



DEPARTMENT
OF HEALTH AND
CHILDREN
AN ROINN
SLAINTE AGUS LEANAÍ



A n n u a l R e p o r t

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Foreword by Minister



I welcome this annual report prepared by the Department of Health and Children under the terms of the Public Service Management Act, 1997. The report outlines the progress in 2003 in implementing the Department's *Statement of Strategy 2003-2005*.

The National Health Strategy *Quality & Fairness - A Health System for You* was launched in November 2001. The Strategy set out a seven to ten year programme for the development of our health system based on four goals: better health for everyone; fair access; responsive and appropriate care and high performance.

There has been significant progress in the implementation of the Strategy since 2002 and to date work has commenced on 88% of the 121 actions set out in the health strategy action plan. We are continuing to develop and consolidate the entire range of services including services for older people, children and families, people with disabilities, mental health services and palliative care. It's not just enough to improve services, we also need the correct structural framework to deliver an effective and responsive service for clients and patients.

The recent in depth reviews of the health system, the *Audit of Structures and Functions in the Health System 2003* carried out by Prospectus and the Report of the *Commission on Financial Management and Control Systems in the Health Service* identified structural reform as the most important change required to establish the organisational improvements needed to strengthen the capacity of the health system to meet the challenges of implementing the programme of development and reform set out in the Health Strategy.

In tandem with implementing the reform agenda, the Department has progressed all of its six high-level objectives during the term covered by this report. Among the notable achievements during the year are the preparatory work on the introduction of the smoking ban in places of employment and the new policy framework for mental health services, improved access to hospital services, the continued implementation of the Primary Care Strategy and improved quality systems.

I am also very pleased that 2003 saw the appointment of the Ombudsman for Children, a welcome development to ensure advocacy for children and a forum for their complaints.

Together with my colleagues, Ministers of State, Ivor Callely, TD, Brian Lenihan, TD and Tim O'Malley, TD. I would like to thank the Secretary General and all the staff of the Department for their dedication and commitment throughout the year.

Micheál Martin, TD
Minister for Health and Children

Introduction by the Secretary General



I am pleased to introduce the Annual Report on the Department's *Statement of Strategy 2003-2005*.

This Report has a dual purpose. The first is to set out progress on the Department's six high-level objectives in 2003 as set out in our *Statement of Strategy 2003-2005*, the first four of which mirror the objectives of the Health Strategy *Quality and Fairness – A Health System for You*. In view of this common ground, the second purpose is to report on selected highlights on the implementation of *Quality and Fairness – A Health System for You* in 2003. A more detailed report on Quality and Fairness can be found on the Department's website, www.doh.ie.

This is also the first time the Department's Annual Report has been produced bilingually, in accordance with the requirements of the Official Languages Act, 2003.

This Report illustrates the nature of the Department's work which is to develop and set out policy and direction for the health service. The service itself is delivered by the health boards and Eastern Regional Health Authority at local level and a large number of organisations, both statutory and voluntary. All of the health boards, the Health Authority and statutory and voluntary organisations produce their own Annual Reports. This Report cannot be a composite report on the whole health sector but seeks to report on the policy, activity, direction and funding which takes place within the Department.

The Department's Annual Report also complements other Annual Reports compiled within the Department including the Annual Report of the Chief Medical Officer which consists of a commentary on a number of issues which have been the subject of widespread public debate and have a serious significance for public health. The Department also publishes a Health Statistics Report, most recently in February 2003, which brings together data from a wide variety of sources on demography, health status and the delivery of health services to provide a broad overview of health in Ireland and serve as a resource and reference for those interested in particular aspects of health and the health services.

Our greatest priority in 2003 has been the implementation of the Health Service Reform Programme. In 2003 we saw the publication of the *Audit of Structures and Functions in the Health System* (Prospectus Report), the Report of the *Commission on Financial Management and Control Systems* (Brennan Report) and the *Report of the National Task Force on Medical Staffing* (Hanly Report). An extensive consultation process on structural reform took place which involved over 20,000 people working in the health service and a communications strategy has been put in place. A number of action projects were developed to progress the key elements of the reform programme and in November, 2003 the Interim Board of the Health Services Executive (HSE) was established.

