



**Annual Report
2014**

Foreword by the Minister for Health

I want to welcome the publication of the Department's Annual Report for 2014, and acknowledge the wide scope of the work undertaken by the Department of Health throughout the year.

2014 was a year of change for the health services and for the Department. Amongst a range of achievements, the Healthy Ireland council was established and I was able to endorse four national clinical guidelines. The HSE appointed its first Chief Information Officer and we continued to develop health services infrastructure. These developments are important: we want to allow everyone to enjoy physical and mental health to their full potential, to deliver integrated and high quality healthcare, make better use of ICT as well as modernising our health service infrastructure.

Towards the end of 2014, I set out my five key themes for 2015, comprising 25 key actions and the Department was finalising its Statement of Strategy 2015-2018. The work we did in 2014, as set out in the Annual Report, builds on the work of the year before and is a continuing foundation for the work we do today – for 2015 and to 2018 and beyond.

I want to conclude by recognising the very valuable contribution of Minister James Reilly and Minister of State Alex White during 2014 and the ongoing contribution of Minister of State Kathleen Lynch. I also want to acknowledge the work carried out by the staff of the Department during that time, and their commitment to delivering a massive programme of change.

Leo Varadkar TD
Minister for Health

Introduction by the Secretary General

Last year involved significant transition for the Department of Health. The arrival of a new Minister in July was followed by my own appointment as Secretary General in September. I want to thank the staff of the Department for the whole hearted support which has been forthcoming and their ongoing embrace of change. The Department has been responsible for an ambitious programme of reform at a time when resources have been very constrained. Where achievements have been made they would not have been possible without the experience and talent of the staff of the Department and the wider support of colleagues across the health services. At the end of the year work was well underway in the completion of a new Statement of Strategy, 2015-2017 which will guide the work of the Department over the next three years. I look forward to reporting on the key work priorities set out in this Strategy Statement in next year's Annual Report.

Jim Breslin
Secretary General

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About the Department of Health

Our overall aim is to improve the health and wellbeing of people in Ireland by:

- keeping people healthy;
- providing the healthcare people need;
- delivering high quality services; and
- getting best value from health system resources.

We serve the public and support the Minister for Health, Minister for State and the Government by providing:

- Leadership and policy direction for the health sector to improve health outcomes
- Governance and performance oversight to ensure accountable and high quality services
- Collaboration to achieve health priorities and contribute to wider social and economic goals
- An organisational environment where, on an ongoing basis, high performance is achieved and the knowledge and skills of staff are developed

Strategic Objectives

The goals and actions of the Department for the period 2011 – 2014 were set out in the [Department of Health Statement of Strategy 2011-2014](#) and were organised into six strategic programme areas, as follows:

Programme 1 - Fair Access and Sustainability

Goal: *To work towards the ultimate achievement of a universal, single-tier health service, supported by Universal Health Insurance (UHI), where access is based on need, not income.*

Programme 2 - Patient Safety and Quality

Goal: *To provide leadership and stewardship of patient safety and quality for the entire health system in line with the vision and recommendations set out by the Commission on Patient Safety and Quality Assurance.*

Programme 3 - Health and Wellbeing

Goal: *To help people live healthier and more fulfilling lives and to create social conditions that support good health, including good mental health, on equal terms, for the entire population.*

Programme 4 - Primary Care

Goal: *To deliver significantly strengthened primary care services with expanded access to GP care free at the point of use and with an enhanced focus on structured care and chronic disease management.*

Programme 5 - Acute Hospitals

Goal: *To reform our acute hospital system in order to provide faster access for patients to high quality services and to prepare for the introduction of a single tier system of hospital care supported by Universal Health Insurance.*

Programme 6 Specialised Care Services

Goal: *To provide a wide range of long-term supports and services aimed at ensuring that people who need long-term services and care can achieve their full potential and enjoy a high quality of life in the workplace, and within their own homes and communities.*

Progress in 2014

Fair Access and Sustainability

Health Insurance

There were a number of regulatory measures and initiatives introduced in 2014, to help promote a sustainable health insurance market. On 5 November, the Minister announced a suite of measures to address rising health insurance premiums and stabilise the private health insurance market in the interests of consumers. The package of measures included a reduction in stamp duty, special lower premiums for young adults, Lifetime Community Rating, a reduction in the Health Insurance Authority levy, a freeze on hospital bed charges and no decrease in the relievable amount of premium, for income tax relief purposes.

Regulations providing for [Lifetime Community Rating \(LCR\)](#) loadings were signed by the Minister in 2014 and will come into effect on 1 May 2015. The primary purpose of introducing LCR is to encourage people to purchase health insurance at a younger age. Encouraging more people to join the market at younger ages helps spread the costs of older and less healthy people across the market, helping to support affordable premium levels for all.

