

543,000  
day cases treated

1,269,000  
attendances at Emergency Departments

594,000  
inpatients treated

2,779,000  
outpatient attendances

11,431,000  
home help hours provided

ANNUAL REPORT AND FINANCIAL STATEMENTS 2006

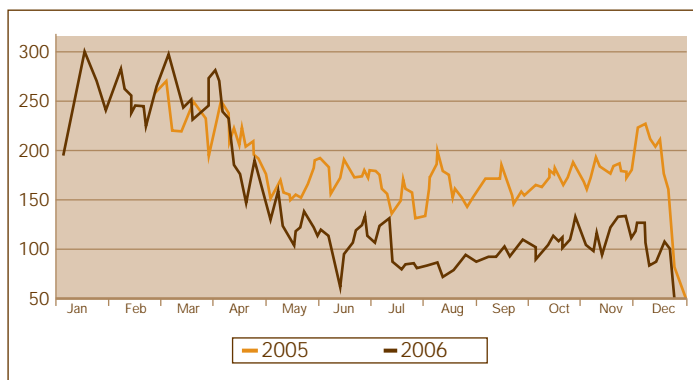


Feidhmeannacht na Seirbhíse Sláinte  
Health Service Executive

# In 2006 The Health Service Executive (HSE) Delivered:

- **Improvements in Emergency Department (ED) waiting times**

Number of HSE Patients in ED at 2pm awaiting admission after decision to admit has been made (2005 and 2006)



- **Standardisation of National Procedures to Improve Quality of Services**

- National Framework for Emergency Planning
- Nursing Home Inspections

- **Value for Money**

- National contracts agreed to utilise the purchasing power of the HSE for:
  - Drugs and Medicines
  - Insurance
  - Ambulances
  - Estate

- **Highlights of 2006**

- Inpatients treated 594,059
- Day Cases treated 542,671
- Emergency Department attendances 1,268,991
- Outpatient attendances 2,778,602
- Births 62,745
- Home Help Hours delivered 11,430,570



# Contents

## Introduction

Overview of the Health Service Executive . . . . .	4
Chairman's Statement . . . . .	8
Board Membership . . . . .	10
Chief Executive Officer's Statement . . . . .	12
Senior Management Team . . . . .	14
Legal Reporting Framework . . . . .	15

## Review of 2006

Structure of the Population . . . . .	19
Population Health . . . . .	21
Primary, Community and Continuing Care . . . . .	26
National Hospitals Office . . . . .	34
Support Services . . . . .	41

## Financial Statements

Operating and Financial Review . . . . .	53
Board Members' Report . . . . .	57
Statement of Board Members' Responsibilities . . . . .	60
Statement on the System of Internal Financial Control . . . . .	61
Report of the Comptroller and Auditor General . . . . .	65
Financial Statements . . . . .	67
Accounting Policies . . . . .	71
Notes to the Financial Statements . . . . .	75
Appendices to the Financial Statements . . . . .	91

# 2006



# Introduction

## Overview of the Health Service Executive (HSE)

The HSE is responsible for managing and delivering health and personal social services in the Republic of Ireland.

It is the largest employer in the State, employing 70,000 staff directly and funding a further 36,000 staff. The €12.4bn budget in 2006 is the largest of any public sector organisation in Ireland. The HSE provides thousands of different acute (hospital) and non-acute services.

These services are wide ranging and include:

- treating older people in the community;
- caring for children with challenging behaviour;
- performing highly complex surgery;
- controlling the spread of infectious diseases;
- educating people to live healthier lives; and
- planning for potential major emergencies.

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

The HSE has three clearly defined areas of operation:

### 1. Health and Personal Social Services

#### **Population Health:**

Promotes and protects the health of the entire population.

#### **Primary, Community and Continuing Care (PCCC):**

Delivers non-acute services in the community through 32 Local Health Offices across the country.

#### **National Hospitals Office (NHO):**

Provides acute hospital and ambulance services throughout the country.

### 2. Support Services

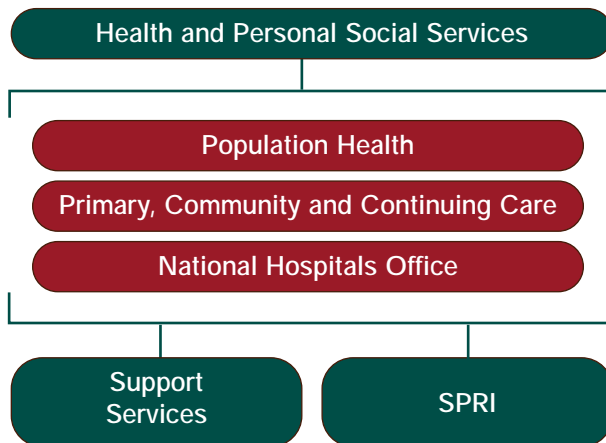
The corporate functions provide support services necessary to enable the organisation to function efficiently and cost effectively. These include:

- Office of the CEO;
- Finance;
- Human Resources;
- Information and Communication Technology;
- Estates;
- Procurement; and
- Corporate Planning and Control Processes.

### 3. Strategic Planning Reform and Implementation (SPRI)

Supports the delivery of the Transformation Programme 2007-2010.

Figure 1: Areas of Operation

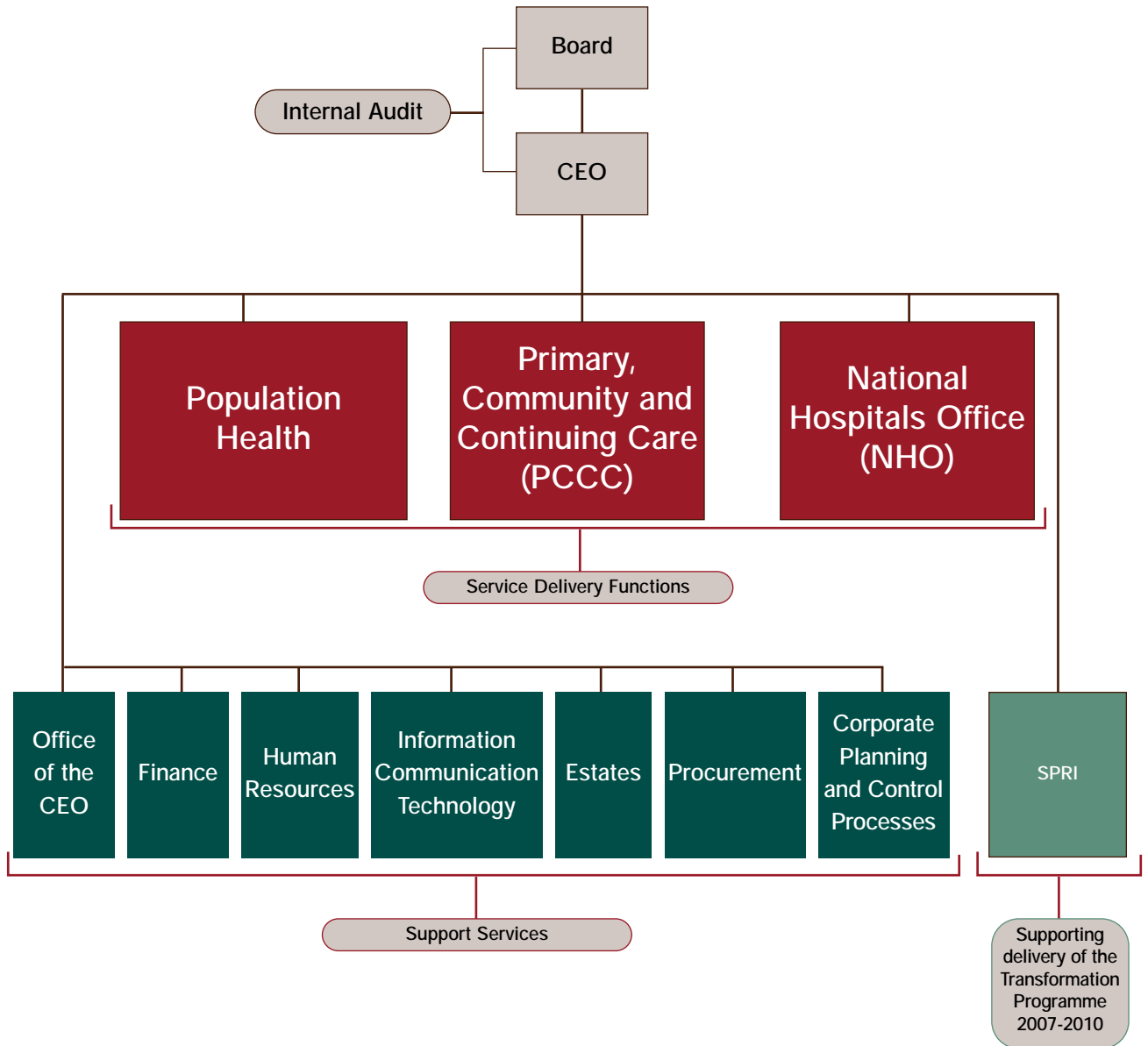


The Fundamental Purpose of the HSE is:

*To enable people live healthier and more fulfilled lives.*

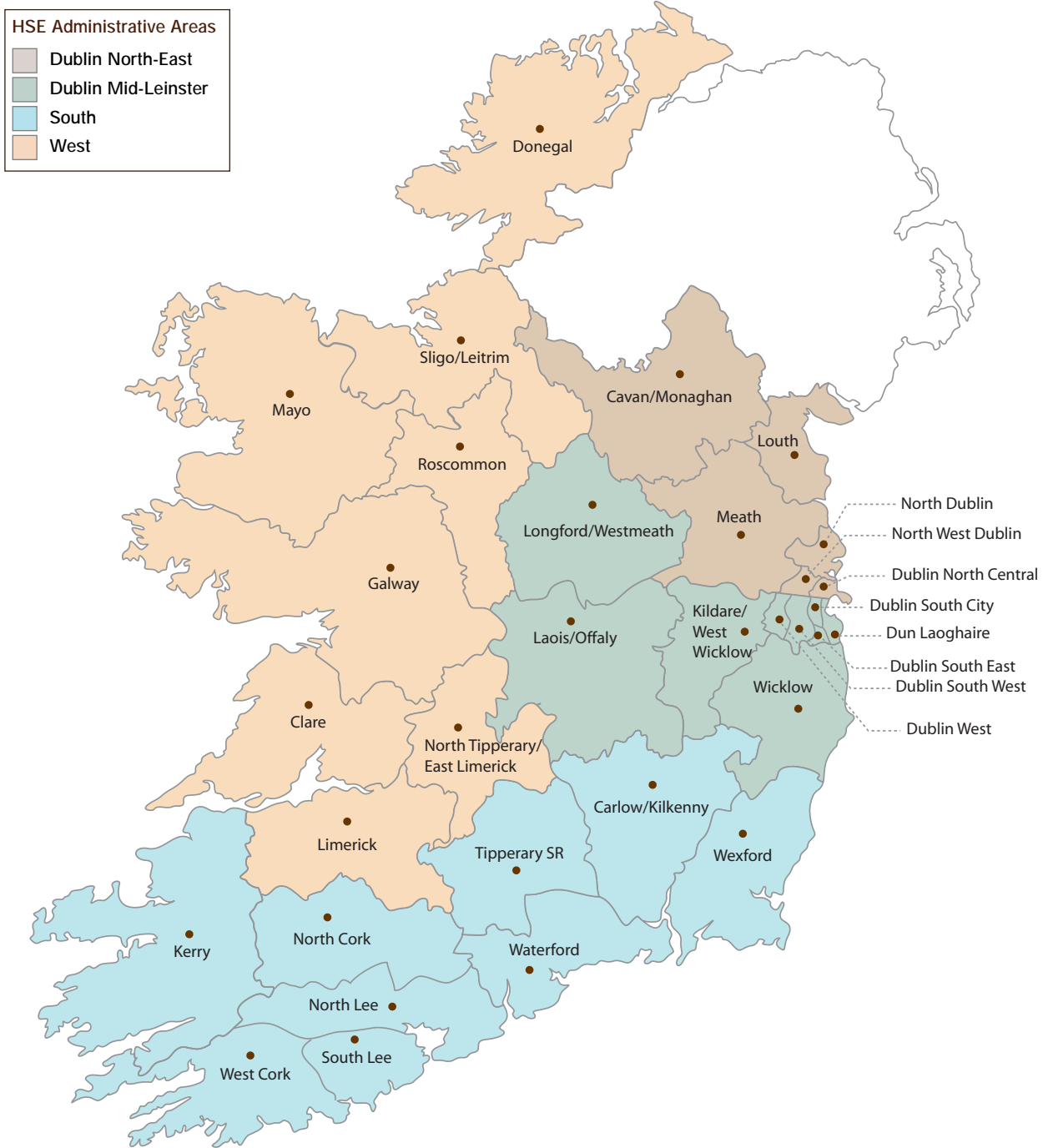
# Organisation Structure of the HSE

Figure 2: Organisation Structure of the HSE



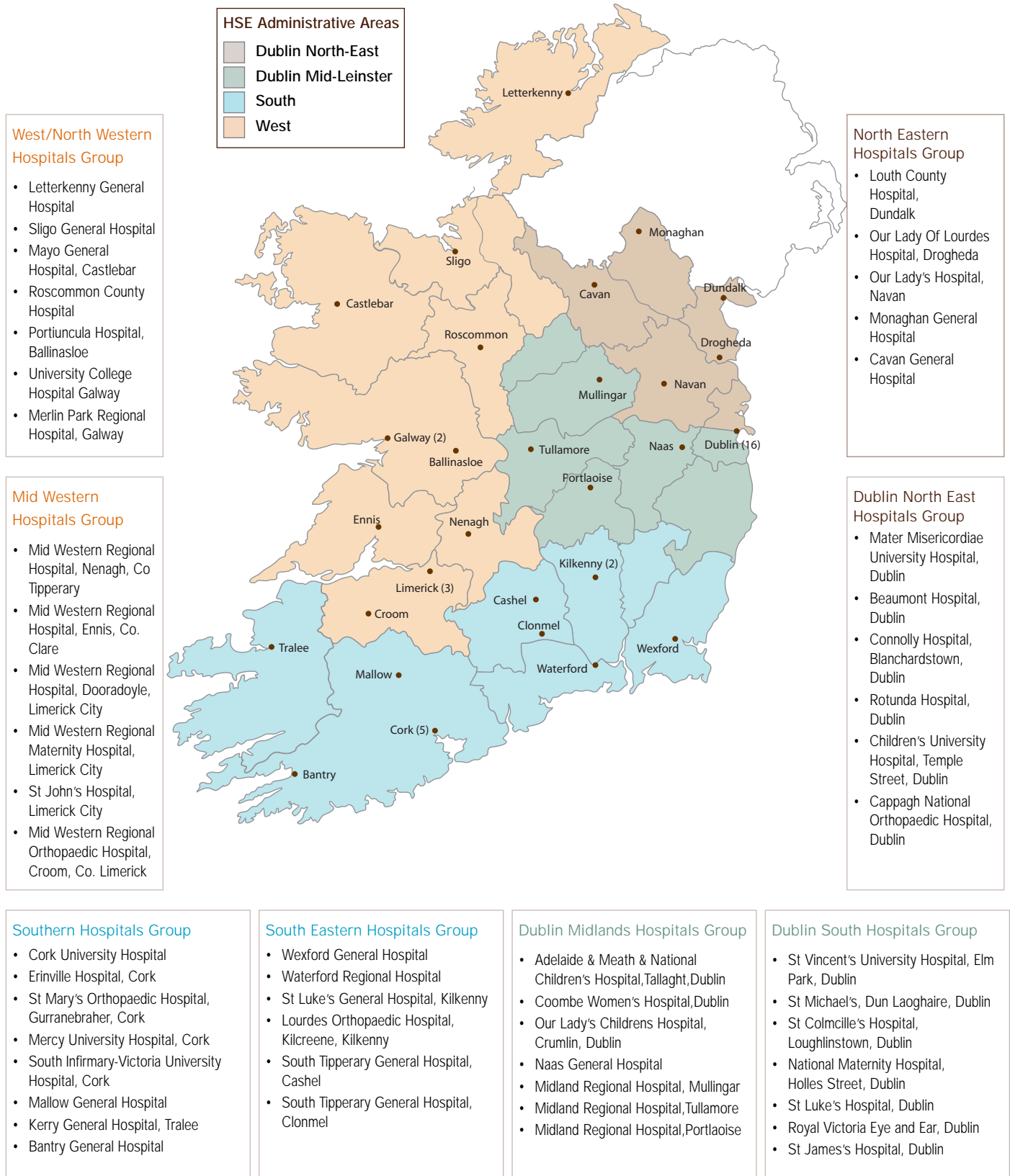
# Location of HSE's Four Administrative Areas and 32 Local Health Offices

Figure 3: HSE's Four Administrative Areas and 32 Local Health Offices



# Location of HSE's 52 Acute Care Hospitals

Figure 4: 52 Acute Hospitals



City of Dublin Skin and Cancer, Hume Street Hospital, Dublin closed during 2006. This service is now provided at St Vincent's University Hospital, Elm Park, Dublin.

