



2008 HSE Calendar

Examples of some of the milestones achieved during the year

January

The new **Haematology and Oncology Day Unit** at Our Lady's Children Hospital, Crumlin, opened.

National Maternity Hospital, Holles St, Dublin and St. Lukes, Kilkenny became the first hospitals to introduce **prescribing by nurses and midwives**.

February

www.hseland.ie the HSE on line learning centre launched.

National International Health Strategy 2007-2012 launched by Minister for Health and Children.

Ireland's first **Community Infusion Centre** opened on site of Kilcreene Hospital, Kilkenny.

March

A joint initiative with Irish Coast Guard, the **Marine Ambulance Response Team (MART)** for deployment to major emergencies in inland waterways and at sea, was established.

Cardiac First Responder Guide launched.

Construction complete on 100 Bed Community Nursing Unit at **St. Mary's Hospital**, Phoenix Park, Dublin.

April

National Achievements Award ceremony took place in the Mansion House, Dublin.

www.hsenet.ie an internal internet site for staff was launched.

HSE voted **Public Sector Employer of Choice** in the Irish Times Graduate Recruitment Awards 2008.

May

National campaign launched to raise awareness of **ageism and its prevalence** in society.

A national strategy for service user involvement in Irish health services, **Your Service, Your Say** developed with the Department of Health and Children.

The newly amalgamated **South Tipperary General Hospital** opened.

June

Opening of new **Symptomatic Breast Unit** in University College Hospital Galway.

North/South initiative to tackle obesity in Ireland commenced, called **'little steps to a long way'**.

Commenced site works for **Mater Adult Hospital** development.

July

SKILL project commenced to educate, develop and train support staff to enhance their role in the quality of services delivered.

'Improving our Services: A User's Guide to Managing Change in the HSE' launched on www.hseland.ie

New **Consultants Contract** commenced.

Oncology Day Unit at Our Lady of Lourdes Hospital, Drogheda.

August

Major **Cost Management Initiative** commenced with key HSE suppliers.

Tenders invited for main **Mater Adult Hospital, Dublin** and **Letterkenny General Hospital Emergency Department and Ward Block**.

September

Treo Nua, a Multidimensional Treatment Foster Care (MTFC) Programme, for young people with challenging behaviour established in Mullingar, Co. Westmeath.

In partnership with Royal College Surgeons in Ireland, a €4.2 million **Academic Teaching Centre** for under and postgraduate medical personnel in south east opened.

An Staisium Sláinte, Primary Health Care Centre, Dundalk was officially opened.

October

National Research Centre for the Protection of Older People opened in University College Dublin

All Ireland Travellers Health Study commenced.

Construction of **Irishtown Primary Care Centre**, Dublin complete.

November

A dedicated **Early Pregnancy Unit** (6-12wks) opened at the Rotunda Hospital, Dublin.

Launch of HSE media campaign to coincide with **European Antibiotic Awareness Day**.

Focus on Fostering week.

8 Bed **Dementia Unit** opened in Mountmellick, Co. Laois.

December

A new purpose-built **Breast Centre North West** was opened at Letterkenny General Hospital, linked to the designated centre in Galway University Hospital.

Transfer of services from Midland Regional Hospital to **new Hospital in Tullamore**.

New **Emergency Department** opened in Mercy University Hospital, Cork.

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Chairman's Statement



I am pleased to introduce the Health Service Executive's Annual Report 2008 which reviews the performance of our organisation for the year, including performance against our Corporate Plan 2008-2011, Capital Plan 2008 and annual National Service Plan 2008. It also includes detailed financial statements for the year.

2008 Performance

The HSE National Service Plan (NSP) for 2008, approved by the Minister for Health and Children at the start of the year, sets out the services we committed to deliver throughout the year, within the budget provided by Government. This annual report provides information on our main achievements and highlights many examples of innovation, quality improvement and good practice across a whole spectrum of services. In summary, in 2008 we delivered on, and in some cases exceeded the commitments in the NSP, and achieved this within the budget provided while tightly managing the total numbers employed.

In addition, the €563.17 million capital allocation for 2008 was fully and effectively utilised in supporting the National Service Plan commitments and in line with the National Development Plan. A significant number of projects commenced, continued or were completed during the year and full details of these can be found in Appendix 3.

Progress Towards Achieving our Vision

In common with many other countries, 2008 was a testing year for the health services in Ireland. As the year progressed, the deteriorating economic environment and the growing demands for services, particularly publicly funded services such as medical and GP visit cards, placed increasing demand on resources.

Despite these constraints, we made many significant service improvements during the year which have brought us closer to our vision of an integrated model of care which enables people to access safer and higher quality care in the most appropriate setting. For example, our National Cancer Control Programme has made significant progress in concentrating cancer diagnosis and cancer surgery in designated cancer centres, with follow up care available locally.

Progress continued during the year to strengthen and build on our infrastructure and services in the community, with the further development of Primary Care Teams across the country. Throughout this annual report you will read about many other initiatives that support the reorganisation of our services in line with our strategic direction.

Planning and Performance Management

Building on the work of the HSE since its inception in 2005, the second HSE Corporate Plan 2008-2011 was approved by Government in September 2008. Guided by our mission, vision and values, the plan sets out the overall strategic direction for the three-year period. In her approval, the Minister for Health and Children noted that the plan was a significant improvement on the previous plan in setting out a framework for measurement-based accountability for the health services. As part of our governance framework, the Minister will receive bi-annual reports on progress against the high level corporate objectives set out in the plan. This annual report identifies where progress has been achieved in 2008 against these long-term goals.

In order to monitor and review progress towards achieving NSP targets, each month during the year the Board received detailed reports on the performance of the organisation. These Performance Monitoring Reports (PMRs) review activity, financial and human resource data and also provide detailed information on progress against actions/deliverables outlined in the NSP. During the year, to increase transparency and accountability, as well as submitting these reports to the Department of Health and Children, they were made publicly available on our website www.hse.ie

Risk Management

The quality and safety of our services are of paramount importance. Under the guidance of the Risk Committee of the Board, a number of reviews and reports were carried out during 2008, for example 'Say No To Infection' strategy. This strategy set out a number of ambitious and challenging targets for the prevention and control of healthcare associated infection, together with the actions we need to take to meet these targets. One of the targets in

the strategy is to reduce MRSA rates by 30% over five years. In 2008 we can report that we have already achieved a 25% reduction in a two-year period.

The Board endorsed the appointment of a Director for the Serious Incident Management Unit, who has made significant progress in developing, implementing and embedding a risk policy framework for the organisation.

The Board will continue with management to prioritise quality and safety in order to reduce and minimise identified risks right across the organisation.

Governance Framework

The Board acts in accordance with its Code of Governance as specified in the Health Act 2004. The Code of Governance comprises a suite of inter-related documents that together form the HSE Framework for Corporate and Financial Governance. The Framework was initially approved by the Board in 2006, revised in 2007 and submitted to the Minister for Health and Children as required by Section 35 of the Health Act 2004. The Framework was approved by the Minister on 26 March 2008.

This framework outlines the many inter-connected strands of the governance agenda, the organisational structure for implementation and the reporting, accounting and monitoring processes to ensure its continuing operation and effectiveness.

Financial Performance 2008 and Outlook 2009

A rigorous cost containment and business management programme, including tight employment control, remained in place all year to address financial pressures on the organisation. This resulted in tighter, more focused accountability to ensure that limited resources were applied to the best possible use. This environment challenged us to review our current practices, to look at doing things differently and to ensure the most efficient and effective use of resources. The main objective of the actions taken was to protect essential services through maximising Value for Money (VFM) initiatives and eliminating discretionary spending. The HSE value for money programme in 2008 achieved in excess of the €280 million savings which were targeted for the year.

It is clear, in the light of the ongoing economic and employment situation, that cost containment will remain as an even greater challenge for the foreseeable future.

Acknowledgements

During 2008 the Board met on 15 occasions and in addition a total of 29 meetings of the Board's committees were held. I would like to take the opportunity to thank all the Board members for their commitment and valued contribution during 2008.

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

The Chief Executive Officer, Professor Brendan Drumm, and his management team have a very demanding role to play in managing our health and personal social services within stringent parameters and controls. I wish to acknowledge their leadership and commitment to this task.

Finally, a sincere thank you to all the dedicated and committed staff who work day and night, striving to deliver a vast range of quality services for our service users.



Liam Downey

Chairman

Health Service Executive (HSE)

Board Membership

As of 31 December 2008



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 and a former member of the Labour Relations Commission. He is a former Chairman of the Irish Medical Devices Association. He is a graduate of University College Dublin and a fellow of the Irish Management Institute.



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. In 1989 was appointed as a consultant paediatrician at the Regional Hospital, Limerick. In 1991 he was appointed professor and head of the department of paediatrics at University College Dublin and consultant paediatric gastroenterologist at Our Lady's Hospital for Sick Children in Crumlin. Professor Drumm is a reviewer of 20 publications, a member of the editorial board of three publications and has had almost 100 manuscripts, book chapters and reviews published.



Professor Niamh Brennan, a chartered accountant and chartered director, is Michael MacCormac Professor of Management at University College Dublin. She is academic director of the Centre for Corporate Governance at UCD. Professor Brennan is Chairman of the Dublin Docklands Development Authority and is a non-executive director of Ulster Bank. She 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 of Financial Management and Control Systems in the Health Service. He is Chairman of the Foundation for Fiscal Studies. He is an Eisenhower Fellow and President of the Statistical and Social Inquiry Society of Ireland.



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



P.J. Fitzpatrick is a former chief executive officer of the Courts Services and was the first person to hold this position. He 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 MScMgmt in Organisational Behaviour from Trinity College Dublin and is a member of the Institute of Directors of Ireland.



Dr. Maureen Gaffney is the Chairman of the National Economic and Social Forum (NESF). She is a former law reform commissioner; Chairman of the National Monitoring Committee for the Programme for Revitalising Areas by Planning, Investment and Development under the National Development Plan; Chairman 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.



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



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



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



Willie O'Reilly is the chief executive of the National Radio station Today FM. During his time in radio, he has worked for RTÉ, Scottish Radio Holdings, Emap PLC and Communicorp Ltd.

He was formerly a council member of the Royal Victoria Eye and Ear Hospital and President of the Institute of Directors. He is currently a director of the People in Need Trust and President of the Independent Broadcasters of Ireland.

Mr. O'Reilly replaced Mr. Joe Macri in April 2008.



Professor P. Anne Scott is professor of nursing and deputy president of Dublin City University and formerly held the post of head of the School of Nursing at DCU. Previously, she held academic posts at the University of Stirling, Glasgow Caledonian University and the University of Glasgow. Professor Scott is a former member of the Governing Authority of Dublin City University, the Board of the Health Research Board and the Board of Governors of St. Vincent's Hospital, Fairview.

Chief Executive Officer's Statement



Now is an opportune time to reflect on the significant progress we have made since the HSE was established in 2005 and to reiterate our confidence in the direction we are taking our health service. I am committed to building a health service that is easy to access, one we have pride in and one the public has confidence in.

We still have a long way to go. By the very nature of evolving healthcare practices, we may never reach an obvious end point. However, we have made significant, positive and steady progress in building a safer more accessible healthcare system for the people of Ireland.

In the past year we have seen a concerted effort by many to ensure that we delivered on and in some cases exceeded the commitments outlined in our National Service Plan (NSP) 2008. Our results demonstrate that we are also operating more effectively. We are delivering more services than ever before and we are controlling our employment numbers, budgets, costs and capital expenditure. Significantly, patient safety is now central to all aspects of our work.

We are beginning to see the value for patients and clients by shifting more care to community-based services and away from predominantly acute hospital delivered services. The staff working at the front line up and down the country must take credit for this and for embracing the changes that improve services.

The establishment of Community Intervention Teams is an example of our commitment to keeping people at home, if at all possible, during their acute illnesses. Similarly, long stay nursing units developing a capacity to provide intravenous treatment for elderly patients, thereby reducing the need to move them to an acute hospital setting, is a major step towards comprehensive community-based services.

The positive feedback from those who benefit from evolving services such as these confirms to us that people prefer to be treated in their own homes rather than going to hospital.

Throughout 2008, more than 55,000 people received home-help services. In total we provided 12.6 million hours of home-help, up 11% since 2006. Also compared to 2006, 70% more clients received home-care packages, which include services such as public health nursing (PHN), Home Help, Physiotherapy etc. to help people stay at home in their own communities.

In regard to our acute services, our hospitals saw a total of 36,500 more patients as inpatients and day cases than in 2007. When you compare these figures to 2005, some of the increases are significant. We are now delivering nearly a quarter (24%) more productivity in day case procedures. This reflects our strategic shift towards more day case procedures.

With a view to greater public service efficiency, we remained fully focused on maximising all opportunities in 2008, thereby providing more with less. Our efficiency drive was maintained in all areas, reducing and consolidating our processes and driving better value from our resources. I commend everyone for their part in helping to tackle our cost base and delivering on the Value-for-Money Programme (VFM), which achieved over €280 million worth of savings in 2008 with minimal impact on service delivery.

Towards the end of 2008 it became evident that a number of unanticipated costs began to emerge that were outside of our control. These arose primarily as a result of the worsening national economic situation where significantly more people became eligible for medical and GP visit cards (6% and 13% respectively).

Despite these financial challenges, we remain fully committed to excellence in service delivery. Throughout this Annual Report you will see examples of where we have excelled in our achievements and where we will be focusing our attention in the future.

The HSE Achievement Awards in April 2008 demonstrated that quality and service improvement for the benefit of our patients is at the top of our agenda. The overall winner, the Community Nutrition and Dietetic Service, Health Promotion Department, HSE South, developed an education programme for people with Type 2 diabetes, with a result that 90% of participating patients felt they had become healthier during the programme.

The provision of quality, safe services is at the core of our National Cancer Control Programme (NCCP). Significant progress in achieving NCCP's objectives has been demonstrated in 2008. Central to this is the successful programme that focuses on developing high-volume surgical cancer services, together with greater access to radiation oncology services in each of the four cancer networks. We are ahead of schedule in our programme, with 80% of breast services now delivered in the eight designated cancer centres, and breast surgery now taking place in only 11 hospitals, compared to 32 hospitals in 2007.

The Winter Initiative has been a great focal point for many successful programmes which have built excellent bridges between hospital and community services. For example, significant resources were directed to services for older people in the community, thereby helping to avoid hospital admission and to provide a fast-track service to assist them to leave hospital as soon as they are ready for discharge.

Much headway was achieved throughout the year in the critical area of appointing clinical directors to leadership roles in the health services. At this time, approximately 80% of consultants have accepted the new Consultant Contract 2008.

This supports our objective to increase consultant-delivered services and strengthen clinical accountability. The enthusiasm of consultants to take on these leadership roles is very heartening and convinces me that real change is possible in our Health Services. A total of 277 consultant posts were approved during the year, 161 new and 116 replacement posts.

Building on the learning from our Transformation Programme in the North East, we undertook major reviews of the Mid-West and South in 2008. These areas will remain a focus in 2009.

Central to our overall transformation focus is the development of an integrated model of care which will provide everyone with easier access to the majority of services that they will need, closer to their homes. During 2008, major progress was made in rolling out Primary Care Teams, reconfiguring and improving hospital services, developing services such as community nursing units and an organisation wide focus on making our services safer. We moved another step closer to our goal – a fully integrated delay-free modern health service that can flex and adapt to the local and individual needs of patients and clients. While structural change will help facilitate a more integrated service for patients and clients, real change comes when we simplify the way people navigate and access our health and personal social care services.

In order to ensure that service users are at the centre of our planning agenda, a National Strategy for Service User Involvement in the Irish Health Service 2008-2013 was developed throughout the year. This strategy builds on much existing work and allows us to listen to the views of people who use our services and their families.

Helping this process and making it easier for our service users to pay a compliment, make a comment or a complaint, an online tool named *Your Service Your Say* was launched in May at www.hse.ie

2008 was not without its challenges. Plans to reform the pharmaceutical supply chain are ongoing. Industrial action by clerical/administrative staff of the IMPACT trade union affected collection and reporting on our performance from April to August. Due to prioritising resources for demand led and front line services, we face many challenges for 2009 that can only be overcome with ingenuity and flexibility.

We know we still have many challenges to overcome and service improvements to make. We acknowledge that we need to reduce the number of people waiting for services in some parts of the country and we will continue to refine our systems and processes to reduce the time it takes for new referrals to be seen. I have always emphasised that the real difficulty in accessing our health services is at the primary care/hospital interface, with often unacceptable waiting times for outpatient appointments. Reducing these waiting times is now a major priority for the HSE. We will also continue to address the length of time patients stay in hospital, as evidence shows that outcome is linked to length of stay.

I would like to emphasise how proud I am of the efforts of our staff and those in HSE funded agencies to deliver sustainable quality services day in, day out. We are constantly building on our previous successes and are committed to continuously improve on our performance and standards. The changes we are making are an essential element of our evolution that represents another step along the road in the right direction.

I wish to acknowledge the work of the Senior Management Team, who worked tirelessly during 2008 to support me in managing our very complex organisation.

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

During 2008 we faced a major financial challenge, and still managed to stay within our budget whilst delivering on the service levels committed to in the National Service Plan 2008. We all anticipate that the next few years will be even more challenging from a financial perspective. It is critically important that we face this challenge with a determination to maximise the amount of services we provide for those we serve. This will require real dedication and flexibility from everybody right across the health services. It also requires a constant focus on eliminating any waste of scarce resources. This is everybody's responsibility. Positive actions such as these will ultimately result in better services for people who badly need our help.



Professor Brendan Drumm

Chief Executive Officer

Health Service Executive (HSE)

Our Organisation

2008 at a glance...

There are 32 Local Health Offices across the country providing services to the community.

We have over 650 Health Centres throughout the country.

93 Primary Care Teams are operational.

Acute services are provided in 50 hospitals, delivered through eight hospital groups.

We have 11 Ambulance Command and Control Centres coordinating pre-hospital emergency care services for 97 ambulance stations.

There are 350 pre-hospital vehicles at our disposal, including rapid response, ambulances, motorcycle response and patient transport vehicles.

There are four Cancer Control Networks, with eight Cancer Centres.

We have 10,419 non-acute public care beds, with 3,012 contract beds.

We have 800 centres that provide community based mental health services.

Our Role and Structure

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 country with over 110,000 staff and a budget of over €14 billion.

Since its establishment, the HSE has operated through three areas of service delivery, Primary Community and Continuing Care (PCCC), National Hospitals Office (NHO) and Population Health (PH). During 2008, this was extended to include the National Cancer Control Programme (NCCP). Our service delivery areas are assisted by support services that are essential for the organisation to operate efficiently and effectively.

The Services We Provide

The services we provide in the community:

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

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

The services we provide in our hospitals:

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



Ms. Mary Harney TD, Minister for Health and Children launches 'Your Service, Your Say'

Left to right: Dr. Philip Crowley, Deputy Chief Medical Officer, DoHC, Ms. Rachel McEvoy, Research Officer, HSE Consumer Affairs, Ms. Mary Harney TD, Minister for Health and Children, Dr. Fenton Howell, Director of Public Health, HSE Population Health, Professor Brendan Drumm, CEO, HSE.

How to Contact Us

There are several ways to contact the HSE. If you are looking for information on local services, Area Directories are available from either our website www.hse.ie or by ringing our National Information Line 1850 24 1850. The Information Line operates from 8.00am-8.00pm Monday to Saturday. A sigma text-pad service is available where people with a hearing impairment can text their queries for a prompt response. A total of 113,738 calls were received in 2008, a 38% increase on 2007 calls.

Listening to Our Patients and Service Users

We want to hear the views of people who use our services, their families and the public. Launched in May 2008, each HSE location now advertises this fact and invites people to have their say about the services we provide. This can be done in a number of ways:

- **Email:** yoursay@hse.ie
- **Phone:**
 - Consumer Affairs on 045 880 400
or **LoCall** 1890 424 555
 - HSE National Information Line 1850 24 1850
- **Address:**
Consumer Affairs Corporate Office
Health Service Executive
Oak House
Lime Tree Avenue
Millennium Park
Naas
Co. Kildare
- **Or by completing feedback forms that can be found in all HSE locations.**

Many locations now also have patient partnership committees or panels which provide opportunities for discussion and feedback.

Achieving Our Objectives in 2008

Introduction

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

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

This Annual Report describes how we have delivered on these key objectives during 2008.

Health and Wellbeing – Keeping People Well

Our Population

By April 2008, the population in Ireland reached 4.42 million, which is the highest recorded since 1861. Our population growth exceeds that of any

other country in Europe, with figures since 2002 showing an annual growth of around 2%. Natural increase outstripped net migration for the first time since 2004 and contributed to just over half (54%) of the population increase in 2008. The number of births at 73,815 is the highest since 1980.

Life expectancy in Ireland is also at its highest level ever, at 76.8 years for men and 81.6 years for women. This is an increase from an overall expectancy of 58 years during the 1920s. Much of this gain is attributable to reduced mortality of infants and children, and improved control and management of infectious diseases.

Today's Health Challenges

The World Health Organisation (WHO) identifies four factors central to improving health:

- The rise in chronic disease as the major cause of morbidity and death.
- The mounting evidence of the role of lifestyle factors in major diseases.
- The increased focus on the cost of treating and managing illness.
- A growing acceptance of the expanded definition of health in which health is a state of complete physical, mental and social wellbeing, not merely the absence of disease.

There is a continuing increase in chronic disease, ageing population, more people becoming obese, people drinking more, rise in drinking during pregnancy, increase in sexually transmitted infections etc. Smoking remains the single biggest preventable cause of ill-health and suicide remains a leading cause of death in young men. In recognition of these challenges, the **Health and Wellbeing** of our population is a corporate objective.

Health Promotion

Keeping people well within their own communities involves continuing health promotion initiatives to communicate with and inform our population. Health promotion public awareness campaigns support national health policy and strategy and are focused on enabling people to make the behavioural changes necessary to live healthier lives. They raise awareness; influence attitudes, beliefs and behaviours; change knowledge and perceptions; promote action; refute myths and misconceptions and demonstrate skills. Campaigns on obesity, alcohol, breastfeeding, mental health awareness, vaccines, and drugs and tobacco were introduced in 2008.

2008 at a glance...

4.42 million people live in the Republic of Ireland.

73,815 babies were born in the Republic of Ireland (5% increase on 2007).

Men should expect to live, on average, for 76.8 years, women 81.6 years.

88% of children received the MMR vaccine by their 2nd birthday.

29% of our adults smoke, 39% are overweight, 23% are obese, 22% reported being physically inactive and 28% consume six or more standard drinks at least once a week.

One in four (28%) of all injury attendances in our accident and emergency departments were alcohol related.

80% of GP consultations and 60% of hospital bed days are related to chronic illness and associated complications.

Over 400 outbreaks of infectious diseases were managed during the year.



Alcohol Awareness Campaign

A national campaign was undertaken to increase awareness in adults about the extent of underage drinking, the ease of access which young people have to alcohol and the benefits in delaying the age at which young people start to drink.

The campaign was aimed at all adults, children and teenagers and those who purchase alcohol for teenagers. It featured a TV ad, depicting a number of young people in a variety of situations where they are exposed to and gain access to alcohol.

Research was carried out between 24 April and 9 May 2008 on 900 adults aged 18 years and over. Over 90% of adults who took part agreed that underage drinking is a problem in Ireland but only 15% of those questioned believed that their own drinking habits influence the drinking habits of young people around them.

More information about Underage Drinking can be found on <http://www.healthpromotion.ie/alcohol/>

Clodagh Freyne (12) from Fermoy, Co. Cork and Adam Stubblefield (15) from Auhgrim, Co. Wicklow at the launch of the HSE Alcohol Awareness campaign in May which encourages adults to support young people to delay the age at which they start drinking alcohol.



Obesity – Healthy Eating and Physical Activity

The 'little steps to a long way' campaign was developed to tackle the problem of obesity in Ireland. It was undertaken in collaboration with Safefood Ireland and the Health Promotion Agency, Northern Ireland.

The aim of the campaign was to support parents/guardians as positive role models for their children for healthy eating and physical activity. Families are encouraged to start changing the balance in what they eat, and replace less healthy foods with healthier ones. It also encouraged families to be more physically active.

An information booklet was developed with helpful tips and information for parents. All communication directs people to the campaign website www.littlesteps.eu and to information line numbers in both the Republic and Northern Ireland.

The second phase of the campaign which was launched at the end of August and ran until mid-September, was timed to coincide with children returning to school.

Jason Quinn age 8 and Romey Farrelly age 6 from the Little Steps Go A Long Way campaign take little steps towards a healthier future at the launch of the campaign. Developed by the HSE and safefood the campaign aims to address the issue of obesity on the island of Ireland to support parents and guardians as positive role models in relation to healthy eating and physical activity. For further information log onto www.littlesteps.eu

Focus on...

The National Immunisation Office published a "Practical Guide to Immunisation" and developed a new national training programme in immunisation, delivered to over 4,000 health professionals. A comprehensive range of information materials were produced for the new vaccine schedule. These are available in 10 different languages on the national immunisation website at www.immunisation.ie

In September, a pneumococcal vaccine catch up campaign was introduced for all children under two years of age.

A customer satisfaction survey showed that over 90% of GPs were very satisfied with the service provided by the HSE National Cold Chain Service (immunisation vaccines).

The Sligo/Leitrim branch of LivingLinks was launched in March. Provided by trained volunteers, this outreach service provides confidential and practical support for people bereaved by suicide.

224 Health Promotion Partnerships that are based on a community development approach to health have been developed to respond to community health needs.

1,955 schools have now been assisted as part of the Health Promoting Schools programme.

During 2008, 2,906 staff received training in the areas of brief intervention, smoking cessation, food and nutrition, physical activity, mental health promotion, men and women's health and advocacy. 1,462 staff members received accredited training in Applied Suicide Interventions Skills Training (ASIST), WHO Breastfeeding Programme, PAC Nutritional training for public health nurses.

People's opportunities for health are influenced by the social, cultural, economic and environmental conditions in which they live. Health Impact Assessments on the physical and social components of regeneration within Limerick city were undertaken during the year, focussing on early school leaving, absenteeism and truancy and physical regeneration in Southill, Ballincurra Weston and Myross and Youth Space in North and South of the city.

WHO European Union (EU) Growth Surveillance Initiative

Irish school children took part in the first phase of the WHO EU Growth Surveillance initiative in 2008 to collect, analyse, interpret and disseminate information for monitoring obesity within the WHO European region. 2,420 seven year old children had their height, weight and waist circumference measurements recorded (1,152 boys and 1,268 girls) and Body Mass Index (BMI) compared to international targets.

This report demonstrated high levels of overweight and obesity. By accepted standards, 73% of girls and 82% of boys were of normal BMI while 19% of girls and 13% of boys were overweight and 8% of girls and 5% of boys were obese. These gender differences were not significant for obese children but were significantly different for those children who were overweight. Twenty-three disadvantaged schools participated in the study, with no significant difference between height, weight, waist circumference or BMI for the children from these schools compared with other schools.



Preventative Medicine

Preventative medicine is another way of ensuring a healthy population. Our Immunisation Programme delivered the vaccine against influenza to protect older people. The rate of uptake for 2007/2008 for people over age of 65 years with a medical card was 61.7% (60.6% in 2006/2007 season). This is still some way

from the WHO target

of 75% but we continue to improve year-on-year. In protecting the health of our children, we commenced a new Childhood Immunisation Programme to introduce *Pneumococcal* and *Hepatitis B* vaccines:

- 88% of children received the *Measles Mumps Rubella (MMR)* vaccine by their 2nd birthday.
- 93% *Diphtheria Tetanus Pertussis (DPT)* national uptake rates were achieved for children by age two years.
- Ten (32%) Local Health Office (LHO) areas achieved 95% uptake for DPT and 89% for MMR. Longford/Westmeath, achieved 95% uptake.

In total, children now routinely receive vaccines to protect against 11 serious infectious diseases.



New Patient Centred Radiology Service, Arklow Primary Care Centre, Castlepark, Co. Wicklow

Left to right: Mary Heaslip, HSE Community Radiology Service Project Manager and Sabira Khatieb, Global Diagnostics Radiographer.

Self Harm and Suicide Prevention

Ireland's rate of youth suicide remains the fifth highest in the EU.

Due to timing of the coroner's inquest data reporting, suicide data is reported in arrears. Provisional data from the Central Statistics Office (CSO) shows that in 2007 there were 460 suicides. This is an increase of 51 on the previous year, which is partly due to changes in CSO reporting. The overall rate of suicide has reduced from a peak of 13.5 per 100,000 population in 2001 to 10.6 per 100,000 in 2007.

Self harm presentations at our hospital Emergency Departments (EDs) are collected by the National Suicide Research Foundation on behalf of the HSE. In 2007 there were 11,100 presentations by 8,600 individuals. This represents a 2% increase on 2006, halting the decreasing trend of previous years. 46% of all presentations were by people aged less than 30 years of age.

We also initiated:

- A HSE 'Your Mental Health' television and radio advertisement.
- Applied Suicide Intervention Skills Training (ASIST), a suicide awareness training programme for health and other professionals and community leaders. In 2008 over 130 workshops were held, training almost 3,000 participants. Since 2004, almost 550 workshops have been held, and more than 12,000 participants trained.

Early Diagnosis/Early Treatment

There are many examples of initiatives developed during the year that assist early diagnosis or early treatment for an illness or condition. These include:

- To assist early treatment to those presenting in hospital with deliberate self harm, we established new services in Portlaoise and Temple St. Hospitals, with specially trained liaison nurses employed to look after patients' needs.
- When an emergency collapse or cardiac arrest occurs, a speedy and effective response is required if the chances of a person's survival are to be maximised. A Cardiac First Responder Guide was launched in March and made available on www.hse.ie to provide information and advice to communities, councils and organisations who want to establish cardiac first responder programmes in their area.
- An Out of Hospital Cardiac Arrest Register pilot project commenced in HSE West with the intention to expand the project to support a national register by mid-2010. The project will enable analysis of survival/death rates, effects of interventions and monitoring quality of life following survival of an out of hospital cardiac arrest.
- Arklow Primary Care Team (PCT), Co. Wicklow can now provide x-ray and ultrasound for patients who live within a local area in partnership with Global Diagnostics Ireland Limited. All local GPs can use this facility. This service allows patients in the area to avail of the most up-to-date technology and for their GPs to receive a diagnostic report within just 24 hours.

- Policy proposal for neonatal screening for cystic fibrosis developed by the Expert Advisory Group for Children.
- The Pathology Department at Midlands Regional Hospital, Mullingar supports GPs in Longford and Westmeath to facilitate point of care testing programme in GP surgeries for Warfarin, and cardiac and diabetic risk instead of having to attend a hospital.
- Clinical guidelines for Diabetes developed by the Diabetes Expert Advisory Group were published in June.

Surveillance and Environmental Incident Control

Close surveillance of disease and illness, to ensure that we respond quickly and efficiently to any threats or outbreaks, continued during the year. The international outbreak of *Salmonella Agona* in July led to 163 cases across Europe, 11 of which were in Ireland.

Our environment health services were also involved in overseeing the national withdrawal of pork products implicated in the dioxin incident in December, provided advice on dealing with the highly publicised lead levels in Galway city water supply, and responded to 28 alerts relating to the use of banned ingredients in cosmetics.

Achievement Awards Winner

BETTER SERVICE CATEGORY

RECONFIGURATION, MAJOR CHANGES TO EXISTING APPROACHES

The X-PERT Programme in Ireland: A Structured Patient Education Programme for Adults with Type 2 Diabetes – Community Nutrition and Dietetic Service, Health Promotion Department, HSE South

The Community Nutrition and Dietetic Service in the HSE South was overall winner of the 2008 Achievement Awards, in recognition of their research and implementation of an evidence based structured patient education programme for adults with type 2 diabetes, the X-PERT Ireland programme. This is the first such education programme in Ireland with huge benefits for both patient and the health service. It was piloted in Charleville, Mallow and Skibbereen, Co. Cork with 48 patients to give them access to a qualified dietician and education programme on healthy lifestyles. As a result of the programme, there was no increase in patients' prescribed diabetes medication during the programme, consumption of fruit almost doubled from 33% to 63% and there was an average weight reduction of 2.5kgs. Nine out of 10 patients felt they became healthier during the programme.

Forty Community Dietitians have been trained as X-PERT Educators and are facilitating the roll out the programme (2008-2011).



Back row (left to right): Dr. Patrick Doorley, National Director of Population Health, Mr. Liam Downey, Chairman of the Board of the HSE.

Front row (left to right): Ms. Catherine Murphy, Assistant National Director of Population Health (Health Promotion), Ms. Yvonne O'Brien, Community Dietitian, Ms. Freda Horan, Community Dietitian Manager, Dr. Karen Harrington, Snr. Community Dietitian.





