



ANNUAL REPORT AND FINANCIAL STATEMENTS

07



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Independent Patient Survey Reveals Strong Satisfaction with Health Services

There is strong satisfaction with health and social services and a high degree of trust and confidence in health professionals, according to the results of 'INSIGHT 07', a national survey of consumer satisfaction carried out in 2007.

The independent study of consumer satisfaction with the health and social care services was commissioned by the HSE and conducted by the School of Public Health and Population Science in UCD.

The study involved detailed face-to-face interviews with 3,517 people nationwide who were asked about their experience of the public health and social care services.



The key findings were as follows:

- 90% of inpatients; 85% of outpatients; 97% of GP patients and 89% of other community service patients rated their experience as 'excellent', 'very good' or 'good';
- 83% of inpatients, 73% of outpatients and 90% of GP patients surveyed would also recommend the service to someone else;
- In 82% of cases the GP was cited as the most important source of information;
- In relation to waiting times, 76% of inpatients were admitted immediately, 23% of outpatients were seen at their appointed time and a further 44%, within 30 minutes;
- There is little evidence of a medical card/non medical card divide in experience with the health service;
- Generally there is a high degree of confidence and trust in health professionals. A majority, 78% of inpatients, 67% of outpatients, 86% of GP patients and 78% of other community services patients, expressed definite or complete trust in the health professional they encountered; and
- While 84% favour the location of an acute hospital in every county, 76% would favour specialist or a concentrated service if needed, even if this means concentrating services in fewer centres.

The full results of 'INSIGHT 07' are available on:
www.hse.ie

This was the first time that a study of this scale was undertaken among a nationally representative sample of people who use the HSE's hospitals and community services.

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In 2007 the HSE increased service delivery in a number of areas

Table 1: Service activity 2006 and 2007

Area of Activity	2006	2007	% change from 2006-2007
Inpatients	592,269	614,291	+3.7%
Day Cases	560,904	590,672	+5.3%
Outpatient attendances	2,878,260	3,025,300	+5.1%
Births	62,740	70,084	+11.7%
Home help hours delivered	11,430,570	12,351,088	+8.1%
Calls to GP Out of Hours services	750,000	831,590	+10.9%
GP visit card holders	51,761	75,589	+46.0%
Calls to HSE National Information Line	47,917	70,435	+47.0%
Emergency Department attendances	1,112,068	1,149,014	+3.3%

Key areas of focus included:

- Reconfiguring acute hospital services in line with international best practice;
- New National Paediatric Hospital;
- National Cancer Control Programme;
- Negotiations on Consultants' Contracts;
- Expanding Community Services; and
- Enabling more older people to stay in their own homes for as long as possible.

Did you know?

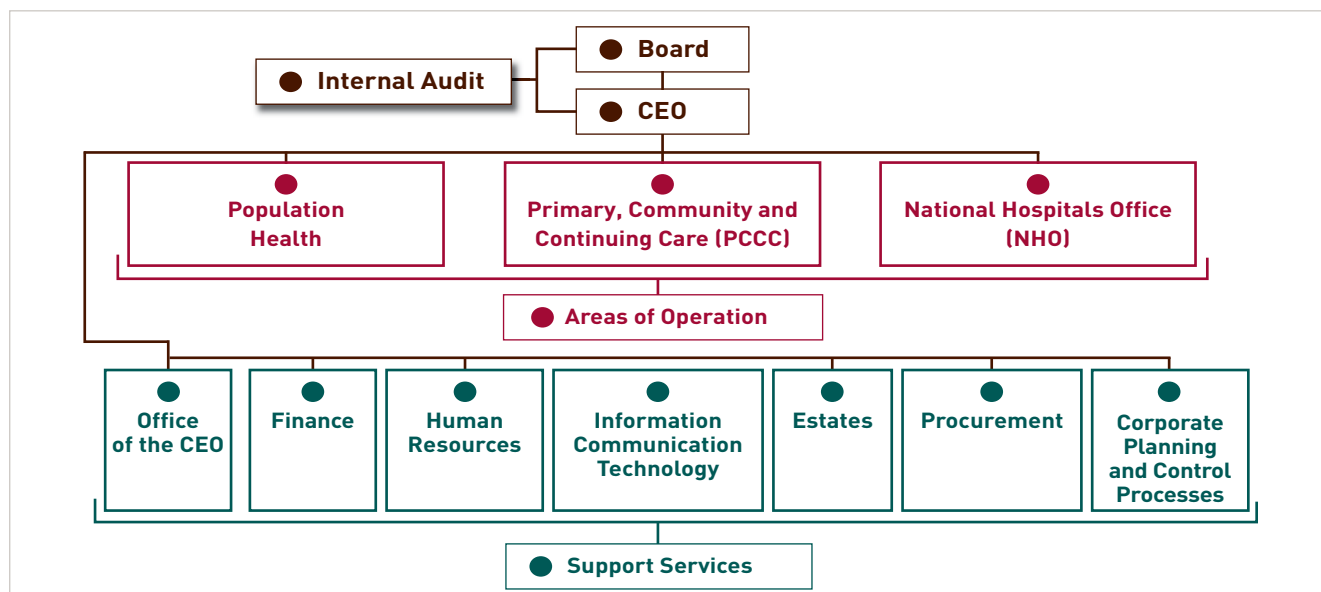
- A €75 million maternity hospital opened in Cork in 2007;
- Ireland's first double lung transplant on a cystic fibrosis patient was carried out in 2007;
- 90% of the population is now covered by an out-of-hours GP service, compared with 80% coverage in 2006; and
- Some 11,565 people received a home care package in 2007. Of these 6,279 were new clients who were helped to stay in their own homes and communities.



Children enjoying themselves at the launch of the 2007 HSE Community Games.

Overview of the Health Service Executive (HSE)

Figure 1: Structure of the HSE Organisation



Structure of the HSE Organisation

The HSE delivers health and personal social services through:

National Hospitals Office:

Providing acute hospital and ambulance services;

Primary, Community and Continuing Care:

Delivering a wide range of services in the community through 32 Local Health Offices;

Population Health:

Promoting and protecting the health of the entire population.

These arrangements are supported by services necessary to enable the organisation to operate efficiently and effectively and include: Office of the CEO; Corporate Planning and Control Processes; Finance; Human Resources; Information and Communication Technology; Estates and Procurement.

Range of services

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, a budget of almost €14 billion and is the largest public sector organisation in the State. The HSE provides an extensive range of services including:

- Life saving surgery;
- Cancer care;
- Emergency department services;
- Ambulance services;

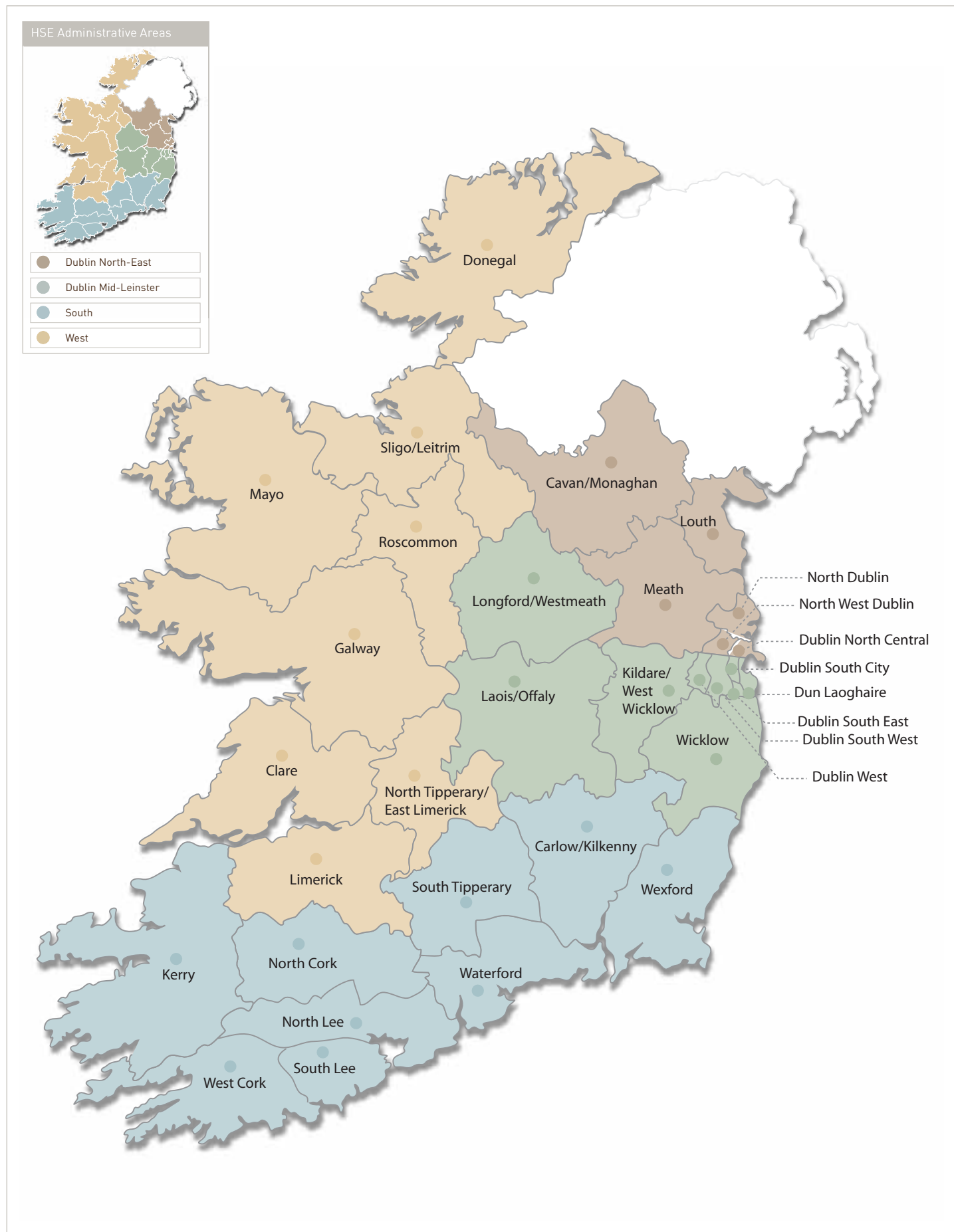
- Public health nursing;
- Residential care services;
- Mental health services;
- Addiction services; and
- Registering births, marriages and deaths.



In 2007 Cork University Maternity Hospital commissioned a robotic surgical system, one of the first of its kind in Ireland. Minimally invasive procedures performed with the da Vinci surgical system can offer numerous potential benefits over open surgery, including shorter hospital stays and a quicker recovery time for patients.

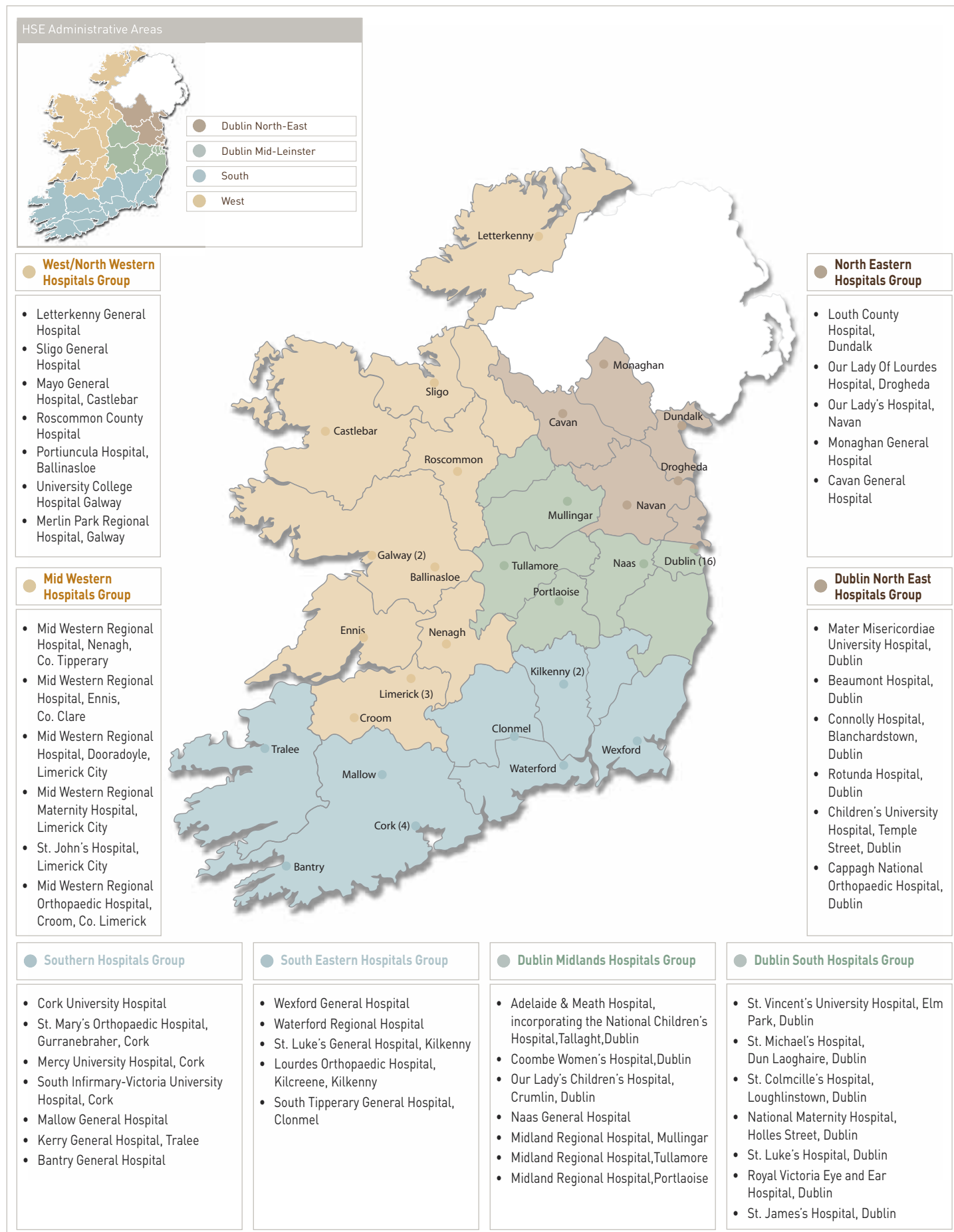
Location of HSE's Four administrative Areas and 32 Local Health Offices

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



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

Figure 3: HSE's Four Administrative Areas and 50 Acute Hospitals



Chairman's Statement

The Health Service Executive's (HSE) primary responsibility is the delivery of a wide range of health and personal social services within the resources provided by Government.

The HSE's National Service Plan sets out the services it commits to providing each year. The Service Plan for 2007 was adopted by the Board at the start of the year and approved by the Minister for Health and Children.

As the governing authority, a key responsibility for the Board is the ongoing monitoring and review of the organisation's progress towards achieving the Service Plan targets. In exercising this role the Board receives monthly and quarterly reports from management on the achievement of activity targets set out in the National Service Plan and on organisational performance in the areas of finance and human resource management.

Meeting the challenges in delivering health services

The challenges and pressures facing Ireland's health system mirror those facing health systems around the world. People are living longer, populations are growing, expectations and demands for services are increasing and medical costs are rising. As people get older they are more likely to suffer from chronic illness and disease.

The HSE's strategy to meet the increasing demand for health and social care is to shift appropriate activity from the hospital based system to primary, community, long-term care, rehabilitation and the chronic disease management services in line with international best practice.

When all appropriate services are rebalanced in this way, people will be able to access many services in the community which are at present predominantly available through the hospital system. In addition to delivering greater quality of care and convenience, the shift will provide for more effective use of available resources.

While it will take a number of years to complete this shift, many initiatives to support this strategy are already underway and the Board endorsed and approved further initiatives in 2007 to progress these reforms.

For example, the Board endorsed the recommended development of an integrated health system arising from the Acute Bed Capacity Review. This review reaffirms the case for continuing to strengthen the orientation of service towards the primary/community care model and is consistent with the vision set out in the National Health Strategy 2001 that 'Primary Care needs to become the central focus of the health system'. This review and its implications have been discussed with Government and presented to the Forum on the Health Sector.

A detailed design of primary care teams was drawn up during 2007 and a review was completed of how the teams were progressing. Community services for older people increased and improvements were made in the management of chronic diseases including diabetes, obesity and heart disease.

The High Level Framework Brief for the delivery of the new national network of paediatric care was developed. The programme was progressed in the North East to reshape and integrate community and hospital services.



The site locations and private providers for the co-location of private hospitals were selected in 2007. New pricing arrangements, which will involve revised reimbursement rates for medicines, were also announced in 2007. These are expected to generate full year savings of around €100 million.

Significant progress was made in 2007 towards agreeing a new consultants' contract. A new contract is a first step towards the replacement of the current largely consultant-led service with a consultant-provided service. This will bring major benefits to health service users.

Financial Management

Finite resources and constant changes in demand and treatment regimes present significant challenges to deliver an increased level and quality of service to a growing population base.

In 2007 the volume and variety of services provided in most areas, particularly in the acute hospital sector, was above the 2007 National Service Plan targets. Inpatient activity was more than 3% ahead of service plan levels, day case activity was 5% above target and outpatient attendances were 5% ahead of expected levels. The growth in demand under the Medical Card and GP Visit Card schemes was also ahead of expected levels.

To meet the cost of these extra demands the Government agreed, using a Supplementary Estimate process, to allocate €255 million arising from an underspend on the Health (Nursing Homes) Repayments Scheme and savings the HSE achieved in other areas.

Corporate Governance

In an organisation as large and complex as the HSE, the issues of risk management and control are particularly challenging. In line with best practice, the Board adopted a Corporate and Financial Governance framework in September 2006.

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

The Board approved revisions to this framework in 2007 and the final set of documents was sent to the Minister for approval in December 2007.

Forum on Health Sector

Public health care is a matter of major community interest which warrants a shared focus. Many of the challenges involved in delivering sustainable reforms can benefit greatly from the active support and commitment from various stakeholders to address issues relating to the reform process in a constructive and co-operative manner.

In this regard the HSE and the Departments of the Taoiseach, Finance and Health & Children are working with the Irish Congress of Trade Unions to use the Forum on the Health Sector to build a strong partnership between the HSE, the Government and the social partners.

Conclusion

The Board remains highly committed to delivering on the purpose for which it was established. The Board met on 16 occasions and, in addition, a significant number of Board committee meetings were held. I would like to acknowledge the contribution of my fellow Board members throughout 2007.

The commitment of management and staff of the HSE, their dedication and important contributions, often in difficult circumstances, over the last 12 months is also greatly appreciated.

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

I look forward to the year ahead when we will continue the process of reform and innovation that will, over time, deliver a world class patient centred health system.



Liam Downey
Chairman
Health Service Executive (HSE)

Board Membership

As at 31st December 2007



Mr. Liam Downey



Professor Niamh Brennan



Dr. Donal de Buitléir



Professor Brendan Drumm



Mr. P. J. Fitzpatrick



Dr. Maureen Gaffney



Mr. Joe Macri



Mr. Eugene McCague



Mr. Michael McLoone



Dr. Michael Murphy



Professor John A Murray



Professor P. Anne Scott

Liam Downey is the former Chief Executive of Becton Dickinson Ireland, a medical technology company. He is a former President of the Federation of Irish Employers and was a Trustee and member of the National Executive Council of the Irish Business and Employers Confederation (IBEC). He is a former Chairman of the Irish Medical Devices Association and until March 2006 was a member of the Labour Relations Commission. He is a graduate of University College Dublin and a Fellow of the Irish Management Institute.

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

Dr. Donal de Buitléir is General Manager, Office of the Chief Executive of AIB Group. Prior to joining AIB, he was Assistant Secretary in the Office of the Revenue Commissioners, and Dr. de Buitléir was a member of the Commission on Financial Management and Control Systems in the Health Service. He is Chairman of the Civil Service Performance Verification Group set up under 'Towards 2016' and of the Foundation for Fiscal Studies. He is a Trustee of Eisenhower Fellowships and President of the Statistical and Social Inquiry Society of Ireland.

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

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

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

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

Eugene McCague Eugene McCague is a solicitor and chairman of the law firm, 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.

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

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

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

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

The HSE is now providing more high quality services to more people than ever before.

Record numbers of health care professionals are delivering these services with a budget provided by the public that is at an all time high.

This enables us to provide many excellent services and deliver on our mission - to enable people live healthier and more fulfilled lives.



The HSE is advancing with a major programme to modernise the public health services. Our long term ambition is for everyone to be able to easily access quality services, have confidence in these services and have a workforce that is proud to provide these services. This will take time to achieve.

In local facilities and communities, many staff are embracing modern practices that are the norm in other advanced health services. I have seen many examples where more and more staff are changing the way they work to a team-based approach. In so doing, they are improving the quality of patient care and reducing waiting times.

There is also an increasing recognition that the solution to the challenges we face is not simply more of the same and bigger budgets; it is in making better use of existing resources and making sure that everything we do, the decisions we make and the actions we take, always prioritise the needs of patients and clients.

For example, modern practices, coupled with community based supports, are enabling patients with severe respiratory disease to have their typical hospital stays reduced from nine days to less than three. This is far better for patients and speeds up access for others who need acute hospital services.

In one Dublin-based Neurology Unit, a team approach with strong and innovative leadership has dramatically reduced waiting times for patients. Changing the way we do things can be as important, and sometimes more important, than putting more resources behind outdated ways of doing things.

The Acute Bed Capacity Review and Integrated Model of Care set out clearly that patients will experience better outcomes and more convenience if we stop admitting people to acute hospitals for the type of care that can be provided to them more conveniently, closer to their homes. It will also deliver better value for the State.

A central objective of the HSE's Transformation Programme is that by 2010 people will be able to easily access (as close to home as possible) a broad spectrum of care services through their local Primary Care Teams.

So far 97 teams are in development. The locations of more than 400 additional teams and 130 Social Care Networks to service the entire population have now been identified.

Rather than concentrating on volume, the emphasis during 2007 has been on making sure the active teams have the support and focus necessary to build a solid foundation. We will be strengthening these teams further during 2008 and supporting the introduction of further Primary Care Teams.

In addition to supporting the shift to community based care, during 2007 we tackled some significant organisational issues. I would like to acknowledge the achievements of staff in supporting these difficult but necessary initiatives. They include reversing the historical trend of growing staff numbers beyond the employment ceiling set by Government and the practice of using money allocated for buildings and equipment to subsidise operational overspends. We also started to undo the pattern of reallocating money from health services that operated within budget to those that ran over budget, but still have much more to do in bringing about equity in this area.

Completely reforming Ireland's public health service into a modern service where 80-90% of care is provided outside acute hospitals has to happen progressively, it can't happen all at once.


It will need a commitment to change not just from those who work in public health, but also from those who are in a position to influence change such as the social partners, public representatives, media and advocacy groups.

As a community we all have a role to play in the future of our public health service. Whether this role is as a user of services or provider of services, we must at all times ensure that quality and safety are never traded for convenience and consensus.

To all staff working for the HSE and HSE-funded agencies, I would like to thank you for your dedication and commitment to caring for the most vulnerable members of our community.

It is a great honour to be in a position to serve others in this way and it is a responsibility that we all must take very seriously.

Finally 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 of the Department of Health and Children and his officials for their ongoing assistance.



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

Senior Management Team

As at 31st December 2007



Professor Brendan Drumm
Chief Executive Officer



Ms. Ann Doherty
National Director of Corporate
Planning and Control Processes



Dr. Patrick Doorley
National Director of
Population Health



Mr. Michael Flynn
National Director of
Internal Audit



Mr. Brian Gilroy
National Director of Estates



Professor Tom Keane
Interim National Director of
Cancer Control Programme



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



Mr. Martin McDonald
National Director of Human
Resources



Ms. Laverne McGuinness
National Director of Primary,
Community and Continuing Care



Mr. John O'Brien
National Director of
National Hospitals Office



Mr. Liam Woods
National Director of Finance



Mr. Leo Stronge
Head of Procurement



Mr. Damien McCallion
Head of Information and
Communication Technology

Contacting the HSE for information or advice

1. The website www.hse.ie includes information on all of the services provided by the HSE. The website also gives full details on how you can have your say on HSE services. So if you are looking for information on services or want to know more about how the organisation works, have a look at www.hse.ie.
2. The HSE Information Line operates from 8am to 8pm, Monday to Saturday and can provide information on a wide range of queries, like medical cards and GP visit cards. The infoline can also advise on health services, entitlements, eligibility, application forms and contact details for services across the country. Information is also available via email or fax, and the infoline offers a sigma text-pad facility for people with a hearing impairment.

You can contact the HSE Infoline by:

Callsave: 1850 24 1850

Fax 041 685 0330

Email: info@hse.ie

3. If you wish to make a comment on any aspect of the services provided by the HSE, if you have a suggestion on improving services or if you are unhappy with any aspect of the services please:
 - Tell a staff member or Complaints Officer at the facility where you are unhappy with the service and they will try to help you to solve any problem immediately;
 - Fill in the 'Your Service, Your Say' leaflet, available in all health service locations nationwide. You can place this in feedback boxes provided in reception areas, wards, health centres, service areas and offices; and
 - Email the details of your experience to yoursay@hse.ie.

