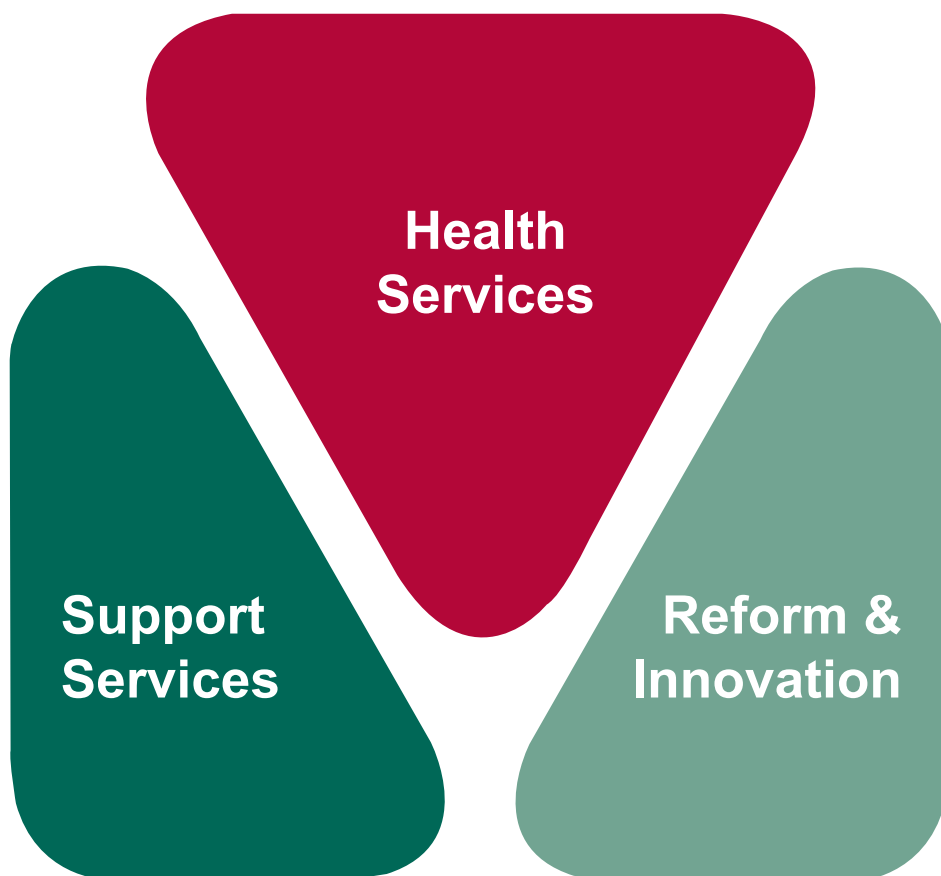


Towards Better Health Care

December 2005



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive



Dear Colleague



Professor Brendan Drumm
Chief Executive Officer

There is a lot criticism of our health service. Some of it is justified; some of it is greatly exaggerated. A lot of it reflects frustration that, despite the investment, our health service does not appear to be getting much better. I know that services are getting significantly better. But we have a lot to do if we are to satisfy the growing health needs of the community and become dynamic, responsive and productive.

Our aim at the HSE is to provide world class health services to everyone: young and old, rich and poor. We will only achieve this if we are all committed, work together and support one another in pursuing this goal. *I am certain that, with your help and co-operation, we can achieve this.*

I know that the past year has been unsettling for many of you, but this is not unusual for an organisation as large as ours, which is undergoing such enormous change. I want to thank you for your patience and assure you that we are now well placed to release the many opportunities the HSE can deliver. This presentation represents another significant step towards our goal.

Responsibility

Serving the health needs of more than 4 million people is an immense undertaking. It starts when we try to prevent or postpone illness and disease in the community and takes us right through to helping people resume their lives after experiencing illness or help them cope with critical illness.

We are here to support and care for people when they are at their most vulnerable and this is a considerable personal responsibility for us all.

Connected

To do our job properly we must organise ourselves so that all our services are connected together, seamlessly.