Leadership – WINNER: First Heart Safe Schools in Ireland, Resuscitation Training, Portiuncula Hospital, Galway. Left to right: Mary Lyons, Clinical Nurse Specialist, CPR Training and Helen Harney, Clinical Nurse Specialist.



Achievement Awards Winner

LEADERSHIP AWARD CATEGORY

First Heart Safe Schools in Ireland, Resuscitation Training, Portiuncula Hospital, Galway



Leadership is the key to successful achievements. The judges awarded this national award to an individual who showed personal and professional leadership with courage, resilience and inclusiveness in delivering a magnificent community response.

Helen Harney established the first Heart Safe School in Ireland and this has led to over 200 students and 81 teachers trained in

cardiopulmonary resuscitation (CPR) in the Ballinasloe area, Co. Galway. In addition 12 teachers have undergone Automatic External Defibrillator (AED) training, all of which is a major emergency resource to the local community. The Irish Heart Foundation has awarded the two Ballinasloe secondary schools (Ardscoil Mhuire and St. Joseph's College) the Heart Safe School award – a first for Ireland.

Sustainable Services – Services Delivered in 2008

2008 at a glance...

Over 12.6 million home help hours were provided to people in need (5% ahead of target).

Nearly 1.4 million people were eligible for medical cards.

23,092 people were in receipt of the Domiciliary Care Allowance.

€2.6 billion was spent on schemes (e.g. medical card, drug repayment, high tech, hardship, long-term illness, dental etc).

5,347 children were in care at the end of the year.

Over 16,000 admissions to mental health inpatient units.

1,154,004 people attended our Emergency Departments (ED) for assessment.

Approximately 75% of ED attendances did not require admission to hospital.

604,239 patients received inpatient treatment in our hospitals.

637,138 patients received treatment as a day case.

3,271,665 attendances were recorded in our hospital Outpatients Departments (OPD).

Introduction

In line with international best practice, we continued to reconfigure our hospitals and community services during 2008, to achieve our long-term objective of making sure we have **Sustainable Services** for future generations.

Each year we set out the actions required to work towards our long-term goals. This section of the report describes our progress against the annual National Service Plan 2008 (NSP 2008). Our performance against key targets for the year, measured against 2007 performance, is summarised in Appendix 2.

Services in our Community

We provide a wide range of services within a community setting, including services that are specific to older people, children, people with disabilities, people with mental health issues, end of life care, social inclusion and primary care. In line with our actions in the NSP 2008, progress within these care groups is reported in this chapter.

Primary Care Services

Primary care services are the first point of contact with our health services. General practice (GP) services continued to see an expansion in the number of contacts made out of hours. 920,132 contacts were made to the 13 out of hours services, nine of which provide 24-hour availability. This is up 11% on the 2007 figure.

Medical and GP Visit Cards

In 2008, there was a sharp rise in the number of medical cards issued, with 30% of the population now covered by the card – a 6% increase on the level of provision in 2007. 85,546 more GP visit cards were issued this year, or 13% more when compared to 2007. Prevailing economic conditions mean that this trend is likely to continue in 2009 as more people become eligible for these cards. This trend is consistent with patterns of growth on the Live Register, which saw an additional 121,000 people (70% increase) recorded as unemployed between 2007 and 2008.

	2006	2007	2008	% change 2006-2008
Medical card holders	1,221,695	1,276,181	1,352,120	+11%
GP visit card holders	51,761	75,589	85,546	+65%

Primary Care Reimbursement Service (PCRS)

PCRS is the largest central service provider in the health sector, with millions of transactions successfully delivered each year, 70 million in 2008. The total expenditure arising on the schemes administered by this service in 2008 was €2.5 billion, and will grow to an estimated €2.7 billion in 2009.

In addition to services provided under the Medical Card Scheme and the GP Visit Card Scheme, we administer a wide range of schemes including the Drugs Payment Scheme and the Long-Term Illness Scheme.

Primary Care Teams (PCTs)

PCTs provide a 'one-stop' approach. They provide a local entry point to all health and personal social care services such as GPs, physiotherapy, public health nursing, diagnostic services, support for chronic illnesses such as diabetes, asthma etc. and for planning of admission to, and discharge from, hospitals. When accessing the service, our patients and clients should have the confidence to know that their forward journey will be seamless and delay free.

In 2008, we took a step closer to achieving our goal of providing the majority of our services through PCTs, with each team supporting approximately 8,000 people. At the end of December 2008 there were 93 teams in place and holding clinical team meetings. There were also 298 new front line PCT clinical posts filled. Our target for 2009 is to have 210 teams operating, representing 40% of our overall total of planned teams. The number of PCTs holding clinical team meetings increased by 22% on the previous year.

In addition to the traditional core services provided by the PCTs, many additional innovative ways of providing services have been developed. For example:

- Wound Assessment Clinics have been established by the Skibbereen, Mizen and Dunmanway PCTs in Co. Cork. Clinics are held monthly in each community location, reducing the need for patients to travel to OPD appointments in the hospital.
- The Lifford and Castlefinn PCT in Donegal has established a dedicated diabetic clinic for patients with Type 2 Diabetes. The clinic is led by practice nurses and is supported by the local GPs as well as a comprehensive multidisciplinary team including a dietician, chiropodist and retinal eye screening service.
- Early pregnancy initiative in Ballymun PCT in Dublin provides information, counselling, support and medical services to young mothers.

Most of the initiatives have been developed after involving patients and listening to their views on services. This type of patient involvement is a key component of our strategy to match service to patient needs.

Children and Families

Services for children and families, provided directly by the HSE or by grant aided agencies, aim to promote and protect the health and wellbeing of children and families, particularly those at risk of abuse or neglect. We have a legal obligation to provide necessary care and welfare for children at risk, as set out in the *Child Care Act, 1991* and the *Children Act 2001*. The overarching policy direction comes from the United Nations Convention on the Rights of the Child, which Ireland ratified in 1992.

In December 2007 the Government launched the first ever national policy on children, *Agenda for Children's Services*. Our focus in 2008, and in the coming years, is on preventive, community-based services which provide early intervention. The development of high support, community-based services will, over time, bring a reduction in the numbers of children in residential and foster care.

The overall number of children in care at the end of 2008 is almost on par with 2007 (+0.2%). Of those in care, 375 (7%) are in residential care, with 89% in foster care arrangements, 3,227 with foster carers and 1,539 in foster care with relatives.

Developing Integrated Services

PULMONARY REHABILITATION PROGRAMME

Chronic obstructive pulmonary disease (COPD) is a chronic debilitating respiratory condition which results in breathlessness, frequent chest infections and a reduced exercise tolerance. COPD is a common cause of death and disability in Ireland and a frequent cause of emergency admissions to hospital to receive specialist medical management, oxygen and intravenous medication.

In North and South Lee, Cork, a Pulmonary Rehabilitation Programme for patients has commenced as part of a joint integration initiative between Cork University Hospital and community services in the city. The eight-week programme is delivered by a multidisciplinary team, led by the physiotherapist and the COPD nurse, and comprises education and supervised exercise. The Citizens' Advice Bureau is also involved with the programme, and advises on social welfare payments, issues surrounding medical cards, and general advice on coping financially and socially with the condition.

Although COPD is an irreversible disease, if it is well managed the rate of deterioration can be reduced and the quality of life of the patient can be improved. The number of hospital admissions is reduced, which, in turn, has numerous benefits, including less stress on the patient and hospital staff as well as substantial cost savings.

In association with the Irish Foster Care Association (IFCA), 'Focus on Fostering' week was launched 3-7 November 2008, with the theme 'Could you give a child a chance?' The week was held to raise awareness of fostering and to assist LHOs in recruiting foster carers. HSE Fostering Teams throughout the country work to recruit, assess, train and support foster parents to care for children and the IFCA is the national peer support organisation for foster parents in Ireland. The week was marked by a series of information sessions and events, organised by fostering teams across the country. Approximately 3,300 foster carers provided care to 4,500 children in 2008. Fostering is the main method used to provide children in care with a stable home environment.

Focus on...

The Bray Family Support Group supports family members of people with schizophrenic or psychotic illness. Relatives are provided with a supportive outlet where they can safely discuss care issues, share experiences and develop better coping strategies. Following a nine week course, supported by specialist mental health nursing staff working in the community, the group has now developed their own supportive network and meet monthly.

'Worried about a Child' is an information booklet developed for people to take the correct course of action if they have concerns about the welfare of a child or young person they know. The booklet will be launched in early 2009.

Multidimensional Treatment Foster Care (MTFC) is designed to provide treatment in a foster care setting for teenagers with challenging behaviour in the care of the HSE. This service has commenced in Laois/ Offaly (Treo Nua) and North Dublin. At the end of the year, two placements have been provided.

Online medical card application form for persons aged over 70 years was made available on www.hse.ie

A Sheltered Housing Scheme comprising 56 units opened in Glasnevin, Co. Dublin, providing sheltered housing for older people. This was achieved in partnership with FOLD and Dublin City Council.

To raise awareness of elder abuse, in partnership with Dublin South County Council and Age Action Ireland, the HSE Dublin Mid-Leinster Officer for Elder Abuse organised a special showing of the play 'Forgotten' by Pat Kinevane in the Civic Theatre, Tallaght, Dublin. The play revolves around the lives of three residents in a nursing home, reminiscing about their past. Following the play a panel of experts answered questions from the audience about issues raised in the play and wider issues relating to elder abuse. There was a significant increase in referrals to the senior case workers following the play, highlighting the importance the play had in raising staff awareness.

Childcare and families initiatives in 2008 include:

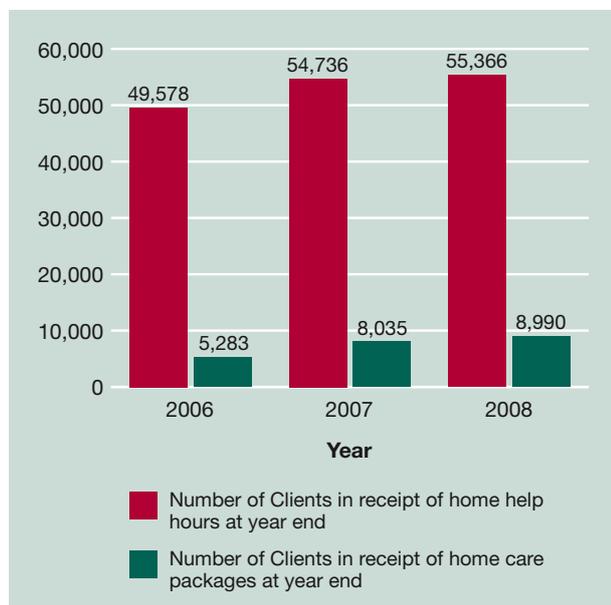
- Standardised national guidelines on care planning agreed and implemented following discussions with Health Information and Quality Authority (HIQA).
- In line with the *Criminal Evidence Act 1992*, a joint national protocol with An Garda Síochána has been agreed for interviewing children. Six staff have now been trained.
- Eight pilot teams established to implement the Teen Parent Support Programme.
- Standardisation of care processes implemented for pre-school, adoption, information and alternative care services.
- National recruitment campaign for professionally qualified social workers.
- National child care information system project initiated to improve the type and quality of data in relation to childcare services.

Older People

Services for older people can ensure independence and quality of life for older people by maintaining them in their own homes for as long as possible. In addition to exceeding targets for home help hours by 5% by the end of 2008, the HSE was providing 8,990 home care packages (public health nursing, home help, physiotherapy etc.) with approximately 11,987 people benefiting in 2008 (an additional 400 people compared to 2007). During 2008, 280,514 additional home help hours were also provided (total includes those provided through Home Care Packages). Additional community posts including nurses and therapists were put in place to support this increase in service provision as part of the development funding provided in 2008.

	2006	2007	2008	% change 2006-2008
Number of home help hours	11,430,570	12,351,088	12,631,602	+11%
Number of clients in receipt of home help hours at year end	49,578	54,736	55,366	+12%
Number of clients in receipt of home care packages at year end	5,283	8,035	8,990	+70%

Number of Clients in Receipt of Home Help Hours and Home Help Care Packages, 2006, 2007 and 2008



Pending government enactment of the legislation, significant progress was made in preparing for the implementation of the *Nursing Home Care Support Scheme – ‘A Fair Deal’*, including the development of a standardised assessment process.

Work also continued with regard to repaying long-term care charges, as set out in the *Health (Repayment Scheme) Act 2006*. The total number of applications received as at the 31 December was 34,784. The number of offers issued up to the end of 2008 was 19,281 and the total number of rejections issued for the same period was 12,937. By year end, 93% of applications have been processed.

Other initiatives progressed include:

- Increasing bed capacity** – Under the Public Fast Track Bed Initiative, 306 beds were open as of year end. A total of 157 Community Nursing Unit (CNU) beds came on stream during 2008, with a further 10 CNUs under construction or commencing construction during the year, which will provide 340 beds on completion. 200 contract beds in private nursing homes were purchased in early 2008. This allows increased access to residential care for older people.
- Supporting patients with dementia** – A new eight bedded Dementia Unit at St. Vincent’s Hospital, Mountmellick, Co. Laois opened in November 2008. This purpose built unit, costing €1.079 million, provides the highest level of quality care to patients with dementia from the Laois/Offaly area, including those under 65 years of age. The unit reduces the

Focus on...

A Transitional Programme for young people with significant disabilities was established in 2008 between the HSE and the Central Remedial Clinic, covering the three Dublin LHO areas in Dublin/ North East. This is a new three-year programme developed specifically for young school leavers with high-level support needs who, at this stage, do not meet the criteria for rehabilitative training and for whom the adult day service programme is inappropriate. The focus of the programme is on developing the individual’s skills towards greater independence. There are four young people with high needs participating and the programme will be reviewed over the three-year period.

National Service User Executive (NSUE) established to inform the health service and the Mental Health Commission on issues relating to user involvement and participation in planning, delivering, monitoring and evaluating services, launched their interactive website www.nsue.ie at the end of the year.

Over 60 nurses in Longford, Westmeath, Laois and Offaly received education and an assessment tools package to enable them to acquire the requisite skills to deliver comprehensive and holistic assessment to improve overall care for mental health service

users in a consistent and standardised approach.

In November we launched an information guide **The Journey Together** for families and friends who support people experiencing mental health problems.



need to admit persons with dementia to an acute hospital, as specialised care is provided. The unit also assists families to support their family member at home, where possible, as well as offering advice, support and training in caring for a person with dementia.

- **Elder Abuse** – A public awareness campaign on Elder Abuse commenced in November, supported by information leaflets and a dedicated section on the HSE website. The policy document *Responding to Allegations of Elder Abuse*, and a DVD, *Recognising and Responding to Elder Abuse in Residential Care Settings*, were distributed. A National Research Centre for the Protection of Older People opened in University College Dublin in October 2008.
- **Expansion of Teaghlach Model** – In 2008, the Expert Advisory Group on Older People recommended adopting the Teaghlach (household) Model of residential care. This requires the reorientation of residential care from the traditional institutional model to a more person centred one where the older person is actively involved in how their care is provided. Training for some staff took place in 2008 and a number of units in Cork and Louth have begun to implement the model.

Palliative Care

The aim of palliative care services is to achieve the best possible quality of life for our patients and their families when their disease is no longer responsive to treatment. This is achieved through the prevention and relief of suffering by means of early identification, assessment and treatment of pain and other problems.

Palliative care services are planned for and implemented in conjunction with voluntary organisations. The number of patients accessing home palliative care services each month during 2008 was 2,702 (monthly average).

Activity in all settings in 2008 exceeded the previous year's performance. A framework for the future development of palliative care services was completed:

- All HSE Areas carried out an up-to-date audit of service provision against the recommendations of the National Advisory Group Report (2001), in conjunction with the Area Palliative Care Development Committees.
- A set of key priorities for addressing gaps in service provision was formulated.
- Consultation was carried out with external stakeholders, in addition to their representation on the Area Development Committees.
- National framework priorities were identified for future development.

The report *Palliative Care for All – Integrating Palliative Care into Disease Management Frameworks* was launched in December. This report addresses the provision of palliative care services for non-malignant conditions.

Services for People with Disabilities

Services for people with disabilities are provided in a variety of community and residential settings in partnership with service users, their families and carers and a range of statutory, non-statutory, voluntary and community groups.

In partnership with service providers, guidance documents were developed which outlined the level of care which residential centres for people with disabilities should aspire to. A representative selection of residential services then participated in a self audit for compliance, which indicated that centres would achieve compliance within the next three years. A review of adult day services, sheltered work, rehabilitation training and day services was also undertaken.

Additional residential, respite, day and personal assistant services developed under the Multi-Annual Investment programmes were as follows:

- 186 new and 100 enhanced residential places
- 436 new and 33 enhanced day places
- 49 new and nine enhanced respite places.

	2006	2007	2008	% change 2006-2008
No. of children receiving Domiciliary Care Allowance (monthly average)	18,999	21,068	23,092	+22%

Part 2 Disability Act (2005)

During 2008 we continued to progress developments to meet our obligations under Part 2 of the Disability Act (2005), in relation to children under five years of age. A total of 2,535 applications were received for assessments and 1,562 were completed by end of December. Training in providing assessments in compliance with the Act was provided for clinicians in both HSE and voluntary agencies in approximately 40 centres. Additional speech and language therapists, occupational therapists, physiotherapists, psychologists and social workers were recruited to enhance existing multidisciplinary support services and in particular services to children under five. Early intervention services in Galway Local Health Office (LHO) were restructured into new Early Intervention teams which will provide assessment and ongoing interventions to all children with disabilities. Case managers were recruited to all 32 LHOs to support the assessment process.

As of end December 2008:

- 2,535 assessment requests were received.
- 2,333 assessments commenced in accordance with regulations.
- 1,766 commenced within timeline (within three months of receipt of completed application).
- 1,380 completed within timeline.
- 1,178 service statements were completed.
- 947 service statements were completed within timeline (within one month of the date that the assessment report is sent to liaison officer).

Information on the entitlements under the Act is available on www.hse.ie in easy to read format, in foreign languages and in audio format.

Mental Health

Mental health services are provided both in the community and the acute setting. In 2008 we continued to progress the recommendations of our national strategy, *A Vision for Change*. An Action Plan 2009-2013 was completed and concentrated on:

- Modernisation of mental health infrastructure – work progressed on the identification of infrastructural requirements, e.g. eight bed child and adolescent unit in St. Stephen's Hospital, Glanmire, Cork completed and a six bed adolescent inpatient unit completed at St. Vincent's Hospital, Dublin. Both of these are due to open in early 2009.
- Community Mental Health Teams (CMHT) – A number of additional CMHT began reconfiguration in 2008 from within existing resources. Work will be completed in early 2009.
- Catchment Area Definitions – Significant work was undertaken in each area to align PCTs and Health and Social Care Networks with mental health services.

Close working relationships are maintained with the National Office for Suicide Prevention. Mental health first time admission rates per 100,000 (27.4) and readmission rates (68.3) show a small decline over the 2007 position. This indicates positive movement towards our objective of increasing provision of care within communities, reducing the requirement for hospitalisation.

At the end of 2008, 47 Child and Adolescent Mental Health (CAMH) teams, which provide community-based, multidisciplinary, mental health support for under 18 year olds, were established. During 2008 inpatient capacity for these services included the following initiatives:

- Four additional beds at St. Anne's, Galway became operational on a needs basis.
- Planning permission was granted for a new 20 bedded unit in Galway.
- Work commenced on a 20 bedded unit at Bessboro, Cork, due for completion at the end of 2009. As an interim measure eight beds in St. Stephen's Hospital, Glanmire were commissioned.
- A six bedded adolescent unit completed at St. Vincent's, Fairview, Dublin.

Responding to demand, five additional beds were opened in December at the Central Mental Hospital, with 12 additional staff recruited.

Social Inclusion

Social inclusion services aim to improve access to mainstream health services, reduce inequalities in health and increase participation and involvement for socially excluded groups and local communities in the planning, design, delivery, monitoring and evaluation of health services. Developments in 2008 include:

- **Ethnic Minorities** – An advisory group was established to guide and oversee the implementation of the recommendations of the National Intercultural Health Strategy. These included the development of a multilingual "Aid Box" to overcome language barriers, an intercultural guide for staff on how to deal with the religious and cultural beliefs of ethnic minorities and the inclusion of an ethnic identifier field in the patient records in Temple Street Children's Hospital and the Rotunda Hospital in Dublin. Work on the ethnic identifier advanced in a number of other hospitals which will include this in their core data sets during 2009.
- **Ireland's Refugee Resettlement Programme** – Ireland is one of 22 countries worldwide that participates in the United Nations High Commission for Refugee Resettlement Programme. In 2008, the Government increased the numbers accepted annually from 10 cases to 200 persons. This quota includes immediate family members and dependent parents. We were central in delivering a comprehensive health and welfare service to programme refugees.
- **Adult Homelessness Services** – *'The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008-2013'* was published in August.
- **Travellers Health** – The *All Ireland Traveller Health Study*, commenced in October, will inform planning of services in the future. The study will analyse birth cohorts, morbidity and mortality of the traveller population.

Focus on...

Under the CLÁR programme, Conna Community Council Housing for Elderly Ltd. in Knockmourne, Co. Cork was provided with €99,000 for the development of the new Day Care Centre to accommodate more health care services for older people.

An information morning for traveller women entitled 'Meet the Midwife' was held at Mayo General Hospital in May. This information session was organised by the Department of Public Health Nursing, Mayo, the Maternity Division of Mayo General Hospital and the Mayo Traveller Support Group Primary Health Care Project for Travellers in Ballina. The morning provided Traveller women with an opportunity to meet with the team in maternity services in the hospital, and discuss topics such as health care during pregnancy, antenatal classes and breastfeeding support.

The publication of the Homeless Strategy "The Way Home – A Strategy to Address Adult Homelessness in Ireland 2008-2013" was published in August 2008.

A National Quality & Standards Benchmark (QUADS) to assess all addiction residential treatment and rehabilitation centres has been established.

- **RAPID** – A total of €4.6m was allocated to 120 projects across 32 RAPID areas. Each project received an amount of €100,000 to target services to those aged 65 and over, living in disadvantaged urban areas. The funding is equally divided between the HSE and the Department of Community Rural and Gaeltacht Affairs.
- **CLÁR** – A total of 31 CLÁR projects were sanctioned in 2008 with a total cost of €9 million. The HSE funded €6m and the Department of Community, Rural and Gaeltacht Affairs, €3m. The projects focused on the refurbishment and improvement of health centres, day services and transport provision within local communities in rural areas.

- **Addiction Services** – There was a significant increase in the provision of methadone treatment in 2008, with an increase of 453 in the number of clients receiving methadone, up from 9,760 in 2007 to 10,213 in 2008. This far exceeds the target set for HSE in the *National Drugs Strategy 2001-2008* at 6,500 places. The number of GPs prescribing methadone increased from 247 in 2007 to 274 in 2008, and the number of community pharmacists dispensing methadone increased from 427 in 2007 to 496 in 2008.
- **Drugs Rehabilitation Report** – The National Drugs Rehabilitation Committee was established and a national senior drugs co-ordinator has been appointed.
- **Adult Homeless Services** – Over €34m revenue funding was provided to ensure that projects funded from capital developments within the Department of Environment, Heritage and Local Government opened in 2008.

Acute Hospital Services

Our 50 acute hospitals, which are organised into eight Hospital Groups, provide a comprehensive range of assessment, diagnosis, treatment and rehabilitation services locally, regionally or nationally.

Reviewing Our Acute Hospital Services

The need to reorganise hospital services has been identified and is a key objective in our Corporate Plan. The trend internationally is to ensure that acute hospitals serve certain minimum catchment populations in order to provide the spectrum of acute care needed to deal with emergency and acutely ill patients. Hospitals and Community Services need to work together in a co-ordinated way.

Decisions regarding the operation and configuration of services are supported by evidence and objective service reviews. These reviews are an essential component of planning for sustainable services in the future, benchmarking existing services against international best practice, and making recommendations on how we should organise our services, taking account of clinical practice, emerging clinical trends and emerging technology. A number of reviews were conducted in 2008, including:

- **Paediatric Critical Care** – to advise on the immediate urgent requirements needed and the development of paediatric critical care facilities and services in the Dublin Children's Hospitals prior to the completion of the National Paediatric Hospital.

- **Maternity Services in the Greater Dublin Area** – an independent review of the provision of maternity and gynaecology care services in the Greater Dublin Area, to consider the best configuration of hospital, primary and community maternity and gynaecology services.
- **Paediatric Neurosurgery** – to consider the configuration of the service as it is delivered within the existing hospital structure, and in the lead up to the eventual provision of all paediatric neurosurgery in the National Paediatric Hospital.
- **Adult Critical Care** – a review of adult critical care services in Ireland.
- **Services in HSE Mid-West** – to examine the optimum configuration of acute hospital services, primary, community and continuing care services and associated staff/supports for the Mid-West.
- **Services in HSE South** – a review of acute hospital services in Cork and Kerry, with a view to developing acute health care which minimises risk to patients and will be in line with best international practice and national policy. This has also been expanded to include primary, community and continuing care services.

Acute Service Activity

The NSP 2008 outlined our strategic objective of shifting the balance of activity to delivering significantly more day case procedures, while at the same time reducing the activity ratio of inpatient to day case procedures.

Research indicates that many patients prefer treatment to be provided on a day case basis, thus avoiding the need for a hospital admission. In 2008, we provided 8% more day case activity than in 2007, resulting in 1.6% fewer patients requiring hospitalisation for their procedures. Additionally, day case treatment is more cost effective. For example, the average cost of an inpatient admission in a large hospital is €5,300 compared to a day case cost of €670.

Overall, we have provided a total of 36,000 more inpatient and day case hospital treatments compared to 2007.

Acute Bed Capacity and Bed Utilisation Reviews

The findings of the *Acute Bed Capacity and 2007/2009 National Bed Utilisation Reviews* continued to inform efficiency improvements implemented throughout the second half of 2008. The second *National Bed Utilisation Review* was carried out in 36 hospitals and is being used as a benchmark against the earlier survey in 2007. Based on the information from the reviews, emphasis is being placed on the reorientation of services in favour of day case activity, reductions in average lengths of stay through improving discharge planning, and other initiatives such as surgical pre-assessment clinics.

New Consultant Contract

The new Consultant Contract, implemented during the year, introduced a range of reforms that benefit patients, assist in the development of a consultant-provided service and ensure that maximum value for money is obtained from the investment in existing and additional consultant posts. Additional information on the contract can be found on page 45.

New National Paediatric Hospital

The Development Board for the National Paediatric Hospital has established its headquarters based in Dublin. The Board progressed the appointment of a chief officer, a finance officer and a medical director during the year. They appointed a Business Service Team in July to embark on the development of the design brief and to play a key role in the implementation of the Board's plans. The transfer of ownership of the designated site for the new hospital to the HSE was completed.

	2005	2006	2007	2008	% change 2005-2008
Inpatient discharges	575,476	592,253	614,196	604,239	+5%
Day case	512,034	558,813	590,672	637,138	+24%
Outpatient attendances	2,601,950	2,878,260	3,025,300	3,271,665	+26%
ED attendances	1,099,139	1,111,938	1,149,103	1,154,004	+5%
Births	58,489	62,740	70,077	73,815	+26%



Dr. Michael Geary, Master of the Rotunda; Ann Doherty, National Director of the National Hospitals Office, HSE and Dr. Mairead Varley from the Early Pregnancy Unit at the opening of the Early Pregnancy unit at the Rotunda Hospital.

Hospital Group Highlights

HSE South

Southern Hospitals Group

- 24 of the 35 bays in the new Day Procedures Unit of Cork University Hospital (CUH) are operational. Pre-admission assessment commenced for all surgical day cases.
- The Emergency Department (ED) at Mercy University Hospital, Cork opened on a phased basis in December.
- The recruitment of essential staff to facilitate the opening of Cork University Maternity Hospital (CUMH) gynaecology theatre in early 2009.

- In February, doctors at CUH performed the first coiling procedure (a procedure to treat a bleed in the brain) outside Beaumont Hospital, Dublin, the National Neurosciences Centre for Ireland.
- In October, the first Advanced Nurse Practitioner (ANP) in colorectal nursing was accredited in CUH. This is a first in this specialty for the nursing profession in Ireland.

South Eastern Hospitals Group

- A regional cardiac catheterisation service was established at Waterford Regional Hospital in May.
- The Acute Stroke Unit, St. Luke's Hospital, Kilkenny became operational in September.
- A dedicated Stroke Area was established within the Medical Department at South Tipperary General Hospital.

HSE South Hospitals

South Eastern Hospitals Group

- Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny
- South Tipperary General Hospital, Clonmel
- St. Luke's General Hospital, Kilkenny
- Waterford Regional Hospital, Ardkeen
- Wexford General Hospital

Southern Hospitals Group

- Bantry General Hospital
- Cork University Hospital
- Kerry General Hospital
- Mallow General Hospital
- Mercy University Hospital, Cork
- South Infirmary/Victoria Hospital, Cork
- St. Mary's Orthopaedic Hospital, Gurrabraher, Cork



Dr. Paul Oslizlok, President of the Irish Hospital Consultants Association and Consultant Cardiologist, Our Lady's Hospital for Children, Crumlin at the signing of the new Consultant Contract 2008 with Professor Brendan Drumm, CEO of the HSE.

HSE West

Western Hospitals Group

- A new symptomatic breast service unit at University College Hospital Galway (UCHG) opened in June 2008, offering newly developed accommodation and facilities for this service.
- The successful transfer of breast cancer surgical services from Mayo General Hospital to UCHG took place in November 2008. A clinical nurse specialist (CNS) from Mayo now travels one day a week to Galway to work as part of the multidisciplinary team.
- Bariatric surgery commenced at UCHG in 2008 as part of the obesity service, with 15 gastric banding surgeries being carried out in 2008.

- An Acute Assessment Unit developed at Sligo General Hospital to improve patient access, opened in July 2008.
- A consultant neurologist commenced in Sligo General Hospital in January 2008.

Mid-Western Hospitals Group

- A consultant neurologist commenced work in Limerick Regional Hospital in January.
- Planning permission for Limerick Satellite Renal Dialysis Unit received in June 2008 and commissioning of unit scheduled for early 2009.
- The Blood Transfusion Laboratory at the Mid-Western Regional Hospital Limerick attained INAB Accreditation status ISO/IEC 15189:2007 in December 2008.

HSE West Hospitals

Western Hospitals Group

- Letterkenny General Hospital
- Mayo General Hospital, Castlebar
- Portiuncula Hospital, Ballinasloe
- Roscommon County Hospital
- Sligo General Hospital
- University College Hospital, Galway
- Merlin Park Regional Hospital, Galway

Mid-Western Hospitals Group

- Ennis General Hospital
- Nenagh General Hospital
- Regional Hospital, (Dooradoyle) Limerick
- Regional Maternity Hospital (Limerick)
- Regional Orthopaedic Hospital (Croom)
- St. John's Hospital, Limerick

HSE Dublin North East

North Eastern Hospitals Group

- Detailed project planning for the NE Transformation programme continued during 2008. In April, the Draft Interim Detailed Plan was completed. This Interim Report focused on the key service changes in Cavan-Monaghan and some of the initial changes in Louth-Meath. Developments in furtherance of the NE Transformation programme included the following:
 - An interim Medical Assessment Unit in Our Lady's Hospital, Navan opened in December 2008.
 - An Ambulatory Lounge opened at Our Lady of Lourdes (OLOL) Hospital, Drogheda in December 2008.
 - A new oncology building at OLOL Hospital, Drogheda opened in July 2008.
 - New modular theatres opened at Louth County Hospital, Dundalk in August 2008.
 - A CT scanner five-day service was established at Louth County Hospital, Dundalk.
 - The laboratory in Cavan General Hospital secured full accreditation from Clinical Pathology Accreditation (UK) in December 2008.

Dublin North Hospitals Group

- A second MRI Scanner became operational in Beaumont Hospital.
- The transfer of paediatric neurosurgery to Children's University Hospital commenced.
- A Bacterial Isolation Unit was commissioned in the Mater Hospital.
- New Early Pregnancy Unit at the Rotunda Hospital.
- New patient reception area was completed for the Rotunda Hospital.
- Connolly Hospital secured full accreditation for its laboratory.

