Health Service Executive

Annual Report and Financial Statements 2009

Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Organisation at a Glance

4

There are four Cancer Control Networks, with eight Cancer Centres

50

Acute services are provided in 50 hospitals, delivered through 8 hospital groups, within 4 regions

32

There are 32 Local Health Offices (LHOs) across the country providing services to the community

650

We have over 650 health centres throughout the country

800

We have 800 facilities that provide community-based mental health services

219

We have 219 Primary Care Teams, with a further 184 in development by year end

11

We have 11 ambulance command and control centres co-ordinating pre-hospital emergency care services for 97 ambulance stations

10,310

We have 10,310 non acute public care beds, with 3,426 contract beds

Contents

Chairman's Statement

I am pleased to introduce the Health Service Executive's (HSE) fifth Annual Report which details many new initiatives and improvements in services during 2009. This Annual Report reviews the performance of the HSE during the year against our Corporate Plan 2008-2011, Capital Plan 2009, National Service Plan 2009 and provides detailed financial statements for the year.

Challenges and Achievements

The HSE is responsible for managing and delivering health and personal social services in Ireland. A growing and ageing population together with the current economic constraints present major challenges. However, they also reinforce the need to consolidate health gains and to improve efficiency and equity in the delivery of our health services.

The National Service Plan (NSP) 2009 was approved by the Minister for Health and Children in December 2008. It set out the services to be delivered in the year for the funding provided.

Achievement of NSP09 required the successful implementation of a number of key actions and business decisions to maximise efficiencies and reduce costs through a rigorous value for money programme.

The HSE substantially delivered upon its NSP09 commitments in terms of services, employment levels and funding. Service delivery was 3-4% ahead of target. A financial breakeven position was achieved for the year. An ongoing reduction in the numbers employed was achieved during the year resulting in an employment level of 2,047 below the approved ceiling at year end. Value for money targets set at the start of the year, as well as other cost containment measures identified during the course of the year, delivered savings of €115m.

Improving the Health of the Population

The HSE's strategic focus during 2009 remained on shifting the balance of care from acute to community services and, as can be seen from this Annual Report, significant progress has also been made in improving access to services.

The provision of timely, well integrated, professional and accessible services continues to improve. It is evident from key health trends over recent years that there has been significant improvement in the health of the Irish population.

Life expectancy has increased from one year below the EU average in 1999 to one year above. In the space of just ten years almost four additional years have been added to life expectancy in Ireland. Irish males can now expect on average to live until they are 76.8 years, while females can expect to live until they are 81.6 years. Death rates from diseases of the circulatory system have decreased by over 40%. The health services have played a major role in these remarkable improvements. The capacity of the health services has expanded and new and more effective methods of treatment continue to be introduced.

While we are healthier than ever before, there are some significant threats to our future health, particularly the twin diseases of diabetes and obesity. Smoking prevalence is around 24% and consumption of alcohol is one of the highest in Europe. However, the burden of ill health and costs to our health services from chronic disease has been reduced through the implementation of evidence based strategies including vaccinations, targeted cancer programmes and improved access to treatment.

Solid progress was made in all these areas during 2009.

Managing Performance

Significant progress was achieved in 2009 in developing frameworks, systems and processes to monitor and measure the performance of the HSE. Central to this was the development of a Joint Performance Information Framework with the Department of Health and Children which defines and utilises performance information for the benefit of both organisations.

The Corporate Plan 2008-2011 sets out the strategic direction for the HSE over the three year period. During 2009, as part of our governance framework the Board received its first progress report against this Plan. The second progress report has also been completed and is available on *www.hse.ie*.

Implementation of the Corporate Plan is through the Annual National and Regional Service Plans. During 2009 the Board received detailed monthly Performance Reports that monitored service activity, financial and human resource data and provided the Board with detailed information on progress against actions outlined in the National Service Plan.

Corporate Governance

The Board acts in accordance with its Code of Governance as specified in the Health Act 2004. This Code of Governance is comprised of a suite of inter-related documents that together form the HSE Framework for Corporate and Financial Governance which was approved by the Minister for Health and Children in March, 2008. It was formally launched during the year with all documents within the framework now published on the HSE website *www.hse.ie*. It is currently being updated to take account of revisions in the recently published updated Code of Practice for State Bodies and the changes being made to HSE corporate/organisation structures.

Acknowledgements

During 2009 the board met on 16 occasions and in addition a total of 29 meetings of the Board's committees were held. I would like to take this opportunity to thank all of the Board members for their commitment and valued contribution during 2009.

I would also like to thank the Government and in particular the Minister for Health and Children, Mary Harney, T.D. for their continued support to the HSE.

I would like to pay tribute to the Chief Executive Officer, Professor Brendan Drumm and his management team for their continued dedication in managing our health and personal social services during a very challenging year, and in difficult economic conditions.

Despite many challenges and difficulties, 2009 was a year of significant progress across many areas and I would like to acknowledge the efforts and commitment of all staff who made this happen.

Liam Downey
Chairman

Health Service Executive (HSE)

Board Membership

As at 31 December 2009

Mr. 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 a former chairman of the Irish Medical Devices Association and until March 2006, was a member of the Labour Relations Commission. He is a graduate of University College Dublin and a fellow of the Irish Management Institute.

Professor Niamh Brennan, a chartered accountant and chartered director, is Michael MacCormac Professor of Management at University College Dublin. She is academic director of the Centre for Corporate Governance at UCD. Professor Brennan chaired the Commission on Financial Management and Control Systems in the Health Service and chairs the Dublin Docklands Development Authority.

Mr. Pat Farrell is chief executive of the Irish Banking Federation, the principal representative body for banking and financial services in Ireland. Prior to this he held a number of senior executive appointments in the public and private sectors. He serves as Ireland chairman and a Trustee of Sightsavers International and is a member of the Financial Regulator's Industry Panel, the Department of An Taoiseach's IFSC Group and the Executive Committee of the European Banking Federation.

Professor Brendan Drumm is chief executive officer of the HSE. He is a medical graduate of the National University of Ireland, Galway and a fellow of the Royal College of Physicians of Ireland, The Royal College of Physicians U.K. and the Royal College of Physicians Canada. He is a former Consultant Paediatric Gastroenterologist at the Hospital for Sick Children in Toronto and Assistant Professor at the University of Toronto. He was subsequently Professor and Head of the Department of Paediatrics at University College Dublin and Consultant Paediatric Gastroenterologist at Our Lady's Children's Hospital, Crumlin where he also led an internationally recognised research group. Professor Drumm has authored more than 100 manuscripts, book chapters and reviews for publications such as the New England Journal of Medicine, The Lancet, the Proceedings of the National Academy of Sciences, and Gastroenterology.

Dr. Donal de Buitléir 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 Buitléir 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 'Towards 2016' and the Foundation for Fiscal Studies. He is a trustee of Eisenhower Fellowships and President of the Statistical and Social Inquiry Society of Ireland.

Mr. P.J. Fitzpatrick is the former chief executive of the Irish Courts Service. He was the first person to hold this position and implemented a major programme of change and modernisation, which transformed courts and courts administration nationwide. He was previously chief executive of the Eastern Regional Health Board, the largest health authority in Ireland at that time. He is a non executive director of the Commission for the Victims of Crime; and also of the Northern Ireland Courts Service management board; and Chair of its Audit and Risk committees. He is the Irish delegate on a Council of Europe Committee on the independence of the Judiciary. He holds an MSc in Management from Trinity College Dublin and is a member of the Institute of Directors Ireland.

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.

Mr. Joe Mooney is a retired senior official of the Department of Finance where he had extensive policy involvement in the health and social welfare areas. Previously, he worked on economic and taxation matters. He is a former member of the Pensions Board.

Mr. Willie O'Reilly is the chief executive of the National Radio station Today FM. During his time in radio, he has worked for RTÉ, Scottish Radio Holdings, Emap PLC and Communicorp Ltd. He was formerly a council member of the Royal Victoria Eye and Ear Hospital and President of the Institute of Directors. He is currently a director of the People in Need Trust and President of the Independent Broadcasters of Ireland.

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

Dr. Dermot Power is a consultant in geriatric medicine at the Mater Misericordiae and is Medical Director of St. Mary's Hospital Phoenix Park. A graduate of medicine in University College Dublin, his Membership of the RCPI was awarded in 1995 and an MD was awarded by UCD in 2001. He attained his Fellowship of the Royal College of Physicians of Ireland in 2006. Among his qualifications, he also has a Diploma in Management for Medical Doctors jointly awarded by the RCSI and Irish Management Institute. Dr. Power is a member of the British Geriatrics Society, Irish Gerontological Society, Irish Medical Organisation, and Royal Society of Medicine.

Professor P Anne Scott is professor of nursing and deputy president of Dublin City University and formerly held the post of 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 a member of the Governing Authority of Dublin City University, and a former member of the Board of the Health Research Board and the Board of Governors of St. Vincent's Hospital, Fairview.

Chief Executive Officer's Statement

High quality care starts with the commitment of our staff to helping and caring for others. We are fortunate in Ireland to have so many who willingly make this commitment.

Despite the many challenges, particularly those associated with making our financial and employment resources go further and implementing our transformation and reconfiguration agenda, our staff remained committed to the individual needs of our patients and clients during 2009.

This has been endorsed in public by many commentators who regularly highlight the care and compassion frontline staff apply to their work. Frequently this positive feedback is accompanied by comments that the difficulty can be getting into the health system in the first place.

Central to our vision for the future is easier access. By reorienting our service towards more community based care and empowering clinicians to apply their skills and expertise to the management and leadership of services we are making tangible progress in this direction.

The 2009 Euro Health Consumer Index (ECHI) shows that our health service has moved up 15 places in the European ranking since our Transformation Programme started in 2006. At the time (2006) our health service was ranked 28th out of 29 European countries. In 2009, we are now ranked 13th out of 33.

During 2009:

- More services were provided with proportionately less funding
- The number of patients waiting for inpatient and day case procedures continued to decline – compared to 2008 the number waiting over 12 months for inpatient care declined by 64% and 66% for day case care
- More procedures were carried out on a day case basis – up 7% on 2008 and up 32% since 2005
- For certain procedures in areas such as Ophthalmology, ENT surgery, 66% of activity was undertaken on a day case basis
- The number of new attendees seen in Outpatients Clinics increased by nearly 5%
- 98% of people with symptomatic breast disease classified as urgent are now seen within two weeks of referral, with 95% being seen within the 12 week target
- The number of operating Primary Care Teams exceeded our target reaching 219 at the end of 2009, with a further 184 in development
- New services were implemented with the essential support of new capital infrastructure; examples include the opening of new medical assessment units in Galway and Sligo, early childcare services in Mayo and outreach family support in Cork, a new Outpatient Department in Kilkenny, doubling our national bed capacity for child and adolescent inpatient facilities, new disability facilities in Athlone, community nursing units for older people in Dublin, a new palliative care suite in Tuam, and also the expansion of addiction counselling services in Cork.

Additional funding for specific new developments was made available by Government to progress childhood vaccinations, child and adolescent mental health services, disability services, implementation of 'A Fair Deal' – the nursing home support scheme, the National Cancer Control Programme and a range of other services.

In 2006 our target was to have nobody waiting in Emergency Departments (EDs) for more than 24 hours. Today our target is for all ED journeys to be competed in less than 6 hours from registration to discharge or admission. This is an ambitions target and most hospitals are achieving it. Where there are delays in EDs they are usually caused by delays in treating other admitted patients and discharging patient's home from wards. Under the *HSE Code of Practice for Integrated Discharge Planning, 2009* better internal processes, more rapid access to diagnostics and senior clinical decision makers are enabling us to address these delays.

The logistics of managing the Pandemic (H1N1) 2009 was a major undertaking. More than 800,000 people were vaccinated, mainly through 45 HSE mass vaccination clinics established across the country managed by 60 teams of staff and also through General Practice.

Progress on all our service developments identified in our National Service Plan 2009, specifically within the Care Group structures, are outlined throughout in this report.

Transparency

Providing the public with more information on the uses to which their taxes are being put is essential. In January 2009, we started publishing monthly Performance Reports detailing our financial, human resource and service performance.

In March 2009 we complemented this with the publication of the monthly HealthStat, which shows exactly how 29 of our acute hospitals are performing. In 2010 we will extend HealthStat to all hospitals and also to our community-based services.

During 2009 we also published the first ever six month review of our performance in relation to our Corporate Plan 2008-2011. The plan sets out what we are seeking to achieve by 2011.

The analysis showed that we have achieved 70% of our 2011 targets in 23 of the 35 representative areas. We are performing well in the level and speed of reduction in MRSA levels, childhood vaccination which is reaching 95% and the establishment of child and adolescent mental health teams. Areas that need focused attention include breast-feeding and caesarean section rates, disability assessment rates against regulations and ED experiences in selected hospitals.

All of these reports are available to the public on *www.hse.ie*

Publishing detailed performance data like this allows the public and media to critically study our strengths and weaknesses and we remain committed to continuing this unparalleled level of transparency which is essential for any modern health service.

Improving effectiveness

In recent years we have been making more effective use of taxpayers' money. We have been significantly reducing operating costs and increasing procurement efficiency across all business processes. In 2008 we delivered cost reductions in excess of €280 million without impacting on the level of services provided. Further progress was achieved in 2009 and we maximised every possible measure to protect frontline services; the 2008 €280 million in savings was maintained and costs were reduced by an additional €250 million. As well as these cost reductions, there is also evidence of significant management of the rate of cost growth. This type of non-pay cost avoidance in the HSE over 2008 and 2009 amounts to approximately €800 million. Managing cost growth and achieving these levels of savings, without materially reducing services while continuing to transform services, reflects the desire of staff to make things better for patients and clients.

Integration and Clinical Leadership

In October 2009 we streamlined some of our key management structures to facilitate far more integration between hospital and community services and devolve more decision making closer to the frontline.

The Directorates for National Hospital Office and Primary Community and Continuing Care established in 2005 came together as a single Integrated Services Directorate, with Regional Directors of Operations fully responsible for delivery of services within the 4 regions; HSE West, HSE South, HSE Dublin Mid Leinster and HSE Dublin North East.

Evidence shows that patient outcomes, safety, clinical effectiveness and financial management are better when clinicians are centrally involved in planning, managing and leading service delivery.

The establishment of the National Directorate for Quality and Clinical Care has enabled us to strengthen our clinical leadership. This initiative, coupled with the appointment of 49 Clinical Directors, represents a milestone in the role of clinicians in management and development of health care in Ireland.

National Care Group Leads for mental health, older people, disabilities and children and families services were also appointed to provide focused expertise and leadership in these very important service areas.

Teamwork

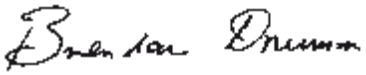
Operating, developing and modernising services is a team effort.

On behalf of the management team, I would like to thank the Board of the HSE and Mr. Michael Scanlan, Secretary General, Department of Health and Children and his officials for their support during the year.

I would like to pay tribute to the members of the senior management team for their ceaseless dedication. The team, like thousands of staff across the country, take the enormous responsibility and accountability for managing such a large complex organisation very seriously and I have greatly appreciated their commitment and support.

Finally, I would like to thank the staff of the HSE and those in HSE funded agencies, who continue to strive to improve access, quality and safety at every opportunity. This Annual Report reflects their contribution.

We have come a long way since 2005. I believe we are more than capable of going a lot further and ultimately transforming our health service into one that is on par with the best in the world.



Professor Brendan Drumm
Chief Executive Officer

Health Service Executive (HSE)

Senior Management Team

As at 31 December 2009

Prof. Brendan Drumm
Chief Executive Officer

Mr. Paul Connors
National Director, Communications

Ms. Laverne McGuinness
National Director, Integrated Services Directorate, Performance and Financial Management

Ms. Jane Carolan
National Director, Corporate Planning and Corporate Performance

Ms. Ann Doherty
National Director, Integrated Services Directorate, Reconfiguration

Mr. Michael Flynn
National Director, Internal Audit

Mr. Brian Gilroy
National Director, Commercial and Support Services

Dr. Barry White
National Director, Quality and Clinical Care

Mr. Liam Woods
National Director, Finance

Dr. Pat Doorley
National Director, Population Health

Mr. Sean McGrath
National Director, Human Resources

Prof. Tom Keane
Interim Director, National Cancer Control Programme

Our Organisation

Introduction

Our second Corporate Plan, developed during 2008, sets out our agenda for the three year period 2008-2011 and is guided by the following six Corporate Objectives:

- Health and Wellbeing
- Trust and Confidence
- Sustainable Services
- Quality and Safety
- Operational Excellence
- Unlocking our Potential

Our National Service Plans (NSP) sets our how we are going to deliver on these objectives on an annual basis, translating our strategy and vision into action.

This report describes progress against the 2009 NSP, what we have achieved as an organisation over the longer term, particularly since our establishment, and also where our direction continues to take us in order to achieve our vision for the Irish health services:

Easy Access

Public Confidence

Staff Pride

In line with our legislative requirements the Annual Report also reports on progress against our Capital Plan and provides detailed financial statements for the organisation.

Our Role and Structure

The HSE is responsible for managing and delivering health and personal social services in Ireland. It is the largest employer in the country with just under 110,000 staff and a budget of almost €14 billion.

In October 2009, the operational structure that existed since the establishment of the HSE, National Directorates for Hospitals and Primary Community and Continuing Care was amalgamated to form a single national Integrated Services Directorate (ISD). This directorate has responsibility for the delivery, reconfiguration, performance and financial management of all health and personal social services.

In order to deliver a uniform approach across the country, services have been organised within four regions:

- HSE Dublin Mid Leinster
- HSE Dublin North East
- HSE South
- HSE West

Each region is headed up by a Regional Director of Operations and operates within nationally determined priorities and parameters to deliver our services.

We have ensured continued focus on care groups (Older People, Children and Families, Mental Health Services and Disabilities) through the appointment of senior people at national level to ensure services to these populations are delivered in an optimal manner around the country. These new appointments work closely with the Regional Directors of Operations.

A Quality and Clinical Care Directorate has also been established at national level. This directorate strengthens clinical leadership and improves clinical performance, as well as supporting the working relationship between clinicians and managers right across the organisation. Population Health functions have been integrated into the QCC Directorate and into operational services at Regional level.

The support services of Estates, Legal Services, Contracts, Procurement and Information Communication Technology (ICT) came together to form a Commercial and Support Services Directorate to maximise efficiencies.

Our organisational structure can be seen in Appendix 1.

The Services We Provide

The services we provide in the community:

- Health promotion, prevention and protection services
- Primary and community care services
- Oral health
- Services for children and families
- Services for older people
- Palliative care services
- Services for persons with chronic illness
- Mental health services and suicide prevention
- Social inclusion services, and
- Services for persons with disabilities.

Services are also provided by independent contractors (e.g. general practitioners (GPs), pharmacists, optometrists, dentists), non-statutory, voluntary and community groups on behalf of the HSE.

Pictured at the launch were **Back** *(left to right): staff representatives – Michael Geraghty, Catering and Hygiene; Ger Shaw, Director of Nursing; Michael O'Brien, Deputy General Manager and Complaints Officer; Tony Canavan, General Manager; Stephen McMahon, Chairman, Irish Patients' Association; Michael O'Neill, Consultant Paediatrician; Ramona Neill, Clinical Nurse Specialist, Infection Control.*

Front *(left to right): Public Representatives – Mary Killeen; Anne McDonnell; Mary McGreal; Brendan Githrie; Michael Jordan; Michael Murphy.*

Patients Making a Difference – Patient Forum at Mayo General Hospital

A new patient Forum designed to enable patients, staff and members of the public to have a say in the quality of services being provided at Mayo General Hospital was launched by Stephen McMahon, Chairman of the Irish Patients' Association at the hospital in December 2009. The objective in setting up this Forum is to improve the services we offer to the people of Mayo through consultation with the service users and their representatives. The patient forum will provide members with an opportunity to exchange opinions on the type and quality of services being delivered. The new Forum is made up of 12 people – six members of the public and six hospital staff – and is representative of hospital service users, their carers and members of staff at the hospital.

Proposed topics over an initial two-year period include:

- Service trends/patient activity
- Planned services developments
- Quality of service, including measures of access to hospital services
- Patient satisfaction measurements and quality initiatives, and
- Patient and Carer feedback

The services we provide in our hospitals:

- Acute services are delivered through eight hospital groups, containing 50 acute hospitals. Acute hospitals provide a comprehensive range of assessment, diagnosis, treatment and rehabilitation services on a regional, supra-regional or national basis.
- More complex procedures are provided in supra-regional centres, including neurosurgery, cardiac surgery, complex cancer treatments and radiotherapy.
- Designated national specialist services incorporate areas of care such as heart lung/liver/renal transplantation, spinal injuries, paediatric cardiac services and medical genetics.
- In addition to direct service provision, there are a number of arrangements in place with other service providers in Ireland for the delivery of specific services, e.g. renal dialysis.
- Pre-hospital emergency care services (ambulance and emergency response services) are also provided.
- Hospitals also play a key role in undergraduate and post graduate training, the education of medical and health service professionals and essential clinical and related research with universities.

Listening to our Patients and Service Users

How to Contact Us

There are several ways to contact the HSE. If you are looking for information on local services, Area Directories are available from either our website *www.hse.ie* or by ringing our National Information Line 1850 24 1850. The Information Line operates from 8.00am-8.00pm Monday to Saturday. A sigma text-pad service is available where people with a hearing impairment can text their queries for a prompt response. Further contact details for individual hospitals and community services can be found in Appendix 2.

Table 1: Number of calls to HSE information line

	2008	2009	% change 2008-2009
No. of calls to Information Line	113,768	167,645	47%

Additional information can be found in Appendix 3.

At a national level, patients have been involved in several projects stemming from the roll out of the *National Strategy for Service User Involvement in the Irish Health Services* including:

- The development of best practice national guidelines for the establishment and development of service user panels in the Irish health services
- The HSE joint funding initiative: *www.hse.ie/eng/services/ysys/SUI/Library/participation/* (all evaluation bulletins are available on this link)
- The national strategy oversight implementation group and relevant subgroups
- A national Advocacy Programme Alliance established to develop advocacy for older people in residential care.

Many locations around the country now also have patient partnership committees or panels which provide opportunities for discussion and feedback. Giving a voice to those who use our services can become a catalyst for bringing about improvements. This is a very powerful kind of engagement.

Our organisation values the views of people who use our services, their families and the public.

This can be done in a number of ways:

Email: *yoursay@hse.ie*

Phone: Consumer Affairs on **045 880 400** or lo-call **1890 424 555**

or by completing feedback forms that can be found in all HSE locations.

Health and Wellbeing

Keeping People Well

We will invest in preventing illness; supporting, encouraging and empowering people to pursue independent, healthy and fulfilling lifestyles to reduce the likelihood of illness. We will ensure that early diagnosis, treatment and care options are available, if required.

During the summer, 500,000 youngsters participated in 2009 HSE Community Games with the finals held for the first time in a new state-of-the-art venue at the Athlone Institute of Technology.

A major vaccination campaign commenced in November 2009. In a two month period, over 800,000 people were vaccinated against Pandemic (H1N1) 2009 in Ireland.

Mental health is something we should take steps to protect in the same way we guard our physical health. A booklet on looking after your mental health is available at *www.healthpromotion.ie.*

Fast Facts 2009

- As of April 2009, 4.45 million people live in Ireland – (5.2% growth since 2006).
- 74,602 babies were born in 2009 (27% increase on 2005) and 29,400 people died during the year.
- Men should expect to live, on average, for 76.8 years, women 81.6 years.
- 90% of children received the MMR vaccine by their 2nd birthday.
- Over 800,000 people were vaccinated against Pandemic (H1N1) 2009 (Swine flu)
- Nearly 24% of our adults smoke, 39% are overweight, 23% are obese, and 22% report being physically inactive.
- Ireland is one of the highest consumers of alcohol in Europe.
- One in four (28%) of all injury attendances in our Emergency Departments were alcohol related.
- 80% of GP consultations and 60% of hospital bed days are related to chronic illness and associated complications.
- One in three Irish people will develop cancer during their lifetime.

Our Population

As of April 2009 the number of people living in Ireland reached 4.45 million – the highest level since 1861.

As our population profile is one of the youngest in Europe, we have a great opportunity to improve the health of young and middle aged people so that they will reach old age in a healthier state than previous generations.

Health of the Nation

The health of the nation continues to improve year on year. In the last published annual *European Health Consumer Index, 2008* which compares different countries' health services from the point of view of the healthcare consumer, Ireland was rated 13th out of 33 counties (28th out of 29 in 2006). In addition, the survey noted a particular improvement in health outcomes.

Much of the burden of illness, disability and death in this country is caused by chronic illnesses e.g. diseases of circulatory and respiratory systems and cancers. It is possible to reduce the risk factors associated with some of these illnesses by modifying our lifestyle behaviours to prevent illness, preventing complications among those who have already developed them and by increasing access to early treatment options.

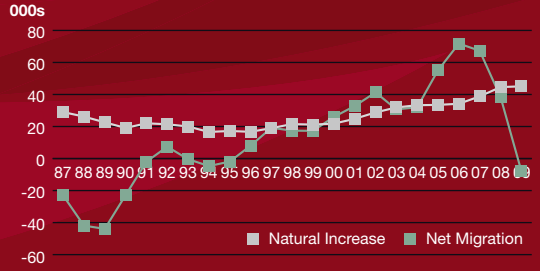
While we are healthier than ever, there are some significant threats to our future health, particularly the twin epidemics of diabetes and obesity which have the potential to halt or even reverse the current favourable trends in heart disease rates. Other significant problems include smoking prevalence and our consumption of alcohol which is one of the highest in Europe. Additional information on the health of the nation can be found on *www.factfile.ie*

In 2009, we continued to reduce the burden of ill health and cost to the health services from chronic disease through implementing evidence-based strategies such as vaccinations against infectious diseases, smoking reduction measures, developing our cancer screening services and increasing access to treatment at an appropriate level.

Our Changing Population

- The number of births continues to increase, with 74,602 babies born in 2009, an increase of 27% on 2005 figures. This level of births continues to place significant demands on our maternity services.
- The 0-4 age group increased by 2.8% since last year which impacts on demand for services such as immunisations.
- The 65+ age group increased by 2.8% on last year. This older population has increasing demands for services with increases in incidence of chronic illnesses such as diabetes, heart failure, kidney disease etc
- The death rate for Ireland continues to fall steadily with a consequential increase in lifespan.
- Health status in Ireland is at an all time high with particularly significant improvement in recent years.
- Life expectancy at birth has increased by about three years over the course of a decade. This means that we have come from being close to the bottom of the EU league table for life expectancy to a position close to the EU-15 average.
- Ireland has made significant strides in lowering its under 5 mortality rate and at 3.7/1,000 live births in 2008 (UNICEF estimate) it is the 6th best performer in the EU 27.
- The rate of premature deaths has also declined rapidly and is now lower than the EU-15 average.
- Infant death rate is taken to reflect the underlying health and wellbeing of a population. Our infant death rate, which for many decades has been good by international standards, has fallen to an all time low at 3.7 per 1,000 live births, which is below the EU-15 average.
- For the first time since 1995, Ireland has seen net outward migration, contributed to by a decline in immigrants to Ireland, and an increase in the number of emigrants from the State.Although we now have net migration, our population is still culturally diverse and comprises a range of ethnic minority communities who are living and working throughout the land. Not only are they users of our health services but they also account for 10% of our staff.

Figure 1: Components of population growth 1987-2009



Promoting Health

Promoting the health of our population remains a priority for us. In 2009 we focussed on initiatives that promoted health and wellbeing in the areas of:

- Men's health
- Alcohol and drug awareness
- Supporting people to increase their physical activity
- Sexual health and reducing sexually transmitted diseases, particularly in young people
- Maintaining a positive attitude to mental health
- Encouraging people to develop healthy eating habits
- Supporting people to stop smoking
- Improving breastfeeding rates
- Improving oral health, particularly in children
- Improving communication of health messages by developing tools for multilingual aid and literacy

Some of the initiatives to keep people well in 2009 included:

Men's Health

The first ever *National Men's Health Policy 2008-2013* was published in January 2009 with the aim of promoting optimum health and wellbeing for all men in Ireland, while integrating a health promotion and preventative approach in the delivery of services. In Ireland, male life expectancy is almost five years lower than female's and men experience higher death rates for all leading causes of death, than their female counterparts. The new policy addresses the different challenges that men face in managing their health, and provides a blueprint to service providers across a number of sectors to support men to take increased responsibility for their own health.

In 2009, The Centre for Men's Health, Institute of Technology Carlow, in partnership with the Men's Development Network, Waterford, developed a two-day men's health training programme that was piloted and evaluated with a number of groups, including trainee GPs, nurses, community workers and health promotion staff. The training draws on a variety of methodologies in promoting best practice when working with men. This important work will be further expanded in 2010.

Tooth Decay in Children

A comprehensive, evidence-based guideline on the prevention of tooth decay in Irish children was launched in September 2009. The guideline was developed as part of the Irish Oral Health Services Guideline Initiative, a collaborative project funded by the Health Research Board and involving the Oral Health Services Research Centre, Cork, the HSE dental service and the UK Cochrane Centre.

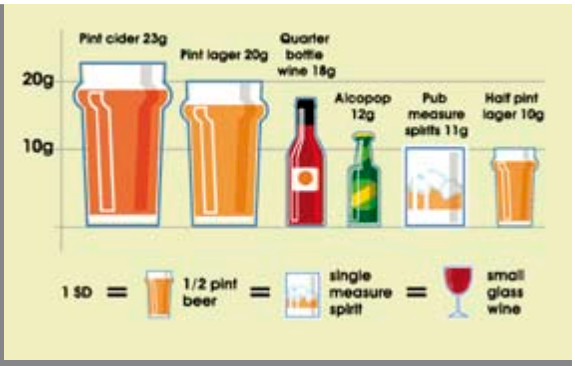
Fintan Hourihan, CEO, Irish Dental Association; Teresa Maguire, Health Research Board; Professor Helen Whelton, Oral Health Services Research Centre, Cork and Catherine Murphy, Health Promotion at the launch on the prevention of dental caries.

Little Steps

Little Steps aims to provide parents with information and support to make small changes to improve their children's diet and increase their levels of physical activity. Research carried out in 2009 on the campaign that ran in 2008 suggests that parents are making positive changes in these areas of their children's lives. It also highlights that 37% of parents reported a decrease in the amount of time children are spending playing computer games, compared to 27% in May 2008. In addition, 75% of parents said they are encouraging their children to reduce or avoid foods containing sugar including sweets, biscuits and chocolate, compared to 67% in May 2008.

HIGHLIGHTING PROGRESS IN 2009 – FOCUS ON ALCOHOL

In September the HSE Alcohol Implementation Group published a report on A Standard Drink in Ireland: What Strength? Existing labelling policies prevent us knowing how much pure alcohol is contained in various products. Using this report you can calculate more precisely your alcohol intake. It also recommended that it would also be very helpful to have calorie information on labels as alcohol is a major source of uncounted calories for many people.



HIGHLIGHTING PROGRESS IN 2009 – FOCUS ON SMOKING

Campaign Research Shows Parental Smoking Major Influence on Children

In May 2009, the results of new research were announced as part of the HSE National Health Promotion Tobacco/ Smoking Cessation Public Awareness Campaign to help adults to quit smoking. The research showed that:

- The incidence of smoking increases greatly where both mother and father smoked.
- 48% of the population are either past or current smokers but this rises to 62% where both parents smoked.
- Of the 48% of current or past smokers, 78% grew up in a house where either parent smoked. Compared with the 52% of non-smokers, 60% had one parent who smoked whereas 40% had parents who did not smoke.
- 67% of smokers began smoking before 18 years of age with 19% starting before 14 years of age.
- 55% of current or past smokers say their mum strongly disapproved of their smoking compared with 43% of their dads.
- Approximately 1 in 10 claim their parents approved of their smoking.
- Of current and past smokers, only 57% of their mothers and 46% of their fathers talked to them about the impact smoking can have on their health.
- Only 50% of current smokers with dependant children say that they would be very likely to give up smoking if they felt their own smoking would encourage their children to smoke, a further 23% would be somewhat likely.
- However, 28% say they are not likely to give up smoking even though this may encourage their children to smoke.

A new smoking cessation website has been developed *www.giveupsmoking.ie* as part of the campaign, and a range of information material is also available, including a plan to help people quit smoking. Smokers trying to quit can call the National Smokers' Quitline on callsave 1850 201 203 to speak to an advisor or get in contact with the HSE to find out about local give up smoking services. The National Smokers' Quitline is managed by the Irish Cancer Society on behalf of the HSE.

Other initiatives associated with reducing the incidence of smoking included:

- Connolly Hospital in Blanchardstown became the second hospital in Ireland to introduce a smoke free campus policy. The policy pledges a commitment from the hospital to address smoking as a healthcare issue and establishes the hospital's campus as a smoke-free zone.
- Under measures introduced in July 2009, all those who sell or intend to sell tobacco products by retail – whether over the counter or from a self-service vending machine – have to register with the Office of Tobacco Control. Environmental Health Officers (EHOs) across the country are committed to enforcing this legislation and are working with retailers and licensed premises in building compliance with these new provisions by providing advice and information. The changes will support other legislation introduced – removing all tobacco advertising where tobacco products are sold, as well as introducing stricter controls on cigarettes being sold from vending machines and stronger sanctions on those retailers who do not comply.

HIGHLIGHTING PROGRESS IN 2009 – FOCUS ON PHYSICAL ACTIVITY

HSE Community Games 2009

Almost 9,000 children and young people from all around the country took part in the 2009 National Finals of the HSE Community Games in Athlone Institute of Technology, which took place on one weekend in May and two weekends in August.

Over 500,000 children and young people from across Ireland take part in the HSE Community Games every year making it an essential part of the Irish summer.

The HSE and Community Games partnership highlights the importance of healthy lifestyle choices for all the family. Health promotion staff from the HSE attended the National Finals to provide helpful tips for eating well and staying active. This year, a special healthy smoothie was created for the HSE Community Games for all the participants to enjoy. HSE smoking cessation officers were also available to talk to anyone wishing to stop smoking, or to get advice on deterring their children from picking up the habit.

The motto of the Games is 'A healthy mind in a healthy body', a sentiment which reflects the health promotion aim of the HSE. Parents and children were offered advice on eating well, keeping active and staying healthy. Through initiatives like 'Little Steps' and 'Get Ireland Active', we offered tips and advice for all the family to look after their health by making small changes such as choosing healthier options, and increasing activity levels. The HSE Community Games are a great way for children to stay healthy, while making new friends and enjoying themselves.

Other initiatives during 2009 for physical activity included:

- The National Guidelines on Physical Activity for Ireland – 'Get Ireland Active' was launched. This highlights that being physically active is one of the most important steps we can take to improve our health. The guidelines recommend that in general we should do 30 minutes of moderate activity five days a week. If we did that there would be fewer people with chronic disease and health costs would be lower. Visit the web site *www.getirelandactive.ie* to remind yourself about the great health benefits of regular exercise.
- An advisory statement on cardiac risk assessment of those involved in sport and exercise was agreed between Irish Sports Council, Irish Cardiac Society, Irish Heart Foundation and Irish College of General Practitioners.

Flu Facts 2009

- 4,521 confirmed cases of Pandemic (H1N1) 2009 were notified in Ireland in 2009
- 80% of these cases were patients under 35 years of age
- 23% (1,034) of confirmed cases were admitted to hospital, with just over 8% (87) needing admission to an Intensive Care Unit
- It is estimated that just under 5% of population had the disease and a further 10% may have had the disease sub-clinically
- 43% of hospital admissions had a pre-existing clinical condition
- 22 people in Ireland with confirmed cases died during the year
- Internationally, over 12,220 people died of Pandemic (H1N1) 2009 during the year
- A major vaccination campaign commenced in November 2009. In a two month period, over 800,000 people were vaccinated against Pandemic (H1N1) 2009 in Ireland
- 45 HSE mass vaccination clinics were established nationally, managed by 60 teams of staff

Preventative Medicine

In addition to promoting and supporting a healthy lifestyle for the population as a whole, it is important to introduce specific measures to prevent illness and disease.

Pandemic (H1N1) 2009 (Swine Flu)

2009 was the year that saw Pandemic (H1N1) 2009, a new form of influenza, spread throughout the world.

In early summer 2009, the World Health Organisation declared a pandemic as the new flu virus was spreading and causing disease in many parts of the world. The HSE National Crisis Management Team was established to oversee the national response, working closely with Department of Health and Children and other agencies and regional crisis management teams who were tasked with managing the local response.

During the initial phase, our health system in Ireland focused on slowing the spread of the virus – placing people with flu in isolation at home and asking their close contacts to self-isolate and take anti-viral medicine as a preventative measure. However, cases began to increase as the flu began to spread from person to person within Ireland.

In July 2009 we shifted our focus to mitigation rather than containment, applying our resources to ensure that those people who contract the flu could easily access the correct advice to take care of themselves, to stop the flu from spreading to others, and to access medicine if they needed it. It was identified early on that for the majority of cases, most people who contract this flu and followed the HSE's simple home care advice, were able to recover at home without needing anti-viral treatment. Treatment with anti-viral medicines and laboratory testing in this phase was focused on people with severe symptoms and people in high-risk groups, such as younger children, pregnant women and those with underlying diseases.

A nationwide vaccination campaign commenced at the beginning of November 2009. Using a variety of delivery methods – GP, mass vaccination clinics and school vaccination clinics, the vaccine was administered in phases and offered to high risk people first and their household contacts, along with healthcare staff and other essential workers. This was quickly followed by children up to 18 years of age, adults 65 years and over, and then the rest of the population.

A major communications campaign *'It Stops With You'* supported the process, running across national and local radio, web, print and mobile media, offering advice and information on the flu, symptoms and care, and on where and when to obtain the vaccine.

In total, over 800,000 people were vaccinated against Pandemic (H1N1) 2009 in Ireland.

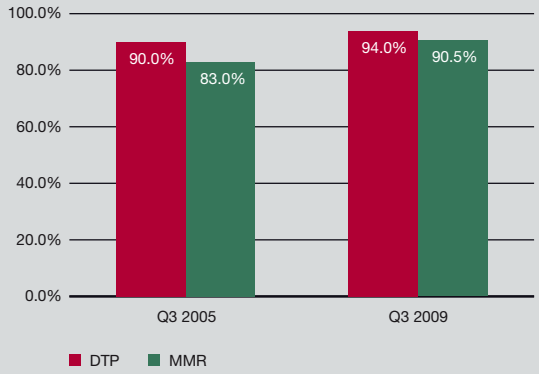
In addition to the specific form of influenza pandemic, an annual influenza vaccine is recommended for all persons aged 65 years and over. Influenza vaccination is thought to reduce influenza related deaths by 70-80% in the elderly. Data on the numbers of our elderly population who receive the vaccine is reported a season in arrears. During 2006/07, 61% of those over 65 who also held a medical/GP card received a vaccination. In 2008/09 this rose to 71%.

Immunisation

Another cohort of our population to protect is our children. Children are given a number of vaccinations in early infanthood to protect them from Diphtheria, Tetanus, Pertussis (DTP combined), Polio, Influenza, Meningitis, Measles, Mumps and Rubella (MMR combined). The national immunisation uptake rates for children at 24 months of age for the third dose of DTP were 94% (up from 90% in 2005) and 90.5% for MMR (up from 83% in 2005).

During April to June 2009, an MMR vaccination campaign targeting 4th, 5th and 6th year second level pupils took place in response to a Mumps outbreak. 85,000 were vaccinated, an uptake of around 75%.

Figure 2: National Immunisation Uptake rates for children aged 24 months



Health Protection Surveillance

Working in partnership with health service providers and sister organisations around the world, we endeavour to protect and improve the health of the Irish population by collating, interpreting and disseminating data to provide the best possible information on infectious disease. This is achieved through surveillance, independent advice, epidemiological investigation, research and training.

Initiatives in 2009 included:

- Publishing HIV and AIDS figures for 2008 which showed 405 newly diagnosed cases of HIV in Ireland during 2008 – a 3.6% increase compared with 2007 – and 28 new cases of AIDS. However, the number of patients presenting with an AIDS related illness continues to decline, reflected in the sustained drop in reported AIDS cases since 2003. The number of AIDS related deaths has also declined and these trends are welcome and suggest that individuals are accessing care and treatment early which in turn improves clinical outcomes and life expectancy.
- We urged parents to get their children vaccinated against measles following a national outbreak of the disease which commenced in August 2009. By November, 75 cases were reported compared to 50 for the same period in 2008. Most cases (80%) involved patients less than 10 years of age, with 30% aged 1-2 years of age. The majority of cases occurred among children from the Traveller community.

Maintaining Your Mental Health

During periods of sharp and sustained rises in unemployment, people out of work are three times more likely to consider suicidal behaviour.

The National Office for Suicide Prevention, in conjunction with a number of other agencies, produced 100,000 information leaflets and 100,000 pocket information cards on *'Looking after your Mental Health in Tough Economic Times'*. The cards include basic tips about trying to cope in difficult times.