The HSE is committed to:

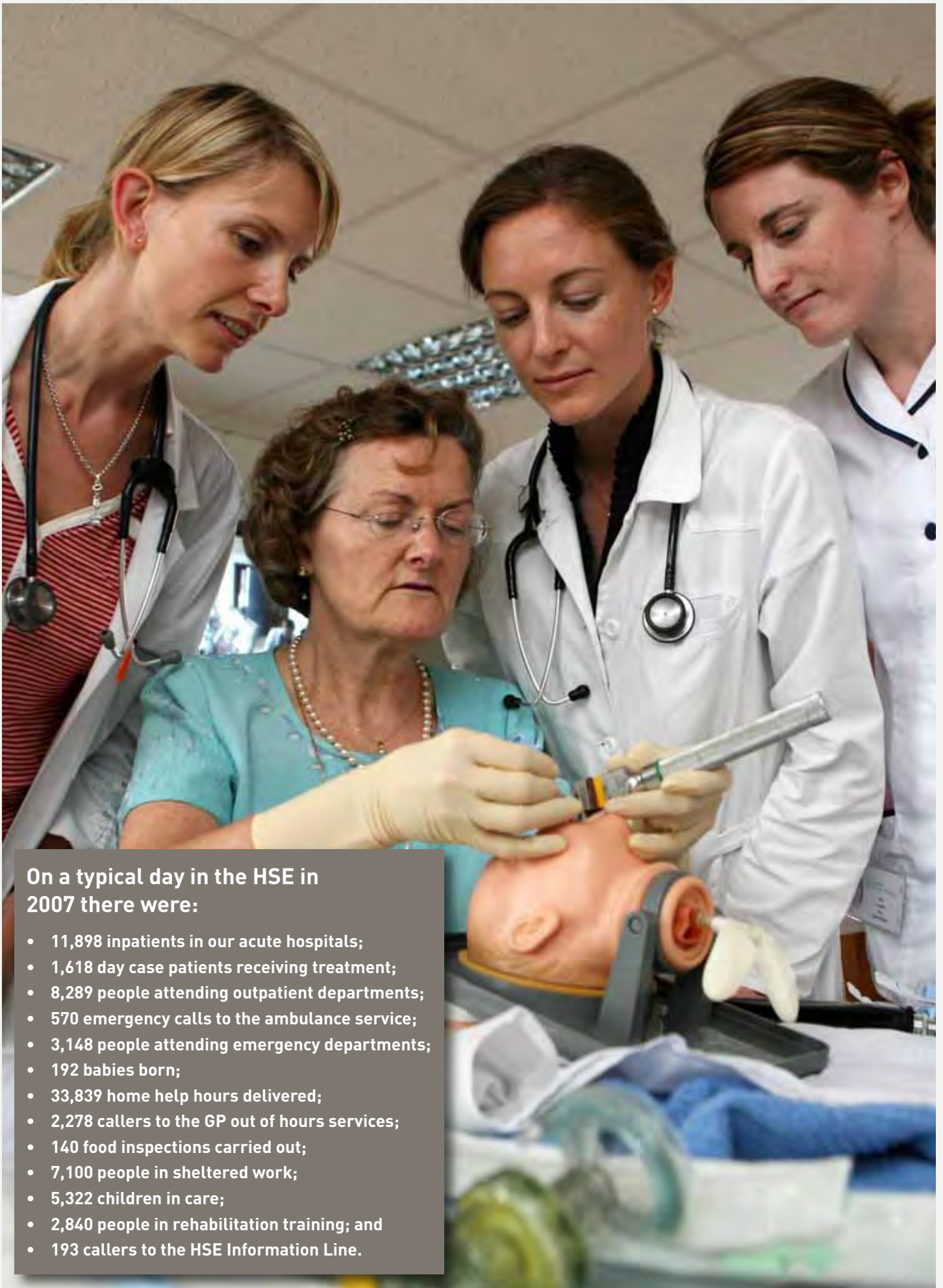
- Passing on any praise and acting on comments;
- Handling complaints and personal details in confidence without prejudice;
- Appointing a Complaints Officer to look after queries and to make sure they are handled fairly and properly;
- Acknowledging any written complaint within five working days of receipt;
- Informing individuals about their right to advocacy services. Advocates can support individuals in the complaints process;
- Investigating all complaints within 30 working days. If the process takes longer, the HSE will keep individuals updated every 20 working days.

Contact the HSE at:

Oak House, Millennium Park, Naas, Co. Kildare
Phone: 045 880 400

Dr. Steevens' Hospital, Steevens' Lane, Dublin 8
Phone: 01 635 2500

**Callsave: 1850 24 1850 email: info@hse.ie
www.hse.ie**



On a typical day in the HSE in 2007 there were:

- 11,898 inpatients in our acute hospitals;
- 1,618 day case patients receiving treatment;
- 8,289 people attending outpatient departments;
- 570 emergency calls to the ambulance service;
- 3,148 people attending emergency departments;
- 192 babies born;
- 33,839 home help hours delivered;
- 2,278 callers to the GP out of hours services;
- 140 food inspections carried out;
- 7,100 people in sheltered work;
- 5,322 children in care;
- 2,840 people in rehabilitation training; and
- 193 callers to the HSE Information Line.

Staff in the National Clinical Skills Centre (Women and Infants) which was launched in Dublin in June, 2007. Training courses are provided at the centre which was set up with the support of the Institute of Obstetricians and Gynaecologists, the Coombe Women's Hospital, the Royal College of Surgeons and the HSE.

Population growth and the challenges for the HSE

In recent years, the population in Ireland has increased dramatically, and the age structure has changed.

Some 4.34 million people live in the Republic of Ireland. This is an increase of 106,100 on 2006. The HSE must address the challenges arising from this growth in population and respond appropriately to the health needs of all, including new and well-established minority communities.

Table 2: Age structure of the population in 1996, 2002 and 2007

Age Group	1996	2002	2007	% change from 1996-2007
0-9	533,337	541,720	608,200	+14.0%
10-14	665,623	598,896	561,600	-15.6%
20-29	552,399	641,027	752,900	+36.3%
30-39	516,605	595,582	689,700	+33.5%
40-49	465,841	521,588	585,600	+25.7%
50-59	340,454	428,137	480,000	+41.0%
60-69	264,755	287,726	334,000	+26.2%
70-79	196,639	201,944	211,300	+7.5%
80+	90,434	100,583	115,700	+27.9%
Total	3,626,087	3,917,203	4,339,000	+19.7%

Source: Central Statistics Office

The main population changes which directly affect how health services are delivered include:

- high inward migration;
- improvement in life expectancy;
- population growth projections;
- increase in births; and
- changes to the main causes of death.

High inward migration

Nearly two-thirds of the population increase, 67,300, was caused by net migration (immigrants less emigrants); the remainder, 38,800, was made up of natural increase (births less deaths).

Nearly half (48%) of the immigrants were from the 12 new EU accession states.

The profiles of healthcare staff are also changing. For example 33% of those working in the medical or dental field are from overseas, as are 14% of nurses and midwives. The high percentage of young people coming into the country has increased pressure on areas like maternity services. At one of the country's largest children's hospitals, one in every six attendances annually to the outpatient department is from ethnic minorities.

Improvement in life expectancy

People in Ireland are healthier now than they have ever been and are generally living longer.

Table 3: Life expectancy in years 1996 and 2007

	1996	2007	Increase in Years
Males	73.0	77.3	+4.3
Females	78.5	81.7	+3.2



Patient satisfaction surveys are regularly carried out at Dublin's Rotunda Hospital to assist the hospital to continually improve its quality of care. The questionnaire can be completed by a patient, a partner, family member or friend. Questions cover all aspects of an individual's hospital experience.

In recent years, the improvement in life expectancy has grown particularly quickly. This is due to:

- lifestyle improvements;
- socio-economic advances;
- better health services; and
- better social services.

The changes mean there are more people with chronic illnesses to take care of and more demands on the HSE to provide a mix of social services to an ageing population.

Population growth projections

The general population is expected to keep growing rapidly. In particular, the 65+ age group is expected to increase by over a third by 2016; and to more than double by 2036, when they will make up nearly 20% of the population.

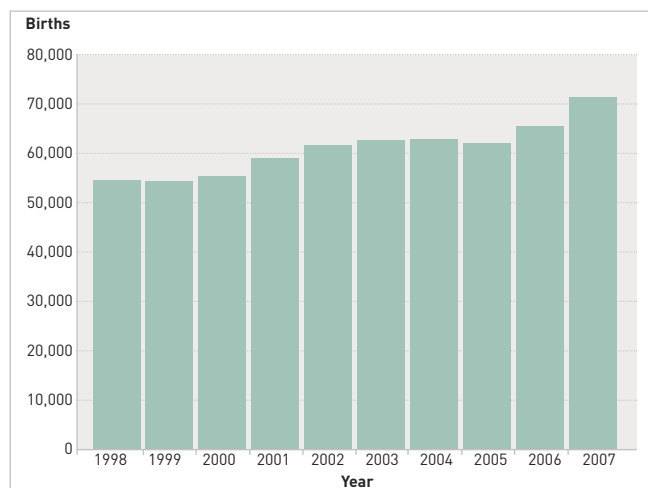
Table 4: Population growth projections 2006-2036

Age Groups	2006	2016	2026	2036	% change from 2006-2036
0-14	864,449	1,046,420	1,075,025	1,032,424	+19.4%
15-24	632,732	554,720	671,821	717,098	+13.3%
25-44	1,345,873	1,476,723	1,375,762	1,372,506	+2.0%
45-64	928,868	1,145,228	1,410,091	1,552,995	+67.2%
65+	467,926	631,098	866,227	1,145,263	+144.8%
Total	4,239,848	4,854,189	5,398,926	5,820,286	+37.3%

Increase in births

There has been a significant increase in the number of births in the last two years. Over 70,000 babies were born in 2007, the highest number in the last 25 years. The growth in population numbers means there is an increasing demand for antenatal, obstetrical, neonatal, postnatal and social care.

Figure 4: Rise in birth rate 1998-2007

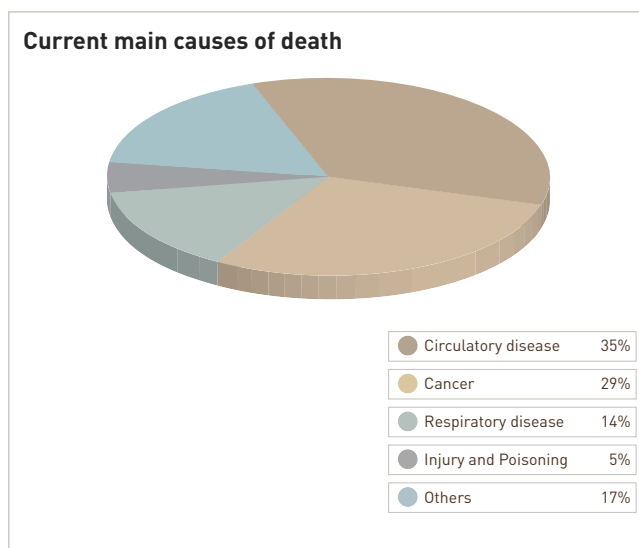


Current main causes of death

Over the last 10 years there have been significant changes in the main causes of death. Deaths from circulatory diseases, such as heart disease, have fallen quite substantially, with small reductions in the other main causes of death. Circulatory diseases accounted for 45% of all deaths in 1994, they now account for 35%.

This is as a result of better prevention and treatment services. However, circulatory diseases are still the leading cause of death in our population, followed by cancer, respiratory diseases and injury or poisoning.

Figure 5: Current main causes of death in 2007



The HSE will take all of the above factors into account in planning the future delivery of health services in Ireland. The community needs a health and personal social service system that is affordable and capable of delivering nationally consistent high quality services within the resources available. People need easy access to quality services in the most appropriate and convenient setting, whether this be at home, in a community facility, hospital or centre of excellence.

National Hospitals Office

The National Hospitals Office (NHO) plans, manages and delivers acute hospital services in 50 hospitals.

The NHO provides pre-hospital emergency care services and a range of assessment, diagnosis, treatment and rehabilitation services on a regional, supra-regional or national basis.

National specialist services

Designated national, specialist services focus on specific areas such as:

- heart, lung and liver transplants;
- bone marrow transplants;
- spinal injuries;
- paediatric cardiac services;
- medical genetics; and
- renal transplantation.

Complex procedures

Complex procedures are provided in supra-regional centres such as Beaumont Hospital and Cork University Hospital. These procedures include:

- neurosurgery;
- cardiac surgery;
- complex cancer treatments; and
- radiotherapy.

Key NHO Statistics

Table 5: Hospital statistics 2005, 2006 and 2007

	2005	2006	2007	% change from 2005-2007
Inpatient discharges	575,476	592,269	614,291	+6.7%
Day cases	512,034	560,904	590,672	+15.4%
Outpatient attendances	2,601,950	2,878,260	3,025,300	+16.3%
ED attendances	1,099,139	1,112,068	1,149,014	+4.5%
Births in public hospitals	58,489	62,740	70,084	+19.8%

Undergraduate and post-graduate training

Hospitals also play a key role in:

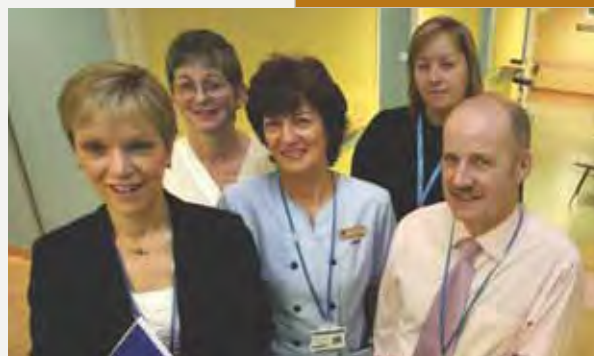
- undergraduate and post-graduate training;
- the education of medical and health service professionals; and
- essential clinical and related research with universities.

Key aims of the NHO

The NHO aims to ensure acute hospital services are used more effectively to meet the demand required by:

- reconfiguring acute hospital services in line with international best practice and integrating with primary, community and continuing care services (PCCC);
- providing quality services in the most appropriate place.

Historically, acute hospital services have changed in response to service needs rather than as a result of national planning. Key national reports in recent years have highlighted the need for reform and reconfiguration, taking into account issues such as accessibility, safety, clinical standards and quality of services. Pressure for change comes from many directions, including new patterns of illness and disease, new treatments and technologies, new skills and changes in the way doctors, nurses and other professionals train and work, including increasing specialisation.



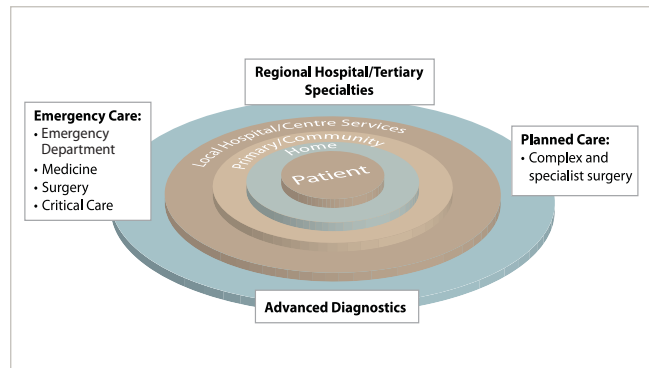
Key changes, careful planning and the introduction of new processes have resulted in more patients being seen at their appointed time in the Outpatients Department in Dublin's Beaumont Hospital. The Department handles 125,000 patient visits each year, or over 2,400 every week, in six suites. Change in such a complex area requires a very structured and planned approach and is about improving convenience for the patient, with a big focus on the provision of a one-stop shop service.

Future Model of Care

There is a great deal of evidence to suggest that outcomes are better when care is delivered by specialist multi-disciplinary teams and such teams must be large enough to work effectively. The teams need to care for sufficient numbers of patients to maintain skills and to make best use of new technologies. Evidence from other countries shows that smaller hospitals are finding it increasingly difficult to deliver services to modern standards.

The emerging model for future hospitals is to ensure that hospitals serve certain minimum catchment populations in order to provide the spectrum of acute care needed to deal with emergency and acute patients.

Figure 6: The emerging new clinical model of acute and community care



Key aim of NHO: reconfiguration of acute hospital services

The following are some of the major initiatives in relation to the reconfiguration of acute hospital services during 2007:

1. Acute Hospital Bed Capacity Review

Ireland has a relatively young population – only one person in 10 is over 65. This is set to change considerably in coming years – by 2036, one person in five will be over 65. This significant change will put substantial pressure on the health service. The HSE must plan now for the impact which ageing will have on the health service.

In 2007 the HSE commissioned an independent review of acute bed capacity requirements for Ireland until the year 2020. The Acute Hospital Bed Capacity Review reaffirms the case for continuing to increase our focus on a primary and community care model. The review recommended that Ireland develop an Integrated Model of Care system.

The review points out that adding more and more acute inpatient beds to the hospital system is not in the interest of patients and not sustainable in the long term. Instead, the HSE needs to continue with, and accelerate, the current strategy of:

- building up primary, community and long-term care services;
- developing a chronic disease management framework; and
- securing greater value and productivity from our hospitals.

This overall strategic direction has already been adopted by other developed countries, such as Denmark and Canada.

In 2007, hospitals nationwide used the information from the acute hospital bed capacity review to better plan and manage discharge planning.



The team working in the comprehensive chronic obstructive pulmonary disease (COPD) service in St. James's hospital won an Irish Healthcare award in 2007 for their work in providing 'hospital at home care' for selected COPD patients.

The specialist team provide a comprehensive acute care package including; nebulised therapy, domiciliary oxygen, appropriate medications and a comprehensive education package for patients and their families, with daily home visits for up to 14 days. Patients can also avail of ongoing telephone support. An audit of 303 patients enrolled in the programme revealed a dramatic reduction in length of hospital stay from just over 10 days to less than two days. The findings confirm the early discharge of selected COPD patients is a practical, safe and cost effective alternative to hospitalisation.

2. Review of hospital reconfiguration in the North East

The 2006 Teamwork report concluded that the hospital system in the North East, where five hospitals deliver services to relatively small populations, was exposing patients to increased risks. Teamwork concluded that this configuration was not serving the community well, was unsustainable and had to change.

In response to the Teamwork review, the HSE established a group to address the issues highlighted as requiring immediate attention. Work is on-going within the North East to improve patient safety in line with the Teamwork Report. A detailed planning phase is underway in relation to the North East Transformation Programme to reshape and integrate community and hospital services. This is being done to ensure the local population has easy access to better quality services.

Some of the developments that took place in 2007 were:

- an action plan was developed;
- detailed planning took place focusing on what can be achieved by the target deadline of mid-2009;
- North East Transformation Partnership Committee set up;
- €5 million minor capital investment approved;
- clinical networks were developed. Teams of consultants, nurses and other staff members met regularly to provide clinical input.

3. South Tipperary acute hospital services

Acute hospital services in Cashel and Clonmel merged on a single site in South Tipperary General Hospital, Clonmel. Extensive building work was completed to provide a modern hospital campus.

The new specialist centre in Clonmel involved the transfer of emergency and surgical services from Our Lady's Hospital Cashel, to South Tipperary General Hospital during 2007.

The services at Clonmel now include:

- emergency services;
- treatment of minor injuries;
- oncology day service;
- general surgery; and
- medical treatment and surgery for children and the elderly.

4. Development of the new National Paediatric Hospital

In 2007, a High Level Framework Brief was developed and submitted to the National Paediatric Hospital Development Board. It will act as a useful guide to its work in planning, designing, building and equipping the new hospital.

The new National Paediatric Hospital will be at the centre of a national paediatric network, linked to regional and local hospitals, and to primary care and community services. It will be developed in accordance with the highest international standards.

The hospital will cater for the specialist needs of children throughout the country and the routine hospital needs of children in Dublin. The building will be located on the Mater Misericordiae University Hospital campus in Dublin.

Key features of the National Paediatric Hospital

The National Paediatric Hospital will integrate the three children's hospitals, which are:

- Children's University Hospital, Temple Street;
- Our Lady's Children's Hospital, Crumlin;
- Adelaide and Meath Hospital, incorporating the National Children's Hospital, Tallaght.

The new hospital will be:

- a specialist centre which promotes the effective use of expertise and resources;
- flexible and allow for future expansion and changes in service models; and
- a major academic centre for paediatric education, training and research in Ireland.

5. Co-location of private hospitals

The aim of co-locating private hospitals on public hospital sites is to provide approximately 1,000 additional beds in as speedy and cost effective a manner as possible. This will be achieved by transferring private beds from the public hospital system to new, privately financed and managed facilities on the sites of public hospitals.

The co-location initiative will increase capacity within the public hospitals by using a method which requires no public capital outlay and which will shift the burden of private patient cost to the private sector in line with Government economic cost policy in this area.

In 2007 the site locations and private providers for six co-located hospital sites were identified and considerable progress was made on finalising project agreements between the HSE and the private providers. These agreements require that the private facility at each hospital will be capable of treating the private patients that are currently in the relevant public hospitals subject to limited

exceptions, for example maternity, emergency departments, radiation oncology or organ transplantation services. In these cases, public hospitals will continue to provide such services to private as well as public patients.

Table 6: Location and number of additional beds in co-location facilities

Hospital	Number of beds
Beaumont Hospital	170
Cork University Hospital	175
Limerick Regional Hospital	138
St. James's Hospital	195
Sligo General Hospital	96
Waterford Regional Hospital	140
Total	914

Key aim of NHO: Provision of quality services in the most appropriate place

This involves:

1. focusing on the management of emergency departments
2. moving from inpatient to day case treatment: and
3. improving patient safety and quality of care.

1. Management of Emergency Departments

Winter initiative

The Winter Initiative programme was set up in July 2006 to manage problems that arose in emergency departments throughout the country. Work continued on this in 2007.

The initiative's primary goal is to develop better integrated services in the community and create more efficient systems in acute hospitals so a greater number of patients are treated in a more timely, appropriate and efficient way. With better services in the community, fewer people will need to go to hospital in the first place. This will speed up access for others. Positive incentives for high-performing hospitals will also play a part in delivering better systems for patients.

Task force key actions

The Emergency Department Task Force report, which was published in 2007, recommended key actions including:

- increasing home help provision;
- increasing access to out-of-hours General Practitioner services; and
- introducing innovative services such as the hospital-in-the-home initiative.

Such recommendations will improve the efficiency with which the HSE plans and delivers services and will enhance the capacity to meet increased demand, particularly in primary care.

Planned developments

Planned developments are in line with the recommendations of reports such as the Task Force report and include:

- 200 beds in admission lounges in acute hospitals throughout the country;
- 646 long-stay beds in the private sector, in addition to the 1,349 beds provided in 2005 and 2006; and
- 860 public long-stay beds over 2007 and 2008.



A new 16-slice CT scanner was launched at Roscommon County Hospital. The first CT scan was performed at the hospital in January 2007. A new CT clinical specialist was appointed to operate the €750,000 scanner with support from a radiographer and nurse. The onsite CT service will lead to faster diagnosis for patients and reduce the length of hospital stays.

Reducing unnecessary use of hospitals

Practical measures were utilised to avoid the unnecessary use of acute hospital beds by patients who could be treated elsewhere. These measures included setting up four Community Intervention Teams: one each in Limerick and Cork, and two in Dublin.

A hospital-in-the-home service was also set up in Dublin which had treated almost 1,200 people by the end of 2007 while a rapid access clinic in Dublin treats 2,000 elderly patients every year.

Developments in primary care included:

- providing 12,351,088 home help hours for 54,736 people, an increase of 8.1% on the total number of home help hours provided in 2006;
- giving GPs direct access to diagnostics;
- providing home care packages for 8,035 people at the end of the year, an increase of 52.1% on what was provided in 2006; and
- significantly expanding the GP out-of-hours service in North Dublin.

100+ consultant post scheme

This scheme was introduced in 2007 as a reward for hospitals with emergency departments operating in line with established performance targets. In August 2007 the HSE announced 60 new consultant posts. These consultant posts will be distributed across 24 hospitals and include posts in Radiology, General Medicine, General Surgery and Geriatric Medicine.



Mercy University Hospital (MUH) in Cork started a Laparoscopic Urological Oncology Programme for advanced laparoscopic procedures on the urinary tract. The first laparoscopic prostatectomy was successfully performed in January 2007 by MUH staff. The procedure went very smoothly and the patient was fit for discharge three days later.

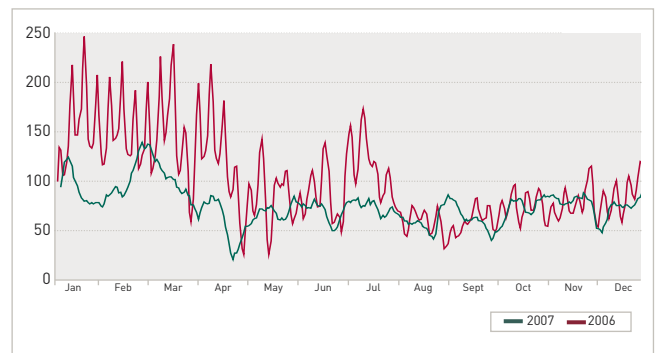
Emergency waiting time

In October 2007, a revised target was introduced of a maximum 12 hour wait for someone in an Emergency Department following the decision to admit them. This was down from the previous target of 24 hours.

The revised target will allow for more timely admissions from Emergency Departments. It will also move the waiting time one step nearer the Task Force target of a maximum six hour wait in EDs following the decision to admit.

Compared to 2006, the waiting time for patients assessed and awaiting admission decreased by 20%. Emergency admissions to hospital during 2007 were up 3.3% on the previous year. The average number of patients awaiting admission per day decreased from 115 in 2006 to 92 in 2007.

Figure 7: Number of patients in ED at 2pm awaiting admission after decision to admit has been made 2006-2007



2. Moving from inpatient to day case treatment

There has been a small but significant rise in recent years in the number of patients being treated as day cases. Figures show a 15.4% rise in the number of patients being treated as day cases since 2005. In 2007, 51.4% of patients were treated on an inpatient basis compared with 48.6% of patients who were treated on a day case basis. This demonstrates the small but increasing shift from inpatient treatment to day case work across hospitals.

The increase in day case work speeds up access for other patients who need acute hospital services and can also achieve overall better value for money for a hospital. It is planned to significantly progress this trend by increasing day case: inpatient ratio by 10% by the end of 2008 for certain categories.

3. Improving patient safety and quality of care

Births and maternity services

Ongoing demographic changes such as the rising birth rate continue to place significant demands on acute hospital services.

Births in hospitals totalled 70,084 in 2007, an 11.7% increase on 2006.

A new state-of-the-art €75 million Cork University Maternity Hospital (CUMH), which opened in 2007, was built within budget and on schedule to help to deal with the rising numbers. More than 8,000 babies will be born at CUMH each year, making it one of the largest maternity hospitals in the country.

Negotiation of consultants' contract

The purpose of the new contractual arrangements with consultants is to enable all patients to have equitable access to consultant-provided services when they need them. A consultant-provided service is one in which consultants work together in teams to ensure that patients are diagnosed and treated by doctors with appropriate skills, experience and training.

When there are more public consultants, patients:

- who are admitted will be seen by senior clinical decision makers more regularly;
- will have faster access to diagnostic services; and
- will be discharged home when medically ready, seven days a week.