The Department has also had to respond to unexpected health events and of most note in 2003 was Severe Acute Respiratory Syndrome (SARS) which was first recognised as a global threat in March 2003. In mid-March an Expert Group was established by the Minister to monitor the situation as it developed and to provide guidance in relation to the measures required to deal with this syndrome. The Expert Group developed a number of initiatives in this regard and a range of measures were put in place at that time to tackle the spread of the virus. The SARS Expert Group has continued to meet in order to monitor the situation and to review and update guidance material in order to maintain vigilance against a reoccurrence of the syndrome.

Significant progress has been made on all of the Department's objectives in 2003.

Under Objective 1: [Better Health for Everyone] a wide range of health promotion initiatives along with the implementation of the Cancer and Cardiovascular Health Strategies have been undertaken. In this regard the preparatory work leading to the introduction of the smoking ban in places of employment deserves special mention, as does improved health services for children.

The key goal of the National Cancer Strategy 1996 was to achieve a 15% decrease in mortality from cancer in the under 65 age group in the ten year period from 1994. The Deloitte and Touche evaluation of the Cancer Strategy which was published in December 2003 shows that this figure was achieved in 2001, three years ahead of target.

The second Report on *Implementation of the Cardiovascular Strategy* was published in March 2003 and 8 new consultant cardiology posts were funded by the Department. These appointments, together with 9 additional posts in 2002, will result in a substantial increase in cardiology diagnostic and treatment services and provide more accessible, equitable and better quality care for patients and cardiac conditions.

Objective 2: [Fair Access] focuses largely on putting in place a policy and legal framework to improve access. Developments include improvements to the administration of the medical card scheme, proposals for financing long term care and improved access to hospital services. In 2003 a total of 45,754 additional hospital treatments were provided over the 961,237 provided in 2002.

Objective 3: [Responsive and Appropriate Care Delivery] The Primary Care Strategy and the delivery of out of hours primary care are central to this objective. Additional hospital beds and other initiatives have resulted in a significant reduction in waiting times for adults and children.

Implementation of the health service reform programme is a key part of **Objective 4 [High Performance]** and this report incorporates many of the achievements under the reform programme.

Objective 5: [Delivery of a wider programme for government at national and international level] reflects this Department's role at EU and International level, North-South co-operation and implementing the wider government agenda on health. In the context of the EU presidency a considerable amount of preparatory work was undertaken by the Department to prepare for Ireland's assumption of the EU Presidency on 1st January, 2004.

Objective 6: [Developing the capacity of our organisation and people to ensure delivery of a quality service for our customers] underpins all of our objectives. It is also an essential support for the proposed restructuring of the Department in the context of the Health Service Reform Programme. The development of a Human Resource Strategy, implementation of the Performance Management Development System, training and development, customer service initiatives and effective regulation and financial reforms are key building blocks to achieving our objectives. The Partnership Committee of the Department played an important role in all of these initiatives and continues to provide an invaluable forum for co-operation within the Department.

In 2003, public service bodies were asked to submit projects which would represent Ireland at the Third Quality Conference for Public Administrations in the EU. Each Member State presents three case studies at the conference in 2004. One of the three projects subsequently chosen to represent Ireland at the conference was the Civil Registration Modernisation Programme from the General Register Office of this Department.

This report goes just some way towards capturing the expanse of work carried out by the Department during 2003. This year the Government decided to implement the most wide ranging reform programme of the health services in thirty years. It is important to acknowledge the commitment and enthusiasm with which the staff of the Department have embraced this challenge and driven the reform agenda forward. I would like to thank all of the staff of the Department for their contribution to the achievement of our objectives during 2003.



Michael Kelly
Secretary General



High-Level Objective 1:
[Better health for everyone]

High-Level Objective 1:

[Better health for everyone]

To provide a policy and legal framework for the protection and promotion of health and well-being which gives active support to improving quality of life, targets inequalities in health and advances inter-sectoral working.

Providing a policy and legal framework for the protection and promotion of health and well-being is at the core of the Department's work. Underlining this core function is a recognition that improving health status involves a wide range of government departments and other bodies. This objective is concerned with ensuring a co-ordinated approach which places health firmly at the centre of public policy.

Considerable advancement was made in 2003 in achieving this objective. Health promotion programmes, implementation of the cancer and cardiovascular strategies, the proposed smoking ban in places of employment and initiatives in the area of children's health are just some of the areas in which real progress was achieved.

National Health Promotion Strategy

An interim review of the *National Health Promotion Strategy* commenced in 2003 to evaluate achievements in meeting the aims and objectives of the Strategy and also to identify the areas where progress needs to be made.