The Health Insurance (Amendment) Act, 2014 sets out the revised [risk equalisation](#) credits and the corresponding stamp duties that apply for 2015. The revised Risk Equalisation credits for 2015 will mean that the 'effectiveness' of the RES (i.e. the extent to which it compensates for the higher costs of older and less healthy customers) will improve in the older age groups.

In addition, the [Health Insurance \(Amendment\) Act, 2014](#) also provides for the introduction of 'Young Adult' rates of premium, based on a sliding scale of maximum chargeable rates up to age 26. This new approach will ensure the phasing-in of full adult rates and ease the effect of the dramatic prices increase experienced when student rates no longer apply.

Taken together, these measures are intended to create a sustainable market where health insurance is as affordable for as many people as possible and to create the best possible environment within which more people, particularly young people, will want to obtain and retain private health insurance.

Universal Health Insurance (UHI)

The [White Paper on Universal Health Insurance](#) was published on 2 April 2014. It provides more detail on the proposed design of the UHI model for Ireland. Following its publication, a major consultation process on the White Paper was undertaken. [The report of the independent analysis of the main themes emerging from the submissions is available on the Department's website.](#) Minister Varadkar subsequently signalled that it would not be possible to introduce a full UHI system by 2019, as proposed in the White Paper.

The Department, in conjunction with the ESRI, the Health Insurance Authority and the HSE, initiated a major costing exercise to examine the cost implications of a change to a multi-payer, universal health insurance model, as proposed in the White Paper. The exercise will also estimate the cost of UHI for individuals, households and the Exchequer. It is expected that initial costs from this exercise will be available in 2015.

Activity Based Funding (ABF)

[ABF](#) represents a major change in the way hospitals are funded. Under ABF, hospitals are paid based upon the care they deliver. This will over time drive efficiency and increase transparency. ABF is a multi-year project and a phased approach to implementation is being taken in order to ensure operational stability in hospitals. Phase 1 commenced on schedule in January 2014 in the 38 largest hospitals in the country, for inpatient and daycase activity.

The emphasis in 2014 was to achieve much improved HIPE data coding rate and to promote greater engagement by clinical, management and administrative staffs in the hospitals. Good progress was made in 2014 on these aims with significant improvement in the timeliness of hospital activity coding. Over 1.5 million (or 96%) of annual cases are now being coded within the 30-day target.

National HR

In 2014, the Department successfully negotiated new pay scales for new entrant consultants. The Department continued to engage with the IMO on recruitment and retention of non-consultant hospital doctors. The Department also worked with the IMO on the achieving compliance with the European Working Time Directive (EWTD) through the HSE national group and with the European Commission.

Other

An [ex-gratia scheme for women who underwent the procedure of symphysiotomy](#) established and former High Court Judge Maureen Harding Clark appointed as independent assessor.

A range of other initiatives to improve fair access and sustainability are shown under Acute Hospitals, Primary Care and Specialised Care Programmes below.

Progress in 2014

Patient Safety and Quality

Patient Safety

A key recommendation in the HIQA Investigation Report into the maternal death in University Hospital Galway was the need to develop a Code of Conduct for employers that clearly sets out employers' responsibilities in relation to achieving an optimal safety culture, governance and performance of the organisation. The Department, with the support of a Steering Group comprised of relevant stakeholders, finalised a Code of Conduct for Health and Social Service Providers in December, 2014, for implementation during the course of 2015.

The [fourth national Patient Safety Conference](#) took place in November with over 350 attendees.

The Minister for Health requested the Chief Medical Officer to prepare a Report following a *Primetime Investigates* programme relating to Portlaoise Hospital Maternity Services. The [CMO's Report](#) made a series of recommendations which the HSE has been charged with implementing. HIQA was also requested by the Minister to conduct an investigation into hospital services at Portlaoise in accordance with Section 9 (2) of the Health Act 2007.

Work continues on the phased extension of regulation of health and social professionals, with the introduction of Registration Boards responsible for maintaining the registration of specified health and social care professionals for the purposes of protecting the public.

Clinical Effectiveness

Clinical effectiveness, by utilising the best available evidence, promotes healthcare that is up to date, effective and consistent. Four National Clinical Guidelines were endorsed by the Minister in 2014 in the areas of (i) *Surveillance, Diagnosis and Management of Clostridium difficile Infection in Ireland* (ii) *Irish Maternity Early Warning System* (iii) *Communication (Clinical Handover) in Maternity Services* and (iv) *Sepsis Management*.