# Chairman's Statement



I am pleased to say that much progress has been made by the HSE during 2006 and the benefits of a single national organisation for the efficient delivery of health and social services in Ireland are becoming increasingly evident. This Annual Report details many of the new initiatives and improvements in services progressed during the year.

## Service Delivery

The HSE's annual National Service Plan sets out the health and personal social services it is committed to providing each year. The Service Plan for 2006 was adopted by the Board at the start of the year and approved by the Minister for Health and Children. I am happy to report that the HSE delivered on all major requirements of that Plan within the financial resources allocated. In addition, in many areas of service a significant increase in the level of activity was provided in 2006 compared to 2005.

The overall strategy of the HSE Board and Management is to make it easier for people to access appropriate health services when and where they need them. This requires a re-balancing of the system and a redirection of care delivery to the most appropriate settings. The continued development of Primary Care Teams and the provision of out-of-hours General Practitioner services are fundamental to making it easier for people to access care closer to their homes. Reducing the dependency on acute hospitals by improving community services and increasing the availability of more appropriate beds is also of critical importance.

In relation to Acute Hospitals, good progress was made in 2006 towards reconfiguring the national hospital system to improve patient care and safety. The Board approved the report on hospital services in the North East region and work is underway on its implementation. A decision was made on the location for a new National Paediatric Hospital and the project in relation to the co-location of private hospitals on public hospital campuses was advanced.

In 2006, new developments were initiated in a number of services. These include; Radiotherapy services, Renal Services, Mental Health, Disability and services for Older People. These are described in subsequent sections of this Annual Report.

During the year, particular attention was given to the running of Emergency Departments and a range of initiatives were overseen by the Winter Initiative Programme. This resulted in a substantial reduction in the numbers and delay time for people waiting in Emergency Departments for hospital admission. This is despite an increase of 3.3% in the numbers who presented at Emergency Departments.

### Listening to Patients and Service Providers

We are aware of the vital importance of listening to patients and service providers, and acting on their concerns and inputs. Two important initiatives were started in 2006.

Firstly, four Expert Advisory Groups (EAGs) were set up to ensure that the experience of those involved in providing and receiving services is applied in the delivery of services. The EAGs play a central role in the development of operational policy for the HSE. Secondly, we also developed a policy and procedures for the handling of complaints and the designation of Complaints Officers was underway by the end of 2006. These and other feedback methods will enable ongoing service improvements.

Also during 2006, four Regional Health Forums were established under Part 8 of the Health Act, 2004. These Forums make representations to the HSE on service related issues.

### Financial Management

I am pleased to confirm that in 2006, as in the previous year, the HSE delivered increased levels of service to a growing population within the resources approved by Dáil Éireann.

As a single national organisation, we are now in a strong position to leverage savings and efficiencies across a number of areas and activities. In 2006, important initiatives were commenced to deliver improved efficiency and cost reduction. These include a Value for Money (VFM) programme, a unified approach to Procurement and a Shared Services plan for key support areas. The establishment of a single Estates function to manage our entire property portfolio and capital spending has brought, for the first time, a cohesive approach and provided the opportunity to maximise value and leverage from our property assets.

### Corporate Governance

In 2006, the Board approved a Code of Governance, which is detailed on page 59. The Code, which is a suite of inter-related documents, forms the governance framework for the HSE.

During 2006, the Board also established a Risk Committee, which assists the Board in fulfilling its duties by providing an independent and objective review, in relation to non-financial risks.

The development of new approaches to performance measurement and accountability is providing transparency across the system and will help ensure, for the future, that funding is applied in the most effective way to benefit patient care.

### Working Together for Patients & Clients

I would like to thank everyone throughout the organisation for their important individual and team contributions to the delivery of our health and social services, often in difficult circumstances. The commitment of Management and the dedication of all staff throughout the system is greatly appreciated, particularly at a time of significant change and transition. A commitment to improving patient care must remain a key shared value and driver for all of us.

During the year, the HSE engaged with staff directly and through their representative bodies to address important transformation and reform matters. This is an ongoing process and one we will continue to work on in the coming year.

### Conclusion

I would like to acknowledge the contribution of my fellow Board members throughout 2006. The Board met on 17 occasions and, in addition, a significant number of Board committee meetings were also held. The Board remains highly committed to delivering on the purpose for which it was established.

I would like to thank the Minister for Health and Children, Mary Harney TD and the Ministers of State for their continuing strong support and encouragement for the work of the HSE.

Despite many challenges and difficulties, 2006 was a year of real progress and achievement across a broad range of areas, many of which are referenced in this Annual Report. I look forward in the year ahead to further rapid progress and implementation of the many initiatives underway for the benefit of our patients and clients.



Mr. Liam Downey  
Chairman  
Health Service Executive (HSE)

# Board Membership



Mr Liam Downey



Professor Niamh Brennan



Dr Donal de Buitleir



Professor Brendan Drumm



Mr P.J. Fitzpatrick



Dr Maureen Gaffney



Mr Joe Macri



Mr Eugene McCague



Mr Michael McLoone



Professor Michael Murphy



Professor John A Murray



Professor P Anne Scott

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

**Dr Donal de 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 on 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.

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

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

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

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

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

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

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

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

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

# Chief Executive Officer's Statement



While 2005 will be remembered as the year the HSE replaced 17 separate health boards and agencies, 2006 was the year we started to introduce greater consistency and accountability.

At the outset I would like to thank all staff who are employed directly and indirectly by the HSE for their dedication to enabling the people we serve live healthier and more fulfilled lives.

For many staff, including doctors, nurses, consultants, therapists, administrators and managers, 2006 brought with it many challenges. While this is a natural part of all major transformation programmes, initiatives were introduced during the year to enable staff access the new opportunities that come with change. While this process is not complete, solid progress has been made.

## Improvements in Services

Against this backdrop of change, thanks to the tremendous commitment and efforts of thousands of staff, we continue to provide many excellent services. Many services have improved and many more will continue to get better.

For example, in 2006 the numbers waiting for admission from Emergency Departments were reduced by up to 60%, even though the number of people attending increased. This has been driven by the Winter Initiative (see page 33) which has seen unrivalled collaboration and local leadership among local hospital and community services.

80% of people can now see a GP at night and at weekends through the out-of-hours GP service. In North Dublin we opened five fully equipped treatment centres that are open every night and at weekends to provide urgent GP care, with virtually no waiting time.

During 2006 we initiated a five-year programme to establish 500 Primary Care Teams across the country. They have the potential to provide up to 90% of the health and social care people will ever need from within their own communities such as GP services, occupational therapy, physiotherapy, social work and so on.

These initiatives have come about from the efforts of staff, GPs and the leadership of representative bodies.

There are hundreds more examples around the country of where staff are providing and improving services. A Speech and Language Centre brought waiting times for initial assessments down from four months to six weeks

by changing the way staff worked. Orthopaedic waiting lists were reduced by introducing a multi-disciplinary team approach to the assessment of patients with back pain. In one of our major hospitals out-patient waiting times were reduced by up to 80% following the introduction of new processes.

In the area of elder care, in 2006, approximately 5,300 more people received Home Care Packages, which included public health nursing, home help, physiotherapy and occupational therapy, to enable them stay in their own homes for longer. We also provided long stay care for an additional 1,050 people.

### **Budgetary Control**

In addition to providing more services, more quickly, we have operated within our allocated budget and exercised improved control over our employment numbers.

Many benefits of being able to act as a single national purchaser were also realised during the year. Initiatives in areas such as pharmaceuticals, ambulances and insurance will yield savings of more than €300 million over the next five years.

### **Transformation Programme**

One of the most important organisational initiatives introduced during the year was the launch of our Transformation Programme 2007-2010. This will enable us to deliver on our vision which is for **everybody to have easy access to high quality care and services that the public has confidence in and we are proud to provide.**

Preparation of the Transformation Programme involved considerable engagement with many stakeholders and clearly sets out what we are here to do, what we want to achieve and how we can get there.

The Programme sets out our six main priorities:

- Simplified patient journeys;
- Easier access to primary care;
- Easier access to excellent hospitals;
- More chronic illness programmes;
- More transparent and measurable standards; and
- Greater staff involvement in transformation.

We are now focused on achieving these priorities by a series of interconnected projects which have specific objectives, measures, milestones and accountabilities.


### **New Era**

We are entering a new era in health and social care. It is now accepted that we cannot do things as they have been done in the past and at the same time demand change. We cannot have it both ways.

Consistent measurement, accountability and control are now part and parcel of the way we do business. Our first and foremost responsibility is to be fully accountable to the public. Only with this disciplined approach can we ensure that all funding is used to support services that deliver better patient care.

That is not to say that the path ahead will be without challenges. But we are now better placed to support each other and work together to achieve our shared vision of a world class health and social care service. Our Transformation Programme is the blueprint to ensure that we remain true to this ideal.

In closing I would like to take this opportunity to thank the Board of the HSE for its support and Mr Michael Scanlan, Secretary General of the Department of Health and Children and his officials for their ongoing support and assistance.



**Professor Brendan Drumm**  
Chief Executive Officer  
Health Service Executive (HSE)

# Senior Management Team

As at 31st December 2006



Professor Brendan Drumm  
Chief Executive Officer



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



Ms Ann Doherty  
National Director of Corporate  
Planning and Control Processes



Dr Patrick Doorley  
National Director  
of Population Health



Mr Michael Flynn  
National Director  
of Internal Audit



Mr Brian Gilroy  
National Director of Estates



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



Mr Martin McDonald  
National Director of Human  
Resources



Ms Laverne McGuinness  
National Director of National  
Shared Services



Mr John O'Brien  
National Director of  
National Hospitals Office



Mr Liam Woods  
National Director of Finance



Mr Leo Stronge  
Head of Procurement



Mr Damien McCallion  
Head of Information and  
Communication Technology

# Legal Reporting Framework

Under the provisions of the Health Act 2004, the HSE is required to prepare and submit to the Minister for Health and Children an Annual Report which includes the following:

- A report on the implementation of the Corporate Plan;
- A report on the implementation of the Service Plan;
- A report on the implementation of the Capital Plan;
- An indication of the Executive's arrangements for implementing and maintaining adherence to its Code of Governance (reported on page 59); and
- A report on the number and type of complaints received, their investigation, review and resolution (reported on page 47)

## Corporate Plan

In October 2005, the Minister for Health and Children approved the HSE Corporate Plan 2005-2008. This Corporate Plan fulfills a number of roles. It outlines the HSE agenda for the period, identifies its response to the National Health Strategy (Quality and Fairness), reflects decisions of the Board and also takes account of other national policies and priorities. It maps out the future direction for health and personal social services and outlines what needs to be achieved through the annual National Service Plan (NSP) and associated business planning process.

The NSP sets out how the HSE delivers on its Corporate Plan on an annual basis. This is supported by a comprehensive business planning process (inclusive of a performance monitoring framework) to facilitate its delivery by the HSE.

## National Service Plan (NSP)

The National Service Plan (NSP) 2006 outlines the level of health and personal social services to be provided by the HSE for the year, within the voted allocation of the Oireachtas as published in the Revised Book of Estimates, and in accordance with government policy on employment control within the health service. The NSP is accompanied by a statement of the HSE's estimate of income and expenditure relating to the plan, and by the Capital Plan for the year (as required under Section 31 of the Health Act 2004).

The NSP is supported by detailed business plans, identifying how the objectives and actions are achieved at each level of the health delivery system.

To ensure robust implementation of, and accountability for the NSP and associated business plans, a standardised Performance Monitoring Framework was put in place throughout 2006. This Framework ensured that all levels of the HSE were monitored for the achievement of objectives within allocated resources and approved employment levels.

The Performance Monitoring Framework details timeframes for completion of monthly and quarterly Performance Monitoring Reports. It also outlines the format of these reports, which includes both a qualitative and quantitative assessment of performance.

Performance is monitored by reporting against the objectives and actions outlined in the NSP, activity and performance measures (including the National Performance Indicator Suite) and also financial and human resource performance measures.

A standardised approach to performance monitoring has enabled the Board to oversee the implementation of the Corporate Plan and the NSP, and to provide monthly and quarterly Performance Monitoring Reports in accordance with its legal obligations to account to the Minister for Health and Children for the provision of services as specified within the Plan.

## Capital Plan

The capital provision sanctioned by the Department of Finance and included in the Vote for the HSE in 2006 was €555.5m. The total capital expenditure for the year amounted to €457.8m, including €26m in respect of projects which will accommodate the nursing degree programme. Additional expenditure was incurred on capital projects funded by other government departments including the Department of Community, Rural and Gaeltacht Affairs.

The underspend of €97.7m was partially due to the lack of anticipated progress on a number of major projects (e.g. Mater Misericordiae University Hospital project and the National Rehabilitation project). Transition to the new capital monitoring and management structures also contributed to the underspend.

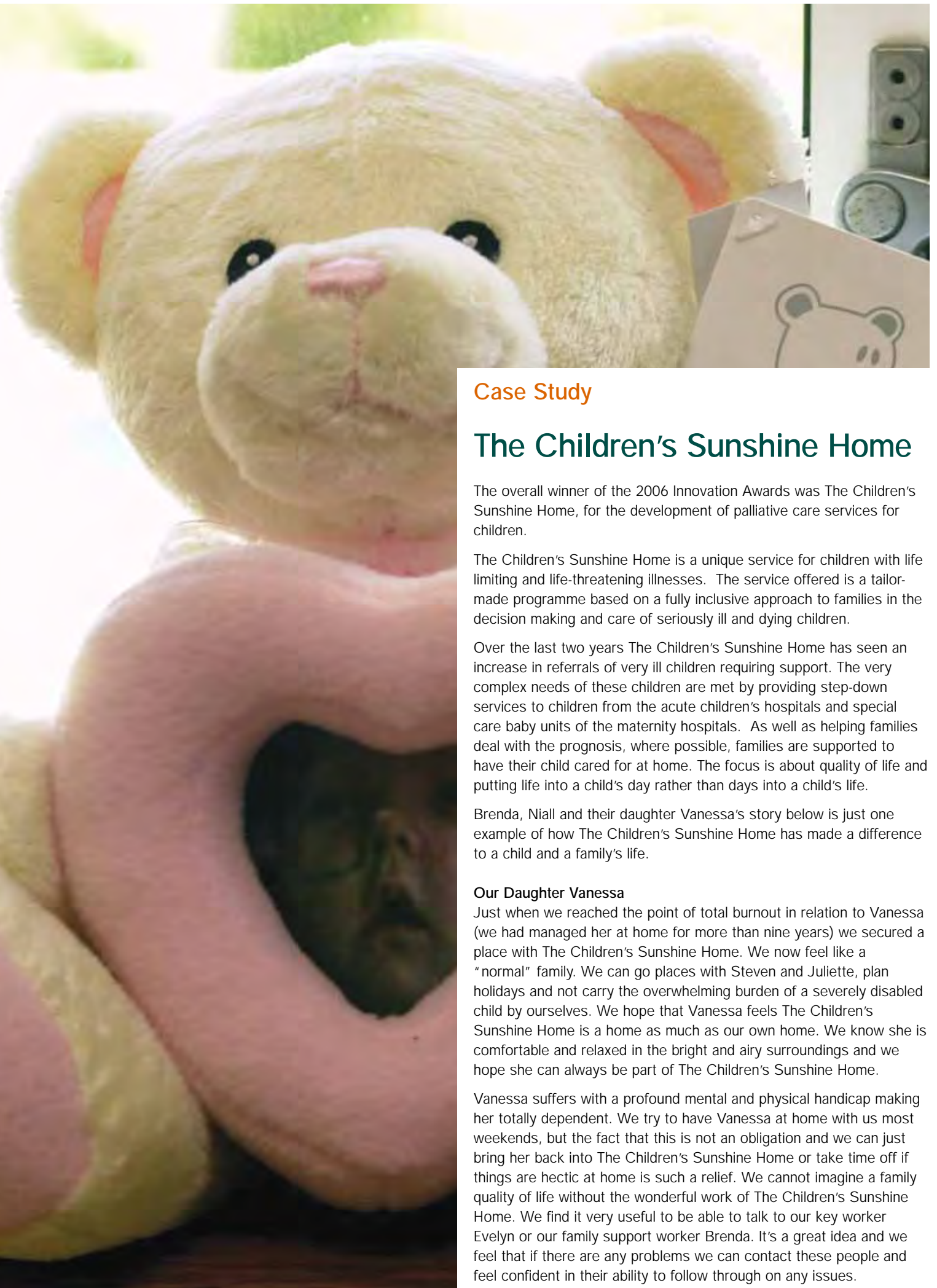
These issues have been addressed for 2007. This process is being actively managed by the Estates Directorate, Primary, Community and Continuing Care (PCCC) and National Hospitals Office (NHO) Capital Steering Committees.