During the past few months I have been working closely with our senior managers and we are introducing some modifications and additions to help us achieve this.

While these changes are modest they should have a very positive influence. They will refocus the way we approach our work and put patients at the centre of everything we do and every decision we make.

This should enable you to see more clearly the consequence of your work and how it can impact on patient care. *As we get closer to our goal and see our services improve, I am confident you will experience greater job satisfaction and be able to avail of far more opportunities.*

For the majority of staff, it is unlikely that these modifications will impact on reporting relationships. However, be assured that any changes to grades or conditions of employment needed to implement the reform programme, will be negotiated with staff and representative bodies.

More clarity

We do not have the answers to all your questions at this stage. But as these changes are mirrored down through the organisation during the coming months by the National Directors, roles and management processes will become more clearly defined. This may involve changing the way we do things – learning new skills, taking on new challenges and letting go practices that no longer serve us well.

During this time I would encourage you to keep sight of our ultimate destination – the ability to deliver quality care across the country to everyone who needs it, and that includes you and your families. This is a major responsibility and the whole community is relying on us to deliver.

Please keep an open mind and become part of the reform. Don't stand by as a spectator; use your expertise and unique knowledge to influence the future of the organisation. Be open to the new challenges and be willing to change.

This is an exciting period for the health service. There really has never been a better time for people who want to seize the opportunities that will emerge during the coming years.

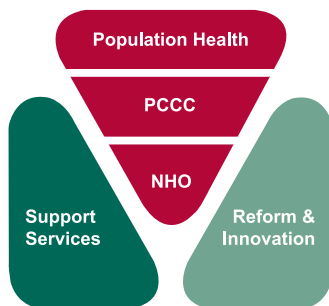
Finally, I would like to take this opportunity to wish you and your colleagues and families a safe and healthy Christmas and New Year.



GREATER CLARITY AND CONSISTENCY

This document outlines the modifications that are being made to the top level of the HSE’s organisational structure.

These modifications will provide a number of significant benefits.



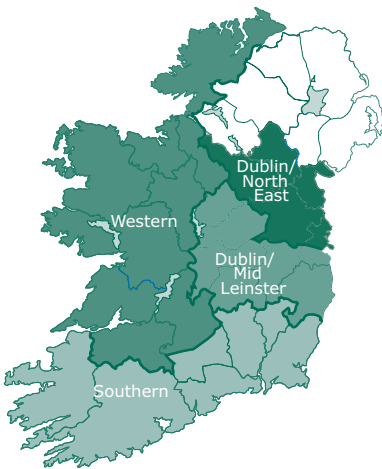
1. Connected Service Delivery

The HSE will have three clearly defined interdependent areas; Health Services, Support Services and Reform & Innovation.

At the centre of the HSE will be our three health service delivery units; Primary, Community and Continuing Care (PCCC), the National Hospitals Office (NHO) and Population Health.

2. Administrative Areas

The services delivered by PCCC, NHO and Population Health will be organised through the same four administrative areas: Western, Southern, Dublin/North East and Dublin/Mid-Leinster. All references to former areas/regions should be replaced by one of these areas.



Personnel based in these areas will have direct reporting lines to their national office. Support Services will also have a local presence in these four areas as required and personnel will also report directly to their national office.

Having these administrative areas will promote seamless integration between the three health service delivery units, while maintaining national consistency.