The [National Clinical Effectiveness Committee](#), established by the Minister, also published its *Framework for Establishment of National Clinical Guidelines*. The Committee held its second symposium in November 2014 attended by over 140 representatives from the clinical programmes, medicine, nursing, allied health professionals, regulation, researchers and librarians, the public, HSE management and policy.

Health Care Associated Infections and Hygiene

Reductions in overall bloodstream infections achieved since 2006 have been sustained as have the number of cases of MRSA infections.

The compliance rate with the Hand Hygiene Protocol has improved and approached the HSE national target of 90% in 2014. Inspections by HIQA under its National Standards for the Prevention and Control of Healthcare Associated Infections have also noted increasing compliance.

An [Inter-Departmental Antimicrobial Consultative Committee](#) was established and launched by the Departments of Health and Agriculture in November 2014. The Committee's remit is to jointly advance work in the area of addressing antimicrobial resistance across the human and animal health sectors.

The Department also supported initiatives to promote further improvement including the World Health Organisation's annual "Save Lives: Clean Your Hands Campaign", European Antibiotic Awareness Day and the HSE's new webpage www.undertheweather.ie launched in November 2014.

Progress in 2014

Health and Wellbeing

Healthy Ireland

The vision of [Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025](#) is a Healthy Ireland, where everyone can enjoy physical and mental health and wellbeing to their full potential, where wellbeing is valued and supported at every level of society and is everyone's responsibility. In 2014, the Healthy Ireland Council was established.

In 2014, the Departments of Health and Transport, Tourism and Sport co-chaired the National Physical Activity Plan working group with a view to publishing the plan in 2015. Ipsos MRBI was appointed to administer the first annual Healthy Ireland survey to gather baseline data at national level on health and wellbeing. The first wave began in November 2014 and will be reported on in 2015.

The Department worked closely with other Departments as part of the 'whole of government' approach to the Healthy Ireland Framework. In particular, the Department worked with the Department of Children and Youth Affairs on implementation of Outcome 1 ('Active and Healthy') of the [Better Outcomes, Brighter Futures \(BOBF\) policy framework](#); with the Department of Education and Skills on embedding and integrating health and wellbeing into the educational agenda, across primary, post-primary, higher and further education and training, and the Department of Jobs, Enterprise and Innovation on the 'healthy workplaces' agenda aspect of [Good for Business, Good for the Community](#), the national corporate social responsibility plan.

Advance Healthcare Directives

On 4 February, 2014, the Government approved the publication of the draft General Scheme of legislative provisions for advance healthcare directives for the purposes of a public consultation. The report on the public consultation is available [on the Department's website](#). It is intended to incorporate the legislative provisions for advance healthcare directives into the Assisted Decision-Making (Capacity) Bill 2013 at Committee Stage.

Assisted Human Reproduction

In December 2014, following the Supreme Court judgment in the MR & Anor v An tArd Chláraitheoir & Ors surrogacy case in November 2014, the Minister for Health circulated a memorandum for Government seeking approval to draft the General Scheme of a Bill for assisted human reproduction and stem cell research to other Departments for observations.

Health Protection

Joint Procurement

On 7 November 2014, the Government approved the drafting of regulations by way of Statutory Instrument to enable the Minister for Health to sign the [Joint](#)

[Procurement Agreement on medical countermeasures by EU member states against serious cross-border threats to health.](#)

Ebola

In August 2014, the [World Health Organisation \(WHO\)](#) declared the outbreak of Ebola Virus Disease (EVD) in West Africa a Public Health Event of International Concern (PHEIC). As lead Department for public health emergencies, the Department led the response, which included putting in place measures to reduce the chances of a case occurring and ensuring the health services are prepared to identify and treat any cases that do occur.

In 2014, there were no cases of Ebola in Ireland and the situation was not an emergency. Ireland will continue to require appropriate surveillance measures and ensure that the health and other systems are prepared.

Tobacco

Tobacco control

Smoking is the greatest single cause of preventable illness and premature death in Ireland, killing over 5,200 people a year. [Tobacco Free Ireland](#) sets a target for Ireland to be tobacco free by 2025. The two key themes underpinning the report are protecting children and the denormalisation of smoking.

Standardised Packaging of Tobacco Products

On 2 October 2014, the Public Health (Standardised Packaging of Tobacco) Bill 2014 completed Second Stage in Dáil Éireann having been passed by the Seanad in June 2014. The Bill was notified to the European Commission under the EU Technical Standards Directive and as detailed opinions were received, the standstill was extended to 18 December, 2014. It is intended that the legislative process will continue in 2015. The Bill was also formally notified to the World Trade Organisation (WTO) under the Technical Barriers to Trade Agreement. Ireland did not receive any written requests for consultations from World Trade Organisation members following the notification.