The country's first National Clinical Skills Centre (Women and Infants) was launched in Dublin. The centre will provide a facility for professional groups to run training courses of clinical skills in obstetrics, neonatal paediatrics, midwifery, open and endoscopic gynaecological surgery and resuscitation skills.

Considerable progress was made in 2007 towards agreeing a new contract covering:

- clinical leadership;
- team working;
- flexible rostering arrangements over the 24/7 period;
- associated changes to consultant work practices; and
- engagement in private practice.

Cystic fibrosis services

In 2006, the HSE invested €4.78 million in staffing to provide specialist multi-disciplinary expertise for the treatment of people with cystic fibrosis. This allowed for the recruitment of more than 80 additional medical, nursing and allied health professional staff.

An additional €2 million was invested in 2007, allowing for a further 26 staff, including support staff for the cystic fibrosis registry. These posts are being developed at a number of centres throughout the country: Dublin North and South (adult and paediatric), Cork, Limerick, Galway and Waterford.

This staffing is intended to enhance and develop specialist teams working in large centres with a critical mass of cystic fibrosis patients. It is also anticipated that with the expanded service centres outside Dublin, patients may choose to access their treatment closer to home, for example Waterford. This will ease the pressure on the National Adult Referral Centre at St. Vincent's University Hospital (SVUH).

Patients will benefit from a newly developed specialist home treatment programme under the direction of SVUH. New posts were created to make this possible, in particular, specialist nursing posts.

Patient accommodation for the treatment of cystic fibrosis is still a particular difficulty at SVUH. There were a number of improvements in 2007 including the refurbishment of a ward to provide an additional 15 respiratory beds, in five three-bed units, bringing the total number of respiratory beds in the hospital to 44.

Ireland's first double-lung transplant on a cystic fibrosis patient was carried out in July 2007 at the Mater Misericordiae University Hospital.

Renal services

By the end of 2007, there were 1,520 adult patients with chronic renal failure requiring renal replacement therapy i.e. dialysis. An additional 177 patients needed dialysis at 31 December 2007 compared to the same date two years earlier.

The expansion in demand has largely been accommodated in the satellite renal units, including dialysis contracted from private providers.

The HSE awarded a contract in 2007 for the provision of a satellite dialysis unit in Limerick and it will initially provide services to 24 patients.

Hygiene audit

A third hygiene audit was carried out by the Health Information Quality Authority (HIQA) in 2007. The previous two audits were carried out by the HSE. The criteria by which hospitals were judged were broader in the 2007 audit and a different scoring system was used. The 2007 HIQA review states 'The message about the importance of high quality hygiene practice does seem to be getting through to the front line and this is to be welcomed.' Cleanliness in hospitals is critical. A considerable amount of work to improve hygiene standards has been undertaken at hospital and national level. This work has involved staff from every discipline.

Most hospitals achieved compliance with the standard required. However, further improvement is required and depends heavily on good leadership. Areas of good or notable practice highlighted by the assessment teams included:

- good hand washing practices;
- positive commitment and attitude of staff;
- adherence to staff training on hygiene practices; and
- effective management of hazardous waste.

A range of strategic, structural and governance initiatives were put in place as part of the 'Say No to Infection' programme. The focus within the HSE is to develop national standards for Infection Prevention and Control. When completed these, along with the national hygiene standards, will provide a comprehensive framework to help reduce the spread of infection and improve the quality of our health care.



The 'Say No To Infection' plan identified actions to reduce the risk of infection passing between people in the health care setting.



In 2007, the Ambulance service in the Midlands compiled a register of clubs, businesses and organisations that have life-saving Automated External Defibrillators (AEDs). Registering AEDs is just one element in the Ambulance Service's plans to reduce deaths from sudden cardiac arrest. If an AED can be used within three minutes of a cardiac arrest, the person has a 70% chance of survival. Sites which may have, or should look to installing an AED include large offices and factories, shopping centres, hotels and sporting clubs.

Ambulance service

The life-saving ambulance service is provided by seven ambulance centres and 93 ambulance stations.

During 2007, the ambulance service continued to work towards a unified national service. It developed a strategy to standardise the training of all ambulance personnel in the unified service.

Seven further emergency response units were commissioned and 67 new ambulance vehicles were added to the ambulance fleet during 2007. Some 45 paramedics qualified as advanced paramedics.

Table 7: Ambulance service activity in 2006 and 2007

	2006	2007	% change from 2006-2007
Emergency calls	197,046	208,039	+5.6%
Urgent calls	63,196	62,959	- 0.4%
Non-urgent calls	246,538	209,421	- 15.1%
Community transport	398,123	432,053	+8.5%

National Cancer Control Programme

The HSE has put in place a National Cancer Control Programme (NCCP) in response to the Strategy for Cancer Control.

Putting the NCCP in place involves a major shift in the delivery of oncology services from inpatient to outpatient and community services.

It will also make evidence based decision making central to how cancer services are provided and resourced.

Eight designated Specialist Cancer Centres were selected in 2007 to improve patient care. All major cancer surgery will transfer to the eight designated centres, six of which will also have radiation oncology treatment facilities. Systemic therapy and palliative care will remain in the existing treatment locations.

Interim director of NCCP appointed

An Interim Director was appointed to oversee the implementation of the National Cancer Control Programme. Professor Tom Keane is on secondment for a two year period from his post as provincial radiation programme leader for the British Columbia Cancer Agency in Canada.

The eight designated centres will provide treatment and services for all cancer surgery including breast cancer, with a governance structure in place for systemic therapy which will continue to be delivered locally involving:

- diagnostic;
- surgery;
- systemic therapy (including medical oncology, haematology, immunotherapy) delivered on more than eight sites;
- radiation oncology on six of the designated eight sites; and
- palliative care.



Eight designated Specialist Cancer Centres were selected in 2007 including Waterford Regional Hospital (pictured above). All major cancer surgery services will transfer to the eight centres.

Table 8: Specialist Cancer Centres

Specialist Cancer Centres
1. Beaumont Hospital
2. Cork University Hospital
3. Limerick Regional Hospital
4. Mater Misericordiae University Hospital
5. St. James's Hospital
6. St. Vincent's University Hospital
7. University College Hospital, Galway (with linkage to Letterkenny)
8. Waterford Regional Hospital

Local cancer services

Patients will continue to receive systemic therapy services (including chemotherapy) at existing locations. These local services will follow structured guidelines to link to the new specialist Cancer Centres.

Patients will also be able to receive support and palliative care services at local level.

Planned changes outlined to oncologists

In 2007, the Interim Director of the National Cancer Control Programme engaged widely with radiation, surgical and medical oncologists across the country.

He outlined the changes that were envisaged in clinical practice and operations to achieve best practice and evidence based decision making in oncology.

National cancer advisers appointed

Part-time national cancer advisers have been appointed to the NCCP for radiation oncology, surgical oncology and medical oncology. The appointment of national advisers on pathology and diagnostic imaging is in process.

Review of resources

To facilitate the transfer of cancer services to the eight specialist cancer centres, the HSE carried out a detailed review of the resource requirements in the eight designated centres in 2007.

- Some 16 hospitals discontinued breast cancer services in 2007;
- Seven of the nine remaining non-designated centres are expected to transfer breast cancer surgery services in 2008;
- Some 60% of surgical services will be transferred to the eight designated cancer centres in 2008; and
- Some 90% of surgical services will have transferred to the eight designated centres by the end of 2009.

Primary, Community and Continuing Care

Primary, Community and Continuing Care (PCCC) delivers health and personal social services in a community setting through 32 Local Health Offices. An extensive range of services are provided within the community setting including:

- services for older people;
- mental health services;
- disability services;
- primary care services;
- dental services;
- GP services;
- ophthalmic services;
- services for children and families;
- crisis pregnancy services;
- services for homeless adults;
- addiction services;
- services for Travellers and ethnic minorities;
- housing for the elderly ; and
- social welfare allowances



In 2007 the HSE and Tipperary Regional Youth Service launched a new drug awareness campaign and DVD for primary school students called Empower Og. The DVD aims to educate families about drug awareness and encourages parents and children to empower themselves in a positive way in the struggle against drug abuse. Copies of the DVD were distributed to every primary school and public library in the county.

Key areas of focus in 2007

In 2007 some of the main areas of focus included:

1. Care of older people;
2. Enhancing community services;
3. Primary care;
4. Revised pharmacy arrangements;
5. Improved disability services;
6. Children and families;
7. Palliative care;
8. Mental health;
9. Social inclusion; and
10. Adult homeless services.

1. Care of older people

Enabling older people to stay in their own homes and communities for as long as possible, or providing an alternative appropriate residential care setting, was a key focus in 2007.

Services for older people were delivered through two main areas:

- home support and community services; and
- long term residential care.

Provision of home support and community services

Home care packages and the home help service are at the core of home support and community services.

Table 9: Home help and home care packages 2006 and 2007

	2006	2007	% change from 2006-2007
Total number of home help hours	11,430,570	12,351,088	+8.1%
Number of clients in receipt of home help hours at the end of the year	49,578	54,736	+9.7%
Number of clients in receipt of home care packages at the end of the year	5,283	8,035	+52.1%

The following outlines the services delivered in these areas in 2007.

Home care packages

Home care packages consist of services or supports for older people after full needs assessments. The services are intended for people who are using core services, such as home helps, but who need more assistance to continue to live in the community. Home care packages include public health nursing, physiotherapy, occupational therapy and attendance at a day care centre.

Home care packages particularly target those at risk of being admitted to long term care, inappropriately admitted to acute hospital or needing to be discharged home from an acute hospital.

A total of 11,565 people benefited from a home care package for some period of time during 2007. Some 6,279 of these were new clients who were helped to stay in their own homes and communities. At the end of the year there were 8,035 people receiving home care packages.

The following description from one family in 2007 is an insight into how a public health nurse played a vital role in offering support at a very difficult time.

“During the last week of her illness (cancer), when my mother was confined to bed and became incredibly weak, the local Public Health Nurse assisted us (my two sisters and I stayed with her for the last week) with all the things that were new and daunting to us, pads, bags, suppositories, etc.

“It is all quite frightening to people who don't know anything about nursing, when you are suddenly in a situation where your mother may be in pain or discomfort and totally dependent on you, and I have to say to you that the local nurse was wonderful. She calmly and coolly helped us throughout that difficult time.”

Home help service

The home help budget for 2007 was €207 million and 12,351,088 home help hours were delivered. The average monthly number of clients receiving hours in 2007 was 53,451. Some 54,736 clients were receiving home help hours at the end of 2007 compared with 49,578 recipients at the end of 2006.

The delivery of home and community supports also includes:

- day care;
- respite care;
- meals on wheels; and
- sheltered housing.



An information booklet for clients coming into or considering residential care in the Dublin Mid-Leinster region was produced in 2007. Entitled ‘Your Stay with Us’ the booklet answers many of the most commonly asked questions from people coming into residential care. The topics covered include the visiting policy, charges, catering, religious services, laundry and security and safety issues. Pictured above are staff members at the launch of the booklet.

Long term residential care

The ageing population will need additional long stay residential places in the coming years. The public fast track initiative to provide these began in 2007 with 221 beds. An additional 646 private contract beds were also secured during 2007. A further 639 beds will be provided in 2008-2009.

In 2006, the HSE carried out an assessment to find out what bed capacity was needed in the areas of: long stay; dementia specific; and respite care. This National Residential Care Needs Assessment was updated in 2007.

Nursing home subvention scheme

In 2007, 8,467 people received nursing home subventions. This compared to 7,609 in 2006, an increase of 11% over 12 months.

In 2007, the HSE issued new national guidelines so that the nursing home subvention scheme would be implemented in a standardised way. This was done to address concerns raised about inconsistency in the administration of the scheme; and the variation in the amount of subvention paid in different HSE areas.

The scheme will remain in place until and during the transition to the new nursing home support scheme (known as ‘Fair Deal’).

‘Fair Deal’ nursing home care support scheme

The ‘Fair Deal’ nursing home care support scheme is planned to commence in 2008. It will provide uniform financial support for individuals in private and public beds. The new scheme involves a co-payment arrangement between the individual and the State.

For 'Fair Deal' to be put in place, it is essential to develop a uniform needs assessment process for long-term care. The HSE did significant work in 2007 to develop a common assessment process, which will be rolled out nationally before introducing the new scheme.

In addition, preparatory national guidelines were drawn up to standardise financial assessment of means for 'Fair Deal'.

Independent inspectorate

Pending the transfer of control to the Health Information Quality Authority (HIQA), the HSE is undertaking inspections of nursing homes to ensure a consistent quality service is provided to older people nationwide.

Preventing elder abuse

By the end of 2007 there were 26 officers in place to help identify and stop the abuse of elderly people. There were 927 referrals to the officers and gardai were consulted in relation to 10% of the cases. The 2002 Department of Health Working Group report on the problem of elder abuse 'Protecting Our Future' made a number of recommendations on how abuse should be identified and managed. In 2007 work was carried out on the implementation of these recommendations including raising awareness of the problem.

The HSE acknowledged World Elder Abuse Awareness Day in June by organising an Elder Abuse conference. Organisers aimed to raise awareness of the measures older people can take to protect themselves, focusing particularly on legal protections.

2. Enhanced community services

Another area of focus for PCCC in 2007 was improving services available to the public in the community.

PCCC's enhanced community services included:

- GP direct access to diagnostics;
- community intervention teams;
- expanded GP out-of-hours services; and
- a national information line.

GP direct access to diagnostics

A community diagnostics initiative began in 2007 to give patients better access to routine x-rays and ultrasounds. It gives GPs direct access to those diagnostic services. Some 30,000 X-rays and ultrasounds were carried out under this initiative.



In 2007 the 'Keep Safe This Winter' information campaign focused on falls prevention in older people. The problem of falls and fractures is increasing in Ireland, resulting in a poorer quality of life and a social and financial burden for people. The clear message from this campaign was that many falls can be prevented and by making small changes, older people can lower the chances of falling.

Community intervention teams

Four nurse-led community intervention teams dealt with 3,068 referrals in 2007. These teams provide a rapid response to patients, which means unnecessary referrals to the Emergency Department and hospital admissions are avoided and the patient is cared for at home.

The teams also work to facilitate early discharge from hospital. The four teams are based in Cork City, Limerick City and the catchment areas of Beaumont, Tallaght, the Mater and St. James's hospitals. These teams serve a population of almost one million people.

Expanded GP out-of-hours services

Out-of-hours GP services dealt with 831,590 calls in 2007 compared with 750,000 calls in 2006. This is a growth of 11% over 12 months.

This growth was mainly due to the full roll out of the North Dublin urgent out-of-hours GP service (D-Doc). It was introduced in 2006 and became fully operational in early 2007.

Ninety per cent of the population is now covered by an out-of-hours GP service, compared to 80% in 2006.

National Information Line – 1850 24 1850; info@hse.ie

The National Information Line provided information on all topics relating to the health service, for example contact details for services and service entitlements during 2007.

A sigma text-pad service is available where people with a hearing impairment can text their queries for a prompt response. The Information Line is available to the public after 5pm and at weekends, operating from 8.00am-8.00pm Monday to Saturday.

Nationwide information campaigns contributed to the increase in calls in 2007.

Table 10: National Information Line Calls 2006 and 2007

	2006	2007	% change from 2006-2007
Calls received	47,917	70,435	+47.0%

3. Primary care

Primary care services aim to support and promote the health and wellbeing of the population by making people’s first point of contact with the health service easily accessible, locally based and integrated.



In March 2007 physiotherapists launched a campaign encouraging young children to be as active as possible. Rugby players Brian O’Driscoll, Shane Horgan, Girvan Dempsey and Keith Gleeson supported the chartered physiotherapists with their campaign. Physiotherapists delivered the vital message about building healthy bones to over 20,000 children.

PCCC aims to:

- develop primary care teams (PCTs) and primary care networks in line with the social partnership agreement ‘Towards 2016’; and
- Improve the prevention and management of chronic conditions including diabetes, obesity and heart disease.

The objective is to ensure that by 2010 users will be able to easily access a broad spectrum of health and personal social services (as close to home as possible) through their local primary care team. This includes:

- physiotherapy;
- social work;
- public health nursing;
- dietetics;
- general practice; and
- support workers.

In 2007, there were 97 PCTs in various stages of development: 27 in the West, 29 in the South, 11 in Dublin North East and 30 in Dublin-Mid Leinster. Work continued on the development of new teams and a review of how the teams were progressing was completed in November 2007.

A detailed design of primary care development was drawn up that identified phases of development. A formal request was made for expressions of interest from parties interested in leasing appropriate facilities to the HSE.

Management of chronic diseases

A new Framework for the Management of Chronic Diseases was developed. In 2007 the HSE supported the setting up of a clinic to help patients with heart disease to manage their condition. This work was done in partnership with GPs. Over 300 patients benefited from the Prevention of Heart Failure Unit’s annual review clinic attached to St. Vincent’s University Hospital and St. Michael’s Hospital, Dun Laoghaire. Patients in the community who are stable benefit most. Patients attend the clinic to have their condition proactively managed rather than only attending the emergency department during a clinical emergency.

The review clinic has been very successful in further enhancing the shared care approach between acute Hospitals and GPs.

Medical cards and GP visit cards

Twenty nine per cent of the population have medical cards, an increase of 54,486 on 2006. The number of people with GP visit-cards increased by 23,828 in 2007 – partly due to increased public awareness about the scheme. The HSE distributed a booklet with full details of various schemes, including medical cards and GP visit-cards.

Table 11: Medical card and GP visit-card holders 2006 and 2007

	2006	2007	% change from 2006-2007
Medical-card holders	1,221,695	1,276,181	+4.5%
GP visit-card holders	51,761	75,589	+46.0%

Primary Care Reimbursement Service

In addition to services provided under the Medical Card Scheme and GP Visit Card Scheme, the HSE provides for a range of schemes, administered through the Primary Care Reimbursement Service. These include:

Drugs Payment Scheme

The Drugs Payment Scheme allows individuals and families who do not hold medical cards to limit the amount they have to spend on prescribed drugs. Under the Drugs Payment Scheme, no individual or family will have to pay more than €90 in any calendar month for approved prescribed drugs, medicines and appliances. On average 295,856 people benefited from the scheme on a monthly basis in 2007.

Long Term Illness Scheme

People suffering from certain conditions, who are not already medical card holders, may obtain without charge the drugs, medicines and medical and surgical appliances for the treatment of that condition. These free drugs, medicines and appliances are provided under the Long Term Illness Scheme.

4. Revised pharmacy arrangements

PCCC worked to achieve a fair price for wholesale services, which means lower medicine prices.

A key strategy underpinning this programme is to provide patients with reasonable and timely access to drugs and medicines in a way that achieves value for money in the State's drugs bill and is consistent with patient safety and continuity of supply.

Following new 2006 agreements with drug manufacturers, new arrangements for the wholesale margins were announced in September 2007. The new price arrangements, which involve revised rates for community and hospital supply, are expected to generate savings of around €100 million each year.



Some 6,000 children and young people took part in the national finals of the 2007 HSE Community Games in August at Mosney, Co. Meath. Taking part in this fun-filled event helps to make children more aware of the positive benefits of physical activity and of being involved in team sports.

5. Improved disability services

Services for people with disabilities were improved through:

- a new application process for disability assessments; and
- the appointment of disability case managers.

Services for people with disabilities seek to enable each person to achieve their full potential – including living as independently as possible.

The key strategy underpinning this programme is the Disability Strategy, including the Disability Act 2005

Additional resources were provided for the development of services for people with disabilities in 2007 as part of the Multi-Annual Investment Programme.

Approximately 550 additional day places, 89 respite places and 312 residential places were provided for people with intellectual disabilities. An additional 60 residential places were provided for people with physical and sensory disabilities. Some 300,000 personal assistance hours were also provided.

Table 12: Services for people with disabilities in 2006 and 2007

	December 2006	December 2007	% change from 2006-2007
Number of people on national intellectual disability database	25,518	25,613	+0.4%
Number of people receiving domiciliary care allowance per month	18,999	21,068	+10.9%
Number of people in sheltered work per month	7,092	7,100	+0.1%
Number of people receiving rehabilitative training	2,929	2,840	- 3.0%

Putting the Disability Act in Place

Part II of the Disability Act 2005 came into law for children under five in 2007. People with a disability are entitled to:

- an assessment of their health and educational needs arising from their disability;
- a statement of the services which will be provided; and
- procedures for dealing with complaints and appeals.

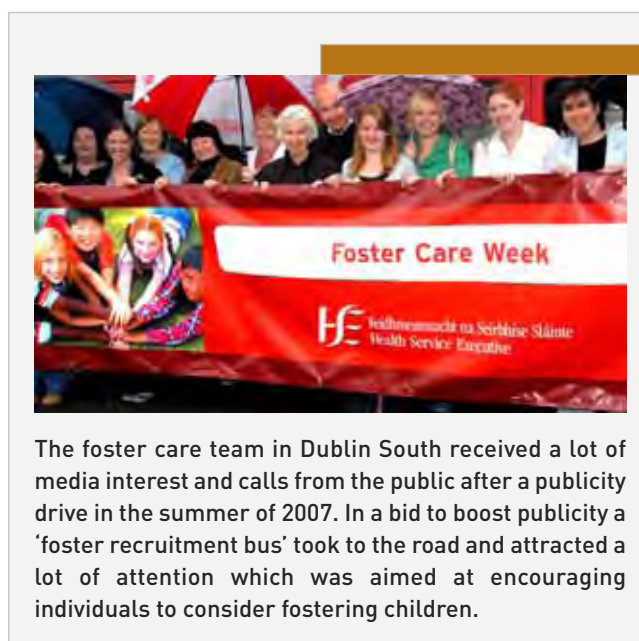
Assessment officers provide a 'one-stop-shop' for people with disabilities who require a needs assessment. They are supported by the regional disability specialist. Case managers have also been appointed to prepare a service statement for each child assessed under the Act.

6. Children and families

The HSE's work with children and families is to promote and protect their health and well-being, particularly those at risk of abuse or neglect. In this area PCCC focused on preventative community-based services. It also began preparatory work to provide extra child and adolescent psychiatric inpatient beds.

The key strategies underpinning these services include early intervention for vulnerable children within the family context. The aim is to enable vulnerable children to realise their full potential, to reduce the need for taking children into care and, where that is not possible, to ensure high quality services for children in care.

Some 253 Family Welfare Conferences took place in 2007. These conferences, or family meetings, are a good example of the type of intervention used in this area. Family Welfare Conferences are designed to maximise the use of the child's social and family support networks at a time of crisis.



The foster care team in Dublin South received a lot of media interest and calls from the public after a publicity drive in the summer of 2007. In a bid to boost publicity a 'foster recruitment bus' took to the road and attracted a lot of attention which was aimed at encouraging individuals to consider fostering children.

Table 13: Child care statistics 2006 and 2007

Total number of children	December 2006	December 2007	% change from 2006-2007
In care	5,336	5,322	- 0.3%
In residential care	410	400	- 2.4%
In foster care	3,206	3,201	- 0.2%
In foster care with relatives	1,496	1,557	+ 4.1%
In other placements or at home under care order	224	164	- 26.8%

Other developments

High support and special care units

The management of St. Joseph's Residential Centre in Clonmel was transferred to the HSE from the Department of Education and Science.

Foster care

The HSE agreed protocols on the foster care standards to be used when engaging with other agencies.

There were a number of high profile advertising campaigns seeking new foster carers within individual Local Health Offices. These involved radio, poster campaigns at bus shelters and local newspapers. The campaigns resulted in an increased volume of calls to the foster team helplines.

Pre-school

Standard guidelines for inspecting pre-schools were introduced and 2,279 pre-school inspections were carried out in 2007.

7. Palliative care

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

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

In 2007 the main focus was on:

- developing a strategic five-year plan for palliative care services;
- developing plans for paediatric palliative care;
- developing national standards for palliative care;
- integrating specialist services for each individual; and
- improving the quality of information available.

Table 14: Palliative Care Treatment 2006 and 2007

	December 2006	December 2007	% change from 2006-2007
Number of patients in specialist inpatient units	257	317	+23.3%
Number of patients accessing home care services	2,270	2,773	+22.2%
Number of patients accessing intermediate care in community hospitals	90	97	+7.8%

8. Mental health

Mental Health services span all life stages and include services for children and adolescents, adults and older persons. Considerable changes continue to take place in mental health services.

The key strategies underpinning this programme include:

- developing mental health services in line with the recommendations in 'A Vision for Change'; and
- developing services to reduce levels of suicide and deliberate self-harm in line with 'Reach Out – the Suicide Prevention Strategy'.

Considerable work took place in 2007 to progress the HSE's implementation plan for the 2006 report 'A Vision for Change' which set out an ambitious reform agenda to be advanced over a seven to ten year timeframe.

Part of this work focused on the delivery of better services on a population basis. Each Mental Health catchment area is being realigned with other Health and Social Care networks, including Primary Care Teams. This work is essential to the delivery of better services including specialist services.

Developments in 2007

Modernisation of mental health infrastructure

Work is advancing nationally on the process of replacing the remaining psychiatric hospitals with a range of modern mental health services. For example, St. Bridget's Psychiatric Hospital, Ballinasloe, Co. Galway closed and patients were relocated to more appropriate care settings.

Child and adolescent mental health services

In 2007, preparatory work was carried out for 2008 to prioritise:

- eight additional child and adolescent mental health teams;
- 18 additional inpatient acute beds; and
- the construction of one 20-bed unit in Galway and another 20-bed unit in Cork.

A report on waiting lists in Child and Adolescent Mental Health Services was completed in 2007 and will be used in 2008 to develop a number of incentives to address waiting lists.



Mental health services are being developed in line with the recommendations in the National Policy Document on Mental Health, 'A Vision for Change'.



In 2007 clients of the Community Mental Health Centre in Tullamore, Co. Offaly benefited from a sensory garden. The garden is an oasis of calm where clients can go to seek refuge from their worries and be surrounded by nature. Pictured above are staff members in the sensory garden which is based on the five senses – smell, touch, hearing, taste and sight.

The resource pack includes practical protocols for the diagnosis and treatment of depression and anxiety, guidance on counselling, research on the current capacity for mental health in primary care and information on dealing with alcohol abuse.

9. Social inclusion

Social inclusion services address inequalities in health between social groups and they improve access to mainstream services. They help socially excluded groups to take part in planning, designing, delivering, monitoring and evaluating the health services.