The main capital priorities in 2006 were:

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

Table 1: Significant Capital Developments in 2006

Acute	Non Acute
<p>Decisions to proceed with:</p> <ul style="list-style-type: none"> <li>• National Paediatric Hospital</li> <li>• New Regional Hospital for the North East</li> <li>• Tender for Co-Located Private Hospitals on Public Hospital sites.</li> </ul>	<p>Acquisition of:</p> <ul style="list-style-type: none"> <li>• 350 public long stay beds in the Dublin area and 200 beds in the Cork/Kerry area to free up acute beds in these areas.</li> </ul>
<p>Funding was made available to:</p> <ul style="list-style-type: none"> <li>• construct a series of Admission Lounges to improve facilities in Emergency Departments. Seven lounges commenced operation.</li> </ul>	<p>Construction of:</p> <ul style="list-style-type: none"> <li>• a further 100 beds in Cherry Orchard and 250 went out to tender.</li> </ul>
<p>Planning continued for:</p> <ul style="list-style-type: none"> <li>• Mater Misericordiae University Hospital</li> <li>• Wexford General Hospital</li> <li>• Ennis General Hospital</li> <li>• Naas Hospital Phase 3C</li> <li>• Our Lady of Lourdes Hospital, Drogheda Emergency Department.</li> </ul>	<p>Planning progressed at the:</p> <ul style="list-style-type: none"> <li>• National Rehabilitation Hospital</li> <li>• Central Mental Hospital</li> <li>• Redevelopment of Clonbrusk in Athlone.</li> </ul>
<p>Construction continued on developments at:</p> <ul style="list-style-type: none"> <li>• Connolly Hospital, Blanchardstown</li> <li>• Midland Regional Hospital, Portlaoise.</li> </ul>	<p>Construction work completed at:</p> <ul style="list-style-type: none"> <li>• Breastcheck Units in Cork and Galway</li> <li>• Ballymun Primary Health Care Facility</li> <li>• St John's Community Hospital, Wexford</li> <li>• Thurles Community Hospital.</li> </ul>
<p>Construction work completed at:</p> <ul style="list-style-type: none"> <li>• Cork University Maternity Hospital.</li> </ul>	



## Case Study

### The Children's Sunshine Home

The overall winner of the 2006 Innovation Awards was The Children's Sunshine Home, for the development of palliative care services for children.

The Children's Sunshine Home is a unique service for children with life limiting and life-threatening illnesses. The service offered is a tailor-made programme based on a fully inclusive approach to families in the decision making and care of seriously ill and dying children.

Over the last two years The Children's Sunshine Home has seen an increase in referrals of very ill children requiring support. The very complex needs of these children are met by providing step-down services to children from the acute children's hospitals and special care baby units of the maternity hospitals. As well as helping families deal with the prognosis, where possible, families are supported to have their child cared for at home. The focus is about quality of life and putting life into a child's day rather than days into a child's life.

Brenda, Niall and their daughter Vanessa's story below is just one example of how The Children's Sunshine Home has made a difference to a child and a family's life.

#### **Our Daughter Vanessa**

Just when we reached the point of total burnout in relation to Vanessa (we had managed her at home for more than nine years) we secured a place with The Children's Sunshine Home. We now feel like a "normal" family. We can go places with Steven and Juliette, plan holidays and not carry the overwhelming burden of a severely disabled child by ourselves. We hope that Vanessa feels The Children's Sunshine Home is a home as much as our own home. We know she is comfortable and relaxed in the bright and airy surroundings and we hope she can always be part of The Children's Sunshine Home.

Vanessa suffers with a profound mental and physical handicap making her totally dependent. We try to have Vanessa at home with us most weekends, but the fact that this is not an obligation and we can just bring her back into The Children's Sunshine Home or take time off if things are hectic at home is such a relief. We cannot imagine a family quality of life without the wonderful work of The Children's Sunshine Home. We find it very useful to be able to talk to our key worker Evelyn or our family support worker Brenda. It's a great idea and we feel that if there are any problems we can contact these people and feel confident in their ability to follow through on any issues.



Chartered Physiotherapists from Waterford Regional Hospital on their Annual Move for Health Day

# Review of 2006

## Structure of the Population

In recent years the structure of the Irish population has changed. This has influenced the range of services the HSE provides and how they are delivered.

### Fastest Growing Population in the European Union

The Central Statistics Office 2006 population census shows that there were 4,239,848 people living in the Republic of Ireland in 2006 compared with 3,917,203 in 2002. This increase of 8.2% in four years has brought the population to its highest level since 1861.

Table 2 shows that in the ten years between 1996 and 2006 our population has increased at an annual average rate of 1.7%. This is the highest population growth rate in the European Union.

### Ageing Population

Also evident from Table 2 is that the population in every age group other than for those in the 10-19 age group has increased. The greatest percentage increase has been in the 50-59 age group. The increase of 24.9% in the 80+ years group is important to the health service.

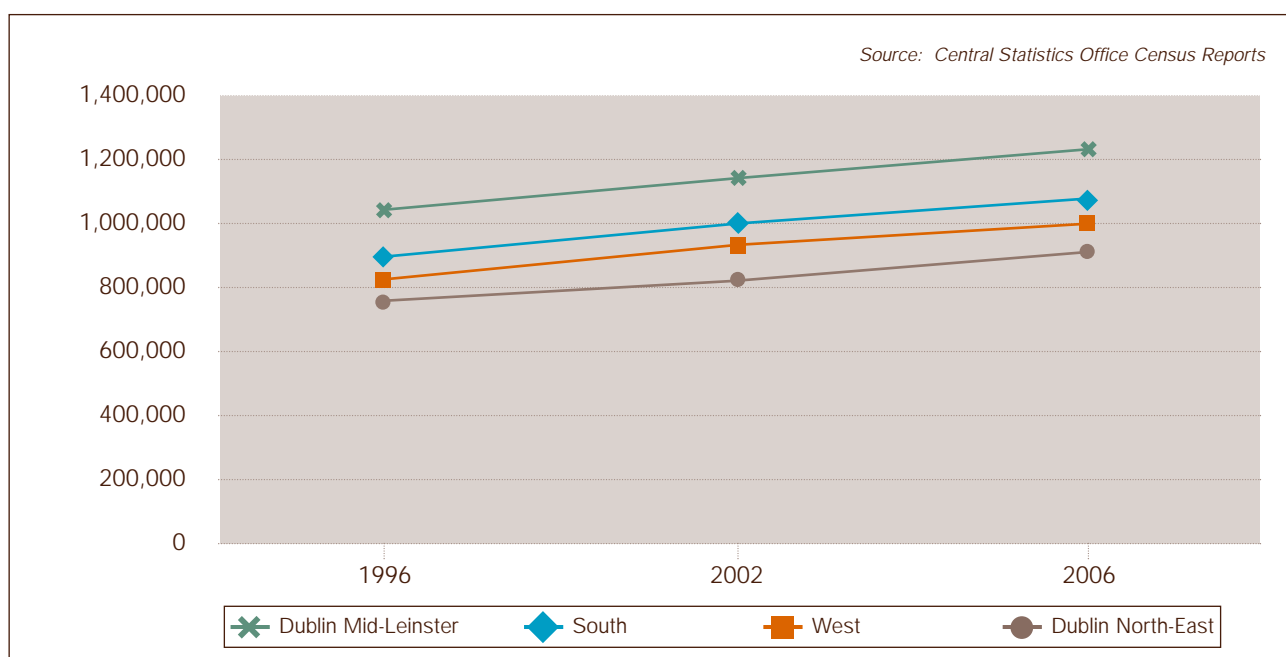
As the population ages, chronic diseases will increase and more community-based health services will be required so that people can continue to live in their own communities.

Table 2: Population by Age 1996-2006

Age Group	1996	2002	2006	% Change 1996-2006
0-9	533,337	541,720	590,577	+10.7%
10-19	665,623	598,896	564,129	-15.2%
20-29	552,399	641,027	715,553	+29.5%
30-39	516,605	595,582	671,466	+30.0%
40-49	465,841	521,588	576,074	+23.7%
50-59	340,454	428,137	472,396	+38.8%
60-69	264,755	287,726	325,123	+22.8%
70-79	196,639	201,944	211,618	+7.6%
80+	90,434	100,583	112,912	+24.9%
<b>Total</b>	<b>3,626,087</b>	<b>3,917,203</b>	<b>4,239,848</b>	<b>+16.9%</b>

*Source: Central Statistics Office Census Reports*

Figure 5: Population by HSE Area 1996-2006



### Smaller Family Sizes

As the structure of the population changes, so does the population's health and social status. Smaller family sizes are likely to reduce the ability of family members to care for each other in a way that was possible in times past.

### Net Positive Migration

There are now more people coming to live in Ireland than there are leaving the country. This net positive migration means that the HSE will need to deliver health and social care services to a more multi-ethnic mix of cultures.

### Family Structure

Other changes affect the sense of well being of adults and children and in turn put pressures on the health and social care services. These changes include:

- increased marital breakdown;
- the need for both partners in a marriage or relationship to be in paid employment; and
- long journeys to work for many people.

### Impact of Demographic Changes on Health Services

Population projections from the Central Statistics Office suggest that the population will continue to grow and could reach 5.8 million by 2036. Figure 6 shows the expected change in the population by age group. Of particular interest is the projected growth in the 45-64 and 65+ age groups. The way that the health services develop will need to take the changing population structure into account.

### Principal Causes of Death

Diseases of the circulatory system are the leading cause of death in Ireland, followed by cancer, respiratory diseases and injury and poisonings as illustrated in Figure 7.

Figure 7: Principal Causes of Death

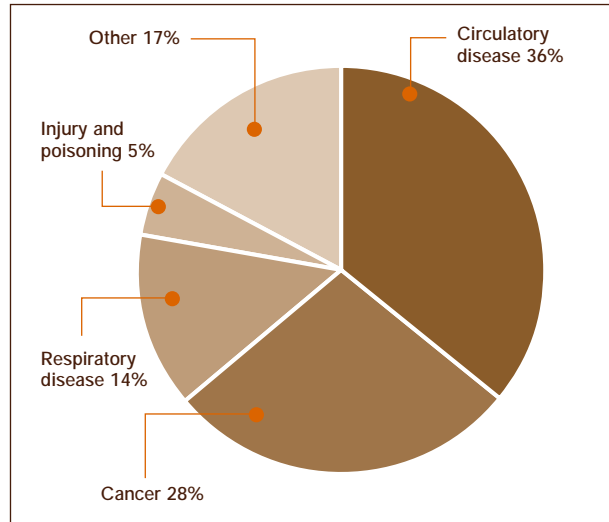
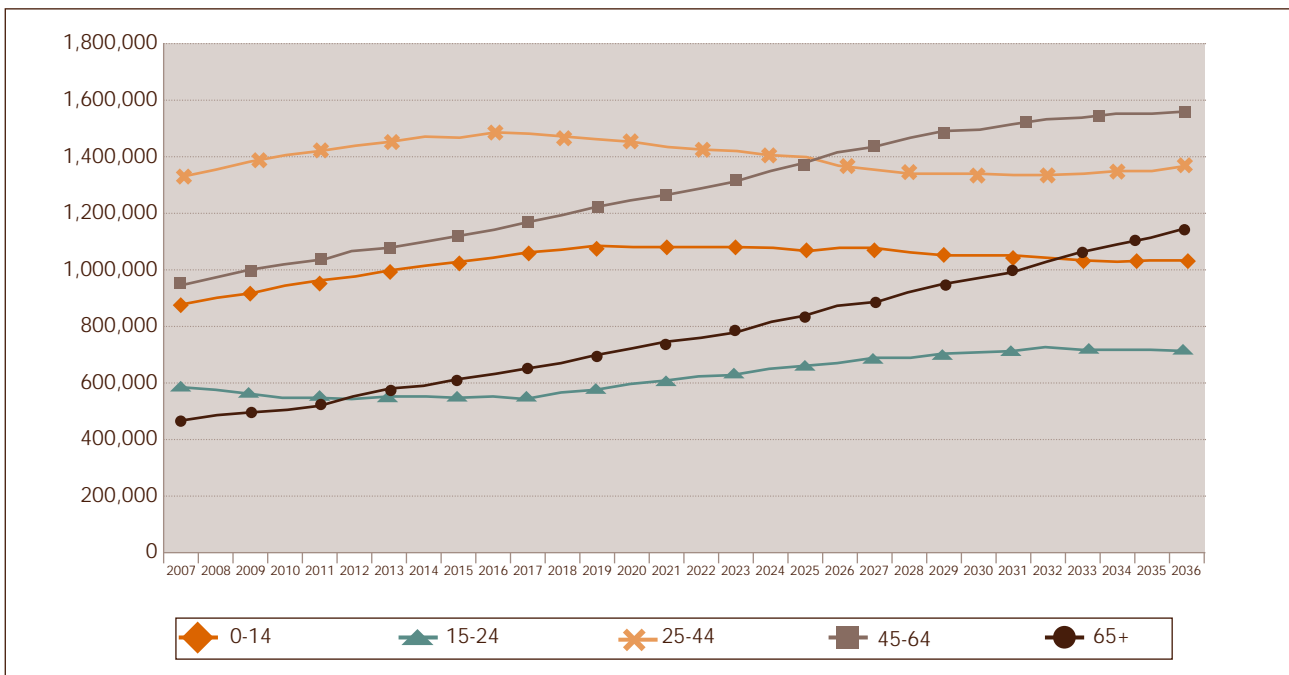


Figure 6: Population Projections 2007-2036, Extrapolated from Central Statistics Office Population Projections



## Population Health

Population Health is responsible for promoting and protecting the health of the whole population, with particular emphasis on reducing health inequalities. It gathers research and information about health services that the HSE can then draw on to make corporate decisions. It also works to:

- closely observe, manage and control infectious diseases;
- make sure that there are appropriate plans in place for public health emergencies;
- develop public health policies;
- implement health promotion programmes; and
- improve the health of the population by working with other sectors outside the HSE.

### Key aspects of its work include:

- Health Intelligence;
- Health Promotion;
- Health Protection;
- Strategic Planning; and
- Emergency Planning.

## Key Developments in Population Health in 2006

### Health Intelligence

#### Health Atlas Ireland

Health Atlas Ireland is an innovative project that commenced in 2006 in conjunction with the Information, Communication and Technology division. It integrates:

- geographical information system (mapping) technologies;
- information on health-related databases; and
- statistical techniques.