Smoking in cars where children are present

The Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Bill 2014 was signed into law by the President on 25 December 2014. Regulations will be developed in 2015 in order to commence the legislation.

Legislation in relation to the sale of Tobacco Products and Non-Medicinal Nicotine Delivery Systems, including e-cigarettes

In June 2014, the Government approved the drafting of a General Scheme of a Bill to provide for introduction of a licensing system and other measures in relation to the sale of tobacco products and non-medicinal nicotine delivery systems, including e-cigarettes. The Department conducted a public consultation on the legislation, which will inform the Regulatory Impact Analysis and the drafting of the legislation. It is expected that Heads of Bill will be published during 2015.

EU Tobacco Products Directive

The EU Tobacco Products Directive was a priority for Ireland's 2013 Presidency of the EU and it came into force on 20 May 2014. The Department is working to

develop regulations to transpose the Directive into Irish law by 20 May 2016 in line with the EU deadline.

Food

During 2014, the [Department's Food Unit](#) processed 68 pieces of EU legislation, producing 12 Statutory Instruments, including requiring food businesses to provide written information on 14 food allergens to loose foods and on the provision of food information to consumers.

Environmental Health

The [Public Health \(Sunbeds\) Act 2014 \(No. 12 of 2014\)](#) was signed into law on 24 June 2014 and is being commenced on a phased basis. The prohibition on those under 18 years of age from using a sunbed on a sunbed premises or purchasing or hiring a sunbed and the related enforcement provisions were commenced on 21 July 2014.

Obesity

Arising out of the Irish Presidency of the EU, the Department together with the EU Commission led on the development of an EU Childhood Obesity Action Plan published in February 2014 and on follow-up work on an EU Joint Action to implement this [Action Plan](#).

Alcohol

[Work continued in 2014 on the development of a framework for the necessary Department of Health legislation](#). The aim is to reduce our consumption of alcohol to the OECD average by 2020 (i.e. 9.1 litres of pure alcohol per capita per annum) and to reduce the harms caused by the misuse of alcohol.

Progress in 2014

Primary Care

Universal GP Care

The Health (General Practitioner Service) Act 2014, which provides the legal framework for [GP care without fees for under 6s](#), was passed by the Oireachtas in July 2014.

During 2014, the Department, HSE and IMO had significant engagement on a new contractual framework to facilitate delivery of the service by Q2 2015. The Government is also prioritising GP care without fees at the point of access for persons over 70 years. This will be facilitated under the existing GMS contract and its introduction is also targeted for Q2, 2015.

Primary Care Teams (PCTs)

The Primary Care Team is the central point for health service delivery in the community. In 2013, the HSE identified 264.5 posts for recruitment to teams and during 2014 almost 90 posts were filled bringing the total filled to 248.5. The recruitment process is ongoing in relation to the remaining posts.

Community Healthcare Organisations (CHOs)

On 8 October 2014, the HSE launched the [Community Healthcare Organisations \(CHO\) Report](#) following a review of the existing ISA structure. The Implementation of the recommendations of the CHO Report, including the establishment of the CHOs and their management structures, has been listed as a key priority for 2015.

Community Intervention Teams (CITs)

CITs work in partnership with PCTs, General Practice, Community Response Beds, community nursing, home support services, acute hospitals and other professional, voluntary and external providers to deliver enhanced services and patient centred care in the most appropriate setting. At end 2014, there were eight CITs in place nationwide which supported 14,689 patients during the year, saving an average of 11 bed days per patient.

Primary Care Infrastructure

The development of Primary Care Centres (PCCs), through a combination of public and private investment, to accommodate the HSE's Primary Care Teams and GPs in the one location is a key enabler for the delivery of effective primary care services. At end 2014, there were 85 PCCs in operation, 7 of which opened during 2014. A further 37 locations are expected to be delivered over the period 2014 to 2016/early 2017.

National Integrated Care Diabetes Programme

By end 2014, 16.5 of the 17 approved Nurse Specialists for this programme had taken up their posts.

Oral Health Policy

A three year project to develop [a new national oral health policy](#) commenced in 2014 led by the Chief Dental Officer. This involves a needs assessment, which will inform how new services should be provided, a review of resources, and consultation with stakeholders, including dental professionals and the public, on new ways of delivering oral health services.

IPHA/APMI Agreements

During 2014, an estimated €148 million will have been saved under the 2012 Agreements with the Irish Pharmaceutical Healthcare Association (IPHA) and the Association of Pharmaceutical Manufacturers in Ireland (APMI) on drug costs and generic drugs.

Health (Pricing and Supply of Medical Goods) Act 2013

By the end of 2014 the Health Products Regulatory Authority had published 45 lists of Interchangeable Medicines and the HSE had set reference prices for 27 groups of interchangeable medicine. It is estimated that some €50m in savings were generated by [reference pricing](#) in 2014.