Services for minority ethnic communities

The National Intercultural Health Strategy was completed in 2007. It was developed against a backdrop of the increasing ethnic and cultural diversity in Irish society. Consultation events were held nationwide. They included regional workshops, focus groups, individual interviews, seminars and surveys with service users, HSE staff, and representatives from voluntary organisations.

Traveller health

The National Traveller Health Advisory Group was developed and a consultation process was completed with Traveller health units. Planning for the all-Ireland Traveller health study began.

Central Mental Hospital

Work to redevelop the Central Mental Hospital continued. A draft report on the redevelopment was accepted by the Central Mental Hospital high level steering group and an Interim Programme Manager has been assigned. Consultation took place with key staff on the development of the project brief and planned move to Thornton Hall, North County Dublin.

Implementation of the Mental Health Act 2001

The Mental Health Act of 2001 became operational with effect from 1st November 2006. In 2007 it was necessary to ensure all relevant parties were fully briefed on service delivery changes necessary under the legislation. A large-scale training project to support the change process was delivered to 9,500 staff and other stakeholders.

Workshops

The HSE and the Mental Health Commission held eight workshops in 2007 on new mental health policies and procedures which were introduced in 2006 to improve services for clients. Service users, advocacy representatives and staff members attended.

Information for clients

An information pack was prepared for service users to provide people with information about their diagnosis, their medication, their care plan and their service.

Mental Health in Primary Care

In January 2007 each General Practitioner in Ireland received a specially commissioned Mental Health in Primary Care Resource Pack. This pack was developed by the HSE in association with the Irish College of General Practitioners.



A large number of children in Galway City and Connemara benefited from a mobile play bus service in 2007. The service was set up to help families who don't have access to child care services. Some 200 children avail of the mobile play bus service on two double-decker buses on a weekly basis. The upper deck of each bus is fitted out as a playschool/after school area and caters for up to 10 children. The buses operate a pre-school service in the mornings and an after school service five days a week. The service provides long-term educational benefits for children.

The party's over.

The aim of the National Drugs Awareness campaign is to dispel the myths surrounding cocaine and cocaine use in Ireland. The first phase of the campaign launched in December 2007 with the development of online banner advertising aimed at business and consumer sites over the Christmas period. This was a useful medium to reach the target audience of 15-34 year old recreational users of cocaine.

RAPID

A new RAPID structure was developed to improve the way health services are delivered in 46 of the most disadvantaged areas in the country. The budget for the Rapid programme is €4.6 million with 50% provided by the HSE and 50% provided by the Department of Community, Rural and Gaeltacht Affairs. The RAPID programme focuses on building links between disadvantaged communities and primary care teams.

CLÁR

The new round of CLÁR funding will see €9 million allocated to enhance the delivery of health service provision in rural areas. Some €6 million is provided by the HSE while €3 million is provided by the Department of Community, Rural and Gaeltacht Affairs. Examples of projects to be funded include extensions to health centres and family resource centres, the development of play facilities, the upgrade of community hospitals and supports for voluntary organisations. The CLÁR programme is an effective mechanism for targeting funding towards disadvantaged, rural areas.

Addiction services

During 2007, the average number of clients in methadone treatment each month was 7,200 and was largely in line with what was delivered in 2006.

Table 15: Addiction services 2006 and 2007

Addiction Services	December 2006	December 2007	% change from 2006-2007
Average number of clients in methadone treatment per month	7,268	7,200	-0.9%

National addiction training programme

A national project manager was employed in 2007 to lead the National Addiction Training Programme, with an initial emphasis on cocaine.

Drugs Rehabilitation Report

The Report of the Working Group on Drugs Rehabilitation was completed in 2007. The HSE was a key partner in the development of this Drugs Rehabilitation Report and is the lead agency in relation to the implementation of the Strategy. The HSE also completed the Residential Treatment and Rehabilitation Report (Corrigan Report) in 2007.

HIV

The HSE funded part of the national 'Stamp out Stigma' campaign that works to combat stigma and discrimination against people infected with HIV.

Services for lesbian, gay, bisexual and transgender people

The PCCC Social Inclusion Governance Group completed a report on current HSE services to lesbian, gay, bisexual and transgender people. The group involved representatives from both the HSE and the non-governmental (NGO) sector.

The working group undertook to:

- map the HSE's current services;
- consult key stakeholders;
- identify gaps in services; and
- make recommendations for future work.

10. Adult homeless services

Support was targeted towards services to improve access and outcomes for homeless people. In 2007 €32.9 million was provided for:

- in-house staff in voluntary and non-governmental organisations;
- multidisciplinary teams in Dublin, Cork, Limerick and Waterford;
- GP clinics in hostels and day centres;
- Non-government organisations to employ nurses, chiropodists and counsellors;
- improvements in access to medical cards for homeless people;
- an outreach mental health team in Dublin;
- a dedicated alcohol detoxification and rehabilitation service;
- a dental surgery in a day centre for homeless people; and
- an outreach needle-exchange service;

Protocols were developed with hospitals to prevent people being inappropriately discharged into situations where they would be homeless.

In Dublin, the HSE continues to support the SafetyNet service. It co-ordinates the various supports which aim to assist homeless people.

2007 Achievement Awards Winner

The HSE Achievement Awards were introduced in 2007 to celebrate the exceptional work being done by staff nationwide to improve patient care. Awards were presented to staff in each of the four HSE areas in a number of categories including Better Service, Better Place to Work, Leadership and Quality & Safety awards. The story outlined below is a good example of the great work being carried out around the country.



Sligo Hospital project wins award



At the HSE Achievement Awards ceremony... back row (left to right) Martin Mc Donald HSE, Domhnall McLoughlin, Assistant General Manager, Sligo General Hospital, Pat Reidy, Larry Walsh, Director of the Health Services National Partnership Forum, front row (left to right) Sue Watters, Clinical Administration and Medical Records Manager, Mary Conton Clinical Nurse Manager, Jim Verdon, Medical Records Archives Officer.

A project set up in Sligo General Hospital with the aim of improving doctors' access to hospital charts scooped an Achievement Award in the Better Service – Adopting and Adapting best practice section.

Praising the success of the project Consultant Physician Dr. John Doherty said: "There has been a noticeable improvement in the availability of records since its implementation and there are hardly ever any delays at this stage. It's been super."

The Medical Records Management Project was set up in the hospital following complaints from clinicians and patients that hospital charts were often not available to them when they were at clinics, in theatre or in ward settings. A review was carried out with the aim of ensuring that charts would be available when needed for patient treatment and for other purposes.

The innovative project developed an electronic tracking system to capture the movement of the charts and provide the facility to locate the charts immediately. New policies and procedures had to be developed and agreed by various groups within the hospital to allow this to happen. A common set of protocols was developed for clerical staff to ensure order and control in the management of charts. Protocols and timelines were also agreed for doctors signing off laboratory reports.

Project leader Domhnall McLoughlin said: "The project has undoubtedly enhanced patient safety and care at the hospital as clinicians can now make informed decisions based on previous patient history and there are now also very few delays, with charts available faster to wards, clinics etc. There are fewer complaints about missing/incomplete records. No complaints were received in the third quarter of 2007. There is a greater emphasis on getting it right first time which means a more efficient work system and less repeating of tasks. The project also dovetails well with the requirements of the National Hospital Office Code of Practice for Healthcare Records Management."

Population Health

The HSE Population Health Directorate promotes and protects the health of the whole population.

Population Health Strategy

A Population Health Strategy was developed in 2007. It will help the HSE to plan and deliver health and social care services that will maintain and improve the health of the whole population.

This strategy emphasises how important it is to reduce health inequalities. Key parts of the strategy are to shift the balance from hospital to primary care and to work with other sectors to improve health status. This will offer people the best healthcare.

It is vital to engage the public so that they are aware of the issues that relate to their own health. The HSE Insight 07 report is a good example of how to engage the public in this way. It asked 3,517 patients to give feedback on health care services.

The Population Health Directorate also gathers research and information and works to:

- manage and control infectious diseases;
- ensure appropriate plans are in place for public health emergencies;
- develop public health policies;
- put health promotion programmes in place; and
- improve the health of the population by working with external agencies. The HSE co-operates with and provides information for agencies such as the Office for Tobacco Control and the Road Safety Authority.

This work is outlined in this section and includes:

1. Health intelligence;
2. Strategic health planning;
3. Health promotion;
4. Emergency planning;
5. Health protection;
6. Environmental health; and
7. Suicide Prevention

1. Health Intelligence

National Client Index

In 2007, proposals for a National Client Index were developed. It will link patients' records across the whole health system so clinicians can gain easy access to all patient information. The index will speed up decision-making and this will contribute to a better service for patients.

FACTFILE

The FACTFILE system gathers information on the services the HSE is delivering to patients and it was further developed in 2007. The website www.factfile.ie is aimed at the public and contains information about the HSE such as staff figures and census information. The site also contains many publications about the Irish health system.

Health Atlas Ireland

The Health Atlas Ireland project is a newly developed tool which enables web-based mapping of health-related data on a national basis. It is useful for planning future services. It allows decision makers to see the geographical profile of the population and gives them information on how people use existing health services.

Health Atlas puts together all the demographic data and health service information on to one map. HSE researchers can now access this timely and relevant information at their own desks.

The HSE has used Health Atlas to help decide where the new primary care teams should be based.

2. Strategic Health Planning

'Ireland: Take Heart' review

This review of how the national Cardiovascular Health Strategy was being implemented was published in 2007. There was a reduction of 54% in coronary heart disease death rates in Ireland between 1985 and 2004.

As so many people are now surviving what would previously have been a fatal heart attack, the review outlined the growing problem of surviving and living with heart failure. The HSE is developing a three to five year plan to tackle this problem.

Sudden Cardiac Death (SCD) report

There are 5,000 SCDs in Ireland annually. The Sudden Cardiac Death Task Force report continued to be implemented in 2007. This work concentrated on improving the immediate response to a cardiac event within the community and addressing the assessment of risk for those engaged in sport.

The HSE worked with the ambulance service to produce a 'first responder' guide and more than 300 defibrillators were supplied to GPs.

HeartBeat programme

The heart health programme 'HeartBeat' was reviewed in 2007 after 15 months in operation in five hospitals. HeartBeat aims to reduce in-hospital mortality from heart attacks by increasing the percentage of patients who receive all the relevant types of care. Seven of the eight evidence based therapies for heart attack were implemented in all five hospitals. A good example of one such therapy is using drugs to restore blood flow to the heart muscle.

Guidance for National Cancer Control Programme

Information was given to the National Cancer Control Programme on demography, acute hospital activity and future projections.

National Retinopathy Screening Programme

The National Retinopathy Screening Programme was developed. It will ensure that everyone who has diabetes will be offered a free annual appointment to have their eyes checked by a machine that takes a digital photograph of the retina. This will help to diagnose problems before vision is affected.

Neurology services review

It is estimated that over 700,000 people have a neurological condition. The HSE review of neurology services identified what will be needed in the future to provide neurology and neurophysiology services in Ireland.

Preventing falls in older people review

One in three older people fall every year and two-thirds of these fall again within six months. Osteoporosis is an increasing cause of concern. This review provides guidance to prevent falls in our ageing population. It is estimated that the annual costs of falls in older people is €400 million.

Organ procurement and transplantation practice review

Organ transplants are limited by the increasing shortage of available organ donors. An audit began in 35 acute hospitals to identify factors that affect organ donation.

Other reviews

Population Health participated in a number of other reviews including the National Acute Bed Utilisation Review.



Health Promotion staff provided a playground markings initiative pack to 474 primary schools in Dublin and the north-east. The pack has a set of four stencil games including hopscotch and an activity circuit. It encourages children to be physically active.

3. Health promotion

The HSE ran campaigns to raise awareness about key areas including:

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

Staff training

Some 2,806 staff were trained in the Dublin-Mid Leinster area on health promotion activity.

HSE South, in conjunction with X-PERT UK, developed the first Irish 'Train the Trainers' education programme to help people with diabetes. The programme aims to help people to improve how they manage their condition. It was delivered to community dieticians from all four HSE areas. The education programme was developed in line with international best practice for people with Type 2 diabetes. It was piloted in Charleville, Mallow and Skibbereen 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 said they felt they became healthier.



The 2007 HSE 'Stop Smoking Campaign' urged smokers to contact the National Smokers Quitline on 1850 201 203 for advice, encouragement and support.

Partnership with Community Games

The HSE alliance with the Community Games continued in 2007. Children were encouraged to take part in the games and to take regular exercise. New initiatives included:

- HSE Community Games mascot;
- redevelopment of the Community Games website; and
- launch of Community Games web stars.

Stop smoking initiative

The residents of 3,900 homes in Dublin north-east received information, help and advice as part of a community-based smoking cessation service. The HSE provided this service in conjunction with the Irish Cancer Society and Northside Partnership. In addition, 145 clients received support from the smoking cessation service in Ballymun Primary Care Centre.

Men's health

In partnership with the Crisis Pregnancy agency, the HSE launched the 'Men's Use of Sexual Health Services' report.

In addition, the 'Men at Work Pack' gave young construction workers information about men's sexual health and was made available in English, Polish and Russian.

Schools initiatives

The Border Counties Child Care Network and the HSE worked together to give health promotion training to 239 pre-school staff.

Nearly 500 schools received a pack of stencils to lay out playground markings aimed at encouraging youngsters to exercise.

4. Emergency planning

Emergency management programme

Protocols to improve the quality of HSE Emergency plans were further developed. The Crisis Management Team introduced better alert and activation procedures that improved the speed and effectiveness of its response.

State agencies working together

Work continued on the new government framework for major emergency management.

Influenza pandemic plan

The 'National Pandemic Influenza Plan' was published, along with 'Pandemic Influenza Preparedness for Ireland'.

Members of staff took part in national exercises which broadened their understanding of pandemic influenza and highlighted issues for further consideration. The HSE spent €8.4 million stockpiling items, including drugs, which will be essential to protect the population in the event of an influenza pandemic occurring.

5. Health protection

Childhood vaccination

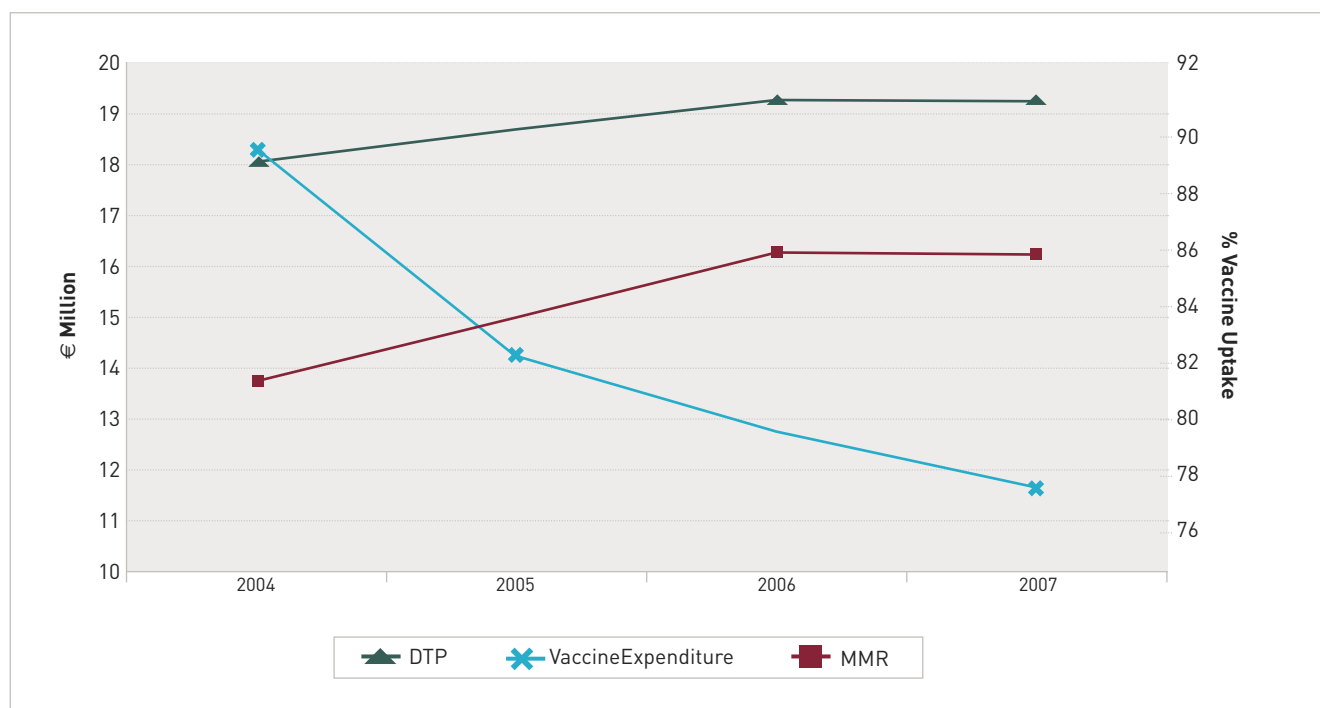
Between 2004 and 2007, the HSE's National Immunisation Office, as part of a value-for-money initiative, substantially reduced how much money was spent on vaccines while at the same time increasing how many people received vaccines. (See Figure 8 overleaf).

By 2010, Population Health aims to have an immunisation uptake of 95% for the general vaccines received in childhood. By the end of 2007, uptake rates for 12-month-old babies were 87% for:

- diphtheria;
- pertussis;
- tetanus;
- haemophilus influenzae type b;
- polio; and
- meningococcal group C.

Immunisation rates for two-year-old children ranged from 87.5% for measles, mumps and rubella (MMR) to an average of 92% for the remaining vaccines.

Figure 8: Annual vaccine expenditure and vaccine uptake 2004-2007 (See page 39)



Needs assessment

The HSE assessed the need to develop a national training programme in immunisation and completed a comprehensive 'Practical Guide to Immunisation'. This guide will be issued in 2008.

World Immunisation Week

The National Immunisation Office co-ordinated activities to promote World Health Organisation European Immunisation week. The focus was on MMR vaccination in advance of the measles elimination campaign planned for 2008.

Standardised information

Standardised information materials on all the childhood vaccines were developed. These are available in 10 languages on the national immunisation website www.immunisation.ie

Detection of infectious diseases

Some 11,209 cases of infectious diseases were reported by Departments of Public Health.

There were investigations into 250 outbreaks of infectious diseases involving more than 4,500 people. These included an outbreak of cryptosporidiosis associated with a public drinking water supply to Galway city and an outbreak of TB in Cork.

Table 16: Notification of Infectious Diseases 2006 and 2007

	2006	2007	% change from 2006-2007
Acute infectious gastroenteritis	2,306	2,536	+10.0%
Campylobacter infection	1,815	1,902	+4.8%
Noroviral infection	1,639	1,320	-19.5%
Hepatitis C	1,226	1,626	+32.6%
Hepatitis B	820	911	+11.1%
Mumps	428	158	-63.1%
Salmonellosis	422	459	+8.8%
Cryptosporidiosis	367	605	+64.9%
Others	1,819	1,692	-7.0%
Total	10,842	11,209	+3.4%

Infection Control Action Plan

A Health Care Associated Infection (HCAI) National Steering Committee was set up and a National Infection Control Action Plan was launched. This 'Say No to Infection' plan set out five-year targets. They aim to reduce:

- Healthcare Associated Infections (HAI) by 20%;
- MRSA infections by 30%; and
- antibiotic consumption by 20%.

The 'Say No To Infection' plan identified actions to reduce the risk of infection passing between people in the health care setting. The plan focused on areas including:

- education and training;
- standards; and
- use of antibiotics.

The increase in use of antibiotics over the past 30 years means some bacteria have built up a resistance to antibiotics and it is increasingly difficult to treat the infections caused by these bacteria. Therefore it is important to try to reduce antibiotic consumption.

Local plans

The HSE has developed national and local infection action plans, which local teams will put in place. Some 52 infection control posts were funded, including consultant microbiologists, antibiotic pharmacists, surveillance scientists and infection control nurses.

Eight regional infection control committees were set up and an infection control e-learning module developed for staff.

GP education

GPs benefited from an education programme on the prescribing of antibiotics and related drugs.

Hospital guidance

Hospital staff received guidelines about keeping patients and their families fully informed about MRSA.

Public education

The public were educated on infection control through media, leaflets and posters. Phase one of the infection control plan has been completed and evaluated. It indicates that the public are now more aware about the importance of infection control.

6. Environmental Health

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

Table 17: Environmental Health inspections 2005, 2006 and 2007

Environmental Health	2005	2006	2007
Food inspections carried out	51,995	47,412	51,136
Tobacco Act inspections carried out	35,042	32,012	31,666
Prosecutions in relation to Tobacco Act	37	37	69


The National Tobacco Control Inspection programme focused on sales of tobacco products to minors. There were 648 test purchases and 25 prosecutions in this area.

7. Suicide Prevention

The National Office for Suicide Prevention was established in 2005 to coordinate, consult and commission activities around self harm and suicide prevention as set out in 'Reach Out', the National Strategy for Action on Suicide Prevention. www.nosp.ie

Key achievements in 2007 included:

- launch of 'Your Mental Health' campaign using TV/radio advertising, website www.yourmentalhealth.ie and information booklet to promote positive mental health;
- training professionals and community leaders using ASIST (Applied Suicide Intervention Skills Training). Over 5,000 people are now trained in ASIST nationwide;
- review of bereavement services for those bereaved through suicide, including the production of 'You Are Not Alone' advice booklet and directory of services;
- the provision of continued financial support for voluntary organisations working in suicide prevention; and
- co-hosting the World Congress on Suicide Prevention in Killarney which was attended by 800 delegates from over 40 countries.



The aim of the 'Your Mental Health' campaign was to improve awareness and understanding of mental health and mental well-being in Ireland. The target audience was the general public with specific targeting of young people through the social networking website Bebo.

2007 Achievement Awards Winner

The HSE Achievement Awards were introduced in 2007 to celebrate the exceptional work being done by staff nationwide to improve patient care. Awards were presented to staff in each of the four HSE areas in a number of categories including Better Service, Better Place to Work, Leadership and Quality & Safety awards. The story outlined below is a good example of the great work being carried out around the country.



Carrickmacross Mental Health Centre wins award

Staff working in the Mental Health Centre in Carrickmacross, Co. Monaghan changed the way they deliver services after getting valuable feedback from clients who were failing to turn up for appointments.

Using a questionnaire, staff asked clients to help identify the problems. A high 93% of the 108 people who responded said they were satisfied with the service but the real nuggets came from the 7% of 'unhappy' clients. They said drab waiting areas, lengthy waiting times for an appointment and rotating non-consultant medical staff were among the reasons why they were failing to keep appointments.

Staff responded by changing the old system. They put in place new patient clinics with protected times so patients were seen at appointed times. They increased the time clients had with clinical staff. They sought to ensure that every client received follow-up calls and benefited from an improved support system.

Project Leader Thomas McEnteggart is delighted with the success of the initiative: "Average waiting time for an appointment in the Psychiatric Outpatient clinic has been reduced from 28 days to 13 days. There has been a significant uptake of appointments at new and review clinics. Clients are happy with the support, efficiency, decision making, problem solving and education on illness management offered by the outpatient department. This project was successful because of the total commitment of the staff involved, the full support of Monaghan Community Mental Health Team and the important contribution from Nurse Managers working at the coal face."

The team won the Achievement Award in the 'Reconfiguration – major changes to existing services' section for the Dublin North East region.



Celebrating at the Achievement Awards ceremony... (From left) CEO of the HSE Brendan Drumm, Acting Director of Nursing Cavan/Monaghan Mental Health Services Margaret Fleming, Project Leader Thomas McEnteggart, staff nurses Siobhan O Reilly and Róisín Kerr and Larry Walsh, Director of the Health Services National Partnership Forum.

Support Services

Support services play a vital role in the organisation and contribute to the efficient running of the key areas of service delivery.

HSE Support Services comprises a number of directorates including:

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

1. Office of the CEO

The Office of the CEO directorate has a number of key functions including: Regional Health Offices; Parliamentary Affairs; Consumer Affairs; Quality and Risk; and Communications. It also deals with a range of cross-directorate, governance and policy development functions including: Medical Education, Training and Research; Expert Advisory Groups; Consultant appointments; and cross-border working.



The HSE Libraries Online website, www.hselibrary.ie won the eGovernment Award, Health Sector for 2007. The site provides a variety of services to HSE employees, including full text journals, nursing and medical databases, and the Irish Health Publications Archive. Key criteria in granting the award were the site's efficiency, innovation and value for money.

Regional Health Forum

As provided for under Section 42 of the Health Act 2004, each of the HSE's four administrative areas has a Regional Health Forum, which comprises representatives from the city and county councils within that area. The four Regional Health Forums made representations to the HSE on a range of health and personal social services during 2007.

Area briefings for Oireachtas members

Area briefing meetings for members of the Oireachtas were organised by the four Regional Health Offices in consultation with the Ceann Comhairle's office. These briefings provide Oireachtas members with information on health service issues in their geographic area. The meetings are held in Leinster House and each one is chaired by a member of the Oireachtas. In 2007 there were eight Area Oireachtas briefings.

Table 18: Activities of the Regional Health Forums in 2006 and 2007

Activity	2006	2007
Meetings of the forums	24	24
Meetings of the subcommittees of the forums	32	29
Questions submitted to the forums and answered	223	251
Motions approved by the forums and forwarded to the Office of the CEO	72	111

Parliamentary Affairs

The Parliamentary Affairs division of the HSE deals with information requests from members of the Oireachtas, in accordance with Section 79 of the Health Act, 2004. In 2007 2,755 questions were referred to the HSE by the Minister of Health and Children.

Consumer Affairs

The information learned from managing complaints helps the HSE to improve the quality of its services. The Policy and Procedures for the Management of Consumer Feedback to include Comments, Compliments and Complaints came into effect from January 1st 2007. At the end of 2007 there were 894 designated complaints officers. Designated complaints officers carry out their duties in addition to their substantive roles.

Table 19: Complaints 2007

Complaints 2007	NHO	PCCC	Total
Total	2,967	1,409	4,376

The majority of complaints received in relation to HSE services in 2007 related to treatment/service delivery, delays/waiting times and communication issues. Of the 4,376 complaints received, 81 (2%) complainants requested internal reviews after local investigations were completed. In 2007, the HSE commissioned an independent study of consumer satisfaction with the health and social care services, 'INSIGHT 07'. The School of Public Health and Population Science in UCD conducted the survey. It involved detailed face-to-face interviews with 3,517 people. The ratings of quality of care were very positive in all four HSE areas.