Smoking

During 2003 considerable progress was made on introducing a prohibition on smoking in places of work, including licensed premises. Following the announcement of the proposed ban in January 2003, an extensive consultation process took place with the interested parties (lobby groups for the vintners and the hospitality industry generally, health non governmental organisations, the Irish Prison Service and the mental health sector).

A Smoking Cessation Action Plan Group was established to develop a public awareness campaign and to ensure that there was an effective and consistent national response to smokers wishing to quit. To help ensure an effective response to this group a National Smokers Quitline was launched in 2003 offering information and counselling services. Over 9,000 people called the line during the year.

An advertising campaign entitled "Every cigarette is doing you damage" was also launched in 2003. When asked, 65% of people thought that the advertisement would prompt them to quit smoking. Progress was also made on introducing the Public Health

(Tobacco) (Amendment) Act, 2003, relating to the advertising of, and sponsorship in relation to, tobacco products. The National Tobacco Control Inspection Programme was launched in November 2003 and consists of agreed protocols, records and an associated database. Under the terms of the programme, enforcement is the joint responsibility of the Office for Tobacco Control and the health boards.

Alcohol

An inter-departmental group was established to co-ordinate responses to the recommendations contained in the *Interim Report of the Strategic Task Force on Alcohol*. A report on progress was submitted to Government. The Strategic Task Force was reconvened in April 2003 and it is expected to publish further recommendations in a second report in 2004. Work commenced on legislation to restrict the advertising of alcohol.

Diet and Exercise

Obesity is becoming one of the fastest growing health problems in Ireland. It is a complex condition that affects and threatens virtually all age and socio-economic groups. Its health consequences range from increased risk of premature death to serious chronic conditions that reduce the overall quality of life.

One in eight Irish people is obese and every second person is overweight. A range of measures were introduced in 2003 to improve the Irish diet. These include healthy eating weeks, recruitment of community dietitians and new food and nutrition guidelines. During 2003 the campaign "Let it Go - just for 30 minutes" was launched. The campaign focused on the message that even a minor increase in activity level can lead to positive health benefits.

Children

Children are a particularly important target group for health promotion because initiatives can help form lifelong habits for healthy lifestyles. In 2003 initiatives to promote healthy lifestyles in children were extended. In partnership with the Department of Education and Science and the health boards, work was progressed on extending the substance abuse prevention programme and Social, Personal and Health Education (SPHE) programmes. SPHE is concerned with helping young people to develop skills, attitudes and behaviours they need to live healthy lives. Since September, 2003, all primary and post-primary schools are required to provide for the delivery of the SPHE curriculum. Research is underway to achieve a model for Health Promoting Schools. Progress was also made towards the requirement for all schools to have a current drugs policy under the *National Drugs Strategy 2001-2008*. Structures and guidelines were put in place in all regions to support and facilitate schools in developing their policies.

National Cancer Strategy

The key goal of the **National Cancer Strategy 1996** was to achieve a 15% decrease in mortality from cancer in the under 65 age group in the ten year period from 1994. The Deloitte and Touche evaluation of the Cancer Strategy, which was published in December 2003, shows that this figure was achieved in 2001, three years ahead of target.

The National Cancer Forum is currently developing a new national cancer strategy which is due for completion by the end of 2004. The Strategy will be informed by the Deloitte and Touche evaluation and the *Report on the Development of Radiation Oncology Services in Ireland* published in 2003. It will set out the key priorities for the development of cancer services over the coming years and will make recommendations in relation to the organisation of cancer services nationally.

Plans for the national extension of the BreastCheck programme were announced in March, 2003. The Health Boards Executive (HeBE) commissioned an external review of the first phase of the cervical screening programme in 2003. This review, which will be completed in 2004, will assist in informing the roll out of the programme nationally.

Cardiovascular Health Strategy

Since the launch of the *Cardiovascular Health Strategy* in July, 1999 the Government has allocated funding of €54 million towards the implementation of the Strategy's recommendations. The *Second Report on the Implementation of the Cardiovascular Health Strategy* was published in March, 2003. The report sets out the changing epidemiology of coronary heart disease in Ireland, with decreasing death rates, longer survival and increased need for acute services and for on-going health care.

In 2003, as recommended in the interim report of the Joint Working Group to Review Consultant Cardiology Manpower, 8 new consultant cardiology posts were funded by the Department of Health and Children. These appointments will result in a substantial increase in cardiology diagnostic and treatment services and provide more accessible, equitable and better quality care for patients with cardiac conditions.