Other initiatives implemented in 2009 included:

- A resource entitled Suicide Prevention in the Workplace was produced. It contains practical information and guidance for workplaces and organisation who may need to respond to and support those at risk. Suicide prevention training is being targeted at agencies including the Money Advice Budgeting Service, Citizen's Information Centres and the Department of Social Community and Family Affairs and well as our own staff.
- A campaign was launched our Mental Health which included the development of a website *www.letsomeoneknow.ie*.
- A dedicated and moderated Bebo page was developed. *www.bebo.com/yourmentalhealth.*
- A national attitude survey Young People and Mental Health was developed and is available on *www.nosp.ie*.
- A project between the Regional Suicide Resource Office, HSE South and the Defence Forces Southern Brigade targeted at addressing the issue of suicide prevention within the Defence Forces. The project provides training to key personnel across the areas of prevention, intervention and postvention, along with the development of policies to support the Defence Forces in responding to suicidal incidents as they may occur.

Early Diagnosis/Early Treatment

Identifying disease at an early stage helps us to explore and initiate early treatment options in order to get the best possible outcomes for our patients. It is also important to develop services that can respond rapidly to situations that require a medical intervention.

Pre-Hospital Care

2009 saw the development of the Advanced Paramedic services at strategic locations across the country:

- Cavan/Monaghan
- Clare/Tipperary
- West Cork

Advanced paramedics are qualified paramedics and specialists in pre-hospital emergency care who have at least six years experience in the ambulance service. They are able to perform additional lifesaving procedures at the scene of an emergency including intubation, cardiac resuscitation, administer intravenous fluids, chest decompression, administration of specific medications and drugs for pain management and cardiac conditions.

During the year, 21 Emergency Medical Technicians completed their training and a further 41 commenced training to be completed in early 2010.

Cancer Services

In developing essential cancer services:

- Rapid Access Clinics for lung cancers were opened in Dublin (Beaumont, St. Vincent's and St. James's Hospitals) and Waterford, with Rapid Access Clinics for prostrate cancers opened in Dublin (St. James's and St. Vincent's Hospitals) and Galway.
- GPs have been supported in the community to speed up referral processes and aid surveillance of the disease.
- Breast and cervical services (BreastCheck and CervicalCheck) extended the through the National Cancer Screening Service (NCSS) which will become part of the HSE National Cancer Control Programme in 2010.

Freda Prendergast, Health Care Attendant, Carmel Murphy, Assistant Staff Officer, Prof. Tom Keane, Interim Director NCCP, Moya Power, Advanced Nurse Practitioner, Urology and Therese O'Connor, Staff Nurse at the official opening of the new Rapid Access Prostate Cancer Clinic in Galway University Hospital

Additional information on progress in developing our cancer services can be found on page 46.

Other Developments

Examples of other developments to diagnose or support early treatment included:

- Developing diabetic retinopathy screening programme in the HSE West.
- Undertaking an audit on colonoscopy services in preparation to support a target of under 4 weeks to appointment post referral for urgent cases.
- A total of 27,000 transition year students from 367 schools were trained during the year in cardiopulmonary resuscitation in partnership with Irish Heart Foundation.
- A Sudden Cardiac Death Register in the Young was commenced in order to develop surveillance systems for the early identification of cardiac diseases such as cardiomyopathy in young people.
- A new initiative commenced in hospital emergency departments (EDs) in December 2009 aimed at early intervention to reduce the number of people progressing to alcohol dependence. EDs are a good setting in which to screen for harmful and hazardous drinking patterns. Everyone attending the ED in Waterford Regional Hospital, Naas General Hospital, Letterkenny General Hospital and Cork University Hospital are asked about their drinking patterns. If it is identified that attendees have hazardous drinking patterns, they are offered advice and information.

Managing Chronic Illness

The burden of managing chronic illness is increasing year on year. Over one third of the Irish population report having a chronic illness and the proportion increases with age. During 2009 we concentrated our efforts on developing a programmatic approach to manage the priority areas for chronic illnesses e.g. cardiovascular illness including heart failure and stroke; chronic obstructive airways diseases such as asthma; mental health illnesses such as depression; epilepsy and diabetes. Additional information on these programmes can be found on page 49.

It has been proven that the burden of ill health and cost to the health services from chronic disease can be reduced using evidence-based strategies such as vaccination against infectious disease, smoking reduction measures and access to treatment at an appropriate level of care. We will:

- Continue to change the way services are delivered to ensure that more people are cared for in the community through integrated services.
- Continue to tackle the key risk factors to prevent illness and reduce the burden of disease.

Ciara Heverin and Helen Burke accepting the Irish award.

Galway Diabetes Team Wins Award

An education programme called BRUCIE (Better regulation using carbohydrate and insulin education) commenced in Galway University Hospitals in 2008. BRUCIE is an education programme delivered to young people with diabetes in order to support them with their eating habits, to develop the necessary skills and knowledge to understand which foods affect their blood sugars and therefore achieve better glycaemic control. BRUCIE is a one-day practical education session given by a diabetes dietitian and an advanced nurse practitioner in diabetes. Follow-up is provided at three months, six months and yearly.

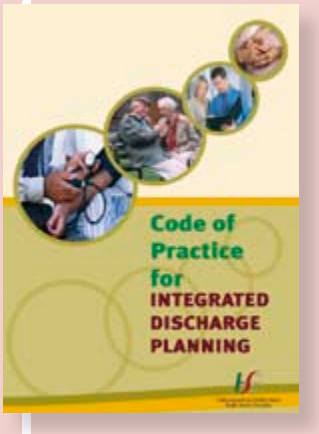
BRUCIE has won the educational category for the Lilly Abracadabra Award 2009 in the UK and was the runner-up in the Irish competition, 2009. In addition to the programme being run monthly, evening education sessions are also provided for parents of adolescents who have attended a BRUCIE programme. BRUCIE involves enabling the adolescent with diabetes look after their diabetes, with support from their parents.

Trust and Confidence

Improving Access to Our Services

We will build the public's trust and confidence in our health services through the provision of timely, well integrated, professional and accessible services. We will make it easier for people to access the right service, in the right place, at the right time.

In 2009 we engaged in a comprehensive process of literature review, consultation, workshops and focus groups which has resulted in the development of a National Code of Practice for Integrated Discharge Planning.



Guidelines for Nurse/ Midwife Facilitated Discharge Planning were also published in June 2009.

Turning the sod at Letterkenny General Hospital – new Medical Assessment Unit, ED and medical wards.

Fast Facts 2009

- Over 931,000 contacts were made during 2009 with our GP out of hours services
- 72% of population have access to formal GP out of hours service
- Over 1.1 million attendances were recorded at our Emergency Departments (EDs)
- A reduction of 28% in people waiting >6 months for day case treatment since 2008 and a 66% reduction in those waiting >12 months
- A reduction of 25% in people waiting >6 months for inpatient treatment since 2008 and a 64% reduction in those waiting >12 months
- Our acute hospitals have on average an 89.3% occupancy rate which is almost 4% higher than last year
- 75.5% of all inpatient stays were in respect of public patients
- Almost 3.7 million bed days used with an average length of stay of 6.2 days
- Our Outpatient Departments had a throughput of over 3.3 million attendances; 900,000 of these were new attendances in 2009 which is a 4.8% increase on the previous year with over 2.4 million return attendances
- 18,830 patients received orthodontic treatment with 4,803 patients completing their treatment

In order to continue to build the public's trust and confidence in our health services, we are improving on our provision of timely, well integrated, professional and accessible services. It is important that it is easy for people to access the right service, in the right place, at the right time.

Code of Practice for Discharge Planning

A number of reports have highlighted the need to improve the internal hospital organisational factors that influence length of stay, bed occupancy and bed utilisation. This includes the configuration of ward rounds, introduction of discharge planning and multi-disciplinary working to reduce delay in assessment and discharge and the need to clarify roles and responsibilities to ensure safe, seamless and effective care.

We have over the past year engaged in a comprehensive process of literature review, consultation, workshops and focus groups resulting in the development of a *National Code of Practice for Integrated Discharge Planning*. Implementation of the Code commenced in 2009 in five pilot sites which had very positive results. This code is now being applied nationally.

In supporting the implementation of the HSE Code of Practice for Integrated Discharge Planning, Guidelines for Nurse/Midwife Facilitated Discharge Planning were also produced. While decisions to admit and discharge remains the responsibility of the patient's consultant/ medical team, these guidelines support and formalise existing discharge planning practice while providing a template for local guidelines.

Emergency Department (ED) Performance

In February 2009 we began collating data on ED patient experience time. This involved taking a sample of data from hospitals of patients discharged from EDs within two 2 hour timeframes each day. A total of 25 hospitals collated data throughout the period February-December 2009. Approximately 39,000 patient experiences were recorded. This data indicated:

- 87.3% of all ED patients were seen within the target of 6 hours
- 55% of admitted ED patients were admitted within 6 hours
- 93.6% of non-admitted patients were discharged within 6 hours.

In 2009, 17% or 33,509 patients (of all emergency admissions) admitted through our EDs had a stay of less than 24 hours. 29% or 56,312 emergency patients (of all emergency patients) had a stay of less than 48 hours.

We are implementing measures that reduce the number of people admitted through ED for very short periods, through increasing access to specialist skills and senior clinical decision making in Medical Assessment Units, diagnostics and other ambulatory care services.

Five sites working under the auspices of the ED Forum have piloted initiatives aimed at improving patient flow from EDs to wards. This has shown significant potential and is due to be evaluated early in 2010 to systemise the learning.

Table 2: Waiting lists as of November each year

	Waiting > 6 Months			% Var 2007 V 2009
	2007	2008	2009	
Day Case	7,995	5,751	4,133	-48.3%
Elective Inpatient	5,643	4,457	3,336	-40.9%

	Waiting > 12 Months			% Var 2007 V 2009
	2007	2008	2009	
Day Case	3,467	1,372	464	-86.6%
Elective Inpatient	2,455	1,217	437	-82.2%

Waiting Lists

National waiting lists are managed by the National Treatment Purchase Fund (NTPF). Patients are placed on the national waiting list three months after they have been referred for treatment.

- There has been a 28% reduction in our **day case** waiting lists from 2008 for patients waiting >6 months and a 48% decrease since 2007
- In respect of day case waiting lists for patients waiting >12 months there has been a 66% decrease since 2008 and an 87% decrease since 2007
- Elective **inpatient** waiting lists >6 months have decreased by 25% since 2008 or 41% since 2007
- In respect of those waiting >12 months there has been a 64% decrease since last year or an 82% decrease since 2007

An incentive scheme for hospitals who consistently achieve waiting time targets was announced in late 2009 for implementation in 2010.

New guidelines on the introduction of common waiting lists for patients referred by their GP for diagnostic examination or treatment were issued to all acute hospitals in 2009. All patients (public or private) requiring diagnostic or treatment procedures following an outpatient consultation must now be placed on a common waiting list if there is a waiting period for access to the procedure. Patients must be called from the waiting list (regardless of public or private status) strictly in accordance with the following criteria:

- In order of clinical priority, followed by
- Length of waiting time.

Strict adherence to these guidelines is a requirement under the Consultants Contract 2008.

Community Waiting Lists

A pilot project commenced during 2009 to undertake an assessment of speech and language and physiotherapy waiting lists.

Figure 3: Waiting more than 6 months

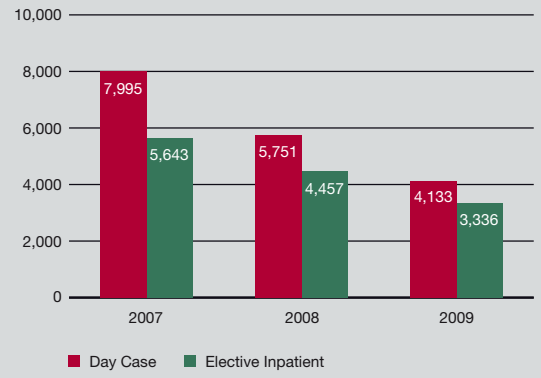
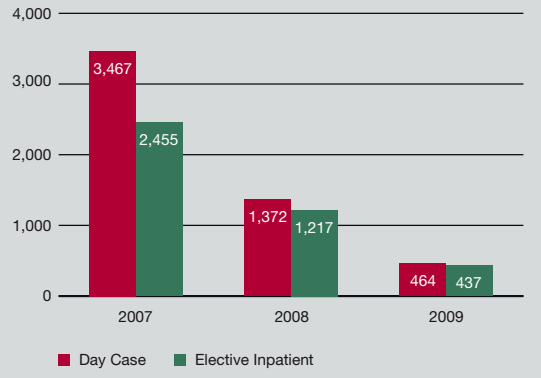


Figure 4: Waiting more than 12 months



Community Child and Adolescent Mental Health (CAMH) Services

All CAMH teams screen referrals received, those deemed to be urgent are seen as a priority while those deemed to be routine are placed on a waiting list to be seen.

50 Community CAMH Teams reported a total of 2,608 children and adolescents waiting to be seen at the end of December 2009:

- 907 (35%) waiting less than 3 months
- 516 (20%) waiting between 3-6 months
- 623 (24%) waiting between 6-9 months
- 562 (22%) more than 12 months

Figure 5: Number of children/adolescents waiting for community CAMH Teams

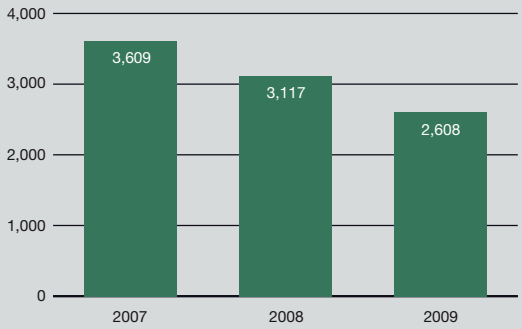
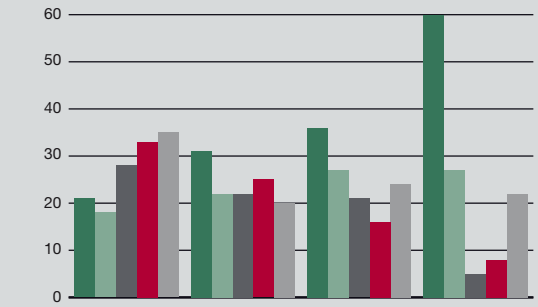


Figure 6: Waiting lists for community CAMH Teams



	0-3 mths	3-6 mths	6-12 mths	12+ mths
South	21%	31%	36%	60%
West	18%	22%	27%	27%
DNE	28%	22%	21%	5%
DML	33%	25%	16%	8%
Total	35%	20%	24%	22%

Gary Courtney, Clinical Director at St. Luke's General Hospital, Minister Mary Harney and Anne Slattery, General Manager.

St. Luke's Unveils New Outpatient Department

A new outpatient department was opened at St. Luke's General Hospital in Kilkenny through an investment of €6.4 million. This new OPD will service the 53,000 people from Carlow-Kilkenny who attend St. Luke's on an outpatient basis each year. The new building provides modern facilities, improved clinical space and comfortable waiting areas. Space has also been allocated for a cafe for use by patients and visitors. These new outpatient and day services will minimise the need for unnecessary hospital admission for diagnostics and other minor procedures.

This represented a decrease of 509 (16%) from the total number waiting at the end of November 2008 and a decrease of 1,001 (28%) from the first complete survey of waiting lists in March 2007.

Based on 6 months of data collected from July to December 2009, the average performance of the 50 Community CAMH teams on the % of new cases offered a first appointment within 3 months of receipt of referral was 67%.

Services include the provision of assessment of emergency, urgent and routine referrals and outreach to identify severe or complex mental health need especially where families are reluctant to engage with mental health services. The majority of cases are managed in a community team setting.

The ultimate target is that 100% of children referred will be seen within 3 months. This will be achieved through the elimination of existing waiting lists and a gradual progression of meeting an initial target of 70% next year with a target of 100% being achieved over the next 3 to 5 years.

Community Intervention Teams (CITs)

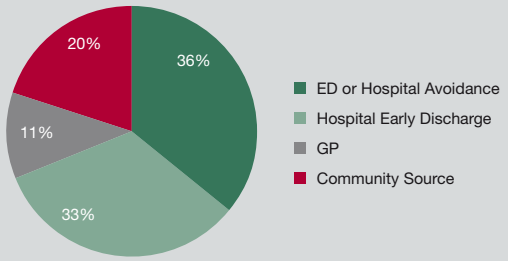
CITs provide a rapid response to patients from community services where it is deemed medically suitable that their treatment of care can be provided in a home setting. They consist of teams of health professionals (general nurses, public health nurses (PHNs), home help services) which can be accessed by participating General Practitioners (GPs) and EDs. This staffing complement is spread over a seven-day service, between the core hours of 8.00am and 10.00pm.

CITs are currently being streamlined into core community services such as Primary Care Teams (PCTs) and will be targeted at areas with greatest delayed discharges and admission avoidance challenges.

We have four CITs based in Dublin North, Dublin South, Limerick and Cork. A breakdown of referral by source for patients seen between January and May 2009 demonstrates their contribution towards early discharge from hospital and admission avoidance:

- 836 patients (36%) were accepted following referral from EDs or hospital avoidance

Figure 7: CIT patient uptake 2009



- 757 patients (33%) were accepted by CITS on their early discharge from hospital
- 264 patients (11%) were accepted by CITs following referral by their GP
- 458 patients (20%) were accepted by CITs following a referral from the community (such as a PHN)

We intend to enhance the role of CITs through reconfiguration of our services during 2010.

Photo from left: Mary Harney, TD, Minister for Health and Children; Bridget Howley, General Manager; Dr. Pat Nash, Medical Clinical Director; Dr. Tim Counihan, Consultant Neurologist; and Mr. Jack McCann, Clinical Director.

New Medical Assessment Unit opens in Galway University Hospital

This objective of this Medical Assessment Unit is to fast-track the assessment of patients presenting with acute medical problems and to facilitate early diagnosis and initiation of appropriate treatment. The unit will help to facilitate early discharge of patients and help reduce the volume of medical admissions and/or shorten the length of time patients spend in hospital. This purpose-built Medical Assessment Unit has an 11-bay assessment unit and two single isolation bays with access for those requiring admission to a dedicated 8-bed medical admissions area.

At the Opening of the new Acute Assessment Unit at Sligo General Hospital were (left to right): Dr. Jimmy Devins, TD, Minister for Science, Technology and Innovation; Sheila Smith, General Manager, Sligo General Hospital; Mary Coughlan, TD, An Tánaiste and Minister for Enterprise, Trade & Employment and Cllr Jude Devins, Chairman, Sligo County Council.

New Acute Assessment Unit opens in Sligo General Hospital

This Acute Assessment Unit provides for the care of acute medical and surgical patients referred to Sligo General Hospital by their GPs and functions as the interface between primary care as the first point of contact and inpatient care in the rest of the hospital. It provides the most appropriate environment for these acute patients to be assessed, their condition stabilised and treatment initiated prior to either being transferred to another bed within the hospital or being discharged. In achieving this, it ensures that patients have access to the right care, at the right time, in the right place and delivered by the right people. It operates from 8.00am-9.30pm from Monday to Friday and is located close to the Emergency Department. Some indications of performance so far include:

- 98% of patients are seen within 15 minutes
- 73% of patients are admitted or discharged within 4 hours
- Percentage of patients discharged has increased from 27% to 36% since its opening

Improving Outpatient Department (OPD) Performance

Our outpatient attendances have increased over the last number of years. There were 3,345,151 attendances recorded in our OPDs in 2009 which is an increase of 2% or an additional 73,486 patients seen over 2008.

Overall, we saw 40,837 more **new** attendees than in 2008 or a 4.8% increase. Improvement in new attendance numbers is evidence of considerable effort and achievement by managers and clinicians in our work to improve access for patients in our hospitals.

It is important that all OPD appointments are utilised in order to make the best use of resources. During 2009, 14.9% of new patients did not attend (DNA) at their appointments while the rate of DNA for return patients was somewhat less at 14.6%. The Framework document outlines steps to be taken where patients do not attend two consecutive appointments. Many hospitals have introduced special measures to improve attendance rates, such as the introduction of text reminders.

A road map for the efficient management of OPDs, the National Framework document, was issued to hospitals in 2009. Hospitals were required to introduce standardised referral processes along with streamlined clinic and appointment scheduling. Waiting list management protocols were outlined along with details of good customer service practices which should be introduced.

To improve access to Out Patients Consultant Clinics a national Outpatients Group was established in 2009. Hospitals were asked to generate actions which would improve access to three designated specialties and a monthly report was issued by the group charting progress in each location. Clinicians and managers collaborated in defining and implementing actions to respond to local circumstances.

Considerable improvement took place in the three specialties concerned between January and December 2009 when compared to the same period in the previous year. The greatest percentage increase took place in dermatology where there was an improvement of 12%, with an additional 2,738 patients seen in the specialty. In orthopaedics, there was a 2% increase, representing an additional 1,948 new attendances. There was also an increase of 917 new attendances in otolaryngology (ENT) which is an increase of 3%. A combined total number of 5,603 additional new attendances took place in the three designated specialties.

Medical Assessment Units

Another measure which we are progressing to redirect patients away from EDs, particularly those with medical problems such as chest pain, suspected strokes, influenza and minor injuries, is the development of further Medical Assessment Units (MAUs). MAUs ensure that patients are seen and treated in the most appropriate setting and avoid unnecessary delays in EDs.

Reducing waiting times benefit OPD patients

Following change management practices, people attending the OPD at South Tipperary General Hospital now spend less time waiting to see a doctor and less time per visit. Changes introduced included:

- The establishment of a central appointments area to co-ordinate incoming referrals; this has reduced the waiting time for patients receiving appointments from six weeks to one week
- Development of a common waiting list for medical patients, resulting in more efficient referral of patients to consultants
- Redesign and colour coding of waiting areas and reception to improve patient flow
- Introduction of a dedicated cancellation line to reduce the number of patients who miss appointments
- Introduction of a standard GP referral system for patients, making the referral and discharging process more efficient

Back *(left to right): Dr. Paud O'Regan, Clinical Director, Louise O'Donnell, Administration OPD, Mary Rose Maxwell, CNMII OPD, Breda Kavanagh, General Manager.* **Front** *(left to right): Lilian Medley, Business Manager, Clinical Directorates, Breda O'Donovan, Staff Nurse OPD, Mary Burke, Quality & Accreditation Manager.*

Key results included:

- 43% reduction in time for patients waiting to be seen by the doctor, from an average waiting time of 42 minutes to 24 minutes
- 23% reduction in the total time a patient spent in the OPD

Sustainable Services

Services Delivered in 2009

We will reconfigure our services to develop sustainable hospital and community services that provide the care people need now, and in the future. By delivering the majority of care in the community, we will enable hospitals to focus on improving accessibility to deliver more efficient acute and planned care.

Sunflowers Support End of Life Care – Launch of Sunflower Days 2009.

Kilkenny Community Childcare Project wins overall Children Acts Advisory Board Award in February 2009.

Pet therapy – Molly, the golden retriever, the newest resident at Midleton Community Hospital with resident Ellen McCarthy.

Primary Care

Fast Facts 2009

- We have 219 Primary Care Teams (PCTs) holding clinical meetings, a 4% increase over target and over 40% of the planned total of 530 Teams by 2011
- We developed 184 teams in readiness to become operational in 2010
- Approximately 1,500 HSE staff and 755 GPs are participating in teams
- More than 1.8 million people can now avail of 'one-stop' shop health and social care from PCTs
- On target to have 530 teams in operation by the end of 2011 with everyone in the country ultimately being able to access up to 95% of their care in their local community
- Over 931,000 contacts were made during 2009 with GP out of hours services
- 300 posts have now been assigned to frontline staff in PCTs and at the end of 2009, 96% of these posts were filled

Primary care services aim to support and promote the health and wellbeing of the population by making people's first point of contact with our health services easily accessible, integrated and locally based. Our objective is to ensure that people can easily access a broad spectrum of health and personal social services through their local PCT.

PCTs are the bed rock of our new modern health services. They provide an easy access point and can meet or arrange the vast majority of the health care needs of the public whether this is GP services, psychological services, physiotherapy services, public health nurse services or indeed all of these. Our plan is to have a PCT for every 8,000 people in all parts of the country.

The 219 teams currently in place all hold clinical team meetings which involves discussion by all relevant team members around the appropriate management of the more complex patient cases in the community. The outcome of these clinical team meetings involve the formulation of an agreed care plan for the patient whereby all team members concerned agree to provide the level of care and service required under the plan.

Benefits of PCTs include:

- Maintaining people in their own homes and communities for as long as possible thereby decreasing hospital attendances.
- Facilitating an early discharge from hospital where hospitalisation is necessary and facilitating supported care at home.
- Providing chronic disease management programmes which have positive impacts on patients' quality of life with more people availing of these services.

Figure 8: Number of primary care teams 2008 and 2009

Many of the teams in place are providing innovative services and programmes to meet the needs of the population they service. These include falls prevention programmes, diabetes management, wound management clinics, asthma management, warfarin services and positive mental health programmes.

Electronic patient records which are compatible with existing GP patient management systems are necessary to develop the use of information technology with PCTs and this work has been scoped. In addition funding was secured to purchase hardware for PCTs.

Scarriff PCT provides top-class care for people of East Clare

Scarriff PCT was launched in June 2009 and provides services to 9,750 people living in east Clare. The team, consisting of five GPs and 13 HSE staff, is based in a number of locations including Medical Centres, Health Centres and a Community Nursing Unit. Additional staff have been appointed to support the PCTs, including a physiotherapist, a registered nurse and an occupational therapist. The basic premise behind the establishment of PCTs is that more services will be available locally, for example physiotherapy or blood tests for Warfarin. These services are now available through the Scarriff PCT. Previously patients would have to travel to Ennis or Limerick for these services. The provision of this PCT has improved access to services and the quality of people's lives as clients are seen in a more timely fashion by health care professionals with whom they are familiar.

Community (Demand Led) Schemes

Fast Facts 2009

- Over 1.4 million people are covered by medical cards
- Over 98,000 GP visit cards were issued
- Almost 900,000 long term illness claims were made
- Over 4.9 million claims were made against the Drug Payment Scheme, with over 13.5 million items
- Almost 16.5 million prescriptions were filled under the General Medical Services (GMS), with over 50.9 million items
- Almost 1.5 million treatments were provided under the Dental Treatment Services Scheme
- Almost €2.9 billion was spent on schemes (medical cards, drug payment, high tech etc) a 2.8% increase over 2008

Community Schemes or Demand Led Schemes are state funded GP, Pharmacy, Dental, Ophthalmic, addiction drugs and other special payments which account for a significant portion of the overall HSE budget (20%).

The Primary Care Reimbursement Service (PCRS) supports the delivery of primary health care by providing reimbursement services to Primary Care Contractors (GPs, Pharmacists, Dentists and Optometrists/Ophthalmologists) for the provision of health services to members of the public in their own community.

The sustained deterioration in the Irish economy during 2009, coupled with increasing numbers on the Live Register and associated uptake of Demand Led Schemes, presented unprecedented challenges for services during the year.

In 2009 nearly 2.3 million people used the services of Primary Care Contractors through arrangements under the Community Schemes provided by the HSE, generating more than 72 million transactions with an associated expenditure of over €2.9 billion.

- At the end of 2009 there were more than 3.2 million people registered as being eligible to benefit under these Schemes
- More than 67 million prescription items were paid for
- Payments to Doctors totalled €500 million
- Payments to Pharmacies totalled €1,695 million
- Patient Care fees under the High Tech Drugs Scheme were €16 million
- Health (Amendment) Act 1996, Methadone Treatment Scheme, DTS prescriptions and Pharmacy Training Grants totalled €13 million
- Payments to Dentists under the Dental Treatment Services Scheme totalled €87 million
- Payments to Optometrists/Ophthalmologists under the Community Ophthalmic Scheme totalled €24 million
- Payments to wholesalers under the High Tech Drugs Scheme totalled €315 million.

Driving efficiencies continues to be our priority and the following projects were addressed during 2009:

- Centralisation of medical cards and primary care schemes
- Clinical focus on all licensed drugs/medicines reimbursed
- Review of all non-drug items reimbursed under the schemes.

Centralisation of Medical Cards

Under the Health Act 2008, the Government removed automatic eligibility to a Medical Card for persons aged 70 years and over and introduced a new scheme to assess income to determine eligibility for all over 70s.

We commenced implementation of this decision as Phase 1 of our 2009 Service Plan by centralising the processing of medical card applications. The new system, commencing with applications for Medical Cards for all persons aged 70 years and over, went live in January 2009.

The National Centralisation project presents an opportunity to establish entitlement to eligibility across all schemes in a standard way.

These changes when fully implemented will not only enhance the delivery of services provided to the public, but will realise overall savings in the region of €20 million a year.

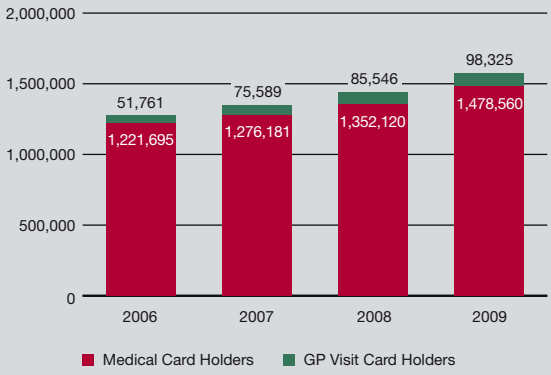
Table 3: Number of medical and GP card holders 2006 to 2009

	2006	2007	2008	2009	% change 2006-2009
Medical card holders	1,221,695	1,276,181	1,352,120	1,478,560	+21%
GP visit card holders	51,761	75,589	85,546	98,325	+90%

Significant work has been undertaken to modernise and streamline schemes through the centralisation project. Further progress will follow to centralise the remaining schemes now in place.

At the end of December 2009 the total number of eligible persons on medical cards was 1,478,560, representing approximately 33% of the total population and a growth of 3% since December 2008. This is a 9.3% increase in numbers in receipt of medical cards since 2008 and a 21% increase since 2006. There were 98,325 GP Visit Cards issued to the end of 2009, an increase of almost 15% since 2008 and a 90% increase since 2005.

Figure 9: Number of medical and GP card holders 2006 to 2009



Pharmacy Dispute

Under the terms of the Financial Emergency Measures in the Public Interest Act 2009, the Minister for Health and Children announced, on 18 June 2009, restructured payments to pharmacists to reduce the cost to taxpayers of drugs and medicines. The changes involve the introduction of a revised dispensing fee structure, a reduction in the retail margin payable under certain schemes from 50% to 20% and a reduction in the wholesale margin from 17.66% to 10%.

Following the announcement, 813 of the 1,640 pharmacists withdrew from participation in the GMS and Community Drug Schemes and terminated their contracts with effect from 1 August 2009.

Following a series of initiatives by the HSE over 300 terminations were withdrawn prior to the 1 August deadline. The HSE put in place a major Contingency Plan to cope with the disruption to Community Pharmacy Services during the dispute. These contingency arrangements saw over 11,000 patients dispensed to, with more than 25,000 prescription items, from nine contingency centres, which operated in the areas with greatest need. The core principle of the HSE's approach to the pharmaceutical supply chain is to ensure continuity and security of supply to patients at a reasonable cost.

The delivery of the contingency plan was a challenging logistical exercise, however all of the arrangements put in place by the HSE worked well and on 11 August 2009, the Irish Pharmacy Union (IPU) advised their members to resume normal dispensing services under their contracts. All pharmacy contractors are now providing services under the revised payment arrangements.

Children and Families

Fast Facts 2009

- There were 5,694 children in care at the end of 2009. Of these, 3,422 were in foster care and 1,690 in foster care with relatives.
- There were 415 referrals to family welfare conferences during 2009 with 241 family welfare conferences convened.
- During 2009, there were 1,028 referrals made to springboard services
- 2,840 inspections were carried out on pre-school services

Our children and family services promote and protect the health and well being of children and families, particularly those at risk of abuse and neglect. Under the *Child Care Act 1991* and other legislation, we are responsible for promoting the welfare of children who are not receiving adequate care and protection.

We provide a wide range of services including

- Early years services
- Family support services
- Child protection services
- Services for homeless youth
- Search and reunion (post adoption) services
- Psychological services
- Child and adolescent psychiatric services
- Staff training and development
- Registration and inspection of children's residential centres in the voluntary sector and monitoring of children's residential centres in the voluntary and statutory sectors.

Our priority is to fully integrate the full range of existing family support services with child protection and alternative care services, placing the primary emphasis on support and prevention.

In November 2009, an Assistant National Director for Children and Family Social Services was appointed to ensure that delivery of services is in line with legislation, policies agreed by Government and within agreed targets and resources. This person will ensure policies are translated into action for implementation, will commission or provide specialist expertise in the relevant areas of policy and service delivery ensuring the standardisation of approaches, policies and procedures and the effective delivery of services.

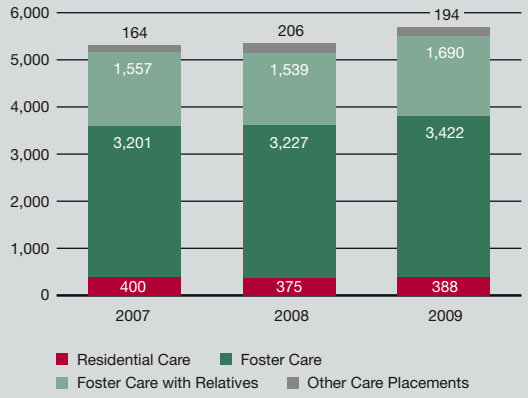
During 2009, we had 5,694 children in care which is a 4.5% increase against 2008 and a 7% since 2007. Of these children in care, 6.8% were in residential care with 60% placed in foster care and an additional 30% placed in foster care with relatives. Almost 80% of approved foster carers have an allocated social worker and our intention is to increase this to 100% in 2010.

Our predominant focus during 2009 was implementing the recommendations of *The Agenda for Children' Services*, 2007 the first ever national policy on children. We are doing this through our *HSE Implementation Plan 2009-2011*. There are 29 key recommendations in the Plan many of which are being implemented with others commencing in 2010. Four Children Services Committees were established during 2009 to ensure implementation of the Agenda with a further seven to be set up in 2010.

Table 4: Number of children in care 2007 to 2009

	2007	2008	2009	% change 2007-2009
Total number of children in care	5,322	5,347	5,694	7%
• Residential care	400	375	388	-3%
• Foster care	3,201	3,227	3,422	7%
• Foster care with relatives	1,557	1,539	1,690	9%
• Other care placements	164	206	194	18%

Figure 10: Number of children in care 2007, 2008 and 2009



Following publication of the *Report of the Commission to Inquire into Child Abuse, 2009* (commonly known as the Ryan Report), we assisted the Office of the Minister for Children and Youth Affairs and other key stakeholders in developing a set of actions and recommendations ensuring that children in care are protected and nurtured in a positive way. An Implementation Plan was published by the Office of the Minister for Children and Youth Affairs in July 2009 and work continued throughout 2009 in implementing relevant action points.

Since publication of the Dublin Diocesan Report in 2009, our National Counselling Services has seen a 300% increase in the volume of calls to its helpdesk. This service offers a face to face counselling service to adults who have experienced abuse, neglect or trauma in childhood in order to help them cope better with their life and relationships. This specialist service provides confidential counselling, free of charge, to adults who have experienced child

New outreach family support service developed in Cork

A new outreach family support service aimed specifically at children who are at high risk of coming into care was opened during 2009. The 'Lime Tree' Project based in Blackrock is a partnership project between the Bessborough Centre and the HSE in response to the unique circumstances currently faced by vulnerable or high risk families and children.

This project is unique in that it combines family support and therapeutic interventions. A highly professional team is dedicated to enhancing family functioning through therapy and counselling. The service is also available in the evenings and at weekends according to individual family needs.

Family-friendly facilities have been developed in a relaxed and private setting. The project encompasses a supervised access service for children in care for whom the court has directed that parental access must be supervised. This aspect of the project is intended to provide a child friendly environment for children and families who are already in a very stressful situation.

The Lime Tree project has been established for an initial period of two years after which it will be reviewed and evaluated.

abuse in their family, community or institutional setting. Counselling is available at 60 locations throughout Ireland.

In 2009 we published a *Task Force Report on Children and Families* which sets out a clear pathway for improving how we conduct our business. This complements implementation of the *Report of the Commission to Inquire into Child Abuse, 2009*. Work has been completed in mapping how these improvements can be made at both a national and local level. As part of this work, standardised care plans and guidance documentation have been agreed and are due to be rolled out in 2010. These are additional to the standards and guidelines which are already in place regarding the *Revised Children First National Guidelines*.

Pre-school children Isobel and Roisin enjoying the launch.

Early Years Services launched in Ballyhaunis, Co. Mayo

Two early childcare services were launched in Mayo in 2009. These operate in partnership with HSE West Early Childcare Services and the Ballyhaunis Family

Resource Centre. These services support asylum seeker families living in a hostel and provide an integrated, community-based pre-school service. Both services provide over 66 childcare places each week and employ four childcare staff. There are 29 children availing of the service, 15 are resident in the hostel and 15 are from families living in the community in Ballyhaunis.

Minister Calleary getting pre-school child Ahmad off to a good start.

Our foster care emergency placement capacity was reviewed and an emergency place of safety service established and is now operational. Four foster care placements for children with challenging behaviour were made in 2009. Work is underway in developing national standardised procedures and protocols for foster care.

The HSE and the Garda Síochána signed a joint protocol which sets out roles and responsibilities of both agencies in relation to children missing from care.

Mental Health

Fast Facts 2009

- There were over 15,000 admissions to mental health inpatient units during 2009
- 55 Child and Adolescent Mental Health (CAMH) Teams were in place (50 community-based teams, 2 adolescent day hospital teams and 3 hospital paediatric teams), a 17% increase on 2008
- Funding was provided in 2009 for 35 additional therapy posts for CAMH Teams; 29 have been appointed with the remaining posts at an advanced stage in recruitment
- Child and Adolescent bed capacity almost doubled in 2009 bringing the total number of inpatient beds to 30 with additional CAMH inpatient beds commissioned in Galway, Cork and Fairview Dublin
- 14 Executive Clinical Directors for Mental Health were appointed

Mental health services span all life stages and include a broad range of primary and community-based services as well as specialised services for children and adolescents, adults and older persons. In recent years there has been increased specialisation including rehabilitation and recovery, liaison, forensic psychiatric services and mental health and intellectual disability. Services are provided in a number of different settings including from home, inpatient facilities, outpatient clinics/departments, day hospitals and day centres, low support and high support community accommodation.

In November 2009, an Assistant National Director for Mental Health was appointed to ensure that delivery of mental health services is in line with legislation, policies agreed by Government (including *A Vision for Change*) and within agreed targets and resources. This person will ensure policies are translated into action for implementation, will commission or provide specialist expertise in the relevant areas of mental health policy and delivery while ensuring service users and carers have an input into policy and service delivery.

Our national strategy *A Vision for Change, 2006* guides the development of mental health services and reiterates the centrality of the service user in their recovery. We have brought a practical application to this by working with service user and carer representatives on all aspects of service design and evaluation at a national level.

The National Service Users Executive is composed of service user and carer representatives. In 2009, we supported the executive as it embarked on a rolling programme of regional elections to ensure full democratisation of representation. One quarter of the executive were elected by the end of the year.

Team-based approaches to providing mental health care in primary care settings

A Vision for Change is predicated on the existence of a robust primary care system which supports 90% of the mental health needs of the population. A new programme to provide primary health care staff with the necessary knowledge and skills to respond to mental health care issues arising in primary care has been developed in partnership with Dublin City University. In November, 12 PCTs began this programme at the University.

Clinical Directors

In 2009, 14 Executive Clinical Directors for mental health were appointed to lead on the development of clinical directorates in mental health based on catchment areas serving a population of 350,000-450,000.

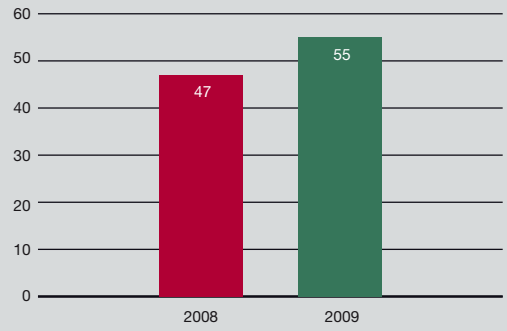
Child and Adolescent Mental Health Services (CAMH)

We have made the provision of additional child and adolescent inpatient units a priority so that more young people under the age of 18 years can be admitted to age appropriate facilities. During 2009 we have almost doubled our bed capacity bringing the total number of inpatient CAMH beds to 30.

The publication of the first annual report of the *HSE's Child and Adolescent Mental Health Services* in 2009 provides the organisation with comprehensive information to inform the development of services in response to the needs of young people.

Child and adolescent mental health services are provided in a variety of settings around the country with a total of 55 CAMH teams serving various components. This is a 17% increase on the numbers provided in 2008.

Figure 11: No. of CAMH teams 2008 and 2009



John McGettrick, Chairman, Mental Health Ireland; John Fitzmaurice, Programme Manager, Jigsaw Galway; Tony Bates, CEO, Headstrong; Ted Tierney, Deputy CEO, Mental Health Ireland; Priya Prendergast, HSE, Local Health Manager, Galway.