Appeals on HSE decisions

The appeals service gives people who are unhappy with a HSE decision the right to an independent review in relation to schemes and services including: Supplementary Welfare Allowance Payments; Nursing Home Subventions; Medical Cards; GP Visit Cards; Mobility Allowance; Motorised Transport Grant; and Housing Aid for the Elderly.

All applicants have the right to appeal. The number of appeals for 2007 was 11,566.

Table 20: Appeals 2006 and 2007

Appeals	2006	2007	% change from 2006-2007
Supplementary Welfare Allowances	6,501	6,386	-1.8%
HSE schemes	4,102	5,180	+26.3%

Freedom of Information (FOI)

The FOI Acts permit access to information held by the HSE and contracted public bodies, which is not routinely available through other sources.

Table 21: Number of FOI requests 2006 and 2007

	2006	2007	% change from 2006-2007
FOI requests	3,439	3,955	+15.0%

Quality and risk

Standards

In 2007, the HSE adopted a new risk-management standard based on the model used in Australia and New Zealand. This standard sets out the strategy, policy and procedures for managing risk in the HSE. Putting this new standard in place will be a key priority in all directorates in 2008.

Incident management

Standardised incident management policies, procedures and guidelines, including specific documents covering serious incidents, were drafted in 2007. They will be finalised and implemented in 2008.

Communications

Key achievements were:

- responding to more than 20,000 media queries and issuing more than 160 press releases;
- providing a 24/7 media and crisis management service including during the 13-week nursing dispute;
- completing the development of a new intranet site, HSEnet;
- publishing four editions of internal staff magazine, Health Matters;
- publishing and distributing service directories to Local Health Offices (LHOs);
- implementing and co-ordinating public information programmes including the HSE's Winter Plan and Child Protection campaigns;
- preparing and distributing a public newsletter in the North East on restructuring health services;
- drafting pandemic influenza communications strategy and taking part in European pandemic flu communications exercise; and
- completing a communications audit that involved direct consultation with 2,500 people around the country including: staff; media; senior managers; board members; Department of Health and Children officials; and the public. This will inform the development of a Communications Strategy for the HSE.

Medical Education, Training and Research (METR)

In 2007, the HSE published a strategy on medical education, training and research (METR) following an extensive consultation process with its educational partners. An implementation plan will be published in 2008.

METR carried out a number of key actions including:

- completing an extensive audit of educational infrastructure on clinical sites;
- approving €8.5 million in capital grants to clinical sites for education and training facilities;
- approving €1.5 million in revenue grants to the recognised postgraduate medical training bodies in targeted areas of development;
- funding and taking part in an in-depth review of all SHO and registrar posts;
- approving in principle an extra 15 academic clinician posts; and
- launching the Dr. Richard Steevens' scholarship targeted at specialist registrar training abroad in novel areas of medicine.

Expert Advisory Groups (EAGS)

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

Each of the four established EAGs (Children, Diabetes, Mental Health and Older People) developed priority areas in 2007 and set to work to produce reports and recommendations. All four EAGs prepared reports in line with their identified priority areas.

In 2007, people were invited to submit expressions of interest in four new Expert Advisory Groups which will be set up in 2008.

- cardiovascular services;
- disability;
- maternity services; and
- oral health.

Medical consultant appointments

In 2007, the HSE approved a total of 72 consultant posts. Of these, 60 were new posts and 12 were replacement posts. The ongoing negotiations on a new consultants' contract affected the number of posts approved in 2007.

There are now 2,203 approved permanent consultant posts in the public health sector.

Table 22: New consultant posts approved in 2007

Specialty	New consultant posts approved by specialty in 2007	Total consultant posts approved by specialty
Anaesthesia	7	317
Emergency medicine	-	53
Medicine	23	451
Obstetrics and gynaecology	-	116
Pathology	3	198
Paediatrics	6	128
Psychiatry	6	343
Radiology	11	210
Surgery	4	387
Total	60	2,203

Cross-border working

Links continued to be fostered between the HSE and Northern Ireland's health service through the Co-operation and Working Together (CAWT) cross-border health and social-care partnership.

A review took place to ensure sub-groups working under the CAWT structure reflect the organisational structures and priorities of the HSE.

The HSE took part in a group set up to prepare a report on an All-Island Health Strategy. This strategy will provide a framework for future co-operation and will identify the all-island short-to-medium-term priorities.

2. Corporate Planning and Control Processes (CPCP)

Corporate Planning and Control Processes (CPCP) Directorate is responsible for driving corporate planning by adopting best practice processes and methodologies across the organisation.

During 2007, CPCP led or participated in the following:

- preparation of monthly and quarterly Performance Monitoring Reports (PMRs);
- monthly Corporate Control Process, which reviews information provided in the PMRs and agrees appropriate corrective action to address emerging issues;
- evaluation of Performance Indicators and measures, and agreed indicators and measures for inclusion in the National Service Plan (NSP);
- evaluation of NSP 2007;

- preparation of Estimates 2008 submission;
- preparation of NSP 2008; and
- review of Corporate Plan 2005 – 2008.

3. Finance

The Finance directorate provides strategic and operational financial support and advice at all levels. This includes the development of policies for financial planning and control, and supporting and assuring the implementation of these policies. Monthly, bi monthly and annual financial reports are reported and analysed.

In 2007 the Finance directorate implemented an enhanced budgetary process including amended reporting to the Board. There was a strong focus on standardising procedures within a single financial system in the areas of control, accountability and decision making.

The directorate oversaw the move from over 200 bank accounts to less than 30. This involved a competitive tendering process. A Value for Money strategy was implemented and a new system to more effectively track capital projects was also put in place. There was also progress in the move to an output based funding mechanism for hospital services.

4. Information and Communication Technology

Integrated Patient Management System

Phase One of the integrated patient management system was completed when Sligo General Hospital went live. The programme involves installing computer software to cover admissions and outpatients; and clinical areas such as theatre management. Thirty hospitals and over 5,000 users are now using the iSoft product.



The response of ambulance services and hospitals to a major medical emergency taking place on the border was put to the test when a major cross-border emergency exercise was held in the coastal area of Magilligan in Co. Derry in April 2007.

HSE Intranet

The HSE Intranet went live in November. Over 60,000 staff have direct access to the new intranet.

HSE E-mail project

All staff email addresses have been converted to the @hse.ie format from the former Health Board format.

HSE Health Network

The HSE-wide area network was extended by over 50 sites during 2007.

ICT Strategy

A project team was established in 2007 to develop an ICT strategy. Progress to date includes international review of literature, meeting with international experts, consultations with key external and internal stakeholders, discussions with clinical staff and a review of previous ICT strategies in Ireland. The strategy will be finalised for approval by the Board in 2008.

Major Projects

In addition, several major projects were established to support front line services including an electronic blood tracking project, laboratory information management project, order communications and result reporting project, obstetrics and neo-natal clinical solution, pharmacy stock management project and a range of other projects. In total there are over 104 ICT enabled change projects that form the ICT capital portfolio.

ICT Capital Payments

Many of the projects sanctioned in 2007 will incur significant expenditure in 2008. In 2007 the HSE issued €24.2 million ICT capital payments to the HSE Areas and voluntary service providers. Funding was spent on upgrading infrastructure and on a number of projects aimed at ensuring better care and outcomes for patients such as the Integrated Patient Management system and the Health Atlas project.

5. Procurement

Procurement has responsibility for sourcing, tendering and contracting goods, services and equipment.

The key focus in the Procurement Directorate for 2007 was providing ongoing support for all directorates and the implementation of the new National Procurement Operating Model. This model transforms the way in which procurement is organised. It will optimize the attainment of value for money across the €3.5 billion spent annually on the procurement of goods, services and equipment. This new way of working ensures the provision of a high quality service to all service users and that opportunities for Value for Money are maximised.

During 2007, Procurement supported the delivery of the following:

- the introduction of a supply service for all vaccines to GP's, Hospitals and Health Centres. Financial benefits of €500,000 were achieved;

- consolidated banking arrangements which resulted in savings of €1 million per annum;
- new agreements for the procurement of haemodialysis services, financial services and private ambulance transport services were put in place;
- the implementation of a new Wholesale Agreement for Drugs & Medicines which will reduce costs by €100 million per annum;
- work on the procurement aspects of the Hospital Co-Location Project;
- implementation of a Public Service Framework Contract for PCs & Laptops. This will result in annual savings of €2.25 million; and
- a new five year contract for ICT systems managed service. This will result in savings of €3.8 million over the term of the contract.

6. Human Resources (HR)

The HSE is the largest single employer in the State and the HR directorate plays a key role in the organisation.

Employment control

In 2007 the Board of the HSE approved an Employment Control framework and a joint HSE, Department of Health and Children and Department of Finance Monitoring Committee was set up to monitor compliance with approved employment levels for 2007.

Table 23: Numbers employed in the HSE at 31 December 2006 and 2007

Service Category	December 2006	December 2007*	% change from 2006-2007
Medical/Dental	7,712	8,005	+3.8%
Nursing	36,737	39,006	+6.2%
Health & Social Care Professionals	14,913	15,705	+5.31%
Management/Administrative	17,262	18,043	+4.51%
General Support staff	12,910	12,900	-0.1%
Other Patient and Client Care	16,738	17,846	+6.61%
Total	106,272	111,505	+4.91%

* The methodology under which employment figures are compiled changed in 2007 with a once-off addition of circa 4,000 whole time equivalents not previously returned in health services personnel census. These included posts in subsumed agencies such as the Health Boards Executive (HeBe) and the Office for Health Management, other posts in certain projects which were previously excluded and student nurses and chaplains.

Key achievements:

Opening of National HR Shared Services Centre

The National HR Shared Service Centre, Manorhamilton, Co. Leitrim was officially opened in 2007. Services offered include the Centralised Garda Vetting Unit which ensures a secure central record of Garda Clearance information for all potential HSE employees. This Vetting Unit, Pensions Management Unit and the Central Transfer Processing Unit (CTPU) were key areas of focus.

The introduction of HR Services across a number of functions is a major transformation programme for the HSE and has the potential to deliver significant and important efficiencies and benefits to the organisation.

As part of the consolidation of HR services, including Recruitment, Superannuation and Personnel Administration, HR transactional processes are currently being migrated into the National Human Resources Services Centres with constituent offices in Dublin and Manorhamilton. This will contribute towards greater efficiency/less duplication in the delivery of practices through the streamlining of key HR processes.

New Induction Framework

A new Induction Framework and Resource Pack for new employees and an employee handbook, outlining the structures and policies of the HSE, was developed.

Online Learning Centre

The online learning centre, www.hseland.ie, was launched. The online learning programme helps ensure the delivery of a high quality service to patients.

Achievement Awards

The commitment of HSE staff in delivering change, improvement and innovation has been recognised at events in the four HSE areas. The awards recognise efforts to adopt and adapt good practice, ensure excellent quality and safety and help create better places to work.

Introduction of Nurse and Midwife Prescribing

The legislation to allow prescriptive authority for nurses and midwives came into effect in May 2007. Improving patient care is at the heart of this initiative, with the potential to bring about a significant expansion in the role of the nurse and midwife in all care settings. A resource and implementation group was established to oversee the implementation of nurse and midwife prescribing.

The Office of the Nursing Services Director is:

- implementing the plan for the roll out of nurse and midwife prescribing;
- establishing clinical governance structures to support appropriate and safe nurse and midwife prescribing; and
- developing an overarching mechanism for the evaluation of the initiative.

A six month education programme is provided by the School of Nursing, Royal College of Surgeons in Ireland and the Catherine McAuley School of Nursing and Midwifery, University College, Cork with 50 places available every six months. The first group of 42 nurses graduated in 2007.

Nursing Dispute

The Irish Nurses Organisation (INO) and the Psychiatric Nurses Association (PNA) organised a nationwide campaign of industrial action in pursuit of their claims for a 10.6% pay increase and a reduction in the working week to 35 hours. The industrial action took the form of a 'work to rule'. It was resolved after the National Implementation Body recommended that a reduction of 1 hour 30 minutes be implemented from June 1 2008 where this could be done on a cost neutral basis and without diminution of service.

Health Forum

In the latter part of 2007, the HSE was actively involved in discussions involving Government Departments and Trade Unions under the auspices of the Health Forum established by the Department of the Taoiseach. Given the scale and diversity of the health sector, the Forum, through a partnership approach, provides a key leadership and activation role in encouraging a culture of change and modernisation in the health service.

Administration Staff Assessment Programme

The Administrative Staffing Assessment Programme was set up to review the deployment of clerical, administrative and managerial staff since the establishment of the HSE.

The Programme comprises three inter-related elements:

- an external review of the HSE's clerical, administrative and managerial staffing level when compared to health services in other jurisdictions;
- an internal analysis of the number, grades and role of all clerical, administrative and managerial (CAM) staff directly employed by the HSE; and
- the development of a clerical, administrative and managerial deployment tool, which will assist in standardising the approach to deploying CAM staff.

7. Estates

The Estates Directorate is responsible for the management of the HSE's existing healthcare estate, infrastructure and facilities, which, in total, has a replacement value in excess of €10 billion. These responsibilities include the management and implementation of the Capital Plan and the management of all property transactions.

In 2007 Estates supported the following:

- timely implementation of the agreed Capital Plan in 2007 in line with the National Development Plan 2007-2013. The details of the significant capital developments in 2007 are listed in Table 24 on page 52;
- development of a Primary Care Centre strategy which proposes the leasing of Primary Care Centres to accommodate both Primary Care teams and GPs. The procurement of the Primary Care Centres began at the end of 2007;
- creation of a single national record of all property to assist with the rationalisation of purchases, disposals and negotiation of leases;
- transfer of the Hospital Planning Office to the HSE from the Department of Health & Children;
- completion of the brief, the progression of the design and the commencement of enabling works for the Mater Adult Hospital Development; and
- implementation of the recommendations of the National Residential Care Needs Assessment (Prospectus Report). Over 350 new, additional, residential beds were completed in 2007. A new Design/Build, multi site tender commenced to deliver new Community Nursing Units (two complete and four more progressing) and will continue to do so over the next few years.



The legislation to allow prescriptive authority for nurses and midwives came into effect in 2007. The introduction of nurse and midwife prescribing is an important and significant new initiative in the Irish Health Service which will have implications not just for nurses and midwives but in particular for patients and service users. Improving patient care is at the heart of the initiative.

Pictured above are the team of Directors of Nursing and Assistant Directors of Nursing who are driving the implementation of the initiative.

2007 Achievement Awards Winner

The HSE Achievement Awards were introduced in 2007 to celebrate the exceptional work being done by staff nationwide to improve patient care. Awards were presented to staff in each of the four HSE areas in a number of categories including Better Service, Better Place to Work, Leadership and Quality & Safety awards. The story outlined below is a good example of the great work being carried out around the country.



Squashy Couch project wins award

When asked to sum up what the Squashy Couch project means to teenagers in Waterford City who use the services, 17-year-old Jamie said: "It's where everybody knows your name."

'Squashy Couch' health and information project for adolescents won an Achievement Award in the Innovation section for the Southern area. The project, which is funded and managed by Waterford Community Care and partially funded by the Crisis Pregnancy Agency, opened its doors in 2004.

Squashy Couch aims to provide any young person, who presents to the service and who has a health issue, with direct access to an appropriate service.

Marie Morrissey, who has worked with the project from the start, described the feedback from teenagers as very positive. "As we have a Youth Advisory Committee made up of young people who use the services, we keep

in touch with the wishes and needs of young people. Additionally, we regularly ask young people to evaluate the services and tell us what they think about how we do things; in this way we keep up to date. The service works well because the young people who use the services are offered supports tailored to their needs. We listen to what young people have to say and are flexible in our responses."

Over 300 young people pass through the doors of the café or take part in one of the service's many programmes every week. The café is open 25 hours per week with extended opening hours at the weekend. There are few rules in the café, the food is cheap and young people can go in and enjoy the atmosphere even if they are broke.



Members of the Waterford-based 'Squashy Couch' project team after receiving their Achievement Award in 2007. Larry Walsh, Director of the Health Services National Partnership Forum is pictured on the far right.

Legal Reporting Framework

Under the terms of the Health Act 2004 the HSE is required to prepare and submit to the Minister for Health and Children an Annual Report which includes, inter alia, the following in respect of the year in question:

- a report on the implementation of the Corporate Plan;
- a report on the implementation of the Service Plan;
- a report on the implementation of the Capital Plan;
- an indication of the Executive's arrangements for implementing and maintaining adherence to its Code of Governance; and
- a report on the number and type of complaints received, their investigation, review and resolution.

Corporate Plan

In October 2005, the Minister for Health and Children formally accepted the HSE Corporate Plan in respect of the period 2005-2008. This Corporate Plan fulfilled a number of roles. It outlined the HSE agenda for the period, identified our response to the National Health Strategy (Quality and Fairness), reflected the policy decisions of our Board and took cognisance of other national policies and priorities. It mapped out the future direction for our health and personal services and included a high level plan identifying key deliverables to be implemented through the annual National Service Plan (NSP) and associated business planning process.

The NSP sets out how we deliver on our Corporate Plan on an annual basis. This is supported by a comprehensive business planning process (inclusive of a performance monitoring framework) to facilitate its delivery by the Executive, detailing exactly how our Corporate Plan is delivered and its implementation monitored year on year through the annual Service Plan.

National Service Plan (NSP)

The National Service Plan (NSP) 2007 outlines the agreed level of health and personal social services to be provided by the Executive for the year, within the voted allocation of the Oireachtas as published in the Revised Book of Estimates, and in accordance with government policy on employment control within the health service. The NSP is accompanied by a statement of the Executive's estimate of income and expenditure relating to the plan, and by the Capital Plan for the year (as required under Section 31 of the Act).

The NSP is the benchmark against which performance is measured throughout and at the end of the year. It is supported by detailed business plans, identifying how the objectives and actions in the NSP are achieved at each level of the health delivery system.

To ensure robust implementation of, and accountability for, the NSP and associated business plans, a standardised Performance Monitoring Framework was in place throughout 2007. This Framework ensured that at all levels of the Executive we were monitoring the achievement of our objectives within allocated resources and approved employment levels and taking the necessary corrective action as appropriate.

The Framework details timeframes for the completion of defined monthly and quarterly Performance Monitoring Reports (PMRs). It also outlines the format of these reports, which include both a qualitative and quantitative assessment of our performance by reporting against the deliverables outlined in the NSP, activity and performance measures (including the National Performance Indicator Suite) together with financial and human resource performance.

The monthly PMR includes a key performance summary, which is supported by a suite of additional measures against which our performance is monitored, showing progress against targets in the NSP, together with a high level summary of significant achievements and issues/pressures, with corrective action identified.

In order to support the CEO and the management team in fulfilling governance and accountability requirements, a Control Group was to put in place at the commencement of 2007, to review the information provided in the monthly PMRs in regard to organisational performance in the key areas of financial performance, human resource management and the achievement of targets identified in respect of activity and deliverables in the NSP 2007, and to agree appropriate corrective action to address emerging issues.

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

Capital Plan

The HSE recorded capital income of €563.49 million for the year ended 31 December 2007. This included €555.55 million of exchequer funding, of which €24 million was in respect of ICT projects. The total capital expenditure in 2007 was €635.90 million. This included capital grants to voluntary agencies of €201.18 million.

Construction and Equipping Projects

The implementation of the 2007 Capital Plan was actively managed by the Estates Directorate in conjunction with the PCCC and NHO Capital Steering Committees.

The main capital priorities were as follows:

- procurement of individual projects;
- management of the capital allocation within available resources; and
- enhancement of Estate Directorate structures to assist in the capital planning process.

ICT

The HSE issued ICT capital payments in the sum of €24 million for the year ended 31 December 2007. Many of the projects sanctioned in 2007 will incur significant expenditure in 2008.

A project team was established in September 2007 with the objective of developing an ICT strategy within the agreed terms of reference. The project is being undertaken by a small project team who report to the Head of ICT. An external assurance process that has provided input on key strategic decisions is also in place. Progress to date includes international review of literature, meeting with international experts, consultations with key external and internal stakeholders, discussions with clinical staff and a review of previous ICT strategies in Ireland.

Capital Projects

The HSE progressed a number of capital projects in 2007. The details of the acute and non acute capital projects funded by the HSE are identified in the tables on the following pages.



Pictured above is the €75 million Cork University Maternity Hospital which opened in 2007. The new maternity hospital was built within budget and on schedule. It is estimated that over 8,000 babies will be born at the hospital annually.

Table 24: Significant Capital Developments in 2007

Acute	Non Acute
<p>Project Stage – Planning</p> <ul style="list-style-type: none"> National Maternity Hospital, Holles Street – Interim Developments (to add beds); Naas General Hospital – Phase Three B & Three C; Cappagh Orthopaedic Hospital – Theatres, Intensive Care Unit (ICU) and Central Sterile Supply Department (CSSD); Merlin Park Hospital – Rehabilitation Unit; St. Luke’s Hospital, Kilkenny – Various (Includes Emergency Department (ED) and Outpatient Department); Waterford Regional Hospital – Cardiac & ED Extension; Our Lady of Lourdes Hospital, Drogheda – New ED; Cavan General Hospital – Development Control Plan (DCP) ; Midlands Regional Hospital, Portlaoise - Maternity; Letterkenny General Hospital – ED; Our Lady’s Children’s Hospital, Crumlin – DCP, MRI, Paediatric ICU/Neo-natal ICU; and Mater Misericordiae University Hospital Adult – Main Development. 	<p>Project Stage – Planning</p> <p>Disability</p> <ul style="list-style-type: none"> National Rehabilitation Hospital – Redevelopment and Expansion; St. Raphael’s, Youghal, Co. Cork – New Residential Unit; and Merlin Park Hospital – Combined Rehabilitation Unit. <p>Older People</p> <ul style="list-style-type: none"> St. Joseph’s, Raheny – Community Nursing Unit (CNU); Clonskeagh – CNU; Cork (CNU) – Three sites – 250 beds; Loughrea – CNU; and Ballinasloe – CNU. <p>Mental Health</p> <ul style="list-style-type: none"> Sligo General Hospital – Acute Psychiatric Unit; Limerick – Child and Adolescent Psychiatric Unit; and Tuam – Campus Development. <p>Child Care</p> <ul style="list-style-type: none"> Rath na nOg, Castleblaney, Co. Monaghan – Phase Two; St. Anne’s, Galway – Child and Adolescent Psychiatric Development; St. Helena’s – Resource Centre; and St. Vincent’s Hospital, Fairview – Child and Adolescent Unit. <p>Primary Care</p> <ul style="list-style-type: none"> Pearse Street/Irishtown – Primary Care Centre (PCC); Sean McDermott Street – PCC; Inchicore – PCC; Adamstown – PCC; and Carrick-on-Shannon and Ballinamore – PCC and CNU.
<p>Project Stage – Construction work continued</p> <ul style="list-style-type: none"> St. Vincent’s Hospital, Elm Park – Completion of Phase One; Mater & Children’s Hospital – Enabling Works; Cork University Hospital – Cardiac/Renal; University College Hospital, Galway – Symptomatic Breast Unit; Waterford Regional Hospital – Catheterisation Laboratory; Connolly Hospital – Medicine for Older People; St. Luke’s Hospital, Rathgar – Radiation Oncology; Midlands Regional Hospital, Mullingar – Phase Two B; Limerick Maternity Hospital - Extension; and Sligo General Hospital – Renal Unit. 	<p>Project Stage – Construction work continued</p> <p>Older People</p> <ul style="list-style-type: none"> Mayfield – Family Resource Centre; St. Mary’s, Phoenix Park, Dublin; An Daingean – CNU; Clontarf – Orthopaedic Unit; Tralee – CNU; St. Vincent’s, Dungarvan; and St. John’s Hospital, Enniscorthy. <p>Primary Care</p> <ul style="list-style-type: none"> Nenagh – Health Centre; Riverstown, Cork; and Dundrum – Health Centre. <p>Mental Health</p> <ul style="list-style-type: none"> Bloomfield Hospital, Rathfarnham; Bessboro, Co. Cork – Eist linn Child and Adolescent Unit; and COPE Foundation, Cork. <p>Disability</p> <ul style="list-style-type: none"> St. Ita’s, Portane – 60 bed bungalow type complex; Clonbrusk – Residential and Day Care Centre; Balgaddy – Integrated Development; and Foynes – Time Out Facility.
<p>Project Stage – Construction completed</p> <ul style="list-style-type: none"> University College Hospital, Galway – Oncology; Portiuncla Hospital – Special Baby Unit; Midland Regional Hospital, Tullamore – Main Development; Cork University Maternity Hospital – New Hospital; Cork University Hospital – Infrastructural Upgrade; St. Vincent’s Hospital, Elm Park – Main Block; Naas General Hospital – CSSD, Medical Assessment Unit; and Wexford General Hospital – Medical Ward Extension. 	<p>Project Stage – Construction completed</p> <ul style="list-style-type: none"> Cherry Orchard – CNU; Carndonagh – Dementia Unit; St. John’s Hospital, Enniscorthy; Dundalk – Primary Care Unit; Ballinagh – Primary Care Unit; Gleann Alainn; Fethard; and Connolly Hospital, Unit Five.

Operating and Financial Review

Overview

This Operating and Financial Review looks at the main trends and factors underlying the development, performance and position of the HSE during 2007, and those which are likely to affect the HSE's future development and position.

The Health Service Executive met its accountability requirements by delivering a balanced Vote in 2007, with a small surplus of €38.948 million on the overall Vote of €11.474 billion. Excess expenditures were covered in-year using a Supplementary Estimate process, to make available an amount of €255 million arising from an underspend on the Health (Nursing Homes) Repayments Scheme. This funding is not available in 2008 and there are significant implications for the organisation in managing such a financial position. Stringent control measures implemented in 2007 will continue at the onset of 2008 and will remain our focus during the year.

The Revenue Income and Expenditure Account (I&E) shows an operating deficit of €41.747 million in 2007 (€78.558 million in 2006). 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.

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 the amount of appropriations-in-aid received by the HSE exceeds the Estimate, as was the case in 2007, the surplus of €17.669 million could not be used for additional expenditure and was refunded to the Exchequer. Prior approval of the Dáil must be obtained by means of a Supplementary Estimate for any increase in the Vote.