The initial implementation phase of Heartwatch, a national programme in General Practice for the secondary prevention of cardiovascular disease, commenced in October 2002. Four hundred and forty GPs are involved in the programme. By the end of 2003 the total number of registered patients with Heartwatch was 9,000 approximately.

Establishment of Population Health Division

Preliminary work was undertaken on the establishment of a Population Health Division as part of the restructuring of the Department under the health service reform programme. A key role for the Population Health Division will be responsibility for population health input towards the development and evaluation of the Health Service Executive (HSE) service plan. Work continued on the introduction of health impact assessment as part of the public policy development process. A policy seminar for senior managers was held in July, 2003 with the assistance of the Institute of Public Health, at which guidelines and a screening tool for health impact assessment were launched.

Guidelines on the preparation of Statements of Strategy issued by the Department of the Taoiseach provide for a commitment to sustaining and improving health status. Six government departments now refer to health status in their Statements of Strategy.

Women's Issues

The National Committee on Breastfeeding published its Interim Report in May 2003. The Report deals, inter alia, with an evaluation of the 1994 National Breastfeeding Policy. Breastfeeding rates in Ireland indicate a low initiation and short duration scenario. The Committee is currently developing a strategic action plan on breastfeeding.

The national extension of BreastCheck was announced in March 2003. The rollout commenced in the South Eastern Health Board. University College Hospital Galway and the South Infirmary in Cork are proposed for static units which will target up to 150,000 women in the South, West, Mid-West and North-West.

The Crisis Pregnancy Agency's *Strategy to Address the Issue of Crisis Pregnancy* was launched in November 2003. The Strategy is a comprehensive and ambitious document that encompasses all aspects of crisis pregnancy from prevention to post-crisis pregnancy support.

Traveller Health

Funding of €2.15m has been allocated to health boards for the implementation of *Traveller Health: A National Strategy* and health boards have drawn up plans for implementation of the Strategy at regional level. A Travellers' Ethics, Research and Information Working Group has been established and is currently finalising standards and codes of practice for research and information gathering in relation to traveller health.

Homelessness Strategies

The Department provided funding of €2.66m in 2003 towards the implementation of *Homelessness - An Integrated Strategy (2000)* which aims to tackle all aspects of homelessness. This Strategy along with the *Youth Homelessness Strategy (2001)* and the *Homelessness Preventative Strategy*, continued to be progressed by the health boards during 2003.

National Drugs Strategy

The Department has continued to make progress in advancing the health related recommendations in the *National Drugs Strategy 2001 – 2008*. The number of methadone treatment places has increased considerably as has the number of drug treatment locations. At the end of December 2003 there were 6,883 people registered on the Central Treatment List.

Services for People with Disabilities

Progress has been made on the strategic review on services for people with disabilities. A draft *Code of Practice for Sheltered Occupational Services* was submitted to the Department by the Working Group established under the Programme for Prosperity and Fairness. The National Standards for Disability Services Pilot Programme was also completed and the results are being assessed.

Additional revenue and capital funding of €50m was made available to services for people with disabilities in 2003.

€15m was made available for services to persons with intellectual disability and those with autism to meet costs associated with emergency residential placements during 2003, the provision of day services for young adults who have just left school and some enhancement of the health related support services for children.

€5m was made available for services for people with physical or sensory disabilities to meet service pressures as identified by the Eastern Regional Health Authority (ERHA) and the health boards in consultation with other relevant agencies. Capital funding amounting to €30m (€15m for services to people with intellectual disability or autism and €15m for services to people with physical or sensory disabilities) was also allocated to the ERHA and the health boards in respect of minor capital works in services for people with disabilities.

Mental Health

An Expert Group on Mental Health was established in August, 2003 to prepare a new national policy framework for the mental health services updating the 1984 policy document *Planning for the Future*.

One of the priorities for the Mental Health Commission, which was established under the Mental Health Act, 2001 is the establishment of mental health tribunals which will independently review a decision to retain a patient on an involuntary basis. A new post of Inspector of Mental Health Services was created and filled replacing the previous position of Inspector of Mental Hospitals and recognising the broader scope of mental health services.

The Report of the *National Task Force on Suicide* continues to be implemented. Additional funding of €0.655m was provided in 2003 to health boards to assist in further development of suicide prevention initiatives.

€0.450m was provided for Liaison Psychiatry which deals with psychiatric referrals from the Accident and Emergency Departments of general hospitals and attends to the needs of general hospital in-patients or out-patients attending medical, surgical or other services. The provision of this service ensures that psychological problems in general hospital patients are dealt with promptly.