Jigsaw Galway is part of a national programme to provide more accessible and responsive services to young people aged 15-25 years with emerging mental health problems. It promotes services that are youth-friendly, integrated and engaging for young people. Jigsaw Galway provides a community-based system of care that supports young people to achieve better mental health and well-being. It has a strong emphasis on early intervention, is located in the centre of Galway City and serves as a drop-in centre ensuring that when young people with significant needs seek help, they obtain an immediate response form an individual who listens to them, determines what level of assistance may be required and ensures that they receive that assistance. The importance of word of mouth is demonstrated by the fact that over one third of referrals to Jigsaw are self-referral, a figure which continues to increase with another 20% coming from parents or family members. Services provided can be categorised under three broad headings:

- 30% brief intervention (engagement with support worker for 1-3 sessions)
- 30% prolonged engagements (engagement with support worker for 6-8 sessions)
- 40% case consultation/case management ensuring that there is a co-ordinated plan in place for the young person's care at a service and community level.

WISDOM – A Mental Health ICT System

A Vision for Change recognised the lack of information technology systems within mental health services. A web-based mental health information system which records inpatient and community services activity has been developed in partnership with the Health Research Board. This information system, *WISDOM*, is being piloted in over 29 mental health sites in Donegal with training provided to 230 of the 283 system users, including 8 community and specialised teams.

Power of Words (Bibliotherapy)

The use of books for therapeutic purposes is known as 'bibliotherapy'. Self-help books have been used in this way for many years and are now being prescribed as a means of providing psychological therapy for people experiencing emotional and psychological difficulties. During 2009, the Library Council of Ireland, the HSE and the Irish College of General Practitioners introduced the *'Power of Words'* scheme to support and aid people with emotional and psychological difficulties to gain insight into and treat the problems that are upsetting or disturbing them.

Disability

Fast Facts 2009

- There were almost 3,000 people in rehabilitative training
- Almost 3.2 million hours of personal assistance/ home support were provided
- 2,712 requests for assessments were submitted
- 1,908 assessments, or 82%, commenced within timelines provided within regulations
- 1,692 assessments were completed

We provide a range of health and personal social services to children and adults with disabilities to enable each individual to achieve their full potential and participate to the maximum level in community activities. Services are provided in community and residential settings in partnership with both the voluntary and statutory sector. Recent years have seen an increasing trend in provision of services in community rather than institutional campuses.

Services include:

- Multidisciplinary supports
- Rehabilitative training
- Day services
- Home supports
- Personal assistance
- Residential centre-based respite
- Residential and supported accommodation services.

There are over 26,000 people with an intellectual disability registered on the intellectual database, a 1.6% increase since 2007 with over 98% receiving a service. There are almost 30,000 people registered on the physical and sensory disability database which represents an increase of 3% on the number registered in 2007. Increases can be attributed to changes in registration criteria.

The development of services for persons with disabilities is informed by the *National Disability Strategy 2004*. Key elements have been implemented including the commencement of assessments for children under 5 years of age, under the *Disability Act 2005*, which has set timeframes for the completion of assessments.

Reconfiguration of all adult day service provision has commenced ensuring compliance with the legislation with a number of key priority issues being addressed. These include:

- A review of the status and circumstances of adults with disabilities involved in work and employment activities.
- Review of the status and circumstances of children currently placed in adult day services.
- Training and awareness in the *Elder Abuse Code of Practice* for staff providing day services for those over 65 years of age.

Funding allocated in 2009 for health and education services for children with special educational needs provided for 90 additional posts in the disability services area. These posts were targeted at children of school going age and included speech and language therapists, occupational therapists, physiotherapists and psychologists. A national recruitment campaign took place to fill these posts of which 46 were filled during 2009 and 44 others are in the process of recruitment.

A two year pilot implementation project on implementing the *National Best Practice Guidelines for Informing Families of their Child's Disability*, developed by the National Federation of Voluntary Bodies, commenced in 2009. The project developed the following resources:

- The Report of the Cork Pilot Implementation Project – a template for national roll-out of the guidelines.
- Website for the provision of information to parents/carers.
- Training materials for a classroom-based training programme.
- An e-learning module to provide self-directed guidance for professionals who communicate difficult news to families.

A new purpose-built disability health facility was opened in Athlone in 2009 which provides a model of best practice for clients and their families. The new centre, enhances the care of people with disabilities. The purpose-built facility comprises a day service for adults with physical and sensory disabilities. It houses a range of therapy services for both children and adults with varying disabilities. There is also a crèche. Services are delivered in partnership with a number of organisations, including the Irish Wheelchair Association, MS Ireland, the National Council for the Blind in Ireland and the Sisters of Charity of Jesus and Mary. Core services include occupational therapy, physiotherapy, speech and language therapy, nursing and psychology. Associated dietetic services will also be accessed here.

The HSE provided €5.9 million for the resource centre, while Pobail funded €1.4 million towards the crèche.

Photo: Jeffrey Palmer; Tresina Smith; Richard Ross; Vicky Sweeney; Rhoda Hogan; Maura Morgan; Lisa Ann Rochet; Anne Naughton; Barry Reid; Lenore McLoughlint; David Kelly; Sarah Jane Whelan; Dereck Carolan.

Older People

Fast Facts 2009

- Over 11.97 million home help hours were provided to almost 54,000 people, of which approximately 85% are older people
- Over 8,900 persons were in receipt of home care packages, 3% above what we targeted to provide
- 8,823 people were in receipt of subvention at the end of 2009 with over 4,000 in receipt of enhanced subvention
- There were 10,310 beds in public residential facilities
- Under the Public Fast Track initiative, an additional 80 beds were opened and 282 replacement beds were introduced into the system
- 44 hygiene audits were undertaken in residential facilities for older persons

Services for older people support older people to stay at home for as long as possible, or where this is not possible, in an alternative appropriate residential setting. The principles of person-centredness and empowerment of services users underpin our service delivery. Overall, people are living longer and healthier lives. Our target is that at least 90% of persons aged 75 and over should be able to live at home in independence. We are achieving significant progress on this through the targeting of a variety of service provision options. These include the provision of home and community-based services and supports such as home help hours, home care packages, in addition to providing core services such as public health nursing, GP services etc.

An Assistant National Director for Services for Older People was appointed in 2009 under the Integrated Service Directorate to coordinate and standardise the development and implementation of policy directives for services for older people nationally.

Home Care Packages maintain older people at home targeting those at risk of admission to long term care, inappropriate admission to acute hospitals or requiring discharge to home from acute hospitals. Since 2006, there has been a 70% increase in Home Care Package provision.

An evaluation was carried out in 2009 on behalf of the DoHC, which was largely positive in its findings in relation to the administration of the Home Care Package scheme, but made a number of recommendations. The recommendations from the evaluation will inform the revision of National Guidelines for the Standardised Implementation of the Home Care Packages Scheme in 2010.

Figure 12: Number of clients in receipt of home care packages 2006 to 2009

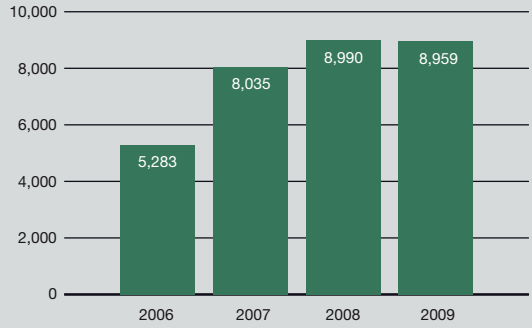


Figure 13: Number of clients in receipt of home help hours 2006 to 2009

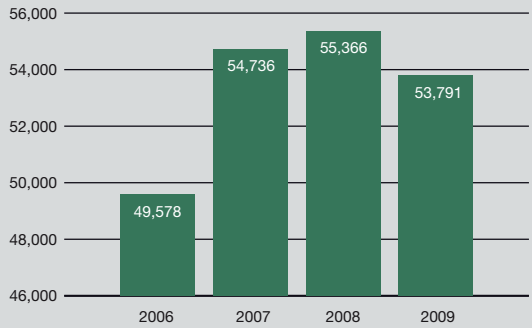


Table 5: Number of home help and home packages 2006 v 2009

	2006	2009	% change 2006-2009
Number of home help hours	10,800,000	11,970,323	+11%
Number of clients in receipt of home help hours at year end	49,578	53,791	+9%
Number of clients in receipt of home care packages at year end	5,283	8,959	+70%

Minister Mary Harney, TD, Resident Prin Lawlor and Breda Hayes, Director of Nursing, pictured at the official opening of the new units in St. Mary's Hospital.

Investment in St. Mary's Hospital, Phoenix Park

A Community Nursing Unit (CNU), Day Hospital and Complex Discharge Unit were officially opened during 2009 with a total investment in the St. Mary's campus of €26 million.

St. Mary's Hospital has an active connection with the geriatric specialist service provided by consultants in acute hospitals in the area as with community practitioners. The Day Hospital and its improved therapeutic facilities has enhanced the service St. Mary's provides to older persons living at home.

The existing 100 bed CNU has added increased long-stay capacity for older persons within North Dublin. Residents now have the privacy and dignity afforded by a single room and staff have more modern facilities to be able to assist residents in their daily care needs. An additional 50 bed CNU has recently been completed.

The **Complex Discharge Unit** provides care for persons over 65 years whose acute care has been completed but final discharge is delayed for varying reasons such as the need for further rehabilitation, palliative care or the arrangements of home care packages or adaptation to their homes.

The *Nursing Home Care Support Scheme – 'A Fair Deal'* came into operation in October 2009. This is a new system of nursing home support, which provides financial assistance to people in need of long-term residential care. This scheme makes long-term nursing home care more accessible and affordable whether in a voluntary, public or private care home and frees families from anxiety over financial commitments for the care of their loved ones. It replaces the current Nursing Home Subvention Scheme.

Significant work has been undertaken to ensure we have a national standardised approach to implementation of the Scheme. By the end of 2009, there were 5,226 applications received and 1,608 determinations or decisions issued.

Nursing Home Inspections

From July 2009 responsibility for inspections of all nursing homes transferred to the Health Information and Quality Authority (HIQA). As a major provider of care to older people we will continue to work with HIQA and the private nursing home sector to implement newly established standards in residential services for older people.

Geriatrician-led Teams in the community enable the more complex needs of older people to be met and to support implementation of A Fair Deal. The appointment of geriatrician led teams is being progressed in all areas, with the appointment in 2009 of a geriatrician in Dublin Mid Leinster and Connolly hospital, and team members in the South.

Preventing Elder Abuse

A small number of our older population experience abuse. We have developed an elder abuse service in order to help prevent and combat elder abuse in all its forms.

A staffing structure to enhance our response to elder abuse has been put in place. In each region a dedicated officer has been appointed to work closely with all relevant stakeholders and is responsible for the development, implementation and evaluation of our response to elder abuse. Senior Case Workers for elder abuse are employed within each Local Health Office. They work in collaboration, as appropriate, with all relevant stakeholders and alongside dedicated officers and assess and manage cases of suspected elder abuse reported to the HSE. Currently, 29 Senior Case Workers are in post with efforts ongoing to fill the vacant posts in the Local Health Offices of Wicklow, Dun Laoghaire and Dublin North Central.

A total of 1,871 referrals were made in 2009, with 94% of these subject to a review either at 6 months or on case closure. Excluding self neglect the predominant reason for referral was alleged psychological abuse (28%), financial abuse (18%) and neglect (17%). The most common person allegedly causing concern were son/daughter (43%) other relative (20%) and partner/husband/wife (18%).

Central to elder abuse services is the identification of issues for clients and the tailoring of interventions to best meet their needs. There are a range of services clients may be offered or referred to depending on their needs; day care, advocacy and conflict mediation being the more commonly availed of services. Clients may also be referred to our mental health services or legal and financial services (including referral to Money, Advice and Budgeting Service). Of the cases reviewed either at 6 months or on case closure, 17% were referred to An Garda Síochána with consultation with An Garda Síochána in 12% of cases. Nationally, 76 cases involved legal consultation with 30 cases involving legal action. Legal actions predominately related to domestic violence (33%) and ward of court (27%).

Our elder abuse public awareness campaign continued in 2009 with radio and newspaper advertisements. A training programme was developed and distributed to relevant personnel. A training DVD and accompanying workbook was distributed to all public and private residential units, mental health facilities, acute and residential disability units. A total of 7,315 persons received training in 2009.

A National Centre for the Protection of Older People was officially launched in November. The Centre has established a comprehensive website (*www.ncpop.ie*) which serves as a resource for all those engaged in work in relation to elder abuse.

Residential Care for Older Persons

When an older person is no longer capable of living at home, we are committed to providing appropriate residential care. All residential care facilities are now subject to independent inspection by HIQA in accordance with Standards in Residential Care, introduced during the year. An audit of residential care provision was carried out for DoHC in 2008 and this report recommended a capital investment programme in both new and refurbished/replacement facilities from 2008 to 2013.

Palliative Care

Fast Facts 2009

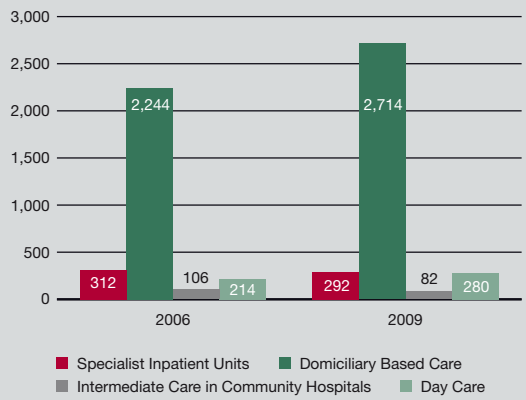
- Of the 6,000 people who access hospice/palliative care services each year, 95% are cancer patients

In any month:

- Over 2,700 people access home-based specialist palliative care
- About 280 people are in receipt of day care
- Over 80 people are in receipt of intermediate palliative care in community hospitals
- Almost 300 people are treated in specialist inpatient units

Palliative care services strive to achieve the best quality of life for patients and their families, when their disease is no longer responsive to treatment. Services are provided in conjunction with voluntary organisations in a number of settings. These include day care, community, acute hospitals, specialist palliative care inpatients units and bereavement supports.

Figure 14: Number of patients receiving palliative care services



Palliative Care Service – A Five Year/Medium Term Development Framework 2009-2013 was published in 2009, and identifies actions and initiatives which are needed to address gaps in palliative care provision against the recommendations set out in the report of the *National Advisory Council for Palliative Care 2001*.

The Report Palliative Care for All – Integrating Palliative Care into Disease Management Frameworks sets out priorities for service development and provision for 2009 and onwards and is an agreement across all stakeholders in the future direction of service provision. It recommends extending access to palliative care for people with illnesses other than cancer. Specialist palliative care services have traditionally been developed to respond to the needs of people with cancer. Some 95% of the 6,000 people who access hospice/palliative care services in Ireland each year are cancer patients.

The national policy document *Palliative Care for Children with Life-Limiting Conditions in Ireland* is nearing completion. In Ireland there are approximately 1,400 children living with a life limiting condition and in the region of 490 childhood deaths per year. Of childhood deaths due to life-limiting conditions, the majority occur in the first year of life, with approximately 350 deaths per year. This policy provides a foundation upon which children's palliative care services can be developed into the future.

Comparing palliative care across the European Union

A recent report which evaluates palliative care developments in 27 EU member states, particularly in the last five years, shows that Ireland is ranked second. It highlights that Ireland's palliative care provision is mostly provided by specialist nurses supported by palliative care physicians, with an extensive network of home-care teams who care for both adults and children.

End of life care applies to people with a variety of conditions and requires health service inputs over a period of time that may be longer than the days or weeks before death. In 2010, we intend to evaluate our current and developing structures, systems and processes in order to enable service provision to meet patients end of life care needs as best as possible.

A **new Palliative Care Suite** was opened in September 2009 in Tuam. The Palliative Care Suite, called 'Aras Aoibhinn' meaning 'Haven of Peace' is located in the Community Nursing Unit and has two bedrooms for the specialised care of patients who are facing a serious illness. It complements the services currently provided by the Galway Hospice, our hospitals in the locality and by Primary Care Teams working in the community.

Two new booklets have been produced by staff to provide information to clients and families on both the day care services and the palliative care suite.

Maura Mullen; Caroline Fahy; Mary Egan and Caroline Coen.

Social Inclusion

Fast Facts 2009

- 50 of our acute providers operate a formal discharge policy for homeless people
- One in five of those treated for problematic alcohol use also report using at least one other substance, the most common of these being cannabis, cocaine, ecstasy and opiates

In any month:

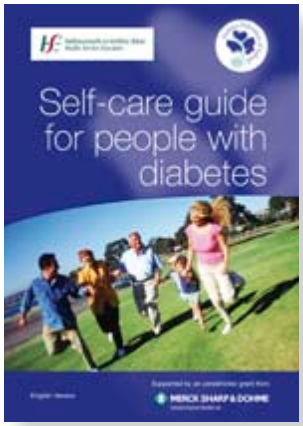
- Over 9,000 people are in methadone treatment including 1,700 people in prisons
- Over 250 GPs and 500 pharmacists are involved in methadone treatment services

Social inclusion services ensures that marginalised and at risk communities have access to, and are able to utilise, health and social services in an equitable manner. These include:

- Drug and alcohol services
- Homeless services
- Services for minority ethnic communities
- Traveller health services
- Community Welfare Services
- Community development
- RAPID (Revitalising Areas by Planning, Investment and Development) and CLÁR (Ceantair Laga Árd-Riachtanais) programmes
- HIV (Human Immunodeficiency Virus)/Sexually Transmitted Infection services
- Services for Lesbian Gay Bisexual Transsexual/ Transgender communities

Enhancement of our Ethnic Minority services is guided by the *National Intercultural Strategy*. Key actions were implemented in 2009 including:

- The development and dissemination of an Emergency Multi-Lingual Aid Tool to over 50 hospitals and 200 wards. It is also available on CD.
- Development of an Intercultural Guide which profiles the religious and cultural needs of 25 diverse groups (21 religious groups, 3 ethnic/cultural groups and people without religious belief) who are being cared for in healthcare settings was widely circulated to acute hospitals, hospices, residential homes and community health services.



- The translation, publication and circulation of information on our services into key languages, e.g. *Self Care Guide for People with Diabetes* is available in Irish, French, Polish, Spanish, Russian, Romanian, Mandarin and English.
- A *Welcome Pack for Immigrants in Clare* was published in Polish, Arabic, French and English. This information pack contains eight leaflets dealing with issues and practical information about health, employment, welfare, accommodation, education, policing and general information.

The implementation of the *National Drugs Strategy 2009-2013* is progressing with a particular focus on rehabilitation. During 2009:

- A Rehabilitation Co-Ordinator was appointed.
- A National Drug Rehabilitation Implementation Committee was established.
- Funding continued for rehabilitation services, e.g. Soilse who empower people to live drug free.

Photographed at the launch of the Clare Integration Strategy (left to right): Dr. Fergal Flynn, Clare Local Health Manager; Mr. Tom Coughlan, Clare County Manager; Ms. Jacqui Deevy, Child Care Manager Clare LHO; Cllr. Madeline Taylor Quinn, Mayor of Clare.

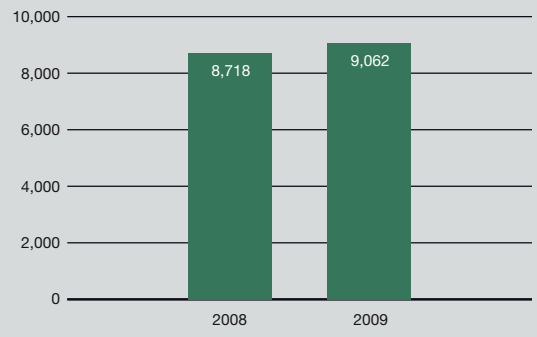
Needle Exchange Services Expand as Demand for Treatment Rises

The HSE recently announced a new partnership with the Elton John AIDS Foundation and the Irish Pharmacy Union to provide additional needle exchange services through Community Pharmacies in 65 new locations across the country. The HSE is committed under the National Drugs Strategy (2009-2016) to extending needle exchange services where they are required. This new partnership enables the HSE to implement this action in a targeted, discreet and safe way, which not only takes used needles out of local communities for safe disposal, but facilitates injecting drug-users to engage with health services in their communities.

Investment of €2 million to HSE South addiction services was announced in late 2009 with a range of services to be targeted including:

- Additional methadone clinics in Cork City, Tralee, Waterford, Wexford, Carlow and Kilkenny which will eliminate waiting lists and ensure that National Drug Strategy targets of waiting times of less than one month will be met. A total of 165 people will receive methadone maintenance in these clinics
- 10,000 additional counselling hours to be made available in collaboration with voluntary providers to support those endeavouring to recover from, and live with, addiction. A further 400 people will benefit from this initiative
- Five dedicated detoxification beds (4 for adults and 1 for adolescents)
- Appointment of two link workers under the Rehabilitation Strategy
- Enhancing and supporting the continuation of treatment support projects operating by both regional and local Drugs Task Forces in the South

Figure 15: Number of clients in methadone treatment 2008 and 2009



We have exceeded the national drugs strategy target of 6,500 places for provision of methadone treatment with a 75% increase from 4,983 places in 2001 to 8,662 in 2008.

Table 6: Number of clients in methadone treatment 2008 and 2009

	2008	2009	% change 2008-2009
Average number of clients in methadone treatment	8,718	9,062	+4%

Our Drugs/HIV helpline is a confidential, freephone, active listening service offering non-directive support, information, guidance and referral to anyone with a question or concern related to substance use and/or HIV and sexual health. Under the HIV/sexual health banner, we regularly receive calls from people who are HIV positive who wish to access sexual health services and professionals who work in the area. The helpline has received over 50,000 calls since its inception in July 1997.

The HSE funded website *www.drugs.ie* received 93,000 visits in its first year of operation.

We are working with the DoHC and the Department of the Environment, Heritage and Local Government to implement *The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008-2014*. We spent €33 million funding a wide range of care and support services for people who are homeless directly and through funding to the non Governmental organisation sector.

A report on the health and social service provision to Lesbian Gay Bisexual Transsexual/Transgender was published in 2009 and a group has been established to progress its recommendations.

The *All Ireland Travellers Health Status Study* which commenced in 2008 continued throughout 2009. A significant part of the study is the Birth Cohort Study, which aims to gather health information on all Traveller babies born between October 2008 and October 2009. Traveller mothers who participate are given a patient record which is used to gather details on all health experiences to date, and is completed by health professionals during any health service interaction for the baby.

Acute Hospital Services and Pre-Hospital Emergency Care

Fast Facts 2009

We are providing more care to more people. Since the establishment of the HSE in 2005 the following service provision has increased:

- Almost 670,000 day case treatments were provided in 2009, an increase of 31%
- Over 590,000 patients received inpatient treatment in our hospitals in 2009, an increase of 3%
- There were almost 3,400,000 attendances in our Outpatient Departments (OPDs) in 2009, an increase of 29%
- There were over 1,100,000 attendances at Emergency Departments (EDs) in 2009, an increase of 2%
- 74,602 babies were born in our hospitals during 2009, an increase of 28%

In addition

- 2009 was a record year for kidney transplants in Ireland with 172 procedures undertaken
- 18 living donor kidney transplants were completed in 2009, an 80% increase from the 10 completed in 2008
- Our ambulance services responded to 205,444 emergency calls, 61,435 urgent calls and 265,186 non-urgent calls
- There were approximately 58 million tests processed by our medical laboratory services

We provide a wide range of services including assessment, diagnosis, treatment and acute rehabilitation throughout our 50 acute hospitals.

Our population is growing, we have a rising birth rate, an increased diversity in our population base and an increase in our elderly population, but we are still continuing to increase and improve our capacity within our acute services, within ever restricting resources.

Our strategic direction for our acute services, which is in line with international best practice, includes shifting the balance of services from predominantly inpatient activity to more day case work, resulting in more efficient and cost effective use of resources and better patient outcomes.

In 2009 we continued to provide for emergency admission workload while controlling the overall level of acute inpatient work. Our focus was on managing elective workloads within the resources available to us, encouraging provision of care on a day case basis where appropriate and on improvements in areas such as day of surgery admission and minimising length of stay.

Inpatient and Daycase Activity Levels

We provided inpatient treatment to 593,359 people in 2009, which is a 3% increase on what we targeted to do in 2009 and a 1% decrease on inpatient activity levels in 2008. This is in line with our policy to provide more care in the community where appropriate.

We provided 669,955 day case treatments in 2009 which is a 4% increase on what we targeted to do in 2009 and a 4% increase over activity levels in 2008. Since 2005, there has been a 31% increase in day case activity, demonstrating achievement in our increasing shift from inpatient to day case activity and is in line with our strategic objectives. For certain procedures in areas such as ophthalmology, otolaryngology (ENT) surgery, 66% of activity was undertaken on a day case basis during 2009.

Figure 16: Inpatient and daycase activity 2005 to 2009

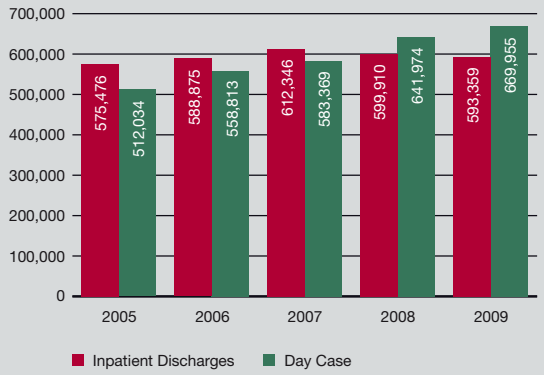


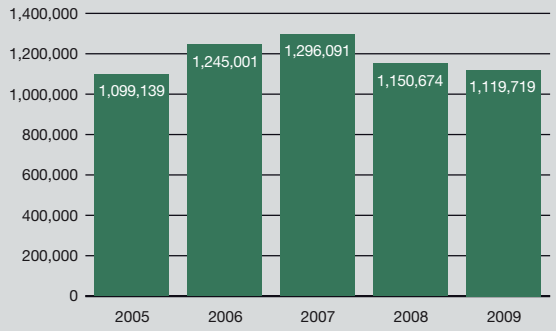
Table 7: Acute activity 2005 to 2009

	2005	2006	2007	2008	2009	% change 2005-2009
Inpatient discharges	575,476	588,875	612,346	599,910	593,359	+3%
Day case	512,034	558,813	583,369	641,974	669,955	+31%
Outpatient attendances	2,601,950	2,796,331	3,094,387	3,275,632	3,357,106	+29%
ED attendances	1,099,139	1,245,001	1,296,091	1,150,674	1,119,719	+2%
Births	58,489	62,740	69,998	74,000	74,602	+28%

Emergency Departments (EDs)

There were a total of 1,119,719 attendances in our 34 acute hospital EDs in 2009. This is a 3% decrease on the level of activity during 2008 and is in line with our objective to provide more care in the community. In 2006 our ED target was admission within 24 hours. We now have a target time of less than 6 hours wait from registration to admission or discharge for patients presenting in EDs. Further information on this can be seen on found on page 21.

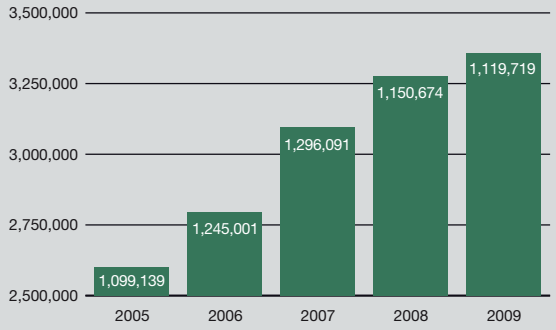
Figure 17: Emergency department attendances 2005 to 2009



Outpatient Departments (OPD)

Our outpatient attendances have increased year on year. There were 3,357,106 attendances recorded in our OPDs in 2009 which is an increase of 2%, or an additional 81,474 patients, since 2008. Our continued focus is on increasing the number of new attendees within overall attendance numbers. In 2009 we saw an additional 40,837 new attendees over 2008 or a 4.8% increase. Further information on OPD can be seen on page 25.

Figure 18: Outpatient attendances 2005 to 2009



Births

There were 74,602 babies born during 2009 which is an increase of 602 births over 2008 and a 28% increase since 2005.

Service Developments and Improvements

Reconfiguration of our services continues to be a key objective. International best practice indicates that acute, complex healthcare, particularly for emergency medicine, complex surgical services and critical care services, should be provided in large high volume hospitals. These priorities are included in *HSE Corporate Plan 2008-2011* and reflect the need for change within our hospital structures and the need to move towards enhanced healthcare services based in the community.

We are reorganising acute services throughout the country to ensure the provision, within each area, of both comprehensive 24 hour/7 day a week medical and surgical services and planned activity for comprehensive day case and diagnostic workloads.

HSE South

- A Director of Reconfiguration was appointed for Cork and Kerry. The *Review of Securing Clinically Safe and Sustainable Acute Hospital Services in HSE South* was completed and implementation commenced in 2009. A Review of ED services was completed. Implementation of changes in pre-hospital emergency care in West Cork commenced following a public information campaign.
- In the South East, a manager for acute hospital reconfiguration was appointed and the development of an implementation plan was progressed during 2009. Advisory Groups for Medicine, Surgery and Women and Children were established.

HSE West

- *An Action Plan for Acute and Community Health Services in HSE Mid-West* was published in 2009. ED services at Ennis and Nenagh hospitals were restructured to 8.00am-8.00pm opening times daily.
- The transfer of all acute surgery from Ennis and Nenagh to the Mid-West Regional Hospital, Limerick was completed.
- The pre-hospital emergency service was enhanced during 2009 through the employment of additional ambulance service staff, facilitating improved ambulance cover and the introduction of a dedicated advanced paramedic service for Clare and North Tipperary.

HSE Dublin Mid Leinster

- An analysis of acute services was undertaken in the Midlands and the development of a reconfiguration plan commenced.

HSE Dublin North East

- As part of the implementation of the report *Improving Safety and Achieving Better Standards – An Action Plan for Health Services in the North East*, acute on-call medical services transferred in July from Monaghan Hospital to Cavan General Hospital. Linkages with primary and community services were improved to strengthen admission avoidance measures ensuring more prompt discharge of patients and a reduced average length of stay.
- Detailed project planning was undertaken for the Louth Meath Hospitals Group which will inform reconfiguration of services in that area.

Other Developments Include

- A Review of Adult Critical Care services was completed.
- An Independent Review of Maternity and Gynaecology Services in the Greater Dublin Area was published in 2009. A project brief for the relocation of maternity services to the Dooradoyle site in the Mid-West was progressed and arrangements for a cost benefit analysis underway.
- The configuration of paediatric services into one national integrated paediatric network with appropriate services provided at national, regional and local level is underway:
  - All neurosurgery for neonates and infants under one year of age is now provided in the Children's University Hospital, Temple Street, Dublin.
  - All neurosurgery for children under 6 years of age transferred to the Children's University Hospital, Temple Street, Dublin.
  - A lead paediatric neurosurgeon was appointed in 2009 and additional consultant paediatric neurosurgeons are being appointed in 2010.
  - Work is continuing on the new build of 17 paediatric intensive care beds, 13 replacement beds and 4 new additional beds in Our Lady's Children's Hospital, Crumlin and completion is expected in 2010.
- The National Paediatric Hospital Development Board was established in May 2007 to plan, design, build, furnish and equip the new National Children's Hospital. This project is progressing in accordance with the project plan and is due for completion in 2014.
- Measuring, monitoring and control mechanisms on implementation for public/private practice provisions are now in place under the new consultant contract:
  - 69 additional Consultants posts approved during the year, resulting in a total of 3,217 Consultants now working in our health services. This represents an increase of 23% since 2004.
  - There has been continued change of consultant work patterns increasing from 33 scheduled hours to 37 scheduled hours per week, extended 8.00am-8.00pm working day Monday to Friday and provision for weekend working.
  - 49 Clinical Directors in place by the end of 2009 to lead and develop hospital and mental health services and drive improvements in quality and clinical care.

  For additional information on the Consultant Contract, see page 62.
- A review was completed on transplant co-ordination arrangements. This will ensure that programmes like the National Heart and Lung Transplant service continue to expand and meet the needs of our patient population.
- A major project commenced during 2009 on the modernisation of our Medical Laboratory Services. Our priority is to implement a unified, co-ordinated service which will dramatically improve quality and turnaround times in diagnostic services.

Dr. Alan Finan Paediatric Consultant, Evelyn Kellegher SCBU CNM1, Margaret Mulvaney SCBU CNM2, Dermot Monaghan General Manager Cavan/Monaghan Hospital Group, Eddie Byrne, Director of Nursing, Cavan General Hospital watch Minister for Agriculture, Fisheries and Food, Brendan Smith, TD cutting the tape at the opening of the Special Baby Care Unit.

A new special care baby unit and MRI facility opens at Cavan General Hospital

The special care baby unit facilities include three intensive care and three high-dependency cot spaces, as well as an isolation room. Additional features include climate control, a private room for mothers and their babies, dedicated hostel room facilities for parents, a waiting area, office space and a seminar room. This new unit facilitates the transfer of babies to Cavan General Hospital from neonatal units in Dublin hospitals and has been funded by both the HSE and a significant contribution from donated funds. The MRI scanner has the funded capacity to deliver up to 3,000 scans per annum and will reduce the need for patients to travel to Drogheda or Dublin.

Left to right: Jack McCann, Clinical Director, Galway University Hospitals; Mark Da Costa, Consultant Cardiothoracic Surgeon, UHG; Professor Kieran Daly, Consultant Cardiologist, UHG; An Taoiseach, Brian Cowen, TD; Ray Rooney, Chairman of Croí; J.J. Gilmartin, Consultant Physician and member of the Executive Management Team, UHG and Bridget Howley, General Manager, University Hospital Galway.

New Cardiothoracic Surgery Unit opens at University Hospital Galway (UHG)

This is a new purpose built cardiothoracic surgery unit which is not only limited to UHG but extends to encompass related specialties in all hospitals across the Western region covering a population of over one million people. Rapid diagnosis and effective management of heart and lung diseases will be dealt with at the unit in a timely fashion, with due regard to safety, comfort and dignity of patients. This is the fourth Cardiothoracic Surgery Unit in Ireland and provides delivery of care consistent with international best practices to adult patients living in the West who suffer from heart and lung diseases that are amenable to surgery.

Stroke patients to be assessed remotely thanks to Robo-Doc

In Ireland, stroke (cerebrovascular disease) accounts for 7.2% of all deaths. In about 80% of cases stroke is caused by a blood clot blocking the flow of blood to the brain. Prompt action can prevent further damage and help someone to make a full recovery. The presence of a consultant to assist in the diagnosis and treatment is essential; however, specialist consultants are not always available immediately. The Telestroke Project aims to facilitate out of hours acute assessment, diagnoses and intervention care of patients presenting with acute stroke to three acute hospitals sites at Adelaide, Meath and National Children's Hospital in Tallaght, the Midland Regional Hospitals in Mullingar and Naas General Hospital which has a potential catchment population of over 730,000.

These three hospital sites are the first in the country to have Robo-Doc, or a remote presence robot doctor. The Robo-Doc allows the consultant to remotely see and talk to the patient, via the video camera, microphone and television screen, observe and help conduct the assessment, view CT images and lab results and make urgent treatment decisions with no delays. The doctor controls the unit through a joystick to change its vantage point, and the unit could be used for other medical emergencies. It is envisaged that the Robo-Doc capabilities will assist significantly in the overall treatment and recovery for patients.

The Robo-Doc will be located in the Emergency Department and can be used for other specialty diagnosis and treatment. Funding for this project has been provided through Innovation Funds.

Pre-Hospital Emergency Care

The national ambulance service provide pre-hospital emergency care services and ambulance services throughout the country in an ever-changing health system with a particular emphasis on the changing provision of acute and primary care services. It continues to adapt to the needs of reconfigured services in the North-East, the Mid-West and the South, introducing new clinical protocols and continued training of Advanced Paramedics.

Advanced Paramedics can now provide a greater range and diversity of interventions and assistance. They are qualified to administer a range of medications and use a range of advanced life support skills including advanced airways and chest decompression. The training of more than 140 advanced paramedics has taken place over the past five years with 21 emergency medical technicians (EMTs) completing advanced paramedic training in 2009 (priority being given to personnel located in reconfiguring areas). A further 41 EMTs commenced training and are due to complete this on a phased basis in 2010.

New clinical practice guidelines published recently will further enhance the scope of practice of both paramedics and advanced paramedics.

Additional advanced paramedics were deployed in a rapid response approach in Cavan/Monaghan in the North East, Clare and Tipperary in the Midwest and West Cork in the South, supporting strategic shift in acute care services.

Six new intern paramedics are being deployed to frontline emergency cover in the western region. They have completed a nine month paramedic training course and are now commencing a clinical practice internship of one year which will include professional development modules and continued competence assessments.

A national neonatal transport programme is now conducting more than 300 critical care transports a year. This is a rapid response service for the stabilisation and transportation of sick and premature newborn infants who require transfer to tertiary centres nationally.

A review of EDs and pre-hospital emergency care in Cork and Kerry was published by the HSE South and contains recommendations on how best to organise and operate emergency departments and pre-hospital emergency care at all acute hospitals in the region.

In the Midlands, the Ambulance Control Centre has been accredited as an emergency medical dispatch centre of excellence by the International Academy of Emergency Dispatch.

Table 8: Number of ambulance response calls 2006 to 2009

	2006	2007	2008	2009	% change 2006-2009
Emergency Calls	197,046	208,039	210,785	205,444	4%
Urgent Calls	63,196	62,959	61,852	61,435	-3%
Non-urgent Calls	246,538	209,421	186,680	265,186	8%
Community Transport	398,123	432,053	401,477	338,132	-15%

Advanced paramedics for North East, Mid West and West Cork

As part of reconfiguration of services, we are investing in additional resources in our ambulance service in the North East, Mid-West and West Cork. Teams of advanced paramedics are being introduced. Advanced paramedics respond to emergency calls in rapid response vehicle and are an extra support to existing paramedics and fleets based in these areas. They have many years of experience in the ambulance services and have undertaken high level paramedic training which is internationally recognised. This enables them to perform an additional range of complex procedures including intubation, cardiac resuscitation including CPR, defibrillation and drug administration, IV fluid resuscitation, pain management, chest decompression.

They also have the ability to decide on which is the most appropriate patient pathway to follow – i.e. to take a patient to hospital for further intervention or refer on to another appropriate service if required.

Alan Sheehan demonstrates how the West Cork team of advanced paramedics can initiate life-saving treatment without delay on a "model" patient during an emergency training exercise at Bantry Airfield.

National Cancer Control Programme

Fast Facts 2009

- We have four Cancer Control Networks with eight Regional Cancer Centres
- 10,735 urgent referrals were made to breast cancer services with 9,413 seen within 2 weeks
- A further 21,256 non-urgent referrals were made, 17,763 of whom were seen within 12 weeks
- Four rapid access lung cancer services established
- Three rapid access prostate cancer services were established
- Telesynergy facilities are available in all eight cancer centres.

The National Cancer Control Programme was established in 2007 in response to recommendations from the National Cancer Strategy – *A Strategy for Cancer Control in Ireland, 2006* and is responsible for all components of cancer control with the exception of palliative care services.

Cancer treatment is a complex process where the diagnosis, assessment, radiological investigation, surgical treatment, chemotherapy and radiation treatment all have to be integrated. This can only be achieved successfully through concentrating clinical leadership and resources in specialist cancer centres. While this approach is not always the easy or most popular option, it is the best option for patients to ensure we deliver safer, quality cancer care.

Centralisation of breast surgical and diagnostic services. In 2009:

- Symptomatic breast diagnosis and surgery transferred into the eight cancer centres with the final transfer, the amalgamation of services in Cork and Kerry into a new dedicated symptomatic breast unit on the site of Cork University hospital (CUH) in December 2009.
- Initial diagnostic and surgical services were successfully transferred from Our Lady of Lourdes Hospital, Drogheda to Beaumont and the Mater Misericordiae University Hospital, Dublin. In addition, a new medical oncology unit was opened in Our Lady of Lourdes, Drogheda with a medical oncologist appointed.
- Access targets for urgent and non-urgent cases for symptomatic breast cancer services were exceeded by the end of 2009. Nationally, by the end of 2009, 98% of urgent cases were being seen within two weeks while 95% were being seen within the twelve week target.

National Surgical Centre for Pancreatic Cancer

International evidence suggests that best outcomes are achieved when surgery is restricted to hospitals performing significant volumes of surgery. Following a review of the capacity of individual cancer centres, St. Vincent's Hospital, Dublin was designated as the National Surgical Centre for Pancreatic Cancer. A planning process commenced in 2009 to realign radical pancreatic cancer surgery into this centre which will continue in 2010.