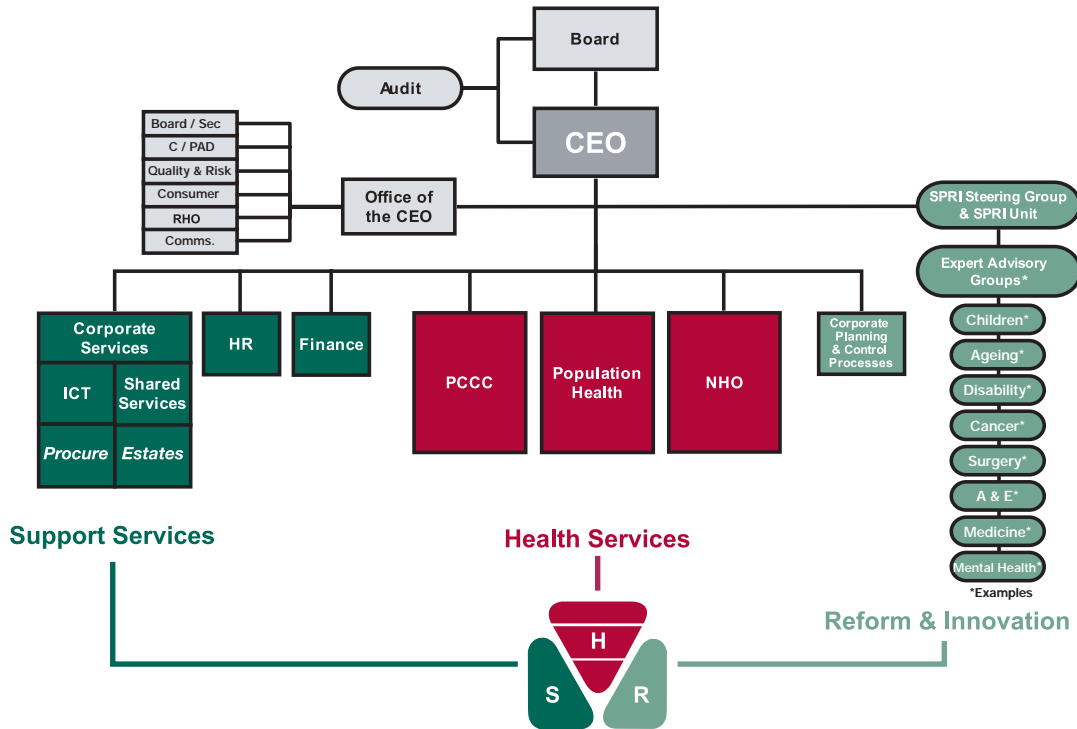
3. Expert Advisory Groups

These new independent groups will enable health professionals, clinical experts, patients, clients and service user groups play an active role in health care policy development, implementation and monitoring within the HSE.



Each group will focus on a specific area such as diseases (e.g. Cancer), conditions (e.g. Mental Health), practice (e.g. Surgery) and users (e.g. Community Care).

HSE EXECUTIVE STRUCTURE



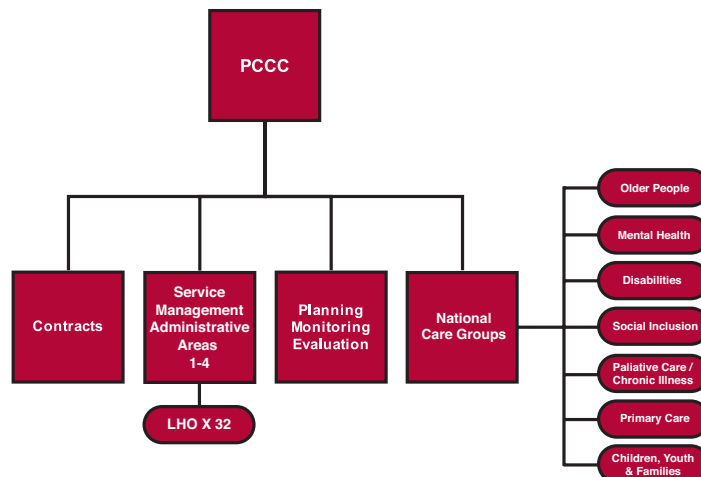
HEALTH SERVICES

PCCC

National Director – Mr Aidan Browne

Primary, Community and Continuing Care is responsible for a range of non-hospital services which are delivered through 32 Local Health Offices. This includes general practice, community based health and personal social services, services for older people and children, disability services, mental health services and social inclusion.