New Medicines: Hepatitis C

In 2014 funding of €5m was provided for the implementation of an early access programme for over 100 patients with the greatest clinical need to access to new drugs to cure Hepatitis C.

Medicines, Controlled Drugs and Pharmacy Legislation Unit

The [Department](#) participated in negotiations at EU Council which led to agreement on a new Regulation on clinical trials on medicinal products for human use (Regulation EU No 536/2014) and in ongoing negotiations on proposals on medical devices, *in-vitro* medical devices and psychoactive substances.

In 2014 the EU Directive 2012/26/EU on pharmacovigilance was transposed into Irish law. The Medicinal Products (Prescription and Control of Supply) Regulations 2003 was amended to update the list of products which registered optometrists and pre-hospital emergency care providers are permitted to supply and administer to patients and to transpose the provisions under Commission Implementing Directive relating to the recognition of cross- border prescriptions.

National Drugs Strategy

The Department held a conference on the [National Drugs Strategy](#) on 16 January in order to start work on the implementation of the reforms arising from the Review of Drugs Task Forces. The National Coordinating Committee for Drug & Alcohol Task Forces was established on 23 January on foot of recommendations in the Review of Drugs Task Forces. The primary purpose of the National Coordinating Committee is to guide the work of the Drug & Alcohol Task Forces and drive implementation of the National Drugs Strategy at a local and regional level.

Minister White delivered Ireland's national statement on the drug problem to the High Level Segment of the 57th Session of the Commission on Narcotic Drugs in Vienna on 13 March 2014. He also held bilateral meetings with a number of delegations on Ireland's legislative response to new psychoactive substances.

Ireland leads the British-Irish Council Work Sector on the Misuse of Substances which met twice at official level in 2014. Minister White chaired a ministerial meeting of the forum on 27 June which focused on the changing patterns and emerging trends in drug use. Under the aegis of the British-Irish Council, Ireland contributed to a UK review of new psychoactive substances (NPS) during 2014 which led to a decision by the UK Government to base their legislative approach to tackling NPS on the Irish model

In 2014, the Minister for Health mandated the HSE to undertake a demonstration study on the use of naloxone to treat drug overdoses, which will get under way in 2015.

The Dial to Stop Drug Dealing Campaign was launched in June 2014. The aim of the campaign is to empower local communities so that they can say no to drug dealing on their streets, in their neighbourhoods and their communities.

Progress in 2014

Acute Hospitals

Inpatient/Daycase / Outpatient Activity

Compared to 2013, 2014 saw increases of 0.2% in inpatient discharges and 1.4% in daycase discharges. These include discharges of patients who were admitted from Emergency Departments and Outpatient Departments. Scheduled admissions rose by 1.2%, including a 25% increase in outpatient appointments.

Greater demands on hospital care resulted in waiting list increases. To address them, the HSE, in collaboration with acute hospitals, the SDU and the NTPF, put in place the National Waiting List Protocol 2014 and other measures, such as adherence to relevant HSE National Clinical Programme guidelines and prioritising day-of-surgery admission where clinically appropriate. Work also commenced on implementing the recommendations of the C&AG report, in consultation with the National Clinical Programme for Surgery, with specific reference to targeting increases in day surgery rates in line with best international practice.

Emergency Department Services Position

Compared to 2013, there was an 8% increase in the number of ED patients waiting for ward bed accommodation in 2014, (still a 28.5% reduction compared to 2011, the baseline year). In December 2014, the Minister for Health convened the [Emergency Department Taskforce](#) to develop long term solutions to Emergency Department overcrowding by providing additional focus and momentum in dealing with the challenges presented by trolley waits.

North South

Congenital Cardiac Surgery and Associated Cardiology Services:

In October 2014, the [International Working Group Report on an all-island model for Cardiology and Cardiac Surgery was published](#), accompanied by a Joint Policy Statement by Minister Varadkar and Minister Wells. In November, a public consultation process on the Report commenced in Northern Ireland.

Work has continued with the Department of Health, Social Services and Public Safety (DHSSPS) in Northern Ireland, associated agencies, HSE and Our Lady's Children's Hospital Crumlin in relation to the implementation of the Report's recommendations.

Hospital Groups

In 2014, chairpersons were in place in six Groups (with the remaining position being filled on an interim basis). Six Group CEOs were appointed, with an Acting Group CEO appointed in one other and significant progress was made in the recruitment of Hospital Group Management Teams.

In 2014, a Strategic Advisory Group (SAG) on the Implementation of Hospital Groups was established by the Minister to provide objective advice and expertise to the

Minister, Department, the HSE and Hospital Groups. It met six times in 2014 with an initial focus on Guidance on Developing Hospital Group Strategic Plans.