HSE Dublin Mid-Leinster

Dublin Midlands Hospitals Group

- The new Midland Regional Hospital, Tullamore became operational on a phased basis during 2008. From December all clinical services, with the exception of laboratory services, are provided from the new purpose built hospital which has 320 beds.
- The new ED at the Midland Regional Hospital, Portlaoise opened in December 2008. The opening of the new ED has facilitated the introduction of a nurse-led triage system for assessment of patients presenting at the department.
- Recruitment of essential personnel to support the increase in births at Coombe Hospital, Dublin.
- Commissioning of a Sexual Assault Treatment Unit (SATU) in Mullingar was completed.
- National recruitment campaign and training programme for doctors commenced with a GP certificate course in January.

Dublin South Hospitals Group

- Recruitment of essential personnel to support increase in birth activity at the National Maternity Hospital, Dublin.
- First phase of interim capital works at the National Maternity Hospital commenced.
- Preparatory works undertaken for first public sector PET scanner at St. James's Hospital.
- Appointment of an additional consultant neurophysiologist progressed at St. James's Hospital.

HSE Dublin North East Hospitals

North Eastern Hospitals Group

- Cavan General Hospital
- Monaghan General Hospital
- Louth County Hospital, Dundalk
- Our Lady of Lourdes Hospital, Drogheda
- Our Lady's Hospital, Navan

Dublin North Hospitals Group

- Beaumont Hospital, Dublin
- Cappagh Orthopaedic Hospital, Dublin
- Connolly Hospital, Blanchardstown, Dublin
- Mater Misericordiae Hospital, Dublin
- Rotunda Hospital, Dublin
- Children's University Hospital, Temple Street Hospital

Pre-Hospital Emergency Care

Our National Ambulance Service is responsible for the provision of pre-hospital emergency care and ambulance services throughout the country. During 2008 the key focus was on increasing the level of clinical effectiveness and developing an integrated response as part of the acute hospitals reconfiguration programme. As part of this process, additional advanced paramedics were trained and assigned, particularly to the North East and Mid-West Network areas, to enhance the level of pre-hospital emergency care services delivered. During 2009, an intermediate care service will be introduced to replace the use of emergency service paramedics and vehicles for non-urgent inter hospital transfers, discharges and other non-urgent calls. This will enable the emergency fleet and staff to focus on the core service of providing pre-hospital emergency care, which is aligned to our broader reconfiguration objectives.

	2006	2007	2008	% change 2006-2008
Emergency Calls	197,046	208,039	210,785	+7%
Urgent Calls	63,196	62,959	61,852	-2%
Non-Urgent Calls	246,538	209,421	186,680	-24%
Community Transport	398,123	432,053	401,477	+1%

Focus on...

An analysis of pre-hospital emergency care was completed for a number of areas. This will enable the strategic deployment of resources to the best advantage. In particular, the key results will serve to improve response times.

Working with the Northern Ireland Ambulance Service on cross border cooperation under the auspices of CAWT (Cooperation And Working Together), memoranda of understanding were developed for “Provision of Mass Casualty Mutual Aid” and “Provision of Assistance in the Management and Resourcing of Emergency and Urgent Calls”. Once approved, these will provide the basis for a planned North South inter agency response in the event of a major emergency.

Local Implementation Teams are working across the acute and primary care sectors addressing the use of hospitals beds. Key improvements, noted in the repeat bed utilisation study undertaken during 2008, are informing the specific actions being taken within each hospital.

The Carlow-Kilkenny Champions for Older People Team was short listed for the 2008 Inside Government National Innovation Awards. The initiative includes staff and management from St. Luke’s Hospital, Kilkenny, Carlow-Kilkenny Area Community Services team, older people representatives and representatives of Age Action Ireland, the Alzheimer’s Society of Ireland, the Federation of Active Retirement Associations and the Citizen’s Information Board. The aim of the team is to promote the health care interests of older people in order to improve services and ensure that older people have access to information about local services and plans. Information days have been held on Healthy Ageing, Falls Prevention and Bone Health, and Bladder Awareness.

In 2008 a Framework for the National Diabetic Retinopathy Screening Programme was developed and published. This programme will commence in HSE West in 2009.

HSE Dublin Mid-Leinster Hospitals

Dublin Midlands Hospitals Group

- Adelaide and Meath Hospital Incorporating the National Children’s Hospital, Tallaght, Dublin
- Coombe Women’s Hospital, Dublin
- Longford/Westmeath Regional Hospital, Mullingar
- Midland Regional Hospital, Portlaoise
- Midland Regional Hospital, Tullamore
- Naas General Hospital
- Our Lady’s Hospital for Sick Children

Dublin South Hospitals Group

- National Maternity Hospital, Holles St., Dublin
- Royal Victoria Eye and Ear Hospital, Dublin
- St. Columcille’s Hospital, Loughlinstown, Dublin
- St. James’s Hospital, Dublin
- St. Luke’s Hospital, Dublin
- St. Michael’s Hospital Dun Laoghaire, Dublin
- St. Vincent’s Hospital Elm Park, Dublin



Minister for Transport Mr. Noel Dempsey TD at the launch of the Marine Ambulance Response Team with Emergency Ambulance Paramedics (left to right): Lawrence Kenna, Willie Howard, Paul Butler, Caolan O’Cinnéide and John Byrne.

The reconfiguration of the Command and Control Centres continued in 2008, with a further reduction in the number from 14 to 11. The programme will continue in 2009, with the aim of reducing to four by end of 2010.

Interagency Emergency Management

Following several table-top and live exercises held in regions across the country, on the 30 September all principal response agencies (Garda Divisions, Local Authorities and HSE Areas) transferred to the new Major Emergency Plan which is based on an agreed inter-agency framework.

To support us in responding swiftly and efficiently to major emergencies, an SMS alert and activation system has been developed for regional and national crisis management teams. Progress has also been made on the adoption of standard templates for major emergency plans across the organisation.

Irish Coast Guard/HSE Marine Ambulance Response Team

A new Marine Ambulance Response Team (MART) was established in March 2008 which will provide experienced, well-equipped, self-sufficient pre-hospital care at major marine incidents nationwide. This is the first team of its kind in the country. The Irish Coast Guard will coordinate the activities of the MART.

Frank McClintock, Head of the HSE National Ambulance Service said: *“This is a very significant development for the HSE National Ambulance Service. We are delighted to be working so closely with our colleagues in the Coastguard and as a result able to provide a vitally important new service. It demonstrates our commitment to the expansion and development of the service we provide to the public. Our paramedics providing this service will be able to triage patients and initiate advanced life support on board, meaning that patients will start treatment before they reach hospital – part of the overall HSE commitment to developing pre hospital emergency services. This is the first of a number of MART teams that we are developing across the country.”*

National Cancer Control Programme (NCCP)

The National Cancer Strategy – *A Strategy for Cancer Control in Ireland, 2006* recommended establishing a National Cancer Control Programme with four Cancer Control Networks, each with two Cancer Centres delivering high volume specialised cancer (oncology) surgery with equitable access to all other cancer treatments based on population needs. This recommendation was made in order to improve cancer patient outcomes, which according to the National Cancer Registry data, are generally lower in Ireland than in the rest of Europe.

Significant progress was made in 2008, consolidating the eight dedicated cancer centres within the following hospitals:

- Beaumont Hospital and Mater Misericordiae University Hospital, HSE Dublin North East
- St. James's Hospital and St. Vincent's University Hospital, HSE Dublin Mid-Leinster
- Cork University Hospital and Waterford Regional Hospital, HSE South, and
- University College Hospital, Galway and Limerick Regional Hospital, HSE West.

Centralising breast cancer diagnosis and surgery in the eight designated centres was a priority focus for 2008. Achieving the goal of 90% of cases having diagnosis and cancer surgery in these centres has been progressed through a carefully planned programme for transition of services and follow up review. In June 2007 cancer surgery was carried out in 32 hospitals within Ireland, by December 2008 this had reduced to 11 hospitals. Full transfer into the eight centres is planned for late spring 2009.

Some patients have encountered difficulties as a result of centralisation of Cancer Services. In 2008, the NCCP made funding available for a patient transport scheme which was administered by the Irish Cancer Society.

Progress was also achieved on the National Plan for Radiation Oncology (NPRO), with the objective of achieving a national network for radiation oncology services. This included:

- Completion of the procurement and appointment process for the Phase 1 radiation oncology facilities on the sites of Beaumont and St. James's Hospitals, Dublin.
- Clinical, technical, design, construction, facilities management, legal and technical work streams established to support the Public Private Partnership (PPP) process.
- Recruitment of consultants and other specialist staff in line with workforce planning.
- Physicist training programme established and application made for accreditation.
- Expansion of the radiation oncology specialist registrar scheme.

Developing Integrated Services

COMMUNITY ONCOLOGY (Cancer)

Good cancer control requires that all parts of the health system work in a co-ordinated way to provide comprehensive patient care from prevention to referral and diagnosis, treatment, follow-up, rehabilitation and support and palliative care.

A division of Community Oncology was established as part of the Transformation Programme with the role of actively involving primary care health professionals in the appropriate care of patients with cancer, at risk of cancer or with a history of cancer. The key elements of the Community Oncology division include:

- *Active involvement of GPs in the cancer service.*
- *Active involvement of the wider Primary Care Teams.*
- *Development and implementation of guidelines of care.*
- *Facilitating integrated care for patients, e.g. online referral, better coordination and communication.*
- *Developing rehabilitation and support plans.*
- *Prioritising the delivery of preventive services, e.g. smoking cessation in Primary Care.*

Work commenced in 2008 to identify seven fully functioning PCTs to work in an integrated manner with the nearest designated cancer centre for an identified cohort of patients that come under the care of the PCT. It is intended that there will be close liaison with the relevant designated cancer centre and the PCT, this integration being enabled and supported by way of an identified acute services clinical nurse specialist/cancer nurse co-ordinator acting as key worker for this cohort of patients to ensure integrated and continuing care. Clinical team meetings will provide the medium where such cases can be discussed and integrated care plans formulated or revised as appropriate.

Improving Patient Outcomes

Evidence shows that patients derive more benefit when the expertise that is necessary to treat cancer patients is concentrated in specialist centres. It indicates that a centre doing complex cancer care at high volume has better outcomes than a centre that is doing it intermittently. Cancer treatment is a complex process where the diagnosis, assessment, radiological investigation, surgical treatment, chemotherapy and radiation treatment all have to be integrated. This can only be achieved successfully through concentrating clinical leadership and resources in specialist cancer centres. While this approach is not always the easy or most popular option, it is the best option for patients to ensure we deliver safer, quality cancer care. Patients will benefit by having a higher chance of survival and by living longer with cancer. Additional resources and staff have been put in place to deliver specialised breast cancer treatment within the eight centres.

During 2008, a Community Oncology office was established to work with the Irish College of General Practitioners (ICGP) to train and educate GPs in oncology and enhance nursing capability in oncology care within communities and primary care teams. Given that a huge component of improving cancer care rests with early diagnosis and appropriate referral, the successful development of this programme is a key strategic initiative for the NCCP.

Achievement Awards Winner

BETTER SERVICE CATEGORY

ADOPTING AND ADAPTING GOOD PRACTICE

Cork University Hospital (CUH) – Radiation Therapist-Led Review Clinics in Radiation Therapy

Patients undergoing radiation therapy experience side effects which are monitored daily by a radiation therapist and weekly by a medical team. CUH has introduced two new weekly radiation review clinics which are managed by seven radiation therapists who have undergone additional training. This has removed 40% of the workload from the medical team, freeing them to see more patients and undertake more urgent reviews. This new development has led to an increase in the average time spent with a patient; a reduction in clinic waiting times for patients; an increase in referral rates to other medical services and an increase in teamwork in the department.



Larry Walsh, Director, National Health Services Partnership Forum; Louise Hallissey, Radiation Therapist; Derry Little, Radiotherapy Service Manager and Professor Brendan Drumm, CEO of the HSE.



Trust and Confidence – Improving Access to Our Services

The provision of timely, well integrated, professional and accessible services is essential to build **Trust and Confidence** in our services. There is a need to continue to build on work started in previous years to address improved access to a range of services, including ensuring that some essential services are accessible outside of 'normal' working hours.

We are also very conscious of the need to reduce the time people wait for services, wherever possible. While there is some progress in this area, there are still many people waiting more than the target time we have set for certain services, including inpatient and day care.

Emergency Departments (ED)

Although confined to a small number of hospitals, ED admission wait numbers are higher compared to 2007. ED admission wait numbers started to increase mid-summer and were significantly higher in the last quarter of 2008. The target during 2008 was that no patient would wait more than 12 hours from decision to admit. On average, each day 43 patients waited for a hospital bed more than 12 hours from decision to admit (up from 31 in 2007). The rates are highest at the start of the week, between Monday and Wednesday.

To allow for admission to our limited supply of inpatient beds, discharges have to be managed efficiently. An analysis of admission streams and discharge routes across a week showed that on a Monday, ED attendances are at their highest, planned (elective) admission rates are high and GP referrals have resumed after the weekend. This places significant pressure on the hospital system in the earliest part of the week. On average, approximately 28% of admissions can be planned for, with the remaining 72% of emergency presentations coming from a variety of sources other than EDs (e.g. outpatients department (OPD), direct presentation to wards, inter-hospital transfers etc.)

In 2009, the measure of hospital effectiveness in dealing with emergency presentations will concentrate on the average time that all patients experience from registration at the front desk to discharge from the ED.

Winter Initiative

The Winter Initiative, established in July 2006, addresses the difficulties which occur in hospitals throughout the country, particularly in the winter months. Its primary goal is to reduce waiting times in EDs by helping to develop services that avoid the need for individuals to go to hospital and by focusing on improving our internal hospital processes, thus generating greater capacity and making them more efficient for patients and their families. Since establishment, the initiative has concentrated on:

2008 at a glance...

920,132 contacts were made to GPs outside of normal working hours (average of 2,500 per day).

There was a slight decrease in emergency admissions compared to 2007 (0.5%).

For patients not requiring admission, most patients are discharged within six hours of arrival to an ED.

On average, 43 patients each day across the country wait more than 12 hours from decision to admit for a hospital bed.

Our acute hospitals have an 86%-90% occupancy rate.

The average length of stay people are in hospital is decreasing in most hospitals.

We have 111 advanced paramedics working in pre-hospital care services.

- Promotion and prevention
- Hospital avoidance
- Capacity
- Processes – e.g. integrated discharge planning, increased usage of day surgery and access to diagnostics.

Progress in 2008:

- The average length of stay and bed days used is decreasing in many hospitals (average of 6.2 days in 2008).
- A 24% increase in calls to D-Doc (GP Cooperative) with 81,277 contacts made in 2008 compared to 65,513 in 2007.
- There were 7,360 visits to the Rapid Access Clinic at Smithfield in Dublin, 94% of which were GP referrals. Uptake of service exceeded target by 97% (7,360 against a target of 3,744). The project sees approximately 600 elderly public patients a month and appointments are provided within 3 days of a GP referral. An evaluation estimated that hospital admission was avoided in 42% of cases.
- Day case activity has moved from 49.4% of total inpatient and day case volumes at the end of December 2007 to 51.3% at end December 2008.
- Increased bed capacity in community, with 306 additional beds provided under Fast Track beds initiative.

Focus on...

The National Strategy for Service User Involvement was launched in May 2008 by the Minister for Health and Children and the CEO and has been endorsed by the Patient Safety Commission. It has been widely welcomed by patient advocacy groups who contributed to its development. A group comprising representatives of the statutory and voluntary sectors, DoHC, Partnership, patient advocates and service users has been tasked with overseeing its implementation. The first meeting of this group took place in November 2008.

Working in partnership with The Combat Poverty Agency, a joint funding initiative designed to support and enable disadvantaged communities and groups to participate in local PCTs and networks was established. Fifteen projects throughout the country have been funded. The projects are designed to develop and support community representation, to develop joint working plans between the HSE and community groups and to provide training and support for PCTs on community participation.

Adelaide and Meath incorporating National Children's Hospital (AMNCH) established a Community Intervention Team (CIT) and has established links for a community intravenous (IV) initiative in Longford.

The Midland Division is the first Division of the National Ambulance Service to introduce a policy giving the highest priority for response to acute stroke patients. All paramedic staff have been trained to rapidly recognise stroke symptoms. When patients are identified by paramedics using the Face-Arm-Speech Test (FAST) as having a possible acute stroke, the Emergency Medical Controller will contact the receiving Emergency Department ahead of their arrival to alert staff of the incoming stroke patient and their FAST positive status so as to facilitate fast-tracked assessment and treatment initiation upon arrival.

The NTPF launched its bi-annual Patient Treatment Register Report in November 2008. The report indicated that:

- *44 out of 50 hospitals are now submitting waiting list data to the register.*
- *The national median wait time is at its lowest of 2.9 months.*
- *1,846 patients (12% of total number waiting) were waiting over 12 months for surgery, with 35% of those patients waiting in two hospitals.*
- *3,620 patients wait over 3 months for diagnostic scopes, with 47% of those patients waiting in three hospitals.*

- Increased community support:
 - Some 8,990 people in receipt of Home Care Packages (HCP) at end of 2008.
 - Four Community Intervention Teams (CITs) have been established in Limerick, Cork and Dublin. Plans were announced late in 2008 for the expansion of the North Dublin CIT, providing hospital avoidance or early discharge services in the community, to cover the whole of the north county Dublin and Drogheda area. In 2008, the four CITs provided services to 5,924 patients, with three of the teams running at substantially over their targets for numbers of patients treated in 2008.
 - Intravenous (IV) Therapy in Community Nursing Units – reduces need to transfer elderly people to hospital to receive IV fluid administration and antibiotic therapy. Four sites piloted in 2008, with over 1,000 nurses receiving education and training.
- Hospital Networks are implementing initiatives to improve GP access to hospital diagnostics in various ways, including increasing the availability of slots for urgent GP referrals, and ring-fencing consultants' time for dedicated community diagnostics. Examples of initiatives include all hospitals in the Dublin Midland Hospital Group operating direct GP access to radiology diagnostics on an ongoing basis and support to GPs in Longford and Westmeath provided by the Midland Regional Hospital Mullingar Pathology Department for primary care-based point of care testing programmes for cardiac, diabetic risk and Warfarin.
- Local Implementation Teams continued to work across the acute and primary sectors.
- Integrated Planning Workshops were held to launch the Code of Practice for Integrated Discharge.

Code of Practice for Integrated Discharge Planning

Significant emphasis was placed on improving processes to ensure that all available capacity and resources are used as efficiently as possible. Within our hospital system, there are a variety of contributory factors to patients remaining in acute hospitals for longer than they need to.

The development and implementation of a *Code of Practice for Integrated Discharge Planning* seeks to address those factors. Based on international best practice and in consultation with a significant number of clinicians and other stakeholders, the Code of Practice was launched in November 2008 and provides a standards-based framework to ensure:

- That all patients will have a treatment plan and an expected date of discharge/estimated length of stay within 24 hours of arrival into hospital.
- That the expected date of discharge is proactively managed against the treatment plan on a daily basis and changes communicated to the patient.
- That ward rounds are scheduled in a way that facilitates appropriate and timely clinical review of all patients and efficient care processes.
- The immediate introduction of a discharge summary which will be available to all patients and other relevant personnel such as GPs and Pharmacists, once the patient is deemed fit to leave hospital.
- Discharges should take place on Saturdays and Sundays at the same level as on other days of the week.
- That nurses play a more central role in discharging patients from hospital once criteria set out by medical staff are met.

Outpatient Departments (OPD)

Another area where improvements on efficiencies can be achieved is in our hospitals' outpatients departments (OPDs). Each year, there are over 3 million attendances at OPDs. These departments perform an important function for patients and communities by providing a vital link with primary care, diagnostic services and access to hospital treatments. In 2008, a National OPD Service Improvement Programme which aims to ensure the effective management and operation of OPD services nationally was commenced. The service improvement programme elements include:

- The development of a National OPD Framework that outlines all the best practice elements of outpatient's operational management. This framework is based on international standards and, following consultation, implementation commenced in 2008. The framework outlines what standard approaches hospitals should have to issues such as referrals, appointment scheduling, the management of people who did not attend their appointments (DNAs), clinic scheduling, waiting list management, developing GP links with OPDs and managing the patient's experience of OPD.
- A series of appropriate OPD targets on issues such as waiting times for an OPD consultation, the number of new OPD appointments that should be provided by hospitals and targets to reduce patients who do not attend for their appointment have been developed. In each of these cases, the targets focus on the patient's experience of outpatient access and quality of service.

Initiatives that Improve Access

ST. VINCENT'S HOSPITAL – HEART FAILURE CLINICAL INITIATIVE, LINKING WITH GENERAL PRACTICE

The prevalence of heart failure (HF) is increasing in Ireland, as elsewhere. This increase is due to an ageing population, improved survival rates following a heart attack, poor population control of hypertension and other metabolic factors. Current data suggests up to 4% of the general Irish population could suffer from symptomatic heart failure.

In conjunction with 50 GPs within its catchment area, St. Vincent's Hospital, Dublin commenced the SPIRIT-HF initiative. This model is based on the need to promote rapid access for new onset HF patients, establish protocols for regular clinical review in primary care in conjunction with annual specialist review, and set up emergency response for clinical deterioration. Our aim is to get evidence-based therapy into practice in order to halve admission rates for new and stable community HF patients, reduce length of stay if they have to be admitted, reduce direct costs while improving GP management of the disease, and achieve improved equity of access. By the end of 2008 the following was achieved:

- *Rapid Access for New Onset Heart Failure established, resulting in immediate access to echocardiography and reversal of inaccurate community diagnosis by 40%. Annual readmission rates reduced from anticipated 15% to 3%.*
- *Reduction of re-admission rates in those with stable HF. The ratio of new to recurrent admissions is normally 33%:66%. This has been reversed to 66% new and 33% recurrent, which means reduced readmission of patients with established heart failure.*
- *Length of stay has been reduced by 25%, with planned further reduction of 20%.*
- *Reduction in the direct costs of care. In relation to the New Diagnostic Module, it is estimated that with improved diagnostic accuracy, a reduction in death rates and specifically reduced hospitalisation has achieved a saving of €143,000 per year and, based on the reduced length of stay, an estimated €299,000 has been saved.*

Initiatives that Improve Access

HOME NURSING – OUTREACH SERVICE FOR OLDER PEOPLE

This initiative provides a specialist in-reach/ outreach service to patients in residential care within the catchment area of Connolly Hospital, Dublin. The aim is to provide an integrated hospital and community service where emphasis is placed on continuity of care, improving communication between all services involved and reducing or diverting Emergency Department attendances for older persons.

This initiative has the added benefits of improving the general health and wellbeing of these patients, enabling them to continue with their normal care and avoiding unsettling them unnecessarily.

An additional senior doctor post is in place in Connolly Hospital to facilitate the development of the team through a process of consultation, development of materials and necessary arrangements. The target population in the first instance was approximately 1,100 people in the hospital's catchment area who are in the 23 residential care facilities and in the four residential care facilities for people who have an intellectual disability.

The assessments commenced in January 2008, and were carried out by a consultant geriatrician either at Connolly Day Hospital or in the nursing home. All assessments are followed-up and provide a contact point for discussion of the clinical problems presented through multidisciplinary case conferencing.

- A review of the effectiveness of OPD management in 17 hospitals was conducted. This review identified opportunities to improve the efficiency and effectiveness of OPDs. Hospitals then formed action groups to implement the findings of these surveys. These effectiveness audits highlighted opportunities for improvement in areas such as clinic capacity, patient DNA rates and the day to day operational management of OPDs.
- During the year, we also began to compile OPD waiting lists. Prior to this only a limited number of hospitals had undertaken a systematic approach to the compilation of waiting list information. This information will be used in 2009 to review OPD waiting times and to target special initiatives in selected specialities.

Waiting List Management

The overall numbers waiting represent less than an average week's throughput, with an average of 23,000 patients a week receiving day and inpatient care. However, the primary emphasis is on reducing the length of time a patient must wait to have their procedure completed. 70% of the inpatient waiting list relates to six specialities which are areas of high demand for non-emergency, planned treatment.

Inpatient waiting lists are reducing as a result of a number of measures that have been put in place, which include additional consultant appointments, the expansion of services including day surgery, and provision of additional supports in the community.

A validation exercise was undertaken with the National Treatment Purchase Fund (NTPF) to validate waiting lists for patients referred to the NTPF from participating hospitals. All hospitals participated in ongoing waiting list validation. This is supported by active referral to the NTPF of those with long waiting period. It should also be noted that referral to the NTPF is sometimes not a suitable option for certain patients. In some cases patients are unable to be referred due to the complexity of the treatment they need. In some other instances patients have been offered treatment but have decided to remain under the care of their own consultant. For example, of patients waiting over 12 months in Beaumont Hospital, over 60% are waiting for neurological treatments which are not available in other hospitals.



Larry Walsh, Director, National Health Services Partnership Forum; Katie Doyle, Neurology Research Nurse; Margaruite Duggan, MS Nurse Specialist; Sinead Jordan, Clinical Neurology Nurse and Professor Brendan Drumm, CEO of the HSE.

Achievement Awards Winner

BETTER SERVICE CATEGORY

INNOVATION

St. Vincent's University Hospital Neurology: changing the way we practise

Waiting times to see neurologists can be lengthy and patients often come through the ED route. St. Vincent's has changed the outpatient structure, working with doctors, nurses and administrative staff to increase the number of outpatient sessions substantially. The total number of patients seen per year has risen from 2,936 in 2004 to 5,290 in 2007 and the waiting time for new patients has fallen from one year to less than 10 weeks.



Initiatives that Improve Access

ESTABLISHMENT OF A REGIONAL CARDIAC CATHETERISATION SERVICE AT WATERFORD REGIONAL HOSPITAL

The Regional Cardiac Catheterisation Laboratory for the HSE South East area opened in May 2008. Based in Waterford Regional Hospital, this new 'state-of-the-art' facility provides access to coronary angiography procedures for the local population. The service provides immediate access to cardiac assessment, diagnosis and interventional procedures and reduces the requirement for patients to travel significant distances to Cork and Dublin for basic cardiac investigations.

Serving a population of 460,868 (Census 2006), it provides equal access to services from the four acute hospitals in the region: Wexford General Hospital, St. Luke's Hospital Kilkenny and South Tipperary General Hospital and Waterford Regional Hospital. Since opening, the laboratory has provided access to cardiac angiography services for over 500 patients.

Quality and Safety – Delivering Higher Quality and Safer Patient Care

2008 at a glance...

MRSA infections have dropped by 25% across the hospital system, compared to 2007.

34 closures were served on food businesses in regard to food safety control.

23 prosecutions were taken against retailers selling tobacco products to those aged under 18 years.

24 prosecutions were taken against businesses for breaches of workplace smoke-free legislation.

825 nursing home inspections were carried out.

2,623 pre-school inspections were conducted.

As we identified in our **Quality and Safety** corporate objective, delivering higher quality and safer care in every part of the health service is a priority for us. All people who work in our organisation, particularly the people who work at the frontline delivery of healthcare, are committed to delivering high quality services and carrying out their work in a safe manner. During 2008 we put systems in place to support them in their role.

The 2008 report from the Commission on Patient Safety and Quality Assurance – *Building a Culture of Patient Safety*, identifies the vision around which a health system wide governance framework for patient safety should be based. It recommends that knowledgeable patients will receive safe and effective care from skilled professionals, in appropriate environments, with assessed outcomes. The report clearly identifies the principles underpinning this vision, including: openness and learning from mistakes; safety and quality must be embedded in the system; maximising benefits to patients through effectiveness and efficiency based on good governance and leadership; modern data management systems and evidence-based practice; accountability and patient/family involvement.

Quality and Risk Framework

To improve patient safety and quality, the *HSE Integrated Quality, Safety and Risk Framework* was put in place during 2008. This framework includes a *Quality and Risk Management Standard*, a comprehensive Risk Register and the implementation of a Health Care Audit programme. The register systematically identifies, records, assesses and manages all risks and puts in place the *Quality Improvement Plans* to address the risks. Full implementation of the framework will lead to improved patient safety and quality of care.

Focus on...

The Catering Department at Wexford General Hospital received the 'Sapphire Hygiene & Food Safety Accreditation Award' from the Excellence Ireland Quality Association (EIQA) for their outstanding commitment to hygiene and food safety standards.

Awarded by the International Academy of Emergency Dispatch (IAED), the National Ambulance Service (Midlands Division) has been accredited as an Emergency Medical Dispatch Centre of Excellence.

Loughrea/Athenry and Roscommon Community Mental Health Teams (CMHT) were both awarded a Taoiseach's Public Service Excellence Award 2008. The award was in recognition of providing consistently high levels of service to clients.

St. Mary's Hospital, Castleblayney, Co. Monaghan received the prestigious ISO 9001:2000 – an internationally recognised award that focuses on supreme quality standards and quality systems.

Children and Family Services in the North East received the EIQA 'Committed to Excellence' Award for introducing quality improvement initiatives in their service areas.

The SCOPE study, to develop tests for pregnant women who could be at risk of serious complications during pregnancy, particularly life threatening pre-eclampsia, began at Cork University Maternity Hospital. Over the next three years, 3,000 women from Munster will take part and contribute to the international study.

The HSE Community Games was honoured with a Health Quality mark award in recognition of the organisation's dedication to quality youth health promotion.

The Pathology Department at Waterford Regional Hospital achieved ISO 15189 accreditation for the Blood Transfusion Department in compliance with the EU Blood Directive.

The National Rehabilitation Hospital, Dun Laoghaire, Dublin was awarded a maximum three-year accreditation by the International Commission for Accreditation of Rehabilitation Facilities, who set the standards of quality by which an organisation is assessed and measured.



From left to right: Dr. Louise Kenny, Consultant Obstetrician, CUMH, and Senior Lecturer in Obstetrics and Gynaecology, UCC with Karen Hickey of Blarney, who is SCOPE Ireland's first study participant. Also included is Karen's husband, Pat Hickey.

Risk management policy and process, including incident management and risk register development, were further embedded across the organisation. The register is the repository for risk information and supports management and communication of risk information at all levels.

Serious Incident Management

During 2008, the HSE adopted a Serious Incident Management Policy and Procedure, which outlines the steps that must be taken by each manager to identify and act on serious incidents that occur within their own service. A Serious Incident Management Team (SIMT) was established in April 2008, led by a director, who is responsible for leading and embedding this new protocol throughout the HSE and ensuring a commitment to providing safe, quality care. Following its establishment in April 2008, two main streams of work were pursued – firstly, a review of any existing or historic serious incidents in the health system, and secondly the development of a suite of documents that would support managers in responding to any future incidents. The SIMT also provided key supports to HSE services in managing incidents, for example the Look-Back Review of Chest X-Rays in the HSE North East.

Medical Devices

A major part of patient safety is the management of medical equipment and medical devices. The management of medical devices is critical in terms of good governance and there is a need to describe fully the optimal management system for medical devices throughout the device life cycle, i.e. from procurement to disposal. Work on this management system commenced in 2008 and is expected to be completed during the first half of 2009.

National Hygiene Services Quality Review 2008

The Health Information and Quality Authority (HIQA) concluded a second national review into the quality of hygiene services in December 2008. It monitored the compliance of all 50 of the HSE and voluntary acute care hospitals in Ireland against the *National Hygiene Services Quality Review 2008: Standards and Criteria*. It also compared the hospitals' aggregate and individual scores with last year's performance. The review showed that many hospitals have made significant improvements in performance in comparison with their own individual performance last year, with the number of A ratings, indicating the highest level of compliance, almost double that of 2007. However, the report also noted that there was still room for improvement, with some hospitals having maintained the same level of performance and compliance, and a few hospitals showing a reduction in their rating.

A patient survey was also undertaken during the assessment, with the majority of patients and visitors sampled agreeing that their hospital was of a clean standard, and that signage and posters in relation to hand hygiene, and hand hygiene practices themselves, were of a high standard. The full report can be viewed at www.hiqa.ie

National Hygiene Audit in the Community

The first national hygiene audit in community services was undertaken between October and December. Seventy 24-hour residential facilities of different sizes, for older persons, people with mental health issues and people with disabilities, were assessed. This enabled us to examine some facilities where there are excellent hygiene practices in place and also consider aspects that require improvement

and further support. The results will inform a proactive programme of future self assessment audits, hygiene and health care associated infection training and targeted independent audits. It will also support policy development.

Healthcare Associated Infections (HCAs)

HCAI, including MRSA (*Methicillin-Resistant Staphylococcus Aureus*), is a challenge for all health systems as healthcare becomes more intensive, complex and invasive. These infections result in potentially avoidable illness for patients and have wider impacts on our services. While MRSA accounts for approximately 10% of HCAI, it can have serious implications and we recognise the concern which it causes for patients and families.