PCCC is seeking greater involvement from service users, their families and communities in service planning and design and its approach is to ensure that, where appropriate, its services will be provided in the community

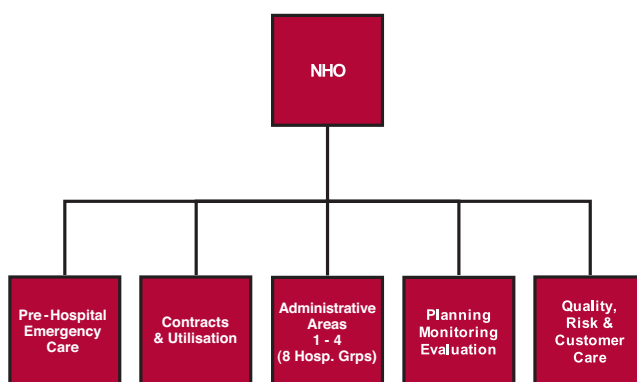




NATIONAL HOSPITALS OFFICE National Director – Mr Pat McLoughlin

The National Hospitals Office (NHO) is responsible for managing and co-ordinating the delivery of acute hospital services in all 53 statutory and non-statutory hospitals and Ambulance Pre-hospital Emergency Care services throughout the country.

It is also responsible for approving specialised treatment to patients in countries outside the state. Up to now, these facilities have been managed at local level through ten hospital networks on an interim basis. To facilitate closer co-operation and integration with PCCC at local level, these networks will be reconfigured in line with the four administrative areas. There will be eight Hospital Groups – two per administrative area. Each group will be managed by a Network Manager.

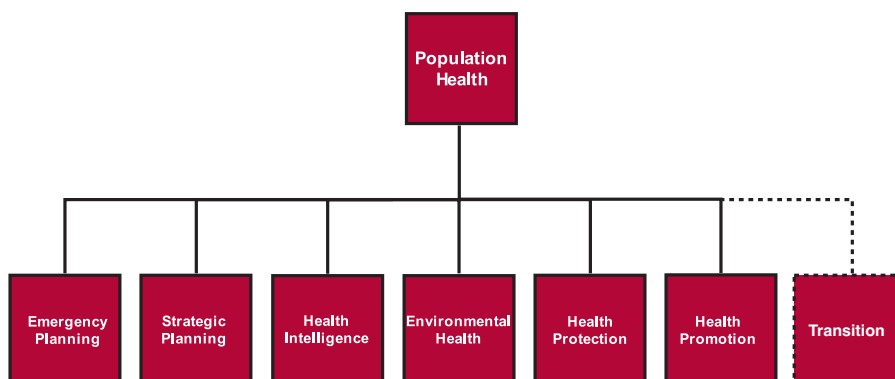


POPULATION HEALTH National Director – Dr Pat Doorley

Population Health is responsible for promoting and protecting the health of the entire population and target groups, with particular emphasis on health inequalities.

It achieves this by positively influencing health service delivery and outcomes through strategy and policy recommendations covering a range of areas such as Clinical (e.g. increased investment in kidney transplant capacities), Organisational (e.g. create heart failure centres) and Policy and Regulatory (e.g. cigarette price increases).

Population Health is responsible for immunisations, infection control and the environmental health office and at local level its functions are organised through the LHOs and Hospital Networks.