Business Environment

2007 saw growth in all services, particularly in the acute hospital sector, over service plan target levels. The growth in demand under schemes such as Medical Card and GP Visit Card schemes was also ahead of expected levels. It had been apparent from our Control Process quite early in 2007 that the system was under considerable financial pressure in the context of achieving break even by year end. By July we had identified the measures required to break even in the context of year end projections based on May and June data. As a consequence, break even action plans were developed which identified cost containment measures for implementation in order to deliver a balanced Vote at year end. The plans included reversing the trend in headcount growth beyond the employment ceiling set by Government.

Key Financial Information

Table 25: Key Financial Information 2007 and 2006

	2007 €'000	2006 €'000	Change €'000
Income	13,499,457	11,959,092	1,540,365
Net Operating Deficit	(41,747)	(78,558)	(36,811)
Revenue Expenditure			
Pay	4,810,970	4,375,960	435,010
Non-Pay (excluding Grants to Outside Agencies)	5,060,842	4,456,947	603,895
Grants to Outside Agencies	3,669,392	3,204,743	464,649
Capital Expenditure	635,897	457,802	178,095
Capital Commitments	3,064,324	1,754,405	1,309,919
Net Surplus on Vote to be Surrendered to the Exchequer	38,948	365,011	(326,063)

Cost Pressures

The most significant cost growth in the year was for statutory-based primary care and medical card schemes which increased by €240 million or 8% year on year. This is €33 million higher than was anticipated when cost-savings plans were developed during 2007. Anticipated savings in this area of €35 million did not materialise due to the volume of claims under the various schemes.

Included in Cash Allowances under Primary Care and Medical Card Scheme expenditure, Domiciliary Care Allowance at 54% over budget was the highest percentage overrun in 2007. The table below identifies how this overrun has occurred; the costs of this scheme grew by 34% in 2006 due to a change in policy where claimants were allowed to receive payment from the date of application rather than approval.

Domiciliary Care Allowance is paid to the carer of a child with a severe disability. It is an example of a statutory-based scheme which has seen significant 'price' increases in recent years. In 2007, the cost of the scheme increased by 29% as a result of both rate increases and new claimants.

Table 26: Domiciliary Care Allowance 2005/2006 2006/2007 and 2007/2008

Domiciliary Care Allowance	2005/2006	2006/2007	2007/2008
Monthly payment per child	€251	€281	€300
% increase	11%	12%	7%
Annual respite payment	€1,200	€1,500	€1,700
% increase	20%	25%	13%

Drugs & medicines expenditure increased by €24.554 million, or 14% over previous year, reflecting the continued pressure from new and expensive drug regimes – particularly in oncology. This increase is reflective of the trend internationally and greatly exceeds the medical inflation adjustment in the HSE's 2007 Vote allocation.

Medical/surgical supplies were €17.086 million, or 8%, up on 2006 expenditure levels, reflecting development in treatment regimes such as drug-eluting stents, implantable cardiac defibrillators and spinal cord stimulators.

Laboratory costs were up €21.196 million, or 29%, which is a direct result of volume – both from general practitioners within the community, and from workload within the hospitals.

The increase in clinical professional fees reflects additional expenditure relating to the hygiene audits and the drive to combat hospital-acquired infection.

Patient transport and ambulance services are another major cost and in 2007 they were €7 million, or 13%, above the previous year's levels.

Capital

2007 saw the full utilisation of the HSE's capital Vote, for the first year since establishment, with the timely implementation of the agreed Capital Plan in line with the National Development Plan 2007-2013. This marks a move away from the historical practice of subsidisation of operational overspends from the capital expenditure allocation.

Hepatitis C Insurance Scheme

The HSE is responsible for the administration of the Hepatitis C Insurance Scheme. The Hepatitis C Compensation Tribunal (Amendment) Act, 2006, provides the statutory basis for the Hepatitis C Insurance Scheme for people infected with Hepatitis C and/or HIV through the administration within the State of contaminated blood or blood products. The Scheme provides for a third form of recompense: compensation, the special health card and now, life assurance support. The Act also allows for the development of a scheme for travel insurance. The life assurance scheme, administered by the HSE, came into operation in September 2007. 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. This will cost an estimated €90 million over the lifetime of the scheme. The scheme incurred costs of €342,000 in 2007.

Long Stay Repayment Scheme

The Health (Repayment Scheme) Act, 2007 provides the legislative basis for the repayment of what had been referred to as 'long stay charges' which were levied on persons with full eligibility prior to 14 July 2005. An amount of €360 million was set aside in 2007 by way of an Estimate for this purpose. The Scheme closed to new applicants on the 31st December 2007. Some 14,500 applications have been received in respect of living patients and 24,300 applications in respect of estates. The Scheme is now estimated to cost in the region of €400 million in total. Payments to 31 December 2007 by the scheme amounted to just over €144 million. The application of the 2007 underspend on the Scheme towards achieving break even in the year means that the HSE will be required to fund remaining payments under the Scheme from within its 2008 resource.

Risks and Uncertainties

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 first quarter of 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.

New price arrangements, involving revised wholesale rates for community and hospital pharmacy supply, were announced in September 2007. The new arrangements are expected to generate savings of around €100 million each year. Funding allocated to the HSE for 2008 has been adjusted to take account of these anticipated savings.

The 'Fair Deal' nursing home care support scheme is planned to commence in 2008. It will provide uniform financial support for individuals in private and public beds. The new scheme involves a co-payment arrangement between the individual and the State and will replace the current nursing home subvention scheme.

Performance Monitoring

The Performance Monitoring Framework was further developed in 2007, in order to support the CEO, the Senior Management Team and the Board in fulfilling governance and accountability requirements. Monthly Performance Monitoring Reports (PMRs) were generated under key organisational areas, with additional quarterly reporting by each Directorate against their respective deliverables as set out in the National Service Plan.

A Control Group was put in place at the beginning of 2007, to review and validate the information provided in the monthly PMRs in regard to organisational performance in the key areas of financial performance, human resource management and the achievement of targets identified in respect of activity and deliverables in the National Service Plan 2007. Furthermore, the group was set up to agree appropriate corrective action to address emerging issues, focusing specific attention on the relationship between responsibility, authority and accountability at each level of the organisation.

Board Members' Report

The Board of the Health Service Executive

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

Members

The present Board members are listed on page 10 and have served throughout the year.

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 Committee and the Risk Committee.

Audit Committee

The Executive's Audit Committee is made up of Professor Niamh Brennan (Chairman), Mr. PJ Fitzpatrick and Mr. Joe Macri. Mr. Adrian Waters is an external member of the Committee.

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 financial control and risk management. The HSE's external auditors meet with the Committee to plan the audit and to review results of the annual audit of the Executive's financial statements.

Remuneration Committee

The Executive's Remuneration Committee comprises Dr. Donal de Buitléir (Chairman), Professor John Murray, Dr. Maureen Gaffney and Mr. Liam Downey.

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

Risk Committee

The Executive's Risk Committee comprises Professor Anne Scott (Chairman), Mr. Eugene McCague and Mr. P.J. Fitzpatrick (appointed in July 2007). Mr. Michael McLoone served as a member of the Risk Committee until January 2007 and Dr. Michael Murphy until June 2007. Mr. Bill Bergin was appointed as an external member of the Committee in August 2007.

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

The Board also has in place a Committee to consider issues arising from the consultants' contract negotiations. The members are Professor Brendan Drumm, Mr. Liam Downey, Dr. Donal de Buitléir, Dr. Maureen Gaffney, Dr. Michael Murphy, Mr. Eugene McCague and Mr. Michael McLoone.

A Board Committee was established in November 2007 to undertake a review of the management of all events following the decision to suspend the breast radiology service at the Midland Regional Hospital, Portlaoise. This Committee was chaired by Mr. Liam Downey and included three other Board members - Professor Anne Scott, Mr. Eugene McCague and Dr. Michael Murphy.

Support to the Board and its committees is provided by the Secretary to the Board, Mr. Dara Purcell, who was appointed in January 2007.

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 2007 the Board met on 16 occasions, 11 monthly board meetings and five additional board meetings. The Audit Committee met on eight occasions; the Remuneration Committee met on eight occasions and the Risk Committee met on 10 occasions in 2007.

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

Table 27: Attendance at meetings of the Board

Member	Scheduled Monthly Board Meetings		Additional meetings of the Board	
	Meetings	Attendance	Meetings	Attendance
L. Downey	11	11	5	5
N. Brennan	11	8	5	5
D. de. Buitléir	11	11	5	5
B. Drumm	11	11	5	5
P.J. Fitzpatrick	11	10	5	4
M. Gaffney	11	10	5	3
J. Macri	11	7	5	4
E. McCague	11	10	5	5
M. McLoone	11	10	5	3
M. Murphy	11	8	5	4
J. Murray	11	9	5	3
A. Scott	11	8	5	5

Table 28: Attendance at meetings of Board committees

Member	Audit		Remuneration		Risk	
	Meetings	Attendance	Meetings	Attendance	Meetings	Attendance
L. Downey			8	8		
N. Brennan	8	8				
D. de. Buitléir			8	7		
B. Drumm						
P. J. Fitzpatrick	8	5			5	3*
M. Gaffney			8	7		
J. Macri	8	5				
E. McCague					10	9
M. McLoone					5	1*
M. Murphy					5	0*
J. Murray			8	5		
A. Scott					10	10

* M. McLoone and M. Murphy were appointed as members of the Risk Committee until January 2007 and June 2007 respectively. P.J. Fitzpatrick was appointed as a member of the Risk Committee in July 2007.

Annual Review of Board Performance

In accordance with its terms of reference the Board conducted an internal evaluation of its performance during 2007. The Board engaged Mr. Edward Delany to provide professional support for the review project.

Code of Governance

The Health Act, 2004 sets out the legal requirements for the HSE regarding its Code of Governance.

The Code of Governance is comprised of a suite of inter-related documents that together form the governance framework. The documents are:

1. Framework for Corporate and Financial Governance
2. Board Terms of Reference
3. Audit Committee Terms of Reference
4. Internal Audit Function
5. Remuneration Committee Terms of Reference
6. Risk Committee Terms of Reference
7. Code of Standards and Behaviour
8. Good Faith Reporting
9. Policy Statement of Fraud
10. Integrated Risk Management Policy
11. Procurement
12. Customer Charter/Complaints Procedure

The HSE's Code of 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.

Many aspects of the Code are currently being implemented. A project management approach is being adopted for its implementation. The National Director of the Office of the CEO is the project sponsor and has overall responsibility for implementation of the Code on behalf of the CEO. 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. 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 HSE's corporate governance framework.

Internal Audit is responsible for reviewing and evaluating the HSE's system of internal controls in order to assist management in improving the HSE's procedures and processes and to ensure that the principles of efficiency, effectiveness, quality, probity and value for money exist in HSE operations.

An independent function within HSE, the Internal Audit Directorate is headed by a National Director, Mr. Michael Flynn, who reports to the Chairman of the HSE Audit Committee. The National Director also has a close working relationship with the Chief Executive and is a member of the Senior Management Team.

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

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

Year ended 31 December 2007

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.

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. 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, Health Service Executive.

9 May 2008

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 Chairperson 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 2007 Appropriation Account.

Financial Control Environment

Maintaining the system of internal financial controls is a continuous process and the system and its effectiveness are kept under continuous review. Work has been ongoing in rationalising the finance organisation structure of the HSE since its establishment on 1 January 2005, including the reconfiguration of 10 former health boards, the Eastern Regional Health Authority and other predecessor bodies into four regions – Dublin/North East; Dublin/Mid-Leinster; South; and West plus Corporate and Shared Services. Notwithstanding this, the financial accounting systems of each of the predecessor bodies have remained in place. As a result, the Annual Financial Statements (AFS) and Appropriation Account are prepared by consolidating the accounts produced by these separate systems. 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 is a difficult and complex exercise.

The HSE has responsibility for a very significant budget which in 2007 was in excess of €13bn. The HSE does not have a single integrated budget system. It uses a legacy system, Synergy, to maintain national budgets, which is not linked directly to the various ledgers in the financial environment of the HSE. There is an inherent risk that budget setting nationally could be inconsistent with the budgets as reflected in the local ledgers. The HSE has put in place manual interventions to ensure that budgets are reconciled monthly and reflect the national position.

The current solution involving information derived from legacy systems is in place on an interim basis until the HSE's proposal for a single organisation-wide national financial, budgeting and expenditure management system is implemented. HSE Finance, Procurement and ICT directorates are currently finalising a business case for the implementation of a national system. The HSE is working in collaboration with the Department of Health and Children and the Department of Finance to start the process of implementing a single integrated system in 2008. An internal project is currently underway which will support the overall business case in terms of cost, design, implementation plan and roll-out strategy. The challenge here remains significant. In the meantime, the current systems will continue to operate while controls and procedures will be streamlined and standardised where appropriate.

The service and capital plan was adopted by the Board early in 2007 and approved by the Minister for Health and Children within the statutory timeframe. During 2007 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.
- The second phase of the project to develop a single set of financial regulations throughout the HSE commenced in 2007, 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. Internal reporting and roll-out will be completed during 2008. Notwithstanding the ongoing harmonisation of policies and standards, where internal processes are systems-driven, variations in process are unavoidable until such time as the HSE has implemented a single organisation-wide financial system.
- The HSE has a comprehensive planning and financial reporting process. A Corporate Control Group was put in place in 2007 to review and validate organisational performance in the key areas of financial performance, human resource management and the achievement of targets identified in the National Service Plan (NSP). Monthly performance monitoring reports (PMRs) are generated under the key organisational areas of Primary Community and Continuing Care, National Hospitals Office, Population Health, Finance and Human Resources, with additional quarterly reporting by each Directorate against their respective deliverables as set out in the NSP and regular progress reports are 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, provide regular progress reports. In accordance with good practice, management and control arrangements, and the provisions of the Health Act 2004, the Board prepared corporate and service plans which were formally submitted for approval to the Minister for Health and Children. These plans set the medium and longer term priorities of the HSE.
- An improved Corporate Performance Measurement System was implemented in 2007 which is a monitoring mechanism for the CEO, Board and Senior Management and highlights specific areas for improvement. These initiatives focus attention on the relationship between responsibility, authority and accountability at each level of the organisation.
- A devolved budgetary system was in place, with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances.
- A detailed standardised appraisal process is conducted for all capital projects budgeted in excess of €0.5m. The process involves presenting a project brief setting out service need in the context of capital priorities as expressed in the Corporate and Service Plans and the Health Strategy. A cost-benefit analysis of all proposed capital projects budgeted in excess of €35m 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 Chairperson of the Board is in place. It comprises three Board members and an external nominee. The Committee reports directly to the Board. The Committee operates under agreed Terms of Reference and sat on eight occasions in 2007.

- A Risk Committee chaired by a Board member other than the Chairperson of the Board is in place. 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, in relation to non-financial risks. The Risk Committee sat on ten occasions in 2007. Full liaison between the Audit and Risk Committees of the Board is essential to the proper functioning of these two inter-related Board committees.
- 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.

Section 35 of the Health Act 2004 sets out the requirements for a HSE code of governance. In particular, the section requires the HSE, as soon as practicable after it is established, to submit to the Minister of Health and Children for approval, a code of governance to include:

- a) The guiding principles applicable to the Executive,
- b) The structure of the Executive, including the roles and responsibilities of the Board and the Chief Executive Officer,
- c) The methods to be used to bring about the integration of health and personal social services,
- d) The processes and guidelines to be followed to ensure compliance with the reporting requirements,
- e) The Executive's internal controls, including its procedures relating to internal audits, risk management, public procurement and financial reporting, and
- f) The nature and quality of service that persons being provided with or seeking health and personal social services can expect.

Section 35 of the Health Act 2004 also requires the HSE to review the Code periodically, to take account of Ministerial directions, to publish the Code and to indicate in the HSE annual report its arrangements for implementing and maintaining adherence to the code of governance. The HSE's Code of Governance was initially approved by the Board in 2006, revised in 2007 and forwarded to the Minister as required by Section 35 of the Health Act 2004.

Many aspects of the Code of Governance are already operational. A project management approach is being adopted for its implementation. The National Director of the Office of the CEO is the project sponsor and has overall responsibility for implementation of the Code on behalf of the CEO. 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. Integration with aspects of the transformation programme and other developments within the directorates is also assured.

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

In 2007, the Chief Executive Officer commissioned a review of the effectiveness of the system of internal control in the HSE. This review was conducted by a project team comprising senior managers who have specific expertise in the areas of finance, audit and control. The project team was advised and assisted by the Institute of Public Administration. The formal review of internal control in 2006 established a template which has been followed in carrying out a similar review in 2007. The current review involved the following:

- Assessment of progress against the implementation of the guidance for action contained in the 2006 report;
- Consideration of Controls Assurance Statements completed by each National Director;
- 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 50 senior managers including members of the corporate management team and other managers randomly selected from across the organisation.

The report of the project team was circulated to senior management in March 2008. This report was reviewed and discussed by the Audit Committee at its March 2008 meeting. 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. A structured plan for the implementation of these recommendations is being followed up by management.

This Statement on the System of Internal Financial Control represents the position in place in the HSE in the year ended 31 December 2007.

Signed on behalf of the HSE



Mr. Liam Downey

Chairman

9 May 2008

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 2007 under Section 36 of the Health Act, 2004.

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

Respective Responsibilities of the Executive and the Comptroller and Auditor General

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

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

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

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

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

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

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

Basis of Audit Opinion

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

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

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

Opinion

In my opinion, the financial statements give a true and fair view, in accordance with the accounting standards specified by the Minister for Health and Children, of the state of the Executive's affairs at 31 December 2007 and of its income and expenditure for the year then ended.

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



John Purcell

Comptroller and Auditor General
9 May 2008

Revenue Income and Expenditure Account


For year ended 31 December 2007


	Notes	2007 €'000	2006 €'000
Income			
Exchequer Revenue Grant	3	10,897,583	9,548,118
Receipts from certain excise duties on tobacco products		167,605	167,605
Health Contributions		1,298,199	1,188,481
Income from services provided under EU regulations		450,000	396,769
Recovery of costs from Social Insurance Fund		14,820	26,506
Patient Income	4	269,618	245,450
Other Income	5	400,788	386,163
Dormant Accounts		844	0
		13,499,457	11,959,092
Expenditure			
Pay			
Clinical	6 & 7	3,047,244	2,791,980
Non Clinical	6 & 7	1,154,256	1,100,802
Other Client / Patient Services	6 & 7	609,470	483,178
		4,810,970	4,375,960
Non Pay			
Clinical	8	944,768	788,159
Patient Transport and Ambulance Services	8	59,015	52,006
Primary Care and Medical Card Schemes	8	3,091,109	2,851,092
Other Client / Patient Services	8	3,718,024	3,229,350
Housekeeping (catering, crockery, linen, etc.)	8	234,547	216,629
Office and Administration Expenses	8	502,959	467,937
Long Stay Charges Repaid to Patients	8	119,818	13,382
Other Operating Expenses	8	59,994	43,135
		8,730,234	7,661,690
Net Operating (Deficit) for the Year		(41,747)	(78,558)
Balance at 1 January		(863,132)	(784,574)
Balance at 31 December		(904,879)	(863,132)

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 66-69.

2006 expenditure has been reanalysed, consistent with 2007 classification.


Chairman


Chief Executive Officer

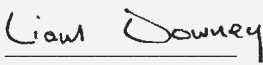
Capital Income and Expenditure Account

For year ended 31 December 2007

	Notes	2007 €'000	2006 €'000
Income			
Exchequer Capital Funding		555,548	443,724
EU Funding		339	674
Revenue Funding Applied to Capital Projects		604	666
Dormant Accounts		2,816	0
Government Departments and Other Sources		4,181	7,407
		563,488	452,471
Expenditure			
Capital Grants to Voluntary Agencies (Appendix 2)	19(b)	201,175	194,322
Capital Expenditure on HSE Capital Projects	19(b)	434,722	263,480
		635,897	457,802
Net Capital (Deficit)/Surplus for the Year		(72,409)	(5,331)
Balance at 1 January		(189,830)	(184,499)
Balance at 31 December		(262,239)	(189,830)

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 66-69.


Chairman

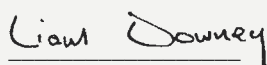

Chief Executive Officer

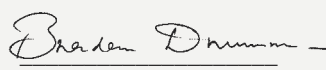
Balance Sheet

As at 31 December 2007

	Notes	2007 €'000	2006 €'000
Fixed Assets			
Tangible Assets			
Land and Buildings	9	4,432,460	4,245,567
Other Tangible Fixed Assets	10	403,243	364,806
Investments			
Financial Assets	11	3	3
Total Fixed Assets		4,835,706	4,610,376
Current Assets			
Stocks	12	127,325	120,215
Debtors	13	211,767	212,179
Paymaster General and Exchequer Account	14	52,641	8,155
Cash at Bank or in Hand		665	13,272
Current Liabilities			
Creditors	15	(1,494,481)	(1,332,092)
Net Current Liabilities		(1,102,083)	(978,271)
Creditors falling due after more than one year	16	(59,762)	(60,126)
Deferred income	17	(5,276)	(14,568)
Total Assets		3,668,585	3,557,411
Capitalisation Account	18(a)	4,835,703	4,610,373
Capital Reserves	18(b)	(262,239)	(189,830)
Revenue Reserves	18(c)	(904,879)	(863,132)
Capital and Reserves		3,668,585	3,557,411

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 66-69.


Chairman



Chief Executive Officer


Cash Flow Statement

For year ended 31 December 2007

	Notes	2007 €'000	2006 €'000
Net Cash Inflow from Operating Activities	20	143,682	691
Returns on Investments and Servicing of Finance			
Interest paid on loans and overdrafts		(56)	(232)
Interest paid on finance leases		(1,638)	(1,781)
Equity dividends received		2	9
Interest received		3,749	2,582
Net Cash Inflow from Returns on Investments and Servicing of Finance		2,057	578
Capital Expenditure			
Capital expenditure - capitalised		(350,648)	(201,869)
Capital expenditure - not capitalised		(285,249)	(255,933)
Payments from revenue re: acquisition of fixed assets (net of trade-ins)		(53,625)	(22,811)
Revenue funding applied to Capital		604	666
Receipts from sale of fixed assets (excluding trade-ins)		15,206	8,336
Amounts refunded to the Exchequer		(15,160)	(19,658)
Net Cash Outflow from Capital Expenditure		(688,872)	(491,269)
Net Cash Outflow before Financing		(543,133)	(490,000)
Financing			
Capital grant received		555,548	443,724
Capital receipts from other sources		7,336	8,080
Payment of capital element of finance lease and loan repayments		(595)	(690)
Net Cash Inflow from Financing		562,289	451,114
Net Cash Flow		19,156	(38,886)
(Decrease)/Increase in cash in hand and bank balances in the year	21	19,156	(38,886)

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 66-69.


Chairman


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 Account under the heading Revenue Funding Applied to Capital Projects.

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

Capital Income and Expenditure Account

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

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

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

Balance on Income and Expenditure Accounts

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

Grants to Outside Agencies

The HSE funds a number of service providers 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 lease 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 2007.

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
	2007 €'000	2007 €'000	2007 €'000	2007 €'000	2006 €'000
Expenditure					
Pay					
Clinical	1,485,699	1,525,272	36,273	3,047,244	2,791,980
Non Clinical	416,664	566,239	171,353	1,154,256	1,100,802
Other Client/Patient Services	174,689	432,624	2,157	609,470	483,178
	2,077,052	2,524,135	209,783	4,810,970	4,375,960
Non Pay					
Clinical	567,976	293,634	83,158	944,768	788,159
Patient Transport and Ambulance Services	39,491	19,181	343	59,015	52,006
Primary Care and Medical Card Schemes	31,427	805,603	2,254,079	3,091,109	2,851,092
Other Client/Patient Services*	138,607	1,186,396	2,393,021	3,718,024	3,229,350
Housekeeping	105,871	123,451	5,225	234,547	216,629
Office and Administrative Expenses	117,846	244,023	141,090	502,959	467,937
Long Stay Charges Repaid to Patients	0	0	119,818	119,818	13,382
Other Operating Expenses	13,279	44,114	2,601	59,994	43,135
	1,014,497	2,716,402	4,999,335	8,730,234	7,661,690
Gross expenditure for the year	3,091,549	5,240,537	5,209,118	13,541,204	12,037,650
Total Income (not analysed by area of operation)				13,499,457	11,959,092
Net Operating Deficit for the Year				(41,747)	(78,558)
Balance at 1 January				(863,132)	(784,574)
Balance at 31 December				(904,879)	(863,132)

* The analysis of expenditure between areas of operation has been made on a different basis to previous years. The most significant change is the reporting, within Other Client / Patient Services, of grants to outside agencies, totalling €2,375m as expenditure of Corporate and Shared Services rather than expenditure of the other two pillars.