New children's hospital

In January 2014, the Government decided that satellite centres of the [new children's hospital](#) should be built on the campuses of Tallaght and Connolly Hospitals. In June 2014, the Project Brief for the hospital was approved, the design team appointed and work began on detailed design development. The Children's Hospital Group Board and CEO began working closely with the three existing hospitals to develop an integration plan for the three existing children's hospitals.

Ambulance Service

In 2014, the Digital Radio Network was rolled out and control functions for the national service transferred from the North West and Limerick areas to Ballyshannon and Townsend Street, Dublin. This project will be completed in 2015.

Cancer Control

In 2014, [an evaluation of "A Strategy for Cancer Control in Ireland"](#) was carried out (subsequently published in 2015) as a first step to a new cancer strategy. The extension of BreastCheck to women aged 65 to 69 years was announced. The first women will be screened as part of the age extension in late 2015.

In 2014, a Memorandum of Understanding and Service Level Agreement for the new Radiotherapy Unit at Altnagelvin Area Hospital in Derry were agreed and construction commenced. Services are expected to commence in 2016. Enabling works for new radiotherapy units in Cork University Hospital and Galway University Hospital were underway as part of the National Plan for Radiation Oncology.

Organ donation and transplantation

In 2014 there were 251 organ transplants, involving 63 deceased donors and 40 living donors. Record numbers of living kidney transplants (40) and heart transplants (18) were carried out at Beaumont and the Mater Hospitals respectively.

In 2014, additional funding of €2.9 million was provided to the HSE to facilitate enhanced organ donation and transplantation including provision for the appointment of 19 WTEs dedicated to organ donation and transplantation.

Reimbursement of Expenses of Living Donors

On 12 November, [a new policy on the reimbursement of the expenses of living kidney donors](#) came into effect, providing for the reimbursement of loss of earnings incurred for up to 12 weeks post-donation, up to a cap of €6,000, and accommodation and travel expenses incurred also up to a cap of €6,000.

Progress in 2014

Specialised Care Services

Disability Services

[Value for Money and Policy \(VFM\) Review of Disability Services](#)

In 2014, VFM Review working groups with key stakeholder representation were established to support the VFM reform process. They commenced work on guidelines for evaluation of demonstration projects and a policy appraisal project plan. They also made progress on implementing recommendations on reform of adult day services, de-institutionalisation and 0-18s therapy services.

National Standards and Quality Services

In 2014, [HIQA](#) conducted 603 inspections of designated centres, and 116 centres received two or more inspections. In July 2014, Minister Lynch invited the [National Disability Authority \(NDA\)](#) to conduct an independent review to capture learning to date from the introduction of the system of regulation, standards and inspections. The final report is expected during Q4 2015.

In light of the revelations of extremely poor and unacceptable standards of care and mistreatment of vulnerable adults in Áras Attracta, the HSE initiated a six step plan to ensure that quality and safe care in residential services for people with disabilities was appropriately implemented and monitored in a systemic way. The [National Policy & Procedures on Safeguarding Vulnerable Persons at Risk of Abuse](#); was launched on 5 December 2014 and clears the way for staff members in HSE and non-HSE facilities, and members of the public, to refer allegations of abuse to designated reporting individuals.

Progressing Disabilities Service

An additional €4 million was allocated in 2014 to support the HSE in the implementation of the Progressing Disability Services Programme for Children and Young People, which involves a major reorganisation of existing therapy resources for children with a disability into geographic-based teams. The key objective of this Programme is to achieve a national, unified approach to delivering disability health services so that there is a clear pathway to services for all children, regardless of where they live, what school they go to or the nature of their disability.

Services and supports for school-leavers with disabilities

Using funding of €7 million for a coordinated and streamlined approach all 1,365 young people with disabilities who finished school or rehabilitative (life-skills) training received placements from September which fully met their needs. The HSE Disability Service Improvement Team established in 2014 was tasked with the evaluation of the 2014 process and planning for 2015.

Cross Sectoral Collaboration

The Department worked closely with the HSE, the Department of Education and Skills and the Department of Children and Youth Affairs as part of the Cross Sectoral Team to enhance collaboration on children's disability issues. The Department also

supported the Department of Children and Youth Affairs in the extensive preparatory work that needed to be undertaken to establish the Commission of Investigation on Mother and Baby Homes and Associated Matters.

Older People

National Dementia Strategy

In December 2014, the Department published the [Irish National Dementia Strategy](#), to increase awareness, ensure early diagnosis and intervention and development of enhanced community based services. It is accompanied by an Implementation Programme co-funded by the HSE and the Atlantic Philanthropies. It includes the provision of intensive home care packages, an information campaign and resources for GPs.

