with more than 8,000 attending as outpatients.

**Name has been changed to ensure patient confidentiality*

Parliamentary Affairs

The HSE established a Parliamentary Affairs Division in 2005 to deal with requests for information from members of the Oireachtas. Requests come in the form of parliamentary questions (PQs), representations (Reps), and requests for information relating to various Oireachtas committees and debates within either house. The HSE aims to reply to all PQs and Reps within 20 days. During 2005, the HSE received 2,645 PQs for direct reply.

Consumer Affairs

In 2005 the HSE established a Consumer Affairs Division to develop models of best practice in how it engages with people who use the health service, and with members of the public. The range of activities covered under the Consumer Affairs Division include: Customer Care Strategy, Complaints, Freedom of Information and Data Protection and Appeals.

Development of Customer Care Strategy

A national customer care strategy was developed to ensure a consistent approach. The 12 principles of Quality Customer Service – adopted by all Government departments and public sector organisations under the Strategic Management Initiative – formed the template for the HSE's Customer Care Strategy. The principles of Quality Customer Service under this initiative are as follows:

- Quality Service Standards
- Equality and Diversity
- Physical Access
- Information
- Consultation and Evaluation
- Timeliness and Courtesy
- Complaints
- Appeals
- Choice
- Official Languages Equality
- Better Co-ordination
- Internal Customer

DECEMBER



Bereavement Support in University College Hospital Galway (UCHG)

The Obstetrics & Gynaecology department of UCHG has recognised the need for a dedicated space solely for the use of mothers and their families who experience bereavement after the birth, in late pregnancy or through a stillbirth, with empathy and support of staff.



Launch of GP Intern Pilot Project, Stranorlar Co Donegal

This innovative GP Intern programme introduced a GP rotation for graduates. This aims to provide a wider scope of training and following review may be introduced nationally.

A strategy has been drafted, including strategic objectives and an outline business/action plan. More than 45,000 queries were handled through the Customer Services Departments and Information lines in 2005.

Complaints

Under the Health Act, 2004 the HSE has to report on its performance in the management of complaints as required by the statutory framework for complaints. The regulations to implement the statutory framework have not yet been introduced. In 2005, the HSE, working closely with the Department of Health and Children and in partnership with staff representative organisations, produced draft policies and procedures for the management of complaints. Table 11 summarises the complaints handled by the HSE in 2005.

Table 11: Number of Complaints

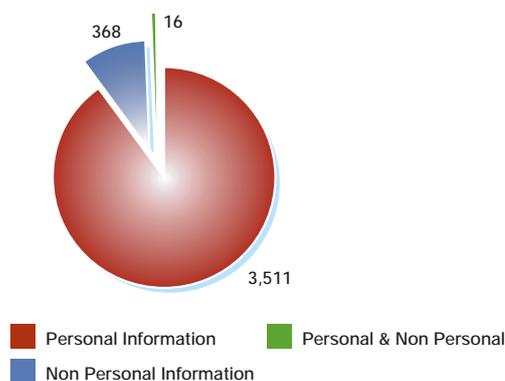
Acute Hospitals	2,241
Mental Health Services	271
Primary Continuing and Community Care	784
Other	353
Total	3,649

Freedom of Information

The HSE encourages a pro-active approach to the release of information through enhanced support for Freedom of Information, Data Protection and Complaints Management processes.

As shown in Figure 9, 3,895 Freedom of Information requests were received in 2005.

Figure 9: FOI Requests



Full release was granted in relation to 3,895 requests, while a further 560 requests were part granted. Requests were refused in 368 cases, the remainder 106 were withdrawn, 121 transferred to other bodies and 431 are currently pending. A total of 174 Freedom of Information Internal Review applications were received and 74 appeals were made to the Information Commissioner.

Communications

Media queries from regional, national and international media were responded to during 2005 on all HSE issues. The corporate identity was changed to the new HSE logo and a number of publications were produced. The communications function undertook a number of launches and advised staff on communications issues. Planning commenced during 2005 to establish a National Communications Unit.

REFORM AND INNOVATION

Strategic Planning and Reform Implementation (SPRi) Unit

During 2005, the HSE established a dedicated unit designed to support the organisation in advancing the health reform programme. The SPRi Unit will work with services by:

- analysing key practices and service shortfalls
- recommending to the CEO new and innovative solutions
- proposing how new development and other additional money received from Government and successful 'Value for Money' programmes should be allocated to maximise their impact.

The work of SPRi will commence in 2006. SPRi will focus primarily on projects that support greater integration so that people can access the services they need quickly and easily.

Expert Advisory Groups (EAGs)

During 2005, the HSE identified as a key priority the establishment of EAGs to play a central role in the reform and development of specific service areas. EAGs will provide an opportunity for front

DECEMBER



Oncology/ Haematology/ Radiotherapy Services
Cancer services in University College Hospital Galway improved significantly with the development of clinical radiation oncology services. A Haematology/ Oncology day ward was refurbished and extended, and a patient focus group was set up.



Continuous Ambulatory Peritoneal Dialysis
Peritoneal dialysis, a home-based treatment for patients with chronic kidney failure, was added to Renal Services at Merlin Park Hospital, Galway. This improves the quality of life for patients that previously had to spend hours travelling to and from hospital for dialysis.

line professionals and service users to bring their expertise and experiences to influence policy development in their specific area.

Initially five groups will be established to focus on the following areas:

- Older people
- Children
- Mental health
- Diabetes
- Accident and emergency

Figure 10: EAGs



Corporate Planning and Control Processes

This function is responsible for driving the cycle of corporate planning by adopting best practice processes and methodologies. It also provides a project management capability. Established mid 2005 it has achieved a number of key milestones during this period. These include completion of the Corporate Plan, the performance monitoring framework, preparation and approval of the National Service Plan 2006, agreement of 2006 performance measures and performance indicators. The Corporate Planning Governance Group will be a key driver of the planning agenda in the HSE and will ensure that a consistency of approach to planning is used.