Note 2
Net Operating (Deficit)/Surplus

Net operating deficit for the year is arrived at after charging:

Audit fees	595	565
Chief Executive Officer's remuneration	494	453
Non-executive board members' remuneration	269	204

Note 3
Exchequer Revenue Grant

Net Estimate voted to HSE (HSE Vote 40)	11,474,410	10,356,853
Less net Surplus to be surrendered (Note 22)	(21,279)	(365,011)
Net recourse to Exchequer	11,453,131	9,991,842
Less: Capital services funding from the State (HSE Vote 40)	(555,548)	(443,724)
Exchequer Revenue Grant	10,897,583	9,548,118

Note 4
Patient Income

Maintenance Charges	147,009	137,541
Inpatient Charges	47,597	45,400
Outpatient Charges	10,652	10,248
Road Traffic Accident Charges	6,425	4,718
Long Stay Charges	57,935	47,543
	269,618	245,450

Note 5**Other Income**

	2007 €'000	2006 €'000
Superannuation Income	198,154	179,143
Other Payroll Deductions	10,742	6,092
Agency/Services	19,835	14,143
Canteen Receipts	13,983	13,424
Recovery from the UK Department of Health and Social Security	178	0
Other Income	175,565	173,361
Excess Appropriations-in-Aid surrendered to the Exchequer	(17,669)	0
	400,788	386,163

Note 6**Pay Expenditure****Clinical**

Medical/Dental	702,496	634,015
Nursing	1,559,693	1,444,618
Paramedical	559,114	500,780
Superannuation	225,941	212,567
	3,047,244	2,791,980

Non Clinical

Management/Administration	586,407	534,307
Maintenance/Technical	59,521	56,705
Support Services	410,292	436,027
Superannuation	98,036	73,763
	1,154,256	1,100,802

Other Client/Patient Services

Support Services	565,346	449,158
Superannuation	44,124	34,020
	609,470	483,178

Total Pay Expenditure

4,810,970	4,375,960
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Note 7

Employment

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

	2007	2006
National Hospitals Office	30,573	29,431
Primary, Community and Continuing Care	38,878	37,380
Population Health	533	524
Corporate (including Shared Services)	3,477	2,988
Total HSE employees	73,461	70,323
Voluntary Sector - National Hospitals Office	23,153	21,879
Voluntary Sector - Primary, Community and Continuing Care	14,891	14,070
Total Voluntary Sector employees	38,044	35,949
Total Employees	111,505	106,272

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. The HSE received a once-off adjustment to its employment ceiling in 2007 to take account of the following legacy issues arising from the manner in which health service personnel census information was collected and reported on by the former health boards:

- staff categories not previously required to be included in the staff census
- staff from agencies taken over/subsumed by the HSE
- previous service developments without ceiling adjustment
- 2005/2006 approved service development posts
- staff from functions transferred from the Department of Health and Children to the HSE

The methodology under which employment figures are compiled changed during the course of 2007 in accordance with this adjustment, and as a result the 2006 employment figures are not comparable. The impact of this change in methodology has the effect of increasing WTEs reported as employed by the HSE by circa 4,000.

In addition to the employees taken into account for the purposes of the employment ceiling, there are also 266 WTEs (2006 : 309 WTEs) employed in non-consolidated HSE subsidiary undertakings (see Note 26). There were also 5,276 WTEs employed by the HSE and its subsidiaries as "home helps" at the end of 2007 who have not been included in the WTE calculation.

Employment costs charged in the Revenue Income and Expenditure Account

	2007 €'000	2006 €'000
Wages and Salaries	4,116,873	3,762,788
Social Welfare Costs	325,996	292,822
Pension Costs	368,101	320,350
	4,810,970	4,375,960

Note 7**Employment** (Continued)**Summary Analysis of Pay Costs**

	Clinical	Non Clinical Services	Other Client/Patient Services	Total	Total
	2007 €'000	2007 €'000	2007 €'000	2007 €'000	2006 €'000
Basic Pay	2,109,314	874,858	424,224	3,408,396	3,099,241
Allowances	87,289	26,196	12,320	125,805	111,434
Overtime	168,557	24,642	25,966	219,165	203,653
Night duty	58,173	8,301	8,198	74,672	63,132
Weekends	117,859	33,694	40,198	191,751	187,152
On-Call	57,461	1,993	457	59,911	53,431
Arrears (National Pay Agreements, etc)	25,730	6,369	5,074	37,173	44,745
Employer PRSI	196,920	80,167	48,909	325,996	292,822
Superannuation	225,941	98,036	44,124	368,101	320,350
	3,047,244	1,154,256	609,470	4,810,970	4,375,960

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

Clinical

Drugs & Medicines (excl. demand led schemes)	203,473	178,919
Blood/Blood Products	36,322	32,601
Medical Gases	8,777	7,788
Medical/Surgical Supplies	224,215	207,129
Other Medical Equipment	79,832	74,333
X-Ray/Imaging	28,044	25,727
Laboratory	94,362	73,166
Professional Services	92,455	52,723
Agency Services	78,023	61,912
Education & Training	99,265	73,861
	944,768	788,159

Patient Transport and Ambulance Services

Patient Transport	49,133	42,548
Vehicle Running Costs	9,882	9,458
	59,015	52,006

Primary Care and Medical Card Schemes

Doctors' Fees and Allowances	437,538	417,628
Payments to Former District Medical Officers/Dependents	5,953	7,132
Pharmaceutical Services	1,845,675	1,653,614
Dental Treatment Services Scheme	70,441	56,360
Community Ophthalmic Services Scheme	21,607	18,496
Cash Allowances (Fostering Allowances, etc)	247,876	211,078
Capitation Payments	462,019	486,784
	3,091,109	2,851,092

Other Client/Patient Services

Revenue Grants to Outside Agencies (Appendix 1)	3,640,280	3,175,307
Grants funded from other Government Departments/State Agencies (Appendix 1)	29,112	29,436
Professional Fees	24,615	6,031
Agency Services	10,864	5,332
Education & Training	13,153	13,244
	3,718,024	3,229,350

Housekeeping

Catering	67,730	64,402
Heat, Power & Light	61,557	57,068
Cleaning & Washing	74,767	64,816
Furniture, Crockery & Hardware	13,425	14,243
Bedding & Clothing	17,068	16,100
	234,547	216,629

2006 expenditure has been reanalysed, consistent with 2007 classification.

Note 8**Non Pay Expenditure (Continued)****Office and Administration Expenses**

Maintenance	51,355	56,981
Bank Loan & Finance Leases	378	660
Bank Interest and Charges	3,119	3,399
Insurance	26,037	27,014
Audit	595	565
Legal and Professional Fees	55,737	49,246
Agency Services	18,263	12,621
Bad & Doubtful Debts	14,097	10,909
Education & Training	26,262	24,119
Travel & Subsistence	93,397	85,233
Vehicle Costs	1,075	2,608
Office Expenses/Rent & Rates	167,898	151,228
Computers and Systems Maintenance	44,746	43,354

2007
€'0002006
€'000

502,959 467,937

Long Stay Repayments Scheme

Long Stay Charges Repaid to Patients (see Note 30)	119,818	13,382
	119,818	13,382

Other Operating Expenses

Miscellaneous (Appendix 3)	59,994	43,135
	59,994	43,135

2006 expenditure has been reanalysed, consistent with 2007 classification.

Note 9**Tangible Fixed Assets Land and Buildings****Cost/Valuation**

At 1 January 2007

Additions

Transfers from Work-in-Progress

Disposals

At 31 December 2007**Depreciation**

Accumulated Depreciation at 1 January 2007

Charge for the Year

Disposals

At 31 December 2007**Net Book Values**

At 1 January 2007

At 31 December 2007

	Land €'000	Buildings* €'000	Work in Progress €'000	2007 Total €'000
At 1 January 2007	2,019,649	2,256,851	376,382	4,652,882
Additions	17,840	52,299	196,630	266,769
Transfers from Work-in-Progress	0	119,673	(128,684)	(9,011)
Disposals	(12,740)	(2,984)	(9)	(15,733)
At 31 December 2007	2,024,749	2,425,839	444,319	4,894,907
Depreciation				
Accumulated Depreciation at 1 January 2007	0	407,315	0	407,315
Charge for the Year	0	55,787	0	55,787
Disposals	0	(655)	0	(655)
At 31 December 2007	0	462,447	0	462,447
Net Book Values				
At 1 January 2007	2,019,649	1,849,536	376,382	4,245,567
At 31 December 2007	2,024,749	1,963,392	444,319	4,432,460

*The net book value of fixed assets above includes €43.8m (2006: €45.8m) in respect of buildings held under finance leases; the depreciation charged for the year above includes €1.9m (2006: €1.2m) on those buildings.

Note 10**Other Tangible Fixed Assets****Cost/Valuation**

At 1 January 2007

Additions

Transfers from Work-in-Progress

Disposals

At 31 December 2007**Depreciation**

Accumulated Depreciation at 1 January 2007

Charge for the Year

Disposals

At 31 December 2007**Net Book Value**

At 1 January 2007

At 31 December 2007

	Motor Vehicles €'000	Equipment €'000	2007 Total €'000
At 1 January 2007	73,999	941,501	1,015,500
Additions	4,758	132,746	137,504
Transfers from Work-in-Progress	9,011	0	9,011
Disposals	(2,741)	(47,962)	(50,703)
At 31 December 2007	85,027	1,026,285	1,111,312
Depreciation			
Accumulated Depreciation at 1 January 2007	55,616	595,078	650,694
Charge for the Year	10,219	91,337	101,556
Disposals	(2,290)	(41,891)	(44,181)
At 31 December 2007	63,545	644,524	708,069
Net Book Value			
At 1 January 2007	18,383	346,423	364,806
At 31 December 2007	21,482	381,761	403,243

	2007 €'000	2006 €'000
Note 11		
Investments		
Unquoted Shares	3	3
	3	3
Note 12		
Stocks		
Medical, Dental and Surgical Supplies	37,351	34,884
Laboratory Supplies	6,943	6,749
Pharmacy Supplies	21,251	20,264
Hi-Tech Pharmacy Stocks	21,850	19,576
Pharmacy Dispensing Stocks	2,473	2,590
Blood and Blood Products	1,406	1,363
Vaccine Stocks	23,397	23,215
Household Services	9,602	8,570
Stationery and Office Supplies	2,616	2,283
Sundries	436	721
	127,325	120,215
Note 13		
Debtors		
Patient Debtors	79,701	68,373
Prepayments and Accrued Income	23,293	25,171
Other Debtors	108,773	118,635
	211,767	212,179
Note 14		
Paymaster General Account		
Paymaster General Bank Account	86,179	40,738
Net Liability to the Exchequer	(33,538)	(32,583)
Paymaster General and Exchequer Account	52,641	8,155
Note 15		
Creditors		
Bank Balances	12,894	-
Finance Leases	1,439	1,123
Non Pay Creditors	219,855	171,356
Accruals for Pay and Non Pay	1,123,778	1,019,156
Income Tax and Social Welfare	114,699	108,050
Lottery Grants Payable*	1,089	2,589
Sundry Creditors	20,727	29,818
	1,494,481	1,332,092

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

Note 16

Creditors (amounts falling due after more than one year)

(a) Finance lease obligations

After one but within five years

After five years

Land and Buildings 2007 €'000	Other 2007 €'000	Total 2007 €'000	Total 2006 €'000
2,215	1	2,216	2,099
37,993	0	37,993	38,548
40,208	1	40,209	40,647

(b) Liability to the Exchequer in respect of Exchequer

Extra Receipts after one but within five years

Proceeds on 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.

	2007 €'000	2006 €'000
Gross Proceeds of all disposals in year	15,265	8,341
Less: Net expenses incurred on disposals	(59)	(5)
Net proceeds of disposal	15,206	8,336
Less: Refunded to the Exchequer	(15,160)	(19,658)
At 1 January	19,240	30,561
Balance at 31 December	19,286	19,239
Bank Loans	0	171
Sundry Creditors	267	69
Total Creditors (amounts falling due after more than one year)	59,762	60,126

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****(a) Capitalisation Account**

	2007 €'000	2006 €'000
At 1 January	4,610,373	4,640,260
Additions to fixed assets in the year	404,273	224,679
Less: Net book value of fixed assets disposed of in year	(21,600)	(96,707)
Less: Depreciation charge in year	(157,343)	(157,859)
Balance at 31 December	4,835,703	4,610,373

(b) Capital Reserves

At 1 January	(189,830)	(184,499)
Net Operating Deficit for the year	(72,409)	(5,331)
Balance at 31 December	(262,239)	(189,830)

(c) Revenue Reserves

At 1 January	(863,132)	(784,574)
Net Operating Deficit for the year	(41,747)	(78,558)
Balance at 31 December	(904,879)	(863,132)

Note 19**Capital Expenditure****(a) Additions to Fixed Assets**

Additions to Fixed Assets (Note 9) Land and Buildings	257,758	118,252
Additions to Fixed Assets (Note 10) Other Tangible Fixed Assets	146,515	106,428
	404,273	224,680
Funded from Capital	350,648	201,869
Funded from Revenue	53,625	22,811
	404,273	224,680

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

Expenditure on HSE's own assets (Capitalised)	350,648	201,869
Expenditure on HSE projects not resulting in Fixed Asset additions	84,074	61,611
Total expenditure on HSE Projects charged to capital	434,722	263,480
Capital grants to outside agencies (Appendix 2)	201,175	194,322
Total Expenditure per Capital Income & Expenditure Account	635,897	457,802

Note 20

Net Cash Inflow from Operating Activities

	2007 €'000	2006 €'000
Revenue Reserves at 31 December	(904,879)	(863,132)
Opening Revenue Reserves at 1 January	(863,132)	(784,574)
Deficit for the current year	(41,747)	(78,558)
Capital element of lease payments charged to revenue	595	690
Less Interest and dividend income	(3,751)	(2,591)
Purchase of equipment charged to Revenue Income and Expenditure	53,625	22,811
All interest charged to Revenue Income and Expenditure	1,694	2,013
(Increase) / Decrease in Stock	(7,110)	(23,548)
(Increase) / Decrease in Debtors	412	(16,171)
Increase / (Decrease) in Creditors	149,495	96,640
Increase/(Decrease) in Creditors (falling due in more than one year)	(239)	(100)
Increase / (Decrease) in Deferred Income	(9,292)	(590)
(Increase) / Decrease in Investments	0	95
Net Cash Inflow from Operating Activities	143,682	691

Note 21

Reconciliation of Net Cash Flow to Movement in Net Funds

Change in net funds resulting from cash flows

Net funds at 1 January	21,256	60,142
Movement in net funds for the year from cash flow statement	19,156	(38,886)
Net funds at 31 December	40,412	21,256

Note 22

Drawdown of Vote

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.

In 2007 the volume and variety of services provided in most areas, particularly in the acute hospital sector, was above the 2007 National Service Plan's targets. To meet the cost of these extra demands the Government agreed, using a Supplementary Estimate process, to make available an amount of €255 million arising from an underspend on the Health (Nursing Homes) payments Scheme and savings the HSE achieved in other areas.

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 €38.948m, which represents 0.34% of the total Vote of the HSE.

Per the HSE's Appropriation Account, prepared under Government Accounting rules:

	2007 €'000	2006 €'000
Total funding to HSE from the State (HSE Vote 40)	11,474,410	10,356,853
Appropriation account outturn for the year	11,435,462	9,991,842
Surplus to be surrendered	38,948	365,011
Surplus Appropriations-in-Aid	17,669	0
Net surplus to be surrendered	21,279	365,011
	38,948	365,011

Note 23

Pensions

Eligible staff employed in the health service on establishment of the HSE are members of a variety of defined benefit superannuation schemes. Under Section 23 of the Health Act, 2004, the HSE is required to establish a new scheme in respect of new staff employed from 1 January 2005. The HSE has proposed a new scheme which has been submitted to the Minister for approval.

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. 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

Future tangible fixed asset purchase commitments:

Within one year

557,563 497,008

After one but within five years

2,092,993 1,257,397

After five years

413,768 0

3,064,324 1,754,405

Contracted for but not provided in the financial statements

349,088 332,105

Authorised by the Board but not contracted for

2,715,236 1,422,300

3,064,324 1,754,405

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 and includes capital funding commitments to voluntary agencies. These commitments may involve costs in years after 2008 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 for the period from 2008 to 2013 to €5.4 billion. It is expected that this expenditure will be funded over the life of the National Development Plan and beyond.

Note 25

Operating Leases

Operating lease rentals (charged to income and expenditure account)

	2007 €'000	2006 €'000
Land and buildings	27,631	27,526
Motor Vehicles	91	102
Equipment	96	113
	27,818	27,741

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

	Land and Buildings 2007 €'000	Other 2007 €'000	Total 2007 €'000	Total 2006 €'000
Within one year	7,130	22	7,152	2,928
In the second to fifth years inclusive	9,345	119	9,464	12,249
In over five years	14,786	3,607	18,393	18,002
	31,261	3,748	35,009	33,178

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.

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 2007 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 €144,370 and €6,232,520 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

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. It is the policy of the HSE to defend all appropriate cases and in pursuit of this policy it may enter into without prejudice settlements not involving the admission of liability. 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, 2007

The Health (Repayment Scheme) Act provides the legislative basis for the repayment of what has been referred to as 'long stay charges' which were 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 €360m was set aside in 2007 by way of a supplementary estimate for this purpose. The best estimate of the total cost of repayments, at the inception of the Scheme based on the terms as set out in the Act, was up to €1bn, repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The Scheme closed to new applicants on the 31st December 2007 and 14,500 applications have been received in respect of living patients and 24,300 applications in respect of estates. The Scheme is now estimated to cost in the region of €400m. 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 283 cases, involving patients who spent time in private nursing homes. 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 2007, the following expenditure has been charged to the revenue income and expenditure account in respect of the Repayments Scheme:

	2007 €'000	2006 €'000
Pay	1,101	312
Long Stay Charges Repaid to Patients (see Note 8)	119,818	13,382
Payments to Third Party Scheme Administrator	5,024	1,203
Advertising	453	824
Legal and Professional Fees	771	486
Office Expenses	505	142
	127,672	16,349

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, will be available from March 2008. The overall cost over the lifetime of the scheme based on independent actuarial costing is estimated at €90m.

In 2007, the following expenditure has been charged to the revenue income and expenditure account in respect of the Insurance Scheme:

	2007 €'000	2006 €'000
Pay	105	0
Payments of premium loadings	0	0
Payments of benefits underwritten by HSE	0	0
Advertising	90	0
Legal and Professional Fees	131	0
Office Expenses	16	0
	342	0

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 2001, 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 2007 an agency in which a Board member declared an interest was approved a grant of €758,373. 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 9 May 2008

Appendices to the Financial Statements

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

Analysis of Grants to Outside Agencies in Note 8

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Total Grants Under €100,000 (3,836 Grants)	31,755	2,110	33,865
Ábalta	102	-	102
Ability West Ltd	22,220	-	22,220
Abode Hostel and Day Centre	1,054	-	1,054
Adapt & Adapt Kerry Ltd	976	-	976
Addiction Response Crumlin (ARC)	339	549	888
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	209,649	-	209,649
Adoption Authority of Ireland	947	-	947
Adult Victims of Past Abuse (AVPA) Service	2,171	-	2,171
Aftercare Recovery Group	120	-	120
Age Action Ireland	661	-	661
Age and Opportunity	651	-	651
AIDS Fund Housing Project (Centenary House)	420	-	420
AIDS Help West	374	-	374
Aiseiri	529	-	529
Aislinn Centre	454	-	454
Áit Eile	240	-	240
ALJEFF Treatment Centre Ltd	150	150	300
All Communicarers Ltd	393	-	393
All In Care	2,014	-	2,014
Alliance	325	-	325
Alpha One Foundation	164	-	164
Alzheimer Society of Ireland	8,332	-	8,332
Amber Kilkenny Women's Outreach	353	-	353
AMEN	152	-	152
Ana Liffey Children's Project	114	-	114
Ana Liffey Drug Project	386	182	568
Anne Sullivan Foundation for Deafblind	1,024	-	1,024
Aoibhneas Foundation Ltd	917	-	917
Aosóg	219	-	219
APT Tullamore	2,386	-	2,386
Aranmore Social Services	262	-	262
Aras Mhuire Day Care Centre (North Tipperary Community Services)	321	-	321
ARC Cancer Support Centre	220	-	220
Ard Aoibhinn Centre.	2,425	-	2,425
Ardee Day Care Centre	309	-	309
Arlington Novas Ireland	1,842	-	1,842
Arrupe Society	632	-	632
Arthritis Ireland	226	-	226
Asperger Syndrome Association of Ireland (ASPIRE)	326	-	326
Associated Charities Trust	199	-	199
Athlone Community Services Council Ltd	758	-	758
Athlone Community Task Force	102	-	102
Autism Alliance	572	-	572

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Autism West Ltd	603	-	603
Aware	387	-	387
Baile Mhuire Recuperative Unit for the Elderly	173	-	173
Balcurris Boys Home Ltd	678	-	678
Ballinasloe Social Services	144	-	144
Ballincollig Senior Citizens Club Ltd	346	-	346
Ballyboden Children's Centre	169	-	169
Ballyfermot Advanced Project Ltd.	-	594	594
Ballyfermot Home Help Mental Handicap	2,164	-	2,164
Ballyfermot Star Ltd	90	207	297
Ballymun Day Nursery	398	-	398
Ballymun Residential Project	692	-	692
Ballyowen Meadows Childrens Residential Centre	903	-	903
Barnardos	6,916	281	7,197
Barretstown	215	-	215
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	295	-	295
Bawnogue Youth and Family Support Group (BYFSG)	132	92	224
Beaufort Day Care Centre	142	-	142
Beaumont Hospital	270,039	-	270,039
Before 5 Nursery & Family Centre	146	-	146
Belvedere Social Service	636	-	636
Bernard Van Leer Foundation	121	-	121
Blakestown and Mountview Youth Initiative (BMYI)	601	144	745
Blanchardstown & Inner City Home Helps	3,598	-	3,598
Blanchardstown Local Drugs Task Force	-	157	157
Bloomfield Hospital	406	-	406
Bodywhys The Eating Disorders Association of Ireland	294	-	294
Bon Secours Sisters	2,195	-	2,195
Bonnybrook Day Nursery	289	-	289
Bonnybrook Riverside Fairfield Parent Support Group	-	104	104
Brainwave - Irish Epilepsy Association	882	-	882
Bray Cancer Support Centre (Ireland)	101	-	101
Bray Lakers Social & Recreational Club Ltd	120	-	120
Bray Women's Refuge	589	-	589
Brothers of Charity Services Ireland	166,354	-	166,354
C.D.V.E.C.	67	59	126
Cairde	434	-	434
Cairdeas	92	78	170
Cairdeas Centre Carlow	175	-	175
Camphill Communities of Ireland	882	-	882
Cancer Care West	903	-	903
Cappagh National Orthopaedic Hospital	27,632	-	27,632
Capuchians	151	-	151
Cara Housing Association	223	-	223
Care and Company	287	-	287
Care for the Elderly at Home Ltd.	234	-	234
Care of the Aged, West Kerry	111	-	111
Careline	178	-	178
Carers Association Ltd	3,925	-	3,925
CARI Foundation	187	-	187
Caring for Carers Ireland	1,154	-	1,154
Caritas	2,122	-	2,122
Carlow Regional Youth Service	183	-	183

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Carlow Social Services	463	-	463
Carlow Women's Aid	152	-	152
Carnew Community Care Centre	191	-	191
Carrickmacross Parent & Friends Association	521	-	521
Carrigaline Senior Citizens	200	-	200
Casadh	-	174	174
Castleisland Day Care Centre	106	-	106
Cavan Centre	343	-	343
Cavan County Childcare Committee	194	-	194
CDA Trust Ltd (Cavan Drug Awareness)	-	108	108
Central Remedial Clinic	19,188	-	19,188
Centres for Independent Living (CIL)	9,625	-	9,625
Charleville Care Project Ltd	106	-	106
Cheeverstown House Ltd	24,092	-	24,092
Cheshire Foundation Ireland	22,669	19	22,688
Childrens Sunshine Home	4,383	-	4,383
Chrysalis Community Drug Project	-	299	299
Citi Hostels (Sancta Maria)	167	-	167
City of Dublin Skin and Cancer Hospital	160	-	160
Clann Housing Association	978	-	978
Clare Youth Services	105	-	105
Clarecare Ltd Incorporating Clare Social Service Council	6,801	-	6,801
Clarecastle Daycare Centre	392	-	392
Clarehaven Women and Children Refuge Centre	424	-	424
Clareville Court Day Centre	200	-	200
CLASP (Community of Lough Arrow Social Project)	128	-	128
Clondalkin Addiction Support Programme (CASP)	633	275	908
Clones Branch of the Mentally Handicapped	192	-	192
Clontarf Home Help	2,677	-	2,677
Clonturk House Home for Adult Blind	782	-	782
CLR Home Help	2,231	-	2,231
CLUB 91 (Formerly Chez Nous Service)	159	-	159
Cluid Housing Association	112	-	112
Co-Action West Cork	5,338	-	5,338
Cobh General Hospital	1,804	-	1,804
Comfort Keepers Ltd	1,076	-	1,076
Community Awareness of Drugs (CAD)	110	83	193
Community Games	360	-	360
Community Home Maker and Family Support Service	337	-	337
Community Response, Dublin	283	184	467
Congregation of the Little Sisters of the Poor	120	-	120
Connaught Street Family Centre	496	-	496
Console (living with suicide)	250	-	250
Coolmine Therapeutic Community Ltd	927	641	1,568
Coolock/Harmonstown/Artane Drugs Awareness Group	-	184	184
Coombe Women's Hospital	51,375	-	51,375
Co-Operation Fingal	101	-	101
COPE	2,333	-	2,333
COPE Foundation	44,704	-	44,704
Cork Association for Autism	2,512	-	2,512
Cork Foyer Project	301	-	301
Cork Mental Health Association	136	-	136
Cork Social and Health Education Project (CSHEP)	214	-	214

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Cork University Dental School & Hospital	2,315	-	2,315
County Leitrim Partnership	135	-	135
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	3,946	-	3,946
Crosscare	4,595	149	4,744
Crumlin Home Help	2,485	-	2,485
Cuan Mhuire	1,574	54	1,628
Cuan Saor Women's Refuge & Support Service	495	-	495
Cuanlee Ltd	218	-	218
Cumas Teo	283	175	458
Dara Residential Services	1,777	-	1,777
Darndale Belcamp Drug Awareness	194	11	205
Darndale/Belcamp Int. Child Care	431	-	431
Daughters of Charity	35,225	-	35,225
Daughters of Charity Family Centres	557	236	793
Daughters of Charity of St. Vincent de Paul	65,283	-	65,283
Dawn Court Day Care Centre Ltd	103	-	103
Day Activation Unit for Children and Windmill Therapeutic Training Unit	395	-	395
Day Care Services, Newport Social Service	255	-	255
Deansrath Family Resource Centre	222	-	222
Delta Centre Carlow	2,476	-	2,476
Dental Health Foundation Ireland	239	-	239
Depaul Trust	1,439	-	1,439
Disability Federation of Ireland (DFI)	2,379	-	2,379
Dóchas	515	72	587
Dolmen Clubhouse Ltd	100	-	100
Domestic Violence Response Ltd	125	-	125
Dominican Day Care Service	134	-	134
Don Bosco Teenage Care Housing Association	2,277	-	2,277
Donegal County Childcare Committee Ltd	208	-	208
Donegal Youth Services	208	-	208
Donnycarney Youth Project Ltd	337	-	337
Donnycarney/Beaumont Home Help	1,118	-	1,118
Donore Community Development	26	239	265
Doras Buí	152	-	152
Drogheda Community Services	143	-	143
Drogheda Homeless Aid Association	180	-	180
Drogheda Women's Refuge	222	-	222
Dromcollogher & District Respite Care Centre	350	-	350
Drug Information Community Education DICE	109	-	109
Drug Treatment Centre Board	9,347	-	9,347
Drumcondra Home Help	1,251	-	1,251
Drumkeerin Care of the Elderly	154	-	154
Drumlin House Training Centre	220	-	220
Dublin AIDS Alliance (DAA) Ltd	447	89	536
Dublin City Council Homeless Agency	809	143	952
Dublin City University	425	-	425
Dublin Dental Hospital	7,248	-	7,248
Dublin North East Drugs Task Force	74	137	211
Dun Laoghaire Home Help	829	-	829
Dun Laoghaire/Rathdown Outreach Project	216	-	216
Dundalk Outcomers	112	-	112
Eastern Community Works Ltd	6,314	2,400	8,714
Eastern Vocational Enterprises Ltd (EVE)	7,465	-	7,465