Children's Health

A number of measures have been put in place to promote the health and quality of life of children. The HeBE established a "Programme of Action for Children" and appointed an interim steering group to oversee its work. Its aim is to facilitate a co-ordinated and integrated approach to the delivery of a range of child health and child care projects. This new initiative will encompass a number of child related measures, including projects associated with Best Health for Children, immunisation and childcare.

The Best Health for Children Programme provides for a new core surveillance programme for all children in the 1-12 age group and covers both pre-school developmental examinations and the school health service. Additional funding of €0.700m was allocated by the Department to the health boards and the ERHA in 2003 to provide appropriate training to professionals involved in delivering the child health surveillance programme.

Children First, the national guidelines for the protection and welfare of children, were implemented and will be evaluated in 2004.

Immunisation

Additional funding was provided in 2003 to fund initiatives to improve childhood immunisation uptake. Figures for 2003 show a slight improvement in the uptake of all vaccines in the Primary Childhood Immunisation Programme. A sum of €2.116m was allocated by the Department on a once off basis in order to fund initiatives to improve childhood immunisation uptake.

Mental Health Services for Children

Mental health services for children and adolescents have also expanded with increased funding in 2003 resulting in the appointment of additional consultants. The *Second Report of the Working Group on Child and Adolescent Psychiatry* was published in June, 2003. This Report contains proposals for the development of psychiatric services for 16-18 year olds, including the recruitment of a consultant child and adolescent psychiatrist in each health board area with a special interest in the psychiatric disorders of later adolescence.

Family Support Services

Springboard is a family support initiative established by the Department to provide intensive community based family support to vulnerable children and their families. Additional funding in excess of €12m has been provided for support services, including Springboard Family Support Projects, Youth Advocacy Programmes, Teen Parents Support Programmes and other family support services.

A review of Family Support Services was set up in 2003. This review will inform the planning process for the period 2005-2007. A Steering Group including department and health board representatives has been established to manage the review. The Steering Group appointed a Consultative Forum, representative of the major stakeholders in family support to advise the Steering Group. This Consultative Forum comprises representatives from the various sectors including the National Children's Office, other relevant Government Departments, the voluntary sector and service users. The Steering Group will report by the end of 2004.

Foster Care

The *National Standards for Foster Care* were published in April, 2003. The standards provide health boards with best practice codes which will serve to improve the quality of life of children in foster care.

Hepatitis C

The Department is in regular consultation with the representative groups, service providers and the Consultative Council on Hepatitis C to ensure that the health services are responding to the needs of patients who contracted Hepatitis C from blood or blood products administered by the State. Services continued to be monitored throughout the year. An information guide to services and leaflets on primary care and hospital entitlements were also published. An international conference on Hepatitis C was held in Trinity College in June, 2003 in collaboration with the Consultative Council on Hepatitis C and representative groups. Progress was also made on implementing the recommendations contained in the Lindsay Tribunal Report.



High-Level Objective 2:
[Fair access]

High-Level Objective 2:

[Fair access]

To provide a policy and legal framework which ensures equity for public patients and enables all patients and clients to access the services they need.

Equal access for equal need is at the centre of delivery of publicly funded health services. This entails putting in place a policy and legal framework which ensures equity for all patients and enables all patients and clients to access the services they need.

Legislation

The National Health Strategy committed the Department to producing legislation which will provide clear statutory provisions on entitlement and eligibility to health and personal social services. A draft discussion document outlining the current eligibility position and including proposals on provisions to be included in the proposed new legislation was prepared in 2003 and circulated to relevant divisions for comments. This document will continue to be progressed once the legislation establishing the new structures under the health service reform programme has been put in place. Preparation of the statutory instrument for the establishment of the Health Service Executive (HSE) and the proposed Health Bill was also undertaken.

Eligibility for Health Services

Recommendations from the Review of the Medical Card Scheme are being implemented including streamlining applications and providing clearer information to individuals about how and where to apply for medical cards. Nine sub-groups were established by HeBE to assist the health boards in the promotion of good administrative practice in relation to the management of the Medical Card Scheme and the achievement of high standards for their customers. These sub-groups reported in 2003 and implementation of these recommendations has already commenced. At the end of 2003, 30% of the population qualified for medical cards.