Everyone has a role to play in stopping hospital infections, front line clinical and support service staff, healthcare managers, patients and their families. Infection control teams have also been established in all hospitals and at the LHO level in the community. A significant effort in 2007/2008 resulted in marked improvements in the rates of hospital associated infections. Our *Say No to Infection* strategy set out a number of ambitious and challenging targets for the prevention and control of healthcare associated infection, together with the actions we needed to take to meet these. One of the targets was to reduce MRSA rates by 30% over five years. In 2008 we can report that we have already achieved a 25% reduction in the two-year period.

Patients and families worked together with HSE staff to bring about this improvement through, for example, asking staff to wash their hands, careful use of antibiotics and observing hospital visiting policies.

In 2008, the Health Protection Surveillance Centre published national expert guidelines for the surveillance, diagnosis and management of *Clostridium difficile* to help healthcare professionals prevent, control and manage *Clostridium difficile* infection in healthcare facilities and in patients. These recommendations will make a real difference in healthcare facilities around the country and their publication followed requests from infection control teams for national guidelines.

The publication of the guidelines coincided with the decision to make *Clostridium difficile* a notifiable disease, under the category of Acute Infectious Gastrointestinal disease, from 4 May 2008. Ireland is one of the first countries to take this step and it means that cases must be reported, providing more information about *Clostridium difficile* and its prevalence. This will help healthcare professionals monitor the effectiveness of preventative programmes in order to improve patient care and safety.

Addressing Quality and Safety – The Volume of Activity in Our Small Hospitals

Phase One of the study of volume of activity in small hospitals was completed in 2008. A collaborative project, the study involved all the small hospitals in the South, Mid-West and North East Networks. Its report, *Examination of Out-of-Hours (OOH) Surgery and Emergency Department (ED) Activity in Selected Hospitals*, found that the single most common reason for attending the ED of a hospital (43% of all attendances), was for management of minor injury. Younger men were the most frequent attendees, and this was thought to be related to the level of minor injury in this group. Three-quarters of all ED activity was between 8am and 8pm, and Monday and Tuesday were the busiest days of the week.

Investigation of out of hours general surgery found low levels of activity in smaller hospitals; a total of 1,153 procedures were undertaken after 8pm, in the 11 hospitals studied (2007). Some hospitals performed as few as 17 procedures after 8pm for the entire year. The top three procedures were, appendectomy, oesophago-gastro-duodenoscopy and incision and drainage of abscess/haematoma.

Phase Two will commence in 2009. The findings of these studies will have implications for how services are planned and delivered to ensure maximum patient safety and quality.



WINNER: Ambulance Headquarters, Tullamore.

(Back Row) Larry Walsh, Director, National Health Services Partnership Forum and Professor Drumm, CEO of the HSE.

(Front Row) Gerry Clarke, Assistant Chief Ambulance Officer; Emily Mahon, Section Officer; Robert Morton, Chief Ambulance Officer and Pat "The Cope" Gallagher TD, Department of Health and Children.



Achievement Awards Winner

QUALITY AND SAFETY AWARDS

OVERALL WINNER

**National Hospital Office,
Dublin Mid-Leinster, Ambulance
Headquarters, Tullamore**

Midland Regional Ambulance Service was commended for having very high standards due to strong teamwork initiatives and for their excellent quality systems. Based in Tullamore, the service covers a wide area across Laois, Offaly and Westmeath. Its crews operate around the clock, providing a range of services from 999 response to pre-hospital emergency care, inter-facility transfers and GP support. Following a major operational and management review, in order to improve quality and safety, new policies were introduced along with in-service training and ongoing professional development. The ambulance service demonstrated that due to its ongoing commitment to training, record keeping and the communication of quality and safety issues, it was providing a much safer environment for patients in terms of vehicles, equipment, staff training and staff wellbeing.

According to Robert Morton, Chief Ambulance Officer "one of the single biggest benefits we have seen is that staff now take great pride in their work, they see themselves as providing a component of a continuum of care rather than just a service in isolation. From a safety and a risk management perspective we have seen a dramatic decline in incident near misses and have had no episodes where a staff member has been injured".

Operational Excellence – Maximising Efficiency and Effectiveness

2008 at a glance...

Over €280 million savings was achieved through the implementation of value for money initiatives.

Our healthcare estate has a replacement value in excess of €10 billion.

€563 million capital funding was utilised.

215 ICT infrastructure projects implemented.

There are 40,000 users of ICT applications in our organisation.

ICT Helpdesk handled 275,000 calls during the year.

We spend €4 billion annually on products and services across the organisation in the delivery of patient care.

It is not always recognised that a significant amount of background support is required to enable our front line services deliver quality care to our patients and clients. Achieving **Operational Excellence** is about developing and supporting management, clinical and administrative processes that are efficient, easy for people to access and understand, evidence-based, monitor performance, and deliver continuous improvement and value for money.

Our core support operations work around the clock to ensure our services run as smoothly and trouble free as possible. To enable this to happen, ICT, capital projects, finance, procurement etc. all work together to continuously improve our infrastructure, year-on-year. The work of these functions, while not overtly evident, directly impacts on the quality of the service delivered.

2008 Capital Plan

The HSE recorded capital income of €588.80m for the year ended 31 December 2008. This included €570.54m of exchequer funding. The total capital expenditure in 2008 was €563.17m. This included capital grants to voluntary agencies of €190.14m.

In developing the capital programme for the year, the main priorities were the procurement of individual projects, alignment of the 2008 Capital Plan with the 2008 National Service Plan, and management of the capital allocation within available resources.

The HSE progressed a number of capital projects in 2008. In regard to our community services, it is our intention that Primary Care Teams are based in single facilities to provide for easy access for patients and to enhance multidisciplinary team working. A programme to procure Primary Care Centres to accommodate the emerging teams was initiated in 2007. Lease agreements for Primary Care Centres in over 100 locations were finalised in 2008, with the first nine opening in 2009. It is intended that the full complement will open by end of 2011. Other initiatives include:

- 350 long stay residential beds delivered, 800 more in construction or planning.
- A mental health construction programme in line with “A Vision for Change” agreed and commenced.
- Advance works for the Mater Adult Hospital project commenced and a contractor appointed to commence the main contract in 2009.
- National Paediatric Hospital Development Team in place, business services consultants appointed, the design brief being developed and the design team will be appointed in 2009.
- A contractor has been appointed for the design and installation of the additional linear accelerators at Beaumont and St. James’s Hospitals.
- Major hospital developments in planning/construction phases include Our Lady of Lourdes Hospital, Drogheda, Letterkenny General Hospital, St. Vincent’s Hospital, Mid-Western Regional Hospital, Limerick, Ennis General Hospital, University College Hospital, Galway, Cork University Hospital and St. Luke’s Hospital, Kilkenny.

ICT Capital

The HSE issued ICT capital payments in the sum of €18.73m for the year ended 31 December 2008. In total 215 projects were undertaken, 85 major projects and 130 minor projects. Many of the projects were sanctioned late in 2008 and as a result will not incur significant expenditure until 2009.

Some of the more significant major projects progressed during 2008 which impact directly on patient care included:

- The **Regional Obstetrics** project in the North East is now 90% complete. This project is designed to enable the provision of a patient record which is accessible on all sites where care of the obstetric/neo-natal patient is delivered within the North East.
- The continued roll out and planning for the **Integrated Patient Management System (IPMS)**. The system is now implemented in 30 hospitals throughout the HSE.
- The **Tetra (National Digital Radio System)** project is the HSE element of a government decision to replace the existing UHF and VHF radio equipment for the emergency services with a Terrestrial Digital Trunk Radio service. During 2008, mobile equipment was procured for installation into the national ambulance fleet.
- **Healthlink**, a web-based messaging service, allows the secure transfer of patient information over the internet between hospitals and GPs. Substantial progress has been made, including: laboratory results in St. Michael's Hospital; GP Co-Op messaging in the Mid-West; radiology reports in Ennis; Neurolink in St. James's and work commenced with the NCCP to implement electronic cancer referrals.
- The **RIS/PACS** upgrade in Cork University Hospital (CUH) was completed. The project implemented an electronic image management in CUH and St. Mary's Orthopaedic Hospital by installing integrated PACS, RIS and voice recognition systems.
- **Wisdom**, our mental health information system project, aims to develop and implement an information system for mental health care providers, service planners, policy makers and researchers to record and report specific data in real time on mental health activity in both hospital and community services. The system is being piloted in Donegal. In 2008 the project made substantial progress, including procurement of the ICT infrastructure, development of consent and security policies, and end user training plan agreed.
- The roll out of the **National Health Network (NHN)** continued during 2008 with more sites connected to the single HSE network and some links upgraded in capacity. There are now over 40 sites on the NHN. Advance planning is now underway for a secondary/backup network which will provide resilience for the primary network.

Focus on...

Engagement with the major suppliers of bread has already achieved 10% lower salt bread in most parts of the HSE. This has ensured not only a cost benefit but long-term health benefits too, given that it is estimated that if we reduced our intake of salt as a population by 40%, this would result in a reduction in 494 (13%) fewer deaths from stroke and 846 (10%) fewer deaths from heart disease.

The support of robust ICT systems is essential to the effectiveness and efficiency of the National Ambulance Service. The ICT programme continued in 2008 with developments in the areas of fleet management, electronic patient care forms, digital trunk radio, roster management, medical priority dispatch and computer aided dispatch.

Population Health directorate worked with the Stanhope Street Drugs and Alcohol Centre, to improve the quality of, and access to, the service. As a result, waiting lists have been reduced.

Geographical Information Systems (GIS) have been rolled out to a wider user base and assisted a number of projects. These include: needs assessments for PCTs; community day service transportation provision; mapping health boundaries; mapping services and patient locations for the National Review of Rheumatology Services; surveillance of infectious diseases; mapping Traveller populations and training projects for the National Travellers Health Project.

Health Atlas Ireland is a web enabled tool that brings together health and health related data, statistics and geography, enabling the HSE to make critical decisions based on health intelligence. It supports service planning decisions such as the optimal location of screening clinics in the west of Ireland, hospital reconfigurations and identification of black spots in service delivery. It is built entirely on open source software with zero licence costs, which underpins its achievement of excellent value for money.

Finance ICT – In November, an amended proposal to implement a single National Financial System was submitted to the DoHC. This superseded a previous proposal which had been presented a year earlier. The proposal is under consideration by both the Departments of Health and Children and Finance. It is our intention, subject to receiving appropriate approval, to commence implementation of a single system with a significant focus on developing a single purchase-to-pay process for the organisation. This will drive significant savings.

HR ICT – Our current Human Resources Business System (HRBS) processes personnel records in respect of approximately 89,000 HSE staff and pensioners. Within that number, approximately 35,000 are also paid directly through the system. The system is supported by three units – Customer Competence Centre which supports and maintains the system, Business Intelligence which extrapolates information from the system and Small Projects which maximises the benefits from the system.

In 2008, further work was undertaken to explore how the system could be extended throughout the organisation by utilising the internal expertise and resource built up as a result of the implementation to date. A number of proposals were completed during the year, including a Payroll Review, and work will continue on these initiatives during 2009.

In addition to the major projects, there were 130 minor ICT infrastructural projects implemented during the course of 2008. Minor projects include server upgrades, Local Area Network Upgrades and additions, ICT security infrastructure and general ICT infrastructure upgrades.

Value for Money Programme (VFM)

The Health Act 2004 requires the HSE to “*use the resources available to it in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public*”.

VFM can be defined as the correct balance between economy, efficiency and effectiveness – relatively low costs, high productivity and successful outcomes. Achieving VFM is good practice and common sense. Assessing VFM, particularly in the public sector where delivery of value is more challenging to measure and report, is complex. An Action Plan for 2007-2010, with a savings target of €500 million, was developed. Reported savings of €63 million were realised during 2007. NSP 2008 set additional VFM targets totalling €300 million. These targets were designed to:

- Maximise the contracting potential which, for example, delivered savings of over €50 million in areas such as drug costs, ICT equipment costs, purchase of CT scanners, food provisions etc.

- Reduce the corporate overhead associated with managing the service, which delivered savings of around €20 million through specific efficiencies, for example, in managing costs associated with travel and subsistence, consultancy and non-frontline staff costs etc.
- Increase efficiencies within the hospital and community services, which delivered savings, for example, through improved income and debt collection, improved blood management and tracking, managing laboratory costs, area cleaning and catering costs etc.

Frontline services were protected, while savings of over €280 million were achieved in 2008.

2008 was a developmental year for VFM reporting, which included the identification of key performance indicators for measuring cost reduction and cost control. Analysis of these indicators shows that significant reductions in the rate of cost growth of pay and non-pay was achieved. There was total net non-pay cost avoidance of nearly €500 million across all cost areas, including costs relating to corporate overheads such as office, rents, legal, computers etc. The growth in the pay bill evident during 2007 was also capped and reversed as a result of rigorous WTE and pay cost control during the year.

Procuring Goods and Services

Procurement is the sourcing, tendering, contracting and logistics management of goods, services and equipment for the organisation, to optimise efficiencies and achieve best value for money on the €4 billion spent annually on products and services across the organisation in the delivery of patient care.

A strategic Price Management Initiative effectively held the bought in cost of goods and services at existing levels in 2008 and will continue in 2009. The key aim of this initiative was to protect front line services in the difficult economic environment.

During 2008 procurement initiatives delivered the following:

- Procurement met a demanding €9 million sourcing savings target, which contributed to achieving the overall VFM target, and to maintaining the quality of patient care with a reduced budget in 2008.
- Support to customers in the smaller hospital and community care centres.
- The increased quality and range of support to front line service providers through management of stock at point of use. This facilitated the release of clinical staff to allow them to re-direct their time to the benefit of the delivery of patient care.

- The increased number of deliveries to patients in the home environment. Working with multidisciplinary teams has resulted in an improved focus on the needs of the patient into the tender process. Good practical examples of this are:
 - Incontinence Wear Contract – Resulting in savings up to €5.7 million over the next five years. This contract caters for an increased level of up to 40,000 annual home deliveries to clients.
 - Recycle of Aids and Appliances – In addition to improved contracted costs, procurement has placed an increased focus on the recycling of expensive aids and appliances, resulting in a saving of €6 million.
- Fuel Oil Products – A national contract was established during 2008, serving 1,250 locations nationally. The anticipated savings at the time of contract award were €1.2m per annum.
- Business Travel Unit – This has achieved substantial savings on reducing the cost of air travel through robust management systems as part of HSE's ongoing cost management initiative.

- Contract for Security Services for patients and staff will result in saving of €2.5m over four years.

Monitoring Our Performance

During 2008 we continued to develop our infrastructure to monitor our performance, which, in turn, helps us to support service improvements. Initiatives included:

- Monthly Performance Monitoring Reports (PMRs) made publicly accessible for the first time on the internet at www.hse.ie
- Extension of HealthStat, an operational performance tool used in 29 acute hospitals, to additional general and speciality hospitals and community services.
- Development of staff Fact Sheets on Planning and Performance.
- Ongoing work with Department of Health and Children to develop more meaningful performance indicators at population health level, corporate level, service plan and operational level.
- Publication of HSE Corporate Plan 2008-2011 and development of corporate performance indicators and measurement tool.



WINNER: Sligo General Hospital – Waste Matters in an Acute Setting – Larry Walsh, Director, National Health Services Partnership Forum; Brian Feeney, Portering Waste Supervisor; Enda Healy, Partnership co-Chairman; Rodney Roddy, Waste Management Team; Matt Hogan, Waste Management Team; Grainne McCann, HR Manager, Partnership co-Chairman; John McArt, Service Manager and Professor Brendan Drumm, CEO of the HSE.

Achievement Awards Winner

BETTER SERVICE CATEGORY

BEST IMPROVEMENT/BEST EFFORT

Sligo General Hospital – Waste Matters in an Acute Setting

A new system of waste handling and control was introduced in Sligo Hospital. This resulted in a reduced amount of waste going to landfill, with much of the waste being recycled and reused in line with best environmental guidelines. The new system resulted in the hospital receiving income for recycled goods.



Unlocking Our Potential – Better Work Practices

2008 at a glance...

As the largest employer in the State, we have 110,992 whole time equivalent staff employed to deliver health and personal social services to the people of Ireland.

There are 2,248 consultants, 2% of the workforce.

Nurses account for 34% of the overall workforce (38,075).

57 registered nurse prescribers in 20 health service providers wrote 2,962 prescriptions for 2,485 patients involving 4,300 medicinal products.

There are 1,036 paramedics (including 111 advanced paramedics working in our pre-hospital services).

147 trainee emergency medical technicians were recruited in 2008.

120 additional nursing posts were recruited to support the reduction in working week to 37.5 hours.

Our work practices are constantly evaluated to ensure we are **Unlocking Our Potential**, supporting and encouraging our staff to work responsibly, manage challenges and take pride in their contribution to the services they provide on behalf of the organisation. In partnership we recognise and celebrate achievements and support staff in achieving their full potential.

Our Workforce

The HSE is the largest employer in the state, with the public sector directly employing over 130,000 people at the end of 2008.

During 2008 our organisation, which accounts for two-thirds of the overall health services staff, has continued to prioritise frontline posts and drive the reduction of staffing in non-essential areas. In overall terms, management and administrative staffing recorded its first annual reduction since figures were compiled in the current format (1990), with levels of general support service's personnel also reducing in 2008. In contrast, all frontline categories saw their levels increasing year-on-year.

Health Service Personnel Census – End December 2007 and 2008

Category	Total WTE Dec 2007	% of Total	Total WTE Dec 2008	% of Total	Change	% Change 2007-2008
Medical/Dental	8,005	7.3%	8,109	7.3%	104	1.3%
Nursing	39,006		38,108			
Of which Ordinary Student Nurses	1,177		33			
Nursing (Excluding Student Nurses)	37,829	34.3%	38,075	34.3%	246	0.6%
Health and Social Care Professionals	15,705	14.2%	15,980	14.4%	275	1.7%
Other Patient and Client Care	17,846	16.2%	18,230	16.4%	384	2.1%
General Support Staff	12,900	11.7%	12,631	11.4%	-269	-2.1%
Management/Administrative	18,043	16.3%	17,967	16.2%	-76	-0.4%
Total (Including Student Nurses)	111,505		111,025		-480	-0.4%
Total (Excluding Student Nurses)	110,328	100%	110,992	100%	664	0.6%

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

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

Other Patient and Client Care staff category includes Ambulance Service staff, Health Care Attendants, Care Assistant and other direct care staff involved in day-to-day clinical services to patients and clients.

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

Changes in the nursing education programme resulted in 1,144 fewer ordinary student nurses on rostered placement at year end. Figures are shown including and excluding student nurses in order to provide a comparative basis.

NSP 2008 – New Service Developments

The 2008 NSP provided approval and funding for a number of new service developments across specific services which required the filling of 941 new posts. The recruitment process will continue into 2009.

Breakdown of 2008 Funded New Service Developments

Service Area	No. of New Posts	No. of Posts Filled	Still in Process Dec 08
Older People	100	20.1	79.9
Palliative Care	35.8	24.8	11
Disability Services*	1,004.3	831.0	173.3
NCCP	90	43	47
Immunisation	6	2	4
Total	1,236.1	920.9	315.2

* Disability service posts include posts to voluntary agencies under Section 38 and 39 of Health Act, 2004.

Consultant Contract

The new Consultant Contract implemented during the year introduced a range of reforms that benefit patients, assist in the development of a consultant-provided service and ensure that maximum value for money is obtained from the investment in existing and additional consultant posts.

The key changes included:

- A longer working week
- A longer working day
- Weekend working when required
- Greater equity for public patients through a public-only contract type, limits on private versus public practice and a common waiting list in diagnostic services
- Measures to ensure high quality services and patient safety
- The introduction of clinical directors to manage consultants and ensure clinicians have a senior role in planning and managing services, and
- A significant increase in consultant posts.

The new contract will provide greater equity for public patients by limiting the amount of private practice conducted by consultants who accepted the new contract. The contract also provides for a common waiting list to be introduced for outpatient diagnostics, including radiology and laboratory services.

Focus on...

HSE Guide to Managing Change; Improving Our Services: A User's guide to Managing Change in the HSE was published in July. To further support and guide staff, the 'Change Hub', an online resource providing practical help and support for staff managing change and improvement initiatives was also developed.

An innovative specialist/senior registrar (SpR/SR) training programme was established to allow SpRs to undertake an integrated training and career pathway with the award, at conclusion, of a Certification of Training and a PhD. Previously trainee doctors have had to pause their clinical training in order to undertake a PhD.

Working with the HSE, the RCSI has developed a forensic nurse training programme which is a key requirement in terms of delivering services in Sexual Assault Treatment Units (SATUs). Eight nurses commenced the programme in January 2008 and are due to complete their training in early January 2009. Successful completion of this course, the first of its kind in Europe, will allow these nurses to treat patients presenting at SATUs and to prepare and present forensic evidence in a court case where required.

HSE was voted Public Sector Employer of Choice in the Irish Times Graduate Recruitment Awards 2008. We achieved 6th place overall among all employers in Ireland over such employers as Bank of Ireland, Civil Service, AIB and Ernst & Young.



Our four Performance and Development Teams, one based in each Administrative Area, were successful in being accredited under the FÁS Excellence Through People HR Standard.

In partnership with Royal College of Surgeons in Ireland, a €4.2 million graduate Academic Teaching Centre for under and postgraduate medical personnel in the south east opened at Waterford Regional Hospital. The facility includes a 194 seat lecture theatre, a large teaching/seminar room, tutorials and reading rooms for interactive teaching.

The contract ensures that consultants are subject to statutory and regulatory requirements, corporate policies and procedures, and must be eligible for membership or have membership of the relevant division of the Register of Medical Specialists maintained by the Medical Council. These measures will ensure better patient safety by ensuring that consultants meet the highest standards.



Martina Murphy (right) a Delivery Ward Nurse at the National Maternity Hospital, Holles Street writes a prescription for Siobhan Maguire, from Walkinstown, who gave birth in February to baby Eamonn.

A post of clinical director, a new clinical senior management position, was also included as part of the new Consultant Contract. The contract requires that each consultant reports to a clinical director who ensures service standards and governance requirements are met, monitors and manages the public/private mix, develops and manages rosters, deals with grievances and disputes, and assists in arranging medical education and training.

Monitoring service improvements arising from its implementation will commence in 2009.



Nurse and Midwife Medicinal Product Prescribing

The past year has marked a number of landmarks in the implementation of nurse and midwife medicinal product prescribing. One of the most significant dates in 2008 was 25 January, when four midwives from the National

Maternity Hospital, Holles Street, and two general nurses from St. Luke's Hospital in Kilkenny became the first registered nurse prescribers in Ireland. Since that date, a total of 57 nurses and midwives have registered and have the authority to prescribe medicinal products. In one year, registered nurse prescribers in twenty health service providers reported writing 2,962 prescriptions for 2,485 patients involving 4,300 individual medicinal products.

Nurse and midwife prescribing has been received positively in all areas where it has been introduced, and numerous benefits recognised, including improved services to patients through reduced waiting times and utilising the skills of nurses and midwives more effectively. Prescriptive authority has enabled nurses to provide holistic episodes of care more efficiently. Nurses and midwives with prescriptive authority can meet patient needs in a timely manner, leading to better patient outcomes. This initiative supports the effective use of skills, enhances the quality of care delivered to patients while at the same time supporting the retention of a highly skilled workforce.

Medical Education, Training and Research (METR)

In 2008, we published our implementation plan for the *Strategy on Medical Education, Training and Research (METR)* and have progressed implementation of the actions identified, including the establishment of the Education, Training and Research Committee and the recruitment process for a Head of Medical Education and Training.

A number of key actions were implemented:

- €1.8 million in revenue grants were made to the recognised postgraduate medical training bodies in targeted areas of development. One such grant was for €255,000, allocated to the Royal College of Surgeons and Royal College of Physicians for the development of electronic log books to enable the development of competence-based training, assessment and performance appraisal of doctors in training at basic and specialist levels.
- Further capital grants were provided for education and training facilities on prioritised clinical sites. For example, a grant of €300,000 was provided to Our Lady's Hospital for Sick Children, Crumlin for the development and enhancement of library facilities and ICT infrastructure on the hospital site.
- Four Dr. Richard Steevens' Scholarships were awarded to specialist registrar doctors to train in novel areas of medicine in centres of excellence abroad.
- A new scholarship programme for doctors to undertake integrated clinical training and PhD research was launched in partnership with the Health Research Board.
- A further 10 new academic clinician posts (in addition to 15 approved in 2007) were approved in principle.
- An extensive audit of SHO and registrar posts was published, which significantly progressed the development of a national non-consultant hospital doctors (NCHDs) database and establishment of a Change Implementation Group to address the issues and challenges identified by the audit.
- A detailed transition plan for the transfer of functions and staff of the Postgraduate Medical and Dental Board to the HSE was developed, pursuant to the Medical Practitioners Act 2007.

HSE National Achievement Awards 2008

The HSE National Achievement Awards were held in the Mansion House on the 30 April 2008. This occasion highlighted the work that the HSE and related organisations are doing in their areas to promote the development of better health services.

The event combined the winners from each of the four HSE Administrative Areas and culminated in an overall national winner in each of the following categories:

- Better Service Awards
- Better Place to Work Award
- Leadership Award
- Quality and Safety Awards
- Poster Competition Award
- Derek Dockery Perpetual Award (overall award)

The national winners of each category have been highlighted throughout this report.

Human Resource (HR) Strategy

During 2008, we commenced work on the first 5-Year HR Strategy for the organisation. The strategy was developed in consultation with stakeholders and is based on opinions as well as analysis of staffing patterns and ongoing issues and challenges, in line with our Corporate Plan. The strategy sets specific goals including ensuring our employees are capable, skilled, trained and empowered in their delivery of the current and future range of health and personal social services to meet the needs of our changing population. The strategy also signals significant changes to our HR processes, systems, structure and management. A key element of our people agenda is focussing towards building greater leadership and management capacity and ensuring that managers at all levels in the organisation take a far greater responsibility for the people they lead and manage on a daily basis. HR is a line responsibility and the proposition from the strategy strongly supports this. The development of our strategy is also timely as we reconfigure service delivery in line with our Integrated Service Programme (ISP). In developing and implementing these changes we strive to balance the rights, aspirations and dignity of all staff, with the needs of a national health service.

Performance, Planning and Review

On 1 January 2008 the first formal Planning, Performance and Review (PPR) process for senior managers in the HSE was successfully implemented. PPR is both a leadership and management process that translates HSE strategic plans into action. It enables goal setting, performance monitoring and feedback through individuals and teams. This process has ensured that the objectives of the corporate and services plans were cascaded throughout the organisation to achieve better patient outcomes and service delivery.

Employee Wellbeing and Welfare

Work commenced during 2008 on the organisation's first ever *Integrated Employee Wellbeing and Welfare Strategy*. A large employee consultation process was undertaken, with over 9,000 questionnaires circulated. The findings from the survey and the results of the analysis, together with extensive consultation undertaken with employees and managers, have shaped the development of this strategy. The strategy will be launched in early 2009.

The conducting of the first *Disability Census* of all HSE employees was undertaken, which resulted in a 37% response rate. This indicated that 1.2% of total employees have a disability as defined under the Disability Act. The replies went directly to the equality officers to ensure the confidentiality of the census information.

Achievement Awards Winner

BETTER PLACE TO WORK CATEGORY

Galway University Hospitals – Equality Project, Human Resources Department

Galway University Hospital has established a Diversity Steering Group to ensure that patients and staff are treated with dignity and respect for the diverse groups within the hospital. There have been a number of equality and diversity initiatives carried out in the hospital including: equality open day; diversity training; disability awareness training; appointment of a designated equality officer; and many other initiatives. The hospital has been recognised in the O₂ National Ability Awards for the past three years as well as receiving other awards and recognition from national bodies.



WINNER: Galway University Hospital – Equality Project, Human Resources Department – Larry Walsh, Director, National Health Services Partnership Forum; Minister of State, Pat “The Cope” Gallagher, TD, Department of Health and Children; Christy O’Hara, HR Manager, GUH; Bridget Howley, General Manager, GUH; Scott Brady, Organisational Development, HR; Laura McHugh, Health Promotion Officer and Professor Brendan Drumm, CEO of the HSE.



HSE Learning Centre – www.hseland.ie

Our on-line Learning Centre at www.hseland.ie has become a significant success story. By the end of 2008 over 17,000 people from across the Irish health services had registered on the Learning Centre, with over 4,000 course enrolments. Activities on the Learning Centre range from one-time visits to completing a learning programme, to learners who use the full range of services and facilities the centre has to offer.

The Learning Centre offers access to a broad range of learning resources and functionality, employing a structured approach to learning needs assessment, planning for learning, on line learning and collaboration and sharing with fellow learners. Much of the focus in 2008 has been on the development of strategic programmes, such as Medications Managements in conjunction with An Bord Altranais, and key programmes with acute services including Records Management, Infection Control, Hospital Discharge Planning etc. The Learning Centre is available to users on a 24-hour basis, and learners can access the Learning Centre from their place of work, home, or any other location with an internet connection.

Attendance Management

A national policy on managing attendance was developed during the year in co-operation and collaboration with all service and support areas and our social partners. The policy was developed with the focus that the contribution, ability and dedication of health service employees is key to the delivery of quality health services.

The policy is designed to identify scope for improvement in attendance levels and to find workable solutions to illness absence issues where they exist. This will benefit the organisation and our patients/clients in terms of increased productivity, improved customer service and reduction in payroll costs, while also providing clear benefits for employees in terms of motivation and satisfaction.

Training support for line managers is a key component to addressing absence management and in this regard specific training material has been developed to support the implementation of the policy. These supports, together with the new national reporting structure which will commence in 2009, will assist in addressing and reducing the absenteeism rate to achieve targets set for 2009 of 3.5%-4%.

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Appendix 1 Complaints

The information learnt from managing complaints helps us to improve the quality of our services. The majority of complaints regarding HSE services that we received during the year were in regard to treatment/service delivery (45%), delays/waiting times (14%), staff attitude/manner (12%) and communication (9%).

As part of improving our response to complaints, a performance indicator was developed to measure the number of complaints responded to within a target of 30 working days. Of the 4,891 HSE complaints received, 72% were dealt with within the target timeframe. 2% of complainants were not satisfied with our response and requested a further review which resulted in 83 reviews being undertaken, three requests were withdrawn and 16 requests were refused. 10 requests were still under consideration at year end.

Complaints Received and % Dealt With Within 30 Working Days

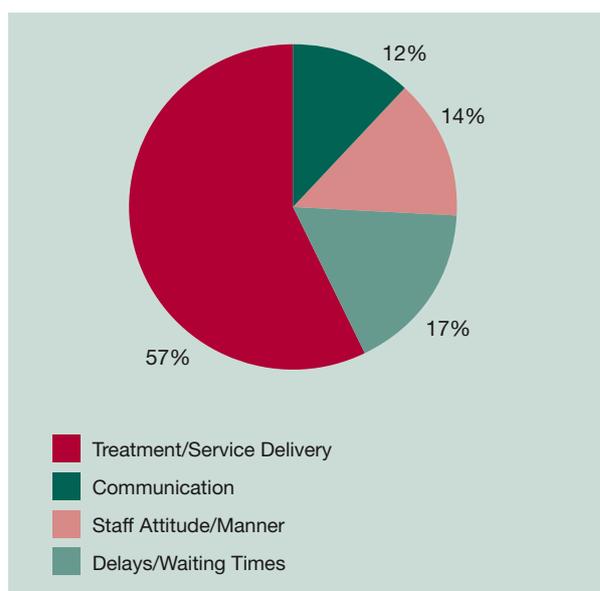
2008	No. of Complaints Received	% dealt with within 30 working days
Direct to HSE	4,891	72%
Voluntary Hospitals	3,485	57%
Voluntary Agencies	710	87%
Total	9,086	72%

Complaints by HSE Administrative Areas

Administrative Area	No. of Complaints Received
Dublin Mid-Leinster	1,100
Dublin North East	1,184
South	1,561
West	1,046
Total	4,891

Top Four Categories of Complaints Received in 2008

Complaints by Type



Complaints Received Broken Down by Category

Complaint Type	HSE	Voluntary Hospitals
	<i>Total Number of Complaints</i>	<i>Total Number of Complaints</i>
Treatment/Service Delivery	2,201	942
Delays/Waiting Times	684	489
Staff Attitude/Manner	567	453
Communication	464	453
Facilities/Buildings	266	264
Cancellations	133	273
Hospital Accommodation/Food	111	86
Pre-School Services	113	–
Nursing Homes/ Residential Care for Older People	104	–
Clinical Judgement	96	184
Infection Control	48	94
Vexatious Complaints	8	2
Trust in Care	–	3
Other	282	414

Note: Some complaints raise multiple issues and therefore fall into a number of categories. Not all complaints are dealt with using the Your Service, Your Say Policy and Procedures. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First. In 2008, three complaints to the HSE were dealt with under the Children First Policy.