National Positive Ageing Strategy

In October 2014, the Healthy and Positive Ageing Initiative was established to implement the research objective of the NPAS. It is a joint initiative between the Department, the HSE's Health and Wellbeing Programme and the Atlantic Philanthropies. It will run to December 2017, with a commitment from the Department of Health of funding for a further two years. It will monitor changes in older people's health and wellbeing, primarily through the development of biannual positive ageing indicators.

Registration Regulations

During 2014, the Department completed a review of the [Registration Regulations for Nursing Homes](#).

Review of the [Nursing Homes Support Scheme](#)

Work is well advanced on the Review, and it is expected to be completed by Q2 2015.

Mental Health Services

Funding

€20 million and approximately 250 additional mental health posts were provided in 2014. At end 2014, of the 416 approved posts in 2012, approximately 95% (397) were filled. Of the 477 approved posts in 2013, 78% (367) were filled and 10% of the 2014 posts in post. The remainder of the vacant posts are at various stages of recruitment, with some difficulties in identifying outstanding candidates, primarily for geographic and qualification reasons.

Suicide Prevention

In 2014, NOSP supported over 40 individual organisations and programmes both internal and external to the HSE.

Work was progressed on almost every recommendation in Reach Out including the following actions:

- the further development of existing National Mental Health Awareness campaigns to promote help seeking;
- increased training for GPs and practice staff;

- the training of acute hospital staff on suicide and self-harm intervention; the development of the SCAN (Suicide Crisis Assessment Nurse) model which allows for crisis interventions at primary care, and
- continuing to build the capacity of frontline service providers and communities to respond to suicide through the delivery of a number of suicide prevention training programmes i.e. over 42,000 participants have completed the ASIST and safeTALK programmes.

During 2014, the Department of Health and the HSE continued work on [a new strategic framework for suicide prevention for the period 2015 – 2020](#) and publication of the framework is expected in Q2 2015.

Child and Adolescent Mental Health Services (CAMHS)

Of the 268 additional posts made available to the CAMHS over 2012-2014, some 193 were filled by end-2014, with the rest at at varying stages of recruitment.

[A Vision for Change](#) recommends the provision of 80 child and adolescent psychiatric in-patient beds. At end 2014, there were 54 operational CAMHS beds in the HSE. The increase in capacity is reflected in an almost 65% decrease in admissions of children to adult since 2008 to around 90 in 2014. Further in-patient capacity will be available with the completion of the CAMHS Forensic Unit as part of developing the National Forensic Mental Health Service, and the National Children's Hospital.

Redevelopment of Central Mental Hospital

Replacing the Central Mental Hospital (CMH) with an appropriate modern facility is a priority health project. Phase 1 of the project was designated in September 2014 as a Strategic Infrastructural Development (SID). At end 2014, the project was progressing through detailed Design and Planning stages.

Review of the Mental Health Act 2001

An [Expert Group Review of the Act was completed and presented to Minister Lynch in December 2014](#). The review contains 165 recommendations and proposes a move away from the often paternalistic interpretation of the existing legislation as well as including provisions which are intended to strengthen the protections for people who are detained without consent in this country. The review will provide a roadmap for future changes to mental health legislation.

Appendices

1 Corporate Information

At the end of December 2014, there were 339 whole time equivalent (WTE) staff in the Department. In 2014, the staff of the Department supported the Minister for Health, Mr Leo Varadkar TD, his predecessor, Dr James Reilly TD, Minister of State Kathleen Lynch TD and Minister of State Alex White TD.

2 Parliamentary Functions

Parliamentary Questions answered	7992
Of which referred to the HSE for Direct Reply	4467
Notes for Leaders Questions prepared	440
Representations received	7492
Topical Issues Prepared	553
Topical Issues Selected	131
Seanad Adjournments Prepared	82
Seanad Adjournments Selected	52

The Department processed 235 FOI requests in 2014, issued 128 press releases and organised 19 media events.

3 Prompt Payments January to December 2014

Details	Number	Value (€)	Percentage (%) of <u>total number</u> of payments made
Number of payments made within 15 days	1,942	4,038,782	89
Number of payments made within 16 days to 30 days	228	612,650	10
Number of payments made in excess of 30 days	21	16,537	1
Total payments made in Quarter	2,191	4,667,969	

The total Prompt Payment Interest paid by the Department in 2014 was €953.82

4 Legislation enacted and Bills published in 2014

Legislation Enacted

Public Health (Sunbeds) Act 2014
 Health Identifiers Act 2014
 Health Service Executive (Financial Matters) Act 2014
 Health (General Practitioner Service) Act 2014
 Health (Miscellaneous Provisions) Act 2014
 Protection of Children's Health (Tobacco Smoke in Mechanically Propelled Vehicles) Act 2014.
 Health Insurance (Amendment) Act 2014

In addition, 34 Statutory Instruments were introduced in 2014.