Figure 19: % of urgent referrals seen within 2 weeks

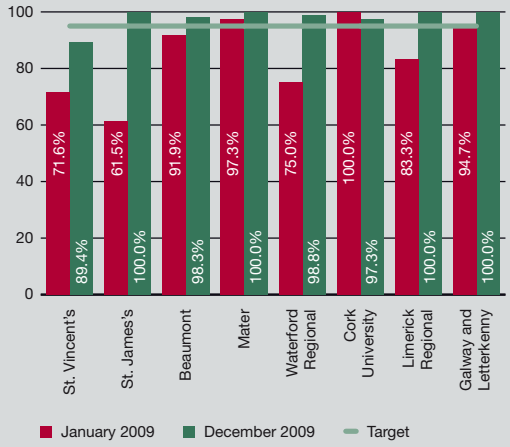
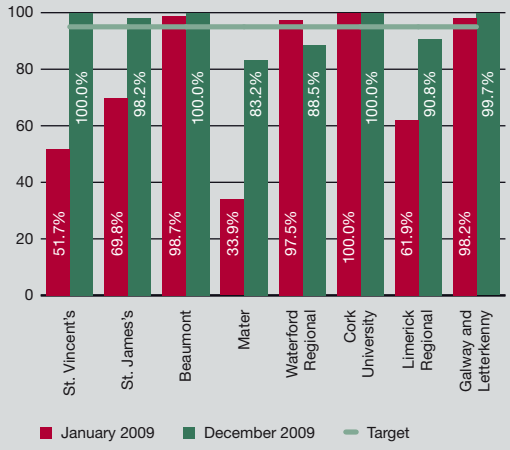


Figure 20: % of non-urgent referrals seen within 12 weeks



Rapid Access Cancer Clinics

These clinics ensure rapid access to diagnosis and multi-disciplinary decision making ensuring improved patient access and survival rates.

- Four rapid access clinics were established for lung cancers in specialised centres during 2009 with another four planned for 2010.
- Three rapid access clinics were established for prostate cancers in specialised centres during 2009.
- National guidelines for the diagnosis and management of prostate cancer have been completed and these, together with patient pathways for diagnosis and treatment, now provide a framework for national standards. These guidelines are being disseminated to GPs nationally in 2010.

Opening of new Symptomatic Breast Cancer Service and Diagnostic Cancer Day Unit at Cork University Hospital (CUH) which involved the amalgamation of breast cancer services from South Infirmary and Mercy Hospital Cork to CUH. The new symptomatic breast cancer unit at CUH is the largest in the country seeing more than 10,000 patients annually and diagnosing approximately 520 patients with breast cancer.

Left to right: Dr. Max F. Ryan, Chair of Division of Radiology, CUH, Dr. Josephine Barry, Consultant Radiologist, CUH, Mary Boyd, Director of Nursing, CUH, Tony McNamara, CEO, CUH, Mary Harney, TD, Minister for Health and Children and Prof. Paul Redmond, Professor of Surgery, CUH.

National Plan for Radiation Oncology

The National Plan for Radiation Oncology (NPRO) forms part of the National Cancer Control Programme. A number of key areas have been progressed during 2009, including:

- Capital development of radiation oncology facilities with the commencement of the construction of Phase 1 facilities at Beaumont and St. James's Hospital. On completion, radiation therapy services for the next number of years will occur on three sites in Dublin and will operate as a single network of radiation facilities providing services to approximately 60% of the population.
- Phase 2 relates to the expansion of radiation therapy facilities and the ongoing replacement of expensive infrastructure to meet expanding needs for radiation treatment. This phase involves six sites (St. James's, Beaumont, Cork University Hospital, Galway, Waterford and Limerick). Work on this is progressing by Public Private Partnership through the completion in 2009 of specifications and designs for all sites with outline planning permission for two of the six sites obtained and applications submitted for the remaining four.

Community Oncology Programme

The development of this programme continues to be a key priority for the National Cancer Control Programme. Training and educating GPs in oncology and enhancing nursing capability in oncology care within communities and PCTs is an important part of this work. Initiatives undertaken during 2009 included:

- Consultation with specialist services and GPs resulting in agreement on referral guidelines and standardised referral forms for breast, prostate and lung cancer.
- Progress on the roll out of electronic referral for all guidelines with pilot sites established and developed.
- Regional Teams for the development of community oncology plans and initiatives across the country initiated with regional and education meetings held in Galway, Mayo, Donegal and Cork.
- The appointment of a liaison GP.

New Oncology Day Services Unit opens in Drogheda

Left to right: Christine Conway, Wendy Rock, Martina Owens, Claire Herbert, Liz Summersby, Grainne Mooney, Dara McGeough, Elaine Conyard and Niamh Thornton (Oncology staff), with Dr. Liam Grogan, Consultant Medical Oncologist.

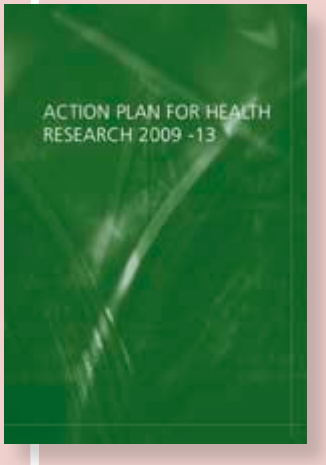
Oncology Day Care Unit opens at Wexford General Hospital

Left to right: Dr. Paula Calvert, Consultant Medical Oncologist, HSE; Dr. Paddy McKiernan, retired Consultant Physician, WGH; Cllr. Peter Byrne, (Chairman) Wexford County Council; Liam Dwyer, (Chairman) Friends of WGH; Cllr. Ted Howlin, Mayor of Wexford; Mabel Leech (Patron) Friends of WGH; Bishop Denis Brennan (Patron) Friends of WGH; Lily Byrnes (General Manager) WGH; Ellen Lynch (PRO) Friends of WGH and Rev Maria Jansson.

Quality and Safety

Delivering Higher Quality and Safer Patient Care

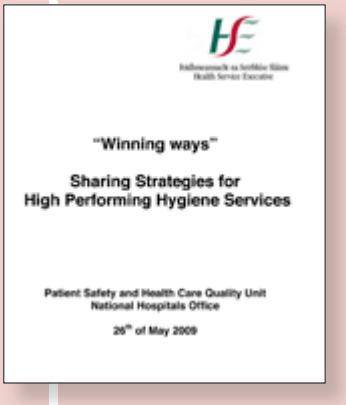
We will ensure the quality and safety of our services. By developing a transparent quality and safety culture and adapting our work practices, we will ensure that continuous quality and safety improvement is integral to all that we do.



Health research in Ireland should be co-ordinated, prioritised and focused. National policies and strategies for health research are framed strategically in the context of the wider science, technology and innovation agenda.

HIQA monitors the HSE compliance with national standards for the prevention of healthcare associated infections.

Hospital Managers and their hygiene service teams provided tips on "winning ways" which they use to drive high performance and continuous improvement in our hospitals.



Fast Facts 2009

- 35% reduction in MRSA infections compared to 2008
- 5% reduction in antibiotic consumption has been achieved over 2 years
- We have achieved an 86% increase in use of alcohol gel in hospitals
- 32% reduction in a year in Clostridium difficile notifications

Building on the important work we did in previous years, during 2009 we made further inroads into improving the quality and safety of our health services.

To support this objective, the establishment of a Directorate of Quality and Clinical Care in 2009, and the appointment of a National Director dedicated to progressing the quality agenda in the clinical arena, was of paramount importance to the organisation. Clinical leadership is now firmly embedded within the corporate structure of the organisation.

In 2009 we focussed on:

- Clinical Leadership, Clinical Governance and the Clinical Director Programme
- Planning for implementation of clinically led programmes of care similar to the National Cancer Control Programme
- Implementing the Quality and Risk Management Standard
- Continued improvement in the reduction of Health Care Acquired Infections (HCAI)
- Overseeing the HSE implementation of the report of the *Commission on Patient Safety and Quality Assurance – Building a Culture of Patient Safety*
- Developing Healthcare Audit as a robust quality assurance process
- Overseeing, monitoring and learning from serious incidents in the organisation.

The appointment of 49 Clinical Directors in 2009 provided the foundation for developing clinical management within operational services. Prioritised care programmes to commence in 2010 were agreed and appointment of clinical leads for the programmes was progressed in association with the Professional Colleges and Associations.

Programmatic Approach to Developing and Implementing Clinical Care Programmes

Initial work in 2009 focussed on engagement with clinicians involved in service delivery to establish current thinking on priority areas for an initial phase of clinical care programmes. This resulted in the following prioritised programmes for Phase 1:

- Stroke
- Acute coronary syndrome
- Heart failure
- Asthma/Chronic Obstructive Pulmonary Disease
- Diabetes
- Epilepsy
- Mental health

Priority programmes/projects to address waiting times in Outpatients and Emergency Departments were also identified to be included in the 2010 work programme.

A programme management process was defined in 2009 which will be used to support the specification and implementation of the programmes in 2010. The output from each clinical care programme will include:

- Overall service model (model of care)
- Specific solutions with implementation plan
- Guidelines, integrated care pathways, process maps and patient/doctor information
- Structure and process by which clinicians have authority to manage local services
- Manpower planning and education
- Reconfiguration recommendations
- Research recommendations
- Performance measurement

The support of the Royal College of Surgeons in Ireland, Royal College of Physicians in Ireland, and the various clinical faculties was important in developing the priorities and programme plans.

Managing Risk and Assurance

In our health system, as in every other in the world, our staff work to ensure quality and safety in all aspects of patient care and service provision. Every day the HSE delivers high-tech and high-quality services with positive outcomes for many thousands of people.

Our patients and service users are entitled to be treated by competent professionals who are appropriately skilled. However in every healthcare system errors happen, sometimes with serious or even fatal consequences for patients and their families.

Each part of our health service has in place systems to avoid harm, but in the event that it does occur, it is our responsibility to ensure that we respond swiftly and openly to manage such events.

Our *Incident Management Policy* outlines the steps that must be taken by each manager to identify and act on serious incidents that occur within their own service. It is designed to allow us, as a whole organisation, to learn from serious incidents, in order to prevent their recurrence. As part of this learning and sharing, master classes were held for the acute services during the year. In 2009 the number of cases reported to the Serious Incident Management Team was 28.

In addition to managing incidents, the identification of specific areas of risk and measures to mitigate against risk were of paramount importance during 2009. Training workshops and guidance documentation were initiated to support staff in developing and populating risk registers.

Healthcare audit has also been formalised as part of our assurance function to ensure that controls for managing risk are effective, that learning from each audit will be shared and the identification of excellence is acknowledged and shared.

Health Care Acquired Infection (HCAI)

It is important that patients who come into our hospitals or use our services in the community are confident that they will receive optimal care in a safe environment and that adverse events, such as infections, are prevented in so far as this is possible.

The problems of healthcare associated infection (HCAI) and antimicrobial resistance (AMR) challenge every health system. These problems cause understandable concern for service users, their families and health professionals who provide care. Having an infection can mean an extended length of stay in the hospital for patients, and hospital costs can be as much as doubled. Globally, HCAI and AMR are recognised as a key patient safety issue.

A zero per cent risk of HCAI is not realistic, but it is vital that every effort is made to minimise the risk of one occurring.

Over 2008 and 2009 the *SAY NO TO INFECTION Strategy* has focussed on tackling HCAI and AMR. As a result of changes implemented by front line staff and health service managers, and with support from service users and their families, measurable progress has been made in reducing HCAI and AMR. The result is safer care.

Improvements have been made across a number of key indicators including:

- The number of MRSA cases fell from 575 to 371 in the period Q4, 2008 to Q3, 2009 (35% reduction)
- Antimicrobial consumption in hospitals has reduced by 5%
- Alcohol gel consumption in hospitals has increased by 86%
- Clostridium *difficile* notifications have reduced from 1,308 in 2008 to 893 in 2009 (32% reduction)

Figure 21: Number of MRSA Cases 2006-2009

Source: Health Protection Surveillance Centre.

Improving Hygiene Standards

In 2009, the Health Information and Quality Authority (HIQA) published *National Standards for the Prevention and Control of Healthcare Associated Infections*. These 12 standards and associated criteria support the efforts which the HSE has made in recent years to tackle HCAI and AMR. HIQA monitors performance of services against these standards and publish reports publicly based on its assessment. Where improvements are required, the HSE works with HIQA in developing a quality improvement plan. HIQA's external monitoring contributes to dynamic continuous improvement. This will sustain our progress in making care safer for the public.

Practical examples of work undertaken in 2009 to promote, and monitor hygiene standards included:

- Development of a self assessment tool and training workshops. Self assessment is a process whereby the organisation measures its conformance against national standards.
- The introduction of a robust, systematic surveillance system in Wexford General Hospital for surgical site infections using a collaborative approach by clinicians and management is contributing to positive patient outcomes. Following one year of surgical site infection surveillance, the infection rate in surgical wounds fell from 9% for 2007 to 5.2% for 2008.
- Newsletters are being used in Louth/Meath Hospital Group to promote good hygiene in hospitals. The newsletters cover topics such as the HIQA Hygiene Audit, updates on the management of hygiene in the hospitals and the results of the hospitals' internal hygiene audit programme.

- Tools to support quality and safety are available to staff on the internal website. This includes; National templates for policies, procedures, protocols and guidelines in relation to quality improvement plans, e-learning packages to support the quality and risk framework, medical devices project.
- Poor performing hospitals (n=14) highlighted in the *HIQA 2008 Hygiene Services Quality Review* implemented their quality improvement plans which are publicly available on *www.hse.ie*
- More than 350 people attended a health promotion hygiene event held in Sligo General Hospital during year. The theme of the event was *Clean Care is Safer Care*, and the attendees included members of the public, patients and staff. The co-operation of patients and visitors is essential for maintaining a high quality, safe and hygienic environment for people to work, visit and be treated.
- A campaign encouraging people in Cork and Kerry to safely dispose of unused or out of date medicines has seen more than 3.5 tonnes of medicines disposed. More than 260 bins of medicines were safely disposed of as part of the free *Dispose of Unused Medicines Properly (DUMP)* campaign, which was organised by the HSE South and the community pharmacists in Cork and Kerry, and supported by Cork City Council, Cork County Council, Kerry County Council and the Regional Waste Management Office. The campaign also raised the public's awareness of how excess medicines in the home can pose a hazard, particularly to children or other vulnerable people.

Nursing Home Inspections

From July 2009, responsibility for inspections of all nursing homes transferred to the Health Information and Quality Authority (HIQA). As a major provider of care to older people, we will continue to work with HIQA and the private nursing home sector to implement newly established standards in residential services for older people.

Action Plan for Health Research

An *Action Plan for Health Research*, developed by the DoHC, in partnership with the HSE and other key stakeholders, was published in November 2009. This group came together to ensure that health research in Ireland is co-ordinated, prioritised and focused and that national policies and strategies for health research are framed strategically in the context of the wider science, technology and innovation agenda. The plan was prepared to prioritise a programme of actions that are essential to creating a health research system.

Examples of Quality Accreditations awarded during the year

- The intermediate care service teams in Castlerea and Roscommon town were awarded ISO 9001:2008 by the National Standard Authority of Ireland (NSAI). This is a certification based on a framework for continuous improvement, customer focus, use of a systems approach, evidence-based decision making and business excellence. The service supports clients who need help to recover from an illness or injury. The service is provided by a multi-disciplinary team in the person's own home and assists in "bridging the gap" between secondary and primary care.
- Liberty Street House, Cork which provides out of home services for young persons, has been awarded the ISO 9001:2000 Quality Accreditation from the NSAI for its consistency and adherence to all its administrative procedures and policies. These processes improve services provided to young people who are out of home or at risk of being so and ensures that we are responsive and effective in meeting their needs.
- The blood bank at St. Luke's Hospital, Dublin, was among the first group of hospital laboratories in Ireland to achieve the internationally recognised standard ISO 15189.This standard, which came into force in Ireland in November 2008, is mandatory for all hospital transfusion laboratories in Europe since the ratification of new EU legislation for blood/blood products.

Operational Excellence

Maximising Efficiency and Effectiveness

We will achieve operational excellence using processes and systems that are efficient, easy for service users to access and understand, evidence based and deliver value for money.

The aim of the new procurement policy is to help staff undertaking procurements, and to promote improved awareness of the key issues involved in green procurement and social sustainability.

The Midland Regional Hospital, Tullamore received international recognition when the architectural design of the new hospital was highly commended at the 'Building Better Health Care Awards'.

The first progress report against the HSE Corporate Plan 2008-2011 showed that significant improvements were being achieved in areas such as services for older people, mental health and childhood vaccinations

Fast Facts 2009

- €429 million of funding was spent building and improving structural facilities for our patients
- We procured €4.5 billion worth of goods and services to support delivery of patient care
- €565 million worth of contracts were awarded during the year
- 3 million of the population are registered for services provided by 2,100 GPs and 1,500 pharmacy contracts at a cost of €2.2 billion per annum.
- There were 7.5 million visits to our internet site *www.hse.ie* with a 20% increase in pages viewed over 2008
- €250 million of savings were achieved (€500 million since 2007)
- 193 internal audit reports were undertaken on our systems and processes

Our support functions are essential to the smooth running of the organisation, enabling it to fulfil all its functions as efficiently and effectively as possible. These include:

- Estates and Capital Projects
- Information Communication Technology (ICT)
- Procurement
- Contracts
- Legal services
- Finance, including Cost Reductions and Value for Money Programmes
- Communications
- Planning and Performance
- Internal Audit

2009 Capital Plan

The HSE recorded capital income of €443.74 million for the year ended 31 December 2009. This included €428.64 million of exchequer funding, of which €15 million was in respect of ICT projects. The total capital expenditure in 2009 was €414.11 million. This included capital grants to voluntary agencies of €126.14 million.

In developing the capital programme for the year, the main priorities were the procurement of individual projects, alignment of the 2009 Capital Plan with the 2009 National Service Plan, and management of the capital allocation within available resources.

The HSE's capital allocation included a supplementary allocation of €25 million for mental health projects which was fully utilised for mental health services. This represents the commencement of the implementation of *A Vision for Change* to address the mental health infrastructural deficits which will continue in 2010 and following years following submissions to the Department in 2009. *A Mental Health Development Programme* in line with the value of sale of surplus assets was agreed in 2009 which will be implemented over the next few years.

The Primary Care Strategy reached a milestone in 2009 with the opening of the first Primary Care Centres in Waterford and Letterkenny procured by means of lease agreement. By the end of 2009 negotiations were approved in principle by the Board of the HSE at 182 locations. Seven Primary Care Centres in total were opened in 2009 and a further 24 to 30 are expected to open in 2010. These Primary Care Centres provide accommodation for one or more primary care Teams co-located with their GP complement.

New 50 bed Community Nursing Unit at St. Mary's Orthopaedic Hospital, Cork.

A wide variety of capital projects were progressed in 2009 including:

- Over 520 long stay residential beds delivered, over a 1,000 more in construction or planning.
- Construction work commenced on the Mater Misericordiae University Adult Hospital Project and will complete in early 2011.
- The Design Brief for the National Paediatric Hospital Development was completed and a Design Team appointed. The team have commenced the exemplar design and preparation of the contract documentation. The site clearance works and substructure works will commence in 2010.
- The focus on the improvement of emergency service provision continued in 2009. The construction of new facilities in Drogheda, Mater Misericordiae University Hospital and Beaumont were completed and construction commenced on the Letterkenny General Hospital Emergency Department.

New Primary Care Centre at Pearse Street, Dublin.

Addiction Centre, Clondalkin.

- The Radiation Oncology project progressed with the commencement of the construction of the Phase 1 facilities at Beaumont and St. James's Hospitals. The Public Private Partnership (PPP) project will reach the Public Sector Benchmark milestone in Q1 2010 and procurement of the PPP preferred bidder will commence later in 2010.
- Tenders for a National Integrated Medical Imaging System (NIMIS) project were invited and evaluated in 2009. A contract will be signed with the successful bidder in 2010, with project implementation starting thereafter.
- Major hospital developments in planning/construction phases include Our Lady of Lourdes Hospital, Drogheda, Letterkenny General Hospital, St. Vincent's Hospital, Mid Western Regional Hospital, Limerick, Ennis General Hospital, University College Hospital, Galway, Cork University Hospital and St. Luke's Hospital, Kilkenny.

Additional information on Capital Projects can be found in Appendix 4.

ICT Capital

The HSE spent €12.07 million on ICT capital projects in 2009. In total, 125 projects were undertaken in 2009, 60 of which completed in 2009 and 65 are continuing in 2010. Some of the projects were sanctioned late in 2009 and as a result will not incur significant expenditure until 2010.

Capitally funded ICT projects are categorised by major work-streams: Strategic National Business Initiatives; Regional and Local Initiatives; Electronic Health Record Information Framework; ICT Infrastructure and ICT Capacity.

Some of the more significant **Strategic National Business Initiatives** progressed during 2009 which impact directly on patient care included:

- The continued roll out and planning for the Integrated Patient Management System (iPMS). The implementation of iSOFT's patient management product Core Hospital Information System (HIS) modules are complete in the Southern, North Western and North Eastern Hospitals Groups, in the Midland Regional Hospital in Tullamore and in a number of community hospitals. A major version upgrade was implemented successfully in 2009 and sanction received to deploy the iPMS product as a replacement for dated HIS systems at the following locations:
  - Dublin Maternity Hospitals:
    - The National Maternity Hospital, Holles Street
    - The Rotunda
    - The Coombe
  - Mercy University Hospital, Cork
  - South Infirmary – Victoria University Hospital, Cork
  - Hospitals throughout the South East Region

Photo: Dr. Niall Sheehy, Lead Radiologist, NIMIS.

National Integrated Medical Imaging System (NIMIS) Project

Every hospital in Ireland uses medical imagery technology to assess, diagnose and treat their patients using technology such as X-rays, CT, MRI, Ultrasound and PET Scans. Approximately one quarter of our acute public hospitals use technologies called Picture Archive and Communication Systems and Radiology Information Systems (PACS/RIS) to captured, store and examine images using computers rather than printed film.

The NIMIS project is investing over €40 million to deliver integrated PACS/RIS systems to all the remaining acute hospitals in Ireland along with a central store for all images, accessible on demand from hospitals throughout the country subject to agreed security rules and protocols. NIMIS will make Ireland's radiological services 'filmless' and enable secure and rapid movement of patient image data throughout the health service.

It will bring about significant efficiencies in the way people work and will greatly assist communications within hospitals, particularly between radiologists, doctors, nurses and patients. There will no longer be lost images and reports and requests for diagnostic tests will be placed electronically so that clinical information will be available to the radiographer and radiologist at the time of the examination.

For patients there will be fewer repeat x-rays or scans, faster turn around for reports, rapid transfer of images between clinicians for consultation or remote referral, and security of patient data with controlled and audited access.

For clinicians it will mean a better and more efficient working environment where there will be faster delivery of medical images to the Radiologist for reporting and full availability of prior examinations and reports.

In 2009, following concluding of the tender process for the supply of PACS/RIS solutions for 35 acute hospitals, the Board of the HSE approved the tender in September 2009. The implementation is due to commence in 2010 and is expected to be completed within three years.

- Implementation of Clinical Systems continued during 2009. Tenders were also run for the supply of national solutions for Nephrology (Renal), Sterile Instrument Tracing and Endoscopy Systems.
- The business case for a new National Child Care Information System was approved and the functional specifications are being developed in preparation for tender in 2010.
- Sanction was received for a national Environmental Health Information System that will replace legacy, health board-specific/localised solutions with a nationwide solution that provides more functionality and also meets legislative requirements.
- A solution was procured to facilitate the implementation of the *Nursing Home Support Scheme 'A Fair Deal'* legislation, with basic functions going live in 2009.
- The Health Atlas Ireland project (a mapping, database and statistical system that supports web-enabled access across the Irish health sector and collaborating agencies) was completed and became operational during the year.
- Healthlink, the web-based messaging service, allows the secure transfer of patient information over the internet between hospitals and GPs. Further substantial rollout of this project took place in 2009 with pilots established for electronic referral of patients to specialist cancer teams (prostrate, breast and lung cancers). The implementation of these pilots, combined with the improved quality of data included in the referrals and the associated process changes within the hospitals, will have a very positive impact on waiting times for those in most urgent need of treatment.
- The Pandemic Vaccination Programme Information System was implemented nationally to assist with the management of the Pandemic (H1N1) 2009.

In the context of supporting **Regional/Local Initiatives**, ICT projects included the deployment of Intensive Care Unit (ICU) Clinical Information Systems at St. James's and the Mater Misericordiae University Hospital, Dublin and the deployment of Infection Control systems at Galway University and Kerry General Hospitals. Sanction was also received for ICU systems at Sligo General, Our Lady's Children's Hospital Crumlin and Tallaght. The implementation of many other, smaller systems was also completed during the course of 2009.

Developing the **Framework for the Electronic Health Record** is a long term goal for all health organisations throughout the world. In 2009, sanction was received to put in place the foundation stones for this by developing an Information Systems Framework. Work will start on this project in 2010. The specifications for a National Client Index (NCI), as required to support the NIMIS project, was created in 2009 so that index itself can be developed in 2010.

Significant developments in the area of **Improving ICT Infrastructure and Capacity** during 2009, included:

- Primary Care Team hardware infrastructure installation. Significant progress was made in the procurement and deployment of ICT infrastructure to team sites.
- Major ICT infrastructure upgrades occurred at the following locations, Cork University Hospital, (main site and new Cardiac Renal Centre), Merlin Park Hospital, Galway and Sligo General.
- The footprint of the National Health Network, the WAN connecting HSE hospitals and sites, was expanded. The network was further leveraged to deliver mechanisms for fixed to mobile calls with the associated reductions in voice call costs.
- There were further developments in the HSE Internet and Intranet. The posting of health sector jobs is now hosted on the HSE internet website itself. Also, a new website called *www.certificates.ie* to enable on line ordering of 'Life Event' (Births, Deaths and Marriages) certificates was launched. This project was short listed for the Taoiseach's Public Service Excellence Award, 2009.
- New National Health Data Centre established in north Dublin which will house key systems for HSE hospitals and health service offices nationwide.

Procuring Goods and Services

Procurement is the sourcing, tendering, contracting and logistics management of goods, services and equipment for the organisation, to optimise efficiencies and achieve best value for money on the €4.5 billion spent annually on products and services across the organisation in the delivery of patient care.

During 2009 procurement initiatives delivered the following:

- Contracts for mobile phone and mobile data device services were awarded to Vodafone and O2 following four tender competitions using the Department of Finance facilitated national framework for mobile phone services. The agreement means a significant reduction in the cost of telephone calls for both mobile-to-mobile charges and landline-to-mobile call charges, projecting savings of €2 million over a period of 18 months. We will also benefit from more streamlined invoicing and payment processes, and a move from a paper-based to an electronic invoice system in the future.
- Electricity procurement across 12 sites resulting in €6 million savings in one year.
- Patient transport procurement (Eastern region) – saving €6.5 million over 5 years.
- Haematology services procurement (Kilkenny) – saving €2.5 million over 3 years.
- Total procurement related savings of €25 million achieved.
- *A Supplier Charter* was implemented which sets out how we will work in partnership with suppliers to ensure that all supply chain activities are managed in line with HSE business principles, values and requirements.

A **new Procurement Policy** was developed to support procurement staff in promoting improved awareness of the key issues involved in green procurement and social sustainability. The policy is to promote and take account of environmental factors when buying products, services or works. Environmental impacts to be considered include energy, waste or waste water. The HSE national contract for fuel oil is a good example of 'green procurement' as it includes the introduction of a blend of up to 5% bio-diesel.

Social sustainability covers a wide range of issues from health and safety, education and training though to social inclusion and eradicating poverty. Our policy is to promote and take account of social factors when buying products, services or works. This includes ensuring that service providers meet their statutory obligations.

Mark Fielding, Chief Executive of the Irish Small and Medium Enterprises Association (ISME), John O Donovan, Assistant National Director of Procurement, HSE, Julie Ryan, Assistant National Director of Procurement, HSE, John Swords, Assistant National Director of Procurement, HSE pictured here in the Red Cow Hotel, Dublin at a HSE engagement with ISME which provided the forum for the launch of the HSE Supplier Charter.

- Information workshops were held in conjunction with the Irish Small to Medium Size Enterprises (ISME) across the country to ensure that in the economic climate, small to medium size enterprises were aware of the opportunities open to them in doing their business with us.
- An extensive review of Logistics and Inventory Management arrangements across the country was completed. Purpose of this review is to identify the optimum Logistics and Inventory Management configuration to support HSE.

Legal Services

Our organisation is the largest purchaser of legal services in the State and we are implementing a national strategic programme to deliver and manage legal services across the organisation in the most cost effective way.

The establishment of a National Legal Services Department within this Directorate in 2009 is the first step in implementing this national strategic programme.

A key element is the delivery of a new national legal services contracting model by way of a tender competition which commenced in late 2009. The new contracting model will deliver 'more for less' through a competitive tendering exercise and in doing so deliver:

- A significant reduction in the cost of actual legal services,
- High quality legal advice and representation at all times and on all issues,
- Predictability of price and visibility of costs, and
- Consistency and continuity of service.

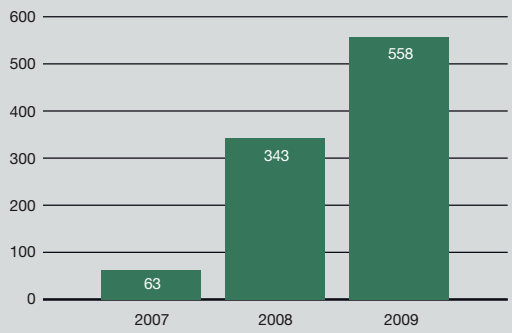
Reducing Costs in 2009

Considerable input from both management and clinicians was required to manage our financial resources in the most efficient and effective way possible during 2009. The *HSE National Service Plan 2009* was a tightly balanced plan based on maximising efficiencies and reducing expenditure. Rigorous attention ensured that significant savings achieved in previous years were maintained and, in order to breakeven, an additional €250 million savings identified for 2009 were also achieved. This included €115 million which was a specific value for money (VFM) target set by Government. Particular cost pressures during 2009 included the growth in demand led schemes such as medical cards. It was necessary to transfer some service delivery budgets into schemes to cope with the costs involved. There were shortfalls in the health levy and despite additional support from Government, a substantial overrun occurred in pension costs, due to the unprecedented level of retirements.

Since 2007, we have been actively engaged in a broad programme to reduce our cost base, ensuring that the resources we use provide real VFM. A cost reduction target for the four year period 2007-2010 of the VFM programme was set at €500 million. At the end of 2009, a year earlier than anticipated, a total of €558 million savings have been achieved in areas such as reduced medical and surgical costs, reduced administration costs and variable pay costs such as overtime and on-call.

There is also evidence of significant efficiencies achieved by services and managers not just the in delivery of actual cost reductions through VFM, budget management and service reconfiguration initiatives, but also through the management of non-pay cost growth and the resulting cost avoidance. Services are being delivered more efficiently by not growing costs and, during 2008 and 2009, this amounted to approximately €800 million.

Figure 22: Cumulative VFM Delivered 2007-2009 (€ millions)



Pay Cost Management

The full year pay cost was maintained at 2008 levels, despite the full year effect of the pay award *Towards 2016*, with the average monthly cost reduced below 2008 levels in the second half of the year. There has been considerable performance in the management of variable pay during the year, such as a 13% reduction in overtime costs and a 5% reduction in on-call costs.

Detailed financial information can be found in the second section of this report under the HSE Annual Financial Statements, 2009 on page 76.

National Financial and Procurement System

Following discussions and agreement during the year on an approach to the implementation of a national financial and procurement system with the DoHC and the Department of Finance, a formal business case submission will be sent to the Department of Finance (CMOD) in 2010.

Improving our Communications

Communication is essential to the smooth running of any organisation. For a health service, it is vital that the public are able to access information on our services via a variety of media. It is also important for our staff have access to up to date information on the HSE as the organisation is not a static entity, but one that is constantly changing and developing.

In 2009 we:

- Redesigned the *www.hse.ie* website to make it more user friendly, with lots of interactive features.
- Developed a language hub, making available foreign language health information in web and leaflet.
- Changed the way in which we communicated internally through the production of new style Health Matters which provided more analysis of our services, has a wider distribution and advertorial to defray cost of production.
- Hosted a number of staff surveys on internal websites.
- Launched an online staff communications toolkit giving practical help in report writing, giving presentations.
- Concentrated on developing relationships with media broadcasters and journalists.

Monitoring Our Performance

Work progressed during 2009 to align our planning and performance functions across the organisation. In October 2009, a Business Intelligence Unit was established to centralise all performance activity in a single repository. In the absence of a single ICT system, the organisation is constantly challenged to balance the cost benefit of collecting large amounts of data.

The first progress report against the *HSE Corporate Plan 2008-2011* was published during 2009. The report provided an opportunity to check progress against our desired longer term objectives and priorities. The analysis showed that so far, 23 of the 30 measures are performing at 70% or greater against target. For seven measures we are below this threshold. Over time this analysis will enable us to create an ongoing picture of how we are performing over the life of the plan and will act as a reference point for future progress. A second progress report to cover the period July to December 2009 has also been published on *www.hse.ie*

Monthly Performance Reports to measure the implementation of the annual *National Service Plan 2009* were made publicly available on our website *www.hse.ie* during the year. These reports provide very detailed information on service activity, financial and human resources.

HealthStat

Launched in March 2009, HealthStat, is a comprehensive databank of performance information from Irish public health services published online. As a management tool, HealthStat is designed to support continuous improvement and greater transparency by providing reliable, timely and comprehensive information about how services are being delivered. It provides detailed monthly results from 29 teaching, regional and general hospitals showing how each are performing against national and international targets in delivering services. HealthStat works on the basis of actual measures and targets. Hospitals get marks on three themes:

- Access – measures waiting times for hospital services.
- Integration – checks whether the services received are patient centred.
- Resources – looks at how staff and financial resources are being used.

The information available on HealthStat includes measures such as outpatient department wait times; the average length of stay in hospital and whether patients/families are being informed of their treatment and included in discharge planning. It also records how well each hospital is using its resources by measuring, for example, absenteeism levels, number of patients seen in outpatient clinics, therapies and diagnostic tests.

LENUS is Ireland's most comprehensive online repository of health-related reports, research and official publications. Spanning a period from the 1960s to the present day, LENUS makes available a wealth of material from nearly all organisations active in the field of Irish health care including the HSE and the DoHC. A significant amount of the material contained in LENUS is being made available online for the first time.

As the only Irish resource of its kind, LENUS is a vitally important facility for medical professionals, policy-makers, academics, librarians, students and the general public. It encompasses clinical research, policy evaluation, statistics and official publications.

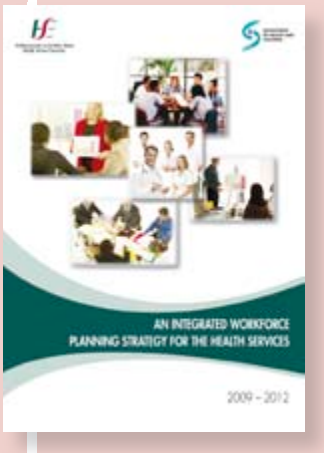
Created by the staff of the Regional Library & Information Service in Dr. Steevens' Hospital, Dublin, LENUS can be accessed at *www.lenus.ie*. LENUS is also included in the World Wide Science organisation (*www.worldwidescience.org*) and is accessible via *www.hselibrary.ie* and *www.hse.ie*, and is listed in the Open Door directory of online repositories.

Lenus
The Irish Health Repository

Unlocking Our Potential

Better Work Practices

We will actively support and encourage all staff to achieve their full potential and deliver quality care. In partnership, we will recognise and celebrate achievements and encourage staff to work responsibly, manage challenges and take pride in their contribution to the services they provide on behalf of the organisation.



Improved workforce planning will enable our clinical and non clinical staff achieve their full potential.

New legislation under the Health Act 2007, which came into operation on 1 March 2009, provides for the making of protected disclosures by health service employees.

An Integrated Employee Welfare and Wellbeing Strategy sets out best practice in the promotion of attendance, reduction in workplace illnesses and a reduction in the length of time employees are absent from the workplace.

Fast Facts 2009

- 48% of our staff are employed in primary and community services
- We reduced our management/administration staff by 2% or 357 WTEs since 2007
- 35% of our staff numbers are employed in the voluntary sector
- More than one third of our staff are nurses, providing care in both the acute and community settings
- At the end of December there were 109,753 WTEs employed in the HSE
- 2,472 people retired in 2009 (1,921 WTE)
- 3,217 Consultants are employed (24% increase on 2004)
- 49 Clinical Directors in post to drive improvements in quality and clinical care
- The average absenteeism rate for 2009 was 5%.
- We have 89 Registered Nurse Prescribers
- In the first six months of 2009, Registered Nurse Prescribers wrote 5,385 prescriptions for 4,324 patients
- We have 40 fully trained and accredited Mediators operating on a part time basis

Our Workforce

As the largest employer in the State, with nearly 110,000 whole time equivalent employees (WTE), our workforce is a very valuable resource.

It is essential that we have the right number of people, with the right skills, in the right place, and at the right time. As a complex organisation, to achieve this, particular attention must be paid to attracting and retaining staff, managing staff turnover and absence, focusing on staff training, recruiting specialist disciplines and working with representative bodies to maintain industrial peace. In this way we can develop and support an organisational structure and culture that is client/patient focused and empowers staff to realise their potential and have pride in the services they provide in a safe and healthy working environment.

Managing and monitoring our human resources in 2009 involved focussing on:

- Maintaining employment within an overall government approved ceiling of 111,800 WTEs
- Recruiting the required skills to meet our service development needs
- Reducing absenteeism with a target of achieving a rate of < 3.5%
- Ensuring that the Management/Administrative category of staff is proportionate to service delivery requirements, while also reducing its overall numbers

Table 9: Health Service Personnel Census December 2008 v December 2009

Category	WTE December 2008	% of Total	WTE December 2009	% of Total	% change 2007-2009
Medical/Dental	8,109	7%	8,083	7%	0%
Nursing	38,108	34%	37,466	34%	-2%
Health and Social Care Professionals	15,980	15%	15,973	15%	0%
Management/Administration	17,967	16%	17,611	16%	-2%
General Support Staff	12,631	11%	11,906	11%	-6%
Other Patient and Client Care	18,230	17%	18,714	17%	3%
Total	**111,025**	**100%**	**109,753**	**100%**	**-1%**

Source: Health Service Personnel Census. All figures are expressed as rounded whole time equivalents (WTE) and exclude home helps.

Note: Information is for guidance only as data not fully comparable due to methodology changes over time.

Management/Administrative consists of staff who are of direct service to the public and include consultants' secretaries, outpatient department personnel, medical records personnel, telephonists and other staff who are engaged in front-line duties together with non-frontline staff in the following areas: Payroll, Human Resource Management (including training), Service Managers, IT Staff, General Management Support and Legislative and Information Requirements.

Analysis of composition of health service staff found that only 2-5% of personnel had 'back office' functions, 95-98% are 'front of house'.

Other Patient and Client Care staff category includes ambulance service staff, health care attendants, care assistant and other direct care staff involved in day-to-day clinical services to patients and clients.

General Support Staff include such key services as Catering, Housekeeping, Laboratory Support Services, Maintenance and Portering without which clinical services could not operate.

- Centralising recruitment and pension management functions in Manorhamilton, Co. Leitrim
- Implementing, monitoring and measuring the new Consultant Contract
- Surveying the wellbeing of employees
- Developing workforce planning strategies for the longer term
- Extending the role of nurses and midwives
- Identifying ways to support more distance learning for professional and personal development
- Supporting the development and implementation of the Integrated Services Programme (ISP)
- Responding to the requirements of the government moratorium on staff recruitment whilst optimising service delivery.

Figure 23: HR ceiling 2009 v actual 2009 and 2008

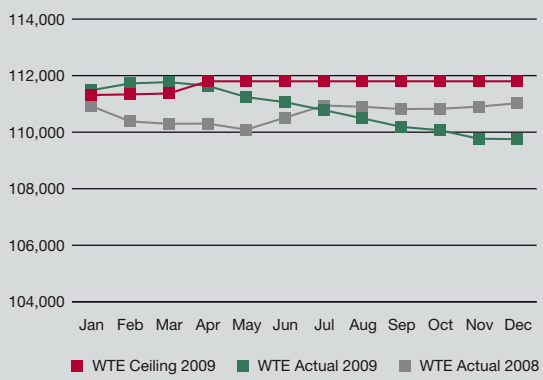


Table 10: New Service Development Posts 2009

Service Area	No. of new posts	No. of posts filled	Still in process December 2009
Child and Adolescent Mental Health services	35	30	5
Disability services	90	46	44
Cancer services	100	28	72
Total	**225**	**114**	**121**

Human Resource Strategy

The first *HSE Human Resource Strategy* developed for the organisation was implemented in 2009. The strategy is a five year plan with the objective of supporting the business in the delivery of health and personal social services through the development of a single HR platform which ensures the best fit between HR and the wider organisational strategy.

The focus of the strategy is to provide centres of excellence, together with a wide range of HR tools, in the following areas: Leadership Development; Succession/Talent Management; Performance Management; Recruitment & Employer Branding; Change & Processes; Corporate Employee Relations; Shared Services.

Consultant Contract

In 2009 we consolidated the implementation of the new Consultant Contract introduced in 2008. As part of the contract a new senior management position of Clinical Director was introduced. These are key members of the local corporate management teams and plan how clinical services are to be delivered, how resources are employed, contribute to strategic planning and achieving service and organisational priorities, and deploy and manage consultants. During the year, the HSE worked with the Forum of Postgraduate Medical Training Bodies and a number of sub-groups to develop the role of and support the work of Clinical Directors.