The coronary care service is just one example of how Health Atlas can be used. It can, for example, map out the number of coronary procedures against a background of the occurrence of heart disease; showing the location of current and planned specialist cardiac facilities and transport networks. This type of information can be used to make decisions about how to develop the service.

#### Alcohol and Road Traffic Accidents

In 2006 the HSE carried out and published the first ever in-depth analysis on the role of alcohol in road traffic accidents in Ireland. It found that there was a need to strictly enforce random alcohol breath-testing programmes. This significantly influenced the attitudes of Government and society in general.

#### Health Intelligence Website

The Health Intelligence website, [www.healthintelligence.ie](http://www.healthintelligence.ie) was developed and went live in 2006. It provides:

- health information and surveillance data;
- evidence-based health care supports; and
- research and development support for health technology assessment.

#### FACTFILE

Together with the National Communications Unit, Population Health began developing a FACTFILE website to provide timely, accurate and clear information about the HSE to the general public.

The HSE and An Post collaborated to launch a health information resource for older people. People in the Midlands received a comprehensive information pack on a number of health-related topics when they collected their pensions from their Post Office. In total 15,000 packs were distributed through 92 Post Offices in Laois, Offaly, Longford and Westmeath.



### Advocacy Toolkit

In collaboration with the Northern Ireland Health and Social Services Board, Population Health has developed an electronic public health advocacy toolkit. It is tailored to the needs of public health practitioners concerned with improving health and well-being and reducing health inequalities. These practitioners include those working in:

- health and social care;
- training and education organisations; and
- community and voluntary groups.

### Health Promotion

The Health Promotion division delivered health promotion projects across the country and developed and funded partnerships with key non-governmental agencies, including the:

- Irish Cancer Society;
- Irish Heart Foundation;
- National Youth Health Programme;
- Irish Osteoporosis Society; and
- Irish Sports Council.

### HSE and External Training

The Health Promotion division trained 5,000 HSE healthcare workers and 6,000 individuals from external agencies in health promotion activity. People trained in external agencies included:

- 1,000 from other statutory bodies;
- 500 in the private sector;
- 3,500 in the community and voluntary sector; and
- 1,000 others.

The division also worked with individuals in 150 non-HSE work places to promote health.

### Schools Training

The Health Promotion unit:

- gave specially designed training in 628 primary schools and 149 secondary schools;
- assisted in 290 primary and 450 secondary schools to develop at least one health promotion policy; and
- organised more than 300 community-based health promotion initiatives.

### National Health Promotion Campaigns

The division also commissioned and managed national health promotion public awareness campaigns, based on priority areas that need to be addressed in Ireland.

These priority areas in 2006 were:

- alcohol abuse;
- quit smoking;
- breastfeeding; and
- sexual health.

### Health Protection

#### Health Care Acquired Infection

In 2006 the baseline rate of Healthcare Acquired Infection (HCAI) in Ireland was 4.9%, or one in 20 patients. This compared to 8.2% in England.

The level of Methicillin Resistant Staphylococcus Aureus (MRSA) was 0.5%, or one in 200 patients. MRSA is a type of HCAI. The HSE has prioritised this area and plans to reduce HCAI by 20% and MRSA by 30% over the next five years.

The Health Protection division has further developed and distributed guidelines to healthcare settings on the prevention and management of HCAIs. This included fact sheets and education and resource materials.

An initiative to increase knowledge and awareness of oral health issues among students in four West Kerry schools took place in 2006. Students were given a presentation on healthy eating and the effects of sugar on teeth. A sugar display was used in conjunction with the food pyramid to display various food items and the current trend in today's teenage diet.



### Detection of Infectious Diseases

In 2006 the Computerised Infectious Disease Reporting System was extended to cover more than 85% of the country. This allows early detection and management of infectious diseases, which reduces their impact on the population.

Health Protection investigated 10,668 cases of infectious diseases that were reported by Departments of Public Health. 314 outbreaks of infectious disease involving more than 5,000 patients were investigated. The most common infectious diseases reported are outlined in Table 3.

Table 3: Notification of Infectious Diseases 2005 and 2006

	2005	2006	Change
Acute infectious gastroenteritis	2,403	2,193	- 210
Campylobacter infection	1,803	1,818	+15
Noroviral infection (Vomiting Bug)	1,054	1,611	+557
Hepatitis C	1,438	1,215	- 223
Hepatitis B	899	844	- 55
Mumps	1,081	425	- 656
Salmonellosis	348	421	+73
Cryptosporidiosis	569	361	- 208
Others	1,632	1,780	+148
<b>Total</b>	<b>11,227</b>	<b>10,668</b>	<b>- 559</b>

### Norovirus

Norovirus infection outbreaks in acute hospitals and community facilities were responsible for 147 outbreaks. Active control measures were put in place in all healthcare settings to minimise the impact of these outbreaks on the population. These measures were based on the national guidelines prepared by the Health Protection Surveillance Centre.

### Childhood Vaccination

Childhood vaccination rates are now at 90%. Lower uptake areas have been identified and targeted for special attention.

### Other Vaccines

The Haemophilus influenzae type b (Hib) vaccine booster campaign, designed to minimise Hib vaccine failure amongst 220,000 children, was delivered during 2006.

The first national phone survey to estimate the uptake of influenza and pneumococcal vaccine was conducted. Results are shown in Table 4.

This information enables the specific targeting of high risk groups in future vaccination campaigns.

Table 4: Uptake of Vaccines Survey 2006

Vaccine	65+	18-64
Influenza vaccine	69%	28%
Pneumococcal vaccine	41%	11%

### Environmental Pollution

Fact-sheets were developed relating to environmental pollutants that can damage people's health. Examples include information about carbon monoxide poisoning for General Practitioners and radon and nitrates in drinking water.

### Strategic Planning

#### Model of Care

The Strategic Planning division developed a Population Health Model of Care to increase the chance of sustaining a healthy population. This new model focuses on:

- rebalancing funding in favour of investment in disease prevention;
- reducing health inequalities; and
- shifting the emphasis from hospital to primary care.

Experience internationally suggests that this approach is likely to be the least expensive model over time and will maximise the benefit to the population.

#### Patient Support Programme

A National Chronic Disease Management Patient Support Programme was developed for the HSE in 2006. Rollout of this programme will commence in 2007.

#### Heartbeat Programme

A heart health programme, called Heartbeat, was introduced in five hospitals. Heartbeat uses the American Institute for Healthcare Improvement methodology. It aims to reduce in-hospital mortality from heart attacks by increasing the percentage of patients who receive all components of care.

### Radiation Oncology

The division contributed to the national plan for radiation oncology and also assessed the needs of radiation oncology services including:

- equipment;
- imaging;
- staffing; and
- inpatient beds.

This assessment was part of the 'clinical output specifications' required to develop the National Plan for Radiation Oncology.

### Childhood Obesity

Guidelines were formally launched to complement the far reaching recommendations of the 2005 National Obesity Task Force Report. The task force recommends changes in policies for the food industry, education, social, health and community services.

The Children and Young Persons' Team developed National Guidelines for Community Based Practitioners on Prevention and Management of Childhood Overweight and Obesity. In compiling these guidelines, young people, parents and professional and academic organisations in Ireland and abroad were consulted.

### Acute Hospital Inpatient Bed Utilisation Review

A national hospital utilisation study aiming to identify the extent to which patients occupying acute hospital beds are appropriately placed commenced in 2006.

This will help the HSE to plan how to develop services in the future.

### Suicide Prevention

In line with Reach Out, The National Strategy for Action on Suicide Prevention, Population Health worked to ensure:

- 4,000 people were trained in the two-day Applied Suicide Intervention Skills Training programme; and

- 30 Emergency Departments now have at least one dedicated member of staff to respond to people who present with self-harm.

The Cluain Mhuire mental health service in South Dublin now has a pilot primary care self-harm and suicide support project. It works with GPs to intervene early with vulnerable patients who might self harm.

The HSE funded media guidelines that were developed by the Irish Association for Suicidology and the Samaritans on reporting of suicide, and circulated them to the media.

The HSE also commissioned research into the link between institutional abuse and self-harm or suicide. The aim of the research was to identify risk and protective factors to inform future service developments.

## Emergency Planning

### State Agencies Working Together

In September 2006, a new framework was published that details how the different State agencies – HSE, Gardai and Local Authorities – will work together in emergency management. There is now a standardised and co-ordinated approach to emergency management.

### Emergency Management Programme

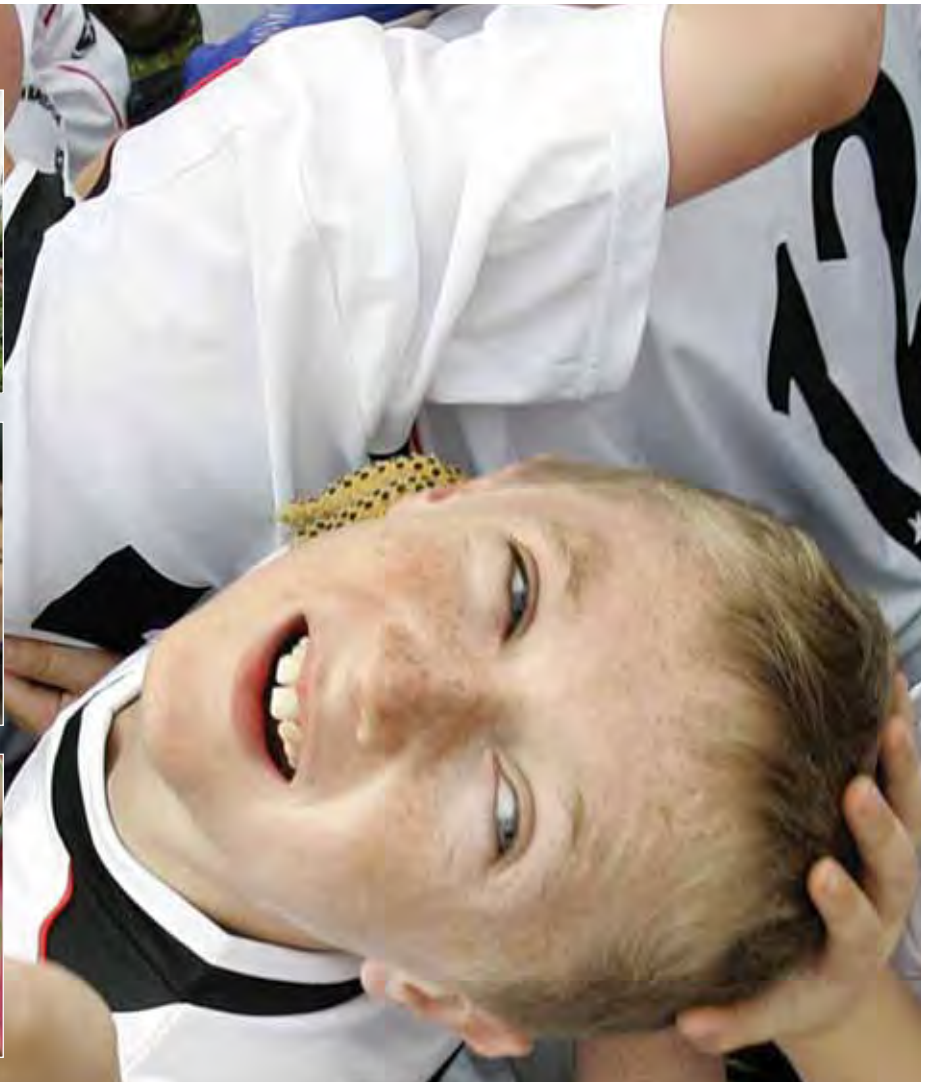
Structures were put in place for the new HSE function of emergency management in the National Hospitals Office (NHO), in Primary Community and Continuing Care (PCCC) and in Public Health. This will ensure that the emergency management programme is standardised and co-ordinated and that HSE personnel are better able to respond to crises as they arise.

### Influenza Pandemic Plan

In conjunction with the Department of Health and Children a plan was developed to manage an outbreak of pandemic influenza.

The Hib Booster Vaccine Campaign continued in 2006. The campaign was designed to offer the Hib booster vaccine to further protect children aged between one and four years against Haemophilus influenzae type b (Hib) infection. The booster was made available free to 220,000 children in 2006.





## Case Study

# HSE Community Games Sponsorship

In 2006, the HSE sponsored the Community Games for the first time. This sponsorship is an important way to deliver key health promotion messages about nutrition and physical activity to children, parents, volunteers and communities. The Community Games organisation is committed to developing healthy policies on nutrition, tobacco, alcohol and drug misuse and physical activity.

This sponsorship gives direct access to communities. More than 500,000 people took part in the games. In addition, there were 20,000 volunteers and 1.3 million supporters. A key element of the sponsorship agreement is that the Community Games will now adopt and implement health promotion principles throughout its organisation.

Over 200 children from designated communities were sponsored to participate in the community games on the strength of the HSE sponsorship and partnership.

## Primary, Community and Continuing Care (PCCC)

PCCC provides health and personal social services throughout every community and is delivered through 32 Local Health Offices (LHO) across the country.

### The services provided include services for:

- Primary Care;
- Older People;
- Mental Health;
- Childcare;
- People with Disabilities;
- Social Inclusion;
- Palliative Care; and
- Environmental Health.

### Primary Care

Providing care in the home and in local communities is a corner stone of the HSE's Transformation Programme. The main focus of PCCC during 2006 has been directed towards achieving this.

When people have their needs met locally, the results are better and the reliance on acute hospitals is significantly reduced.

### Primary Care Teams (PCTs)

Primary Care Teams (PCTs) are designed to ensure that people can easily access a wide range of high quality health and social care services in their local communities.

PCTs deliver non-acute care and cater for populations of between 7,000 and 15,000. All services are delivered by community-based teams of health and social care professionals including:

- physiotherapists;
- social workers;
- public health nurses;
- dieticians;
- GPs; and
- support workers.

Ten Primary Care Teams are currently in place. Eighty seven Primary Care Teams were in development in 2006 and up to 127 are planned for development in 2007. The entire country was mapped out in 2006 to identify the facilities and resources that these new teams will require.

PCTs are linked together by Primary and Social Care Networks. Each network generally supports four to five PCTs. The networks include a shared pool of specialised resources, for example: child protection, orthodontics and counselling.

The HSE in partnership with General Practitioners launched the MIDOC GP – out-of-hours service in County Longford in the summer of 2006. The aim of the service is to deliver the highest standards of care to members of the public wishing to avail of a family doctor service during out-of-hours periods (i.e. outside doctor's normal surgery hours) for urgent medical conditions. The MIDOC service currently operates in Laois, West Offaly and Westmeath.



All primary care services are linked to:

- each other;
- the wider health system;
- to hospitals; and
- a number of different agencies.

### Expansion of Out-of-Hours General Practitioner (GP) Services

Out-of-Hours GP services dealt with 750,000 calls in 2006 and are now available to 80% of the population in 12 centres nationally (see table 5).

The addition of D-DOC, the GP out-of-hours service in North Dublin, provides an urgent out-of-hours family doctor service to the 500,000 people living in this area. It greatly enhances the options available to those who need urgent medical care or advice outside of business hours.

Table 5: Out-of-Hours GP Services Contact Information

<b>NEDOC</b> Louth, Meath, Cavan and Monaghan (Except Dundalk)	<b>1850 777911</b>
<b>DDOC</b> North Dublin City and County	<b>1850 22 44 77</b> <b>01 4545607</b>
<b>DL Doc</b> South-West Dublin	<b>01 6639869</b>
<b>EastDoc</b> East Dublin	<b>01 2094021</b>
<b>LukeDoc</b> South Dublin City	<b>01 406 5158</b>
<b>K DOC</b> Kildare and West Wicklow	<b>1890 599362</b>
<b>MIDOC</b> Laois, Longford, Offaly and Westmeath	<b>1850 302702</b>
<b>CareDoc</b> Carlow, Kilkenny, South Tipperary, Wexford, Waterford and South Wicklow (incl Wicklow Town)	<b>1850 334999</b>
<b>SOUTHDOC</b> Cork and Kerry	<b>1850 335999</b>
<b>NOWDOC</b> Donegal, South Leitrim and North Roscommon	<b>1850 400911</b>
<b>WESTDOC</b> Part of Galway, Mayo, Roscommon and Sligo	<b>1850 365000</b>
<b>SHANNON DOC</b> Clare, North Tipperary and Limerick (Excluding City)	<b>1850 212999</b>

## Schemes Modernisation Programme

### Medical Card Scheme

Reform continued in standardising the Medical Card Scheme and related schemes and the way they were delivered in 2006. Related schemes include the Drugs Payments, Long Term Illness and Dental Treatment Services Scheme.