It should be noted that not all voluntary hospitals provided information on methods and timeframes for resolution of complaints. This information is a work in progress for future reporting.

Appeals Relating to Supplementary Welfare Allowance (SWA) Scheme and HSE Schemes

No. of Appeals Received/Area	SWA	HSE
Dublin Mid-Leinster	1,453	1,385
Dublin North East	1,264	778
South	4,764	2,560
West	1,841	1,672
Total	9,322	6,395

Many decisions take place on a daily basis within the HSE and often these decisions can have a wide-ranging effect on the lives of individuals. Typically in any area where adjudication on rights and entitlements takes place, there will always be applicants who are dissatisfied with decisions that adversely affect them.

The purpose of the Appeals Service is to provide an internal, independent and impartial review of decisions taken by personnel of the HSE relating to applications by members of the public for specified services and entitlements, where applicants are dissatisfied with the outcome of their application. Examples of such schemes include Supplementary Welfare Allowance payments, medical cards, nursing home subventions and mobility allowance.

All applicants have the right to appeal. There were 15,717 appeals in 2008.

Freedom of Information

The Freedom of Information (FOI) Act permits access to information held by the HSE and contracted public bodies, which is not routinely available through other sources. In 2008, there were 4,232 requests made under FOI legislation (a 23% increase since 2006).

Appendix 2 Performance Against Key National Service Plan Targets 2007/2008

PI/Measure	Outturn 2007	Target 2008	Actual 2008	% variance Actual v Target	% variance 2008 v 2007
PRIMARY CARE					
No. of GP Visits Cards issued	75,589	–	85,546	–	13%
No. of eligible persons on Medical Cards	1,276,178	–	1,352,120	–	6%
No. of contacts with GP Out of Hours	831,590	801,000	920,132	15%	11%
No. of Primary Care Teams in development	97	197	97	–	–
Long-Term Illness Claims	–	543,000	862,882	59%	–
Drug Payment Scheme	–	4,240,000	5,435,421	28%	–
High Tech Claims	–	309,000	275,510	-11%	–
CHILDREN AND FAMILIES					
Total number of children in care (Not Cumulative)	5,322	5,334	5,347	0%	1%
The number and percentage of children in:					
i. Residential care (Note: Include Special Arrangements)	400 (8%)	426 (8%)	375 (7%)	-12%	-6%
ii. Foster care (Note: Do not include Day Fostering)	3,201 (60%)	3,196 (60%)	3,227 (60%)	1%	1%
iii. Foster care with relatives	1,557 (29%)	1,530 (29%)	1,539 (29%)	1%	-1%
iv. Other Care Placements/ At Home under Care Order	164 (3%)	182 (3%)	206 (4%)	13%	26%
CHILD AND ADOLESCENT HEALTH					
The percentage of babies who are exclusively breastfed at the PHN first visit	33%	33%	36%	9%	9%
The percentage of babies who are exclusively breastfed at three months	18%	20%	20%	0%	11%
MENTAL HEALTH					
Admission rates to acute units, per 100,000 population	99.2	96.7	95.7	-1%	-4%
No of Child and Adolescent Community Mental Health Teams	47	55	47	-15%	0%
OLDER PEOPLE					
Total No. of Home Help hours (Cumulative)	12,351,087	11,980,000	12,631,602	5%	2%
No of clients in receipt of home help Hours (Non-Cumulative)	54,736	53,000	55,366	4%	1%
Total no of homecare packages by expenditure (equivalents)	8,035 (people)	4,710	8,990	–	12%
Total Persons in receipt of subvention (monthly average)	8,472	–	9,092	–	8%
Total Persons in receipt of enhanced subvention (monthly average)	4,987	–	4,896	–	-2%

PI/Measure	Outturn 2007	Target 2008	Actual 2008	% variance Actual v Target	% variance 2008 v 2007
OLDER PEOPLE <i>continued</i>					
Total number and % of statutory inspections of residential units carried out (1st and 2nd Inspections amalgamated)	812	872	825	-5%	-2%
PALLIATIVE CARE					
No. of patients treated in specialist inpatient units/month (monthly average)	312	330	286	-13%	-6%
No. of patients accessing Home Care services/Month (monthly average)	2,773	2,500	2,954	18%	4%
No. of patients accessing intermediate care in community hospitals/Month (monthly average)	97	80	133	66%	40%
No. of patients accessing day care/Month (monthly average)	269	260	291	12%	10%
ADDICTION SERVICES					
Average number of clients in methadone treatment per Month (monthly average)	7,200	7,000	7,044	1%	-1%
DISABILITY SERVICES					
No. of persons in receipt of Domiciliary Care Allowance/Month (monthly average)	21,068	-	23,092	-	10%
No. of persons in sheltered work/Month (monthly average)	7,100	7,100	6,937	-2%	-2%
No. in Rehabilitation Training (monthly average)	2,929	2,800	2,808	0%	-4%
ACUTE SERVICES					
Inpatient Discharges	614,196	593,859	604,239	2%	-2%
Day case	590,672	590,016	637,138	8%	8%
OPD Attendances	3,025,300	2,770,851	3,271,665	18%	8%
Emergency Presentations	1,187,205	1,168,412	1,207,534	3%	2%
ED Attendances	1,149,103	-	1,154,004	-	0%
Emergency Admissions	370,040	369,368	368,341	0%	-1%
Births	70,077	72,662	73,815	2%	5%
Delayed Discharges (census at year end)	645	-	702	-	-
AMBULANCE SERVICES					
Emergency Calls	208,039	214,000	210,785	-2%	1%
Urgent Calls	62,959	63,000	61,852	-2%	-2%
Non-Urgent Calls	209,421	192,000	186,680	-3%	-11%
Community Transport	432,053	188,000	401,477	>100%	-8%

Appendix 3 Acute and Non-Acute Capital Projects 2008

Acute Hospital Projects

Project Stage – Planning

- St. Vincent's Hospital – Phase 2 Development
- Mater Adult Redevelopment (Tender)
- National Paediatric Hospital (Design Brief)
- University College Hospital Galway (UCHG) – New Clinical Block
- Mid-West Regional Limerick – Emergency Theatre
- Mid-West Regional Limerick – Critical Care Block
- Beaumont Hospital – Cystic Fibrosis Unit
- Dublin Maternity Hospitals – Interim Developments
- Wexford General Hospital – ED/Outpatients Extension
- Merlin Park Hospital Galway – Rehabilitation Unit
- St. Luke's Kilkenny – Phase 1 Development
- Ennis General Hospital – Phase 1 Ward Replacement
- Ennis General Hospital – Endoscopy Unit
- Waterford Regional Hospital – Cardiac and ED Extension
- Letterkenny General Hospital – ED Department (Tender)
- Our Lady's Hospital for Sick Children – Provision of additional PICU/HDU places and other facilities
- Tralee General Hospital – ED Extension (Tender)

- St. James's Hospital – PET
- St. James's Hospital – Provision of additional ICU and HDU Beds
- Beaumont Hospital – MAU and additional HDU Places
- Beaumont Hospital – Hep C Unit
- UCHG – Symptomatic Breast Unit
- UCHG – Recompression Unit
- UCHG – HSSD



Midlands Regional Hospital, Tullamore.



Cork University Hospital Cardiac and Renal Unit, Cork (Artist's Impression).

Project Stage – Continuation of Construction in 2008

- Mater Adult Hospital – Advance Works
- Mater Hospital – ED Extension and 2nd CT
- Cork University Hospital (CUH) – PET
- CUH – Cardiac Renal Block

- Radiation Oncology – Phase 1 Development Beaumont and St. James's Hospital
- Midland Regional Hospital, Mullingar – Phase 2B – (Stage 1)
- Mercy University Hospital, Cork – Nurse Education Centre
- Mercy University Hospital, Cork – PACS Installation
- Cavan General Hospital – Theatre and Ward Upgrade
- Our Lady of Lourdes, Drogheda, ED and Ward Block
- St. Luke's Hospital, Kilkenny – Interim OPD
- Ennis General – Radiology Upgrade and CT Installation
- Mid-West Regional Limerick – PACS Tender
- Kilkenny Ambulance Base and Regional HQ
- Ambulance replacement programme

Project Stage – Construction Completed

- UCHG – Interim Medical Assessment Unit
- Midland Regional Hospital Tullamore – Equipping
- Cork University Hospital – Interim Renal Unit and Cardiac Catheterisation Laboratory
- St. Vincent's Hospital – Interim Cystic Fibrosis Unit
- Radiation Oncology – Enabling Works (St. Luke's)
- Limerick Maternity Hospital – Extension

- Waterford Hospital – Cardiac Catheterisation Laboratory
- Wexford General Hospital – On-Call Unit
- Connolly Hospital Blanchardstown – Day Medical Unit and Medicine for Older People Department
- Temple St. Children’s Hospital – St. Michael’s Unit
- Temple St. Children’s Hospital – Radiology Upgrade
- Mater Hospital – Bacterial Isolation Unit
- Mater Hospital – Neurology Unit
- Naas General Hospital – Medical Assessment Unit
- Monaghan General Hospital – Ward Upgrade
- Mid-West Regional Limerick – Refurbishment of Ward 3C

Non-Acute Capital Projects

Project Stage – Planning

Disability

- National Rehabilitation Hospital – Tender
- Child Assessment Centre, Clonmel
- Child Assessment Centre, Wexford

Older People

- Loughrea Community Nursing Unit (CNU)
- Ballinasloe CNU
- Navan – New Community Unit
- Merlin Park Hospital, Galway – Rehabilitation Unit
- St. Mary’s, Mullingar – 100 Bed New CNU
- St. Vincent’s Fairview (100 Beds)
- Tymon North Tallaght (100 Beds)
- Ballinamore Community Hospital and Primary Care Centre (PCC)

Mental Health

- Beaumont Hospital – Acute Psychiatric Unit
- Letterkenny General Hospital Acute Psychiatric Unit (Tender)
- Bessboro, Cork – Eist Linn Child and Adolescent Residential Unit (Tender)
- Cherry Orchard Dublin, Child and Adolescent Day Unit
- Ballyfermot Mental Health (MH) Community Unit and Hostel
- Crumlin MH Community Unit and Hostel
- Ballinasloe MH CNU
- Clonmel MH CNU

Child Care

- Knockmore Child and Family Centre
- Rationalisation of Child Residential Facilities Dublin/Wicklow

Primary Care

- Sean McDermott St. PCC
- Inchicore PCC
- Ballyogan PCC
- Carrigaline PCC
- Carrick-on-Shannon and Ballinamore PCC and Community Units
- Clonbrusk Athlone
- Athboy PCC
- Inishboffin Health Centre (HC)

Social Inclusion

- Limerick, Mungret St. Addiction Centre



St. Mary’s Community Nursing Unit (CNU), Phoenix Park, Dublin.

Project Stage – Continuation of Construction in 2008

Older People

- Mayfield Day and Family Resource Centre, Cork
- St. Mary’s Phoenix Park 100 Bed CNU
- Clontarf Phase 2 (64 Bed)
- St. Vincent’s Dungarvan (32 Bed)
- Simpson’s Hospital Dublin (38 Bed)
- St. Ita’s Newcastle Palliative Care Unit
- St. Joseph’s Raheny (100 Bed)
- Clonskeagh (100 Bed)



Clondalkin/Lucan Addiction Centre, Dublin.

- Cork CNU's (Various – three sites – 200 Beds)
- Riada House, Tullamore – Fermoy Community Hospital Replacement Phase 2A
- Harold's Cross (100 Beds)
- Royal Hospital Donnybrook (30 Beds)
- Cashel CNU (65 Beds)

Primary Care

- Pearse St. PCC
- Millbrook Lawns Refurbishment
- Dundrum HC Fit-Out
- Glenamaddy PCC
- Strokestown PCC

Disability

- St. Raphael's, Youghal – New Residential Units
- St. Ita's 60 Bed Bungalow Development Portrane
- St. Dymphna's Residential Unit, Kelvin Grove, Carlow
- Waterford CRC Unit
- Clonbrusk Day Services Unit Athlone
- Springfield Centre, Mullingar

Mental Health

- Bloomfield Hospital
- Cope Foundation Cork
- St. Vincent's Fairview, Child and Adolescent Residential Unit
- St. Stephen's Cork, Child and Adolescent Residential Unit
- UCHG, Extension to Acute Unit
- Gorey, MH Day Hospital
- Clonmel MH Day Centre (Morton St.)

Child Care

- Foynes Time-Out Facility (Boland's Mills)
- St. Helena's Resource Centre
- Rath na nÓg, Castleblaney Phase 2
- Springboard, Muirhavamore

Social Inclusion

- Clondalkin Addiction Centre
- Pearse St. Addiction Centre

Project Stage – Construction Completed

Older People

- St. Mary's Phoenix Park, Dublin 2x50 Bed CNU's
- Tralee, Co. Kerry CNU (50 Bed)
- An Daingean Dingle, Co. Kerry CNU (68 Beds)
- St. Johns Hospital, Enniscorthy, Co. Wexford Phase 2 (72 Beds)
- Dunmanway Co. Cork (23 Bed)
- Clontarf, Dublin Phase 1 (32 Beds)

Disability

- Stewart's Hospital, Dublin – Balgaddy Integrated Development
- Children's Respite, Sligo



Irishtown Primary Care Centre, Dublin.

Primary Care

- Nenagh PCC
- Westbury HC, (Limerick/Clare)
- Irishtown PCC, Dublin
- Louisburgh HC, Mayo
- Clonbur PCC, Galway

Child Care

- Early Intervention Centre, Portlaoise
- Charleville, Hydrotherapy Pool
- Fethard High Support Unit

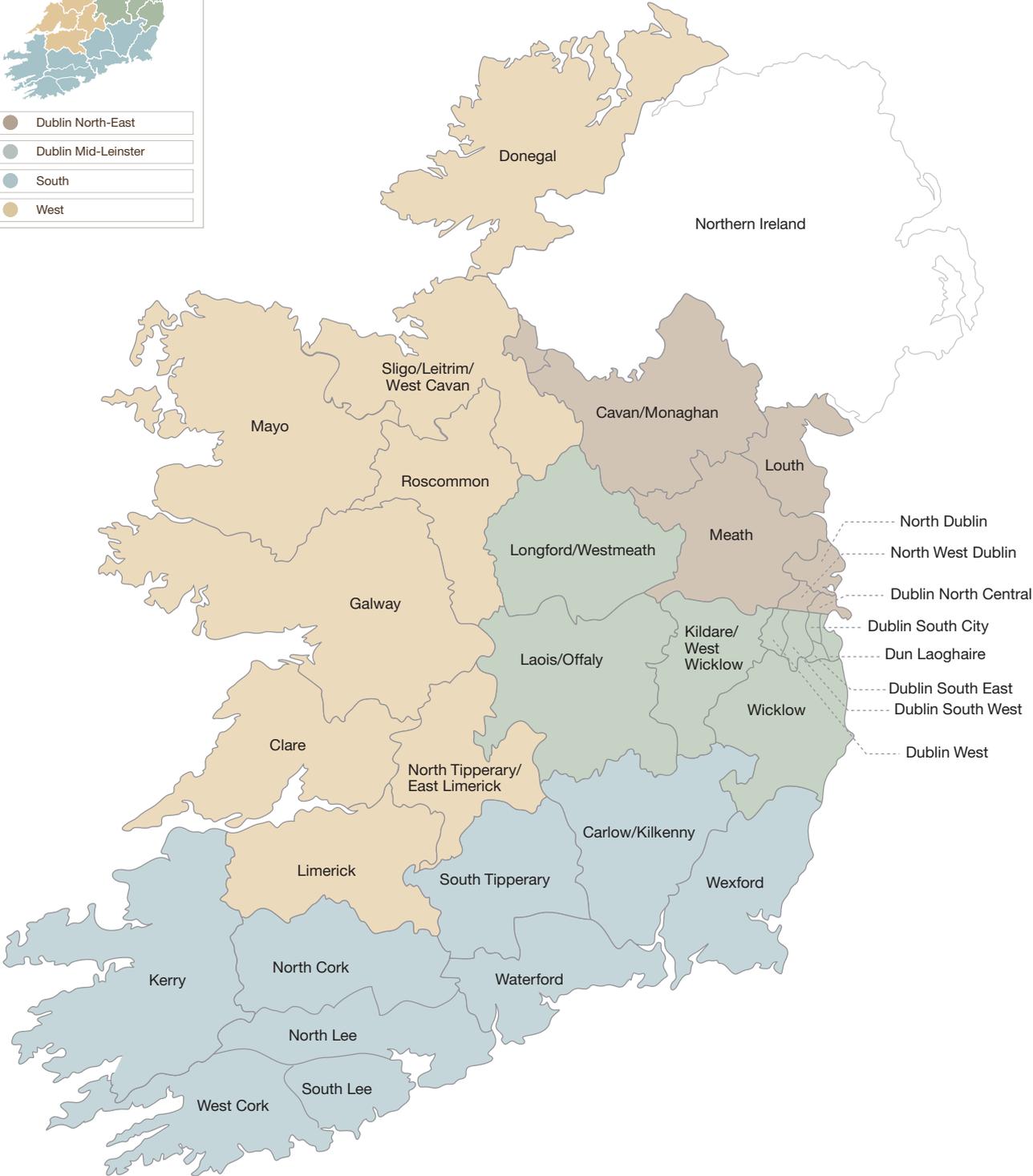
Mental Health

- Mater Hospital – Child and Adolescent Day Centre
- St. Fintan's Admission Unit, Portlaoise.
- Relocation St. Enda's Unit, St. Otteran's, Waterford

Abbreviations

AED	Automated External Defibrillator	METR	Medical Education, Training and Research
ANP	Advanced Nurse Practitioner	MMR	Measles, Mumps, Rubella vaccine
BMI	Body Mass Index	MRI	Magnetic Resonance Imaging
CAMHT	Child and Adolescent Mental Health Team	MRSA	Methicillin-Resistant Staphylococcus Aureus
CEO	Chief Executive Officer	MTFC	Multidimensional Treatment Foster Care
CIT	Community Intervention Team	NCCP	National Cancer Control Programme
CLÁR	Ceantair Laga Árd-Riachtanais	NCHD	Non-Consultant Hospital Doctor
CMHT	Community Mental Health Team	NHN	National Health Network
CNU	Community Nursing Unit	NHO	National Hospitals Office
COPD	Chronic Obstructive Pulmonary Disease	NPRO	National Plan for Radiation Oncology
CPM	Corporate Performance Measurement	NSP	National Service Plan
CPR	Cardiopulmonary Resuscitation	NTPF	National Treatment Purchase Fund
CSO	Central Statistics Office	OPD	Outpatient Department
DLS	Demand Led Schemes	PACS/RIS	Picture Archive and Communication Systems/Radiology Information System
DNA	Did Not Attend	PCCC	Primary, Community and Continuing Care
DOF	Department of Finance	PCRS	Primary Care Reimbursement Scheme
DOH&C	Department of Health and Children	PCT	Primary Care Team
EAG	Expert Advisory Group	PET	Positron Emission Tomography
ED	Emergency Department	PH	Population Health
EU	European Union	PHN	Public Health Nurse
FOI	Freedom of Information	PMR	Performance Monitoring Report
GP	General Practitioner	PPP	Public Private Partnership
HCAI	Health Care Acquired Infection	PPR	Performance Planning Review
HCP	Home Care Package	QUADS	Quality and standards benchmark in drug services
HIQA	Health Information Quality Authority	RAPID	Revitalising Areas by Planning, Investment and Development
HR	Human Resources	RCSI	Royal College of Surgeons Ireland
HSE	Health Service Executive	SATU	Sexual Assault Treatment Unit
HSNPF	Health Services National Partnership Forum	SPR/SR	Specialist Registrar
ICGP	Irish College of General Practitioners	TP	Transformation Programme
ICT	Information Communication Technology	VFM	Value for Money
IFCA	Irish Foster Care Association	WHO	World Health Organisation
IPMS	Integrated Patient Management System	WTE	Whole Time Equivalent
ISP	Integrated Services Programme		
LHO	Local Health Office		
MART	Marine Ambulance Response Team		

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



Local Health Offices Contact Details

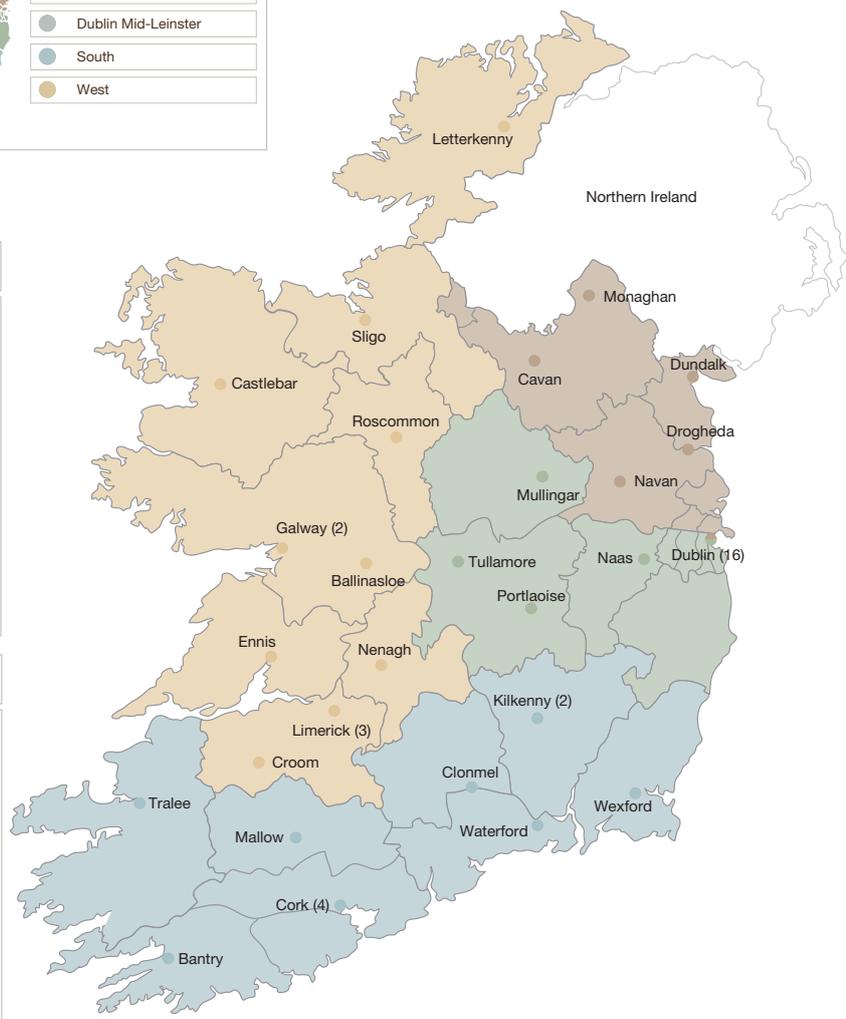
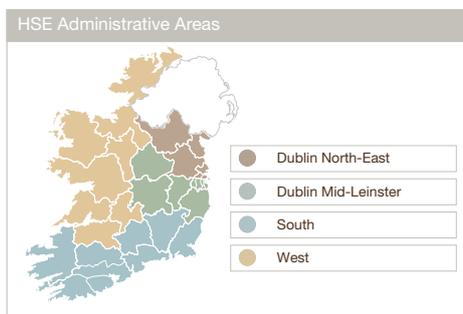
HSE South	
Cork South Lee:	Abbeycourt House, George's Quay, Cork; Tel: 021 4923833
Cork North Lee:	Abbeycourt House, George's Quay, Cork; Tel: 021 4923954
West Cork:	Coolnagarrane, Skibbereen, Co. Cork; Tel: 028 40559
North Cork:	Gouldshill House, Mallow, Co. Cork; Tel: 022 30248
Carlow/Kilkenny:	Lacken,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

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

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

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

Location of HSE's Four Administrative Areas and 50 Acute Care Hospitals



- Western Hospitals Group**
- Letterkenny General Hospital
 - Mayo General Hospital, Castlebar
 - Portiuncula Hospital, Ballinasloe
 - Roscommon County Hospital
 - Sligo General Hospital
 - University College Hospital, Galway
 - Merlin Park Regional Hospital, Galway

- North Eastern Hospitals Group**
- Cavan General Hospital
 - Monaghan General Hospital
 - Louth County Hospital, Dundalk
 - Our Lady of Lourdes Hospital, Drogheda
 - Our Lady's Hospital, Navan

- Mid-Western Hospitals Group**
- Ennis General Hospital
 - Nenagh General Hospital
 - Regional Hospital, (Dooradoyle) Limerick
 - Regional Maternity Hospital (Limerick)
 - Regional Orthopaedic Hospital (Croom)
 - St. John's Hospital, Limerick

- Dublin North Hospitals Group**
- Beaumont Hospital, Dublin
 - Cappagh Orthopaedic Hospital, Dublin
 - Connolly Hospital, Blanchardstown, Dublin
 - Mater Misericordiae Hospital, Dublin
 - Rotunda Hospital, Dublin
 - Children's University Hospital, Temple Street, Hospital

- Southern Hospitals Group**
- Bantry General Hospital
 - Cork University Hospital
 - Kerry General Hospital
 - Mallow General Hospital
 - Mercy University Hospital, Cork
 - South Infirmary/Victoria Hospital, Cork
 - St. Mary's Orthopaedic Hospital, Gurranabraher, Cork

- South Eastern Hospitals Group**
- Lourdes Orthopaedic Hospital, Kilcreene, Kilkenny
 - South Tipperary General Hospital, Clonmel
 - St. Luke's General Hospital, Kilkenny
 - Waterford Regional Hospital, Ardkeen
 - Wexford General Hospital

- Dublin Midlands Hospitals Group**
- Adelaide and Meath Hospital incorporating the National Children's Hospital, Tallaght, Dublin
 - Coombe Women's Hospital, Dublin
 - Longford/Westmeath Regional Hospital, Mullingar
 - Midland Regional Hospital, Portlaoise
 - Midland Regional Hospital, Tullamore
 - Naas General Hospital
 - Our Lady's Hospital for Sick Children

- Dublin South Hospitals Group**
- National Maternity Hospital, Holles St., Dublin
 - Royal Victoria Eye and Ear Hospital, Dublin
 - St. Columcille's Hospital, Loughlinstown, Dublin
 - St. James's Hospital, Dublin
 - St. Luke's Hospital, Dublin
 - St. Michael's Hospital, Dun Laoghaire, Dublin
 - St. Vincents Hospital Elm Park, Dublin

Acute Hospitals Contact Details

South Eastern Hospitals Group

Waterford Regional Hospital Tel: 051 848 000
St. Luke's General Hospital, Kilkenny
Tel: 056 778 5000
Wexford General Hospital Tel: 053 915 3000
Lourdes Orthopaedic Hospital, Kilcreene
Tel: 056 778 5500
South Tipperary General Hospital, Clonmel
Tel: 052 77000

North Eastern Hospitals Group

Our Lady of Lourdes Hospital, Drogheda
Tel: 041 9837601
Louth County Hospital, Dundalk Tel: 042 933 4701
Cavan General Hospital Tel: 049 4376000
Monaghan General Hospital Tel: 047 81811
Our Lady's Hospital, Navan Tel: 046 9078509

Western Hospitals Group

Merlin Park University Hospital, Galway Tel: 091 751131
University College Hospital Galway Tel: 091 524222
Mayo General Hospital Tel: 0940 21733
Roscommon County Hospital Tel: 09066 26200
Portiuncula Hospital, Ballinasloe Tel: 09096 48200
Sligo General Hospital Tel: 071 9171111
Letterkenny General Hospital Tel: 074 9125888

Dublin Midlands Hospital Group

Adelaide and Meath Hospital Inc NCH Tel: 01 4142000
Naas General Hospital Tel: 045 897221
Coombe Women's Hospital Tel: 01 4085200
Our Lady's' Children's Hospital, Crumlin Tel: 01 4096100
Midland Regional Hospital, Mullingar Tel: 044 9340221
Midland Regional Hospital, Tullamore Tel: 057 9321501
Midland Regional Hospital, Portlaoise Tel: 057 8621364

Southern Hospitals Group

Cork University Hospital Tel: 021 454 6400
Mallow General Hospital Tel: 022 30300
Kerry General Hospital Tel: 066 718 4000
Bantry General Hospital Tel: 027 50133
Mercy University Hospital Cork Tel: 021 427 1971
South Infirmary Victoria University Hospital, Cork
Tel: 021 492 6100

Dublin North East Hospital Group

Mater Misericordiae University Hospital
Tel: 01 8032000
Beaumont Hospital, Dublin Tel: 01 8093000
Connolly Hospital, Blanchardstown Tel: 01 6465000
Cappagh National Orthopaedic Hospital
Tel: 01 8341211
Children's University Hospital, Temple Street
Tel: 01 8784200
Rotunda Hospital, Dublin Tel: 01 8730700

Mid-Western Hospitals Group

Regional Hospital, Dooradoyle Tel: 061 301111
Regional Orthopaedic Hospital, Croom
Tel: 061 397276
Regional Maternity Hospital, Limerick
Tel: 061 327455
Ennis General Hospital Tel: 065 6824464
Nenagh General Hospital Tel: 067 31491
St. John's Hospital, Limerick Tel: 061 462222

Dublin South Hospitals Group

St. Vincent's Hospital, Elm Park Tel: 01 2774000
St. Michaels Hospital, Dun Laoghaire
Tel: 01 2806901
St. Colmcille's Hospital, Loughlinstown
Tel: 01 2825800
National Maternity Hospital, Holles St. Dublin
Tel: 01 6373100
St. Luke's Hospital, Rathgar Tel: 01 4065000
Royal Victoria Eye and Ear Hospital Tel: 01 6644600
St. James's Hospital Tel: 01 4103000

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Operating and Financial Review

Overview

This Operating and Financial Review is intended to present an analysis of the main trends and factors underlying the development, performance and position of the HSE during the financial year, along with those that are likely to affect the HSE in the future.

The HSE delivered a balanced Vote in 2008 and also met and in some cases exceeded the main service delivery commitments as set out in the Service Plan 2008, while tightly managing the total numbers employed. The Value for Money (VFM) Programme for 2008 achieved in excess of €280 million savings targeted for 2008.

The Health Service Executive prepares Vote accounts for the Oireachtas and accruals accounts for its annual report. The Health Service Executive delivered a balanced Vote in 2008, with a small surplus of €81.458 million (0.57%) on the overall gross revenue Vote of €14.410 billion. It is a fundamental objective of the Board of the HSE that no overspending of the Vote takes place. In practice it is almost impossible to achieve an actual outturn which matches the exact Vote amount. As a result, it is inevitable that this prudent approach will result in small surpluses. The accruals-based Revenue Income and Expenditure Account (I&E) shows an operating deficit of €252.837 million in 2008 (€41.747 million in 2007).

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

2008 Budget by Directorate

The overall budget of €13.779 billion is made up of the total gross revenue HSE Vote of €14.410 billion (post Supplementary Estimate), less a budget of €630 million for income (appropriations-in-aid) generated directly by the HSE. The breakdown of the Vote by spending area is summarised in the table below.

	€'000	%
National Hospitals Office	4,656,442	33.80
Primary, Community and Continuing Care incl. PCRS	8,073,828	58.60
National Shared Services	26,756	0.19
Estates	41,449	0.30
ICT	19,654	0.14
Procurement	13,605	0.10
Local Support Services (mainly pensions)	265,046	1.92
Population Health	102,051	0.74
Finance	64,699	0.47
Human Resources	188,843	1.37
Office of the CEO	18,227	0.13
Health Repayment Scheme	236,000	1.71
Development & Technical Resources	73,000	0.53
Total	13,779,600	100.0

Appropriations-in-aid

A number of income (appropriations-in-aid) categories such as Recovery of Costs from the Social Insurance Fund, Income from Services Provided under EU Regulations and Recovery from the UK Department of Health and Social Security are outside the direct control of the HSE. The annual estimates for these categories are set by the Department of Health and Children and the Department of Finance. Where there is a shortfall in appropriations-in-aid received by the HSE compared with the Estimate, as was the case in 2008, prior approval of the Dáil must be obtained by means of Supplementary Estimate for any amendment to the Vote. The HSE received a technical Supplementary Estimate in December 2008 to cover shortfalls primarily in the area of UK receipts.