Highlights included:

- 49 Clinical Directors appointed to help lead and develop hospital and mental health services and drive improvements in quality and clinical care.
- 69 additional Consultants posts approved during the year, resulting in a total of 3,217 Consultants now working in our health services. This represents an increase of 23% since 2004.
- A Consultant Applications Advisory Committee was established in October 2009 ensuring clinicians, medical training bodies, advocates of patient and other health sector interests are involved in the regulation of consultant posts.
- Amending consultant work patterns to make best use of increased hours from 33 scheduled hours to 37 scheduled hours per week, extended 8.00am-8.00pm working day Monday to Friday and provision for weekend working.
- Formalised reporting arrangements for each consultant's public:private mix and related data.

Education, Training and Development

In December 2009, the HSE Board approved the implementation of a number of key principles and recommendations which will inform the organisation and delivery of Leadership, Education and Development services in the years ahead.

Highlights included:

- Medical Education, Training and Research – A joint HSE/Health Research Board integrated programme for specialist medical training and PhD commenced on 1 July 2009 with four fellows. The second phase of the programme, with two scholarships, will take place in early 2010.
- Successful transfer of all functions of the dissolved Postgraduate Medical and Dental Board to HSE
- The development of a shared national non consultant hospital doctor database for clinical sites, postgraduate training bodies and the Medical Council to access, input and share information
- Generic and bespoke e-learning programmes have been developed and are available to staff on line (*www.hseland.ie*) to address areas such as Pandemic (H1N1) 2009, Infection Control, Venepuncture and Cannulation.
- In conjunction with Royal College of Surgeons in Ireland and University College Cork the extension of the role of nurses and midwives continued in 2009 in the areas of prescribing of medicinal products, prescribing of ionising radiation, venepuncture and intravenous cannulation and also electroconvulsant therapy
- Development of clinical placement provision for medical and allied health professionals
- Publication of a strategy on the *Education and Development of Health & Social Care Professionals* in June 2009
- In partnership with the Public Appointments Service a pilot initiative commenced in Connolly Hospital, Blanchardstown, Dublin to assess competency requirements for senior management roles in a hospital setting
- *The Change Hub* on *www.hseland.ie* offers an online practical, consistent set of tools and resource to managers and teams actively managing change as well as communication and engagement features which facilitate the sharing of information and exchange of views on change initiatives ongoing in the HSE.

Employee Welfare and Wellbeing

In July 2009, we published our Integrated *Employee Welfare and Wellbeing Strategy*, a comprehensive framework incorporating a suite of initiatives and policies to support managers and employees. The strategy was developed through a joint union-management steering group, and seeks to respond to issues raised in our Employee Wellbeing Survey.

Left to right: Patient Theresa Lowney with Cathy Sheehan, Clinical Nurse Manager 2 and Registered Nurse Prescriber.

Nurse Prescribing

Castletownbere Community Hospital, West Cork became the first community hospital in Ireland in which a registered nurse has issued a prescription for patients.

The strategy defines six strategic objectives:

- Prevention: managing health, safety and welfare in the workplace
- Promotion: identify and prioritise initiatives to promote wellbeing
- Rehabilitation: successfully reintegrate employees back into the workplace following absence
- Staff development: encourage staff to reach their potential
- Information systems: develop systems that ensure the availability of timely, accurate data
- Communication: ensure effective communication of Employee Welfare and Wellbeing matters.

Implementation of the objectives of the Strategy has begun across a number of areas, notably in managing attendance, where reductions in absenteeism levels were visible throughout 2009. The completion of the strategy coincided with the launch of *Linking Safety and Service: Together Creating Safer Places of Service*, a strategy for prevention and management of aggression and violence in the workplace.

Protected Disclosures of Information

Employees who have concerns about risks to patient/client care or waste of public funds in their workplace may now report these concerns without fear of penalisation in their employment or civil liability. New legislation under the *Health Act 2007*, which came into operation on 1 March 2009, provides for the making of protected disclosures by health service employees.

In April 2009, the updated *Good Faith Reporting* policy was approved by the Board's Audit and Risk Committees and formed part of the 2009 review of the Governance Framework.

Workforce Planning Strategy

An integrated *Workforce Planning Strategy for the Health Services 2009-2012* has been developed to meet the needs of a modern health service. The overall goal of this strategy is to ensure that strategic and operational workforce planning processes are established as key activities in the health services. Given the significant proportion of health funding that goes towards staff costs, it is essential that improved planning enables our clinical and non clinical staff achieve their full potential.

The strategy highlights that workforce planning must be integrated with service and financial planning and outlines the principles for guiding better workforce planning decisions.

Publication of the strategy follows on the publication earlier this year of *'A Quantitative Tool for Workforce Planning in Healthcare'* which reviews future requirements for many critical health service grades.

Survey of 2007 Nursing Graduates: Where are they now?

A survey was conducted in 2009 by the HSE Office of the Nursing Services Director, on graduates who completed a Bachelor of Science (BSc) undergraduate education programme in general, psychiatric or intellectual disability nursing in 2007. The overarching purpose of the survey was to gain a better understanding of employment trends and practice issues of newly qualified nurses entering the workforce.

The report provided information from these graduates about their experience seeking work, initial and current employment status, and initial nursing practice experience.

Almost every respondent (98%) began initial employment as a registered nurse after graduation and the majority (96%) reported current employment as a registered nurse. Some 65% of respondents reported that it took less than four weeks for them to obtain initial work as a nurse. It also found that:

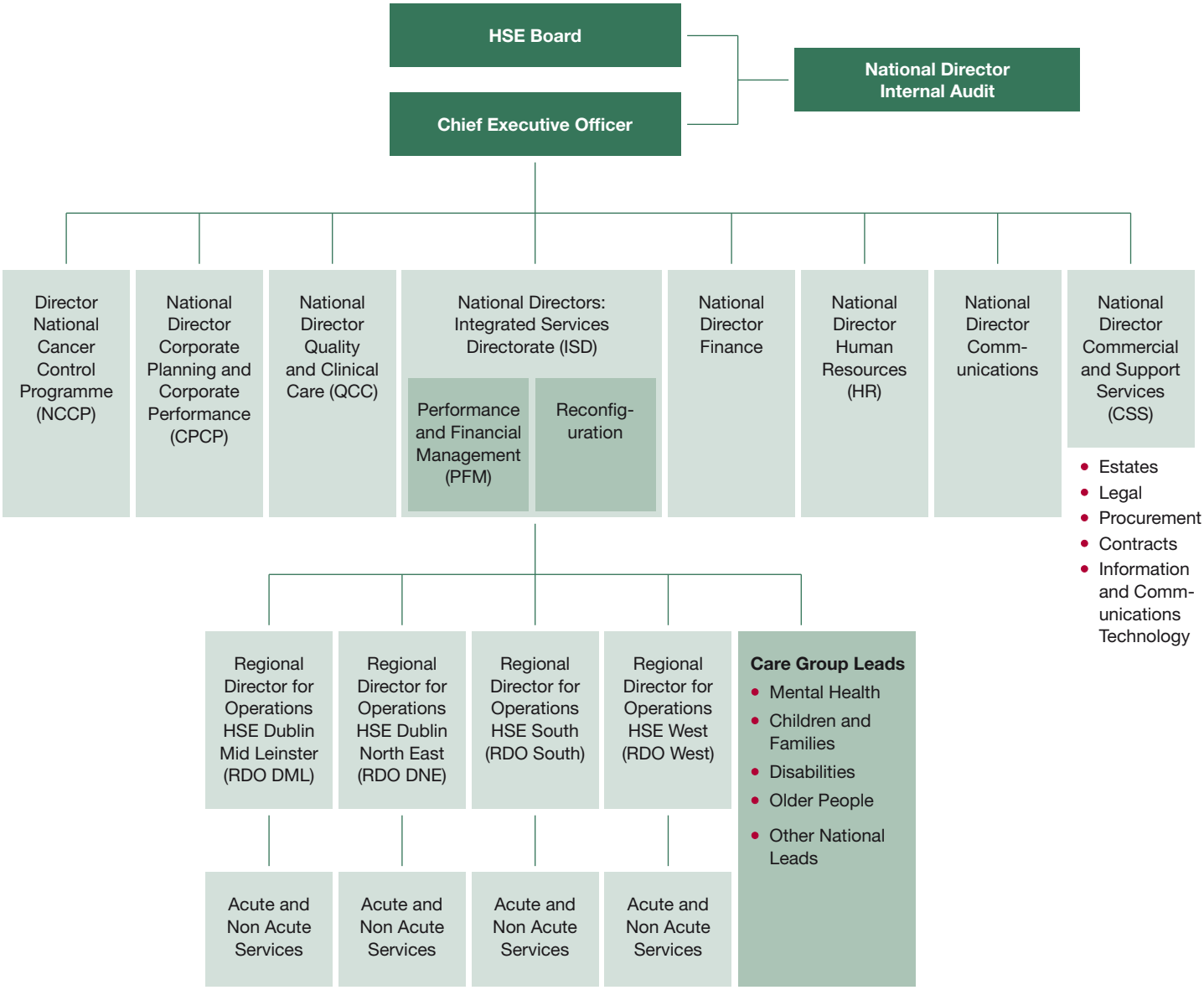
- 92% reported work hours of 39 hours or more per week
- 62% were employed in the public health sector
- 75% were employed in acute hospitals
- 90% said that they received an orientation

The key recommendations contained within the report indicate a way forward to facilitate the ongoing development of nursing and midwifery pre-registration education programmes, ensuring that these programmes are continuously updated to reflect evolving health service requirements and related changes in nursing and midwifery practice.

Appendices

Appendix 1

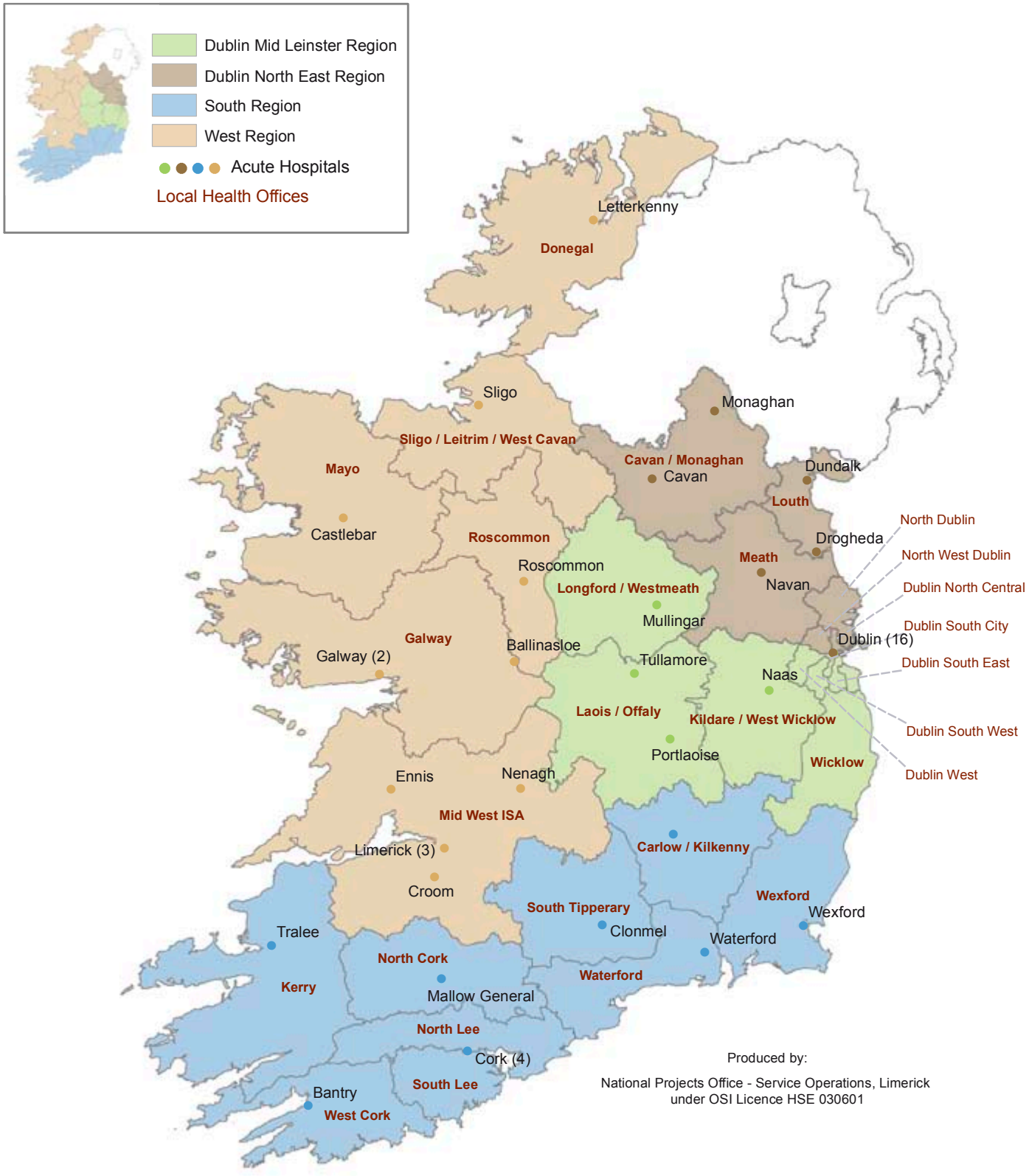
HSE Organisational Structure



Appendix 2

Maps and Contact Details

HSE's Four Regions – Location of Local Health Offices and Acute Hospitals



HSE South

Local Health Offices	
Cork South Lee:	Abbeycourt House, George's Quay, Cork. Tel: 021/4923833
Cork North Lee:	Abbeycourt House, George's Quay, Cork. Tel: 021/4923954
West Cork:	Coolnagarrane, Skibbereen, Co. Cork. Tel: 028/40559
North Cork:	Gouldshill House, Mallow, Co. Cork. Tel: 022/30248
Carlow/Kilkenny:	Lacken, Dublin Road, Kilkenny. Tel: 056/7784209
South Tipperary:	St. Luke's Hospital, Clonmel, Co. Tipperary. Tel: 052/77015
Waterford:	Cork Road, Waterford. Tel: 051/846766
Wexford:	Ely Hospital, Wexford. Tel: 053/9123522
Kerry:	Rathass, Tralee, Co. Kerry. Tel: 066/7184549

Southern Hospitals Group
Cork University Hospital Tel: 021/454 6400
Mallow General Hospital Tel: 022/30300
Kerry General Hospital Tel: 066/718 4000
Bantry General Hospital Tel: 027/50133
Mercy University Hospital Cork Tel: 021/427 1971
South Infirmary Victoria University Hospital, Cork Tel: 021/492 6100
South Eastern Hospitals Group
Waterford Regional Hospital Tel: 051/848 000
St. Luke's General Hospital, Kilkenny Tel: 056/778 5000
Wexford General Hospital Tel: 053/915 3000
Lourdes Orthopaedic Hospital, Kilcreene Tel: 056/778 5500
South Tipperary General Hospital, Clonmel Tel: 052/77000

HSE West

Local Health Offices	
Galway:	Merlin Park Hospital, Galway. Tel: 091/775109
Mayo:	St. Mary's, Westport Road, Castlebar, Co. Mayo. Tel: 094/9049065
Roscommon:	11 Hollywood Grove, Ballaghadereen, Roscommon. Tel: 094/9877842
Donegal:	Iona Office Block, Upper Main Street, Ballyshannon, Co. Donegal. Tel: 071/9834000
Sligo/Leitrim:	Manorhamilton, Co. Leitrim. Tel: 071/9820524
Clare:	Tobartaoscain, Ennis, Co. Clare. Tel: 065/6863480/6863483
North Tipp/	Holland Road, Plassey, Castletroy, Limerick.
East Limerick:	Tel: 061/464060/464061
Limerick:	31-33 Catherine Street, Limerick. Tel: 061/483277

Western Hospitals Group
Merlin Park University Hospital, Galway Tel: 091/751131
University College Hospital Galway Tel: 091/524222
Mayo General Hospital Tel: 0940/21733
Roscommon County Hospital Tel: 09066/26200
Portiuncula Hospital, Ballinasloe Tel: 09096/48200
Sligo General Hospital Tel: 071/9171111
Letterkenny General Hospital Tel: 074/9125888
Mid-Western Hospitals Group
Regional Hospital, Dooradoyle Tel: 061/301111
Regional Orthopaedic Hospital, Croom Tel: 061/397276
Regional Maternity Hospital, Limerick Tel: 061/327455
Ennis General Hospital Tel: 065/6824464
Nenagh General Hospital Tel: 067/31491
St. John's Hospital, Limerick Tel: 061/462222

HSE Dublin North East

Local Health Offices	
Dublin North West:	Millhouse Building, Ashtowngate, Dublin 15. Tel: 01/8693504
N. Central Dublin:	Ballymun Civic Centre, Main Street, Ballymun, Dublin 9. Tel: 01/8467341
North Dublin:	Swords Business Campus, Balheary Road, Swords. Tel: 01/8131867
Cavan/Monaghan:	Rooskey, Monaghan, Co. Monaghan. Tel: 047/30483
Louth:	Oriel Suite, 1st Floor, St. Brigid's Complex, Kells Road, Ardee, Co. Louth. Tel: 041/6860737
Meath:	Dublin Road, Kells, Co. Meath. Tel: 046/9280567

Dublin North East Hospital Group
Mater Misericordiae University Hospital Tel: 01/8032000
Beaumont Hospital, Dublin Tel: 01/8093000
Connolly Hospital, Blanchardstown Tel: 01/6465000
Cappagh National Orthopaedic Hospital Tel: 01/8341211
Children's University Hospital, Temple Street Tel: 01/8784200
Rotunda Hospital, Dublin Tel: 01/8730700
North Eastern Hospitals Group
Our Lady of Lourdes Hospital, Drogheda Tel: 041/9837601
Louth County Hospital, Dundalk Tel: 042/933 4701
Cavan General Hospital Tel: 049/4376000
Monaghan General Hospital Tel: 047/81811
Our Lady's Hospital, Navan Tel: 046/9078509

HSE Dublin Mid Leinster

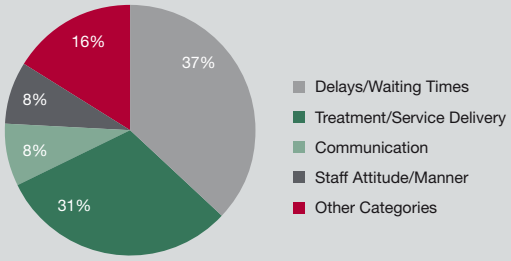
Local Health Offices	
Dun Laoghaire:	Block B, Civic Centre, Main Street, Bray, Co. Wicklow. Tel: 01/2744202
Dublin South East:	Vergemount Hall, Clonskeagh, Dublin 6. Tel: 01/2680506
Dublin South City:	Meath Community Unit, Heytesbury Street, Dublin 8. Tel: 01/4085100
Dublin South West:	HSE Dublin/Mid-Leinster, 52 Broomhill Road, Tallaght, Dublin 24. Tel: 01/4632800
Dublin West:	Cherry Orchard Hospital, Ballyfermot, Dublin 10. Tel: 01/6206276
Kildare/ W.Wicklow:	Oak House, Millennium Park, Naas, Co. Kildare. Tel: 045/880419
Wicklow:	Block B, Civic Centre, Main Street, Bray, Co. Wicklow. Tel: 01/2744374
Laois/Offaly:	Arden Road, Tullamore, Co. Offaly. Tel: 057/935 9780
Longford/ Westmeath:	St. Loman's Hospital Complex, Mullingar, Co. Westmeath. Tel: 044/9395505

Dublin South Hospitals Group
St. Vincent's Hospital, Elm Park Tel: 01/2774000
St. Michaels Hospital, Dun Laoghaire Tel: 01/2806901
St. Colmcille's Hospital, Loughlinstown Tel: 01/2825800
National Maternity Hospital, Holles St. Dublin Tel: 01/6373100
St. Luke's Hospital, Rathgar Tel: 01/4065000
Royal Victoria Eye and Ear Hospital Tel: 01/6644600
St. James's Hospital Tel: 01/4103000
Dublin Midlands Hospital Group
Adelaide and Meath Hospital Inc NCH Tel: 01/4142000
Naas General Hospital Tel: 045/897221
Coombe Women's Hospital Tel: 01/4085200
Our Lady's' Children's Hospital, Crumlin Tel: 01/4096100
Midland Regional Hospital, Mullingar Tel: 044/9340221
Midland Regional Hospital, Tullamore Tel: 057/9321501
Midland Regional Hospital, Portlaoise Tel: 057/8621364

Appendix 3
Complaints

The information learnt from managing complaints helps us to improve the quality of our services. The majority of complaints regarding HSE services that we received during the year were in regard to, delays/waiting times (37%), treatment/service delivery (31%), communication (8%) and staff attitude/manner (8%).

Figure 24: Top categories of complaints received in 2009



As part of improving our response to complaints, a performance indicator was developed to measure the number of complaints responded to within a target of 30 working days. Of the 7,984 HSE complaints received, 79% were addressed within the target timeframe which is an increase of 7% from 2008.

Table 11: Complaints received and % dealt with within 30 working days

2008	No. of Complaints Received	% dealt with within 30 working days
HSE	7,984	79%
Total	**7,984**	**79%**

Table 12: Complaints by HSE Geographical Areas

Geographical Area	No. of Complaints Received
Dublin Mid Leinster	3,354
Dublin North East	2,062
South	1,206
West	1,362
Total	**7,984**

Table 13: Complaints Received Broken Down by Category

Complaint Type	HSE Total Number of Complaints
Delays/Waiting times	3,012
Treatment/Service Delivery	2,558
Communication	680
Staff Attitude/Manner	635
Facilities/Buildings	377
Other	360
Clinical Judgement	135
Cancellations	123
Hospital Accommodation/Food	103
Nursing Homes/Residential Care for Older People	67
Infection Control	51
Pre-school	45
Trust in Care	26
Vexatious Complaints	14
Children's First	2

Note: Some complaints raise multiple issues and therefore fall into a number of categories. Not all complaints are dealt with using the Your Service, Your Say Policy and Procedures. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First.

The largest increase in complaints occurred in a single category of complaints, the 'Delays/Waiting Times' category.

The number of complaints received represents a 63% increase on 2008. While this represents quite a substantial increase, it indicates a number of positives; that the complaints policy is easily accessed, people feel able to make complaints and that the management and reporting of feedback is now part of the everyday activities of the HSE. In 2009, 2% of complainants were unhappy with the response they received from local investigation and requested a review of their complaint. This is the same percentage as in 2008.

It should be noted that information on complaints relate to HSE only. Information on complaints from **Voluntary Hospitals and Voluntary Agencies** were not available for inclusion due to industrial action preventing return of data.

Learning from Feedback

We have a feedback policy in place in all of our services. The policy is provided for in legislation under the Health Act 2007 (Part 9). It ensures that everyone has a **right to** make comments about the services they have received. The legislation also requires the health services to ensure that people are made aware of this right by adequately publicising the policy.

In 2010 a full report will be prepared highlighting lessons learned from the Complaints Management Policy 2007-2010.

Any comment, compliment or complaint is an opportunity to improve the quality of our services and to learn lessons from any mistakes made. Sometimes an adverse event is reported by a patient as a complaint.

Each site has the following literature to assist those who wish to provide feedback:

- Guide to the HSE Feedback Policy
- Leaflets
- Posters

All of these are on display and easily accessible in all public areas.

The promotion and accessibility of this literature gives the message that this is an organisation which wants to hear from the people who use its services.

A complaints officer investigates each complaint and ensures that all comments, compliments and complaints are collected, collated and reported. Managers of services also ensure that feedback is given to individuals and the public on quality improvements which have been put in place as a result of public feedback.

Recommendations made as a result of complaint investigations at local level, complaint reviews at national level and reports by external agencies (e.g. Ombudsman, HIQA etc) all help us to improve the services we provide.

Examples of such improvements are as follows:

- In 2009 the report of the Commission of Inquiry in relation to Leas Cross published its report. As a result of the issues raised in relation to the care provided in Leas Cross, the HSE undertook, in partnership with service users, advocacy groups for older people and trade unions to set up an advocacy service for older people in residential care. This project made significant progress in 2009 with 200 volunteer advocates trained and many residential centres opting to offer advocacy services to residents.
- In a complaint made by the relative of a resident in one facility, an issue was highlighted regarding the making of wills. A policy has been developed for all sites reducing the risk of the same incident happening again.

Freedom of Information

The Freedom of Information (FOI) Act permits access to information held by the HSE and contracted public bodies, which is not routinely available through other sources. In 2009, there were 4,879 requests made under FOI legislation which represents a 15% increase since 2008.

Appendix 4

Acute and Non Acute Capital Projects 2009

Acute Hospital Projects

PROJECT STAGE – PLANNING	PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2009	PROJECT STAGE – CONSTRUCTION COMPLETED
Reconfiguration of Services – Mid West In 2009 projects which will enable the reconfiguration of acute hospital services were identified and all of these projects will be under construction in 2010. • MWH Limerick – Critical Care Block (Tender) • Ennis General Hospital –Ward Replacement • Ennis General Hospital – Endoscopy Unit • Nenagh General Hospital – Endoscopy Unit	**Reconfiguration of Services – Mid West** • MWRH Limerick – Emergency Theatre • Regional PACS System	**Reconfiguration of Services – Mid West** • Ennis Hospital – Radiology Upgrade and CT Installation
Reconfiguration of Services – North East The hospital developments which will enable acute and complex care be concentrated on the two major acute hospital sites will be completed in 2010.	**Reconfiguration of Services – North East** • OLOL Drogheda, Ward Block	**Reconfiguration of Services – North East** • OLOL Drogheda, A&E • Cavan General Hospital – Theatre & Ward Upgrade • Monaghan General Hospital – Ward Upgrade
Reconfiguration of Services – South East The Review of Acute Hospital Services in the South East has been completed and capital projects which will enable this reconfiguration to be implemented are currently being identified • Waterford Regional Hospital – A&E • St. Luke's Kilkenny – Phase 1 Development	**Reconfiguration of Services – South East** • Waterford Regional Hosp – Rheumatology Ambulatory Day Care Unit	**Reconfiguration of Services – South East** • Waterford Hospital – Cardiac Catheterisation Laboratory
Paediatric Services The National Paediatric Hospital Development was progressed in 2009 with the appointment of the Project Managers and Design Team. The Design Brief has been developed and an exemplar design and tender documents are being prepared. Ground works should commence in 2010. • National Paediatric Hospital – Exemplar design • Our Lady's Children's Hospital Crumlin – Provision of additional PICU/HDU places and other facilities	**Paediatric Services** • Children's University Hospital Temple St. – Theatre Upgrade	**Paediatric Services** • Our Lady's Children's Hospital Crumlin – Stem Cell Lab • Our Lady's Children's Hospital Crumlin – Transitional Care Unit • Children's University Hospital Temple St. – Laboratory Upgrade
Cancer Care Construction of the Phase 1 Radiation Oncology Units in Beaumont and St. James's Hospitals commenced in 2009. Phase 2, the PPP project is now at the Public Sector Benchmark milestone has been reached, and subject to approval, procurement will commence in 2010.	**Cancer Care** • Radiation Oncology – Phase 1 Development Beaumont & St. James's Hospital • CUH – Refurbishing and equipping of existing building to accommodate the transfer of Symptomatic Breast Care from South Infirmary University Hospital, rapid access OPD and expansion of laboratories	**Cancer Care** • UCGH – Symptomatic Breast Unit • St. James's Hospital – Symptomatic Breast Care Unit • Beaumont Hospital – Symptomatic Breast Care Unit • CUH – Symptomatic Breast Care Unit
Emergency Departments The focus on the improvement of Emergency Service provision continued in 2009. The construction of new facilities in Drogheda, Mater Misericordiae University Hospital and Beaumont were completed and construction commenced on the Letterkenny GH ED. • Kerry General Hospital – A&E Extension • Sligo General Hospital – Ward Block PPP • Waterford Regional Hospital – A&E	**Emergency Departments** • Letterkenny General Hospital – Ward Block and A&E Department • Mater Misericordiae University Adult Hospital – Main Development • Kilkenny Ambulance Base and Regional HQ • Ballyshannon Ambulance Base	**Emergency Departments** • Midland Regional Hospital Tullamore – Equipping • Mater Misericordiae University Hospital – A&E Upgrade • Beaumont Hospital – MAU and additional HDU Places • OLOL Drogheda, A&E
Other Major Acute Hospital Projects • St. Vincent's Hospital – Phase 2 • University College Hospital Galway (UCHG) – New Clinical Block • Coombe Hospital Relocation PPP • St. James's Hospital – Haematology/ Heptology Project (Tender) • Sligo General Hospital – Ward Block PPP	**Other Acute Hospital Projects** • Cork University Hospital – PET • Beaumont Hospital – Cystic Fibrosis Unit • UCGH – HSSD • NIMIS Tender • Coombe Hospital – Interim Works • UCH Galway – Campus Redevelopment	**Other Acute Hospital Projects** • UCGH – Recompression Unit • Connolly Hospital Blanchardstown – Day Medical Unit and Medicine for Older People Department • St. James's Hospital – PET • Midland Regional Hospital, Mullingar – Phase 2B – (Stage 1) • St. James's Hospital – Provision of additional ICU & HDU Beds • Midland Regional Hospital Tullamore – Equipping

Non Acute Capital Projects

PROJECT STAGE – PLANNING

Older People
The Community Nursing Unit programme, commenced in 2007, delivered 252 replacement beds and 270 additional beds (522 beds in total) in 2009. Another 699 replacement beds and 420 additional beds (1,119 beds in total) are under construction and will be completed in 2010. A small number of projects were progressed in 2009 which will commence construction in 2010.
- St. Mary's, Mullingar – 50 Bed New Community Nursing Unit
- Keel Day Centre
- Kenmare Community Hospital

Primary Care
The first 2 Primary Care Centres delivered by means of lease agreement opened in 2009 in Waterford and Letterkenny. 6 more will open in the first two months on 2010 and a further 26 by the end of the year
- Sean McDermott St. PCC
- Carrick-on-Shannon and Ballinamore PCC and Community Units
- Clonbrusk Athlone
- Athboy PCC
- Inishboffin Health Centre (HC)
- Glenties PCC

Palliative Care
Additional beds being provided in Newcastlewest, Crooksling, County Dublin and Marymount

Disability
The focus in 2009 was in providing appropriate modern accommodation for residents in older institutional units.
- Child Assessment Centre, Clonmel
- Child Assessment Centre, Wexford

Mental Health
In 2009 the focus was on aligning the Mental Health programme with the recommendations in *A Vision for Change*. Projects which will enable the full implementation of *A Vision for Change* were prioritised and progressed. In 2009 and 2010 this programme will be funded from the sale of surplus assets.
- Beaumont Hospital – Acute Psychiatric Unit
- Letterkenny General Hospital Acute Psychiatric Unit (Tender)
- Cherry Orchard Dublin, Child & Adolescent Day Unit (Tender)
- Ballyfermot Mental Health (MH) Community Unit & Hostel
- St. Mary's Mullingar (50 Beds)
- Crumlin MH Community Unit & Hostel
- Clonmel MH CNU
- Central Mental Hospital

Child Care
- Knockmore Child & Family Centre
- Rationalisation of Child Residential Facilities East

Social Inclusion
- Limerick, Mungret St., Addiction Centre

PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2009

Older People
- St. Joseph's Raheny (100 Bed)
- Fermoy Community Hospital Replacement Phase 2A
- Cashel CNU (65 Beds)
- St. Vincent's Fairview (100 Beds)
- Loughrea Community Nursing Unit (CNU)
- Ballincollig (100 Bed)
- Fearnlee Rd Cork (100 Bed)
- Navan – New Community Unit (50 Bed)
- Inchicore CNU (50 Bed)
- St. Mary's Cork (50 Bed)

Primary Care
- Glenamaddy PCC
- Inchicore PCC
- Strokestown PCC
- Callan PCC
- Gorey PCC
- Kinnegad PCC
- Moate PCC
- Mitchelstown PCC
- Ballyogan PCC
- Plus 26 others

Palliative Care
- Marymount Hospice Development
- St. Brigid's Crooksling

Disability
- St. Raphael's, Youghal – New Residential Units (Disability Services)
- Waterford CRC Unit
- Clonbrusk Day Services Unit Athlone
- Springfield Centre, Mullingar

Mental Health
- St. Ann's Galway, Child & Adolescent Residential Unit
- Bessboro C&A Residential Unit Cork
- Ballinasloe Residential Unit (50 Beds)
- Gorey, MH Day Hospital

Child Care
- St. Helena's Resource Centre
- Castlefield Residential Unit

Social Inclusion
- Pearse St. Addiction Centre
- Blanchardstown Women's Refuge Centre

PROJECT STAGE – CONSTRUCTION COMPLETED

Older People
- St. Mary's Phoenix Park 50 Bed CNU
- Clonskeagh (100 Bed)
- Riada House, Tullamore
- Simpson's Hospital Dublin (38 Bed)
- Tralee CNU (50 Bed)
- An Daingean Dingle CNU (68 Beds)
- St. Johns Hospital, Enniscorthy Phase 2 (72 Beds)
- St. Vincent's Dungarvan (32 Bed)
- Harold's Cross (100 Beds)
- Dunmanway Co. Cork (23 Bed)
- Clontarf Phase 1 (32 Beds)
- Mayfield Day and Family Resource Centre, Cork
- Royal Hospital Donnybrook (30 Beds)

Primary Care
- Pearse St
- Drumahair HC
- Westbury HC (Limerick/Clare)
- Irishtown PCC
- Ballyogan PCC
- Millbrook Lawns Refurbishment
- Dundrum HC Fit-Out
- Waterford PCC
- Letterkenny PCC

Palliative Care
- St. Ita's Newcastle Palliative Care Unit
- Millford Haven

Disability
- St. Ita's Portrane – Bungalow Development
- St. Dympna's Residential Unit, Kelvin Grove
- Balgaddy PC and Integrated Disability Unit

Mental Health
- Bloomfield Hospital
- Cope Foundation Cork.
- St. Stephen's C&A Residential Unit
- Fairview C&A Residential Unit
- UCGH, Extension to Acute Unit
- Clonmel MH Day Centre (Morton St.)

Child Care
- Early Intervention Centre, Portlaoise
- Rath Na N'Og, Castleblaney Phase 2
- Foynes Time-Out Facility (Boland's Mills)
- Springboard, Muirhavamore

Social Inclusion
- Clondalkin Addiction Centre

Appendix 5

Performance Against Key National Service Plan Targets 2009/2008

Positive Performance	Stable Performance	Negative Performance

Rule set: Positive performance is judged on performance being equal or greater than the planned position e.g. more day cases are positive, less inpatient discharges are positive, more HCPs are positive, less children in care is positive.

	Actual 2008	Target 2009	Actual 2009	Performance Actual v Target	Performance 2009 v 2008
Primary Care					
No. of contacts with GP Out of Hours	920,132	801,000	931,305		
No. of Primary Care Teams holding clinical meetings	93	210	219		
No. of Primary Care Teams in development – Phase 3	97	100	184		
Community (Demand Led) Schemes					
No. of GP Visits Cards issued	85,546	142,148	98,325		
No. of persons covered by Medical Cards	1,352,120	1,423,830	1,478,560		
No. of Long Term Illness Claims	862,882	909,926	895,868		
No. of Drug Payment Scheme	5,435,421	6,252,629	4,983,192		
No. of High Tech Claims	275,510	315,904	312,878		
Children and Families (based on November 2009 data)					
Total number of children in care (as at end November 2009)	5,347	5,334	5,694		
i. Residential care (Note: Include Special Arrangements)	375 (7%)	426 (8%)	388 (7%)		
ii. Foster care (Note: Do not include Day Fostering)	3,227(60%)	3,196 (60%)	3,422 (60%)		
iii. Foster care with relatives	1,539 (29%)	1,530 (29%)	1,690 (30%		
iv. Other Care Placements/At Home under Care Order	206 (4%)	182 (3%)	194 (3%)		
Mental Health					
First admission rates to acute units per 100,000	26.4	26.4	26.3		
Inpatient readmission rates to acute units, per 100,000 population	70.1	66.6	65.6		
No of Child and Adolescent Mental Health Teams.	47	55	55		
Older People					
Total no. of Home Help hours provided	12,643,677	11,980,000	11,970,323		
No. of in receipt of home help service	55,366	54,500	53,791		
Persons in receipt of homecare packages	8,990	8,700	8,959		
Total number in receipt of subvention (monthly average)	9,092	9,100	8,823		
Total Persons in receipt of enhanced subvention (monthly average)	4,896	4,900	4,333		
Palliative Care					
No. of patients treated in specialist inpatient units	286	379	292		
No. of patients in receipt of domiciliary based specialist palliative care	2,954	2,929	2,714		
No. of patients in receipt of intermediate palliative care in community hospitals	136	103	82		
No. of patients in receipt of day care	291	315	280		
Social Inclusion					
Average number of clients in methadone treatment	8,718	8,668	9,062		
Disability Services					
No. of persons (all disabilities) in Rehabilitation Training	2,808	2,800	2,947		
Acute Services					
Inpatient Discharges	599,910	573,360	593,359		
Day case	641,974	647,000	669,955		
OPD Attendances	3,275,632	3,233,000	3,357,106		
ED Attendances	1,150,674	–	1,119,719	–	
Emergency Admissions	365,380	367,000	365,263		
Births	74,000	76,880	74,602	Demand Led	Demand Led
Delayed Discharges (census at year end)	702	–	783	–	
Ambulance Services					
Emergency Calls	210,785	225,000	205,444		
Urgent Calls	61,852	68,000	61,435		
Non Urgent Calls	186,680	202,000	265,186		
Community Transport	401,477	–	338,132	–	

Abbreviations

AMR	Antimicrobial Resistance
CAMH	Child and Adolescent Mental Health
CEO	Chief Executive Officer
CIT	Community Intervention Team
CNU	Community Nursing Unit
CT/CAT	Computerised Axial Tomography
DLS	Demand Led Schemes
DOHC	Department of Health and Children
ED	Emergency Department
ESRI	Economic and Social Research Institute
EU	European Union
FOI	Freedom of Information
GP	General Practitioner
HCAI	Health Care Associated Infection
HCP	Home Care Package
HIQA	Health Information and Quality Authority
HR	Human Resources
HRB	Health Research Board
HSE	Health Service Executive
IBEC	Irish Business and Employer's Confederation
ICT	Information Communication Technology
ICU	Intensive Care Unit
ISD	Integrated Services Directorate
ISP	Integrated Services Programme
LHO	Local Health Office
MABS	Money Advice Budgeting Service
MMR	Measles, Mumps, Rubella vaccine
MRI	Magnetic Resonance Imaging
MRSA	Methicillin-resistant Staphylococcus Aureus
NCCP	National Cancer Control Programme
NPRO	National Plan for Radiation Oncology
NSP	National Service Plan
NTPF	National Treatment Purchase Fund
OPD	Outpatient Department
PCRS	Primary Care Reimbursement Scheme
PCT	Primary Care Team
PET	Positron Emission Tomography
PPP	Public Private Partnership
VFM	Value for Money
WTE	Whole Time Equivalent

Financial Statements

Operating and Financial Review

Overview

This Operating and Financial Review analyses of the main trends and factors underlying the development, performance and position of the HSE during 2009, along with those factors that are likely to affect the HSE in the future.

The challenge of delivering the 2009 Service Plan in the context of major resource constraints was evident from the beginning of the year. In spite of this, the HSE delivered upon its Service Plan commitments in terms of services, employment levels and funding, while achieving a balanced Vote in 2009 with a small surplus returned to the Exchequer at year end. Service delivery in hospitals was 3-4% ahead of Service Plan target with considerable cost control in all areas of the organisation. In terms of headcount, the HSE is now 2,047 below the employment ceiling set by the Department of Finance, following continuous reduction in the numbers employed during 2009. The HSE also achieved the targeted savings of €115 million set at the start of the year.

It is a statutory requirement of the Accounting Officer that no overspending of the Vote takes place. It is almost impossible to achieve an exact breakeven position on a gross Vote of €14.738 billion and it is inevitable that in accordance with prudent management, a small surplus will be returned to the Exchequer. In 2009 the surplus amounted to €8.5 million, or less than 0.1% of the total Vote of the HSE.

The accruals-based Revenue Income and Expenditure shows an operating surplus of €79.635 million for the year (2008: €252.837 million deficit). The difference between the income and expenditure position in the Annual Financial Statements and the Vote position in the Appropriation Accounts is due to expenditure in the financial statements accounted for under the accruals basis, whereas the Vote is accounted for on a 'cash' accounting basis as required by Government Accounting rules. Net annual funding from the Exchequer as reported in both the Annual Financial Statements and Appropriation Accounts represents the HSE's net recourse to the Exchequer to fund payments made, as distinct from expenditure incurred in the reporting period. As a result, the balances on the income and expenditure accounts do not represent normal surpluses or deficits, as they are largely attributable to the difference between accruals expenditure and cash-based funding.

2009 Budget

The overall budget of €13.712 billion is made up of the total gross revenue HSE Vote of €14.738 billion (post 2009 Supplementary Estimate), less a budget of €1.026 billion for income (appropriations-in-aid) generated directly by the HSE.