A booklet was published (available on [www.hse.ie](http://www.hse.ie)) explaining the services in place and eligibility criteria. It includes a standard application for GP Visit Cards and Medical Cards.

Table 6: Medical and GP Visit Card Holders 2005 and 2006

	2005	2006	% Change
Medical Card Holders	1,155,727	1,221,695	+5.7%
GP Visit Card Holders	5,079*	51,760	+1019%

\* GP Visit Cards were launched in Dec 2005

### Income Assessment

Assessment of income was radically changed in 2006 in dealing with applications for medical cards. Income is now considered after deduction of tax and PRSI. Allowances are also made for rent or mortgage repayments, for childcare expenses and travel to work costs.

### Community Drugs Scheme Renewed

The Community Drugs Schemes was reviewed. The cost reductions, on 'off-patent' medicines and their generic equivalents, secured under the new Irish Pharmaceutical Healthcare Association/Association of Pharmaceutical Manufacturers of Ireland agreements will help to reduce costs in this area.

### Older people

Supporting older people to stay at home and live independently in their own communities for as long as possible is one of the key aims of the HSE. Where this is not possible, the aim is to provide an alternative appropriate residential setting. The HSE provides a range of services including home helps and home care packages in partnership with:

- older people themselves;
- families;
- carers;

- statutory agencies;
- non-statutory agencies;
- voluntary groups; and
- community groups.

### Home Care Packages

Table 7: People in Receipt of Home Care Packages 2006

	2006
People in receipt of home-care packages	5,300*

\*This figure refers to the number of people in receipt of packages at 31 December 2006. This is not a cumulative figure.

In 2006, Home Care Packages were introduced across the country. These packages comprise a set of services and supports provided, or arranged, by the HSE for an older person after their needs have been assessed. This ensures that the older person can:

- return home from hospital; or
- stay in their own home for as long as possible.

This also has the added benefit of reducing pressure on Emergency Departments.

Depending on the older person's needs these Home Care Packages can include:

- public health nursing;
- home help;
- physiotherapy;
- occupational therapy; and
- attendance at a day care centre.

In 2006, €55 million was invested in the provision of Home Care Packages to 5,300 people.

### Home Help

Home help is a service provided by the HSE to assist older persons in their own homes.

Table 8: Home Help Programme 2006

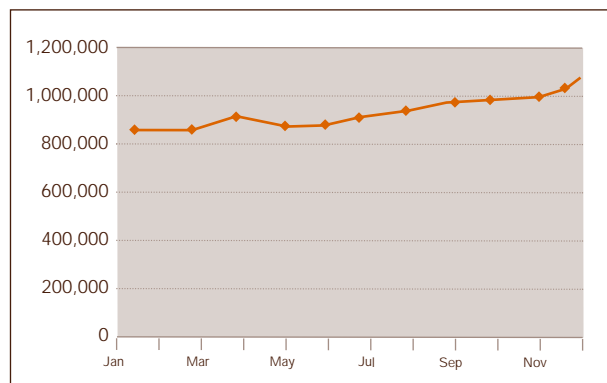
Home Help	2006
Total Home Help hours delivered	11,430,570
Average Home Help hours per month	952,548
Average monthly number of clients in receipt of home help hours	49,500*

\*This figure refers to the number of people in receipt of the service at 31 December 2006. This is not a cumulative figure.

A survey carried out in 2006 to review this initiative highlighted how important this person-centred development is to families. Here is an example of the feedback gathered during the survey.

*"My mother now needs 24-hour care. She has Alzheimers and prior to this there were gaps in her care and she walked out of the house and was picked up by the Gardai five miles away. We now have a combination of two carers and the family providing care around the clock combined with using the Day Care Service. She cannot be left on her own, but now she has a life and gets out and about with the carers who have become part of our family."*

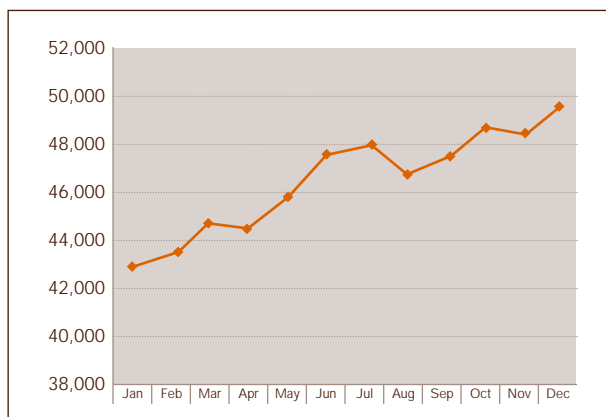
Figure 8: Home Help Hours delivered per month in 2006



Creativity, originality and hard work were the cornerstone of an art based project undertaken at St Oliver Plunkett Hospital, Dundalk. The project took the form of an art mural created by patients and students. The project aimed to provide interaction between young and old, enhance the living environment in St Olivers and to generate a sense of pride.



Figure 9: Number of clients per month in receipt of Home Help 2006



### Standardised Nursing Home Inspection Process

A national standardised approach to inspection and reporting of private nursing homes was developed in 2006. This included standardisation of documentation in all HSE areas. The results of a number of inspection reports of private nursing homes are available on [www.hse.ie](http://www.hse.ie).

Table 9: Nursing Home Statistics 2006

	2006
Registered nursing homes	437
Nursing home inspections completed	870
Number of people who receive nursing home subventions	7,609
Number of people in receipt of enhanced subvention	4,635

### Extended Step-Down Facility

An extra 1,050 beds were contracted by the HSE to enable discharges from acute hospitals. A project plan was drawn up to develop 860 public extended-care beds throughout the country.

### Mental Health

Mental Health services span all life stages and include services for children, adolescents, adults, and older persons.

Considerable changes are currently taking place in Mental Health Services. In May 2006, The Report of the Expert Group on Mental Health Policy – A Vision for Change was adopted by the HSE. Part 2 of the Mental Health Act, 2001 and the role for Mental Health Services within Primary Care Teams commenced in November 2006.

### National Forensic Service (Central Mental Hospital)

Eight new beds were opened to increase capacity in General Adult Psychiatry.

In 2006, multidisciplinary mental health teams were set up to deliver core mental health services for sector populations of 50,000. Each sector has two consultant-led teams.

### Additional Child and Adolescent Community Mental Health Teams

Eight extra child and adolescent mental health teams were in development in 2006.

### Child Care

Services for children aim to promote and protect the health and well being of children and families. Services are based on best practice delivered with children and their families, carers, local communities, voluntary and community groups to realise their potential. Services are also provided for children in high support units with more acute needs.

Table 10: Child Care Statistics 2006

	2006
Children in residential care (includes 'Special Arrangements')	410
Children in foster care (excluding Day Fostering)	3,206
Children in foster care with relatives	1,496
Children in 'Other' care arrangements	224
Children in care	5,336

GP Visit Cards entitle people to visit their GP free of charge. It is easy to apply. One application form is now used for both Medical Cards and GP Visit cards and the HSE assesses each application for a full Medical Card in the first instance and then for a GP Visit Card, so only one application is required. The HSE makes allowances for expenses on childcare, on rent and mortgage costs and on travel to work.



Table 11: Child Care Units 2005 and 2006

Child Care Units	2005	2006
<b>High Support Units</b>		
Total available bed nights	1,674	1,860
Actual no. of bed nights	1,366	1,434
Beds occupied as a % of beds available	82%	77%
<b>Special Care Units</b>		
Total available bed nights	713	510
Actual no. of bed nights	479	487
Beds occupied as a % of beds available	67%	95%

## People with Disabilities

Services for people with disabilities seek to enable each individual with a disability to achieve their full potential and maximise independence, including living as independently as possible.

The National Disability Strategy (2004) informs our development of services for people with disabilities and a framework of new supports.

The number of people who have a disability increases significantly with age, from:

- 2% in young people aged 0-17 years; to
- 7% in the 18-64 years group; to
- 31% in the 65 years and over group.

Table 12: Services for People with Disabilities 2006

Disability	2006
People receiving Domiciliary Care Allowance	19,231*
People in sheltered work	6,919*
People in rehabilitative training	2,840*
People on National Intellectual Disability Database	25,518

\*This figure refers to the number of people in receipt of the service at 31 December 2006.

## Social Inclusion

Social inclusion services are significantly underpinned by the National Anti-Poverty Strategy, the National Health Strategy and Equality legislation.

The Government's social inclusion programmes, RAPID and CLÁR, are initiatives aimed at delivering existing resources to areas of maximum need. They were extended to a number of areas throughout the country.

### Ethnic Minority Services

Consultation sessions took place for the National Intercultural Strategy.

Pilot sites were identified for the Learning, Training and Support Framework for staff.

A review commenced on PCCC translation services which will support the provision of a consistent service. Work began to allow for the National Framework for interpreting services to be finalised in 2007.

In recognition of the need to enhance the cultural competency of staff to help ethnic minorities access health services and also to improve the quality of service they receive, 330 HSE staff completed Asylum Seekers/Refugees Awareness Training.

### Addiction Services

The provision of addiction services includes education, prevention, early intervention and treatment.

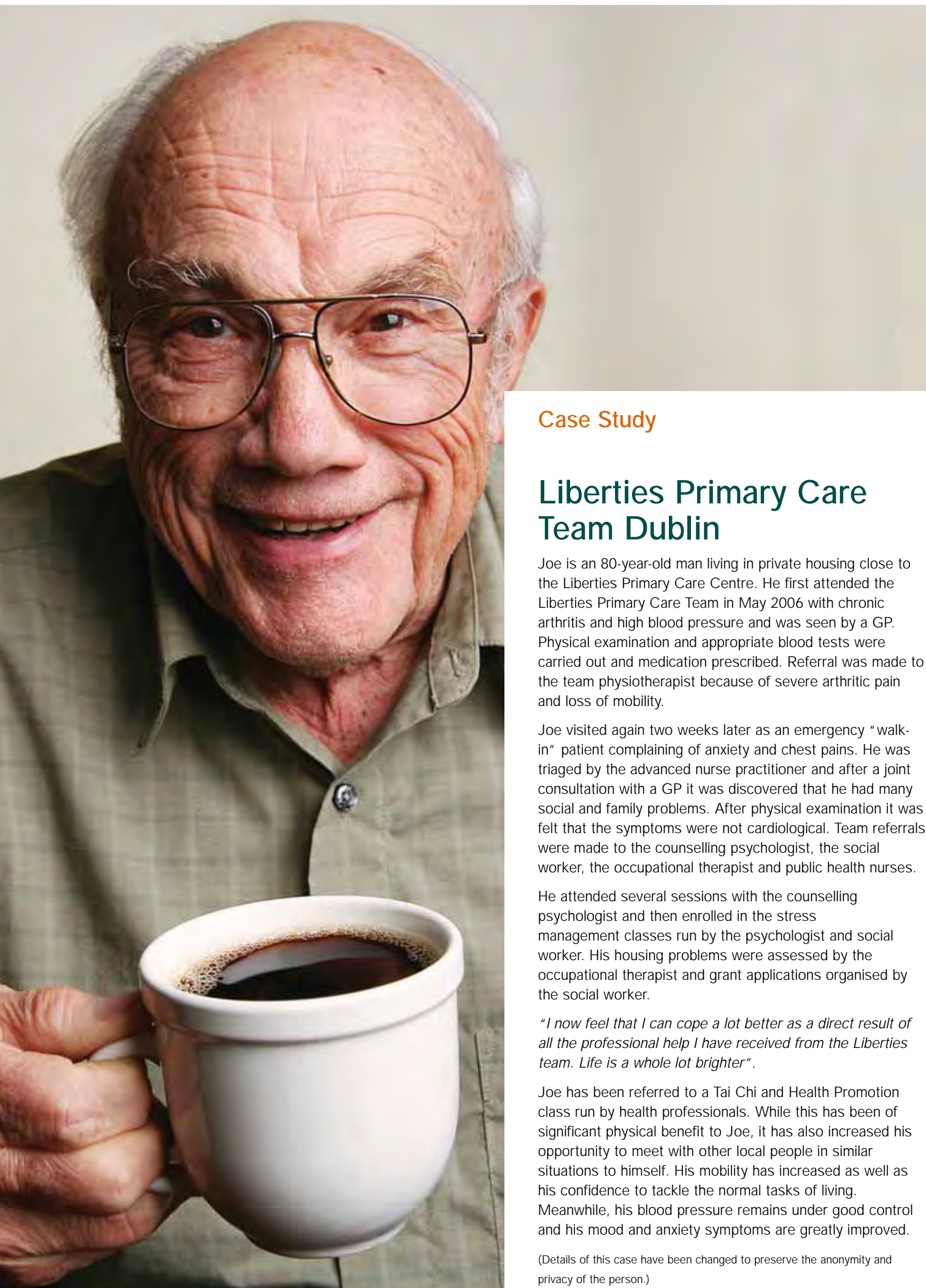
Table 13: Addiction Services 2006

	2006
Average number of clients receiving methadone treatment per month	6,821*

\*This figure refers to the number of people in receipt of the service as at 31 December 2006. This is not a cumulative figure.

Nurses in the Learning Disability Services, Sligo, were winners of the Derek Dockery Award. They identified a group of individuals with an intellectual disability who expressed a wish to become more empowered in making their own decisions.





## Case Study

### Liberties Primary Care Team Dublin

Joe is an 80-year-old man living in private housing close to the Liberties Primary Care Centre. He first attended the Liberties Primary Care Team in May 2006 with chronic arthritis and high blood pressure and was seen by a GP. Physical examination and appropriate blood tests were carried out and medication prescribed. Referral was made to the team physiotherapist because of severe arthritic pain and loss of mobility.

Joe visited again two weeks later as an emergency "walk-in" patient complaining of anxiety and chest pains. He was triaged by the advanced nurse practitioner and after a joint consultation with a GP it was discovered that he had many social and family problems. After physical examination it was felt that the symptoms were not cardiological. Team referrals were made to the counselling psychologist, the social worker, the occupational therapist and public health nurses.

He attended several sessions with the counselling psychologist and then enrolled in the stress management classes run by the psychologist and social worker. His housing problems were assessed by the occupational therapist and grant applications organised by the social worker.

*"I now feel that I can cope a lot better as a direct result of all the professional help I have received from the Liberties team. Life is a whole lot brighter".*

Joe has been referred to a Tai Chi and Health Promotion class run by health professionals. While this has been of significant physical benefit to Joe, it has also increased his opportunity to meet with other local people in similar situations to himself. His mobility has increased as well as his confidence to tackle the normal tasks of living. Meanwhile, his blood pressure remains under good control and his mood and anxiety symptoms are greatly improved.

(Details of this case have been changed to preserve the anonymity and privacy of the person.)

## Palliative Care

'Palliative care' is defined as the active total care of patients whose disease is no longer responsive to curative treatment. Control of pain, psychological, social and spiritual well being is paramount.

The goal of palliative care is to achieve the best possible quality of life for patients and their families.

Table 14: Palliative Care 2006

Palliative Care	2006
Patients treated in specialist inpatient units	257
Patients accessing Home Care services	2,270
Patients accessing intermediate care in community hospitals	90
Patients accessing day care	220

## Paediatric Palliative Care

A national steering group was set up and began work on a five-year strategy for paediatric palliative care. Work was undertaken to develop standards in partnership with the National Palliative Care Advisory Council, the Department of Health and Children and voluntary partners.

## Environmental Health

The Environmental Health division assesses, corrects and prevents factors in the environment that could adversely affect the public health now and in the future.