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Edenmore Day Nursery	334	-	334
Edward Worth Library	200	-	200
Enable Ireland	35,027	-	35,027
Ennis Community Development Project	121	-	121
Errigal Truagh Special needs Parents & Friends Ltd	168	-	168
Extern Ireland	4,866	-	4,866
Extra Care for the Elderly	990	-	990
Familiscope	124	42	166
Family Life Centre Boyle	127	-	127
Family Resource Centre Hill Street	100	-	100
Fatima Home, Tralee	459	-	459
Fatima Mansions Youth Initiative	100	-	100
Ferns Diocesan Youth Services	119	-	119
Festina Lente Foundation	250	-	250
Fighting Blindness Ireland	127	-	127
Fingal Association for The Handicapped	326	-	326
Fingal Home Help Services Ltd	7,029	-	7,029
Finglas Addiction Support Team	-	369	369
Finglas Social Services Centre	104	-	104
First Step	273	-	273
Focus Ireland	4,142	-	4,142
Fold Ireland	1,517	-	1,517
Foróige	3,906	20	3,926
Friends of Cavan General	1,000	-	1,000
Galway City & County Childcare Strategy Group	136	-	136
Galway Hospice Foundation	3,242	-	3,242
Gheel Autism Services Ltd	5,137	-	5,137
Good Shepherd Sisters	3,453	-	3,453
Greater Blanchardstown Response to Drugs	102	61	163
GROW	1,288	-	1,288
Hail Housing Association for Integrated Living	399	-	399
Headway the National Association for Acquired Brain Injury	2,861	-	2,861
Health Services National Partnership Forum (HSNPF)	4,780	-	4,780
Heartbeat Trust	204	-	204
Holy Angels Carlow, Special Needs Day Care Centre	639	-	639
Holy Family Hostel Kilkenny	924	-	924
Holy Family School	148	-	148
Holy Ghost Hospital	124	-	124
Home Again (Formerly Los Angeles Society)	1,706	-	1,706
Home Help Services Ballymun	1,577	-	1,577
Home Instead Senior Care	621	-	621
Home Youth Liaison Service	442	-	442
HomeCare North East Bay Ltd	1,025	-	1,025
Homecare Northern Ireland	827	-	827
Homeless Girls Society Ltd	774	-	774
Homestart Family Support Services	391	-	391
Hope House	462	-	462
Housing Aid for the Elderly Scheme	-	11,818	11,818
IADP Inter-Agency Drugs Project UISCE	-	129	129
IEQAS	140	-	140
Inchicore Community Drugs Team	303	123	426
Inchicore Home Help	1,404	-	1,404
Inclusion Ireland	467	-	467

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Incorporated Orthopaedic Hospital of Ireland	6,169	-	6,169
Individual Clients in Community	21,540	205	21,745
Innishmore Family Centre	109	-	109
Institute of Community Health Nursing	190	-	190
Irish Advocacy Network	805	-	805
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	1,063	-	1,063
Irish Association of Suicidology	110	-	110
Irish Association of Young People in Care (IAYPIC)	310	-	310
Irish Blood Transfusion Services Board (IBTS)	267	-	267
Irish Cancer Society	232	-	232
Irish Family Planning Association (IFPA)	761	-	761
Irish Foster Care Association (IFCA)	469	-	469
Irish Guide Dogs for the Blind	766	-	766
Irish Haemophilia Society (IHS)	620	-	620
Irish Heart Foundation	685	-	685
Irish Home Care Services	363	-	363
Irish Kidney Association (IKA)	256	-	256
Irish Motor Neurone Disease Association	265	-	265
Irish Osteoporosis Society	255	-	255
Irish Patients' Association	111	-	111
Irish Pre-School Playgrounds Association (IPPA)	260	-	260
Irish Prison Service	317	-	317
Irish Society for Autism	2,878	-	2,878
Irish Travellers Movement (ITM)	5,943	130	6,073
Irish Wheelchair Association (IWA)	32,629	-	32,629
ISANDS Irish Still birth and Neonatal Death Society	319	-	319
ISPCC	543	51	594
Jack & Jill Children's Foundation	594	-	594
Jobstown Assisting Drug Dependency Project (JAAD Project)	221	70	291
K Doc - GP Out-of-Hours Service	1,918	-	1,918
KARE	15,936	-	15,936
KASMHA	1,003	-	1,003
Kerry Parents and Friends Association	7,228	-	7,228
Kilbarrack Coast Community Programme Ltd (KCCP)	309	-	309
Kilbarrack/Foxfield Day Centre	192	-	192
Kildare County Council	-	133	133
Kildare Youth Services (KYS),	884	-	884
Kilkenny Community Action Network (KCAN).	147	-	147
Killinarden - KARP	177	47	224
Kilmainhamwood Area Development Association	105	-	105
Kilmaley Voluntary Housing Association	146	-	146
Kilnamanagh Family Recreation Centre	130	-	130
Kingsriver Community	104	-	104
L&B Home Respite Services Ltd.	173	-	173
L'Arche Ireland	2,600	-	2,600
Leitrim Association of People with Disabilities (LAPWD)	566	-	566
Leopardstown Park Hospital	12,421	-	12,421
Letterkenny Women's Centre	219	-	219
Letterkenny Youth And Family Service	108	-	108
Liberties & Rialto Home Help	1,190	-	1,190
Liberty Creche	217	-	217
Lifestart Ballymun	-	126	126
Lifestart Foundation	1,536	-	1,536

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Limerick Social Service Council	1,157	-	1,157
Limerick Youth Service Community Training Centre	386	-	386
Link (Galway) Ltd	193	-	193
Liscarne Court Senior Citizens	150	-	150
Little Angels Hostel Letterkenny	112	-	112
Local Drugs Task Forces (LDTFs)	1,169	932	2,101
Lochrann Ireland Ltd	142	-	142
Longford Community Resources Ltd	180	-	180
Longford Social Services Committee	246	-	246
Lorcan O'Toole Day Care Centre	108	-	108
Lord Edward Street Southside Partnership	104	-	104
Loughboy Child Care Project	159	-	159
Lourdes Day Care Centre	192	-	192
Mahon Family Resource Centre	339	-	339
Marian Court Welfare Home Clonmel	170	-	170
Marian Day Nursery and Family centre	273	-	273
Marino Institute of Education	202	-	202
Marino/Fairview Home Help	574	-	574
Mater Misericordiae University Hospital Ltd	242,387	-	242,387
Matt Talbot Adolescent Services	1,562	-	1,562
Mayo Women's Support Services	406	-	406
Mead Village Day Care Centre	246	-	246
Meath Women's Aid Housing Association Ltd	335	-	335
Mental Health Commission	-	407	407
Mental Health Ireland	1,317	-	1,317
Merchant's Quay Ireland (MQI)	2,082	136	2,218
Mercy Family Centre Ltd.	460	46	506
Mercy University Hospital, Cork	72,204	-	72,204
MIDWAY - Meath Intellectual Disability Work Advocacy You Ltd	1,041	-	1,041
Mid-West Preschool Support	106	-	106
Mid-West Regional Drugs Task Force	-	170	170
Migraine Association of Ireland	193	-	193
Milford Care Centre	10,587	-	10,587
Millennium Carving Ltd (Rehabilitation)	295	-	295
Miss Carr's Housing Association Ltd	928	-	928
Moatview Day Nursery	169	-	169
Molyneaux House for the Blind	915	-	915
Moorehaven Centre Tipperary Limited	1,153	-	1,153
Mount Cara House	120	-	120
Mountmellick Community Development & Childcare	130	-	130
Mountview/Blakestown Community Drugs Team	323	118	441
Moyross Community Creche	103	-	103
MS Ireland - Multiple Sclerosis Society of Ireland	2,965	-	2,965
Muintir na Tire Ltd	137	-	137
Mulhuddart/Corduff Community Drugs Team	300	96	396
Muscular Dystrophy Ireland	1,263	-	1,263
National Association for Deaf People (NAD)	4,709	-	4,709
National Association of Housing for the Visually Impaired Ltd	498	-	498
National Federation of Voluntary Bodies in Ireland	987	-	987
National Maternity Hospital	49,273	-	49,273
National Network of Women's Refugees and Support Services, Athlone	467	-	467
National Office of Victims of Abuse (NOVA)	700	-	700
National Rehabilitation Hospital	26,377	-	26,377
National Suicide Research Foundation (NSRF)	1,032	-	1,032

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
National University of Ireland, Galway (NUIG)	413	-	413
National Youth Council of Ireland	131	-	131
Nazareth House	5,746	-	5,746
New Beginnings Childcare & Residential Service	288	-	288
New Ross Community Hospital	485	-	485
Newbury House Family Centre, Mayfield, Cork.	142	-	142
Nightingale TLC	109	-	109
No Name Youth Club Ltd	130	-	130
North and West Connemara Rural Project t/a Forum	201	-	201
North and West Housing Association	100	-	100
North Tipperary Community and Voluntary Association (CAVA)	445	-	445
North Tipperary Disability	115	-	115
North West MS Therapy Centre	186	-	186
Northside Community Health Initiative (NICHE)	328	-	328
Northside Homecare Services Ltd	975	-	975
Northside Inter-Agency Project (NIAP)	197	222	419
Northwest Hospice	1,200	-	1,200
North-West Parents and Friends Association	1,804	-	1,804
Nua Healthcare Services	278	-	278
Oasis Counselling Service	-	146	146
O'Connell Court Residential & Day Care	214	-	214
Offaly County Childcare Committee	120	-	120
Open Door Day Centre	403	-	403
Open Heart House	300	-	300
Order of Malta	441	-	441
Ossory Youth Services	117	-	117
Our Lady of Lourdes Social Services Centre	1,417	-	1,417
Our Lady of Victories Senior Centre	132	-	132
Our Lady's Children's Hospital, Crumlin	128,369	-	128,369
Our Lady's Hospice, Harold's Cross	31,348	-	31,348
Our Lady's Nursery Ballymun Ltd	425	-	425
Outhouse Ltd	252	-	252
Outreach Project' Network - OASIS Project	497	-	497
Oznam House	167	-	167
Parenting Support Project	190	-	190
Parents for Justice Ltd	330	-	330
Partnership Care West	212	-	212
Peacehaven Trust	594	-	594
Peamount Hospital	27,172	-	27,172
Peter Bradley Foundation	6,488	-	6,488
PHC Care Management Ltd.	311	-	311
Pheonix Community Resource Centre	120	-	120
Pobal	844	-	844
Polio Fellowship of Ireland	455	-	455
Positive Action	620	-	620
Positive Options Crisis Pregnancy Agency	194	-	194
Post Polio Support Group (PPSG)	436	-	436
Praxis Care Group	1,889	-	1,889
Presentation Sisters	480	-	480
Prosper Fingal Ltd	5,377	-	5,377
Rape Crisis Network Ireland (RCNI)	4,607	10	4,617
Rathmines Home Help	520	-	520
RCCN Caring Ltd T/A Community Care	264	-	264
Red Ribbon Project	299	40	339

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Redeemer Girls School	120	-	120
Regional Drugs Task Force	177	227	404
Rehab Group	37,311	-	37,311
Renewal Women's Residence - Sheltered Accomodation	139	-	139
Respond! Housing Association	1,173	-	1,173
Rialto Community Development	143	-	143
Rialto Community Drugs Team	293	184	477
Rialto Community Network	146	-	146
Right of Place Second Chance Group	408	-	408
Ringsend & District Response to Drugs	302	-	302
Roscommon Home Services	214	-	214
Roscommon Partnership Company Ltd	102	-	102
Roscommon Support Group Ltd	645	-	645
Roscrea 2000 Ltd	513	-	513
Rotunda Hospital	50,830	-	50,830
Rowlagh Day Nursery	192	-	192
Royal College of Surgeons in Ireland	2,544	-	2,544
Royal Hospital Donnybrook	21,907	-	21,907
Royal Victoria Eye and Ear Hospital	25,697	-	25,697
Ruhama Women's Project	144	83	227
Rural Community Network Limited	1,964	-	1,964
S H A R E	219	-	219
Sacred Heart of Jesus & Mary Sisters	1,155	-	1,155
Saint Aidan's Services	3,426	-	3,426
Salesian Youth Enterprises Ltd	399	-	399
Salvation Army	3,966	-	3,966
Samaritans	320	-	320
Sandymount Home Help	362	-	362
Saoirse Housing Association Ltd	758	-	758
SAOL Project	378	57	435
Schizophrenia Ireland Lucia Foundation	1,942	-	1,942
Seirbhísí Cúraim Lae Tyman Bawn	128	-	128
Sevenoaks Nursery	207	-	207
Shalamar Finiskilin Housing Asociation	180	-	180
Shanakill Family Resource Centre	146	-	146
Shannon Community Workshop	230	-	230
Shannondoc Ltd	5,060	-	5,060
Shanty Educational Project Ltd	764	83	847
Simon Commuities of Ireland	7,478	44	7,522
Sisters of Bon Saveur	9,342	-	9,342
Sisters of Charity	15,714	-	15,714
Sisters of Charity of Jesus & Mary, Moore Abbey	42,313	-	42,313
Sisters of Charity St. Mary's Centre for the Blind and Visually Impaired	5,067	-	5,067
Sisters of La Sagesse Services	19,250	-	19,250
Sisters of Mercy	521	-	521
Sisters of the Sacred Hearts of Jesus and Mary	14,601	-	14,601
Sli Eile Support Services Ltd	151	-	151
Sligo County Child Care Committee	170	-	170
Sligo Family Centre	102	-	102
Sligo Social Services	959	-	959
Smyly's Trust Services	2,082	-	2,082
Snug Community Counselling	-	171	171
Society of St. Vincent De Paul (SVDP)	3,518	-	3,518
Sonas Housing Association	681	-	681

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Sophia Housing Association	741	-	741
South Doc GP Co-operative	9,407	-	9,407
South Infirmary Victoria University Hospital	55,578	-	55,578
Southside Outreach Team Autistic Children	147	-	147
Special Olympics Ireland	102	-	102
Spinal Injuries Ireland	332	-	332
SPIRASI	373	-	373
Springboard Projects	2,560	-	2,560
St. Luke's Hospital	260	-	260
St. Aengus' Community Action Group	168	-	168
St. Andrew's Resource Centre	405	50	455
St. Anne's Day Nursery Ltd	129	-	129
St. Anne's Youth Centre Ltd.	380	-	380
St. Bridget's Day Care Centre	223	-	223
St. Carthage's House Lismore	135	-	135
St. Catherine's Association Ltd	5,522	-	5,522
St. Christopher's Services, Longford	6,709	-	6,709
St. Cronan's Association	829	-	829
St. Dominic's Community Response Project	194	36	230
St. Fiacc's House, Graiguecullen	118	-	118
St. Fiacc's Welfare Home, Graiguecullen	137	-	137
St. Francis' Hospice	7,630	-	7,630
St. Gabriel's Mental Health Association	502	-	502
St. Helena's Day Nursery	211	-	211
St. Hilda's Services For The Mentally Handicapped, Athlone	4,448	-	4,448
St. James's Hospital	365,044	-	365,044
St. James's Unit for the Elderly	711	-	711
St. John Bosco Youth Centre	157	65	222
St. John of God Hospitaller Services	143,458	-	143,458
St. John's Hospital	23,169	-	23,169
St. Joseph's Foundation	9,683	-	9,683
St. Joseph's Home For The Elderly	1,304	-	1,304
St. Joseph's School For The Deaf	2,076	-	2,076
St. Joseph's School For The Visually Impaired	4,320	-	4,320
St. Kevin's Home Help Service	327	-	327
St. Laurence O' Toole SSC	911	-	911
St. Lazarian's House, Bagenalstown	186	-	186
St. Luke's & St. Anne's Hospital	36,887	-	36,887
St. Luke's Home	6,480	-	6,480
St. Mary's Day Nursery	224	-	224
St. Michael's Hospital, Dun Laoghaire	33,056	-	33,056
St. Michael's House	79,435	-	79,435
St. Michael's Day Care Centre Cappamore	154	-	154
St. Monica's Community Development Committee	362	-	362
St. Monica's Nursing Home	3,037	-	3,037
St. Oliver's - Meath Association For Mentally Handicapped	707	-	707
St. Patrick's Hospital	4,983	-	4,983
St. Patrick's Special School	140	-	140
St. Patrick's Wellington Road	10,008	-	10,008
St. Vincent's Hospital Fairview	13,695	-	13,695
St. Vincent's Trust, St. Mary's Day Nursery	256	-	256
St. Vincent's University Hospital, Elm Park	225,323	-	225,323
Star Project Ballymun Ltd	177	51	228
Stella Maris Facility	142	-	142

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Stewart's Hospital	47,890	-	47,890
Stillorgan Home Help	317	-	317
Streetline	678	-	678
Sunbeam House Services	20,972	-	20,972
SWAN: Sudanese Women's Association Network	101	-	101
Tabor House Trust, Ltd	127	70	197
Tabor Lodge	287	-	287
Tabor Society	758	-	758
Talbot Grove Treatment Centre	158	-	158
Tallaght Home Help	1,159	-	1,159
Tallaght Partnership	-	259	259
Tallaght Rehabilitation Project	101	-	101
Tallaght Welfare Society	170	-	170
Tara Winthrop Private Clinic	132	-	132
Teach Iosa -Youth For Peace Ltd	191	-	191
Teach Mhuire Day Care Centre	106	-	106
Teach Tearmain (Domestic Violence Service)	410	-	410
Teen Challenge Ireland Ltd	15	160	175
Temple Street Children's University Hospital	77,469	-	77,469
Templemore Community Social Services	196	-	196
Terenure Home Care Service Ltd	869	-	869
The Base Youth Centre	106	-	106
The Cottage Home Child & Family Services	1,715	-	1,715
The Crossroads Project	-	109	109
The Donegal Women's Refuge Group (D.D.V.S.)	433	-	433
The Guardian Ad Litem and Rehabilitation Office (GALRO)	300	-	300
The Irish Hospice Foundation	631	-	631
The Irish Sports Council	200	-	200
The National Autistic Society	342	-	342
The National Council for the Blind of Ireland (NCBI)	6,805	-	6,805
The National Nutrition Surveillance Centre UCD	244	-	244
Thurles Community Social Services	319	-	319
Tipperary Association For Special Needs	462	-	462
Tipperary Hospice Movement	155	-	155
Tir na nÓg Day Nursery	146	-	146
Tivoli Road Home Help Service	543	-	543
Togher Pre School & Family Centre	150	-	150
Transfusion Positive	440	-	440
Treoir	327	-	327
Trim Community Childcare	133	-	133
Trinity College Dublin	9,971	-	9,971
Tullow Day Care Centre	105	-	105
Turners Cross Social Services Ltd	152	-	152
Union of Our Lady of Charity	176	-	176
Unit 1, 2, 6, 7, St. Stephen's Hospital	4,559	-	4,559
Valentia Community Hospital	751	-	751
Vincentian Housing Partnership	320	-	320
Vincentian Refugee Centre VRC	108	-	108
Vita House Family Centre, Roscommon	111	-	111
Walkinstown Association for Handicapped People Limited	3,559	-	3,559
Walkinstown Greenhills Resource Centre	-	275	275
Wallaroo Pre-School	100	-	100
Waterford Association for the Mentally Handicapped	1,972	-	1,972
Waterford Community Based Drug Initiative	169	-	169

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2007 €000s	2007 €000s	2007 €000s
Waterford Hospice Movement	233	-	233
WAVES Coalition	259	-	259
Welfare Home Callan/Kilmoganny	208	-	208
Well Woman Clinics	364	-	364
Wellmount Health Centre	-	1,112	1,112
Wellsprings	733	-	733
West Cork Carers Support Group Ltd	134	-	134
West of Ireland Alzheimer Foundation	1,034	-	1,034
Westdoc- GP Out-Of-Hours Service	564	-	564
Western Care Association	29,207	-	29,207
Wexford Mental Health Association	178	-	178
Wexford Women's Refuge	307	-	307
White Oaks Housing Association Ltd	300	-	300
Wicklow Child & Family Project	347	-	347
Wicklow Community Care Home Help Services	4,402	-	4,402
Women's Aid	1,074	-	1,074
YMCA	534	-	534
Youth Action Programmes	1,245	48	1,293
Youth Advocacy Programme	2,303	-	2,303
Youth Work Ireland	369	2	371
Total Grants to Outside Agencies (see Note 8)	3,640,280	29,112	3,669,392

Appendix 2

Analysis of Capital Grants to Outside Agencies (Capital Income and Expenditure Account)

Name of Agency	Capital Grants 2007 €000s
Total Grants under €100,000 (63 Grants)	1,924
Ability West Ltd	1,001
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	4,367
ARC Cancer Support Centre	3,700
Ard Aoibhinn Centre	119
Athlone Institute of Technology	250
Autism Alliance	696
Beaumont Hospital	20,452
Bloomfield Care Centre Limited	1,720
Brothers of Charity Services Ireland	4,905
Cairde Le Cheile	120
Camphill Communities of Ireland	367
Cappagh National Orthopaedic Hospital	4,431
Central Remedial Clinic	1,130
Cheeverstown Hospital	267
Cheeverstown House Ltd	760
Cheshire Foundation Ireland	1,353
Childrens Sunshine Home	200
Co-Action West Cork	400
Community Hospital New Ross	130
Coombe Women's Hospital	1,589
COPE Foundation	1,267
Cork Association for Autism	300
Cork University Dental School & Hospital	216
Dara Residential Services	350
Daughters of Charity	1,191
Diocese of Cloyne Youth Services	323
Drug Treatment Centre Board	574
Drumlin House Training Centre	158
Dundalk Institute of Technology	290
Enable Ireland	1,430
Fold Ireland	1,053
Friends of the Elderly, Prospect, Limerick	100
Incorporated Orthopaedic Hospital of Ireland	4,001
Irish Haemophilia Society (IHS)	600

Name of Agency	Capital Grants 2007 €000s
Irish Wheelchair Association (IWA)	677
KARE	1,220
Kerry Parents and Friends Association	537
Knocklofty Project, Residential Development.	112
Le Cheile Family Resource Centre	169
Manor of St. John Youth Services	120
Mater & Children's Hospital Development Ltd	5,139
Mater Campus Hospital Development Ltd	7,108
Mater Misericordiae University Hospital Ltd	15,413
Mercy University Hospital, Cork	3,707
MIDWAY - Meath Intellectual Disability Work Advocacy You Ltd	400
Moorehaven Centre Tipperary Limited	150
National Maternity Hospital	3,944
National Rehabilitation Hospital	2,800
National Treasury Management Agency (Clinical Indemnity Scheme System Development)	250
National University of Ireland, Galway (NUIG)	837
Nazareth House	121
North-West Parents and Friends Association	150
Offaly Association for the Mentally Handicapped	375
Our Lady's Children's Hospital, Crumlin	7,551
Our Lady's Hospice, Harold's Cross	668
Peamount Hospital	830
Pobal	2,816
Praxis Care Group	129
Rehab Group	2,343
Rotunda Hospital	3,531
Royal Hospital Donnybrook	720
Royal Victoria Eye and Ear Hospital	1,294
Simpson's Hospital Nursing Home	648
Sisters of Bon Saveur	151
Sisters of Charity	529
Sisters of Charity of Jesus & Mary, Moore Abbey	1,312
Sisters of La Sagesse Services	200
SOS (Kilkenny) Ltd. Special Occupation Scheme.	154
South Infirmary Victoria University Hospital	1,447
St. Catherine's Association Ltd	167
St. Christopher's Services, Longford	141
St. Hilda's Services For The Mentally Handicapped, Athlone	360
St. James's Hospital	12,273
St. John of God Hospitaller Services	2,489

Name of Agency	Capital Grants 2007 €000s
St. John's Hospital	1,091
St. Joseph's Foundation	1,130
St. Luke's Hospital	9,749
St. Michael's Hospital, Dun Laoghaire	2,341
St. Michael's House	3,083
St. Patrick's Hospital	1,613
St. Vincent's University Hospital, Elm Park	16,554
St. Vincent's Hospital Fairview	811
Stewart's Hospital	3,416
Sunbeam House Services	1,047
Temple Street Children's University Hospital	9,348
The Paddock Development Project Ltd	800
Trinity College Dublin	409
University College Cork	2,893
University of Limerick	1,399
Western Care Association	775
Total Capital Grants to Outside Agencies (Note 19(b))	201,175

Appendix 3

Miscellaneous

(Analysis of Miscellaneous Expenditure in Note 8)

	2007 €000	2006 €000
Maintenance Farm and Grounds	2,022	2,014
Security	9,347	7,910
Fluoridation	1,183	1,123
Memberships	80	86
Licences	376	468
Subscriptions	763	583
Sundry Expenses	17,498	15,753
Burial Expenses	216	124
Secondment Charges	2,365	1,689
Recreation (Residential Units)	982	838
Materials for Workshops	2,948	2,916
Home Adaptations	1,121	325
Meals on Wheels Subsidisation	1,671	1,459
Contract Care	9,811	7,024
Payments to patients under the scheme of ex gratia payments re: long stay charges	132	128
Refunds	479	695
Interest Earned on Patient Private Property Account Balances Repayable to Patients	9,000	-
Total Miscellaneous Expenditure (see Note 8)	59,994	43,135

2006 expenditure has been reanalysed, consistent with 2007 classification.



Feidhmeannacht na Seirbhíse Sláinte
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