Table 14: Budget by Operating Unit 2009

	€'000	%
South Region	2,192,397	15.99
Dublin Mid Leinster Region	3,025,270	22.06
Dublin North East Region	2,255,236	16.45
West Region	2,309,785	16.85
Primary Care Reimbursement Service	2,951,379	21.52
National Ambulance Service	148,063	1.08
Corporate Services and Pensions	483,966	3.53
Population Health	207,487	1.51
Health Repayment Scheme	80,000	0.58
Development and Technical Resources	58,517	0.43
Total	**13,712,100**	**100.0**

Operating and Financial Review

Table 15: Key Financial Information 2009 – Vote Accounting

	Estimate	2009 Vote Outturn	Under/ (Over)
	€'000	€'000	€'000
Gross Revenue Expenditure	14,738,088	14,668,653	69,435
Gross Capital Expenditure	442,763	434,897	7,866
Total Gross Vote Expenditure	**15,180,851**	**15,103,550**	**77,301**
Receipts Collected by HSE	1,025,988	993,261	32,727
Other Receipts (Revenue)	2,261,275	2,227,243	34,032
Other Receipts (Capital)	7,000	5,000	2,000
Total Appropriations in Aid	**3,294,263**	**3,225,504**	**68,759**
Net Total Expenditure	**11,886,588**	**11,878,046**	**8,542**

Table 16: Key Financial Information 2009-2008 – Accruals Basis

	2009	2008	Change
	€'000	€'000	€'000
Income	14,774,636	14,430,207	344,429
Net Operating Surplus/(Deficit)	79,635	(252,837)	332,472
Revenue Expenditure			
Pay and Pensions	5,262,661	5,126,617	136,044
Non-Pay (HSE only)	5,480,690	5,619,200	(138,510)
Grants to Outside Agencies	3,951,650	3,937,227	14,423
Capital Expenditure	414,109	563,168	(149,059)
Capital Commitments	1,055,724	1,281,897	(226,173)
Net Surplus on Vote to be Surrendered to the Exchequer	8,542	81,458	(72,916)

Cost and Service Pressures

A Supplementary Estimate was voted by the Dáil in the course of 2009 to divert funding which had been originally assigned to other service provision into budgets for primary care and medical card schemes and pensions. The provision of additional funding for these costs meant curtailment of expenditure on other services in order to remain within the HSE funding provided from the Exchequer. The sharp increase in expenditure on statutory medical card schemes was driven largely by the deteriorating economic conditions and sustained increases in unemployment as the year progressed. In addition, the Commission on Taxation's report published in July 2009 led to widely-publicised speculation that lump sums, which are currently paid tax free, would be subject in future to income tax. This led to an unplanned acceleration of retirements in the HSE along with the consequential increase in the amounts of lump sums paid in the year. Even with the adjustment of €73 million to pensions funding, facilitated by the Supplementary Estimates process, the budgetary overrun in pension expenditure against budget amounted to €64 million for the year. This shortfall was offset to some degree by savings against budget in Corporate functions.

The emergence of the Influenza A (H1N1), or swine flu, pandemic during the year presented a number of additional challenges to services in a year where funding and staffing resources were already under enormous pressure. Delivering the swine flu vaccine to approximately 800,000 people in late 2009 represented a unique and immense logistical challenge for our health service. Significant numbers of nurses, doctors and other staff were redeployed from across all parts of the health service to the swine flu vaccination program. While every effort has been made to minimise the disruption to existing services it is unavoidable that some services are impacted, for example, school immunisation programs, BCG clinics and the processing time for medical cards.

Government introduced a moratorium on the recruitment and promotion of staff with effect from 27 March 2009 which prohibited the replacement of staff (with certain exceptions). The moratorium is a central feature of savings measures in public service employment. The general moratorium on recruitment and promotion does not apply to specified grades including Medical Consultants, Speech and Language Therapists, Physiotherapists, Occupational Therapists, Clinical Psychologists, Behavioural Therapists, Counsellors (Mental Health and Disability Services), Social Workers and Emergency Medical Technicians. It is Government policy in the case of Medical Consultants to move to a consultant-delivered service, and in the case of other grades, to increase their numbers in order to meet the requirements of integrated care delivery and to address community and primary care needs particularly in respect of children at risk, the elderly and those with disabilities. The impact of the moratorium is evident from the reduction in staff numbers to 2,047 below the approved ceiling at the end of 2009.

Value for Money (VFM) Programme

The plans and targets for VFM in 2009 took account of the requirement to continue to deliver economic efficiencies achieved in previous years and recognised the value and productivity achieved in delivering an increased level of service in a significantly resource-constrained environment.

A target of €115 million was set by the Department of Health and Children for specific economies and efficiencies. Monthly monitoring and reporting of delivery of these efficiencies, as well as other required HSE efficiencies, was carried out at national and Directorate level. VFM savings which were achieved in 2008 were maintained for both pay and non-pay in 2009 when adjusted for the cost associated with the introduction of the new Consultants' Contract.

Quarter 4 2009 showed non-pay at its lowest average monthly spend since Quarter 4 2007. The €115 million VFM target was delivered through a combination of performance in specifically targeted areas such as advertising, patient transport, maintenance and laboratory, and performance in other non targeted headings such as catering, X-ray and energy. There was evidence of savings on blood/blood products, nurse training and education and child care but these were below the savings level targeted.

VFM targets were not achieved in legal services and drugs and medicines expenditure. Directorates reported that a challenging HR/IR environment during the year impacted on delivery of planned efficiencies in certain pay expenditure categories, such as reduction of overtime. There was strong delivery of non-management/administration pay reductions in the hospitals when adjusted for costs associated with the consultant contract. Over half the target has been reached in Community Mental Health pay reductions. The rate of savings would indicate two-thirds of the 3% reduction in management/administration pay was achieved in Community Services but there is no financial evidence of savings in hospitals or Corporate.

A ban on staff travel, combined with a reduction in the Department of Finance approved rates for travel and subsistence from Quarter 2, contributed to an overall reduction in travel and subsistence of €23.4 million, or a 28% decrease on 2008 spend.

Financial Emergency Measures in the Public Interest

The Financial Emergency Measures in the Public Interest Act 2009 was passed in February 2009. Under the terms of the Act the Minister for Health and Children announced restructured payments to pharmacists to reduce the cost to taxpayers of drugs and medicines. This action followed consultation with the pharmacy sector as required by the Act.

The cost of community drugs schemes doubled between 2002 and 2008 to over €1.6 billion. The measures introduced by the legislation were instrumental in the Primary Care Reimbursement Service achieving an overall saving of €76.6 million in 2009. Given the current economic outlook and the other priorities for spending in health service provision, it was imperative that the rapid escalation in the cost of primary care and medical card schemes be arrested, including the level of expenditure on delivery and dispensing of medicines.

In recent years, the HSE and the Department of Health and Children have taken a number of steps to reduce the price of medicines for both taxpayers and individual patients. New agreements with pharmaceutical manufacturers on the pricing and supply of medicines came into effect in September 2006. These agreements provide for a 35% reduction in the ex-factory price of proprietary medicines once generic equivalents become available in Ireland. The recent changes to payments to pharmacists are just one element of the ongoing reform of the pharmaceutical supply chain in order to achieve greater value for money. Recommendations in relation to the use of generic medicines are the subject of ongoing assessment by the HSE in association with representatives from the Department of Health and Children and the Irish Medical Organisation.

In accordance with the provisions of the Financial Emergency Measures in the Public Interest Act 2009, the HSE implemented a reduction of 8% in fees payable to other professional services providers with effect from 1 June 2009.

Business Environment and Implications for 2010

Key economic indicators suggest that 2010 will be a very challenging year with no significant improvement forecast in economic terms. The difficult economic environment impacts on the amount of funding available from the Exchequer for the HSE's allocation, coupled with an increased demand for services, reflected in the growth in medical cards and primary care scheme expenditure. The financial allocation of the HSE for 2010 per the Service Plan is €14.070 billion, a decrease of €668 million on the 2009 outturn. The 2010 Service Plan also includes challenging

income generation targets, increased by €745 million over 2009, which have to be achieved during this period of deteriorating economic conditions. A specific 2010 VFM target of €106 million has been set for the HSE. There are further efficiencies of approximately €200 million required to enable the HSE to deliver the level of services outlined in the 2010 National Service Plan as well as dealing with the service impact of a €103 million retraction of funding for the impact of the Government moratorium on recruitment and promotion for 2009/2010.

In order to deliver the level of services it is committing to, the HSE faces significant challenges, reducing and avoiding costs in both support and frontline services as well as reconfiguring many services. These service reconfigurations are in keeping with the overall strategic direction as set out in the HSE Corporate Plan 2008-2011.

Risks and Uncertainties for 2010

The 2010 National Service Plan is dependent upon the successful delivery of a number of key actions which are primarily based on getting cooperation from staff in terms of changing how we deliver many of our services in order to maximise our resource. It is also dependent on very tight monitoring of the plan through the Performance Report in order to ensure that the necessary changes are taking place as planned. Due to ongoing and escalating industrial action, this monitoring is not happening and we know that the cooperation of staff in terms of change is very limited.

The key risk to delivering the planned service levels in 2010 was identified as the potential impact the recruitment moratorium would have on the number and type of staff available to provide services. It was agreed that the HSE would address this risk on a site by site basis by reconfiguring and redeploying staff. It was noted that our capacity to maintain safe services at the 2009 level in all facilities would be significantly impacted by certain factors. These factors include the number and type of staff that cannot be replaced, especially nursing and care staff, who have already left the organisation and those that will leave in 2010, and the practicality of reconfiguring and redeploying staff.

The 2010 National Service Plan is based upon a reasonable view of the likely trend in growth of medical cards and other schemes, but any accelerated growth beyond this level is not provided for in this plan. In order to manage the risk, the trends in these schemes will be closely monitored as the year progresses.

The requirement to comply with the European Working Time Directive (EWTD) and related national legislation poses risks to the HSE in terms of the capacity to continue to operate acute services in all existing sites and capacity to provide safe services in sites with low numbers of Non Consultant Hospital Doctors (NCHD) and/or Consultants. In addition, non-compliance with EU and national law may result in significant financial costs arising from enforcement of the legislation at national or EU level and associated court action.

The HSE took over responsibility for the budget for the Clinical Indemnity Scheme in quarter 3 2009 from the Department of Health and Children. In addition, the HSE is covered by State indemnity for third party employer and public liability and motor claims from January 2010. As these indemnities are funded on a pay-as-you-go basis, there is risk of unanticipated costs associated with these indemnity schemes in 2010 and future years.

Conclusion

The Health Service Executive met its accountability requirements in 2009 by delivering National Service Plan commitments and beyond, within its funding provision in a demanding economic and industrial relations environment. HSE management continue to build on the work of previous years to support the delivery of joined up or integrated hospital and community care for the benefit of patients and clients.

Board Members' Report

The Board of the Health Service Executive (HSE)

The HSE Board is the governing authority of the State's largest organisation and is accountable to the Minister for Health and Children. The HSE had a total budget of almost €14 billion in 2009, with just under 110,000 whole time equivalent staff delivering services right throughout the country (approximately one third of whom work for related service delivery agencies).

The Board has responsibility for the performance of the functions of the HSE as prescribed under sections 7 and 12 of the Health Act 2004. This involves a wide range of significant functions and duties including responsibility for reviewing, approving and monitoring the progress of the HSE Corporate, Service and Capital Plans. The Board also approves significant expenditure as well as ensuring that financial controls and systems of risk management in place are robust and accountable. In addition, board members provide a value-added input to HSE strategy, act as a catalyst for change and challenge, advise and support the CEO and management.

Members

The Board consists of 11 non-executive members (including the Chairman and 10 ordinary members), who are appointed by the Minister for Health and Children, in accordance with Section 11 of the Health Act 2004. The Chief Executive Officer (CEO) of the HSE is also a member of the Board.

The Board members, as of 31 December 2009, are listed on pages 4 and 5.

Committees of the Board

The Health Act 2004 provides for the establishment by the Board of committees to provide assistance and advice to the Board in relation to the performance of its functions. The Board determines the membership and terms of reference of each committee.

The Board currently has three standing committees; the Audit Committee, the Remuneration and Organisation Committee and the Risk Committee.

Audit Committee

The Audit Committee comprised Professor Niamh Brennan (Chairman), Mr. P.J. Fitzpatrick, Mr. Joe Mooney and Mr. Willie O'Reilly in 2009.

The Committee reports to the Board on all aspects of financial reporting and accounting policy with particular emphasis on the effectiveness of the HSE's system of internal financial control. The Committee meets with the HSE's external auditors to plan and review results of the annual audit of the HSE's annual financial statements. The Committee receives quarterly reports from the Head of Internal Audit and reports from management on other aspects of financial control, financial risk management and value for money from time to time.

Remuneration and Organisation Committee

The Remuneration and Organisation Committee comprised Dr. Donal de Buitleir (Chairman), Mr. Pat Farrell, Dr. Maureen Gaffney and Mr. Liam Downey in 2009.

Table 17: Attendance at Meetings of the Board

Member	Scheduled Monthly Board Meetings		Additional meetings of the Board	
	Meetings	Attendance	Meetings	Attendance
L. Downey	11	11	5	5
N. Brennan	11	10	5	5
D. de Buitléir	11	11	5	5
B. Drumm	11	11	5	4
P.J. Fitzpatrick	11	10	5	3
M. Gaffney	11	11	5	5
E. McCague	11	10	5	4
J. Mooney	11	10	5	5
P. Farrell	11	10	5	5
W. O'Reilly	11	10	5	4
A. Scott	11	10	5	4
D. Power	7*	7	1	0

* D. Power was appointed to the Board in April 2009 to fill an existing vacancy.

Board Members' Report

The Remuneration and Organisation Committee is responsible for making recommendations to the Board on remuneration and organisational matters in the HSE.

Risk Committee

The Executive's Risk Committee comprised Professor Anne Scott (Chairman), Mr. Eugene McCague, Mr. P.J. Fitzpatrick and Mr. Joe Mooney in 2009. Mr. Bill Bergin acts as an external member of the Committee.

The Risk Committee focuses principally on assisting the Board in fulfilling its duties by providing an independent and objective review of non-financial risks, particularly clinical risk.

Support to the Committees

Support to the Board and its committees is provided by the Secretary to the Board, Mr. Dara Purcell. National Directors and other senior staff attend and report as required to the Board Committees.

Meetings of the Board and its Committees

In accordance with Schedule 2 of the Health Act 2004, the Board is required to hold no fewer than one meeting in each of 11 months of the year. In 2009 the Board met on 16 occasions, holding 11 monthly board meetings and 5 additional board meetings. The Audit Committee met on 10 occasions; the Remuneration and Organisation Committee met on 12 occasions and the Risk Committee met on 7 occasions.

The attendance at Board meetings and its Committees is set out in the tables below.

Code of Governance

Best governance practice requires the adoption and implementation of a framework for Corporate and Financial Governance and the continuous assessment of the ongoing application and effectiveness of that framework. The Health Act 2004 sets out the legal requirements for the HSE regarding its Code of Governance. In compliance with this provision, the HSE Framework for Corporate and Financial Governance (the Governance Framework) was drafted to meet the requirements of the Health Act 2004 and best practice requirements for public sector organisations in relation to corporate governance.

The Governance Framework comprises a suite of inter-related documents that together form the Framework for Corporate and Financial Governance. This framework outlines the many inter-connected strands of the governance agenda, the organisational structure for implementation and the reporting, accounting and monitoring processes to ensure its continuing operation and effectiveness.

The Governance Framework was initially approved by the Board in 2006, revised in 2007 and approved in 2008 by the Minister as required by Section 35 of the Health Act 2004. Following discussions with the trade unions, the suite of documents in the Governance Framework was published on the HSE's website in June 2009.

Table 18: Attendance at Meetings of Board Committees

Member	Audit		Remuneration and Organisation		Risk	
	Meetings	Attendance	Meetings	Attendance	Meetings	Attendance
L. Downey			12	12		
N. Brennan	10	10				
D. de Buitléir			12	12		
B. Drumm						
P.J. Fitzpatrick	10	8			7	4
M. Gaffney			12	12		
E. McCague					7	3
J. Mooney	10	9			7	6
P. Farrell			12	11		
W. O'Reilly	10	8				
A. Scott					7	7

The Governance Framework is divided as follows:

Part 1 – Board related governance documents which set out the:

- Board Terms of Reference (Document 1.2)
- Audit Committee Terms of Reference (Document 1.3)
- Internal Audit Function (Document 1.4)
- Remuneration Committee Terms of Reference (Document 1.5)
- Risk Committee Terms of Reference (Document 1.6)

Part 2 – Governance documents of more general relevance:

- Code of Standards and Behaviour (Document 2.1)
- Good Faith Reporting Policy (Document 2.2)
- Policy Statement on Fraud (Document 2.3)
- Integrated Risk Management Policy (Document 2.4)
- Procurement Policy (Document 2.5)
- Customer Service Charter and Customer Complaints Procedure (Document 2.6)

Implementation

Implementation of the Governance Framework had commenced prior to the receipt of Ministerial approval in 2009. Representatives of the various Directorates have been assigned responsibility for implementation of the specific documents comprising the framework and an overall project management approach is being adopted to monitor implementation of the Governance Code. The project is wide ranging and has implications for all Directorates. This approach ensures that the framework requirements are embedded in the organisation. Integration with aspects of the transformation programme and other developments within the Directorates is also assured.

The *Board related governance documents* (i.e. Board Terms of Reference, Audit Committee Terms of Reference, Remuneration Committee Terms of Reference and Risk Committee Terms of Reference) are already in operation and the performance of the Board and its Committees against these terms of reference has been reviewed, as required under the framework.

The HSE's *Fraud Policy* sets out how the HSE endeavours in the first instance, to achieve openness, transparency and accountability by carrying out risk management reviews and regular monitoring of activities and functions thus creating an environment that deters fraud. The HSE robustly and vigorously investigates all cases of suspected fraud that come to its attention, including reporting these matters to the Gardaí as is required under legislation.

The HSE has adopted a systematic, comprehensive and integrated approach to *risk management*. The implementation of the Quality and Risk Framework (including the Quality and Risk Management Standard) commenced in 2008. A series of protocol/guidance documents has already been published dealing with standards, risk registers, risk assessment, audit criteria and incident management. Progress on the management of risk within the HSE is the subject of on-going review by the Board's Risk Committee.

The *National Procurement Policy* for the HSE has been widely circulated throughout the organisation. Purchases by the HSE are increasingly made using a single unified and standardised approach.

The *Customer Service Strategy* and related Action Plan 2008-2013 are in place. Policy and procedures for the management of consumer feedback have been developed and formal systems for the *management of complaints* have been implemented.

The principles set out in the *Code of Standards and Behaviour* have been implemented, in the first instance, through the Employee Handbook in the Employee Information Resource Pack which all new employees receive. The contents of the pack have also been published on the HSE's website. A HR circular was issued in October 2009 to all managers, requesting them to bring the framework to the attention of employees.

Good Faith Reporting and Protected Disclosure Hotlines

The HSE's policy is to encourage employees to raise genuine concerns about possible improprieties in the conduct of the HSE's business, whether in matters of financial reporting or other malpractices, at the earliest opportunity and in an appropriate way. With the establishment of the national internal audit directorate and development of the risk management function, HSE employees have been in a position to make disclosures and any disclosures made are formally investigated by these functions. Protected disclosures can now be made in the health service under legislation which provides statutory protection to employees against penalisation in his/her employment and also against civil liability. The HSE, as required by the legislation, appointed an Authorised Person to whom protected disclosures can be made. Circulars on the making of protected disclosures (including a standard form) have been distributed widely. The HSE Code on Good Faith Reporting was updated in 2009 to take account of the statutory procedure for making protected disclosures. A single *hotline* is now in operation to facilitate employees wishing to make a disclosure. Since the establishment of the *hotline* eight Protected Disclosures have been submitted to the Authorised Person.

Board Members' Report

Review

The Minister, when approving the Governance Framework, specified that there will be a requirement to conduct a full review of the Governance Framework within 3 years (i.e., in 2011). However, pending the completion of this review, any required changes by the HSE, subject to the approval of the Minister, may be made on an annual basis. Since the publication of the Governance Framework in 2009, and as its implementation has progressed, changes to the framework document are being requested by the various Directorates. These changes arise from the development and increasing sophistication of operational policies and also from organisational restructuring (e.g. the Integrated Services Programme). A review of the Governance Framework is currently underway in the HSE, the progress of which will be monitored by the Audit Committee. The review will ensure that where necessary responsibilities are clarified, duplication is avoided and will recommend changes if warranted in the interest of efficient implementation and compliance. As part of the review the Governance Framework will also be updated to incorporate the revisions made to the Code of Practice for the Governance of State Bodies re-published in July 2009. Compliance with the Governance Framework is subject to audit by the Internal Audit Directorate.

Internal Audit

Internal Audit is one of the key elements of the HSE's corporate governance framework. It is an independent and objective appraisal function established to provide assurance to the Board and to the Chief Executive Officer, as Accounting Officer, on the adequacy and degree of adherence to HSE's procedures and processes and to ensure that principles of efficiency, effectiveness, quality, probity and value for money are achieved.

The National Director of Internal Audit reports directly to the Chairman of the Audit Committee and has a close working relationship with the CEO and is a member of the HSE management team.

The National Director meets with the Audit Committee on a regular basis to report on Internal Audit's assessments and recommendations to improve HSE's system of internal control and governance.

Statement of Board Members' Responsibilities in Respect of the Annual Financial Statements

The members of the Board are responsible for preparing the annual financial statements in accordance with applicable law.

Section 36 of the Health Act 2004 requires the Health Service Executive to prepare the annual financial statements in such form as the Minister for Health and Children may direct and in accordance with accounting standards specified by the Minister.

In preparing the annual financial statements, Board members are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the Health Service Executive will continue in business.

The Board members are responsible for ensuring that accounting records are maintained which disclose, with reasonable accuracy at any time, the financial position of the Health Service Executive. The Board members are also responsible for safeguarding the assets of the Health Service Executive and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the HSE

Mr. Liam Downey
Chairman

21 May 2010

Statement on Internal Financial Control

Responsibility for the System of Internal Financial Control

The Health Service Executive (HSE) was established by ministerial order on 1 January 2005 in accordance with the provisions of the Health Act 2004. The HSE must comply with directives issued by the Minister for Health and Children under the Act.

The Board of the HSE is the governing body with authority to perform the functions of the HSE. The Board may delegate some of its functions to the Chief Executive Officer (CEO). The Board may establish committees to provide assistance and advice to it in relation to the performance of its functions. The Board has established a number of Committees including an Audit Committee and a Risk Committee which comprise both Board members and external nominees.

The Chief Executive Officer's functions include implementation of Board policy, oversight and management of performance, management of effective control systems and reporting on performance, as required. The CEO is the Accounting Officer for the HSE. He must also supply the Board with such information (including financial information) relating to the performance of his functions as CEO as the Board may require.

The Board together with the CEO acknowledges its responsibilities for the system of internal financial control in the HSE. A system of internal control is designed to reduce rather than eliminate risk. Such a system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or would be detected in a timely manner.

The Board, the Chief Executive Officer and the Management Team have clear responsibility for the implementation and maintenance of the system of internal financial control and this is accorded a high priority.

Basis for Statement

I as Chairman of the Board make this statement in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, 2009. In making this Statement on Internal Financial Control the Board has relied on the Statement made by the CEO as Accounting Officer in the 2009 Appropriation Account.

Financial Control Environment

The HSE had responsibility for a budget which in 2009 was in excess of €15bn, the largest of any public-sector organisation in Ireland. Maintaining the system of internal financial controls is a continuous process and the system and its effectiveness are kept under continuous review. Development, maintenance and monitoring of this system of internal control involves additional challenges in the HSE, where devolved financial systems are multiple and fragmented. Owing to the absence of a single financial system, the HSE continues to operate the legacy accounting systems of the former health boards.

The outputs from these multiple legacy systems are consolidated at corporate level to facilitate the preparation of timely monthly management reports, the Annual Financial Statements and the Appropriation Account. However, contrary to the requirements of Government Accounting rules, the HSE's Vote is not accounted for at a transaction level due to limitations of the current systems which are designed to produce accrual accounts rather than a Vote-based Appropriation Account. The certificate of the Comptroller and Auditor General on the 2008 Appropriation Account stated that although the amount charged in aggregate to certain Appropriation Account subheads and to the Vote was correct, owing to the nature of the HSE's accounting system he was unable to satisfy himself that the outturn on certain individual subheads was correct. The accurate extraction of the cash-based data for the Appropriation Account remains a difficult and complex exercise. There are inherent information limitations and operating inefficiencies in the dependence on the solutions currently in place. In the absence of a single national financial system, continued development and improvement of existing systems is of vital importance. The development and implementation of a national financial system remains a priority and the HSE has submitted a proposal for the procurement of such a system to the Department of Finance. The HSE is now preparing a business case in the manner required by the Department of Finance to further progress this matter.

The service and capital plan was adopted by the Board in November 2008 and approved by the Minister for Health and Children within the statutory timeframe. During 2009 monitoring and evaluation of performance and budgets against service plan objectives was carried out.

The following is a description of the key processes which are in place across the HSE to provide effective internal financial control:

- There is a framework of administrative procedures and regular management reporting in place including segregation of duties, a system of delegation and accountability and a system for the authorisation of expenditure.
- The second phase of the project to develop a single set of financial regulations throughout the HSE was completed in 2009 and rolled out to all HSE areas for implementation. Financial regulations accord with best practice and standards and their adoption is mandatory throughout the organisation. The financial regulations form an important part of the system of internal control within the wider governance systems in operation within the HSE. National Financial Regulations cover such topics as the purchase-to-pay processing cycle, payroll and other staff payments, fixed and current assets and internal reporting. Implementation of Phase 2 is substantially complete in the majority of processing areas. Some areas have reported delays in implementation due to their inability to redeploy staff on a temporary basis to the project, as a result of ongoing industrial action by unions. Completion of this phase of the project remains a priority for management. A third phase of the project is targeted for completion in 2010

to coincide with the centralisation of certain processes such as Debtor Management. Notwithstanding the ongoing standardisation of policies and procedures, where internal processes are systems-driven, variations in process remain unavoidable until such time as the HSE has implemented a single organisation-wide financial system.

- The HSE has a comprehensive planning, performance monitoring and management framework. The HSE Performance Monitoring Control Committee, chaired by the Finance Director, continued in its role of reviewing and validating organisational performance in the key areas of finance, human resource management and the achievement of targets identified in the National Service Plan.
- Monthly performance reports provide an integrated analysis of performance in key organisational areas and are published monthly on the HSE website, *www.hse.ie*. Biannual reports were also published on the website to show progress against specific actions as set out in the National Service Plan and regular progress reports provided against an agreed set of performance indicators and measures. In addition to the monthly and bi-annual performance reports, specific service programmes, e.g. Integrated Services Project and Transformation Projects, provided regular progress reports.
- During November and December 2009, the collection and reporting of performance and financial data was severely restricted due to industrial action by IMPACT trade union clerical/administrative staff. Information provided at this time was based on estimates.
- In accordance with the provisions of the Health Act 2004, the Board published the Corporate Plan 2008-2011, which set out the HSE's priorities and direction for the three year period. The National Service Plan for 2010 was also prepared and submitted to the Minister for Health and Children for approval.
- The HealthStat project to develop comprehensive performance information showing how 29 teaching, regional and general hospitals are performing against national and international targets began as a pilot programme in 2008 and was launched in March 2009. The information is compiled and published monthly on *www.hse.ie* and includes measures such as outpatient waiting times, average length of stay in hospital and records how well each hospital is using its resources. It also identifies systemic performance issues that need a national approach. The data is reviewed at a monthly HealthStat Forum which focuses on performance results for individual hospitals, shares the reasons for identified successes and supports action plans for improvements, which are rigorously followed up. The Forum is led by the CEO and attended by National Directors, hospital CEOs and Clinical Directors. During 2009 HealthStat was extended to capture similar performance information for non-acute community services.
- A devolved budgetary system was in place with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances.
- A detailed standardised appraisal process is conducted for all capital projects budgeted in excess of €0.5m. The process involves presenting a project brief setting out service need in the context of capital priorities as expressed in the Corporate and Service Plans and the Health Strategy. A cost-benefit analysis of all proposed capital projects budgeted in excess of €30m is carried out in accordance with Department of Finance 2005 Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector. Board reviews of the capital programme take place on a regular basis.
- The HSE has an Internal Audit function with appropriately trained personnel which operates in accordance with a written charter/terms of reference which the Board has approved. Work of the Internal Audit function is informed by analysis of the financial risks to which the HSE is exposed. Annual Internal Audit plans, approved by the Audit Committee, are based on this analysis. These plans aim to cover the key controls on a rolling basis over a reasonable period. The Internal Audit function is reviewed periodically by the Audit Committee, which reports to the Board. Procedures are in place to ensure that the reports of the Internal Audit function are followed up. The National Director of Internal Audit reports directly to the Chairman of the Audit Committee and has a close working relationship with the CEO and is a member of the HSE management team.
- An Audit Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises four Board members. The Committee reports directly to the Board. The Committee operates under agreed Terms of Reference and met on ten occasions in 2009.
- A Risk Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises four Board members and an external nominee. The Committee reports directly to the Board. The Risk Committee of the HSE operates under agreed Terms of Reference and focuses principally on assisting the board in fulfilling its duties by providing an independent and objective review of non-financial risks. The Risk Committee met on seven occasions in 2009. Full liaison between the Audit and Risk Committees of the Board is essential to the proper functioning of these two inter-related Board committees. Liaison is facilitated by common membership between these two committees and joint meetings are held quarterly to strengthen this liaison role.
- Monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the Internal Audit function, the Audit Committee and the Managers in the HSE with responsibility for the development and maintenance of the financial control framework. Comments made by the Comptroller and Auditor General in his management letters or other reports have also been taken into account.

Statement on Internal Financial Control

- The HSE's Code of Governance was launched in 2008 following Ministerial approval and is published on *www.hse.ie*. Individual National Directors have been assigned responsibility for implementation of the specific governance documents comprising the governance framework.
- The HSE complies with all pay and travel circulars issued by the Department of Finance. Any exceptions identified are addressed and are reported on an annual basis to the Minister, in accordance with the Code of Practice for the Governance of State Bodies.
- As part of the HSE's annual review of the effectiveness of the system of internal controls, all staff at General Manager (or equivalent) level and above are required to complete a Controls Assurance Statement, attesting to the existence and operation of controls which are in place in their area of responsibility.
- Grants to outside agencies are governed by Sections 38 and 39 of the Health Act 2004. The HSE requires all agencies in receipt of grant funding to sign a standard agreement which governs the service arrangements and all terms and conditions attaching to the funding.
- Procedures for property acquisitions and disposals by the HSE comply with the legal obligations set out in sections 78 and 79 of the Health Act 1947, as amended by the Health Act 2004. The Board has delegated authority to the CEO to approve property acquisitions up to a limit of €2 million. Transactions in excess of this delegated amount must be formally approved by the Board based on recommendations from the CEO. All transactions below market value require Board approval.

A HSE internal audit review was initiated in September 2009 on the administration of the SKILL programme, which is a training and development programme for support staff and line managers/supervisors in services such as catering, housekeeping, therapy assistants, technicians, maintenance, portering and other non-clinical, non-administrative staff. The audit identified weaknesses in the governance, control of, and accountability for funds disbursed in respect of administration of the programme. In particular, the audit review identified payments of €2.353m to one organisation which had been made over the period 2002 to 2009 and where payments were made but not accompanied by adequate supporting documentation. All payments to that organisation have ceased since November 2009. The results of the audit have been reported to the Audit Committee, to the Board and to the Comptroller and Auditor General. Management has directed that a further audit of the programme's training related costs be undertaken, the results of which will be reported to the Audit Committee, to the Board and to the Comptroller and Auditor General. The Comptroller and Auditor General has been kept fully informed throughout and the Gardaí have been notified.

Review of the Effectiveness of the System of Internal Control

During 2009 a formal Review of the System of Internal Control in the Health Service Executive was completed by the Finance Directorate, the results of which have informed this Statement on the System of Internal Financial Control. The review was carried out by finance managers with specific expertise in the areas of finance, audit and control. Annual reviews of the system of internal control undertaken in previous years established a template which has been further developed in carrying out this review in 2009. The methodology of the review involved reference to:

- Controls Assurance Statements completed by senior management which are cascaded through the organisation structure of the HSE to General Manager (or equivalent) level;
- Results and findings of structured bilateral interviews with a cross section sample of approximately 100 managers and heads of service and their responses to an internal controls questionnaire completed during each interview;
- Internal Audit reports;
- Reports and management letters of the Comptroller and Auditor General;
- The 2009 audit programme of the Comptroller and Auditor General and in particular, the audit risk identified therein;
- Assessment of the progress against the implementation of recommendations contained in previous Internal Audit reports and reports of the Comptroller and Auditor General;
- Periodic status reports to the Audit Committee.

The report of the project team was circulated to senior management in March 2010. In summary, the overall conclusion from this review is that while the control environment, control and risk management processes and assurance arrangements remain largely effective, there are a number of areas where specific action is recommended to increase effectiveness and consolidate on the improvements which are in evidence since the previous report. Structured plans for the implementation of the recommendations of the report are being prepared by management.

The implementation of these recommendations by management will be monitored by the Audit Committee during the year and will be reassessed in the 2010 review of the system of internal controls.

This Statement on Internal Financial Control represents the position in place in the HSE in the year ended 31 December 2009.

Signed on behalf of the HSE

Mr. Liam Downey
Chairman

21 May 2010

Report of the Comptroller and Auditor General for Presentation to the Houses of the Oireachtas

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2009 under Section 36 of the Health Act 2004.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Accounting Policies, the Revenue Income and Expenditure Account, the Capital Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and the related notes.

Respective Responsibilities of the Executive and the Comptroller and Auditor General

The Executive is responsible for preparing the financial statements in accordance with the Health Act 2004 and for ensuring the regularity of transactions. It prepares the financial statements in accordance with accounting standards specified by the Minister for Health and Children. The accounting responsibilities of the Members of the Board of the Executive are set out in the Statement of Board Members' Responsibilities.

My responsibility is to audit the financial statements in accordance with relevant legal and regulatory requirements and International Standards on Auditing (UK and Ireland).

I report my opinion as to whether the financial statements give a true and fair view, in accordance with the accounting standards specified by the Minister for Health and Children. I also report whether in my opinion proper books of account have been kept. In addition, I state whether the financial statements are in agreement with the books of account.

I report any material instance where moneys have not been applied for the purposes intended or where the transactions do not conform to the authorities governing them.

I also report if I have not obtained all the information and explanations necessary for the purposes of my audit.

I review whether the Statement on Internal Financial Control reflects the Executive's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements. I am not required to consider whether the Statement on Internal Financial Control covers all financial risks and controls, or to form an opinion on the effectiveness of the Executive's risk and control procedures.

I read other information contained in the Annual Report, and consider whether it is consistent with the audited financial statements. I consider the implications for my report if I become aware of any apparent misstatements or material inconsistencies with the financial statements.

Basis of Audit Opinion

In the exercise of my function as Comptroller and Auditor General, I conducted my audit of the financial statements in accordance with International Standards on Auditing (UK and Ireland) issued by the Auditing Practices Board and by reference to the special considerations which attach to State bodies in relation to their management and operation. An audit includes examination, on a test basis, of evidence relevant to the amounts and disclosures and regularity of the financial transactions included in the financial statements. It also includes an assessment of the significant estimates and judgments made in the preparation of the financial statements, and of whether the accounting policies are appropriate to the Executive's circumstances, consistently applied and adequately disclosed.

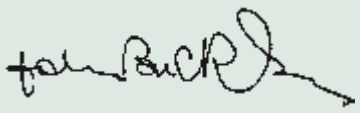
I planned and performed my audit so as to obtain all the information and explanations that I considered necessary in order to provide me with sufficient evidence to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or other irregularity or error. In forming my opinion I also evaluated the overall adequacy of the presentation of information in the financial statements.

Without qualifying my opinion, I draw attention to the basis of accounting in the Accounting Policies which explains how the accounting standards specified by the Minister for Health and Children differ from Generally Accepted Accounting Practice in Ireland.

Opinion

In my opinion, the financial statements give a true and fair view, in accordance with the accounting standards specified by the Minister for Health and Children, of the state of the Executive's affairs at 31 December 2009 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Executive. The financial statements are in agreement with the books of account.



John Buckley
Comptroller and Auditor General

21 May 2010

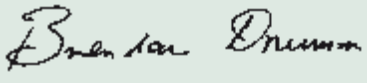
Revenue Income and Expenditure Account

For Year Ended 31 December 2009

	Notes	2009 €'000	2008 €'000
Income			
Exchequer Revenue Grant	3	**11,448,149**	12,100,047
Receipts from certain excise duties on tobacco products		**167,605**	167,605
Health Contributions		**1,755,753**	1,326,677
Income from services provided under EU regulations		**286,580**	100,000
Recovery of costs from Social Insurance Fund		**13,500**	15,338
Receipt from UK Dept of Health & Social Services		**0**	150
Patient Income	4	**341,315**	285,056
Other Income	5	**757,929**	431,798
Dormant Accounts		**3,805**	3,536
		14,774,636	14,430,207
Expenditure			
Pay and Pensions			
Clinical	6 & 7	**3,354,023**	3,288,867
Non Clinical	6 & 7	**1,198,776**	1,222,548
Other Client/Patient Services	6 & 7	**709,862**	615,202
		5,262,661	5,126,617
Non Pay			
Clinical	8	**1,067,419**	1,035,217
Patient Transport and Ambulance Services	8	**55,744**	60,417
Primary Care and Medical Card Schemes	8	**3,427,513**	3,402,211
Other Client/Patient Services	8	**86,903**	94,544
Grants to Outside Agencies	8	**3,951,650**	3,937,227
Housekeeping (catering, crockery, linen, etc.)	8	**237,443**	254,471
Office and Administration Expenses	8	**456,465**	500,787
Long Stay Charges Repaid to Patients	8	**76,623**	225,266
Hepatitis C Insurance Scheme	8	**978**	574
Other Operating Expenses	8	**46,147**	45,713
Payments to State Claims Agency under the Clinical Indemnity Scheme	8	**14,851**	0
Nursing Home Support Scheme (Fair Deal)	8	**10,604**	0
		9,432,340	9,556,427
Net Operating Surplus/(Deficit) for the Year		**79,635**	(252,837)
Balance at 1 January		**(1,157,716)**	(904,879)
Balance at 31 December		**(1,078,081)**	(1,157,716)

All gains and losses with the exception of depreciation and amortisation have been dealt with through the Revenue Income and Expenditure Account and the Capital Income and Expenditure Account.

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 90-93.



Mr. Liam Downey
Chairman

Professor Brendan Drumm
Chief Executive Officer

Capital Income and Expenditure Account

For Year Ended 31 December 2009

	Notes	2009 €'000	2008 €'000
Income			
Exchequer Capital Funding		**429,897**	570,540
EU Funding		**35**	415
Revenue Funding Applied to Capital Projects		**582**	178
Dormant Accounts		**5,000**	9,861
Government Departments and Other Sources	*19(c)*	**9,491**	7,801
		445,005	588,795
Expenditure			
Capital Grants to Outside Agencies (Appendix 2)	*19(b)*	**123,965**	190,148
Capital Expenditure on HSE Capital Projects	*19(b)*	**290,144**	373,020
		414,109	563,168
Net Capital Surplus for the Year		**30,896**	25,627
Balance at 1 January		**(236,612)**	(262,239)
Balance at 31 December		**(205,716)**	(236,612)

All gains and losses with the exception of depreciation and amortisation have been dealt with through the Revenue Income and Expenditure Account and the Capital Income and Expenditure Account.

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 90-93.

Mr. Liam Downey
Chairman

Professor Brendan Drumm
Chief Executive Officer

Balance Sheet

As at 31 December 2009

	Notes	2009 €'000	2008 €'000
Fixed Assets			
Tangible Assets			
Land and Buildings	9	**4,808,729**	4,633,132
Other Tangible Fixed Assets	10	**334,645**	382,462
Investments			
Financial Assets	11	**3**	3
Total Fixed Assets		**5,143,377**	5,015,597
Current Assets			
Stocks	12	**146,607**	119,914
Debtors	13	**216,922**	211,554
Paymaster General and Exchequer Balance	14	**139,254**	57,311
Cash at Bank or in Hand		**12,845**	25,025
Current Liabilities			
Creditors	15	**(1,736,632)**	(1,744,767)
Net Current Liabilities		**(1,221,004)**	(1,330,963)
Creditors falling due after more than one year	16	**(59,054)**	(59,598)
Deferred income	17	**(3,575)**	(3,770)
Total Assets		**3,859,744**	3,621,266
Capitalisation Account	18(a)	**5,143,374**	5,015,594
Capital Reserves	18(b)	**(205,716)**	(236,612)
Revenue Reserves	18(c)	**(1,077,914)**	(1,157,716)
Capital and Reserves		**3,859,744**	3,621,266

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 90-93.