Table 15: Environmental Health Inspections 2005 and 2006

Environmental Health	2005	2006	% Change
Food Inspections Carried Out	51,995	47,412	-9%
Tobacco Act Inspections Carried Out	35,042	32,012	-9%
Prosecutions in relation to Tobacco Act	37	37	0%

## National Information Line – 1850 24 1850

A National Information Line was established to give the public across the country a single lo-call number to access all health and related social service information. The service provides information on more than 110 topics. Examples of topics included are: service entitlements, eligibility, application forms and contact details.

The service can also be accessed by e-mail at: [info@hse.ie](mailto:info@hse.ie); and by fax at 041-6850330. There is also a sigma text-pad service available where people with a hearing impairment can text their queries and they will be responded to promptly. It operates from 8.00am-8.00pm Monday to Saturday. The extended hours allow members of the public to access the service after 5.00pm and at weekends.

Table 16: National Information Line Calls 2006

Calls Received	2006
GP Visit Card	24,167
Medical Card	6,531
European Health Insurance Card	3,937
Nursing Home Queries	3,458
Community Care	1,439
Drug Payment Scheme	1,871
Over 70s Medical Card	1,033
Human Resources	1,920
Hospital Services	872
Community Welfare	648
Others	2,041
<b>Total Number of Calls</b>	<b>47,917</b>

The HSE infoline 1850-24-1850 was launched in 2006. This infoline gives the public easy access to information on over 110 health and social service topics for less than the cost of a local call. Information is made available via e-mail or fax and the infoline offers a sigma text-pad facility for people with hearing impairment.



# Keep Well this Winter



## Stay Well & Warm

### Advice for Winter on:

- ✓ Keeping well and warm
- ✓ Heating your home
- ✓ Useful phone numbers

## HSE Winter Initiative

Winter is the season when there is the greatest demand for health and social services. In early Autumn 2006 the HSE established a Winter Initiative Project Team to focus on making real improvements in the system and ensuring that the HSE was prepared for these additional pressures of winter. The Winter Initiative is an approach that has been implemented successfully elsewhere and has built on work already underway in several different areas of the healthcare delivery system.

The primary aim was to assist the organisation in working together in a more focused way to address the system-wide issues which manifest in patients unduly waiting in Emergency Departments for admission to hospital. To achieve this, eight teams were set up around the country comprising Hospital and PCCC managers who worked on a range of actions at local level.

The greater level of coordination within the health services is now being reflected in significantly reduced numbers and waiting times in Emergency Departments when compared with last year. The Winter Initiative built on work already underway in several different areas of the healthcare system and focused on three main areas; Hospital Avoidance, Capacity and Promotion/Prevention

### Hospital Avoidance:

- **Extension of GP out-of-hour services** to North Dublin;
- **Improved GP Diagnostic services:** GPs now have enhanced direct access to X-Ray and ultrasound, ensuring that patients do not have to be admitted to hospital for certain diagnostic services;
- **Community Intervention Teams:** These teams offer support to carers and families who are trying to care for their relatives at home. They help people to maintain dignity and promote independence in their own home; and
- **Rapid Access Clinic (Smithfield, Dublin):** This service provides rapid access to medical services for elderly people who require care but not emergency care. The service has the capacity to treat up to 4,000 patients per year.

### Capacity

The HSE contracted with the private nursing home sector to provide a total of 1,050 extra beds in 2006.

Admission lounges were established in most hospitals to provide patients with significantly more privacy, dignity and comfort.

New beds have been opened in Naas General Hospital and Wexford General Hospital.

### Promotion and Prevention

As part of the Promotion and Prevention section of the Winter Initiative, there were four main press campaigns under the 'Keep Well This Winter' banner:

- **Keep Well – Keep Immunised:** Highlighting the importance of influenza and pneumococcal vaccination;
- **Keep Well – Keep Informed:** Use the Right Door campaign highlighted the use of pharmacies, GP and GP out-of-hours service first-aid etc;
- **Keep Well – Keep Warm:** Pack containing information on staying warm; GP out of hours services; a temperature card for monitoring room temperature and useful contacts card; and
- **Keep Well – Keep Safe:** leaflet and poster advising older people how to prevent falls and slips and maintain health.

## National Hospitals Office

The National Hospitals Office (NHO) manages acute hospital services in 52 hospitals nationally. It also provides pre-hospital emergency care services (ambulance and emergency response services).

In 2006, the NHO continued to focus on Emergency Departments and the following areas:

- **Reconfiguration of Hospital Services;**
- **Radiotherapy Services;**
- **Renal Services;**
- **Casemix;**
- **National Review of Laboratory Medicine Services;**
- **Hygiene Audit;**
- **Pre-Hospital Emergency Care and Ambulance Services.**

Table 17: Hospital Statistics 2006

	2005	2006	% Increase
Inpatient discharges	575,476	594,059	3.2%
Day cases	512,034	542,671	6.0%
ED Attendances	1,228,524	1,268,991	3.3%
Outpatient Attendances	2,601,950	2,778,602	6.8%
Births	58,489	62,745	7.3%

In 2006, the NHO's main focus was on completing the integration of the acute hospitals around the country into one single system. An integral part of this was the creation of the performance monitoring unit. It has now developed a standardised performance monitoring system across all hospitals.

### Reconfiguration of Hospital Services

This is a critical part of the work to be completed by the NHO. It ensures that the appropriate services are given in a safe and equitable manner.

#### National Paediatric Hospital

Following the commissioning by the HSE of an independent review of tertiary paediatric services and the resulting report 'Children's Health First', the HSE planned for a new national paediatric hospital, to be located beside an adult teaching hospital.

A joint HSE and Department of Health and Children Task Group was set up. It recommended that the hospital should be built on the site of the Mater Misericordiae University Hospital. The resulting report was considered and endorsed by the Board of the HSE and was subsequently approved by Government.

The Second National Hospital Hygiene Audit was carried out in 2006. All acute hospitals nationwide were assessed by independent auditors, Desford Consultancy. All audit visits were random and unannounced and in each hospital a wide range of clinical areas were audited including Outpatients, Intensive Care, Emergency Departments, Medical and Surgical Wards and Specialist Wards (for example Orthopaedics, Paediatrics and Oncology).



A joint HSE and Department of Health and Children Transition Group was set up to initiate the project. It will report in 2007 on a number of short-term actions. These include work to:

- transfer the site from the Mater Misericordiae University Hospital;
- define a high level framework brief for the new hospital;
- determine the scope and location of the proposed urgent care centres;
- determine how to co-ordinate policies between the new hospital and other hospitals, including those outside Dublin;
- establish a development board for the new hospital; and
- consider co-locating maternity services.

#### North-East Implementation

Growth in the population of the North-East has led to the need to re-examine the configuration of hospital services. To tackle this, the HSE commissioned a review of acute services by Teamwork Management Services Ltd. Teamwork's report, 'Improving Safety and Achieving Better Standards, an Action Plan for Health Services in the North East', proposed a three-strand action plan.

The plan is designed to improve health service safety and standards in the North East by:

- developing local services – with the existing five hospitals and primary and community care providers playing central roles;
- developing a new regional acute hospital; and
- binding these local and regional services together through a series of clinical networks that are centred around the needs of patients.

A project team was set up to put the action plan in place, as set out in the Teamwork report and under the direction of the steering group. One of the central proposals is to set up clinical networks in specified key areas.

#### New Regional Hospital

The Teamwork report recommended that the North East should have one regional public hospital. This recommendation was based on international norms for catchment populations of 300,000-500,000 for regional hospitals.

In estimating the future catchment population, it was assumed that a substantial number of the current North East planned inpatient work would transfer from Dublin hospitals to a new North East regional hospital. Similarly, much of the day-case work currently undertaken in Dublin hospitals would transfer to a new regional hospital, and other day case facilities in the North East.

The regional hospital will provide 24-hour, seven days a week, specialist support and advice across the region through the clinical network system. In turn, the regional hospital will be supported by tertiary, highly specialised services outside the region which will provide services to catchments of one to four million people. These services include:

- neurosurgery;
- cardiac surgery;
- transplant surgery; and
- certain paediatric services.

#### Co-Location of Private Hospitals on Public Sites

In 2005, the Government issued a policy direction to the HSE. It was aimed at freeing up additional beds for public patients in public hospitals and developing private hospital facilities on public hospital sites.

A procurement process began in 2006 and eight sites remain in the process. They are: Waterford Regional Hospital, Cork University Hospital, Limerick Regional Hospital, Sligo General Hospital, Beaumont Hospital, Connolly Hospital, St James's Hospital, and The Adelaide and Meath and National Children's Hospital, Tallaght.

The two remaining phases of the competitive dialogue process will be conducted in 2007.

A new Clinical Services building, the centrepiece of the €250m redevelopment project at St. Vincent's University Hospital, Dublin was officially opened in July 2006. The €60m, 14,000sqm, five storey over-basement building is designed to accommodate the renewal of all the major treatment and diagnostic areas of the hospital and create an Ambulatory Day Care Centre for outpatients' one-day procedures. The new building will cater each year for in excess of 40,000 Emergency Department attendances, including 10,000 admissions, 100,000 outpatients and 15,000 day care patients, four million pathology tests and in excess of 120,000 x-rays.



## Radiotherapy Services

The National Plan for Radiation Oncology will be put in place over the next several years. It consists of primary radiation therapy centres at:

- St. James's Hospital, Dublin;
- Beaumont Hospital, Dublin;
- Cork University Hospital; and
- University College Hospital Galway.

The national plan will also include two integrated remote centres. One will be at Waterford Regional Hospital which will comprise two linear accelerators managed by Cork University Hospital. The other will be at Limerick Regional Hospital and will comprise two linear accelerators integrated with University College Hospital Galway.

### Other radiation therapy sources

In the interim, the NHO has obtained radiation therapy from a number of sources to meet the growing needs of patients.

### Limerick Regional Hospital

In 2006, a unit on the grounds of Limerick Regional Hospital had its first full year of service. This unit was built by the hospital's Trust and operated by the Mater Private Hospital. This centre is privately operated in co-operation with the National Plan for Radiation Oncology.

### Belfast City Hospital

The HSE worked with Co-operation and Working Together to enter a service agreement with Belfast City Hospital. This means that patients who are referred for radiotherapy from Letterkenny General Hospital can choose to receive treatment in Belfast, as an alternative to Dublin or other radiotherapy units in the State, allowing them to choose a treatment centre that is more convenient to where they live.

Donegal patients have access to accommodation in Belfast City Hospital's residence for radiotherapy outpatients as required. They will be admitted as inpatients of the hospital where clinically necessary. The agreement provides for up to 50 patients to be treated in the first year.

### Whitfield Clinic, Waterford

The HSE agreed an interim service level agreement with Whitfield Clinic in Waterford for the provision of Radiotherapy Services to patients within the South East.

## Renal Services

There will be significant growth in demand for renal services nationally into the future. Services will need to continue to be developed each year to provide additional dialysis capacity for up to 200 new patients annually. As a result of this a number of initiatives have been undertaken:

### The National Renal Strategy Review

The National Renal Strategy Review continued during 2006. Its purpose is:

- to make recommendations for a high quality and patient-centred renal service;
- to meet current and projected demand;
- to take account of current best practice; and
- to obtain the best use of, and maximum benefit from, the resources available.

### Renal Service Developments

The HSE received a total of €8m in 2006 for renal services to support the cost of providing dialysis and a living-related donor renal transplant programme. Funding was allocated to dialysis units so they could expand their infrastructure and their provision of dialysis shifts.

The HSE has been working to expand the existing capacity and to implement the preliminary recommendations of the National Renal Strategy review. The Review recommends that all dialysis patients should be treated within 60 minutes of travel from their home.

### New Capacity

Cork University Hospital: The expansion of capacity is being addressed through a range of initiatives in the public and private sectors. An expansion programme was funded in Cork University Hospital. This will result in an additional eight treatment stations opening by July 2007, one of which will be a dedicated isolation unit.

University College Hospital Galway (UCHG) won accreditation as a Baby Friendly Hospital. The hospital won the award from the Baby Friendly Hospital Initiative in Ireland and the Irish National Health Promoting Hospitals Network for its Ten Steps to Successful Breastfeeding programme. UCHG promotes breastfeeding as the healthiest way for a mother to feed her baby with posters and information leaflets displayed in the Obstetrics and Gynaecology Department.



St Vincent's University Hospital: A nine-station state-of-the-art dialysis facility opened in St Vincent's University Hospital. This meant that patients could transfer from the existing unit to the new dedicated acute renal unit for the hospital.

Kilkenny: More than 30 patients were treated in the private dialysis unit in Kilkenny. This new local service means that these patients no longer have to travel three times a week to Dublin for dialysis.

North Dublin: The HSE has entered into a temporary arrangement to provide dialysis for an additional 30 patients in North Dublin. This has reduced the pressure on Beaumont Hospital, which still operates a 24-hour service.

Other providers: The HSE launched a tender to establish a panel of suitably qualified providers who could be contracted to provide haemodialysis services when and where they were needed.

When deciding which providers to contract, the key factors the HSE will consider are:

- quality of care;
- value for money;
- location; and
- time frame for delivering the service.

The main benefit of these contracts is that they will enable the HSE to respond quickly to expand capacity where additional need emerges.

The HSE plans to expand dialysis capacity throughout the country through a mixture of public and private units. Patients will, however, remain under the care of their nephrologist in their referring public hospital.

### Living Donor Programme

In 2006, the HSE received funding to set up a Living Donor Programme. The programme based in Beaumont Hospital, is expected to cost in the region of €2m. A total of four living donor transplants were undertaken in 2006.

Eight additional staff were recruited for the programme in 2006. These include three consultants, two medical scientists, and two Clinical Nurse Specialists – one of whom is a transplant co-ordinator.

## Casemix

### National Programme of Evidence-Based Management Introduced

Casemix rewards hospitals that perform well. It is the most internationally accepted 'performance-related' acute hospital activity programme. Casemix classifies and categorises hospital outputs. This contributes towards:

- equity;
- efficiency; and
- transparency.

Casemix is used in most countries with a developed healthcare system.

The Casemix programme incorporates two national programmes:

- the Hospital Inpatient Enquiry (HIPE) programme; and
- the Specialty Costing programme.

The HIPE and Specialty Costing programmes are the first steps in a major expansion of Casemix. They are a central pillar in the acute hospital funding process.

The HIPE Programme collects an abstract of clinical and demographic activity data in 60 hospitals nationally. Of these, 37 take part in the Specialty Costing and Casemix programmes. These 37 hospitals are responsible for 95% of all acute hospital admissions and more than €4bn of costs.

This data is then used for national management. The data is also provided to the Organisation for Economic Co-operation and Development and World Health Organisation planners.

A new Psychiatric Consultation Liaison Nurse Service was introduced at the Midland Regional Hospital at Mullingar to ensure inpatients requiring mental health services at the hospital can be assessed. A comprehensive mental health assessment is provided to all patients referred to the services. These include liaison, education, support and advice for both staff and patients. A follow-up service is also available to those patients who present with para-suicide and are discharged prior to assessment.



## National Review of Laboratory Medicine Services

Laboratory medicine services are critical to support the delivery of high-quality patient care. Laboratories themselves need to operate to internationally recognised standards to ensure the quality and accuracy of their contribution to patient care. A full review of laboratory medicine across 41 acute hospitals was undertaken in 2006 and a proposed model of service delivery has been developed.

## Hygiene Audit

A second national hygiene audit was carried out across all acute hospitals. Almost every hospital improved its overall score following the first audit. Some of the most significant improvements were shown by those hospitals that recorded 'poor' scores in the first audit.

Table 18: Hygiene Audit 2005 and 2006

Category	Audit 2005	Audit 2006
Good	5	32
Fair	23	19
Poor	26	2

Cleanliness in hospitals is critical. A considerable amount of work to improve hygiene standards has been undertaken at hospital and national level. This work has involved staff from every discipline.

In 2006 the HSE developed National Hygiene Services Standards in partnership with the Irish Health Services Accreditation Board and distributed a National Cleaning Manual to all hospitals.

## Pre-Hospital Emergency Care and Ambulance Services

The primary role of Pre-Hospital Emergency Care is to provide a clinically appropriate and timely response to emergency and urgent calls. The Ambulance Service also provides a patient or client transport service. This is designed to meet the identified needs of those who cannot use standard public transport.