Bills published by the Minister for Health

Health (General Practitioner Service) Bill 2014
 Public Health (Standardised Packaging of Tobacco) Bill 2014
 Health (Miscellaneous Provisions) Bill 2014
 Medical Practitioners (Amendment) Bill 2014
 Health Insurance (Amendment) Bill 2014

5 Energy Usage in 2014

The Department first participated in the OPW "Optimising Power at Work" scheme in 2007. This is the baseline year. Overall energy consumption has decreased almost 20% (saving over €46,000) since then, mostly due to a heating upgrade and good housekeeping.

Approximately one third of energy consumption was for space heating. Lighting, ventilation, hot water, office (IT) and catering equipment accounted for the vast majority of the remainder.

Electricity (MWh)	Gas (MWh)	Renewable Fuels (MWh)	Total (MWh)	Baseline Year Comparison
920	1,357	0	2,278	-19.97%

Actions Undertaken in 2014

In 2014 the Department undertook a range of initiatives to improve energy performance, including:

- Improvements from "turn off" initiative
- Monitoring of time clocks on mechanical and electrical systems
- Monthly energy reporting
- BMS maintenance
- Upgrade of light systems

6 Publications in 2014

All of our publications are available on our [website](#).

- Health Care Quality Indicators in the Irish Health System
- HSE Midland Regional Hospital, Portlaoise Perinatal Deaths (2006-date)
- National Carers' Strategy Annual Report 2013
- Report of the Consultation Process on new legislation to replace the Dentists Act, 1985
- Review of Measures to Reduce Costs in the Private Health Insurance Market 2013
- Composite Report (Health Service Reform Programme)
- National Drugs Strategy 2009 – 2016 – End of Year Progress Report for 2013
- The Path to Universal Healthcare: White Paper on Universal Health Insurance
- Call for Submissions: White Paper on Universal Health Insurance
- Department of Health and Children Consolidated Salary Scales – Clause 2.31 of the Haddington Road Agreement
- Drug Use in Ireland and Northern Ireland 2010/2011 Drug Prevalence Survey
- Limiting the Exposure of Young People to Alcohol Advertising – Seventh Annual Report 2012
- Strategic Review of Medical Training and Career Structures Report on Medical Career Structures and Pathways following completion of Specialist Training
- National Clinical Effectiveness Committee (NCEC) Annual Report 2013
- Framework Agreement between the Minister for Health and the Irish Medical Organisation in respect of a process for engagement concerning the GMS/GP Contract
- Standardised Packaging of Tobacco Products Evidence Review
- Drug use in Ireland and Northern Ireland 2010/11 Drug Prevalence Survey: Polydrug Use Results – Bulletin 5
- Independent Review of Issues relating to Symphysiotomy by Judge Yvonne Murphy
- Report on Symphysiotomy in Ireland 1944-1984 – Professor Oonagh Walsh
- Report of the Consultation for a National Rare Disease Plan for Ireland
- National Rare Disease Plan for Ireland 2014-2018
- Strategic Review of Medical Training and Career Structure Final Report
- Department of Health Annual Report for 2013
- Implementation of the Protection of Life During Pregnancy Act 2013 – Guidance Document for Health Professionals
- Assessment of Cardiology and Cardiac Surgery for Congenital Heart Disease in Northern Ireland and the Republic of Ireland
- Illicit Drug Markets in Ireland study
- Review of Measures to Reduce Costs in the Private Health Insurance Market 2014
- Report to the Minister for Health on an evaluation and analysis of returns for 1 July 2013 to 30 June 2014 including advice on risk equalisation credits.
- Health in Ireland Key Trends 2014
- The Irish National Dementia Strategy
- Public Consultation – on the scope for private health insurance to incorporate additional primary care services

7 State Agencies under the aegis of the Minister for Health

Non-commercial State agencies

Nursing and Midwifery Board of Ireland
Dental Council
Food Safety Authority of Ireland
Food Safety Promotion Board - Saferood
Health and Social Care Professionals Council (CORU)
Health Information and Quality Authority
Health Insurance Authority
Health Products Regulatory Authority
Health Research Board
Irish Blood Transfusion Service
Medical Council
Mental Health Commission
National Cancer Registry Board
National Paediatric Hospital Development Board
National Treatment Purchase Fund
Opticians Board
Pharmaceutical Society of Ireland
Pre-Hospital Emergency Care Council

Commercial State Agencies

Voluntary Health Insurance