Mr. Liam Downey
Chairman

Professor Brendan Drumm
Chief Executive Officer

Cash Flow Statement

For Year Ended 31 December 2009

	Notes	2009 €'000	2008 €'000
Net Cash Inflow/(Outflow) from Returns on Investments and Servicing of Finance	*20*	**60,050**	35,522
Interest paid on loans and overdrafts		**(54)**	(56)
Interest paid on finance leases		**(1,511)**	(1,557)
Equity dividends received		**0**	8
Interest received		**395**	2,178
Net Cash Inflow/(Outflow) from Returns on Investments and Servicing of Finance		**(1,170)**	573
Capital Expenditure			
Capital expenditure – capitalised		**(270,955)**	(326,015)
Capital expenditure – not capitalised		**(143,154)**	(237,152)
Payments from revenue re: acquisition of fixed assets (net of trade-ins)		**(19,303)**	(19,650)
Revenue funding applied to Capital		**582**	178
Receipts from sale of fixed assets (excluding trade-ins)		**379**	639
Amounts refunded to the Exchequer		**(309)**	(517)
Net Cash Outflow from Capital Expenditure		**(432,760)**	(582,517)
Net Cash Outflow before Financing		**(373,880)**	(546,422)
Financing			
Capital grant received		**429,897**	570,540
Capital receipts from other sources		**14,525**	18,077
Payment of capital element of finance lease and loan repayments		**(779)**	(271)
Net Cash Inflow from Financing		**443,643**	588,346
Net Cash Flow		**69,763**	41,924
Increase in cash in hand and bank balances in the year	*21*	**69,763**	41,924

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 90-93.

Mr. Liam Downey
Chairman

Professor Brendan Drumm
Chief Executive Officer

Accounting Policies

Basis of Accounting

The financial statements have been prepared on an accruals basis, in accordance with the historical cost convention. Under the Health Act 2004, the Minister for Health and Children specifies the accounting standards to be followed by the HSE. The HSE has adopted Generally Accepted Accounting Principles (GAAP) in accordance with the accounting standards issued by the Accounting Standards Board subject to the following exceptions specified by the Minister:

1. Depreciation is not charged to the Revenue Income and Expenditure Account, rather it is charged to a reserve account: the Capitalisation Account. Reserve accounting is not permitted under Generally Accepted Accounting Principles (GAAP). Under those principles, depreciation must be charged in the revenue income and expenditure account.
2. Grants received from the State to fund the purchase of fixed assets are recorded in a Capital Income and Expenditure Account. Under Generally Accepted Accounting Principles (GAAP), capital grants are recorded as deferred income and amortised over the useful life of the related fixed asset, in order to match the accounting treatment of the grant against the related depreciation charge on the fixed asset.
3. Pensions are accounted for on a pay-as-you-go basis, and the provisions of FRS 17 *Retirement Benefits* are not applied.
4. Claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf, are accounted for on a pay-as-you-go basis, and the accruals basis of accounting required by FRS 18 *Accounting Policies* is not applied. Details of the estimated liability attaching to this scheme are set out in Note 28 to the financial statements.

Basis of Preparation

In accordance with FRS 2 *Accounting for Subsidiary Undertakings*, the results of wholly owned HSE subsidiaries have not been consolidated in the annual financial statements on the basis that they are not material. Details of staff numbers employed by HSE subsidiaries are included in Note 7 to the financial statements. An exercise was undertaken in the period to standardise coding of non-pay expenditure between Office and Administration Expenses (detailed in Note 8) and Miscellaneous (analysed in Appendix 3). To facilitate year on year comparison, prior year expenditure has been reanalysed between these categories, consistent with 2009 classifications. In addition, 2008 pay accruals were reanalysed into basic pay and social welfare components (see Note 7). It should be noted that the total for prior year revenue expenditure remains unchanged and the reanalysis has no effect on the financial results in current or prior reporting periods.

The Medical Practitioners Act 2007 provided for the functions of the Postgraduate Medical and Dental Board (PGMDB) to be subsumed into the HSE and the Medical Council on 1 January 2009 and the PGMDB was dissolved on that date. The assets, liabilities and reserves of the PGMDB were taken into the HSE's balance sheet at net book value on 1 January 2009. A due diligence exercise was conducted by the HSE as part of the process of subsuming the agency, which included consideration of the report of the external auditors and obtaining representations from the outgoing PGMDB board.

The Nursing Homes Support Scheme (A Fair Deal)

The Nursing Homes Support Bill was enacted on 1 July 2009 and the Nursing Homes Support Scheme commenced on 27 October 2009.

The scheme provides eligible people with financial support towards the cost of their long term residential care and involves a co-payment arrangement between the person and the State. The scheme applies to people accessing long term residential care from 27 October 2009 onwards and replaces the Subvention Scheme which has been in existence since 1993.

Payments received from eligible people are accounted for as long stay charges within patient income. Payments made to private long term residential care facilities are accounted for in non-pay expenditure (Note 8).

The scheme provides that in certain circumstances a portion of the amount payable may be deferred and collected at a point in the future by Revenue. Charges so deferred are not accounted for in the financial statements of the HSE.

Income Recognition

(i) The HSE is funded mainly by monies voted annually by Dáil Éireann in respect of administration, capital and non-capital services. The amount recognised as income in respect of voted monies represents the net recourse to the Exchequer to fund payments made during the year. Income in respect of administration and non-capital services is accounted for in the Revenue Income and Expenditure Account. Income in respect of capital services is accounted for in the Capital Income and Expenditure Account. Revenue funding applied to meet the repayment of monies borrowed by predecessor agencies and which were used to fund capital expenditure is accounted for in the Capital Income and Expenditure under the heading Revenue Funding Applied to Capital Projects.

(ii) Patient and service income is recognised at the time service is provided.

(iii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting policy below).

(iv) Income from all other sources is recognised on a receipts basis.

(v) The amount of income, other than Exchequer grant, which the HSE is entitled to apply in meeting its expenditure is limited to the amount voted to it as "Appropriations-in-Aid" in the annual estimate. Other income received in the year in excess of this amount must be surrendered to the Exchequer. Other income is shown net of this surrender.

Capital Income and Expenditure Account

A Capital Income and Expenditure Account is maintained in accordance with the accounting standards laid down by the Minister for Health and Children. Exchequer Capital Funding is the net recourse to the Exchequer to fund payments made during the year in respect of expenditure charged against the Capital Services subheads in the HSE's vote.

Capital funding is provided in the HSE's vote for construction/purchase of major assets, capital maintenance and miscellaneous capital expenditure not capitalised on the balance sheet. In addition, capital funding is provided in the HSE's vote for payment of capital grants to outside agencies. An analysis of capital expenditure by these categories is provided in Note 19 to the financial statements.

Balance on Income and Expenditure Accounts

Most of the income in both the Revenue and Capital Income and Expenditure Accounts is Exchequer Grant which is provided to meet liabilities maturing during the year as opposed to expenditure incurred during the year. A significant part of the remaining income is accounted for on a receipts basis. However, expenditure is recorded on an accruals basis. As a result, the balances on the income and expenditure accounts do not represent normal operating surpluses or deficits, as they are largely attributable to the difference between accruals expenditure and cash-based funding.

Grants to Outside Agencies

The HSE funds a number of service providers and bodies for the provision of health and personal social services on its behalf, in accordance with the provisions of Sections 38 and 39 of the Health Act 2004. Before entering into such an arrangement, the HSE determines the maximum amount of funding that it proposes to make available in the financial year under the arrangement and the level of service it expects to be provided for that funding. This information is set out in nationally standardised documentation which is required to be signed by both parties to the arrangement. This funding is charged, in the year of account to the income and expenditure account at the maximum determined level for the year, although a certain element may not actually be disbursed until the following year.

Leases

Rentals payable under operating leases are dealt with in the financial statements as they fall due. The HSE is not permitted to enter into finance lease obligations under the Department of Finance's Public Financial Procedures. However, where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life.

In addition to the normal GAAP treatment for assets acquired under finance leases, the cost of the asset is charged to the Capital Income and Expenditure Account and the Capitalisation (Reserve) Account is credited with an equivalent amount. The outstanding capital element of the leasing obligation is included in creditors. Interest is charged to the income and expenditure account over the period of the lease.

Capital Grants

Capital grant funding is recorded in the Capital Income and Expenditure Account. In addition to capital grant funding, some minor capital expenditure is funded from revenue. The amount of this revenue funding expended in the year in respect of minor capital is charged in full in the Revenue Income and Expenditure Account in the year. This accounting treatment, which does not comply with Generally Accepted Accounting Principles, is a consequence of the exceptions to Generally Accepted Accounting Principles specified by the Minister.

Tangible Fixed Assets and Capitalisation Account

Tangible fixed assets comprise Land, Buildings, Work in Progress, Equipment and Motor Vehicles. Tangible fixed asset additions since 1 January 2005 are stated at historic cost less accumulated depreciation. The carrying values of tangible fixed assets taken over from predecessor bodies by the HSE are included in the opening balance sheet on establishment day, 1 January 2005, at their original cost/valuation. The related aggregate depreciation account balance was also included in the opening balance sheet.

In accordance with the accounting standards prescribed by the Minister, expenditure on fixed asset additions is charged to the Revenue Income and Expenditure Account or the Capital Income and Expenditure Account, depending on whether the asset is funded by capital or revenue funding.

All capital funded asset purchases are capitalised, irrespective of cost. Revenue funded assets are capitalised if the cost exceeds certain value thresholds; €2,000 for computer equipment and €7,000 for all other asset classes. Asset additions below this threshold and funded from revenue are written off in the year of purchase. A breakdown of asset additions by funding source is provided in Note 19 (a) to the Accounts. Depreciation is not charged to the income and expenditure account over the useful life of the asset.

Accounting Policies

Instead, a balance sheet reserve account, the Capitalisation Account, is the reciprocal entry to the fixed asset account. Depreciation is charged to the Fixed Assets and Capitalisation Accounts over the useful economic life of the asset.

Depreciation is calculated to write-off the original cost/ valuation of each tangible fixed asset over its useful economic life on a straight line basis at the following rates:

- Land: land is not depreciated.
- Buildings: depreciated at 2.5% per annum.
- Modular buildings (i.e. prefabricated buildings): depreciated at 10% per annum.
- Work in progress: no depreciation.
- Equipment – computers and ICT systems: depreciated at 33.33% per annum.
- Equipment – other: depreciated at 10% per annum.
- Motor vehicles: depreciated at 20% per annum.

On disposal of a fixed asset, both the fixed assets and capitalisation accounts are reduced by the net book value of the asset disposal. An analysis of the movement on the Capitalisation Account is provided in Note 18 to the accounts.

Proceeds on disposals of fixed assets are considered as Exchequer Extra Receipts under the Department of Finance's Public Financial Procedures. The HSE is not entitled to retain these sales proceeds for its own use and must surrender them to the Exchequer.

Stocks

Stocks are stated at the lower of cost and net realisable value. Net realisable value is the estimated proceeds of sale less costs to be incurred in the sale of stock.

Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful. General provision is made for patient debts which are outstanding for more than one year.

Pensions

Eligible HSE employees are members of various defined benefit superannuation schemes. Pensions are paid to former employees by the HSE. The HSE is funded by the State on a pay-as-you-go basis for this purpose. The vote from the State in respect of pensions is included in income. Pension payments under the schemes are charged to the income and expenditure account when paid. Contributions from employees who are members of the schemes are credited to the income and expenditure account when received.

In previous years, no provision was made in respect of accrued pension benefits payable in future years under the pension scheme. This continues to be the treatment adopted by the HSE following the accounting specifications of the Minister.

Under the Financial Emergency Measures in the Public Interest Act 2009, a pension levy was introduced for all staff who are members of a public service pension scheme, including staff of certain HSE-funded service providers. The deduction of the levy took effect from 1 March 2009. Pension levy collected by service providers as well as pension levy deducted from HSE staff is accounted for as income by the HSE.

Details of amount deducted in respect of the pension levy are set out in Note 5(a) to the Financial Statements.

Patients' Private Property

Monies received for safe-keeping by the HSE from or on behalf of patients are kept in special accounts separate and apart from the HSE's own accounts. Such accounts are collectively called Patients' Private Property accounts. The HSE is responsible for the administration of these accounts. However, as this money is not the property of the HSE, these accounts are not included on the HSE's balance sheet. The HSE acts as trustee of the funds. Patients' Private Property accounts are independently audited each year. The audits of these accounts are either completed or in the process of completion for the year ended 31 December 2009.

Notes to the Financial Statements

Note 1 Segmental Analysis by Area of Operation

	National Hospitals Office 2009 €'000	Primary, Community and Continuing Care 2009 €'000	National Shared Services Centre 2009 €'000	Total 2009 €'000	Total 2008 €'000
Expenditure					
Pay and Pensions					
Clinical	1,633,496	1,654,804	65,723	**3,354,023**	3,288,867
Non Clinical	433,074	578,494	187,208	**1,198,776**	1,222,548
Other Client/Patient Services	208,163	496,992	4,707	**709,862**	615,202
	2,274,733	2,730,290	257,638	**5,262,661**	5,126,617
Non Pay					
Clinical	616,223	320,662	130,534	**1,067,419**	1,035,217
Patient Transport and Ambulance Services	36,943	18,564	237	**55,744**	60,417
Primary Care and Medical Card Schemes	15,237	3,412,091	185	**3,427,513**	3,402,211
Other Client/Patient Services	8,629	72,816	5,458	**86,903**	94,544
Grants to Outside Agencies	2,642,106	1,299,163	10,381	**3,951,650**	3,937,227
Housekeeping	108,633	122,270	6,540	**237,443**	254,471
Office & Administrative Expenses	115,580	224,931	115,954	**456,465**	500,787
Long Stay Charges Repaid to Patients	0	0	76,623	**76,623**	225,266
Hepatitis C Insurance Scheme	0	0	978	**978**	574
Other Operating Expenses	13,196	27,474	5,477	**46,147**	45,713
Payments to State Claims Agency under the Clinical Indemnity Scheme	0	0	14,851	**14,851**	0
Nursing Home Support Scheme (Fair Deal)	0	10,604	0	**10,604**	0
	3,556,547	5,508,575	367,218	**9,432,340**	9,556,427
Gross expenditure for the year	5,831,280	8,238,865	624,856	**14,695,001**	14,683,044
Total Income (not analysed by area of operation)				**14,774,636**	14,430,207
Net Operating (Deficit)/Surplus for the Year				**79,635**	(252,837)
Balance at 1 January				**(1,157,716)**	(904,879)
Balance at 31 December	0	0	0	**(1,078,081)**	(1,157,716)

In October 2009, the HSE's operational structure of National Hospitals Office, Primary Community and Continuing Care and Shared Services, which existed since the establishment of the HSE, was replaced with a single Integrated Services Directorate (ISD). The ISD has responsibility for the delivery, configuration, performance and financial management of all health and personal social services. Operational and certain support services have been organised within four regions; Dublin Mid Leinster, Dublin North East, South and West. From 2010 onwards, segmental analysis will be reported on this geographical basis.

Notes to the Financial Statements

Note 2 **Net Operating (Deficit)/Surplus**

	2009 €'000	2008 €'000
Net operating (deficit)/surplus for the year is arrived at after charging:		
Audit fees	**559**	595
Executive board member's remuneration	**334**	512
Non-executive board members' remuneration	**188**	200
Executive board member's remuneration comprises the following elements:		
Chief Executive Officer's (CEO) basic pay	**379**	372
Superannuation scheme payments	**33**	32
Car allowance	**15**	15
Performance related award accrued for	**(93)**	93
	334	512

The CEO's contract provides for his participation in a Performance Related Award Scheme providing for a maximum bonus of 25% of basic salary. Awards are made by the Board on the recommendation of the Remuneration and Organisation Committee after due consideration of whether the CEO has met defined targets and strategic goals. Provision was made in the 2008 financial statements for the payment of an award in respect of 2008. Subsequently, the Board decided, in line with advice from the Department of Finance, to suspend consideration of award payments pending the issue of further guidelines by central Government. In the light of this, the provision in respect of a possible 2008 award has been reversed and no provision has been made in respect of 2009.

	2009 €	2008 €
Board members' expenses were paid as follows:		
Liam Downey	**3,566**	4,827
Professor Brendan Drumm*	**2,665**	7,190
Pat Farrell	**0**	380
PJ Fitzpatrick	**2,103**	0
Michael McLoone	**0**	4,634
Professor Michael Murphy	**0**	1,980
	8,334	19,011

** Professor Drumm's expenses were incurred in his capacity as CEO. He did not incur expenses in his capacity as a board member.*

Note 3 **Exchequer Revenue Grant**

	2009 €'000	2008 €'000
Net Estimate voted to HSE (HSE Vote 40)	**11,886,588**	12,752,045
Less net Surplus to be surrendered (Note 22)	**(8,542)**	(81,458)
Net recourse to Exchequer	**11,878,046**	12,670,587
Less: Capital services funding from the State (HSE Vote 40)	**(429,897)**	(570,540)
Exchequer Revenue Grant	**11,448,149**	12,100,047

Note 4 **Patient Income**

	2009 €'000	2008 €'000
Maintenance Charges	**195,227**	162,619
In-Patient Charges	**36,084**	34,202
Out-Patient Charges	**13,272**	11,733
Road Traffic Accident Charges	**8,926**	5,811
Long Stay Charges	**87,806**	70,691
	341,315	285,056

Note 5 **Other Income**

(a) Other Income

	2009 €'000	2008 €'000
Superannuation Income	**220,411**	212,263
Other Payroll Deductions	**9,956**	8,048
Pension levy deductions from HSE own staff	**218,254**	0
Pension levy deductions from service providers	**113,730**	0
Agency/Services	**10,778**	17,101
Canteen Receipts	**14,959**	14,662
Other Income **(See Note 5(b) analysis below)**	**169,841**	179,724
	757,929	431,798

(b) Other Income Analysis

	2009 €'000	2008 €'000
National Council for Professional Development of Nursing & Midwifery	**2,236**	2,349
Department of Community Rural & Gaeltacht Affairs	**26,739**	28,668
Department of the Environment	**3,500**	14,830
Health Research Board	**1,436**	656
National Cancer Screening Service	**22,644**	2,148
Dept of Social, Community & Family Affairs (Humanitarian Assistance Scheme – Flood Relief)	**380**	0
Other Miscellaneous Income	**112,906**	131,073
	169,841	179,724

Notes to the Financial Statements

Note 6 Pay and Pensions Expenditure

	2009 €'000	2008 €'000
Clinical		
Medical/Dental	**789,208**	812,863
Nursing	**1,631,561**	1,613,653
Health & Social Care Professional	**605,057**	605,406
Superannuation	**328,197**	256,945
	3,354,023	3,288,867
Non Clinical		
Management/Administration	**634,146**	616,250
General Support Staff	**433,877**	502,644
Superannuation	**130,753**	103,654
	1,198,776	1,222,548
Other Client/Patient Services		
Other Patient & Client Care	**644,760**	566,998
Superannuation	**65,102**	48,204
	709,862	615,202
Total Pay Expenditure	**5,262,661**	5,126,617

Note 7 Employment

The number of employees at 31 December by Area of Operation was as follows (in whole time equivalents (WTEs)):

	2009	2008
National Hospitals Office	**29,811**	30,221
Primary, Community and Continuing Care	**37,802**	37,988
Population Health	**1,082**	1,117
Corporate (including National Shared Services)	**3,117**	3,369
Total HSE employees	**71,812**	72,695
Voluntary Sector – National Hospitals Office	**22,674**	22,925
Voluntary Sector – Primary, Community and Continuing Care	**15,267**	15,406
Total Voluntary Sector employees	**37,941**	38,331
Total Employees	**109,753**	111,026

Employment numbers as shown above are calculated in accordance with a methodology agreed with the Department of Health and Children for the purpose of monitoring compliance with the employment ceiling laid down by the Department.

Environmental Health Officers have been reclassified from Primary, Community and Continuing Care to Population Health for 2009. For comparative purposes, the 2008 WTE figures have been reanalysed on a consistent basis. It should be noted that the WTE total for prior year remains unchanged and the reanalysis has no effect on the financial results in current or prior reporting periods.

Note 7 **Employment** continued

In addition to the employees taken into account for the purposes of the employment ceiling, there are also 256 WTEs (2008: 282 WTEs) employed in non-consolidated HSE subsidiary undertakings (see Note 26). There were also 4,607 (2008: 5,046) WTEs employed by the HSE and its subsidiaries as "home helps" at the end of 2009 who have not been included in the WTE calculation.

Employment costs charged in income and expenditure account

	2009 €'000	2008 €'000
Wages and Salaries	**4,399,508**	4,371,907
Social Welfare Costs	**339,101**	345,906
Pension Costs	**524,052**	408,804
	5,262,661	5,126,617

Summary Analysis of Pay and Pension Costs

	Clinical 2009 €'000	Non Clinical 2009 €'000	Other Client/Patient Services 2009 €'000	Total 2009 €'000	Total 2008 €'000
Basic Pay	2,297,525	896,746	500,505	**3,694,776**	3,573,416
Allowances	96,744	28,032	12,439	**137,215**	129,161
Overtime	156,132	16,237	20,465	**192,834**	219,026
Night duty	63,564	8,568	10,607	**82,739**	78,951
Weekends	125,303	35,508	44,209	**205,020**	201,195
On-Call	59,948	1,588	867	**62,403**	64,295
Arrears (National Pay Agreements, etc)	19,294	3,872	1,355	**24,521**	105,863
Employer PRSI	207,316	77,472	54,313	**339,101**	345,906
Superannuation	328,197	130,753	65,102	**524,052**	408,804
	3,354,023	1,198,776	709,862	**5,262,661**	5,126,617

HSE Pay Costs above relate to HSE employees only. Pay costs for employees in the voluntary sector are accounted for under Non-Pay Expenditure (Revenue Grants to Outside Agencies). See Note 8 and Appendix 1. Pay costs of HSE do not include costs for subsidiary undertakings which are not consolidated on the basis that they are not material.

Non-routine pension arrangements were entered into with senior staff retiring in 2009 as follows:

A senior manager retired during the year following the abolition of his post as a consequence of an organisational restructuring, involving the integration of the operations of the HSE Employers Agency into the HR Directorate. With the agreement of the Department of Health and Children and with the approval of the Department of Finance, he was given the same severance arrangements as those which applied to the CEOs of the former health boards who retired following the abolition of their posts on the establishment of the HSE. The arrangements involved superannuation benefits as provided for under Article 78 of the Local Government Superannuation Scheme of: Payment of immediate pension without actuarial reduction, up to ten added years service for pension and lump sum calculation purposes and a severance payment equal to six months' salary. In addition, under a mediated agreement for CEOs of former Health Boards on fixed term contracts, an additional ex gratia payment of six months salary was payable. In this case the combined severance and the ex gratia payment was €158,664 and service was increased by six years.

A former Health Board CEO also retired during the year. With the agreement of the Department of Health and Children and with the approval of the Department of Finance, he was given the same severance arrangements as those described above. In this case the severance payment was €65,155 and service was increased by ten years.

Notes to the Financial Statements

Note 8 **Non Pay Expenditure**

	2009 €'000	2008 €'000
Clinical		
Drugs & Medicines (excl. demand led schemes)	**284,797**	250,973
Blood/Blood Products	**38,068**	36,881
Medical Gases	**10,041**	9,708
Medical/Surgical Supplies	**244,993**	238,962
Other Medical Equipment	**92,306**	91,615
X-Ray/Imaging	**31,874**	30,722
Laboratory	**99,980**	99,427
Professional Services	**76,610**	83,841
Agency Services	**66,540**	68,655
Education & Training	**122,210**	124,433
	1,067,419	1,035,217
Patient Transport and Ambulance Services		
Patient Transport	**46,277**	49,147
Vehicles Running Costs	**9,467**	11,270
	55,744	60,417
Primary Care and Medical Card Schemes		
Doctors' Fees and Allowances	**489,862**	481,681
Payments to Former District Medical Officers/Dependents	**5,539**	5,728
Pharmaceutical Services	**2,060,971**	2,050,496
Dental Treatment Services Scheme	**86,611**	65,099
Community Ophthalmic Services Scheme	**23,653**	21,977
Cash Allowances (Blind Welfare, Domiciliary Care, etc)	**146,629**	179,946
Fostering Payments	**95,409**	91,132
Capitation Payments	**518,839**	506,152
	3,427,513	3,402,211
Other Client/Patient Services		
Professional Services	**46,631**	47,834
Agency Services	**25,893**	32,112
Education & Training	**14,379**	14,598
	86,903	94,544

Note 8 **Non Pay Expenditure** continued

	2009 €'000	2008 €'000
Grants to Outside Agencies		
Revenue Grants to Outside Agencies (Appendix 1)	**3,911,214**	3,900,826
Grants funded from other Government Departments/State Agencies (Appendix 1)	**40,436**	36,401
	3,951,650	3,937,227
Housekeeping		
Catering	**68,328**	71,882
Heat, Power & Light	**62,217**	73,481
Cleaning & Washing	**82,019**	79,907
Furniture, Crockery & Hardware	**9,753**	12,165
Bedding & Clothing	**15,126**	17,036
	237,443	254,471
Office and Administration Expenses		
Maintenance	**66,735**	64,866
Bank Loan & Finance Leases	**582**	48
Bank Interest and Charges	**3,186**	3,327
Insurance	**24,766**	25,398
Audit	**595**	595
Legal and Professional Fees	**66,936**	63,657
Agency Services	**15,899**	16,294
Bad & Doubtful Debts	**13,603**	18,526
Education & Training	**8,124**	18,772
Travel & Subsistence	**61,564**	84,960
Vehicle Costs	**1,152**	1,138
Office Expenses/Rent & Rates	**158,220**	167,018
Computers and Systems Maintenance	**35,103**	36,188
	456,465	500,787
Long Stay Repayments Scheme		
Long Stay Charges Repaid to Patients (see Note 30)	**73,139**	215,047
Non-Pay Costs of Administering the Long Stay Repayments Scheme	**3,484**	10,219
	76,623	225,266
Hepatitis C Insurance Scheme		
Insurance Premium Loadings and Claims (see Note 31)	**946**	496
Non-Pay Costs of Administering the Hepatitis C Insurance Scheme	**32**	78
	978	574
Other Operating Expenses		
Miscellaneous (Appendix 3)	**46,147**	45,713
	46,147	45,713
Payments to State Claims Agency under the Clinical Indemnity Scheme		
Awards paid in settlement of claims	**14,851**	0
	14,851	0
Nursing Home Support Scheme (Fair Deal)		
Nursing Home Support Scheme (Fair Deal)	**10,604**	0
	10,604	0

Notes to the Financial Statements

Note 9 Tangible Fixed Assets Land and Buildings

	Land	Buildings*	Work in Progress	Total 2009
	€'000	€'000	€'000	€'000
Cost/Valuation				
At 1 January 2009	2,025,422	2,689,850	444,491	**5,159,763**
Additions	201	7,470	238,103	**245,774**
Transfers from Work in Progress	0	154,706	(157,143)	**(2,437)**
Disposals	0	(110)	0	**(110)**
At 31 December 2009	2,025,623	2,851,916	525,451	**5,402,990**
Depreciation				
Accumulated Depreciation at 1 January 2009	0	526,631	0	**526,631**
Charge for the Year	0	67,732	0	**67,732**
Disposals	0	(102)	0	**(102)**
At 31 December 2009	0	594,261	0	**594,261**
Net Book Values				
At 1 January 2009	2,025,422	2,163,219	444,491	**4,633,132**
At 31 December 2009	2,025,623	2,257,655	525,451	**4,808,729**

** The net book value of fixed assets above includes €40.4m (2008: €41.9m) in respect of buildings held under finance leases; the depreciation charged for the year above includes €1.9m (2008: €1.9m) on those buildings.*

Note 10 Tangible Fixed Assets Other than Land and Buildings

	Motor Vehicles	Equipment	Work in Progress	Total 2009
	€'000	€'000	€'000	€'000
Cost/Valuation				
At 1 January 2009	91,588	1,071,394	8,009	**1,170,991**
Additions	1,980	42,326	178	**44,484**
Transfers from Work in Progress	7,275	1,175	(7,311)	**1,139**
Disposals	(5,689)	(5,425)	(123)	**(11,237)**
At 31 December 2009	95,154	1,109,470	753	**1,205,377**
Depreciation				
Accumulated Depreciation at 1 January 2009	68,859	719,670	0	**788,529**
Charge for the Year	10,891	81,494	0	**92,385**
Disposals	(5,466)	(4,716)	0	**(10,182)**
At 31 December 2009	74,284	796,448	0	**870,732**
Net Book Values				
At 1 January 2009	22,729	351,724	8,009	**382,462**
At 31 December 2009	20,870	313,022	753	**334,645**

Note 11 **Investments**

	2009 €'000	2008 €'000
Unquoted Shares	**3**	3
	3	3

Note 12 **Stocks**

	2009 €'000	2008 €'000
Medical, Dental and Surgical Supplies	**40,035**	37,290
Laboratory Supplies	**7,027**	6,794
Pharmacy Supplies	**20,577**	21,340
High Tech Pharmacy Stocks	**32,526**	18,890
Pharmacy Dispensing Stocks	**2,455**	2,464
Blood and Blood Products	**1,271**	1,535
Vaccine Stocks (2009 includes H1N1 'swine flu' vaccines)	**30,153**	19,430
Household Services	**9,086**	9,155
Stationery and Office Supplies	**2,909**	2,583
Sundries	**568**	433
	146,607	119,914

Note 13 **Debtors**

	2009 €'000	2008 €'000
Patient Debtors	**94,034**	90,008
Prepayments and Accrued Income	**18,984**	26,323
Other Debtors	**103,904**	95,223
	216,922	211,554

Note 14 **Paymaster General Account**

	2009 €'000	2008 €'000
Paymaster General Bank Account	**181,677**	61,769
Net Liability to the Exchequer	**(42,423)**	(4,458)
Paymaster General and Exchequer Balance	**139,254**	57,311

Notes to the Financial Statements

Note 15 **Creditors**

(a)

	2009 €'000	2008 €'000
Finance Leases	**1,741**	1,520
Non Pay Creditors – Revenue	**145,845**	193,544
Non Pay Creditors – Capital	**8,324**	19,469
Accruals for Non Pay – Revenue	**669,221**	652,094
Accruals for Non Pay – Voluntary Hospitals & Outside Agencies	**327,244**	329,708
Accruals for Non Pay – Capital	**40,839**	57,770
Accruals for Pay and Pensions	**330,472**	338,399
Income Tax and Social Welfare	**141,539**	130,001
Lottery Grants Payable*	**918**	687
VHI Advance**	**50,000**	0
Sundry Creditors	**20,489**	21,575
	1,736,632	1,744,767

** The HSE administers the disbursement of National Lottery grants for local programmes under the National Lottery's Health and Welfare Funded Schemes.*

*** The HSE negotiated the introduction of improved payment arrangements with VHI in quarter 4 2009 which included a once-off advance payment on account of €50m for a period of six months. VHI will deduct the €50m from future claims received from the HSE, so that by the end of 2010 the €50m will have been recovered in full by VHI.*

(b) Summary Reconciliation of Creditors as shown in the AFS to the Statement of Assets and Liabilities in the HSE's Appropriation Account

	2009 €'000	2008 €'000
Creditors falling due up to one year	**1,736,632**	1,744,767
Creditors falling due after one year (Note 16)	**59,054**	59,598
Total Creditors	**1,795,686**	1,804,365
Less amount due to the State	**(141,539)**	(130,001)
Plus Deferred Income	**3,575**	3,770
Total Creditors per the Statement of Assets and Liabilities in the Appropriation Account	**1,657,722**	1,678,134

Note 16 Creditors (amounts falling due after more than one year)

(a) Finance lease obligations

	Land and Buildings 2009 €'000	Other 2009 €'000	Total 2009 €'000	Total 2008 €'000
After one but within five years	3,049	225	**3,274**	2,640
After five years	36,034	0	**36,034**	37,282
	39,083	225	**39,308**	39,922

(b) Liability to the Exchequer in respect of Exchequer Extra Receipts

Proceeds of disposal of fixed assets are considered as Exchequer Extra Receipts (EERs) under the Department of Finance's Public Financial Procedures. The HSE is not entitled to retain these sales proceeds for its own use and must surrender them to the Exchequer.

	2009 €'000	2008 €'000
Gross Proceeds of all disposals in year	**422**	653
Less: Net expenses incurred on disposals	**(43)**	(14)
Net proceeds of disposal	**379**	639
Less refunded to the Exchequer	**(309)**	(517)
At 1 January	**19,408**	19,286
Balance at 31 December	**19,478**	19,408
Sundry Creditors	**268**	268
Total Creditors (amounts falling due after more than one year)	**59,054**	59,598

Note 17 Deferred Income

Deferred income comprises (i) unspent income of €3.508m arising from funding, donations and bequests where the purposes to which money may be applied has been specified but the related expenditure has not been incurred and (ii) income of €0.067m from sales of land which have not been concluded.

Notes to the Financial Statements

Note 18 Capital and Reserves

(a) Capitalisation Account

	2009 €'000	2008 €'000
At 1 January	**5,015,594**	4,835,703
Additions to fixed assets in the year	**288,960**	345,665
Less: Net book value of fixed assets disposed in year	**(1,063)**	(5,475)
Less: Depreciation charge in year	**(160,117)**	(160,299)
Balance at 31 December	**5,143,374**	5,015,594

(b) Capital Reserves

	2009 €'000	2008 €'000
At 1 January	**(236,612)**	(262,239)
Net Operating (Deficit)/Surplus for the year	**30,896**	25,627
Balance at 31 December	**(205,716)**	(236,612)

(c) Revenue Reserves

	2009 €'000	2008 €'000
At 1 January	**(1,157,716)**	(904,879)
Revenue Reserves from Post Graduate Medical and Dental Board	**167**	0
Net Operating (Deficit)/Surplus for the year	**79,635**	(252,837)
Balance at 31 December	**(1,077,914)**	(1,157,716)

(d) Reconciliation of Movement on Reserves

	2009 €'000	2008 €'000
Closing Creditors at 31 December	**1,795,686**	1,804,365
Less Opening Creditors at 1 January	**1,804,365**	1,541,348
	(8,679)	263,017
Less Increase in Current Assets	**101,824**	34,301
(Increase)/Reduction in Deferred Income	**195**	1,506
	(110,698)	227,210
Net Operating (Surplus)/Deficit	**(79,635)**	252,837
Revenue Reserves from Post Graduate Medical and Dental Board	**(167)**	0
Net Capital Surplus	**(30,896)**	(25,627)
	(110,698)	227,210

Note 18(d) above illustrates the reconciliation between the Movement in Reserves (surplus/(deficit) for the year) and the changes to Assets and Liabilities on the Balance Sheet.

Note 19 Capital Expenditure

(a) Additions to Fixed Assets

	2009 €'000	2008 €'000
Additions to Fixed Assets (Note 9) Land and Buildings	**245,774**	278,923
Additions to Fixed Assets (Note 10) Other than Land and Buildings	**44,484**	66,742
	290,258	345,665
Funded from Capital	**270,955**	326,015
Funded from Revenue	**19,303**	19,650
	290,258	345,665

(b) Analysis of expenditure charged to Capital Income and Expenditure Account

	2009 €'000	2008 €'000
Expenditure on HSE's own assets (Capitalised)	**270,955**	326,015
Expenditure on HSE projects not resulting in Fixed Asset additions	**19,189**	47,005
Total expenditure on HSE Projects charged to capital	**290,144**	373,020
Capital grants to outside agencies (Appendix 2)	**123,965**	190,148
Total Capital Expenditure per Capital Income & Expenditure Account	**414,109**	563,168

(c) Analysis of Income from Government Departments and Other Sources

	2009 €'000	2008 €'000
Department of Community, Rural & Gaeltacht Affairs	**3,386**	2,885
Friends of St. Ita's Community Hospital Fundraising Group	**0**	1,225
Fingal County Council	**0**	2,202
National Cancer Screening Service	**2,330**	0
Friends of Wexford General – new cancer day care unit	**845**	0
Central Remedial Clinic – CRC at Waterford Regional Hospital	**606**	0
Employment Response – employment initiatives for persons with a disability	**255**	0
Friends of Fermoy Community Hospital – extension & modernisation	**246**	0
Sustainable Energy Ireland (SEI) – energy savings in acute hospitals	**203**	0
Other Miscellaneous Income	**1,620**	1,489
	9,491	7,801

Notes to the Financial Statements

Note 20 Net Cash Inflow from Operating Activities

	2009 €'000	2008 €'000
Revenue Reserves at 31 December	**(1,078,081)**	(1,157,716)
Opening Revenue Reserves at 1 January	**(1,157,716)**	(904,879)
(Deficit)/Surplus for the current year	**79,635**	(252,837)
Revenue Reserves from Post Graduate Medical and Dental Board	**167**	0
	79,802	(252,837)
Capital element of lease payments charged to revenue	**779**	271
Less Interest and dividend income	**(395)**	(2,184)
Purchase of equipment charged to Revenue Income and Expenditure	**19,303**	19,650
All interest charged to Revenue Income and Expenditure	**1,565**	1,613
(Increase)/Decrease in Stock	**(26,693)**	7,411
(Increase)/Decrease in Debtors	**(5,368)**	213
Increase/(Decrease) in Creditors	**(8,135)**	263,180
Increase/(Decrease) in Creditors (falling due in more than one year)	**(613)**	(289)
Increase/(Decrease) in Deferred Income	**(195)**	(1,506)
(Increase)/Decrease in Investments	**0**	0
Net Cash Inflow from Operating Activities	**60,050**	35,522

Note 21 Reconciliation of Net Cash Flow to Movement in Net Funds

	2009 €'000	2008 €'000
Change in net funds resulting from cash flows		
Net funds at 1 January	**82,336**	40,412
Movement in net funds for the year from cash flow statement	**69,763**	41,924
Net funds at 31 December	**152,099**	82,336

Note 22 **Vote Accounting**

(a)

Exchequer disbursements during the year are based on annual amounts voted by Dáil Eireann. Any part of the amount voted which has not been expended by 31 December in accordance with Government accounting rules must be surrendered to the Exchequer.

It is a statutory requirement of the Accounting Officer of the HSE that no overspending of the Vote takes place. In practice it is almost impossible to achieve an actual outturn which matches the exact vote amount. As a result, it is inevitable that this prudent approach will result in small surpluses. The surplus to be surrendered amounts to €8.5m, which represents 0.07% of the total Vote of the HSE.

(b) Summary Appropriation Account, prepared under Government Accounting rules

	Estimate	Outturn	Estimate	Outturn
	2009 €'000	2009 €'000	2008 €'000	2008 €'000
HSE Vote 40 Gross Expenditure	**15,180,851**	**15,103,550**	15,007,320	14,893,139
Appropriations-in-Aid	**3,294,263**	**3,225,504**	2,255,275	2,222,552
Net Vote Expenditure	**11,886,588**	**11,878,046**	12,752,045	12,670,587

	2009 €'000	2008 €'000
Surplus to be Surrendered	**8,542**	81,458

(c) Analysis of Surrender

	2009 €'000	2008 €'000
Surplus Appropriations-in-Aid	**0**	0
Net surplus to be surrendered	**8,542**	81,458
	8,542	81,458

Notes to the Financial Statements

Note 22 **Vote Accounting** continued

(d) For information purposes see below Note 3 extract from HSE's 2009 Appropriation Account

	2009 €'000	2009 €'000
Statement of Assets and Liabilities as at 31 December 2009		
Capital Assets		**5,143,374**
Financial Assets		**3**
Current Assets		
Stocks	**146,607**	
Debtors and Prepayments	**143,248**	
Debit Balances: Suspense	**73,674**	
Bank and Cash	**12,845**	
PMG Balance	**181,677**	
Total Current Assets	**558,051**	
Current Liabilities		
Creditors	**154,169**	
Accruals	**1,415,744**	
Credit Balances: Suspense	**20,788**	
Credit Balances: Special I&E and Long Stay	**13,446**	
Credit Balances: VHI Advance	**50,000**	
Deferred Income	**3,575**	
	1,657,722	
Other Credit Balances:		
Due to State	**141,539**	
Net Liability to the Exchequer	**42,423**	
	183,962	
Total Current Liabilities	**1,841,684**	
Net Current Liabilities		**(1,283,633)**
Net Assets		**3,859,744**

Note 23 **Pensions**

Eligible staff employed in the HSE are members of a variety of defined benefit superannuation schemes.

Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to the income and expenditure account in the year in which they become payable. In accordance with a directive from the Minister for Health and Children, no provision is made in the financial statements in respect of future pension benefits. Superannuation contributions from employees who are members of these schemes are credited to the income and expenditure account when received. To date, no formal actuarial valuations of the HSE's pension liabilities have been carried out.

Note 24 Capital Commitments

	2009 €'000	2008 €'000
Future tangible fixed assets purchase commitments:		
Within one year	**367,366**	386,065
After one but within five years	**688,358**	895,832
After five years	**0**	0
	1,055,724	1,281,897
Contracted for but not provided in the financial statements	**335,197**	577,066
Authorised by the Board but not contracted for	**720,527**	704,831
	1,055,724	1,281,897

The HSE has a multi-annual capital investment framework which prioritises expenditure on capital projects in line with strategic objectives in the Corporate Plan and the Annual Service Plan. Capital Commitments comprise the value of those projects in the capital plan which have been approved to contract stage by the Board. In previous years, the Capital Commitments figure expressed in the accounts included all projects in the capital plan, including those which had not received Board approval to contract stage. The Capital Commitments figure in the 2008 accounts of €2,151.713m has been restated to €1,281.897m on a basis consistent with 2009.