Key Financial Information 2008 – Vote Accounting

	Original Estimate €'000	Suppl. Estimate €'000	Estimate Post Suppl. €'000	2008 Vote Outturn €'000	Under/(Over) Post Suppl. €'000
Gross Revenue (Excl Long Stay)	14,187,600	(12,800)	14,174,800	14,088,489	86,311
Long Stay Repayment Scheme	150,000	86,000	236,000	236,000	0
Gross Revenue	14,337,600	73,200	14,410,800	14,324,489	86,311
Capital	593,720	2,800	596,520	580,340	16,180
Gross Total	14,931,320	76,000	15,007,320	14,904,829	102,491
Appropriations in Aid – HSE	(630,000)	0	(630,000)	(611,075)	(18,925)
Appropriations in Aid – Other	(1,971,275)	346,000	(1,625,275)	(1,623,167)	(2,108)
Net Total	12,330,045	422,000	12,752,045	12,670,587	81,458

Key Financial Information 2007-2008 – Accruals Basis

	2008 €'000	2007 €'000	Change €'000
Income	14,430,207	13,499,457	930,750
Net Operating Deficit/Surplus	(252,837)	(41,747)	(211,090)
Revenue Expenditure			
Pay	5,126,617	4,810,970	315,647
Non-Pay (HSE only)	5,619,200	5,060,842	558,358
Grants to Outside Agencies	3,937,227	3,669,392	267,835
Capital Expenditure	563,168	635,897	(72,729)
Capital Commitments	2,151,713	3,064,324	(912,611)
Net Surplus on Vote to be Surrendered to the Exchequer	81,458	38,948	42,510

Operating and Financial Review

Cost Pressures

The most significant cost growth in the year was for primary care and medical cards schemes which increased by €323.558 million or 11% year-on-year.

Drugs and medicines expenditure increased by €47.501 million, or 23% over previous year, reflecting the continued pressure from new and expensive drug regimes – particularly in oncology. This increase is reflective of the trend internationally.

Growth in medical/surgical supplies expenditure continued at 7% (€14.747 million), a similar rate of growth to 2007, reflecting developments in treatment regimes such as drug-eluting stents, implantable cardiac defibrillators and spinal cord stimulators.

Energy costs were up by €11.924 million or 19%, in line with the steep increase in the cost of oil during 2008 and associated gas and electricity price increases.

Capital

The 2008 budget for capital projects was €596.52 million, which included €40 million in respect of ICT projects. It also included €9.8 million in respect of capital payments to Pobail, funded from dormant account funds. The capital cash draw down for 2008 was €580.34 million. There was undrawn capital of €16.18 million arising from information technology capital projects not sanctioned by the year end.

Business Environment and Implications for 2009

Deteriorating economic circumstances during 2008 resulted in significantly increased demand for many services delivered by the HSE, particularly in the area of primary care and medical card services. More people became eligible for medical and GP Visit cards (6% and 13% respectively). When these types of demands exceed the allocated budgets, the extra cost has to be met by redirecting funds from other areas.

The HSE National Service Plan 2009, approved by the Minister for Health and Children in December 2008, included €250 million in economy and cost avoidance measures for 2009. These savings are in addition to €280 million value for money measures achieved in 2008 which also have to be continued/repeated in 2009. Since December 2008, a number of potential exposures, some of which were flagged in the National Service Plan, materialised. Based on the best information available, an additional funding shortfall for 2009 of €540 million was identified through detailed examination undertaken by the HSE and the Department of Health and Children. Some of this additional funding shortfall is once-off in nature while others have ongoing implications.

The approach agreed as part of the Supplementary Budget on 7 April 2009, when combined with the €133 million in measures already identified by the HSE and not affecting the Service Plan left a residual problem of €147 million. The Minister has identified a number of measures to address this gap in funding.

Risks and Uncertainties for 2009

The rate of annual increases in the costs of 'Demand Led Schemes' such as 'Long Term Illness' and the 'Drug Payments Scheme' remain a principal risk for the HSE. These schemes come within the Primary Care and Medical Card Schemes. By their nature, demand for these schemes is unpredictable, and this, along with price increases, has led to budgetary pressures year-on-year.

In 2008, the increase in unemployment has resulted in an increase in the number of medical cards and GP Visit cards issued in the year. While the HSE attempts to minimise the adverse financial effects of these schemes through stringent monitoring and control procedures, there is no doubt that increased demand volume and costs represent a significant challenge to the organisation in delivering its accountability responsibilities. It has been agreed with the Department of Health and Children that the funding provision in respect of medical cards would be kept under review during 2009.

The HSE carries significant risk relating to the dependence upon savings in the non-basic pay area. These savings are becoming increasingly difficult to realise in light of the worsening industrial relations environment and the introduction of the pension levy along with the impact of the April 2009 budget.

The HSE has not provided for the possible adverse financial effects, estimated at €170 million for prior years plus €25 million per annum in 2009 and future years, arising from actions taken by pharmacists relating to the provisions of the medical cards schemes. Details of these claims are set out in Note 29 to the Annual Financial Statements on page 104.

Performance Monitoring

Work continued during 2008 to further develop our corporate reporting capabilities within the planning, performance monitoring and management framework. The HSE Executive Corporate Control Group, chaired by the Finance Director, meets fortnightly for the purpose of reviewing and validating organisational performance in the key areas of finance, human resource management and the achievement of targets identified in the National Service Plan.

Monthly performance reports were made publicly available on the HSE website for the first time in 2008. Monthly performance reports provide an integrated analysis of performance in the key organisational areas of Primary Community and Continuing Care, National Hospitals Office, Population Health, Finance and Human Resources. Biannual reports were also published to show progress against specific actions as set out in the National Service Plan. In addition to the monthly and quarterly performance reports, specific service programmes, e.g. Winter Initiative and Transformation Projects, provided regular progress reports.

During the period April to August 2008, the collection and reporting of performance data was severely restricted due to industrial action by IMPACT trade union for clerical/administrative staff. Information provided at this time was estimated.

HealthStat, the HSE's operational performance management tool, was further refined within the acute services and is now used in 29 acute hospitals. During 2008 HealthStat was extended and piloted within community services. It is available on the HSE website from January 2009.

Conclusion

The Health Service Executive met its accountability requirements in 2008 by delivering National Service Plan commitments within its funding provision. Key economic indicators suggest that 2009 will be a very challenging year. HSE management's attention and efforts in 2009 remain focussed on cost reduction/containment, VFM and management initiatives to protect front line services while at the same time maintaining the quality and safety of patient care.

Board Members' Report

The Board of the Health Service Executive (HSE)

The HSE Board is the governing authority of the State's largest organisation which oversees a gross budget in excess of €14 billion and employs over 110,000 staff. It is accountable to the Minister for Health and Children to ensure the resources available to the HSE are used in the most beneficial, effective and efficient manner to improve, promote and protect the health and welfare of the public.

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

Members

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

The Board members, as of 31 December 2008, are listed on pages 4 and 5.

Committees of the Board

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

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

Audit Committee

The Executive's Audit Committee comprises Professor Niamh Brennan (Chairman), Mr. P.J. Fitzpatrick, Mr. Joe Mooney and Mr. Willie O'Reilly. Mr. Adrian Waters completed his term of appointment as an external member of the Committee in June 2008.

The Committee reports to the Board on all aspects of financial reporting and accounting policy and reviews the effectiveness of the HSE's system of internal audit and financial control. The HSE's external auditors meet with the Committee to plan and review results of the annual audit of the Executive's financial statements.

Remuneration and Organisation Committee

The Executive's Remuneration and Organisation Committee comprises Dr. Donal de Buitléir (Chairman), Mr. Pat Farrell, Dr. Maureen Gaffney and Mr. Liam Downey.

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

Risk Committee

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

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

Other Committees

A Board Committee has been established to develop proposals on Education, Training and Research. Membership of this Committee includes Dr. Michael Murphy and Professor Anne Scott.

Support to the Board and its committees is provided by the Secretary to the Board, Mr. Dara Purcell.

Meetings of the Board and its Committees

In accordance with Schedule 2 of the Health Act 2004, the Board is required to hold no fewer than one meeting in each of 11 months of the year. In 2008 the Board met on 15 occasions, holding 11 monthly Board meetings and 4 additional Board meetings. The Audit Committee met on 7 occasions; the Remuneration and Organisation Committee met on 11 occasions and the Risk Committee met on 11 occasions.

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

Attendance at Meetings of the Board

Member	Scheduled Monthly Board Meetings		Additional meetings of the Board	
	Meetings	Attendance	Meetings	Attendance
L. Downey	11	10	4	4
N. Brennan	11	10	4	4
D. de Buitleir	11	11	4	4
B. Drumm	11	11	4	4
P.J. Fitzpatrick	10	8	4	4
M. Gaffney	11	9	4	4
J. Macri	4	1	3	1
E. McCague	10	8	4	3
J. Mooney	10	9	4	4
M. Murphy	11	6	4	1
P. Farrell	10	8	4	3
W. O'Reilly	4	4		
A. Scott	10	9	4	3

Mr. Joe Mooney and Mr. Pat Farrell were appointed to the Board by the Minister for Health and Children in February 2008.

Mr. P.J. Fitzpatrick, Mr. Eugene McCague and Prof. Anne Scott were reappointed to the Board in February 2008 by the Minister for Health and Children.

Mr. Willie O'Reilly was appointed to the Board by the Minister for Health and Children in September 2008 to replace Mr. J. Macri, who resigned in April 2008 due to work commitments following his appointment to an international position within his company.

Dr. Michael Murphy also resigned from the Board at the end of December 2008 due to substantially increased work commitments following his appointment as President of University College Cork.

Board Members' Report

Attendance at Meetings of Board Committees

Member	Audit		Remuneration and Organisation		Risk	
	Meetings	Attendance	Meetings	Attendance	Meetings	Attendance
L. Downey			11	11		
N. Brennan	7	7				
D. de Buitleir			11	10		
B. Drumm						
P. J. Fitzpatrick	7	3			11	5
M. Gaffney			11	9		
J. Macri	4	0				
E. McCague					11	8
J. Mooney	6	6			3	3
M. Murphy						
W. O'Reilly	1	1				
A. Scott					11	11
P. Farrell			10	8		

The Board made the following appointments to its committees in 2008:

- Mr. P. Farrell was appointed as a member of the Remuneration and Organisation Committee in February 2008.
- Mr. Willie O'Reilly was appointed as a member of the Audit Committee in October 2008.
- Mr. J. Mooney was appointed as member of the Audit Committee in February 2008 and the Risk Committee in October 2008.

Annual Review of Board Performance

In accordance with its terms of reference the Board concluded an internal evaluation of its performance in 2008.

Code of Governance

The Health Act, 2004 sets out the legal requirements for the HSE regarding its Code of Governance. The Code of Governance comprises a suite of inter-related documents that together form the HSE Framework for Corporate and Financial Governance.

The Framework for Corporate and Financial Governance was initially approved by the Board in 2006, revised in 2007 and submitted to the Minister as required by Section 35 of the Health Act 2004. The Framework, which was approved by the Minister for Health and Children on 26 March 2008, is divided into two parts:

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

- Board Terms of Reference
- Audit Committee Terms of Reference
- Internal Audit Function
- Remuneration and Organisation Committee Terms of Reference
- Risk Committee Terms of Reference

Part 2 – Governance documents of more general relevance:

- Code of Standards and Behaviour
- Good Faith Reporting Policy
- Policy Statement on Fraud
- Integrated Risk Management Policy
- Procurement Policy
- Customer Service Charter and Customer Complaints Procedure

Ministerial approval for the Governance Framework was subject to *'agreement with the relevant trade unions on those aspects, particularly in Part 2 of the Code, that might affect employees in accordance with section 28.13 of the Towards 2016 National Partnership Agreement'*.

A presentation on the relevant aspects of the Governance Framework – Code of Standards and Behaviour and the policies on Good Faith Reporting and Fraud – was made to the Health Services National Partnership Forum on 22 October 2008. Feedback from the Unions on the documents was received and incorporated as appropriate. The Governance Framework is published on the HSE website.

A project management approach is being adopted for the implementation of the Governance code. The project is wide ranging and has implications for all directorates. This approach ensures that, once implemented, the Code of Governance will be embedded in the organisation and its integration, with aspects of the transformation programme and other developments within the directorates, is also assured.

Internal Audit

Internal Audit is one of the key elements of the HSE's corporate governance framework.

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

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

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

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

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

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

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

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

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

Signed on behalf of the HSE



Mr. Liam Downey

Chairman

8 May 2009

Statement on the System of Internal Financial Control

Responsibility for the System of Internal Financial Control

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

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

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

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

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

Basis for Statement

I as Chairman of the Board of the HSE make this statement in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, 2001. In making this Statement on the System of Internal Financial Control the Board has relied on the Statement made by the CEO as Accounting Officer in the 2008 Appropriation Account.

Financial Control Environment

The HSE has responsibility for a budget which in 2008 was in excess of €14 billion, the largest of any public-sector organisation in Ireland. Maintaining the system of internal financial controls is a continuous process and the system and its effectiveness are kept under continuous review. Whilst the legacy accounting systems of the former health boards have remained in place since the establishment of the HSE, a number of internal projects to enhance reporting capability and functionality of these systems were undertaken in 2008. The HSE has developed an internal reporting system which consolidates the accounts produced by these separate legacy systems to facilitate the preparation of timely monthly management reports, the Annual Financial Statements (AFS) and the Appropriation Account. However, as all the accounting systems are designed to produce accrual accounts rather than a Vote-based Appropriation Account, the HSE's Vote is not accounted for at a transaction level which is required under Government Accounting rules. The accurate extraction of the cash-based data for the Appropriation Account remains a difficult and complex exercise. There are inherent information limitations and operating inefficiencies in the dependence on the solutions currently in place. In the absence of a single national financial system, continued development and improvement of existing systems is of vital importance. Work is ongoing with the Department of Finance and the Department of Health and Children towards the implementation of a national system as a matter of priority.

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

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

- There is a framework of administrative procedures and regular management reporting in place including segregation of duties, a system of delegation and accountability and a system for the authorisation of expenditure.

Statement on the System of Internal Financial Control

- The second phase of the project to develop a single set of financial regulations throughout the HSE continued in 2008, following the roll out of phase 1 covering 'Purchase to Pay' processes. Financial regulations promote standards of best practice and are adopted throughout the organisation and form an important part of the wider governance systems in operation within the HSE. Phase 2 of the project covers such topics as payroll and other staff payments, fixed and current assets and internal reporting. While roll out of Phase 2 commenced during 2008 the targeted completion of this phase by year end was not achieved. The project has been accorded highest priority to ensure completion within the first half of 2009. Notwithstanding the ongoing standardisation of policies and procedures, where internal processes are systems-driven, variations in process remain unavoidable until such time as the HSE has implemented a single organisation-wide financial system.
- The HSE has a comprehensive planning, performance monitoring and management framework. Substantial work took place during 2008 to further develop corporate reporting capabilities. The HSE Executive Corporate Control Group, established in 2007, and chaired by the Finance Director, continued in its role of reviewing and validating organisational performance in the key areas of finance, human resource management and the achievement of targets identified in the National Service Plan (NSP).
- Monthly performance monitoring reports (PMRs) were made publicly available on the HSE website for the first time in 2008. These reports provide an integrated analysis of performance in the key organisational areas of Primary Community and Continuing Care, National Hospitals Office, Population Health, Finance and Human Resources. Biannual reports were also published to show progress against specific actions as set out in the NSP and regular progress reports provided against an agreed set of performance indicators and measures. In addition to the monthly and quarterly PMRs, specific service programmes, e.g. Winter Initiative and Transformation Projects, provided regular progress reports.
- During the period April to August, the collection and reporting of performance data was severely restricted due to industrial action by IMPACT trade union for clerical/administrative staff. Information provided at this time was estimated.
- In accordance with the provisions of the Health Act 2004, the Board published the Corporate Plan 2008-2011, which set out the HSE's priorities and direction for the three-year period. The National Service Plan for 2009 was also prepared and submitted to the Minister for Health and Children for approval.
- The HealthStat project to develop comprehensive performance information showing how 29 teaching, regional and general hospitals are performing against national and international targets began as a pilot programme in 2008 and was launched in March 2009. The information is compiled and published monthly on the HSE's website and includes measures such as outpatient waiting times, average length of stay in hospital and records how well each hospital is using its resources. It also identifies systemic performance issues that need a national approach. The data is reviewed at a monthly HealthStat Forum which focuses on performance results for individual hospitals, shares the reasons for identified successes and supports action plans for improvements, which are rigorously followed up. The Forum is led by the CEO and attended by National Directors, hospital CEOs and Clinical Directors. During 2008 HealthStat was extended and piloted within community services.
- A devolved budgetary system was in place with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances.
- A detailed standardised appraisal process is conducted for all capital projects budgeted in excess of €0.5 million. The process involves presenting a project brief setting out service need in the context of capital priorities as expressed in the Corporate and Service Plans and the Health Strategy. A cost-benefit analysis of all proposed capital projects budgeted in excess of €30 million is carried out in accordance with Department of Finance 2005 Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector. Board reviews of the capital programme take place on a regular basis.
- The HSE has an Internal Audit function with appropriately trained personnel which operates in accordance with a written charter/terms of reference which the Board has approved. Work of the Internal Audit function is informed by analysis of the financial risks to which the HSE is exposed. Annual Internal Audit plans, approved by the Audit Committee, are based on this analysis. These plans aim to cover the key controls on a rolling basis over a reasonable period. The Internal Audit function is reviewed periodically by the Audit Committee, which reports to the Board. Procedures are in place to ensure that the reports of the Internal Audit function are followed up.
- An Audit Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises four Board members. The Committee reports directly to the Board. The Committee operates under agreed Terms of Reference and sat on seven occasions in 2008.

- A Risk Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises four Board members and an external nominee. The Committee reports directly to the Board. The Risk Committee of the HSE operates under agreed Terms of Reference and focuses principally on assisting the Board in fulfilling its duties by providing an independent and objective review of non-financial risks. The Risk Committee sat on eleven occasions in 2008. Full liaison between the Audit and Risk Committees of the Board is essential to the proper functioning of these two inter-related Board committees. Liaison is facilitated by common membership of these two committees and joint meetings are now held to strengthen this liaison role.
- Monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the Internal Audit function, the Audit Committee and the Managers in the HSE with responsibility for the development and maintenance of the financial control framework. Comments made by the Comptroller and Auditor General in his management letters or other reports have also been taken into account.

In March 2008, the Minister for Health and Children approved the HSE's Code of Governance subject to agreement with the relevant trade unions on those aspects that might affect employees. Consultations took place under the aegis of the Health Services National Partnership Forum. Submissions from the Trade Unions on the documents were, in so far as was possible, addressed and the Code of Governance is now published on the HSE website. In relation to the implementation of the Code of Governance, a project management approach is being adopted with individual National Directors assuming responsibility for implementation of the specific documents comprising the framework.

Procedures for property acquisitions and disposals by the HSE comply with the legal obligations set out in sections 78 and 79 of the Health Act 1947, as amended by the Health Act 2004. The Board has delegated authority to the CEO to approve property acquisitions up to a limit of €2 million. Transactions in excess of this delegated amount must be formally approved by the Board based on recommendations from the CEO.

Review of the Effectiveness of the System of Internal Control

During 2008 the Chief Executive Officer commissioned an external Review of Finance Controls in the Health Service Executive. Whilst not specifically commissioned for the purpose of informing this Statement on the System of Internal Financial Control, the terms of reference of the review were:

- To undertake a review of existing financial controls and reports;
- To comment upon the fitness for purpose of the current finance organisation of the HSE;
- To examine the interaction between the finance and other directorates within the HSE to include an assessment of the accountability arrangements of directors;
- To identify within current systems and resource constraints how to extract the best delivery for the benefit of the CEO;
- To aid in the positioning of finance to support the decision making process.

The report on the Review of Financial Controls in the Health Service Executive was presented to the CEO and the Finance Director in January 2009 and reviewed and discussed by the Audit Committee at its January 2009 meeting. A recurring theme through the entire review was the limitation imposed on Finance delivery by the absence of a fit-for-purpose accounting system. The optimal solution for Finance delivery in the HSE will involve putting in place a single national financial system and work continues to secure such an outcome. However, there are many further improvements which are being pursued and delivered even in the absence of the systems solution. It is towards these deliverables that the report's recommendations were targeted. The recommendations were grouped under logical headings of the Role of Finance, the Organisation Structure, a number of Key Deliverables, People, Systems and Next Steps.

Structured plans for the implementation of the recommendations of the report are being followed up by management.

A Working Group, chaired by Mr. Tom Considine with representatives from the Department of Health and Children, the Department of Finance and the HSE was established by the Minister for Health and Children, following a Government Decision, to study certain accounting issues related to the Health Service Executive (HSE). The primary focus of the Working Group was the interaction between Vote Accounting and Income and Expenditure Accounting (accrual accounts) and in particular how that interaction can best be managed to maximise the value added for the HSE, the Government, Dáil Éireann, Government Departments and the Comptroller and Auditor General.

Statement on the System of Internal Financial Control

The terms of reference of the Working Group included:

- The review of the annual Income and Expenditure Accounts and Appropriation Accounts prepared to date in respect of the Health Service Executive (HSE), and a description of their format and content;
- Identification and consideration of issues arising from the combined operation of the two accounting requirements for the HSE, the Department of Health and Children, the Department of Finance, the Comptroller and Auditor General and the Oireachtas;
- Considering ways to improve understanding of and consistency between the two sets of HSE Accounts with a view to improving transparency of the accounts;
- Investigation of the necessity or otherwise of setting a defined expenditure level for the HSE each year and the implications of such a control mechanism for the Estimate process, HSE budget setting and associated reporting for Income and Expenditure purposes; and
- Make recommendations accordingly

The Working Group reported to Government in March 2009. The report has been reviewed and discussed by the Audit Committee. Implementation plans for the report's recommendations are being prepared by management.

In addition to these external reviews, a formal internal review of the effectiveness of the system of internal control in the HSE was conducted by a project team comprising senior managers who have specific expertise in the areas of finance, audit and control. Annual reviews of the system of internal control undertaken in previous years established a template which has been followed in carrying out this review in 2008. The review involved a number of steps as follows:

- Assessment of progress against the implementation of recommendations contained in previous reports;
- Consideration of Controls Assurance Statements completed by senior managers;
- Assessment of management's mitigation of potential risks identified by the Comptroller and Auditor General (C&AG);
- Review of Internal Audit Reports and C&AG management letters;
- Structured bilateral interviews with a representative sample of senior managers randomly selected from across the organisation.

The report of the project team was circulated to senior management in March 2009. In summary, the overall conclusion from this review is that while the control environment, control and risk management processes and assurance arrangements remain largely effective, there are a number of areas where specific action is recommended to increase effectiveness and consolidate on the improvements which are in evidence since the previous report. The implementation of these recommendations by management will be monitored by the Audit Committee during 2009.

This Statement on the System of Internal Financial Control represents the position in place in the HSE in the year ended 31 December 2008.

Signed on behalf of the HSE



Mr. Liam Downey
Chairman

8 May 2009

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

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2008 under Section 36 of the Health Act, 2004.

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

Respective Responsibilities of the Executive and the Comptroller and Auditor General

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

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

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

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

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

I review whether the Statement on Internal Financial Control reflects the Executive's compliance with the Code of Practice for the Governance of State Bodies and report any material instance where it does not do so, or if the statement is misleading or inconsistent with other information of which I am aware from my audit of the financial statements.

I am not required to consider whether the Statement on Internal Financial Control covers all financial risks and controls, or to form an opinion on the effectiveness of the Executive's risk and control procedures.

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

Basis of Audit Opinion

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

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

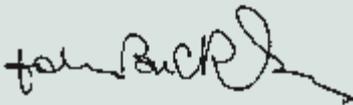
Without qualifying my opinion, I draw attention to the basis of accounting in the Accounting Policies which explains how the accounting standards specified by the Minister for Health and Children differ from Generally Accepted Accounting Practice in Ireland.

Report of the Comptroller and Auditor General

Opinion

In my opinion, the financial statements give a true and fair view, in accordance with the accounting standards specified by the Minister for Health and Children, of the state of the Executive's affairs at 31 December 2008 and of its income and expenditure for the year then ended.

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

A handwritten signature in black ink, appearing to read 'John Buckley', with a long, sweeping underline.

John Buckley
Comptroller and Auditor General

12 May 2009

Revenue Income and Expenditure Account

For Year Ended 31 December 2008

	Notes	2008 €'000	2007 €'000
Income			
Exchequer Revenue Grant	3	12,100,047	10,897,583
Receipts from certain excise duties on tobacco products		167,605	167,605
Health Contributions		1,326,677	1,298,199
Income from services provided under EU regulations		100,000	450,000
Recovery of costs from Social Insurance Fund		15,338	14,820
Receipts from UK Dept of Health & Social Services		150	178
Patient Income	4	285,056	269,618
Other Income	5	431,798	400,610
Dormant Accounts		3,536	844
		14,430,207	13,499,457
Expenditure			
Pay			
Clinical	6 & 7	3,288,867	3,047,244
Non-Clinical	6 & 7	1,222,548	1,154,256
Other Client/Patient Services	6 & 7	615,202	609,470
		5,126,617	4,810,970
Non-Pay			
Clinical	8	1,035,217	935,260
Patient Transport and Ambulance Services	8	60,417	59,015
Primary Care and Medical Card Schemes	8	3,402,211	3,078,653
Other Client/Patient Services	8	94,544	74,716
Grants to Outside Agencies	8	3,937,227	3,669,392
Housekeeping (catering, crockery, linen etc.)	8	254,471	234,539
Office and Administration Expenses	8	509,543	500,580
Long Stay Charges Repaid to Patients	8	225,266	126,571
Hepatitis C Insurance Scheme	8	574	237
Other Operating Expenses	8	36,957	51,271
		9,556,427	8,730,234
Net Operating (Deficit)/Surplus for the Year		(252,837)	(41,747)
Balance at 1 January		(904,879)	(863,132)
Balance at 31 December		(1,157,716)	(904,879)

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

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 79-82.



Mr. Liam Downey
Chairman



Professor Brendan Drumm
Chief Executive Officer

Capital Income and Expenditure Account

For Year Ended 31 December 2008

	Notes	2008 €'000	2007 €'000
Income			
Exchequer Capital Funding		570,540	555,548
EU Funding		415	339
Revenue Funding Applied to Capital Projects		178	604
Dormant Accounts		9,861	2,816
Government Departments and Other Sources	19(c)	7,801	4,181
		588,795	563,488
Expenditure			
Capital Grants to Voluntary Agencies (Appendix 2)	19(b)	190,148	201,175
Capital Expenditure on HSE Capital Projects	19(b)	373,020	434,722
		563,168	635,897
Net Capital (Deficit)/Surplus for the Year		25,627	(72,409)
Balance at 1 January		(262,239)	(189,830)
Balance at 31 December		(236,612)	(262,239)

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

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 79-82.



Mr. Liam Downey
Chairman



Professor Brendan Drumm
Chief Executive Officer

Balance Sheet

As at 31 December 2008

	Notes	2008 €'000	2007 €'000
Fixed Assets			
Tangible Assets			
Land and Buildings	9	4,633,132	4,422,984
Other Tangible Fixed Assets	10	382,462	412,719
Investments			
Financial Assets	11	3	3
Total Fixed Assets		5,015,597	4,835,706
Current Assets			
Stocks	12	119,914	127,325
Debtors	13	211,554	211,767
Paymaster General and Exchequer Balance	14	57,311	52,641
Cash at Bank or in Hand		25,025	665
Current Liabilities			
Creditors	15	(1,744,767)	(1,494,481)
Net Current Liabilities		(1,330,963)	(1,102,083)
Creditors falling due after more than one year	16	(59,598)	(59,762)
Deferred income	17	(3,770)	(5,276)
Total Assets		3,621,266	3,668,585
Capitalisation Account	18(a)	5,015,594	4,835,703
Capital Reserves	18(b)	(236,612)	(262,239)
Revenue Reserves	18(c)	(1,157,716)	(904,879)
Capital and Reserves		3,621,266	3,668,585

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 79-82.



Mr. Liam Downey
Chairman



Professor Brendan Drumm
Chief Executive Officer

Cash Flow Statement

For Year Ended 31 December 2008

	Notes	2008 €'000	2007 €'000
Net Cash Inflow from Operating Activities	20	35,522	143,682
Returns on Investments and Servicing of Finance			
Interest paid on loans and overdrafts		(56)	(56)
Interest paid on finance leases		(1,557)	(1,638)
Equity dividends received		8	2
Interest received		2,178	3,749
Net Cash Inflow from Servicing of Finance		573	2,057
Capital Expenditure			
Capital expenditure – capitalised		(326,015)	(350,648)
Capital expenditure – not capitalised		(237,152)	(285,249)
Payments from revenue re: acquisition of fixed assets (net of trade-ins)		(19,650)	(53,625)
Revenue funding applied to Capital		178	604
Receipts from sale of fixed assets (excluding trade-ins)		639	15,206
Amounts refunded to the Exchequer		(517)	(15,160)
Net Cash Outflow from Capital Expenditure		(582,517)	(688,872)
Net Cash Outflow before Financing		(546,422)	(543,133)
Financing			
Capital grant received		570,540	555,548
Capital receipts from other sources		18,077	7,336
Payment of capital element of finance lease and loan repayments		(271)	(595)
Net Cash Inflow from Financing		588,346	562,289
Net Cash Flow		41,924	19,156
Increase in cash in hand and bank balances in the year	21	41,924	19,156

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 79-82.



Mr. Liam Downey
Chairman



Professor Brendan Drumm
Chief Executive Officer

Accounting Policies

Basis of Accounting

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

1. Depreciation is not charged to the Revenue Income and Expenditure Account, rather it is charged to a reserve account: the Capitalisation Account. Reserve accounting is not permitted under Generally Accepted Accounting Principles (GAAP). Under those principles, depreciation must be charged in the revenue income and expenditure account.
2. Grants received from the State to fund the purchase of fixed assets are recorded in a Capital Income and Expenditure Account. Under Generally Accepted Accounting Principles (GAAP), capital grants are recorded as deferred income and amortised over the useful life of the related fixed asset, in order to match the accounting treatment of the grant against the related depreciation charge on the fixed asset.
3. Pensions are accounted for on a pay-as-you go basis, and the provisions of FRS 17 *Retirement Benefits* are not applied.

Basis of Preparation

In accordance with FRS 2 *Accounting for Subsidiary Undertakings*, the results of wholly owned HSE subsidiaries have not been consolidated in the annual financial statements on the basis that they are not material. Details of staff numbers employed by HSE subsidiaries are included in Note 7 to the financial statements. A detailed exercise was undertaken in the period to identify and standardise reporting of pay and non-pay expenditure, on clinical, non-clinical and other client/patient services. To facilitate year-on-year comparison, prior year revenue expenditure has been reanalysed between these categories, consistent with 2007 classifications. It should be noted that the total for prior year revenue expenditure remains unchanged and the reanalysis has no effect on the financial results in current or prior reporting periods.

Income Recognition

- (i) The HSE is funded mainly by monies voted annually by Dáil Éireann in respect of administration, capital and non-capital services. The amount recognised as income in respect of voted monies represents the net recourse to the Exchequer to fund payments made during the year. Income in respect of administration and non-capital services is accounted for in the Revenue Income and Expenditure Account. Income in respect of capital services is accounted for in the Capital Income and Expenditure Account.

Revenue funding applied to meet the repayment of monies borrowed by predecessor agencies and which were used to fund capital expenditure is accounted for in the Capital Income and Expenditure under the heading Revenue Funding Applied to Capital Projects.

- (ii) Patient and service income is recognised at the time service is provided.
- (iii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting policy below).
- (iv) Income from all other sources is recognised on a receipts basis.
- (v) The amount of income, other than Exchequer grant, which the HSE is entitled to apply in meeting its expenditure is limited to the amount voted to it as "Appropriations-in-Aid" in the annual estimate. Other income received in the year in excess of this amount must be surrendered to the Exchequer. Other income is shown net of this surrender.

Capital Income and Expenditure Account

A Capital Income and Expenditure Account is maintained in accordance with the accounting standards laid down by the Minister for Health and Children.

Exchequer Capital Funding is the net recourse to the Exchequer to fund payments made during the year in respect of expenditure charged against the Capital Services subheads in the HSE's Vote.

Accounting Policies

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

Balance on Income and Expenditure Accounts

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

Grants to Outside Agencies

The HSE funds a number of service providers for the provision of health and personal social services on its behalf. Before entering into such an arrangement, the HSE determines the maximum amount of funding that it proposes to make available in the financial year under the arrangement and the level of service it expects to be provided for that funding. This funding is charged, in the year of account to the income and expenditure account at the maximum determined level for the year, although a certain element may not actually be disbursed until the following year.

Leases

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

In addition to the normal GAAP treatment for assets acquired under finance leases, the cost of the asset is charged to the Capital Income and Expenditure Account and the Capitalisation (Reserve) Account is credited with an equivalent amount.

The outstanding capital element of the leasing obligation is included in creditors. Interest is charged to the income and expenditure account over the period of the lease.