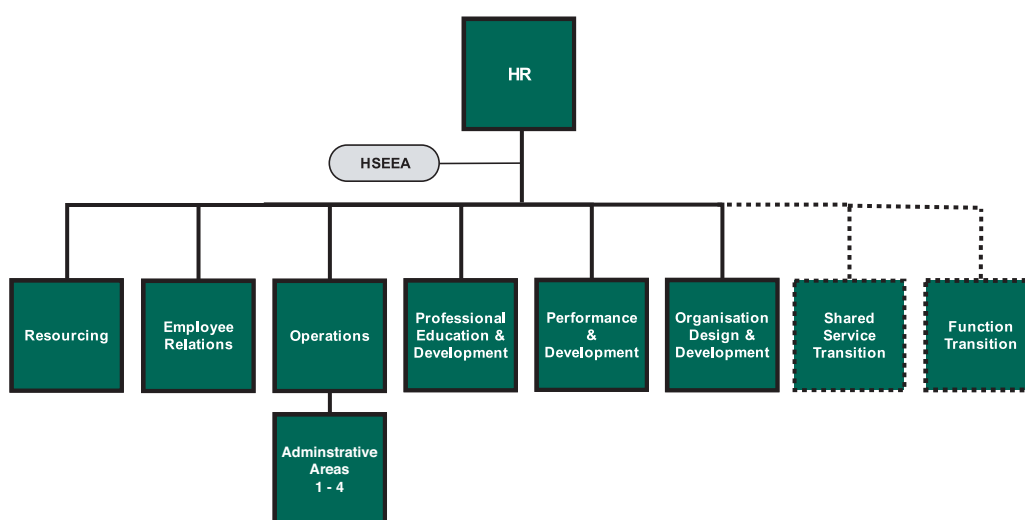
SUPPORT SERVICES

HUMAN RESOURCES

a/National Director – Mr Martin McDonald

The Human Resources directorate has overall responsibility for developing and delivering key human resource strategies and policies, including resourcing and recruitment, learning and development, employee relations and personal administration.

It works in partnership with all stakeholders to ensure that the HSE is an employer of choice, with a motivated, skilled and flexible workforce, capable of delivering high quality services.

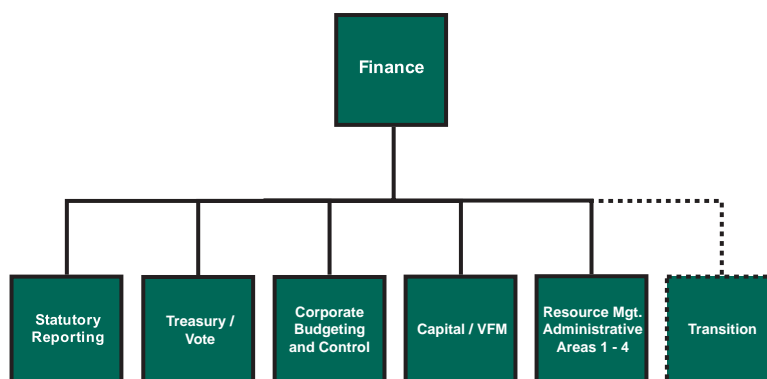


FINANCE

National Director – Mr Liam Woods

The Finance directorate provides the financial framework for the HSE. This includes financial processes, systems, accounting, performance standards and reporting.

The finance function will have senior resources dedicated within the system at regional level working across the health service delivery units. This will facilitate financial and performance integration as well as coherent financial reporting at regional and national levels. A key component of the finance function is Value for Money.



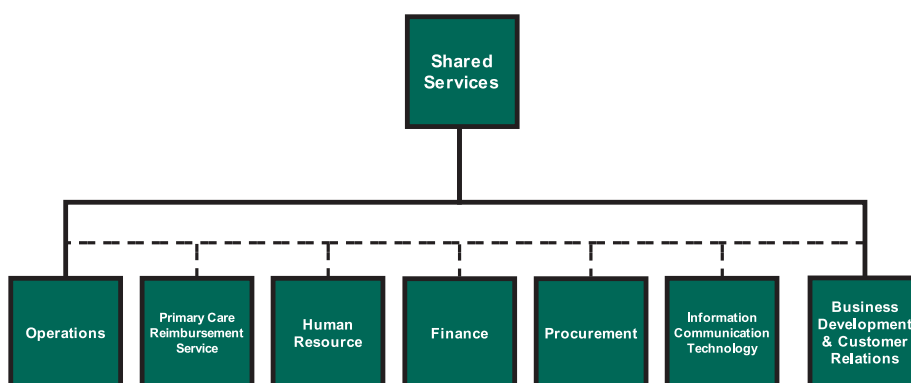
Corporate Services

There are four national functions which have significant potential to reduce cost, improve patient service and release human and financial resources for use in other parts of the HSE. Pending the appointment of a Head of Corporate Services, these functions will report to the CEO.