Note 25 Operating Leases

Operating lease rentals (charged to income and expenditure account)

	2009 €'000	2008 €'000
Land and buildings	**32,790**	31,132
Motor Vehicles	**52**	98
Equipment	**67**	28
	32,909	31,258

The HSE has the following annual lease commitments under operating leases which expire:

	2009 Land and Buildings	2009 Other	2009 Total	2008 Total
	€'000	€'000	€'000	€'000
Within one year	6,463	47	**6,510**	10,966
In the second to fifth years inclusive	9,061	90	**9,151**	16,890
In over five years	17,367	0	**17,367**	18,729
	32,891	137	**33,028**	46,585

Notes to the Financial Statements

Note 26 Subsidiary Undertakings

Abbey Wreaths Limited – a company limited by guarantee and not having a share capital. Established to undertake the running of certain services in Ballina to meet the training and rehabilitation needs of people with disabilities.

Aontacht Phobail Teoranta – a company limited by guarantee and not having a share capital. Set up to promote the economic and social integration of people with disabilities.

Bradóg Trust Limited – a company limited by guarantee and not having a share capital. Established to provide housing and associated amenities for persons in deprived circumstances and to provide for relief of poverty and deprivation caused by poor housing conditions and homelessness or other social and economic circumstances.

Dolmen Clubhouse Limited – a company limited by guarantee and not having a share capital. Established to provide educational, social and employment opportunities for people who experience mental ill health.

Dolmen Rainbows Limited – a company limited by guarantee and not having a share capital. Established to undertake the running of certain services in Ballina to meet the training and rehabilitation needs of people with disabilities.

Eastern Community Works Limited – this company is limited by guarantee and is engaged in improving the living conditions of the elderly.

EVE Holdings Limited – engaged in the provision of rehabilitative programmes in the form of training and quality supported and sheltered employment.

St. Helena's Childcare Centre Limited (formerly The Paddocks Development Project Limited) – a company limited by guarantee and not having a share capital. Established to operate and maintain an affordable, accessible and flexible community based childcare service in Finglas, Dublin, in order to allow parents to avail of education, training and development opportunities and to deliver such services in a safe, stimulating environment that offers a range of developmentally appropriate activities that encourage each child to attain their full potential.

Tolco Limited – set up in 1975 for the purposes of providing services to the then Eastern Health Board. These services included residential care and training facilities for persons with special needs.

A project is underway to subsume those subsidiaries which are wholly owned into the HSE along with the reconstitution of certain subsidiary boards so that the HSE no longer exercises a controlling interest in those entities. The results of these subsidiary undertakings have not been consolidated in the financial statements on the basis that they are not material.

Note 27 Taxation

The HSE has been granted an exemption in accordance with the provisions of Section 207 (as applied to companies by Section 76), Section 609 (Capital Gains Tax) and Section 266 (Deposit Interest Retention Tax) of the Taxes Consolidation Act 1997. This exemption which applies to Income Tax/Corporation Tax, Capital Gains Tax and Deposit Interest Retention Tax, extends to the income and property of the HSE. The exemption is subject to review by the Revenue Commissioners and, if conditions as specified are not met, the exemption may be withdrawn from the date originally granted.

Note 28 Insurance

The HSE is insured against employers liability and public liability risks up to an indemnity limit, under both retro-rated and flat-rated bases. Under the retro-rated basis, the final premium is not determined until the end of the coverage period and is based on the HSE's loss experience for that same period. The retro-rated adjustment payable by the HSE is subject to maximum and minimum limits. At 31 December 2009 it was not possible to accurately quantify the liability, if any, which may arise as a result of future retro-rating. The maximum liabilities for retro-rated claims still outstanding, based on agreed levels of each insurable risk is €4,734 and €3,447,330 for employers liability and public liability respectively. All insurance premiums from 1 January 2001 have been paid on a flat basis only and no retro-rating applies to cover from this date forward.

State Claims Agency

From 1 July 2009 onwards the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. At 31 December 2009, the estimated liability incurred to that date under the Clinical Indemnity Scheme was €636m. In accordance with the directions of the Minister for Health and Children, no provision has been made for this liability in the financial statements.

Note 29 Contingent Liabilities – Actions by Pharmacists

A High Court case was taken in 2007 by community pharmacists seeking to enforce contractual entitlement to advance payments for medical card schemes. Community pharmacy contracts provide for cash payments on 45 day terms in advance of actual claims payments which historically took longer than this credit period to process manually. Since the automation of claims processing, the practice of advance payment to community pharmacists was ceased as actual claims are paid within this 45 day timeframe. Pharmacists have sought to have the cash advances reinstated and the provision in the contract enforced. This case was defended by the Department of Health and Children but the judgement was in favour of the plaintiffs. The case is being appealed to the Supreme Court although a date has not been set as yet for this hearing.

If the Supreme Court upholds the judgement of the High Court, the outcome will be the reinstatement of all advance payments and the back payment of same, the cost of which will be in the order of €70m in respect of arrears and €25m per annum in 2009 and future years. The financial effects of this contingent liability have not been provided in the financial statements.

Pharmacists have lodged a separate claim with the HSE for loss of retail mark up on products dispensed under the terms of the over 70 medical card, products which would otherwise have been subject to higher margin where full eligibility did not exist. The claim is in the amount of €100m, over and above the amount of €30 million currently paid per annum. The Irish Pharmaceutical Union have indicated that they will engage in non-binding mediation but may pursue the HSE through the courts if they are dissatisfied with the outcome. The financial effects of this contingent liability have not been provided in the financial statements.

Contingent Liabilities – General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for public and employer liability, fire and specific all risk claims. In most cases such insurance would be sufficient to cover all costs, but this cannot be certain. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Note 30 The Health (Repayment Scheme) Act 2006

The Health (Repayment Scheme) Act 2006 provides the legislative basis for the repayment of what has been referred to as 'long stay charges' which were incorrectly levied on persons with full eligibility prior to 14 July 2005. The scheme allows for the repayment of charges to the following people:

- Living people who were wrongly charged at any time since 1976
- The estates of people who were wrongly charged and died on or after 9 December 1998

Under the provisions of the Act, the HSE appointed an external third party to act as Scheme Administrator. A special account is set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €80m was set aside in 2009 by way of a supplementary estimate for this purpose. The best estimate of the total cost of repayments, at the inception of the Scheme based on the terms as set out in the Act was up to €1bn. Repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The Scheme closed to new applicants on the 31 December 2007 and 14,000 claims have been received in respect of living patients and 26,000 claims in respect of estates. The Scheme is now estimated to cost in the region of €465m. The Scheme received some applications relating to patients in private nursing homes which were turned down on the basis that they were not contemplated within the scope of the Scheme. Proceedings have been instituted in 306 cases, involving patients who spent time in private nursing home facilities. None of the cases have yet proceeded to a hearing. In addition, the HSE with the Department of Health and Children has lodged an appeal to the High Court in respect of determinations by the Appeals Officer granting eligibility to clients of certain disability services. Consequently, it is considered inappropriate to attempt to estimate any potential future liability arising from these actions or to detail the uncertainties attaching thereto since to do so might prejudice the outcome of court proceedings.

Notes to the Financial Statements

Note 30 The Health (Repayment Scheme) Act 2006 continued

In 2009, the following expenditure has been charged to the revenue income and expenditure account in respect of the Repayments Scheme:

	2009 €'000	2008 €'000
Pay	**1,357**	1,198
Repayments to Patients (see Note 8)	**73,139**	215,047
Payments to Third Party Scheme Administrator	**2,811**	8,653
Advertising	**0**	71
Legal and Professional Fees	**562**	1,245
Office Expenses	**111**	250
	77,980	226,464

Note 31 The Hepatitis C Compensation Tribunal (Amendment) Act 2006

The Hepatitis C Compensation Tribunal (Amendment) Act 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection, life assurance policies and travel insurance as a result of contaminated blood products being administered to them. The scheme will cover the insurance risk for the 1,700 or more people entitled to avail of assurance products, regardless of any other medical conditions these people may have, once they pay the standard premium that an uninfected person of the same age and gender would pay. The overall cost over the lifetime of the scheme is estimated at €90m.

In 2009, the following expenditure has been charged to the revenue income and expenditure account in respect of the Insurance Scheme:

	2009 €'000	2008 €'000
Pay	**135**	129
Payments of premium loadings	**377**	76
Payments of benefits underwritten by HSE	**578**	420
Advertising	**2**	4
Legal and Professional Fees	**20**	69
Office Expenses	**1**	5
	1,113	703

Note 32 Post Balance Sheet Events

No circumstances have arisen or events occurred, between the balance sheet date and the date of approval of the financial statements by the Board, which would require adjustment or disclosure in the financial statements.

Note 33 Related Party Transactions

In the normal course of business the Health Service Executive may approve grants and may also enter into other contractual arrangements with undertakings in which HSE Board members are employed or otherwise interested. The Health Service Executive adopts procedures in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Board members. These procedures have been adhered to by the Board members and the HSE during the year. During 2009 an agency in which a Board member declared an interest was approved a grant of €757,742. The Board member concerned did not receive any documentation on the transaction nor did the member participate in or attend any Board discussion relating to this matter. Another Board member has declared an interest in a partnership which trades from time to time with the HSE on terms which are negotiated on an arm's length basis. This interest has been reported to the Board which has concluded that it is not material.

Note 34 Approval of Financial Statements

The financial statements were approved by the Board on 21 May 2010.

Appendices to the Financial Statements

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Analysis of Grants to Outside Agencies in Note 8

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Total Grants Under €100,000 (3,186 Grants)	50,982	1,903	52,885
Ability West Ltd	24,254		24,254
Abode Hostel and Day Centre	1,105		1,105
Adapt and Adapt Kerry Ltd	884		884
Addiction Response Crumlin (ARC)	335	782	1,117
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	226,891		226,891
Adoption Authority of Ireland	1,080		1,080
Adult Victims of Past Abuse (AVPA) Service	210		210
Aftercare Recovery Group	131		131
Age Action Ireland	598		598
Age and Opportunity	661		661
AIDS Fund Housing Project (Centenary House)	432		432
AIDS Help West	254		254
Aiseiri	231		231
Aishling Group	286		286
Aislinn Centre	641		641
Alcohol Action Ireland	143		143
ALJEFF Treatment Centre Ltd	142	628	770
All Communicarers Ltd	505		505
All In Care	4,094		4,094
Alliance	263		263
Alpha One Foundation	164		164
Alzheimer Society of Ireland	8,756		8,756
Amber Kilkenny Women's Outreach	478		478
AMEN	180		180
Ana Liffey Children's Project	655		655
Ana Liffey Drug Project	0	494	494
Anne Sullivan Foundation for Deaf/Blind	1,491		1,491
Aoibhneas Foundation Ltd	1,091		1,091
Aosóg	229		229
APT Tullamore	2,740		2,740
Aras Mhuire Day Care Centre (North Tipperary Community Services)	355		355
ARC Cancer Support Centre	218		218
Ard Aoibhinn Centre	3,380		3,380
Ardee Day Care Centre	358		358
Arlington Novas Ireland	1,763	76	1,839
Arranmore Social Services	201		201

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Arrupe Society	449		449
Arthritis Ireland	219		219
Asperger Syndrome Association of Ireland (ASPIRE)	415		415
Associated Charities Trust	199		199
Athlone Community Services Council Ltd	671		671
Autism Alliance UK	3,009		3,009
Autism West Ltd	622		622
Aware	232		232
Baile Mhuire Recuperative Unit for the Elderly	593		593
Balcurris Boys Home Ltd	681		681
Ballinasloe Social Services	168		168
Ballincollig Senior Citizens Club Ltd	390		390
Ballyboden Children's Centre	160		160
Ballyfermot Advanced Project Ltd	0	575	575
Ballyfermot Home Help	2,402		2,402
Ballyfermot Star Ltd	88	253	341
Ballymun Day Nursery	389		389
Ballymun Residential Project	674		674
Ballymun Youth Action Project (YAP)	676		676
Ballyowen Meadows Children's Residential Centre	899		899
Barnardos	8,986	314	9,300
Barretstown	204		204
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	370		370
Base Youth Centre	237		237
Bawnogue Youth and Family Support Group (BYFSG)	132	187	319
Beaufort Day Care Centre	148		148
Beaumont Hospital	285,549		285,549
Before 5 Nursery and Family Centre	150		150
Belong to Youth Services Ltd	196		196
Belvedere Social Service	635		635
Bernard Van Leer Foundation	120		120
Bessboro Project Group Ltd	100		100
Blakestown and Mountview Youth Initiative (BMYI)	621	50	671
Blanchardstown and Inner City Home Helps	4,306		4,306
Blanchardstown Area Partnership	15	369	384
Bluebell Development Project Ltd	0	131	131
Bodywhys The Eating Disorders Association of Ireland	312		312
Bon Secours Sisters	2,467		2,467
Bonnybrook Day Nursery	294		294
Brainwave – Irish Epilepsy Association	906		906

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Bray Cancer Support Centre	105		105
Bray Community Addiction Team	0	933	933
Bray Lakers Social and Recreational Club Ltd	155		155
Bray Travellers Group	0	117	117
Bray Women's Refuge	701		701
Brothers of Charity Services Ireland	176,983		176,983
C.D.V.E.C.	59	60	119
Cabra Resource Centre	194		194
Cahir Day Care Centre	115		115
Cairde	439		439
Cairdeas	93	80	173
Cairdeas Centre Carlow	264		264
Camphill Communities of Ireland	1,227		1,227
Cancer Care West	750		750
Cappagh National Orthopaedic Hospital	30,608		30,608
Capuchians	118		118
Cara Housing Association	235		235
Care and Company	331		331
Care for the Elderly at Home Ltd	358		358
Care Of The Aged, West Kerry	107		107
Caredoc GP Co-operative	7,437		7,437
Careline	131		131
Caremark Ireland	556		556
Carers Association Ltd	4,341		4,341
Careworld	452		452
CARI Foundation	286		286
Caring and Sharing Association (CASA)	244		244
Caring For Carers Ireland	931		931
Caritas	2,261		2,261
Carlow Day Care Centre (Askea Community Services)	158		158
Carlow Regional Youth Service	185		185
Carlow Social Services	566		566
Carlow Women's Aid	154		154
Carlow/Kilkenny Home Care Team	250		250
Carmichael Centre for Voluntary Groups	250		250
Carnew Community Care Centre	144		144
Carrick-on-Suir Day Centre for Elderly	106		106
Carrickmacross Parent and Friends Association	586		586
Casadh	0	182	182
Cavan Centre	332		332

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Cavan County Childcare Committee	183		183
CAWT	0	255	255
CDA Trust Ltd (Cavan Drug Awareness)	0	117	117
Central Remedial Clinic	19,196		19,196
Centres for Independent Living (CIL)	11,074		11,074
Charleville Care Project Ltd	109		109
Cheeverstown House Ltd	25,749		25,749
Cheshire Foundation Ireland	25,821	46	25,867
Children's Sunshine Home	4,409		4,409
Chrysalis Community Drug Project	0	302	302
Cill Dara Ar Aghaid	0	264	264
Clann Housing Association	1,057		1,057
Clann Mór	769		769
Clare Immigrant Support Centre	177		177
Clare Youth Services	109		109
Clarecare Ltd Incorporating Clare Social Service Council	7,019		7,019
Clarecastle Daycare Centre	466		466
Clarehaven Women and Children Refuge Centre	551		551
Clareville Court Day Centre	199		199
Clondalkin Addiction Support Programme (CASP)	643	293	936
Clones Branch of the Mentally Handicapped	257		257
Clontarf Home Help	2,885		2,885
Clonturk House Home for Adult Blind	452		452
CLR Home Help	2,379		2,379
Cluainin Housing Association	125		125
CLUB 91 (Formerly Chez Nous Service)	142		142
Co-Action West Cork	6,270		6,270
Cobh General Hospital	2,082		2,082
Comfort Keepers Ltd	2,976		2,976
Community Awareness of Drugs (CAD)	109	105	214
Community Creations Ltd	140		140
Community Games	270		270
Community Home Maker and Family Support Service	523		523
Community Nursing Unit, North West	574		574
Community Partnership Youth Lynx Project	108		108
Community Response, Dublin	289	190	479
Congregation of the Little Sisters of the Poor	120		120
Connaught St. Family Centre	494		494
Console (living with suicide)	342		342
Contact Care	375		375

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Convent House Daycare and Resource Centre Ltd	110		110
Coolmine Therapeutic Community Ltd	1,025	846	1,871
Coolock/Harmonstown/Artane Drugs Awareness Group	0	186	186
Coombe Women's Hospital	55,588		55,588
COPE	2,365		2,365
COPE Foundation	48,055		48,055
Cork Association for Autism	2,960		2,960
Cork City Partnership Ltd	109		109
Cork Family Planning Clinic	265		265
Cork Family Planning Outreach YHS	126		126
Cork Foyer Project	312		312
Cork Mental Health Association	297		297
Cork Social and Health Education Project (CSHEP)	289		289
Cork University Dental School and Hospital	2,372		2,372
Cottage Home Child and Family Services	1,671		1,671
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	4,784		4,784
County Wicklow Community Addiction	20	355	375
County Wicklow Community Addiction Services Ltd	0	145	145
CPL Healthcare	342		342
Criticare Services	397		397
Croí	623		623
Crosscare	5,688		5,688
Crossroads Project	0	195	195
Crumlin Home Help	3,118		3,118
Cuan Mhuire	1,882	1	1,883
Cuan Saor Women's Refuge and Support Service	549		549
Cuanlee Ltd	219		219
Cumas Teo	282	186	468
Dara Residential Services	1,940		1,940
Darndale Belcamp Child Care	445		445
Darndale Belcamp Drug Awareness	214	11	225
Daughters of Charity	41,154		41,154
Daughters of Charity Family Centres	376	249	625
Daughters of Charity of St. Vincent de Paul	68,763		68,763
Day Activation Unit for Children and Windmill Therapeutic Training Unit	426		426
Day Care Services, Newport Social Service	262		262
Deansrath Family Resource Centre	295		295
Delta Centre Carlow	2,838		2,838
Dental Health Foundation Ireland	215		215

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Depaul Trust	1,909		1,909
Diabetes Federation of Ireland	399		399
Disability Federation of Ireland (DFI)	2,683		2,683
Dóchas	500	74	574
Dolmen Clubhouse Ltd	130		130
Domestic Violence Advocacy Service	332		332
Don Bosco Teenage Care Housing Association	3,973		3,973
Donegal Women's Refuge Group (DDVS)	466		466
Donegal Youth Services	124		124
Donnycarney Youth Project Ltd	329		329
Donnycarney/Beaumont Home Help	1,658		1,658
Donnycarney/Beaumont Local Care	119		119
Donore Community Development	23	253	276
Doras Buí	206		206
Down Syndrome Ireland	166		166
Drogheda Community Services	141		141
Drogheda Homeless Aid Association	190		190
Drogheda Women's Refuge	581		581
Dromcollogher and District Respite Care Centre	383		383
Drug Treatment Centre Board	9,675		9,675
Drumcondra Home Help	1,291		1,291
Drumkeerin Care Of The Elderly	182		182
Drumlin House Training Centre	240		240
Dublin AIDS Alliance (DAA) Ltd	454	87	541
Dublin City Council Homeless Agency	1,072	175	1,247
Dublin Dental Hospital	7,607		7,607
Dun Laoghaire Home Help	898		898
Dun Laoghaire Rathdown Community Addiction Team	0	490	490
Dun Laoghaire/Rathdown Outreach Project	207	90	297
East Coast Regional Drugs Task Force	0	169	169
Eastern Community Works Ltd	6,308	300	6,608
Eastern Vocational Enterprises Ltd (EVE)	8,002		8,002
Edenmore Day Nursery	344		344
Edward Worth Library	210		210
Enable Ireland	40,020		40,020
Ennis Community Development Project	188		188
Errigal Truagh Special needs Parents and Friends Ltd	168		168
Extern Ireland	6,514		6,514
Extra Care for the Elderly	670		670
Familiscope	99	90	189

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Family Life Centre Boyle	120		120
Fatima Home, Tralee	459		459
Fellowship House	117		117
Ferns Diocesan Youth Services	180		180
Festina Lente Foundation	345		345
Fighting Blindness Ireland	130		130
Fingal Association for the Handicapped	160		160
Fingal Home Help Services Ltd	8,141		8,141
Finglas Addiction Support Team	0	382	382
First Step	280		280
Five Rivers	201		201
Focus Ireland	4,460		4,460
Fold Ireland	2,494		2,494
Foróige	3,691	212	3,903
Friedreich's Ataxia Society in Ireland	168		168
Galway City and County Childcare Strategy Group	180		180
Galway Hospice Foundation	3,763		3,763
Gay HIV strategies	106		106
Gheel Autism Services Ltd	5,467		5,467
Glen Ltd	151		151
Good Shepherd Sisters	2,661		2,661
Graiguenamanagh Elderly Association	125		125
Greater Blanchardstown Response to Drugs	100	57	157
GROW	1,452		1,452
Guardian Ad Litem and Rehabilitation Office (GALRO)	908		908
Guardian Healthcare Ltd	327		327
Hail Housing Association for Integrated Living	344		344
Hands On Peer Education (HOPE)	0	134	134
Headway the National Association for Acquired Brain Injury	2,700		2,700
Health Services National Partnership Forum (HSNPF)	3,532		3,532
Holy Angels Carlow, Special Needs Day Care Centre	817		817
Holy Family Hostel Kilkenny	1,019		1,019
Holy Family School	127		127
Holy Ghost Hospital	122		122
Home Again (Formerly Los Angeles Society)	1,706		1,706
Home Help Services Ballymun	1,942		1,942
Home Instead Senior Care	3,690		3,690
Home Youth Liaison Service	683		683
HomeCare North East Bay Ltd	1,287		1,287
Homeless Girls Society Ltd	811		811

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Homestart Family Support Services	191		191
Housing Aid for the Elderly Scheme	0	4,463	4,463
Howth Peninsula Drugs Awareness	0	119	119
IADP Inter-Agency Drugs Project UISCE	0	115	115
Iar Ros Teicneolaiocht	138		138
ILAM (Ireland) Ltd	140		140
Immigrant Counselling and Psychotherapy/ICAP	429		429
Inchicore Community Drugs Team	300	139	439
Inchicore Home Help	1,361		1,361
Inclusion Ireland	479		479
Incorporated Orthopaedic Hospital of Ireland	7,235		7,235
Inishowen Women's Outreach	114		114
Institute of Community Health Nursing	118		118
Irish Advocacy Network	851		851
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	1,063		1,063
Irish Association of Young People in Care (IAYPIC)	324		324
Irish Blood Transfusion Services Board (IBTS)	216		216
Irish Cancer Society	501		501
Irish Family Planning Association (IFPA)	750		750
Irish Foster Care Association (IFCA)	484		484
Irish Guide Dogs for the Blind	880		880
Irish Haemophilia Society (IHS)	626		626
Irish Hard of Hearing Association (IHHA)	5,530		5,530
Irish Heart Foundation	313		313
Irish HomeCare Services	1,348		1,348
Irish Hospice Foundation	265		265
Irish Kidney Association (IKA)	239		239
Irish Motor Neurone Disease Association	273		273
Irish Osteoporosis Society	230		230
Irish Pre-School Playgrounds Association (IPPA)	235		235
Irish Prison Service	315		315
Irish Society for Autism	3,211		3,211
Irish Sports Council	180		180
Irish Sudden Infant Death Association (ISIDA)	287		287
Irish Travellers Movement (ITM)	6,893	217	7,110
Irish Wheelchair Association (IWA)	38,988		38,988
ISPCC	518	221	739
Jack and Jill Childrens Foundation	634		634
Jobstown Assisting Drug Dependency Project (JAAD Project)	225	80	305
K Doc – GP Out of Hours Service	1,862		1,862

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
KARE	18,074		18,074
KASMHA	1,127		1,127
Kerry Deaf Resource Centre	101		101
Kerry Diocesan Youth Service	286		286
Kerry Mental Health	150		150
Kerry Parents and Friends Association	8,397		8,397
Kilbarrack Coast Community Programme Ltd (KCCP)	322	20	342
Kilbarrack/Foxfield Day Centre	196		196
Kilbrew Recouperation and Nursing	269		269
Kildare and West Wicklow Community Addiction Team Ltd	0	425	425
Kildare Youth Services (KYS)	1,060		1,060
Kilkenny Community Action Network (KCAN)	136		136
Killinarden (KARP)	170		170
Kilmaley Voluntary Housing Association	169		169
Kilnamanagh Family Recreation Centre	133		133
Kingsriver Community	137		137
Knocknaheeny Hollyhill Special Justice Project	100		100
L&B Home Respite Services Ltd	235		235
L'Arche Ireland	2,795		2,795
LARRC Retreat Centre, Ballinalack	100		100
Leitrim Association of People with Disabilities (LAPWD)	592		592
Leitrim Integrated Development Company	143		143
Leopardstown Park Hospital	14,500		14,500
Letterkenny Institute of Technology	0	325	325
Letterkenny Women's Centre	222		222
Letterkenny Youth And Family Service	117		117
Liberties and Rialto Home Help	1,081		1,081
Lifestart Foundation	1,487	166	1,653
Limerick Social Service Council	1,028		1,028
Limerick Youth Service Community Training Centre	424	161	585
Link (Galway) Ltd	152		152
Liscarne Court Senior Citizens	144		144
Listowel Family Resource Centre	190		190
Little Angels Hostel Letterkenny	112		112
Local Drugs Task Forces (LDTFs)	966	1,328	2,294
Lochrann Ireland Ltd	146		146
Longford Community Resources Ltd	118		118
Longford Social Services Committee	249		249
Longford Women's Centre	156		156
Lorcan O'Toole Day Care Centre	109		109

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Loughboy Child Care Project	204		204
Mahon Family Resource Centre	287		287
Marian Court Welfare Home Clonmel	556		556
Marian Day Nursery and Family Centre	195		195
Marino Institute of Education	160		160
Marino/Fairview Home Help	680		680
Mater Misericordiae University Hospital Ltd	262,455		262,455
Matt Talbot Adolescent Services	1,456		1,456
Mayo Women's Support Services	465		465
Mead Village Day Care Centre	282		282
Meath Women's Aid Housing Association Ltd	334		334
Mens Health Development Network	100		100
Mental Health Associations (MHA's)	1,819		1,819
Mental Health Commission	118	101	219
Merchant's Quay Ireland (MQI)	2,106	77	2,183
Mercy Family Centre Ltd	459	52	511
Mercy University Hospital, Cork	73,121		73,121
MIDWAY – Meath Intellectual Disability Work Advocacy You Ltd	2,171		2,171
Mid-West Regional Drugs Task Force	0	236	236
Migraine Association of Ireland	180		180
Milford Care Centre	11,618	4	11,622
Millennium Carving Ltd	296	11	307
Miss Carr's Housing Association Ltd	365		365
Moatview Day Nursery	183		183
Molyneaux House for the Blind	976		976
Moorehaven Centre Tipperary Ltd	1,277		1,277
Mount Cara House	122		122
Mountmellick Community Development and Childcare	118		118
Mountview/Blakestown Community Drugs Team	335	99	434
Moyross Community	23	142	165
MS Ireland – Multiple Sclerosis Society of Ireland	2,906		2,906
Muintir na Tire Ltd	136		136
Mulhuddart/Corduff Community Drugs Team	306	96	402
Multiple Sclerosis North West Therapy Centre Ltd	237		237
Muscular Dystrophy Ireland	1,288		1,288
National Association of Housing for the Visually Impaired Ltd	517		517
National Cancer Screening Service	0	15,348	15,348
National Council for Blind of Ireland (NCBI)	7,516		7,516
National Federation of Voluntary Bodies in Ireland	831		831
National Maternity Hospital	52,636		52,636

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
National Network of Women's Refugees and Support Services, Athlone	488		488
National Office of Victims of Abuse (NOVA)	962		962
National Rehabilitation Hospital	28,456		28,456
National Service Users Executive	198		198
National Suicide Research Foundation (NSRF)	1,082		1,082
National University of Ireland, Galway (NUIG)	699		699
National Youth Council of Ireland	118		118
Nazareth House	5,820		5,820
New Beginnings Childcare and Residential Service	768		768
New Ross Community Hospital	387		387
Newbury House Family Centre, Mayfield, Cork	143		143
Nightingale TLC	295		295
No Name Youth Club Ltd	185		185
North & West Connemara Rural Project	121		121
North Tipperary Community and Voluntary Association (CAVA)	450		450
North Tipperary Disability	423		423
North Tipperary Leader Partnership	487		487
North West Alcohol Forum	152		152
North West Parents and Friends Association	2,017		2,017
Northside Community Health Initiative (NICHE)	321		321
Northside Homecare Services Ltd	1,206		1,206
Northside Inter-Agency Project (NIAP)	223	175	398
Northside Partnership	0	101	101
Northwest Hospice	1,107		1,107
Northwest Inner City Training & Development	49	122	171
Nua Healthcare Services	275		275
Oasis Counselling Service	0	186	186
O'Connell Court Residential and Day Care	197		197
One in Four	611		611
Open Door Day Centre	452		452
Open Heart House	301		301
Order of Malta	570		570
Ossory Youth Services	137		137
Our Lady of Lourdes Day Centre	211		211
Our Lady of Lourdes Social Services Centre	1,980		1,980
Our Lady's Children's Hospital, Crumlin	142,811		142,811
Our Lady's Hospice, Harold's Cross	33,397		33,397
Our Lady's Nursery Ballymun Ltd	470		470
Outhouse Ltd	227		227
Outreach Project Network – OASIS Project	499		499

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Oznam House	173		173
Parents First Cork Ltd	105		105
Parents for Justice Ltd	110		110
Partnership Care West	210		210
Pastoral	106		106
Patient Focus	247		247
Paul Partnership Limerick	156		156
Peacehaven Trust	769		769
Peamount Hospital	28,460		28,460
Peter Bradley Foundation	8,090		8,090
PHC Care Management Ltd	364		364
Phoenix Community Resource Centre	124		124
Pobal	3,805		3,805
Positive Action	620		620
Positive Options Crisis Pregnancy Agency	254		254
Post Polio Support Group (PPSG)	419		419
Prague House	145		145
Praxis Care Group	2,067		2,067
Presentation Sisters	512		512
Private Home Care	186		186
Prosper Fingal Ltd	6,825		6,825
Rape Crisis Network Ireland (RCNI)	4,879		4,879
Rathmines Home Help	584		584
RCCN Caring Ltd T/A Community Care	314		314
Red Ribbon Project	308		308
Regional Drugs Task Force	0	307	307
Rehab Group	44,374		44,374
Renewal Women's Residence	110		110
Respond! Housing Association	1,293		1,293
Return to Nursing Scheme	106		106
Rialto Community Development	161		161
Rialto Community Drugs Team	277	211	488
Rialto Community Network	170		170
Right of Place Second Chance Group	190		190
Ringsend and District Response to Drugs	281	58	339
Roscommon Home Services	171		171
Roscommon Support Group Ltd	716		716
Rotunda Hospital	55,620		55,620
Rowlagh Day Nursery	200		200
Royal College of Surgeons in Ireland	683		683

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Royal Hospital Donnybrook	22,332		22,332
Royal Victoria Eye and Ear Hospital	24,834		24,834
Ruhama Women's Project	144	116	260
Rural Community Network Ltd	2,236		2,236
S H A R E	218		218
Sacred Heart of Jesus and Mary Sisters	1,187		1,187
Saint Aidan's Services	3,973		3,973
Salesian Youth Enterprises Ltd	396		396
Salvation Army	4,032		4,032
Samaritans	294		294
Sandra Cooneys Homecare	511		511
Sandymount Home Help	434		434
Saoirse Housing Association Ltd	840		840
SAOL Project	315		315
Schizophrenia Ireland Lucia Foundation	1,613		1,613
Servisource Recruitment	404		404
Sevenoaks Nursery	206		206
Shalamar Finiskilin Housing Association	230		230
Shannondoc Ltd	4,899		4,899
Shanty Educational Project Ltd	672	87	759
SHINE	107		107
Simon Communities of Ireland	7,940	50	7,990
SIPTU National Health and Local Authority HR Development Project	208		208
Sisters of Bon Saveur	9,868		9,868
Sisters of Charity	17,219		17,219
Sisters of Charity of Jesus and Mary, Moore Abbey	44,617		44,617
Sisters of Charity St. Marys Centre for the Blind and Visually Impaired	5,180		5,180
Sisters of La Sagesse Services	19,657		19,657
Sisters of Mercy	582		582
Sisters of the Sacred Hearts of Jesus and Mary	15,329		15,329
Slí Eile Support Services Ltd	138		138
Sligo County Child Care Committee	162		162
Sligo Family Centre	110		110
Sligo Social Services	1,250		1,250
Smyly's Trust Services	2,069		2,069
Snug Community Counselling	0	184	184
Society of St. Vincent De Paul (SVDP)	3,999		3,999
Sonas Housing Association	682		682
Sophia Housing Association	1,242		1,242

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
South Doc GP Co-operative	8,666		8,666
South Dublin Senior Citizens Club	133		133
South Infirmary Victoria University Hospital	54,618		54,618
South West Inner City Community Network	0	106	106
Southside Outreach Team Autistic Children	139		139
Special Olympics Ireland	100		100
Spinal Injuries Ireland	378		378
SPIRASI	352		352
Springboard Projects	2,659		2,659
St. Aengus Community Action Group	167		167
St. Aiden's School	102		102
St. Andrew's Resource Centre	410	53	463
St. Anne's Day Nursery Ltd	235		235
St. Anne's Youth Centre Ltd	410		410
St. Bridget's Day Care Centre	123		123
St. Carthage's House Lismore	134		134
St. Catherine's Association Ltd	6,089		6,089
St. Christopher's Services, Longford	7,570		7,570
St. Cronan's Association	985		985
St. Dominic's Community Response Project	195	40	235
St. Fiacc's House, Graiguecullen	352		352
St. Francis Hospice	7,838		7,838
St. Gabriel's School and Centre	2,387		2,387
St. Helena's Day Nursery	333		333
St. Hilda's Services For The Mentally Handicapped, Athlone	4,452		4,452
St. James' Hospital	378,459		378,459
St. James Unit For The Elderly	651		651
St. John Bosco Youth Centre	154	65	219
St. John of God Hospitaller Services	150,735		150,735
St. John's Hospital	24,409	13	24,422
St. Joseph's Foundation	11,757		11,757
St. Joseph's Home For The Elderly	1,464		1,464
St. Joseph's School For The Deaf	2,154		2,154
St. Joseph's School For The Visually Impaired	4,681		4,681
St. Kevin's Home Help Service	321		321
St. Laurence O'Toole SSC	1,156		1,156
St. Lazarian's House, Bagenalstown	243		243
St. Luke's Home	7,050		7,050
St. Luke's Hospital	38,389		38,389
St. Michael's Hospital, Dun Laoghaire	33,499		33,499

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
St. Michael's House	84,818		84,818
St. Michael's Day Care Centre	160		160
St. Monica's Community Development Committee	373	39	412
St. Monica's Nursing Home	3,304		3,304
St. Patrick's Hospital	504		504
St. Patrick's Special School	169		169
St. Patrick's Wellington Road	10,591		10,591
St. Vincent's Hospital Fairview	16,652		16,652
St. Vincent's Trust, St. Mary's Day Nursery	295		295
St. Vincent's University Hospital, Elm Park	241,390		241,390
Star Project Ballymun Ltd	172	48	220
Stella Maris Facility	173		173
Stewart's Hospital	50,669		50,669
Stillorgan Home Help	576		576
Streetline	722		722
Sunbeam House Services	22,390		22,390
Tabor House Trust, Ltd	62	91	153
Tabor Lodge	722		722
Tabor Society	758		758
Talbot Grove Treatment Centre	602		602
Tallaght Home Help	1,548		1,548
Tallaght Partnership	0	285	285
Tallaght Rehabilitation Project	102		102
Tallaght Welfare Society	125		125
Tara Winthrop Private Clinic	261		261
Teach Mhuire Day Care Centre	172		172
Teach Tearmann Domestic Violence Service	372		372
Teen Challenge Ireland Ltd	15	201	216
Temple Street Children's University Hospital	89,838		89,838
Templemore Community Social Services	219		219
Terenure Home Care Service Ltd	942		942
Thurles Community Social Services	359		359
TIDE Meath Partnership	0	175	175
Tipperary Association for Special Needs	170		170
Tipperary Hospice Movement	238		238
Tir na Nóg Day Nursery	188		188
Tolka River Project	0	107	107
Tralee Town Council	354		354
Transfusion Positive	344		344
Treoir	429		429

Name of Agency	Revenue Grants 2009 €'000	Grants Funded by other Government Departments/ State Agencies 2009 €'000	Total Grants 2009 €'000
Trim Community Childcare	109		109
Trinity College Dublin	388		388
Tullow Day Care Centre	170		170
Turners Cross Social Services Ltd	194		194
Union of Our Lady of Charity	178		178
Unit 1, 2, 6, 7, St. Stephen's Hospital	4,726		4,726
University College Dublin	122		122
Valentia Community Hospital	812		812
Vincentian Housing Partnership	323		323
Vincentian Refugee Centre (VRC)	101		101
Walkinstown Association For Handicapped People Ltd	4,364		4,364
Walkinstown Greenhills Resource Centre	0	279	279
Wallaroo Pre-School	107		107
Waterford & South Tipperary Community Youth Service	1,045		1,045
Waterford Association for the Mentally Handicapped	2,383		2,383
Waterford Community Based Drug Initiative	166		166
Waterford Hospice Movement	231		231
Welfare Home Callan/Kilmoganny	239		239
Well Woman Clinics	343		343
Wellsprings	719		719
West Cork Carers Support Group Ltd	124		124
West Of Ireland Alzheimer Foundation	1,039		1,039
Westdoc – GP Out Of Hours Service	791		791
Western Care Association	30,861		30,861
Westmeath Community Development Ltd	259		259
Wexford Homecare Service	231		231
Wexford Mental Health Association	189		189
Wexford Women's Refuge	369		369
White Oaks Housing Association Ltd	294		294
Wicklow Community Care Home Help Services	5,657		5,657
Women's Aid	813		813
Womens Aid Dundalk Ltd	540		540
YMCA	564		564
Youth Action Programmes	534		534
Youth Advocacy Programme	2,717		2,717
Youth For Peace Ltd	185		185
Youth Work Ireland	197		197
Total Grants to Outside Agencies (see Note 8)	**3,911,214**	**40,436**	**3,951,650**

Appendix 2 **Analysis of Capital Grants to Outside Agencies**

(Capital Income and Expenditure Account)

	Capital Grants
Name of Agency	**2009 €'000**
Total Grants under €100,000 (73 Grants)	2,030
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	3,249
ARC Cancer Support Centre	1,500
Beaumont Hospital	13,981
Bloomfield Care Centre Ltd	3,800
Cairde Activation Centre	397
Cappagh National Orthopaedic Hospital	648
Coombe Women's Hospital	4,272
Delta Centre Carlow	1,462
Drug Treatment Centre Board	471
Enable Ireland	315
Galway Mayo Institute of Technology	367
Incorporated Orthopaedic Hospital of Ireland	4,599
Local Drugs Task Forces (LDTFs)	1,508
Mater and Children's Hospital Development Ltd	21,925
Mater Misericordiae University Hospital Ltd	12,612
Mercy University Hospital, Cork	430
MIDWAY – Meath Intellectual Disability Work Advocacy You Ltd	200
Mullagh Hall – CLAR	388
National Maternity Hospital	1,928
National Paediatric Hospital	10,925
National Rehabilitation Hospital	780
National Treasury Management Association (Clinical Indemnity Scheme System Development)	101
Our Lady's Children's Hospital, Crumlin	3,631
Our Lady's Hospice, Harold's Cross	8,586
Peamount Hospital	124
Pobal	5,000
Rotunda Hospital	767
Royal College of Surgeons of Ireland	110
Royal Hospital Donnybrook	3,917
Royal Victoria Eye and Ear Hospital	300
Sisters of Charity	200
St. James' Hospital	4,127
St. John of God Hospitaller Services	1,613
St. Luke's Hospital	801
St. Michael's House	949
St. Vincent's Hospital Fairview	385
St. Vincent's University Hospital, Elm Park	4,134
Stewart's Hospital	531
Sunbeam House Services	100
Temple Street Children's University Hospital	400
Trinity College Dublin	402
Total Capital Grants to Outside Agencies (Note 19(b))	**123,965**

Appendix 3 **Miscellaneous**

(Analysis of Miscellaneous Expenditure in Note 8)

	2009 €'000	2008 €'000
Maintenance Farm and Grounds	**2,253**	2,201
Security	**18,452**	18,700
Fluoridation	**2,252**	1,470
Memberships	**89**	135
Licences	**370**	331
Subscriptions	**616**	687
Sundry Expenses	**11,486**	11,781
Burial Expenses	**152**	176
Secondment Charges	**2,566**	2,498
Recreation (Residential Units)	**964**	1,324
Materials for Workshops	**2,713**	2,680
Home Adaptations	**1,922**	1,080
Meals on Wheels Subsidisation	**1,675**	1,651
Payments to patients under the scheme of ex gratia payments re: long stay charges	**121**	106
Refunds	**516**	893
Total Miscellaneous Expenditure (see Note 8)	**46,147**	**45,713**

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May 2010

ISBN-10 1-901001-93-8
ISBN-13 978-1-901001-93-8