### Sectoral Plan

There were 260,242 emergency and urgent calls; patient or client transport calls increased to 640,926. A cross-functional group was established in 2006 to develop a national policy framework and needs assessment system. This work will continue in 2007 when the group will consider the implications arising from the 'Sectoral Plan, Transport Access for All'. This document was prepared by the Department of Transport in line with its responsibilities under the Disability Act 2005.

### Emergency Medical Technician introduced

The Emergency Medical Technician paramedic grade was introduced into the Pre-Hospital Emergency Care Service. In 2006 this advanced level of clinical intervention had a significant impact on clinical performance and outcomes. It enabled the development of national systems in the areas of:

- clinical-performance management;
- quality assurance; and
- clinical audit.

A new Cardiothoracic Surgery Service was introduced at University College Hospital, Galway. A cardiac theatre, a 10 bed ward, four high dependency beds and three intensive care beds will be provided on a phased basis at UCHG. Funding of €3.29m was provided in 2006.



### Ambulance Service Capital Plan

Another key development in 2006 was the approval of the Capital Plan (2006-2010). Over the period of the plan the infrastructure will be greatly enhanced. The plans include:

- 18 new or replacement ambulance stations;
- major upgrades in a number of other ambulance stations;
- new Command and Control Centres;
- enhanced communications systems; and
- a structured fleet replacement system.

The structured-fleet replacement fund means that a number of vehicles can be bought each year. This ensures that safety risks and maintenance costs can be minimised.

Some 65 ambulances were procured in 2006. These vehicles must comply with the specification as defined in the EC standard (CEN 1789:2000). Seven response vehicles were also purchased and key personnel are using these as part of a managed incident response framework.

### Future Planning

A number of programmes were finalised that will shape the operation and management of the service. These include a study that will determine the best way to use the ambulance fleet.

Senior Managers and a Medical Director were appointed in 2006. They will be responsible for functional areas such as:

- operations;
- command and control;
- emergency planning;
- training and development; and
- fleet, equipment and estates.

A 24 hour free medical advice service for seafarers set up by Cork University Hospital (CUH) has halved the number of helicopter call-outs to injured or sick at sea. Based in the Emergency Department at CUH, Ireland's only designated "radio medical consultation centre" provides medical advice to seafarers in the Irish "Search and Rescue" region and to Irish seafarers world wide. The service is run in partnership with the Irish Coast Guard.





## Case Study

### Early Discharge Programme

Two years ago Tom O Shea (not his real name) presented once again at Beaumont Hospital's emergency Department. As a sufferer of Chronic Obstructive Pulmonary Disease (COPD) he was caught up in a vicious cycle. Shortness of breath led to inactivity which led to a dependent, sedentary lifestyle resulting in increased episodes of shortness of breath.

Shortly after arrival he agreed to join the hospital's innovative COPD Programme. Following assessment, he was prescribed portable oxygen for his low oxygen levels while walking and moving about and he was discharged the same day. As well as keeping a close eye on him over the next few weeks, the team encouraged him to join their Pulmonary Rehabilitation Programme. Now his life has been transformed.

The shortness of breath cycle has been broken, he is far less dependent on others and exercises regularly at home using his own exercise bike and weights.

Tom is one of over 400 patients who have benefited so far from the outreach scheme. The outreach team provides a "hospital-at-home" service for patients diagnosed with exacerbated COPD. The service consists of a Respiratory Nurse Co-ordinator, a Respiratory Nurse Specialist and a Senior Physiotherapist, all working under the direction of Respiratory Consultants.

Under the Early Discharge Programme patients are assessed for suitability within 72 hours of admission. If they agree to participate they are given appropriate medication and a nebuliser if required. GPs are immediately informed of the care plan and the patients are visited by a team member on the day of discharge, if possible, and every day for the next three days. They are visited as frequently as necessary over the first fortnight before being discharged back under the care of their GPs. Follow-up visits are also made at six weeks and three months and patients are referred, if necessary, to the appropriate community services. This programme has had a major impact on the average length of stay in hospital for certain COPD patients.

## Support Services

The HSE is the largest organisation in the State, with the largest budget and a workforce of more than 100,000 employees (directly and indirectly employed). Support services play a vital role in the efficient running of the organisation.

They also ensure that the money allocated to the HSE by the Government is efficiently and effectively spent to improve, promote and protect the health and welfare of the public. They allow the HSE to discharge its accountability to the Minister, the Oireachtas and the general public in an appropriate and timely way.

### **HSE Support Services comprise a number of Directorates including:**

- National Shared Services;
- Human Resources;
- Information and Communication Technology;
- Finance;
- Procurement;
- Estates; and
- Office of the CEO.

## National Shared Services

The development and rollout of the model for the National Shared Services (NSS) Programme is being carried out in four main phases:

- planning;
- design;
- build; and
- deploy.

This framework involved devising an operating model to define the scope of service and forming an implementation plan outlining risks, dependencies and resource requirements among other considerations. Phases 1 and 2 were completed in 2006.

### **Phase 1**

Phase 1 of the National Shared Services Project began in February 2006. It looked at three key areas:

- the business case;
- the operating model; and
- the organisation design.

It was completed at the end of June 2006.

### **Phase 2**

Phase 2 – the Detailed Design – began in September 2006. It included a rigorous examination of the conclusions reached in Phase 1 and the options for implementing Shared Services within the HSE in the future.

Phase 2 also involved preparing the final business case for the project and detailed how the project would be put in place. In taking account of the need to minimise risk and maximise benefits it was concluded that in the absence of single organisation-wide IT systems, the appropriate implementation for Shared Services was

The HSE launched a new Procurement Policy in 2006 for its expenditure on supplies, works and services. Under this new policy, all purchases made by the HSE will be made using a single, unified and standardised approach. With the HSE's annual estimated expenditure on supplies and services in excess of €3bn, these revised guidelines have the potential to generate millions in savings which can be applied to front-line patient services.



through each of the functional directorates. This is similar to implementation approaches in other large organisations.

National Shared Services will enable the HSE to:

- reduce duplication;
- enable economies of scale;
- create centres of knowledge;
- facilitate shared expertise; and
- achieve consistency in the way things are done.

### Next Steps

Following adoption by the Board of the recommendations from Phase 2, work will continue in 2007 in implementing Shared Services in the functional directorates. The four functional directorates are:

- Human Resources;
- Finance;
- Information and Communication Technology; and
- Procurement.

The process will be overseen by a National Shared Services Governance Committee.

## Human Resources

The Human Resources (HR) structure of the HSE was finalised in 2006. The HSE is the largest single employer in the State and the HR structure reflects its need as the key strategic partner in the delivery of health services.

### Key Achievements

#### More than 500 Nurses and Midwives Recruited

HR has delivered in key areas such as recruitment and organisation training supports. For example, in 2006 the HSE recruited more than 500 nurses and midwives internationally and these frontline staff were deployed throughout the country.

### Primary Care Teams

Major initiatives such as the recruitment process for additional dedicated Primary Care Teams and associated training and organisational design interventions, were a feature of HR activities in 2006.

### Employment Control

The HSE is committed to ensuring that it has the right number of staff, with the right qualifications and in the right locations to deliver the quality of service expected by the population.

In 2006, a National Employment Monitoring Unit (NEMU) was set up to manage the HSE's Employment Control Framework. The unit provides an integrated approach for the co-ordination of information with the delivery systems, Finance and HR functions. It also ensures that there is an effective, standard approval system for filling staff vacancies.

This is critical because it ensures that whole-time equivalents (WTEs) and funding are linked to service developments. It also ensures that the HSE can comply with Government targets on employment numbers.

Table 19 shows the numerical and percentage change between 2005 and 2006 in employment levels for the each of the staff categories within the HSE.

The HSE has also set up an employment monitoring framework to robustly manage the filling of all posts in the HSE. This framework includes:

- HSE corporate posts;
- posts affected by the reform process; and
- replacement of approved and funded posts not affected by the reform process.

The HSE assesses and develops the employment control systems in conjunction with the Department of Health and Children. This ensures effective management of employment levels in the health services.

Detailed analysis of Health Services Employment figures in 2006 are shown in Table 20.

Health workers at St Mary's Hospital Phoenix Park celebrated a Cultural Diversity evening with more than 15 nationalities represented. One of the aims was to promote an understanding of the culture of all colleagues and to enrich Irish culture.



**Table 19:** Health Service Employment (wholetime equivalents) at 31 December 2005 and 2006

Service Category	2005 Nos	2006 Nos	Change Nos	% Change
Medical/Dental	7,266	7,710	444	+6
Nursing	35,248	36,745	1,497	+4
Health and Social Care Professionals	13,952	14,929	977	+7
Management/Administrative	16,699	17,254	555	+3
General Support Staff	14,945	12,877	-2,068	-14
Other Patient and Client Care	13,867	16,757	2,890	+21
<b>Total</b>	<b>101,977</b>	<b>106,272</b>	<b>4,295</b>	<b>+4</b>

## Industrial Relations

### European Working Time Directive (EWTB)

In 2006, the National Implementation Group on the European Working Time Directive gave approval for 18 pilot projects to investigate practical means to reduce NCHD working hours and achieve compliance with the EWTB. The projects covered a wide range of specialities and included suggestions such as changes in skill-mix and practice, expanding cross-cover, developing a bleep policy, reorganising handover and developing opportunities to move a proportion of the workload completed at night into the daytime or into an extended working day.

### Hospital Consultant Contract

Negotiations on new Hospital Consultant contracts recommenced in 2006. Intense consultation resulted in a resumption of talks in the latter part of 2006. This contract is of fundamental importance in transforming the health service requiring flexibility in working hours.

The HSE tabled a new draft contract which formed the basis of a continuation of the talks for the remainder of the year.

### Irish Nurses Organisation (INO)/ Psychiatric Nurses Association (PNA)

In December 2005 the Irish Nurses Organisation and the Psychiatric Nurses Association served eight claims on the HSE which continued during 2006. These included a reduction in the working week and an increase in salary.

The dispute was referred to the Labour Relations Commission and subsequently to the Labour Court in June 2006. The Labour Court issued its recommendation in November 2006 endorsing the role of Benchmarking as a fair mechanism for public sector employees to consider issues of pay and conditions and was accepted by the HSE.

## Information and Communication Technology

### Integrated Patient Management System

The integrated patient management system was the primary programme put in place in 2006.

**Table 20:** Health Service Employment (wholetime equivalents) at 31 December 2006 Analysed by Service Category

Service Category	National Hospitals Office Nos.	Primary Community & Continuing Care Nos.	Corporate & Support Services Nos.	Population Health Nos.	Total
Medical/dental	5,801	1,794	24	92	7,710
Nursing	20,032	16,581	119	12	36,745
Health and social care professionals	5,971	8,856	39	63	14,929
Management/administrative	7,943	6,654	2,347	311	17,254
General support staff	6,981	5,449	445	1	12,877
Other patient and client care	4,581	12,115	15	46	16,757
<b>Total</b>	<b>51,309</b>	<b>51,449</b>	<b>2,988</b>	<b>524</b>	<b>106,272</b>

\* Small variances in totals are due to rounding

It was set up in more than 20 hospitals, which included:

- all the acute hospitals in the North East hospital network;
- Cork University Hospital;
- Kerry General Hospital; and
- Letterkenny General Hospital.

The programme involved installing computer software to cover admissions and outpatients; and clinical areas such as theatre management.

#### Telesynergy

Continued support for the Telesynergy (radiation oncology tele-medicine) project was made possible through Capital Information funding. Telesynergy enables remote sites to link to regional cancer centres for consultation.

#### Health Atlas

Significant progress was made on the Health Atlas project in conjunction with Population Health. It will facilitate the use of geospatial (mapping and location) data for public health investigations, service delivery and planning.

#### Human Resources Business Solutions

A thorough review of the PPARS (Personnel Payroll and Related System) was completed in 2006. This confirmed that the current PPARS system is providing a HR system for much of the HSE and is paying about 30,000 staff. It also concluded that much more work is required to stabilise the payroll element of the system and identified the areas in which this needs to be done to maximise its benefits. As the original design was developed in the context of the old Health Board structures, the review also confirmed that further evaluation is necessary to define the specific HR/business requirements for the unified HSE structure.

Arising from this review, a Human Resources Business Solutions Project group was established in October 2006 to carry out these tasks. It will report during the Summer in 2007. In the interval, further rollout of PPARS remains on hold.

#### Infrastructure

A large-scale review of the HSE's ICT infrastructure was completed during the year. ICT infrastructure includes all of the networks, computer hardware and software that provide a platform for our key information systems. It also provides basic services such as email and internet access to the 40,000 computer users in the HSE.

The required work will be undertaken over the next four years. Meanwhile, a significant application of capital funds was made to maintain our existing ICT infrastructure within the HSE. This will also assist other voluntary and non-statutory bodies funded by the HSE.

## Finance

The HSE Finance Directorate provides service support to the wider HSE organisation and provides regular financial information to the CEO, who is also the Accounting Officer for the Vote, and to the Board of the HSE. Finance manages all key internal and external relationships that affect HSE resources.

In 2006 the Finance Directorate commenced Phase 1 of a project to develop National Financial Regulations, covering the "purchase to pay" cycle. This phase was completed and launched in October 2006.

As part of the implementation programme for Phase 1, a number of communication events took place across the country, supported by senior Finance and Service Directorates. They were attended by about 1,200 staff.

Phase 2, covering topics such as the cash and income cycle, payroll and staff costs is planned for 2007.

The aim of the project is to develop a single common set of National Financial Regulations. They will reflect and underpin a robust internal control environment within the health service.

In 2006, a review of internal controls was conducted by a project team comprising Senior Managers who had specific expertise in the areas of finance, audit and control. The project team was advised and assisted by the Institute of Public Administration. The review focused on:

- the effectiveness and efficiency of operations;
- the reliability of financial reporting and associated accounting systems; and
- compliance with applicable laws and regulations.

The review included a control-effectiveness checklist and bilateral interviews with 90 Senior Managers. These interviews included the full Corporate Management Team and other managers randomly selected from across the organisation.

The report of the project team concluded that the control systems in the HSE were basically sound; and that most controls required to address the key risks were present

and working appropriately. A number of recommendations were made which should lead to a further strengthening of the effectiveness of the system of internal control within the HSE.

### Budget 2005 and 2006

Table 21 shows how the estimate provision in each year has been allocated to services as part of the HSE's internal budgetary allocation process. The percentage of overall budget spent on support services is 4.84%. It is the objective of the HSE to manage expenditure in order to maximise resources available to front line services.

## Procurement

During 2006 the HSE launched its Procurement Policy.

The policy demands and requires strong cross-sectoral working in bringing forward both value for money and quality based solutions for the HSE and its patients and clients.

The procurement directorate of the HSE was involved in the selection and issuing of contracts right across the organisation. These contracts are crucial to the delivery of service. By operating a standard policy, in a unified way, the HSE ensures that it gets the best value for money. Some of the contracts the procurement directorate has been involved in are outlined below.

### A) National Contracts Awarded

- Insurance services;
- Medical consultancy framework – four contracts;.
- Dialysis services;

- Awarded from mini-competitions;
  1. Acute inpatient bed utilisation review;
  2. National bed capacity review (Acute Services); and
  3. Acute services review in the Southern and Mid West areas;
- International recruitment of therapy grades;
- Ambulances; and
- Drugs and medicines - agreement with pharmaceutical industry.

### B) Procurement Contracts - Work Currently in Progress

- Co-location of private hospitals;
- Legal services;
- Chronic disease management;
- Provision of forensic nursing training;
- Electricity and natural gas;
- Waste services (domestic);
- Review and audit of medical records;
- Decontamination equipment;
- Agency nursing services;
- Stem-cell equipment; and
- Banking services.