NATIONAL SHARED SERVICES

National Director – Ms Laverne McGuinness

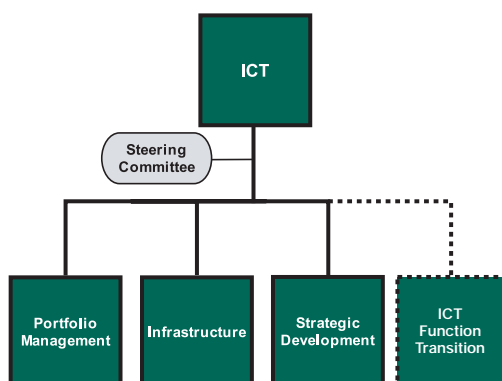
Shared Services is a powerful lever for achieving major efficiencies by streamlining and automating a wide range of activities including Finance, Procurement, ICT, Human Resources and the Primary Care Reimbursement Service (GMS). The key focus for this directorate will be on processing activities.



ICT

a/National Director – Mr Sean Hurley

ICT provides essential support for all administrative and support services and, increasingly, patient care delivery. It embraces all voice, video and data communications technologies and provides one central management point for all purchases of hardware, software, telecommunications, ICT development and advisory services. The potential of ICT to add value and reduce cost is substantial.





PROCUREMENT

With a procurement bill running into billions of euro, it is imperative that major savings are secured through integrated procurement and use of the HSE's purchasing power. With this in mind, a new office with specific responsibility for Procurement will be established. Until a Head of Procurement is appointed, this function will be the responsibility of Finance. The Procurement structure as set out in discussion with the working group, will now move to be implemented.

ESTATES

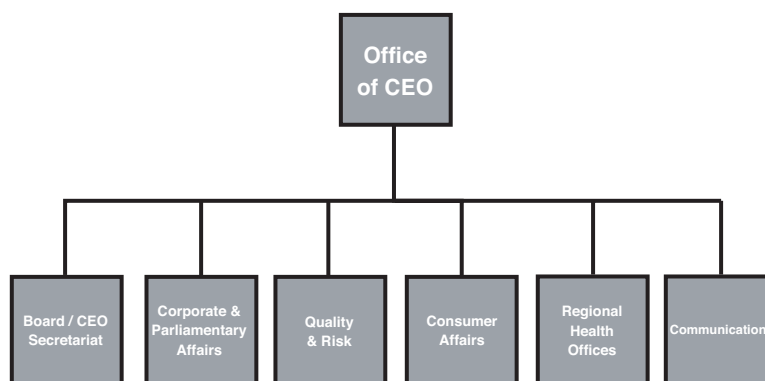
The HSE is responsible for managing and maintaining a very substantial estates portfolio. There are opportunities to maximize the value of this portfolio, release resources and redirect them to service improvement. As with procurement, it is intended to establish a new office with specific responsibility for managing the estates portfolio. Until a Head of Estates is appointed, this function will be the responsibility of Finance. The Estates function will include four administrative areas and four corporate level roles.

OFFICE OF THE CEO

National Director - Mr Tommie Martin

The key role of the National Director of the Office of the CEO is to represent, advise and support the CEO in carrying out his functions and to ensure that the integrity and clarity of his vision is upheld. The Office has a number of other key roles and functions.

- Board Affairs/CEO/Secretariat
- Corporate and Parliamentary Affairs
- Quality and Risk Management
- Consumer Affairs
- Regional Health Offices
- Communications



REFORM & INNOVATION

Reform and Innovation will drive the HSE's strategic and corporate planning processes, play lead roles in major initiatives and create national consistency. It will include the following:

CORPORATE PLANNING AND CONTROL PROCESSES

National Director – Ms Ann Doherty

This directorate will be responsible for driving the cycle of corporate planning by adopting best practice planning processes and templates. This office will have strong programme and project management capability which will be made available within the organisation as required.