Capital Grants

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

Tangible Fixed Assets and Capitalisation Account

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

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

All capital funded asset purchases are capitalised, irrespective of cost. Revenue funded assets are capitalised if the cost exceeds certain value thresholds; €2,000 for computer equipment and €7,000 for all other asset classes. Asset additions below this threshold and funded from revenue are written off in the year of purchase. A breakdown of asset additions by funding source is provided in Note 19 (a) to the Accounts.

Depreciation is not charged to the income and expenditure account over the useful life of the asset. Instead, a balance sheet reserve account, the Capitalisation Account, is the reciprocal entry to the fixed asset account. Depreciation is charged to the Fixed Assets and Capitalisation Accounts over the useful economic life of the asset.

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

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

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

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

Stocks

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

Accounting for Bad and Doubtful Debts

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

Pensions

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

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

Patients' Private Property

Monies received for safe-keeping by the HSE from or on behalf of patients are kept in special accounts separate and apart from the HSE's own accounts. Such accounts are collectively called Patients' Private Property accounts. The HSE is responsible for the administration of these accounts. However, as this money is not the property of the HSE, these accounts are not included on the HSE's balance sheet. The HSE acts as trustee of the funds. Patients' Private Property accounts are independently audited each year. The audits of these accounts are either completed or in the process of completion for the year ended 31 December 2008.

Notes to the Financial Statements

Note 1 Segmental Analysis by Area of Operation

	National Hospitals Office	Primary, Community and Continuing Care	Corporate and Shared Services	Total	Total
	2008 €'000	2008 €'000	2008 €'000	2008 €'000	2007 €'000
Expenditure					
Pay					
Clinical	1,622,038	1,631,071	35,758	3,288,867	3,047,244
Non-Clinical	463,596	590,404	168,548	1,222,548	1,154,256
Other Client/Patient Services	153,892	457,690	3,620	615,202	609,470
	2,239,526	2,679,165	207,926	5,126,617	4,810,970
Non-Pay					
Clinical	602,362	319,489	113,366	1,035,217	935,260
Patient Transport and Ambulance Services	39,721	20,473	223	60,417	59,015
Primary Care and Medical Card Schemes	25,162	3,376,632	417	3,402,211	3,078,653
Other Client/Patient Services	10,256	74,379	9,909	94,544	74,716
Grants to Outside Agencies	2,645,849	1,281,149	10,229	3,937,227	3,669,392
Housekeeping	115,510	133,875	5,086	254,471	234,539
Office and Administrative Expenses	126,758	258,739	124,046	509,543	500,580
Long Stay Charges Repaid to Patients	0	0	225,266	225,266	126,571
Hepatitis C Insurance Scheme	0	0	574	574	237
Other Operating Expenses	12,189	22,500	2,268	36,957	51,271
	3,577,807	5,487,236	491,384	9,556,427	8,730,234
Gross Expenditure for the Year	5,817,333	8,166,401	699,310	14,683,044	13,541,204
Total Income (not analysed by area of operation)				14,430,207	13,499,457
Net Operating Deficit for the Year				(252,837)	(41,747)
Balance at 1 January				(904,879)	(863,132)
Balance at 31 December				(1,157,716)	(904,879)

* Previous year non-pay expenditure has been reanalysed, consistent with 2008 expenditure classifications, for comparative purposes. The total prior year expenditure remains unchanged and the reanalysis has no effect on the financial results in the current or prior year reporting periods.

Note 2 Net Operating Deficit

	2008 €'000	2007 €'000
Net operating deficit for the year is arrived at after charging:		
Audit fees	595	595
Executive Board member's remuneration	512	494
Non-executive Board members' remuneration*	200	269

* The 2007 amount for non-executive Board members includes the sum of €62,738 which relates to payment of arrears in respect of prior years.

Note 3 Exchequer Revenue Grant

	2008 €'000	2007 €'000
Net Estimate voted to HSE (HSE Vote 40)	12,752,045	11,474,410
Less net Surplus to be surrendered (Note 22)	(81,458)	(21,279)
Net recourse to Exchequer	12,670,587	11,453,131
Less: Capital services funding from the State (HSE Vote 40)	(570,540)	(555,548)
Exchequer Revenue Grant	12,100,047	10,897,583

Note 4 Patient Income

	2008 €'000	2007 €'000
Maintenance Charges	162,619	157,362
In-Patient Charges	34,202	28,574
Out-Patient Charges	11,733	10,652
Road Traffic Accident Charges	5,811	6,425
Long Stay Charges	70,691	66,605
	285,056	269,618

Notes to the Financial Statements

Note 5 Other Income

	2008 €'000	2007 €'000
(a) Other Income		
Superannuation Income	212,263	198,154
Other Payroll Deductions	8,048	10,742
Agency/Services	17,101	19,835
Canteen Receipts	14,662	13,983
Other Income (See Note 5(b) analysis below)	179,724	175,565
Excess Appropriations-in-Aid surrendered to the Exchequer	0	(17,669)
	431,798	400,610
(b) Other Income Analysis		
National Council for Professional Development of Nursing & Midwifery	2,349	2,357
Department of Community, Rural & Gaeltacht Affairs	28,668	21,057
Department of the Environment	14,830	19,290
Health Research Board	656	789
National Cancer Screening Service	2,148	0
Other Miscellaneous Income	131,073	132,072
	179,724	175,565

Note 6 Pay Expenditure

	2008 €'000	2007 €'000
Clinical		
Medical/Dental	812,863	702,496
Nursing	1,613,653	1,559,693
Health & Social Care Professionals	605,406	559,114
Superannuation	256,945	225,941
	3,288,867	3,047,244
Non-Clinical		
Management/Administration	616,250	586,407
General Support Staff	502,644	469,813
Superannuation	103,654	98,036
	1,222,548	1,154,256
Other Client/Patient Services		
Other Patient & Client Care	566,998	565,346
Superannuation	48,204	44,124
	615,202	609,470
Total Pay Expenditure	5,126,617	4,810,970

Note 7 Employment

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

	2008	2007
National Hospitals Office	30,221	30,573
Primary, Community and Continuing Care	38,565	38,878
Population Health	540	533
Corporate (including National Shared Services)	3,369	3,477
Total HSE employees	72,695	73,461
Voluntary Sector – National Hospitals Office	22,925	23,153
Voluntary Sector – Primary, Community and Continuing Care	15,406	14,891
Total Voluntary Sector employees	38,331	38,044
Total Employees	111,026	111,505

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

In addition to the employees taken into account for the purposes of the employment ceiling, there are also 282 WTEs (2007: 266 WTEs) employed in non-consolidated HSE subsidiary undertakings (see Note 26). There were also 5,046 (2007: 5,276) WTEs employed by the HSE and its subsidiaries as “home helps” at the end of 2008 who have not been included in the WTE calculation.

	2008 €'000	2007 €'000
Employment costs charged in income and expenditure account		
Wages and Salaries	4,376,356	4,116,873
Social Welfare Costs	341,457	325,996
Pension Costs	408,804	368,101
	5,126,617	4,810,970

Notes to the Financial Statements

Note 7 Employment continued

	Clinical	Non-Clinical	Other Client/ Patient Services	Total	Total
	2008	2008	2008	2008	2007
	€'000	€'000	€'000	€'000	€'000
Summary Analysis of Pay Costs					
Basic Pay	2,217,825	915,576	444,464	3,577,865	3,408,396
Allowances	91,848	27,390	9,923	129,161	125,805
Overtime	172,192	28,673	18,161	219,026	219,165
Night duty	61,688	10,269	6,994	78,951	74,672
Weekends	123,928	41,419	35,848	201,195	191,751
On-Call	62,055	1,765	475	64,295	59,911
Arrears (National Pay Agreements etc.)	93,907	8,228	3,728	105,863	37,173
Employer PRSI	208,479	85,574	47,404	341,457	325,996
Superannuation	256,946	103,654	48,204	408,804	368,101
	3,288,868	1,222,548	615,201	5,126,617	4,810,970

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

Note 8 Non-Pay Expenditure

	2008 €'000	2007 €'000
Clinical		
Drugs & Medicines (excl. demand led schemes)	250,973	203,472
Blood/Blood Products	36,881	36,322
Medical Gases	9,708	8,777
Medical/Surgical Supplies	238,962	224,215
Other Medical Equipment	91,615	79,832
X-Ray/Imaging	30,722	28,044
Laboratory	99,427	94,362
Professional Services	83,841	86,766
Agency Services	68,655	74,205
Education & Training	124,433	99,265
	1,035,217	935,260
Patient Transport and Ambulance Services		
Patient Transport	49,147	49,133
Vehicle Running Costs	11,270	9,882
	60,417	59,015
Primary Care and Medical Card Schemes		
Doctors' Fees and Allowances	481,681	437,537
Payments to Former District Medical Officers/Dependents	5,728	5,953
Pharmaceutical Services	2,050,496	1,845,675
Dental Treatment Services Scheme	65,099	70,441
Community Ophthalmic Services Scheme	21,977	21,607
Cash Allowances (Fostering Allowances etc.)	271,078	247,876
Capitation Payments	506,152	449,564
	3,402,211	3,078,653
Other Client/Patient Services		
Professional Services	47,834	36,992
Agency Services	32,112	24,571
Education & Training	14,598	13,153
	94,544	74,716
Grants to Outside Agencies		
Revenue Grants to Outside Agencies (Appendix 1)	3,900,826	3,640,280
Grants funded from other Government Departments/State Agencies (Appendix 1)	36,401	29,112
	3,937,227	3,669,392

Notes to the Financial Statements

Note 8 Non-Pay Expenditure continued

	2008 €'000	2007 €'000
Housekeeping		
Catering	71,882	67,730
Heat, Power & Light	73,481	61,557
Cleaning & Washing	79,907	74,763
Furniture, Crockery & Hardware	12,165	13,421
Bedding & Clothing	17,036	17,068
	254,471	234,539
Office and Administration Expenses		
Maintenance	64,866	51,356
Bank Loan & Finance Leases	48	378
Bank Interest and Charges	3,327	3,119
Insurance	25,398	26,037
Audit	595	595
Legal and Professional Fees	63,657	54,974
Agency Services	16,294	16,950
Bad & Doubtful Debts	18,526	14,097
Education & Training	18,772	26,262
Travel & Subsistence	84,960	93,350
Vehicle Costs	1,138	1,075
Office Expenses/Rent & Rates	175,774	167,721
Computer and Systems Maintenance	36,188	44,666
	509,543	500,580
Long Stay Repayments Scheme		
Long Stay Charges Repaid to Patients (see Note 30)	215,047	119,818
Non-pay Costs of Administering the Long Stay Repayments Scheme	10,219	6,753
	225,266	126,571
Hepatitis C Insurance Scheme		
Insurance Premium Loadings and Claims (see Note 31)	496	0
Non-pay Costs of Administering the Hepatitis C Insurance Scheme	78	237
	574	237
Other Operating Expenses		
Miscellaneous (Appendix 3)	36,957	51,271
	36,957	51,271

Note 9 Tangible Fixed Assets Land and Buildings

	Land €'000	Buildings* €'000	Work in Progress €'000	2008 Total €'000
Cost/Valuation				
At 1 January 2008	2,024,749	2,425,839	434,844	4,885,432
Additions	2,281	32,168	244,474	278,923
Transfers from Work in Progress	375	232,531	(232,906)	0
Disposals	(1,983)	(688)	(1,921)	(4,592)
At 31 December 2008	2,025,422	2,689,850	444,491	5,159,763
Depreciation				
Accumulated Depreciation at 1 January 2008	0	462,447	0	462,447
Charge for the Year	0	64,271	0	64,271
Disposals	0	(87)	0	(87)
At 31 December 2008	0	526,631	0	526,631
Net Book Values				
At 1 January 2008	2,024,749	1,963,392	434,844	4,422,985
At 31 December 2008	2,025,422	2,163,219	444,491	4,633,132

* The net book value of fixed assets above includes €41.9 million (2007: €43.8 million) in respect of buildings held under finance leases; the depreciation charged for the year above includes €1.9 million (2007: €1.9 million) on those buildings.

Note 10 Tangible Fixed Assets Other than Land and Buildings

	Motor Vehicles €'000	Equipment €'000	Work in Progress €'000	2008 Total €'000
Cost/Valuation				
At 1 January 2008	85,028	1,026,284	9,476	1,120,788
Additions	3,598	55,177	7,967	66,742
Transfers from Work in Progress	9,398	36	(9,434)	0
Disposals	(6,436)	(10,103)		(16,539)
At 31 December 2008	91,588	1,071,394	8,009	1,170,991
Depreciation				
Accumulated Depreciation at 1 January 2008	63,545	644,524		708,069
Charge for the Year	11,391	84,638		96,029
Disposals	(6,077)	(9,492)		(15,569)
At 31 December 2008	68,859	719,670	0	788,529
Net Book Values				
At 1 January 2008	21,483	381,760	9,476	412,719
At 31 December 2008	22,729	351,724	8,009	382,462

Notes to the Financial Statements

Note 11 Investments

	2008 €'000	2007 €'000
Unquoted Shares	3	3
	3	3

Note 12 Stocks

	2008 €'000	2007 €'000
Medical, Dental and Surgical Supplies	37,290	37,351
Laboratory Supplies	6,794	6,943
Pharmacy Supplies	21,340	21,251
Hi-Tech Pharmacy Stocks	18,890	21,850
Pharmacy Dispensing Stocks	2,464	2,473
Blood and Blood Products	1,535	1,406
Vaccine Stocks	19,430	23,397
Household Services	9,155	9,602
Stationery and Office Supplies	2,583	2,616
Sundries	433	436
	119,914	127,325

Note 13 Debtors

	2008 €'000	2007 €'000
Patient Debtors	90,008	79,701
Prepayments and Accrued Income	26,323	23,293
Other Debtors	95,223	108,773
	211,554	211,767

Note 14 Paymaster General Account

	2008 €'000	2007 €'000
Paymaster General Bank Account	61,769	86,179
Net Liability to the Exchequer	(4,458)	(33,538)
Paymaster General and Exchequer Account	57,311	52,641

Note 15 Creditors

	2008 €'000	2007 €'000
(a)		
Bank Loans & Overdraft	0	12,894
Finance Leases	1,520	1,439
Non-Pay Creditors – Revenue	193,544	168,693
Non-Pay Creditors – Capital	19,469	51,162
Accruals for Non-Pay – Revenue	652,094	531,919
Accruals Non-Pay – Voluntary Hospitals & Outside Agencies	329,708	277,669
Accruals Non-Pay – Capital	57,770	50,781
Accruals Pay	338,399	263,409
Income Tax and Social Welfare	130,001	114,699
Lottery Grants Payable*	687	1,089
Sundry Creditors	21,575	20,727
	1,744,767	1,494,481

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

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

	2008 €'000	2007 €'000
Creditors falling due up to one year	1,744,767	1,494,481
Creditors falling due after one year (Note 16)	59,598	59,762
Total Creditors	1,804,365	1,554,243
Less amount due to the State	(130,001)	(114,699)
Plus Deferred Income	3,770	5,276
Total Creditors per the Statement of Assets and Liabilities in the Appropriation Account	1,678,134	1,444,820

Notes to the Financial Statements

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

	Land and Buildings	Other	Total	Total
	2008 €'000	2008 €'000	2008 €'000	2007 €'000
(a) Finance lease obligations				
After one but within five years	2,640	0	2,640	2,216
After five years	37,282	0	37,282	37,993
	39,922	0	39,922	40,209

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

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

	2008 €'000	2007 €'000
Gross Proceeds of all disposals in year	653	15,265
Less: Net expenses incurred on disposals	(14)	(59)
Net proceeds of disposal	639	15,206
Less refunded to the Exchequer	(517)	(15,160)
At 1 January	19,286	19,240
Balance at 31 December	19,408	19,286
Sundry Creditors	268	267
Total Creditors (amounts falling due after more than one year)	59,598	59,762

Note 17 Deferred Income

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

Note 18 Capital and Reserves

	2008 €'000	2007 €'000
(a) Capitalisation Account		
At 1 January	4,835,703	4,610,373
Additions to fixed assets in the year	345,665	404,273
Less: Net book value of fixed assets disposed in year	(5,475)	(21,600)
Less: Depreciation charge in year	(160,299)	(157,343)
Balance at 31 December	5,015,594	4,835,703
(b) Capital Reserves		
At 1 January	(262,239)	(189,830)
Net Operating (Deficit)/Surplus for the year	25,627	(72,409)
Balance at 31 December	(236,612)	(262,239)
(c) Revenue Reserves		
At 1 January	(904,879)	(863,132)
Net Operating (Deficit)/Surplus for the year	(252,837)	(41,747)
Balance at 31 December	(1,157,716)	(904,879)
(d) Reconciliation of Movement on Reserves		
Closing Creditors at 31 December	1,804,365	1,541,348
Less Opening Creditors at 1 January	1,541,348	1,392,047
	263,017	149,301
Less Increase in Current Assets	34,301	25,853
Reduction in Deferred Income	1,506	9,292
	227,210	114,156
Net Operating Deficit	252,837	41,747
Net Capital (Surplus)/Deficit	(25,627)	72,409
	227,210	114,156

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

Notes to the Financial Statements

Note 19 Capital Income and Expenditure

	2008 €'000	2007 €'000
(a) Additions to Fixed Assets		
Additions to Fixed Assets (Note 9) Land and Buildings	278,923	257,758
Additions to Fixed Assets (Note 10) Other than Land and Buildings	66,742	146,515
	345,665	404,273
Funded from Capital	326,015	350,648
Funded from Revenue	19,650	53,625
	345,665	404,273
(b) Analysis of expenditure charged to Capital Income and Expenditure Account		
Expenditure on HSE's own assets (Capitalised)	326,015	350,648
Expenditure on HSE projects not resulting in Fixed Asset additions	47,005	84,074
Total expenditure on HSE Projects charged to capital	373,020	434,722
Capital grants to outside agencies (Appendix 2)	190,148	201,175
Total Capital Expenditure per Capital Income & Expenditure Account	563,168	635,897
(c) Analysis of Income from Government Departments and Other Sources		
Department of Community, Rural & Gaeltacht Affairs	2,885	1,184
Friends of St. Ita's Community Hospital Fundraising Group	1,225	0
Fingal County Council	2,202	0
Other Miscellaneous Income	1,489	2,997
	7,801	4,181

Note 20 Net Cash Inflow from Operating Activities

	2008 €'000	2007 €'000
Revenue Reserves at 31 December	(1,157,716)	(904,879)
Opening Revenue Reserves at 1 January	(904,879)	(863,132)
(Deficit)/Surplus for the current year	(252,837)	(41,747)
Capital element of lease payments charged to revenue	271	595
Less Interest and dividend income	(2,184)	(3,751)
Purchase of equipment charged to revenue	19,650	53,625
All interest charged to Revenue Income and Expenditure	1,613	1,694
(Increase)/Decrease in Stock	7,411	(7,110)
(Increase)/Decrease in Debtors	213	412
Increase/(Decrease) in Creditors	263,180	149,495
Increase/(Decrease) in Creditors (falling due in more than one year)	(289)	(239)
Increase/(Decrease) in Deferred Income	(1,506)	(9,292)
(Increase)/Decrease in Investments	0	0
Net Cash Inflow from Operating Activities	35,522	143,682

Note 21 Reconciliation of Net Cash Flow to Movement in Net Funds

	2008 €'000	2007 €'000
Change in net funds resulting from cash flows		
Net funds at 1 January	40,412	21,256
Movement in net funds for the year from Cash Flow Statement	41,924	19,156
Net funds at 31 December	82,336	40,412

Notes to the Financial Statements

Note 22 Vote Accounting

(a) Exchequer disbursements during the year are based on annual amounts voted by Dáil Éireann. Any part of the amount voted which has not been expended by 31 December in accordance with Government accounting rules must be surrendered to the Exchequer.

It is a fundamental objective of the Board of the HSE that no overspending of the Vote takes place. In practice it is almost impossible to achieve an actual outturn which matches the exact Vote amount. As a result, it is inevitable that this prudent approach will result in small surpluses. The surplus to be surrendered amounts to €81.4 million, which represents 0.63% of the total Vote of the HSE.

(b) Summary Appropriation Account, prepared under Government Accounting rules

	Estimate	Outturn	Estimate	Outturn
	2008	2008	2007	2007
	€'000	€'000	€'000	€'000
HSE Vote 40 Gross Expenditure	15,007,320	14,893,139	13,967,419	13,946,140
Appropriations-in-Aid	2,255,275	2,222,552	2,493,009	2,510,678
Net Vote Expenditure	12,752,045	12,670,587	11,474,410	11,435,462

	2008	2007
	€'000	€'000
Surplus to be Surrendered	81,458	38,948

(c) Analysis of Surrender

	2008	2007
	€'000	€'000
Surplus Appropriations-in-Aid	0	17,669
Net surplus to be surrendered	81,458	21,279
	81,458	38,948

Note 22 Vote Accounting continued

(d) For information purposes see below Note 3 extract from HSE's 2008 Appropriation Account:

	2008 €'000	2008 €'000
Statement of Assets and Liabilities as at 31 December 2008		
Capital Assets		5,015,594
Financial Assets		3
Current Assets		
Stocks	119,914	
Debtors and Prepayments	130,601	
Debit Balances: Suspense	77,303	
Debit Balances: Long Stay	3,650	
Bank and Cash	25,025	
PMG Balance	61,769	
Total Current Assets	418,262	
Current Liabilities		
Creditors	263,105	
Accruals	1,377,971	
Credit Balances: Suspense	21,361	
Credit Balances: Special I & E	11,927	
Deferred Income	3,770	
	1,678,134	
Other Credit Balances:		
Due to State	0	
EU Funding	130,001	
Net Liability to the Exchequer	4,458	
	134,459	
Total Current Liabilities	1,812,593	
Net Current Liabilities		(1,394,331)
Net Assets		3,621,266

Notes to the Financial Statements

Note 23 Pensions

Eligible staff employed in the HSE are members of a variety of defined benefit superannuation schemes.

Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to the income and expenditure account in the year in which they become payable. In accordance with a directive from the Minister for Health and Children, no provision is made in the financial statements in respect of future pension benefits. Superannuation contributions from employees who are members of these schemes are credited to the income and expenditure account when received. To date, no formal actuarial valuations of the HSE's pension liabilities have been carried out.

Note 24 Capital Commitments

	2008 €'000	2007 €'000
Future tangible fixed assets purchase commitments:		
Within one year	406,425	557,563
After one but within five years	1,526,120	2,092,993
After five years	219,168	413,768
	2,151,713	3,064,324
Contracted for but not provided in the financial statements	349,965	349,088
Authorised by the Board but not contracted for	1,801,748	2,715,236
	2,151,713	3,064,324

The HSE has a multi-annual capital investment framework which prioritises expenditure on capital projects in line with strategic objectives in the Corporate Plan and the Annual Service Plan. The commitments identified above are in respect of the total cost of projects for which specific funding budgets have been approved at year end. These commitments may involve costs in years after 2009 for which budgets have yet to be approved. Additional commitments will arise as funding is approved for further projects. The Board has approved a Capital Plan which along with the commitments above brings the HSE planned expenditure figure for the period from 2009 to post 2013 to €3.29 billion. It is expected that this expenditure will be funded over the life of the National Development Plan and beyond. All contractual commitments must be pre-approved by the Department of Finance.

Note 25 Operating Leases

	2008 €'000	2007 €'000
Operating lease rentals (charged to income and expenditure account)		
Land and buildings	31,132	27,631
Motor Vehicles	98	91
Equipment	28	96
	31,258	27,818

Note 25 Operating Leases continued

The HSE has the following annual lease commitments under operating leases which expire:

	2008 Land and Buildings €'000	2008 Other €'000	2008 Total €'000	2007 Total €'000
Within one year	10,902	64	10,966	7,152
In the second to fifth years inclusive	16,862	28	16,890	9,464
In over five years	18,729	0	18,729	18,393
	46,493	92	46,585	35,009

Note 26 Subsidiary Undertakings

Abbey Wreaths Limited – a company limited by guarantee and not having a share capital. Established to undertake the running of certain services in Ballina to meet the training and rehabilitation needs of people with disabilities.

Aontacht Phobail Teoranta – a company limited by guarantee and not having a share capital. Set up to promote the economic and social integration of people with disabilities.

Bradóg Trust Limited – a company limited by guarantee and not having a share capital. Established to provide housing and associated amenities for persons in deprived circumstances and to provide for relief of poverty and deprivation caused by poor housing conditions and homelessness or other social and economic circumstances.

Dolmen Clubhouse Limited – a company limited by guarantee and not having a share capital. Established to provide educational, social and employment opportunities for people who experience mental ill health.

Dolmen Rainbows Limited – a company limited by guarantee and not having a share capital. Established to undertake the running of certain services in Ballina to meet the training and rehabilitation needs of people with disabilities.

Eastern Community Works Limited – this company is limited by guarantee and is engaged in improving the living conditions of the elderly.

EVE Holdings Limited – engaged in the provision of rehabilitative programmes in the form of training and quality supported and sheltered employment.

The Paddocks Development Project Limited – a company limited by guarantee and not having a share capital. Established to operate and maintain an affordable, accessible and flexible community-based childcare service in Finglas, Dublin, in order to allow parents to avail of education, training and development opportunities and to deliver such services in a safe, stimulating environment that offers a range of developmentally appropriate activities that encourage each child to attain their full potential.

Tolco Limited – set up in 1975 for the purposes of providing services to the then Eastern Health Board. These services included residential care and training facilities for persons with special needs.

The results of these subsidiary undertakings have not been consolidated in the financial statements on the basis that they are not material.

Notes to the Financial Statements

Note 27 **Taxation**

The HSE has been granted an exemption in accordance with the provisions of Section 207 (as applied to companies by Section 76), Section 609 (Capital Gains Tax) and Section 266 (Deposit Interest Retention Tax) of the Taxes Consolidation Act, 1997. This exemption which applies to Income Tax/Corporation Tax, Capital Gains Tax and Deposit Interest Retention Tax, extends to the income and property of the HSE. The exemption is subject to review by the Revenue Commissioners and, if conditions as specified are not met, the exemption may be withdrawn from the date originally granted.

Note 28 **Insurance**

The HSE is insured against employers liability and public liability risks up to an indemnity limit, under both retro-rated and flat-rated bases. Under the retro-rated basis, the final premium is not determined until the end of the coverage period and is based on the HSE's loss experience for that same period. The retro-rated adjustment payable by the HSE is subject to maximum and minimum limits. At 31 December 2008 it was not possible to accurately quantify the liability, if any, which may arise as a result of future retro-rating. The maximum liabilities for retro-rated claims still outstanding, based on agreed levels of each insurable risk is €224,861 and €7,160,847 for employers liability and public liability respectively. All insurance premiums from 1 January 2001 have been paid on a flat basis only and no retro-rating applies to cover from this date forward.

Note 29 **Contingent Liabilities – Actions by Pharmacists**

A High Court case was taken in 2007 by community pharmacists seeking to enforce contractual entitlement to advance payments for medical card schemes. Community pharmacy contracts provide for cash payments on 45-day terms in advance of actual claims payments which historically took longer than this credit period to process manually. Since the automation of claims processing, the practice of advance payment to community pharmacists was ceased as actual claims are paid within this 45-day timeframe. Pharmacists have sought to have the cash advances reinstated and the provision in the contract enforced. This case was defended by the Department of Health and Children but the judgement was in favour of the plaintiffs. The case is being appealed to the Supreme Court although a date has not been set as yet for this hearing.

If the Supreme Court upholds the judgement of the High Court, the outcome will be the reinstatement of all advance payments and the back payment of same, the cost of which will be in the order of €70 million in respect of arrears. The financial effects of this contingent liability have not been provided in the financial statements.

Pharmacists have lodged a separate claim with the HSE for loss of retail mark up on products dispensed under the terms of the over 70 medical card, products which would otherwise have been subject to higher retail mark up where full eligibility did not exist. The claim is in the amount of €100 million, over and above the amount of €30 million currently paid per annum. The Irish Pharmaceutical Union have indicated that they will engage in non-binding mediation but may pursue the HSE through the courts if they are dissatisfied with the outcome. The financial effects of this contingent liability have not been provided in the financial statements.

Contingent Liabilities – General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for public and employer liability, fire and specific all risk claims. In most cases such insurance would be sufficient to cover all costs, but this cannot be certain. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Note 30 The Health (Repayment Scheme) Act, 2006

The Health (Repayment Scheme) Act 2006 provides the legislative basis for the repayment of what has been referred to as 'long stay charges' which were incorrectly levied on persons with full eligibility prior to 14 July 2005. The scheme allows for the repayment of charges to the following people:

- Living people who were wrongly charged at any time since 1976
- The estates of people who were wrongly charged and died on or after 9 December 1998

Under the provisions of the Act, the HSE appointed an external third party to act as Scheme Administrator. A special account is set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €236 million was set aside in 2008 by way of a supplementary estimate for this purpose. The best estimate of the total cost of repayments, at the inception of the Scheme based on the terms as set out in the Act, was up to €1 billion, repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The Scheme closed to new applicants on the 31 December 2007 and 14,000 claims have been received in respect of living patients and 25,500 claims in respect of estates. The Scheme is now estimated to cost in the region of €438 million to €458 million. The Scheme received some applications relating to patients in private nursing homes which were turned down on the basis that they were not contemplated within the scope of the Scheme. Proceedings have been instituted in 302 cases, involving patients who spent time in private nursing home facilities. None of the cases have yet proceeded to a hearing. Consequently, it is considered inappropriate to attempt to estimate any potential future liability or to detail the uncertainties attaching thereto since to do so might prejudice the outcome of court proceedings.

In 2008, the following expenditure has been charged to the revenue income and expenditure account in respect of the Repayments Scheme:

	2008 €'000	2007 €'000
Pay	1,198	1,101
Repayments to Patients (see Note 8)	215,047	119,818
Payments to Third Party Scheme Administrator	8,653	5,024
Advertising	71	453
Legal and Professional Fees	1,245	771
Office Expenses	250	505
	226,464	127,672

Note 31 The Hepatitis C Compensation Tribunal (Amendment) Act, 2006

The Hepatitis C Compensation Tribunal (Amendment) Act 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection and life assurance policies as a result of contaminated blood products being administered to them. The scheme will cover the insurance risk for the 1,700 or more people entitled to avail of assurance products, regardless of any other medical conditions these people may have, once they pay the standard premium that an uninfected person of the same age and gender would pay. The life assurance element of the scheme was launched by the HSE in September 2007. A further element, providing for travel insurance cover, was introduced in March 2008. The overall cost over the lifetime of the scheme is estimated at €90 million.

Notes to the Financial Statements

Note 31 The Hepatitis C Compensation Tribunal (Amendment) Act, 2006 continued

In 2008, the following expenditure has been charged to the revenue income and expenditure account in respect of the Insurance Scheme:

	2008 €'000	2007 €'000
Pay	129	105
Payments of premium loadings	76	0
Payments of benefits underwritten by HSE	420	0
Advertising	4	90
Legal and Professional Fees	69	131
Office Expenses	5	16
	703	342

Note 32 Post Balance Sheet Events

No circumstances have arisen or events occurred, between the balance sheet date and the date of approval of the financial statements by the Board, which would require adjustment or disclosure in the financial statements.

Note 33 Related Party Transactions

In the normal course of business the Health Service Executive may approve grants and may also enter into other contractual arrangements with undertakings in which HSE Board members are employed or otherwise interested. The Health Service Executive adopts procedures in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Board members. These procedures have been adhered to by the Board members and the HSE during the year. During 2008 an agency in which a Board member declared an interest was approved a grant of €773,208. The Board member concerned did not receive any documentation on the transaction nor did the member participate in or attend any Board discussion relating to this matter. Another Board member has declared an interest in a partnership which trades from time to time with the HSE on terms which are negotiated on an arm's length basis. This interest has been reported to the Board which has concluded that it is not material.

Note 34 Approval of Financial Statements

The financial statements were approved by the Board on 8 May 2009.