A key example of the progress made by procuring on a national basis was the agreement on drugs and medicines with the pharmaceutical industry. This agreement will

Table 21: Budget 2005 and 2006

	2005		2006	
	€'000	%	€'000	%
National Hospitals Office	3,628,820	33.06%	3,955,907	33.44%
Primary, Community & Continuing Care including PCRS	6,206,712	56.55%	6,689,205	56.54%
Population Health	66,140	0.60%	69,280	0.59%
Support Services	530,799	4.84%	573,009	4.84%
Income generated by the HSE	543,010	4.95%	543,200	4.59%
Total Revenue	10,975,481	100.00%	11,830,601	100.00%
Capital Services	564,063		558,056	
<b>Total Estimate Provision</b>	<b>11,539,544</b>		<b>12,388,657</b>	

deliver savings to the health system of €300m over the life of the agreement.

### Estates

The Estates Directorate is responsible for the strategic development and management of the healthcare estate. This includes the management and implementation of the Capital Plan (see page 16) and all property transactions.

It manages the existing public healthcare estate, infrastructure and facilities which have a replacement value in excess of €10bn.

### Office of The CEO

The role of the Office of the CEO Directorate is to represent, advise and support the CEO. The office has a number of key corporate functions including: Regional Health Offices, Parliamentary Affairs, Consumer Affairs, Quality and Risk and Communications. It also deals with a range of cross directorate, governance and policy development functions including: Expert Advisory Groups, Medical Education, Training and Research, Consultant Appointments and cross-border relations.

### Public Representation

In accordance with Section 42 of the Health Act, 2004 four Regional Health Forums were established in 2006. Each forum makes representations to the HSE on a range of health and personal social services provided within each area.

The Regional Health Forums comprise nominees from the city and county councils in their geographic area. Each forum meets a maximum of six times per year. Each forum has a maximum of two committees, and each committee meets a maximum of four times per year.

Table 22: Activities of the Regional Health Forums in 2006

Activity	2006
Meetings of the Forums	24
Meetings of the subcommittees of the Forums	32
Questions submitted to the Forums and answered	223
Motions approved by the Forums and forwarded to the Office of the CEO	72

### Parliamentary Affairs

The Parliamentary Affairs Division of the HSE deals with information requests from members of the Oireachtas, in accordance with Section 79 of the Health Act, 2004. Table 23 outlines the number of parliamentary questions the HSE dealt with in 2005 and 2006.

Table 23: Questions Referred by the Minister to the HSE

	2005	2006	% Change
Number of Questions referred by the Minister to the HSE	2,645	3,504	+32%

The Division compiled information for debates and discussions in both Houses of the Oireachtas and for committees of the Oireachtas. It also supported the CEO in discharging his accountability to the Oireachtas.

### Area Briefings for Oireachtas Members

In 2006, the HSE set up area briefing meetings, administered by the four Regional Health Offices, for members of the Oireachtas. These briefings are designed to provide Oireachtas members with relevant information on health and personal social services issues in their geographic area. The briefing meetings are held in Leinster House and each one is chaired by a member of the Oireachtas. In 2006, eight such meetings were held.

### Consumer Affairs

#### Management of complaints in the HSE

Part 9 of the Health Act 2004 outlines legislative requirements to be met by the HSE and relevant service providers in the management of complaints. The provisions of the Act were implemented with effect from 1 January 2007.

The regulations include requirements such as:

- designation of Complaints Officers and Review Officers;
- development of procedures by the HSE and service providers for the management of complaints;
- timeframes for the management of complaints; and
- review process.

Following an extensive consultation process in 2006, the policy and procedures for the management of complaints

in the HSE were finalised in line with the regulations. The process of nominating Complaints Officers throughout the HSE commenced in November 2006. It is envisaged that over 500 Complaints Officers will be designated in 2007.

### Consumer Participation

'Your Service, Your Say' leaflets and posters were designed, explaining to service users how comments or complaints can be made to the HSE. The distribution of leaflets and posters to all HSE locations began in December 2006.

Table 24: Complaints 2005 and 2006

Complaints	2005	2006	% Change
Acute Hospitals	2,241	2,764	+23%
Mental Health	271	138	-49%
PCCC	784	892	+14%
Others	353	104	-70%
<b>Total</b>	<b>3,649</b>	<b>3,898</b>	<b>+7%</b>

### National Survey of Consumer Experience of Emergency Departments

The national survey of the 'Patient's Experience of Emergency Departments' was conducted in November 2006.

The survey was carried out by an independent organisation: the Irish Society for Quality and Safety in Healthcare, in partnership with the Royal College of Surgeons in Ireland and Ipsos MORI, Ireland (a specialist research company).

The results reflect the dedication and commitment of staff who operate in an environment, that, by the nature of the services provided, can be personally and professionally demanding. The results also highlight areas where improvements can be made and where further research is required.

### Consumer Affairs Statistics 2006

Table 25: Appeals 2006

Appeals	2006
Supplementary Welfare Allowances	6,501
HSE Schemes	4,102

The appeals service gives people who are unhappy with a decision of the HSE a right of independent review in relation to schemes and services including: Supplementary Welfare Allowance Payments, Nursing Home Subventions, Medical Cards, Mobility Allowance, Motorised Transport Grant and Housing Aid for the Elderly. All applicants are granted the right to appeal. In respect of Supplementary Welfare Allowance in 2006 there were approximately 120,000 recipients of Supplementary Welfare Allowance with payments of approximately €630m made.

Table 26: FOI Requests 2005 and 2006

	2005	2006	% Change
FOI Requests	3,895	3,439	-12%

### Quality and Risk

The HSE set up a Quality and Risk division during 2006. The key developments include:

- commencing a risk-assurance framework;
- developing a corporate safety statement;
- setting up a Cross Directorate Quality and Risk steering group;
- putting in place incident review procedures;
- commencing a national risk register; and
- holding the HSE's first ever National Quality and Safety Awards which showcased excellent practice and raised awareness in management of risk.

The HSE is committed to ensuring that services are consumer focused. One of the key objectives of Consumer Affairs is to develop robust systems and policies that ensure that the voice of the consumer is heard. A project team was established to develop and implement the HSE Policy and Procedure for the Management of Complaints. Consumer friendly literature, brochures, leaflets, handbooks, and posters to enable ease of understanding and access to the complaints management system were distributed nationwide at the end of 2006. In October 2006, 26 trainers from all areas of the HSE were trained in the key principles of complaints management.



## Communications

The National Communications Unit (NCU) of the HSE was established in 2006. The NCU ensures that the strategic objectives of the HSE and their implementation are communicated effectively to the organisation's employees, stakeholders and the public it serves. It provides direct communications support and advice to senior management and staff across the organisation.

The NCU is committed to developing effective, timely and appropriate communications with the people who receive services from the HSE; between the HSE and other agencies and among the staff who deliver services.

The key communications achievements in 2006 were:

- setting up the National Communications Unit;
- responding to 18,000 media queries and issuing more than 200 news releases;
- providing media briefings including regular Emergency Department updates;
- producing four editions of the HSE staff magazine "Health Matters";
- supporting and developing the launch of the Transformation Programme and the staff induction pack;
- producing the first HSE Annual Report;
- developing and distributing service directories for each of the 32 Local Health Offices; and
- implementing and co-ordinating public information campaigns including; the Winter Initiative, GP Visit Cards and Clean Hands campaigns.

## Medical Education, Training and Research

The HSE has been identified as a key player in the organisation, structure, delivery, management and co-ordination and funding of undergraduate and postgraduate medical education and training. This followed the publication and subsequent Government adoption of the Fottrell Report, the Buttimer Report and the publication of the draft Heads of the new Medical Practitioners Bill.

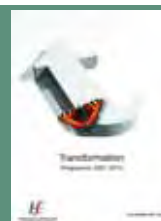
As a result the CEO set up a Medical Education, Training and Research (METR) Committee in 2006 under the aegis of the National Director of the Office of the CEO.

The METR Committee, chaired by an external expert, Prof. M. Fitzgerald, includes representatives from the NHO, PCCC, Population Health, HR and the Office of the CEO. Its terms of reference include: developing a strategic vision and policy framework for the HSE in respect of medical education, training and research, advising on the appropriate structures and governance arrangements and examining the implications of the Fottrell Report, Buttimer Report, and the revised Medical Practitioners Act, and the appropriate response of the HSE in the context of Government policy. This Committee works with the Board's Committee on Education, Training and Research.

In addition to its strategic role, the Committee in 2006 was the governance structure for the administration of ring fenced funding allocated for the first time directly to the health services for medical education and training. In 2006, the following key activities were undertaken by the HSE METR Group officials:

- €1.37m was approved in revenue grants to the recognised Postgraduate Training Bodies;
- €0.5m was approved in minor capital grants to the recognised Postgraduate Training Bodies;
- €1.6m was approved in capital grants to clinical sites for education and training facilities;
- €60,000 grant was approved for the Medical Council to support the Intern Co-ordinators Network;
- €220,000 grant was approved for the HSE Librarians Group to extend the availability of certain electronic databases and journals to all HSE employees;
- €152,000 grant was approved for the RCSI, RCPI and ICGP for career advice and the development of mentoring structures;
- 10 new academic clinician posts funded jointly by the HSE and HEA were approved in principle for the five medical schools; and

The Transformation Programme was launched in 2006. It was prepared following extensive consultation with staff and is the guide for change to lead to better care and service for patients, clients and carers.



- A preliminary audit of medical education and training facilities on clinical sites was undertaken which identified a number of issues and constraints on clinical sites.

### Expert Advisory Groups (EAGs)

The EAGs provide a central platform for clinicians and health professionals, patients, clients, managers and carers to be actively involved in the development and transformation of specific health and social care services.

These groups will ensure that expertise from those directly involved in providing and receiving services is applied to the delivery of services in specific areas.

Four EAGs were established to advise on the organisation and development of health and personal social services in the following areas:

- children;
- diabetes;
- mental health; and
- older people.

Each group, of up to 20 people, under the chairmanship of a senior clinician, has developed priority areas to focus on in 2007. The groups will play a central role in the HSE's Transformation Programme and the development of operational policy for the HSE.

### Medical Consultant Staffing

The functions of Comhairle na nOspidéal were transferred to the HSE pursuant to Section 57 of the Health Act 2004. Applications for consultant appointments are considered by the HSE in the context of published Government policy on the health services generally, the approved HSE Service Plan and published reviews on specific specialty areas, such as reviews commissioned by the Department of Health and Children, HSE and reports published by Comhairle na nOspidéal and other bodies.

On 31 December 2006 there were 2,144 approved permanent consultant posts in the public sector in Ireland. During 2006, the HSE approved a total of 188 consultant posts. Of these, 125 were new posts and 63 were replacement posts. The 125 represents the largest number of additional consultant posts ever approved in the Irish Health Service in one year. Of the 188 posts approved, 12 were approved as Category 2 posts and 176 were approved as Category 1 posts.

The distribution of the 125 new posts in 2006 by HSE administrative area was as follows: 38 in Dublin-Mid Leinster, 18 in Dublin/North East, 35 in the South and 34 in the West.

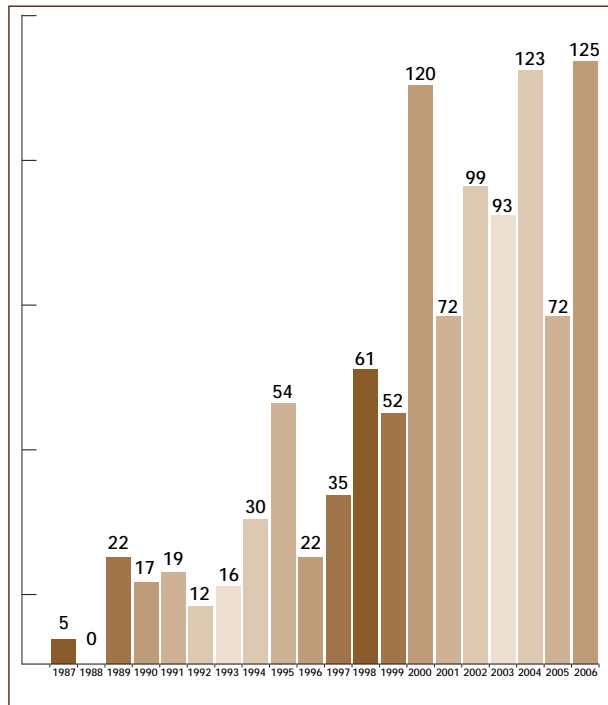
Table 27: New Consultant Posts Approved by Speciality in 2006

	2006
Anaesthesia	13
Medicine	27
Obstetrics/Gynaecology	11
Pathology	11
Paediatrics	7
Psychiatry	31
Radiology	13
Surgery	12
Total New Consultant Posts	125

Expert Advisory Groups (EAGs) established by the HSE in 2006 will help patients, doctors, nurses, managers and carers become actively involved in the development and transformation of specific health and social services. The first four groups established in 2006 focus on services for Older People, Children, Mental Health and Diabetes. EAGs advise the HSE on the organisation and development of health and personal social services.



Figure 10: Annual net increase in consultant posts:1987 - 2006



Some examples of innovative cross-border initiatives under way include:

- cross-border ear nose and throat services;
- cross-border renal networks; and
- cross-border GP out-of-hours pilot.

**Cross-Border Public Health Protection Plans**

Cross border control plans have now been developed to investigate and manage Legionnaire’s Disease and also food-borne illnesses in co-operation with *safefood*.

**Mental Health and Young People**

To assist young people to improve their own mental health awareness, CAWT developed a youth-led emotional well-being initiative called Getting it Together. Young people from both sides of the border in the North West worked alongside representatives from the National Children’s Bureau to develop a visually striking resource pack which can be used by young people on their own or in groups. It can also be used by parents, adults and professionals who meet or work with young people.

**Cross-Border Working**

The HSE continues to foster links with Northern Ireland’s health service through the Co-operation and Working Together (CAWT) cross border health and social-care partnership.

There is an increasing awareness of the importance of enhancing cross border co-operation in health and social care in order to assist with the delivery of an accessible and equitable health service throughout the Island of Ireland.

During 2006, the HSE along with the Western and Southern Health and Social Services Boards in Northern Ireland have managed a total of 37 cross-border, European Union funded initiatives, which are directly benefiting border communities. These projects span all HSE service areas.

The All Island Community Nutrition and Dietetic Partnership launched its inaugural framework document in 2006. This document set out how community dietitians on both sides of the border plan to work more closely together. They will develop shared approaches to promoting key nutritional messages for the population of Ireland within the context of European and WHO nutritional mandates.





## Case Study

# New Country, New Job, First Impressions

By Olawale Olanrewaju, Senior Physiotherapist,  
North Clarence Street Dublin

'Finally, I had made the journey out of the wilderness into a land of opportunity!'; these were the words I told myself, not knowing what awaited me at the other end. I had just crossed the great divide, and only two things were in my head: 'find a job and get more education'.

The first thing that hit me was the cold and then nostalgia, not knowing when I was going to see my family again and of course the tropical sunshine. It was 5am and I had to catch the 6am bus to work. This wasn't a problem as I was used to waking up early back at home to avoid heavy traffic on route to work. My first day at work was interesting, as I was familiar with the setting and modalities. The major difference was in the model of the modalities which were comparatively more advanced than the ones back at home, but the same principle of treatment applied. My colleagues at work were cordial and my induction was brief because they needed the help they could get.

It was my third day and all I could remember was sitting alone at my table in the canteen and watching my colleagues eat at the other end of the room. I guessed my welcome party was over and missed my friends at that point, but luckily a Chinese house officer joined me not long after for a brief chat.

Physiotherapy in Nigeria had two major problems, one specific, and the other ubiquitous.

The first problem was lack of funding which didn't only affect physiotherapy but the entire health system. The rich few could afford to travel to the developed world for expensive treatment while the others were left with unaffordable and dilapidated health care. The second problem which seems universal is the strive for validation and evidence-based practice which requires a lot of funding and research resources. This is also present in Ireland.

My life and experience took a significant turn when I found a job against the odds of immigration, competition and with the support of a manager who believed in me.

After four months, I was glad to be working in an area of interest which was neurology and geriatrics.

Finally it is worth mentioning that I have wonderful colleagues, clients and recently resumed studies. So how does this small town boy end up in one of the most vibrant economies in the world? It is at this point I remember my mother's words in our own dialect; 'remember the son whom you are' (translated verbatim) meaning know where you're coming from and where you're heading in life.



Cork University Maternity Hospital construction completed in 2006.