STRATEGIC PLANNING, REFORM & IMPLEMENTATION – SPRI

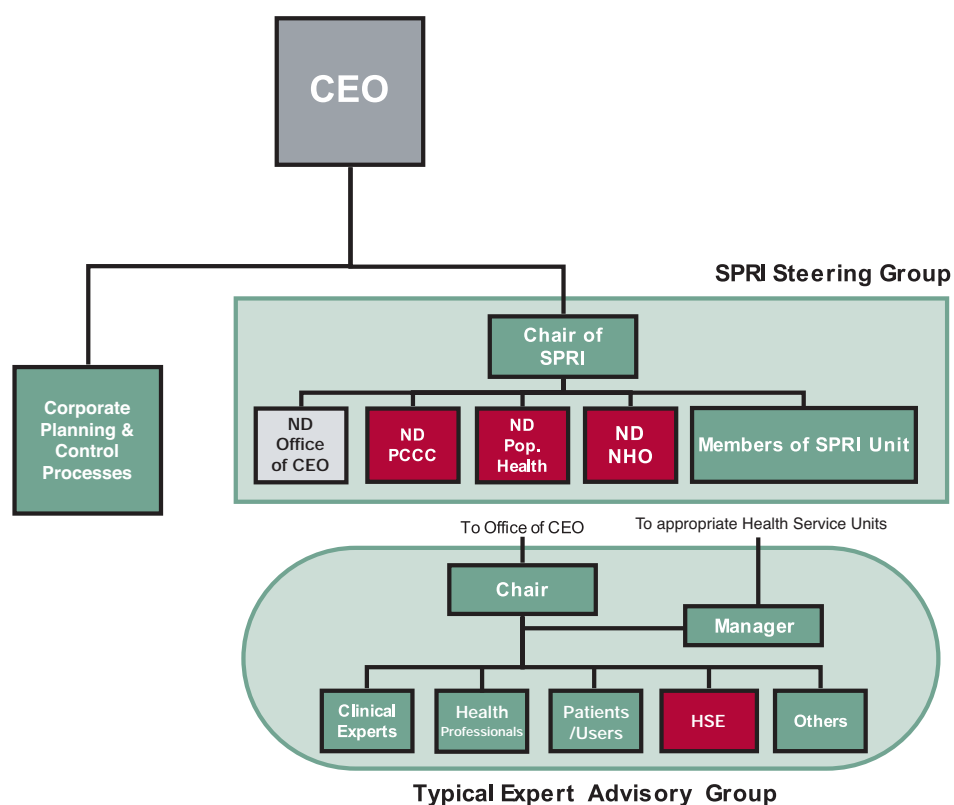
Steering Group & SPRI Unit - Chairperson - Ms Maureen Lynott

SPRI will deal with the strategic planning, reform and implementation aspects of national initiatives and events that will have a significant impact on patient care. They will engage with many parts of the organisation and recommend action plans for consideration by the CEO and senior management team. The SPRI unit will include designated National Directors and Advisors to the CEO.

EXPERT ADVISORY GROUPS

These independent groups will enable health professionals and clinical experts, patients, clients and service user groups play an active role in health care policy development, implementation and monitoring within the HSE.

Each group will focus on a specific area such as diseases (e.g Cancer), conditions (e.g Mental Health), practice (e.g Surgery) and users (e.g Community Care).





FEEDBACK

Your comments are important. If you would like to make a comment you can use one of the following email addresses. While we will not be in a position to issue individual responses, it is expected that each directorate will respond to the common themes raised in the New Year.

HEALTH SERVICES

- National Hospital OfficeNHOfeedback@hse.ie
- PCCCPCCCfeedback@hse.ie
- Population HealthPophealthfeedback@hse.ie

SUPPORT SERVICES

- FinanceFinancefeedback@hse.ie
- Human ResourcesHRfeedback@hse.ie
- ICTICTfeedback@hse.ie
- Shared ServicesSharedservicesfeedback@hse.ie
- ProcurementProcurementfeedback@hse.ie
- EstatesEstatesfeedback@hse.ie

REFORM AND INNOVATION

- Corporate Planning and Control ProcessesCorporateplanningfeedback@hse.ie
- SPRIsprifedback@hse.ie
- Office of the CEOOfficeofceofedback@hse.ie