Appendices to Financial Statements

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Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Analysis of Grants to Outside Agencies in Note 8

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Total Grants Under €100,000 (2,911 Grants)	30,228	1,017	31,245
Ability West Ltd	24,060		24,060
Abode Hostel and Day Centre	1,077		1,077
Adapt and Adapt Kerry Ltd	1,077		1,077
Addiction Response Crumlin (ARC)	342	876	1,218
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	233,279		233,279
Adoption Authority of Ireland	1,101		1,101
Adult Victims of Past Abuse (AVPA) Service	340		340
Aftercare Recovery Group	135		135
Age Action Ireland	635		635
Age and Opportunity	649		649
AIDS Fund Housing Project (Centenary House)	439		439
AIDS Help West	318		318
Aiséiri	247		247
Aislinn Centre	473		473
Alcohol Action Ireland	150		150
ALJEFF Treatment Centre Ltd	150	523	673
All Communicarers Ltd	857		857
All In Care	4,996		4,996
Alliance	270		270
Alpha One Foundation	164		164
Alzheimer Society of Ireland	9,811		9,811
Amber Kilkenny Women's Outreach	479		479
AMEN	175		175
Ana Liffey Children's Project	114		114
Ana Liffey Drug Project	395		395
Anne Sullivan Foundation for Deaf/Blind	1,125		1,125
Aoibhneas Foundation Ltd	1,081		1,081
Aosóg	238		238
APT Tullamore	2,847		2,847
Aras Mhuire Day Care Centre (North Tipperary Community Services)	365		365
ARC Cancer Support Centre	220		220
Ard Aoibhinn Centre	2,763		2,763
Ardee Day Care Centre	359		359
Arlington Novas Ireland	1,992		1,992
Arrupe Society	459		459

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Arthritis Ireland	206		206
Askea Parish Centre	119		119
Asperger Syndrome Association of Ireland (ASPIRE)	375		375
Associated Charities Trust	246		246
Athlone Community Services Council Ltd	680		680
Autism Alliance UK	2,578		2,578
Autism West Ltd	544		544
Aware	301		301
Baile Mhuire Recuperative Unit for the Elderly	163		163
Balcurris Boys Home Ltd	688		688
Ballinasloe Social Services	170		170
Ballincollig Senior Citizens Club Ltd	398		398
Ballybane Mervue Community Development Project	596		596
Ballyboden Children's Centre	164		164
Ballyfermot Advanced Project Ltd		631	631
Ballyfermot Home Help	2,254		2,254
Ballyfermot Star Ltd	89	404	493
Ballymun Day Nursery	434		434
Ballymun Residential Project	692		692
Ballyowen Meadows Children's Residential Centre	925		925
Barnardos	9,531	294	9,825
Barretstown	213		213
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	334		334
Base Youth Centre	235		235
Bawnogue Youth and Family Support Group (BYFSG)	135	282	417
Beaufort Day Care Centre	157		157
Beaumont Hospital	286,500		286,500
Before 5 Nursery and Family Centre	163		163
Belvedere Social Service	641		641
Bernard Van Leer Foundation	131		131
Blakestown and Mountview Youth Initiative (BMYI)	656		656
Blanchardstown and Inner City Home Helps	4,559		4,559
Bodywhys The Eating Disorders Association of Ireland	330		330
Bon Secours Sisters	2,497		2,497
Bonnybrook Day Nursery	270		270
Brainwave – Irish Epilepsy Association	894		894
Bray Cancer Support Centre	105		105
Bray Lakers Social and Recreational Club Ltd	157		157

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Bray Women's Refuge	704		704
Brothers of Charity Services Ireland	173,511		173,511
Bushy Park Treatment Centre	110	57	167
C.D.V.E.C.	66	63	129
Cabra Resource Centre	200		200
Cairde	414		414
Cairdeas	95	83	178
Cairdeas Centre Carlow	225		225
Camphill Communities of Ireland	1,163		1,163
Cancer Care West	900		900
Cappagh National Orthopaedic Hospital	30,543		30,543
Capuchians	121		121
Cara Housing Association	257		257
Care and Company	1,110		1,110
Care for the Elderly at Home Ltd	454		454
Care Of The Aged, West Kerry	104		104
Caredoc GP Co-operative	7,032		7,032
Careline	123		123
Caremark Ireland	133		133
Carers Association Ltd	4,786		4,786
Carewatch Care Services Ireland	489		489
CARI Foundation	297		297
Caring and Sharing Association (CASA)	412		412
Caring For Carers Ireland	1,047		1,047
Caritas	2,290		2,290
Carlow Regional Youth Service	176		176
Carlow Social Services	483		483
Carlow Women's Aid	155		155
Carmichael Centre for Voluntary Groups	385		385
Carnew Community Care Centre	140		140
Carrickmacross Parent and Friends Association	562		562
Casadh		313	313
Cavan Centre	349		349
Cavan County Childcare Committee	189		189
CDA Trust Ltd (Cavan Drug Awareness)		169	169
Central Remedial Clinic	18,872		18,872
Centres for Independent Living (CIL)	10,200		10,200
Charleville Care Project Ltd	111		111
Cheeverstown House Ltd	25,363		25,363

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Cheshire Foundation Ireland	24,071	76	24,147
Children's Sunshine Home	4,404		4,404
Clann Housing Association	1,143		1,143
Clann Mór	730		730
Clar Forbartha Aitiul Iorrais	109		109
Clare Immigrant Support Centre	202		202
Clare Youth Services	143		143
Clarecare Ltd Incorporating Clare Social Service Council	7,481		7,481
Clarecastle Daycare Centre	489		489
Clarehaven Women and Children Refuge Centre	568		568
Clareville Court Day Centre	195		195
CLASP (Community of Lough Arrow Social Project)	113		113
Clondalkin Addiction Support Programme (CASP)	656	355	1,011
Clones Branch of the Mentally Handicapped	208		208
Clonmany Mental Health Association	131		131
Clontarf Home Help	2,884		2,884
Clonturk House Home for Adult Blind	782		782
CLR Home Help	2,462		2,462
CLUB 91 (Formerly Chez Nous Service)	166		166
Co-Action West Cork	6,480		6,480
Cobh General Hospital	1,999		1,999
Coeliac Society of Ireland	101		101
Comfort Keepers Ltd	634		634
Community Awareness of Drugs (CAD)	111	164	275
Community Creations Ltd	165		165
Community Games	300		300
Community Home Maker and Family Support Service	333		333
Community Parenting Support Programme	116		116
Community Partnership Youth Lynx Project	108		108
Community Response, Dublin	288	210	498
Congregation of the Little Sisters of the Poor	121		121
Connaught St. Family Centre	416		416
Console (living with suicide)	300		300
Convent House Daycare and Resource Centre Ltd	118		118
Coolmine Therapeutic Community Ltd	948	528	1,476
Coombe Women's Hospital	55,702		55,702
Co-Operation Fingal	138		138
COPE	2,386		2,386

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
COPE Foundation	45,578		45,578
Cork Association for Autism	2,979		2,979
Cork City Childcare Company	115		115
Cork Family Planning Clinic	161		161
Cork Foyer Project	288		288
Cork Mental Health Association	171		171
Cork Social and Health Education Project (CSHEP)	267		267
Cork University Dental School and Hospital	2,435		2,435
Cottage Home Child and Family Services	1,708		1,708
County Leitrim Partnership	114		114
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	4,269		4,269
Criticare Services	198		198
Crosscare	6,205		6,205
Crossroads Project		276	276
Crumlin Home Help	3,071		3,071
Cuan Mhuire	1,185		1,185
Cuan Saor Women's Refuge and Support Service	492		492
Cuanlee Ltd	377		377
Cumas Teo	288	194	482
Dara Residential Services	1,841		1,841
Darndale Belcamp Child Care	454		454
Darndale Belcamp Drug Awareness	243		243
Daughters of Charity	34,621		34,621
Daughters of Charity Family Centres	496	247	743
Daughters of Charity of St. Vincent de Paul	71,426		71,426
Day Activation Unit for Children and Windmill Therapeutic Training Unit	435		435
Day Care Services, Newport Social Service	266		266
Deansrath Family Resource Centre	265		265
Delta Centre Carlow	2,733		2,733
Dental Health Foundation Ireland	239		239
Depaul Trust	1,263		1,263
Diabetes Federation of Ireland	773		773
Disability Federation of Ireland (DFI)	2,461		2,461
Dóchas	520	77	597
Dolmen Clubhouse Ltd	100		100
Don Bosco Teenage Care Housing Association	4,140		4,140
Donegal Childcare Committee Ltd	163		163

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Donegal Women's Refuge Group (DDVS)	482		482
Donegal Youth Services	129		129
Donnycarney Youth Project Ltd	467		467
Donnycarney/Beaumont Home Help	1,828		1,828
Donnycarney/Beaumont Local Care	131		131
Donore Community Development	27	253	280
Down Syndrome Ireland	115		115
Drogheda Community Services	153		153
Drogheda Homeless Aid Association	192		192
Drogheda Partnership	61	70	131
Drogheda Women's Refuge	372		372
Dromcollogher and District Respite Care Centre	383		383
Drug Information Community Education (DICE)	206		206
Drug Treatment Centre Board	8,958		8,958
Drumcondra Home Help	1,430		1,430
Drumkeerin Care Of The Elderly	160		160
Drumlin House Training Centre	234		234
Dublin City Council Homeless Agency	1,303	162	1,465
Dublin Dental Hospital	7,510		7,510
Dun Laoghaire Home Help	886		886
Dun Laoghaire/Rathdown Outreach Project	215		215
Eastern Community Works Ltd	7,127	3,641	10,768
Eastern Vocational Enterprises Ltd (EVE)	8,068		8,068
Edenmore Day Nursery	315		315
Edward Worth Library	200		200
Emerald Home Support	206		206
Enable Ireland	38,015		38,015
Errigal Truagh Special needs Parents and Friends Ltd	165		165
Extern Ireland	6,328	48	6,376
Extra Care for the Elderly	955		955
Familiscope	101	91	192
Family Life Centre Boyle	144		144
Farranree Sheltered Housing Association	102		102
Fatima Home, Tralee	486		486
Fatima Mansions Youth Initiative	101		101
Ferns Diocesan Youth Services	124		124
Festina Lente Foundation	300		300
Fighting Blindness Ireland	123		123
Fingal Association for the Handicapped	326		326

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Fingal Home Help Services Ltd	8,712		8,712
First Step	280		280
Focus Ireland	4,409		4,409
Fold Ireland	2,182		2,182
Foróige	3,943	87	4,030
Freshstart Innovative Services for Children	439		439
Friedreich's Ataxia Society in Ireland	119		119
Galway City and County Childcare Strategy Group	239		239
Galway Hospice Foundation	3,408		3,408
Gateway Organisation Ltd	144		144
Gay Mens Health Project	123		123
Gheel Autism Services Ltd	5,390		5,390
GLEN – Gay and Lesbian Equality Network	100		100
Glen Ltd	103		103
Glenwood Park Youth Project	111		111
Good Shepherd Sisters	3,006		3,006
Gorey Youth Needs Group N.W.C.D.	104		104
Greater Blanchardstown Response to Drugs	103		103
GROW	1,396		1,396
Guardian Ad Litem and Rehabilitation Office (GALRO)	466		466
Guardian Healthcare Ltd	312		312
Habinteg Housing Association	125		125
Hail Housing Association for Integrated Living	356		356
Headway the National Association for Acquired Brain Injury	2,933		2,933
Health Services National Partnership Forum (HSNPF)	4,997		4,997
Holy Angels Carlow, Special Needs Day Care Centre	725		725
Holy Family Hostel Kilkenny	969		969
Holy Family School	143		143
Holy Ghost Hospital	194		194
Home Again (Formerly Los Angeles Society)	1,708		1,708
Home Help Services Ballymun	1,898		1,898
Home Instead Senior Care	2,567		2,567
Home Youth Liaison Service	578		578
HomeCare North East Bay Ltd	1,244		1,244
Homecare Northern Ireland	1,609		1,609
Homeless Girls Society Ltd	791		791
Homestart Family Support Services	272		272
Hope House	288		288

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Housing Aid for the Elderly Scheme		11,093	11,093
ILAM (Ireland) Ltd	120		120
Immigrant Counselling and Psychotherapy/ICAP	600		600
Inchicore Community Drugs Team	307	142	449
Inchicore Home Help	1,438		1,438
Inclusion Ireland	503		503
Incorporated Orthopaedic Hospital of Ireland	6,461		6,461
Individual Clients in Community	25,379	303	25,682
Inishowen Women's Outreach	112		112
Institute of Community Health Nursing	120		120
Irish Advocacy Network	881		881
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	983		983
Irish Association of Suicidology	105		105
Irish Association of Young People in Care (IAYPIC)	155		155
Irish Blood Transfusion Services Board (IBTS)	153		153
Irish Cancer Society	580		580
Irish Family Planning Association (IFPA)	789	27	816
Irish Foster Care Association (IFCA)	859		859
Irish Guide Dogs for the Blind	832		832
Irish Haemophilia Society (IHS)	551		551
Irish Hard of Hearing Association (IHHA)	5,223		5,223
Irish Heart Foundation	506		506
Irish Home Care Services	1,754		1,754
Irish Hospice Foundation	475		475
Irish Kidney Association (IKA)	247		247
Irish Motor Neurone Disease Association	404		404
Irish Osteoporosis Society	255		255
Irish Patients' Association	129		129
Irish Pre-School Playgrounds Association (IPPA)	236		236
Irish Prison Service	317		317
Irish Society for Autism	2,922		2,922
Irish Sports Council	200		200
Irish Travellers Movement (ITM)	6,109	156	6,265
Irish Wheelchair Association (IWA)	36,488		36,488
ISANDS Irish Still birth and Neonatal Death Society	423		423
ISPCC	491	98	589
Jack and Jill Children's Foundation	616		616

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Jobstown Assisting Drug Dependency Project (JAAD Project)	229	34	263
K Doc – GP Out of Hours Service	1,946		1,946
KARE	17,288		17,288
KASMHA	1,108		1,108
Kerry Deaf Resource Centre	101		101
Kerry Diocesan Youth Service	528		528
Kerry Parents and Friends Association	7,915		7,915
Kilbarrack Coast Community Programme Ltd (KCCP)	334		334
Kilbarrack/Foxfield Day Centre	199		199
Kildare and West Wicklow Community Addiction Team Ltd		340	340
Kildare Community Partnership		162	162
Kildare Youth Services (KYS)	1,054		1,054
Kilkenny Community Action Network (KCAN)	135		135
Killinarden (KARP)	215	205	420
Kilmainhamwood Area Development Association	109		109
Kilmaley Voluntary Housing Association	174		174
Kilnamanagh Family Recreation Centre	133		133
Kingsriver Community	103		103
Kinsale and District Day Care Centre	552		552
L&B Home Respite Services Ltd	303		303
L'Arche Ireland	2,832		2,832
LARRC Retreat Centre, Ballinalack	100		100
Leitrim Association of People with Disabilities (LAPWD)	648		648
Leopardstown Park Hospital	14,691		14,691
Letterkenny Women's Centre	225		225
Letterkenny Youth And Family Service	116		116
LGBT Youth Galway	158		158
Liberties and Rialto Home Help	1,217		1,217
Liberty Creche	154		154
Lifestart Foundation	1,588		1,588
Limerick Social Service Council	1,069		1,069
Limerick Youth Service Community Training Centre	402	170	572
Link (Galway) Ltd	168		168
Liscarne Court Senior Citizens	130		130
Little Angels Hostel Letterkenny	112		112
Living Links	108		108
Local Drugs Task Forces (LDTFs)	1,073	7,966	9,039

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Lochrann Ireland Ltd	146		146
Longford Community Resources Ltd	119		119
Longford Social Services Committee	248		248
Longford Women's Centre	109		109
Lorcan O'Toole Day Care Centre	110		110
Lord Edward Street Southside Partnership	111		111
Loughboy Child Care Project	203		203
Lourdes Day Care Centre	176		176
Macroom Senior Citizens	100		100
Mahon Family Resource Centre	299		299
Marian Court Welfare Home Clonmel	106		106
Marian Day Nursery and Family Centre	166		166
Marino Institute of Education	200		200
Marino/Fairview Home Help	628		628
Mater Misericordiae University Hospital Ltd	255,147		255,147
Matt Talbot Adolescent Services	1,450		1,450
Mayo Women's Support Services	426		426
Mead Village Day Care Centre	259		259
Meath Women's Aid Housing Association Ltd	384		384
Mental Health Commission		142	142
Mental Health Ireland	1,277		1,277
Merchant's Quay Ireland (MQI)	2,165	79	2,244
Mercy Family Centre Ltd	471	54	525
Mercy University Hospital, Cork	76,023		76,023
MIDWAY – Meath Intellectual Disability Work Advocacy You Ltd	1,254		1,254
Mid-West Regional Drugs Task Force		143	143
Migraine Association of Ireland	172		172
Milford Care Centre	11,325	5	11,330
Millennium Carving Ltd	305		305
Miss Carr's Housing Association Ltd	395		395
Mná Feasa	119		119
Moatview Day Nursery	172		172
Molyneaux House for the Blind	950		950
Moorehaven Centre Tipperary Ltd	1,331		1,331
Mount Cara House	140		140
Mountview/Blakestown Community Drugs Team	335		335
MS Ireland – Multiple Sclerosis Society of Ireland	3,017		3,017
Muintir na Tire Ltd	136		136

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Mulhuddart/Corduff Community Drugs Team	315		315
Multiple Sclerosis North West Therapy Centre Ltd	249		249
Muscular Dystrophy Ireland	1,317		1,317
National Association of Housing for the Visually Impaired Ltd	526		526
National Autistic Society	298		298
National Cancer Screening Service		2,113	2,113
National Council for Blind of Ireland (NCBI)	7,430		7,430
National Federation of Voluntary Bodies in Ireland	1,096		1,096
National Maternity Hospital	52,277		52,277
National Network of Women's Refugees and Support Services, Athlone	492		492
National Nutrition Surveillance Centre UCD	100		100
National Office of Victims of Abuse (NOVA)	1,120		1,120
National Rehabilitation Hospital	27,801		27,801
National Service Users Executive	133		133
National Suicide Research Foundation (NSRF)	1,047		1,047
National University of Ireland, Galway (NUIG)	642		642
National Youth Council of Ireland	143		143
Nazareth House	5,031		5,031
New Beginnings Childcare and Residential Service	768		768
New Ross Community Hospital	312		312
Newbury House Family Centre, Mayfield, Cork	146		146
Nightingale TLC	297		297
No Name Youth Club Ltd	205		205
North Tipperary Community and Voluntary Association (CAVA)	488		488
North Tipperary Disability	252		252
North West Alcohol Forum	100		100
North West Parents and Friends Association	2,093		2,093
Northside Community Health Initiative (NICHE)	334		334
Northside Homecare Services Ltd	1,254		1,254
Northside Inter-Agency Project (NIAP)	223		223
Northwest Hospice	1,089		1,089
Nua Healthcare Services	297		297
O'Connell Court Residential and Day Care	227		227
Offaly Women in Crisis	107		107
One in Four	646		646
Open Door Day Centre	410		410
Open Heart House	317		317

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Order of Malta	438		438
OSS Cork Ltd	132		132
Ossory Youth Services	119		119
Our Lady of Lourdes Social Services Centre	1,777		1,777
Our Lady's Children's Hospital, Crumlin	143,889		143,889
Our Lady's Hospice, Harold's Cross	33,413		33,413
Our Lady's Nursery Ballymun Ltd	506		506
Outhouse Ltd	237		237
Outreach Project' Network – OASIS Project	729		729
Oznam House	172		172
Parent Alone Support Service	152		152
Parents First Cork Ltd	108		108
Partnership Care West	230		230
Pastoral	217		217
Paul Partnership Limerick	142		142
Peacehaven Trust	777		777
Peamount Hospital	28,700		28,700
Peter Bradley Foundation	7,694		7,694
PHC Care Management Ltd	486		486
Phoenix Community Resource Centre	125		125
Pieta House	100		100
Pobal	3,536		3,536
Positive Action	635		635
Positive Options Crisis Pregnancy Agency	268		268
Post Polio Support Group (PPSG)	424		424
Prague House	143		143
Praxis Care Group	2,076		2,076
Presentation Sisters	534		534
Private Home Care	179		179
Prosper Fingal Ltd	5,643		5,643
Rape Crisis Network Ireland (RCNI)	5,276		5,276
Rathmines Home Help	655		655
RCCN Caring Ltd T/A Community Care	312		312
Red Ribbon Project	309	(20)	289
Rehab Group	42,954		42,954
Renewal Women's Residence	101		101
Research and Education Foundation at Sligo General Hospital	153		153
Respond! Housing Association	1,265		1,265

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Rialto Community Development	154		154
Rialto Community Drugs Team	282	206	488
Rialto Community Network	166		166
Right of Place Second Chance Group	434		434
Ringsend and District Response to Drugs	292	55	347
Roscommon Home Services	347		347
Roscommon Partnership Company Ltd	104		104
Roscommon Support Group Ltd	739		739
Roscrea 2000 Ltd	405		405
Rotunda Hospital	56,140		56,140
Rowlagh Day Nursery	197		197
Royal College of Surgeons in Ireland	2,359		2,359
Royal Hospital Donnybrook	23,020		23,020
Royal Victoria Eye and Ear Hospital	25,085		25,085
Ruhama Women's Project	147	88	235
Rural Community Network Ltd	2,291		2,291
SHARE	218		218
Sacred Heart of Jesus and Mary Sisters	1,207		1,207
Saint Aidan's Services	3,668		3,668
Salesian Youth Enterprises Ltd	408		408
Salvation Army	4,055		4,055
Samaritans	387		387
Sandra Cooney's Homecare	768		768
Sandymount Home Help	453		453
Saoirse Housing Association Ltd	839		839
SAOL Project	325		325
Schizophrenia Ireland Lucia Foundation	1,849		1,849
Servisource Recruitment	132		132
Sevenoaks Nursery	206		206
Shalamar Finiskilin Housing Association	228		228
Shanakill Family Resource Centre	116		116
Shannon Community Workshop	208		208
Shannondoc Ltd	4,756		4,756
Shanty Educational Project Ltd	670	85	755
Simon Communities of Ireland	7,933	53	7,986
SIPTU National Health and Local Authority HR Development Project	520		520
Sisters of Bon Saveur	9,642		9,642
Sisters of Charity	16,489		16,489

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Sisters of Charity of Jesus and Mary, Moore Abbey	44,646		44,646
Sisters of Charity St. Mary's Centre for the Blind and Visually Impaired	4,972		4,972
Sisters of La Sagesse Services	19,374		19,374
Sisters of Mercy	595		595
Sisters of the Sacred Hearts of Jesus and Mary	15,325		15,325
Slí Eile Support Services Ltd	152		152
Sligo County Child Care Committee	163		163
Sligo Family Centre	138		138
Sligo Social Services	1,032		1,032
Smyly's Trust Services	2,073		2,073
Society of St. Vincent De Paul (SVDP)	3,451		3,451
Sonas Housing Association	686		686
Sophia Housing Association	956		956
South Doc GP Co-operative	8,986		8,986
South Dublin Senior Citizens Club	112		112
South Infirmary Victoria University Hospital	57,628		57,628
South Meath Alcohol and Substance Misuse Response		138	138
South West Inner City Community Network		108	108
Southside Outreach Team Autistic Children	130		130
Special Olympics Ireland	102		102
Spinal Injuries Ireland	359		359
SPIRASI	366		366
Springboard Projects	1,811		1,811
St. Aengus' Community Action Group	171		171
St. Andrew's Resource Centre	442	52	494
St. Anne's Day Nursery Ltd	252		252
St. Anne's Youth Centre Ltd	481		481
St. Bridget's Day Care Centre	153		153
St. Carthage's House Lismore	115		115
St. Catherine's Association Ltd	5,768		5,768
St. Christopher's Special School, Longford	7,333		7,333
St. Cronan's Association	962		962
St. Dominic's Community Response Project	198	115	313
St. Fiacc's House, Graiguecullen	323		323
St. Francis' Hospice	7,712		7,712
St. Gabriel's School and Centre	2,289		2,289
St. Helena's Day Nursery	356		356

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
St. Hilda's Services For The Mentally Handicapped, Athlone	4,287		4,287
St. James' Hospital	382,139		382,139
St. James' Unit For The Elderly	771		771
St. John Bosco Youth Centre	158	68	226
St. John of God Hospitaller Services	149,658		149,658
St. John's Hospital	25,709		25,709
St. Joseph's Foundation	11,194		11,194
St. Joseph's Home For The Elderly	1,466		1,466
St. Joseph's School For The Deaf	2,084		2,084
St. Joseph's School For The Visually Impaired	4,914		4,914
St. Kevin's Home Help Service	338		338
St. Laurence O'Toole SSC	1,224		1,224
St. Lazarian's House, Bagenalstown	217		217
St. Luke's Home	7,133		7,133
St. Luke's and St. Anne's Hospital	40,158		40,158
St. Luke's Hospital	273		273
St. Michael's Hospital, Dun Laoghaire	34,073		34,073
St. Michael's House	83,855		83,855
St. Michael's Day Care Centre	161		161
St. Monica's Community Development Committee	385		385
St. Monica's Nursing Home	3,580		3,580
St. Patrick's Hospital	7,147		7,147
St. Patrick's Special School	152		152
St. Patrick's Wellington Road	10,135		10,135
St. Vincent's Hospital Fairview	14,175		14,175
St. Vincent's Trust, St. Mary's Day Nursery	286		286
St. Vincent's University Hospital, Elm Park	237,885		237,885
Star Project Ballymun Ltd	180		180
Stella Maris Facility	176		176
Stewarts Hospital	50,057		50,057
Stillorgan Home Help	472		472
Streetline	778		778
Sunbeam House Services	22,103		22,103
Tabor House Trust, Ltd	127	100	227
Tabor Lodge	595		595
Tabor Society	773		773
Talbot Grove Treatment Centre	111		111
Tallaght Home Help	1,479		1,479

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Tallaght Partnership	30	246	276
Tallaght Rehabilitation Project	104		104
Tallaght Welfare Society	171		171
Tara Healthcare	500		500
Tara Winthrop Private Clinic	628		628
Teach Mhuire Day Care Centre	114		114
Teach Tearmann Domestic Violence Service	417		417
TEAM Project Mullingar	133		133
Teen Challenge Ireland Ltd	15	202	217
Temple Street Children's University Hospital	84,255		84,255
Templemore Community Social Services	226		226
Terenure Home Care Service Ltd	1,003		1,003
The Glen Neighbourhood Youth Project	163		163
Thurles Community Social Services	371		371
TIDE Meath Partnership		174	174
Tipperary Association for Special Needs	205		205
Tipperary Hospice Movement	243		243
Tir na nÓg Day Nursery	160		160
TLC Centre	227		227
Togher Pre-School and Family Centre	157		157
Transfusion Positive	385		385
Treoir	325		325
Trim Community Childcare	122		122
Tullow Day Care Centre	179		179
Turners Cross Social Services Ltd	201		201
Union of Our Lady of Charity	187		187
Unit 1, 2, 6, 7, St. Stephen's Hospital	4,563		4,563
University College Cork	1,340		1,340
University College Dublin	240		240
Valentia Community Hospital	939		939
Vergemount Home Help Service	145		145
Vincentian Housing Partnership	339		339
Vincentian Refugee Centre (VRC)	123		123
Vita House Family Centre, Roscommon	105		105
Walkinstown Association For Handicapped People Ltd	3,717		3,717
Walkinstown Greenhills Resource Centre		310	310
Walloo Pre-School	124		124
Waterford Association for the Mentally Handicapped	2,093		2,093
Waterford Community-Based Drug Initiative	171		171

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2008 €'000	2008 €'000	2008 €'000
Waterford Hospice Movement	233		233
WAVES Coalition	331		331
Welfare Home Callan/Kilmoganny	268		268
Well Woman Clinics	360		360
Wellsprings	766		766
West Cork Carers Support Group Ltd	110		110
West Cork Women Against Violence Project	253		253
West of Ireland Alzheimer Foundation	1,149		1,149
Westdoc – GP Out Of Hours Service	840		840
Western Care Association	30,647		30,647
Westmeath Community Development Ltd	204		204
Wexford Mental Health Association	183		183
Wexford Women's Refuge	368		368
White Oaks Housing Association Ltd	320		320
Wicklow Child and Family Project	380		380
Wicklow Community Care Home Help Services	5,519		5,519
Wicklow Working Together Ltd	361		361
Women's Aid	1,230		1,230
Women's Community Projects (Mullingar) Association Ltd	118		118
YMCA	470		470
Youth Action Programmes	1,500		1,500
Youth Advocacy Programme	2,837		2,837
Youth for Peace Ltd	189		189
Youth Work Ireland	340		340
Total Grants to Outside Agencies (see Note 8)	3,900,826	36,401	3,937,227

Appendix 2 Analysis of Capital Grants to Outside Agencies

(Capital Income and Expenditure Account)

Name of Agency	Capital Grants
	2008 €'000
Total Grants under €100,000 (62 Grants)	294
Ability West Ltd	610
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	156
Aoibhneas Foundation Ltd	1,039
Ard Aoibhinn Centre	117
Athlone Institute of Technology	547
Barnardos	716
Beaumont Hospital	11,818
Bloomfield Care Centre Ltd	10,273
Brothers of Charity Services Ireland	2,997
Cairde Activation Centre	103
Camphill Communities of Ireland	382
Cappagh National Orthopaedic Hospital	2,906
Care of the Elderly	137
Central Remedial Clinic	379
Cheeverstown House Ltd	947
Cheshire Foundation Ireland	580
Clonturk House Home for Adult Blind	117
Co-Action West Cork	643
Community Initiatives	155
Coolmine Therapeutic Community Ltd	191
COPE Foundation	717
Cork Mental Health Housing Association	140
County Wexford Community Workshop Enniscorthy Ltd	510
Cuisle Centre, Portlaoise	170
Daughters of Charity	128
Daughters of Charity of St. Vincent de Paul	960
Delta Centre Carlow	148
Drug Treatment Centre Board	1,984
Dundalk Institute of Technology	126
Enable Ireland	204
Finglas Addiction Support Team	115
Fold Ireland	145
Galway Mayo Institute of Technology	4,479
Housing Associations	124
Incorporated Orthopaedic Hospital of Ireland	6,137
Irish Wheelchair Association (IWA)	1,153
KARE	250
Kerry Parents and Friends Association	613
Mater and Children's Hospital Development Ltd	12,687
Mater Misericordiae University Hospital Ltd	16,651

Appendix 2 Analysis of Capital Grants to Outside Agencies

Name of Agency	Capital Grants
	2008 €'000
Mercy University Hospital, Cork	7,102
Milford Care Centre	4,500
National Council for the Blind of Ireland	167
National Maternity Hospital	2,317
National Paediatric Hospital	3,255
National Rehabilitation Hospital	5,375
National Treasury Management Agency (Clinical Indemnity Scheme System Development)	169
Our Lady's Children's Hospital, Crumlin	6,084
Our Lady's Hospice, Harold's Cross	2,781
Pobal	9,861
Prosper Fingal Ltd	1,000
Rehab Group	236
Rotunda Hospital	4,751
Royal College of Physicians of Ireland	394
Royal Hospital Donnybrook	3,115
Royal Victoria Eye and Ear Hospital	590
Sesame Pre-School Day Activation Unit for Children	353
Simpson's Hospital Nursing Home	3,895
Sisters of Bon Saveur	290
Sisters of Charity of Jesus and Mary, Moore Abbey	166
Sisters of La Sagesse Services	200
SOS (Kilkenny) Ltd Special Occupation Scheme	220
South Infirmary Victoria University Hospital	921
St. Gabriel's School and Centre	1,003
St. Hilda's Services For The Mentally Handicapped, Athlone	455
St. James' Hospital	10,950
St. John of God Hospitaller Services	1,161
St. John's Hospital	540
St. Joseph's Foundation	1,930
St. Luke's Hospital	6,214
St. Mary's School for Deaf Girls, Cabra	250
St. Michael's Hospital, Dun Laoghaire	250
St. Vincent's Hospital Fairview	1,912
St. Vincent's University Hospital, Elm Park	10,716
Stewarts Hospital	5,054
Sunbeam House Services	411
Temple Street Children's University Hospital	4,115
Trinity College Dublin	919
University College Cork	779
University College Dublin	2,627
Western Care Association	572
Total Capital Grants to Outside Agencies (Note 19(b))	190,148

Appendix 3 Miscellaneous (Analysis of Miscellaneous Expenditure in Note 8)

	2008 €'000	2007 €'000
Maintenance Farm and Grounds	2,201	2,022
Security	9,944	9,347
Fluoridation	1,470	1,183
Memberships	135	80
Licences	331	376
Subscriptions	687	763
Sundry Expenses	11,781	18,536
Burial Expenses	176	216
Secondment Charges	2,498	2,365
Recreation (Residential Units)	1,324	1,032
Materials for Workshops	2,680	2,948
Home Adaptations	1,080	1,121
Meals on Wheels Subsidisation	1,651	1,671
Payments to patients under the scheme of ex gratia payments re: long stay charges	106	132
Refunds	893	479
Interest Earned on Patient Private Property Account Balances Repayable to Patients	–	9,000
Total Miscellaneous Expenditure (see Note 8)	36,957	51,271



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