Recommendations on good administrative practice for management of the Medical Card Scheme:

- Appropriate management and control measures in order to maintain an accurate medical card register
- An administration procedures manual for use in all health boards
- Training guidelines for staff involved in delivering the Medical Card Scheme
- A new medical card application form to be piloted in a number of boards
- A standardised set of guidelines for staff interpreting legislation for assessment of the scheme
- Specification for a standardised appeals system
- A set of customer and staff satisfaction measurements for the Medical Card Scheme.

Long Term Care

The *Expenditure Review on the Nursing Home Subvention Scheme* was launched simultaneously with the Department of Social and Family Affairs' *Report on the Financing of Long-Term Care* in 2003. A Working Group comprising of all stakeholders was established by the Department to review the operation and administration of the Nursing Home Subvention Scheme following on from the publication of the Expenditure Review. A pilot home based subvention scheme began operation in a number of health boards.

Access to Hospital Services

Bed Designation

The Department is undertaking a review of bed designation nationally and in addition the Department is considering the numerous issues surrounding the provision of private activity in public hospitals.

Report of the National Task Force on Medical Staffing (Hanly Report)

In December, 2003, following publication of the *Report of the National Task Force on Medical Staffing* (Hanly Report), the Department and the Health Services Employers Agency initiated negotiations with the Irish Hospitals Consultants Association and the Irish Medical Organisation on changes to the consultants contract. The Hanly Report concluded that a consultant provided service is the only way to ensure high quality safe patient care while achieving compliance with the European Working Time Directive. It involves consultants working together in teams, in which the consultants take a substantial and direct involvement in diagnosis, delivery of care and overall management of patients.

Timed Appointments

Implementation of guidelines on timed individual appointments which were developed by HeBE in association with the Department is ongoing with three health boards offering timed appointment slots for all of their out-patient clinics. Out-patient opening hours were improved in a number of areas to provide extended more user friendly services. In 2003 all health boards carried out adaptations and improvements to waiting areas in health facilities.



High-Level Objective 3:
[Responsive and appropriate care delivery]

High-Level Objective 3:

[Responsive and appropriate care delivery]

To ensure the system has the capacity in terms of infrastructure, technology, systems and people to deliver timely and appropriate services; and to lead and guide the development of services to ensure appropriate care is being delivered in the appropriate setting with a focus on patients, clients and their families.

The purpose of this objective is to ensure that the health system has the capacity to provide timely and appropriate services in an appropriate setting. The achievement of this objective entails investment to ensure that the infrastructure, technology systems and people are in place to provide the services. It also entails a refocusing of existing services as evidenced in the Primary Care Strategy.

Primary Care Strategy

A key focus of the Health Service Reform programme is the implementation of the *Primary Care Strategy: A New Direction*. The implementation process is overseen by the National Primary Care Steering Group, which is representative of a wide range of relevant stakeholders.

There was substantial progress in the development of the ten initial primary care teams – one in each health board area – which were approved in late 2002. Revenue funding totalling €4.5m was provided to enable the appointment of the required additional personnel in each case. At the request of the Department, the Office for Health Management is running a support programme for those involved in the ten initial primary care teams. These projects developed to different stages in 2003, with a number providing new or enhanced primary care services to their target populations.

A macro-level primary care needs assessment has been undertaken by each health board. This will inform detailed national human resource planning for the future development of primary care including the need to address the provision of the physical infrastructure to support the multi-disciplinary delivery of primary care services and the information and communications technology requirements.

Out-of-hours Primary Care Service

Additional investment of €4.1m was provided in 2003 to facilitate the expansion of out-of-hours GP co-operatives to complement the primary care model. Full out-of-hours service was being provided by co-operatives in part of all health board areas by end 2003 with further expansion planned.

Acute Hospitals

As recommended in the *Acute Hospital Bed Capacity Review*, funding was provided for an additional 568 hospital beds up to the end of 2003.

Bed Capacity Initiative

The Health Strategy sets out a programme of investment and reform that will provide for the largest bed capacity expansion in the history of the health service.

Commissioning of over 700 additional acute hospital beds for public patients began in 2002. At the end of 2003, 568 of these additional beds had been commissioned with the remainder to come on stream in 2004. This is the first phase of the provision of 3,000 additional acute beds as announced in the Health Strategy. €118 million in capital and revenue funding has been provided to health boards, the ERHA and hospitals to implement this commitment.

National Treatment Purchase Fund

The National Treatment Purchase Fund (NTPF) is used for the purpose of treating public patients who have been waiting longest for surgery. Very significant progress was made in 2003 in many health board areas to reduce waiting times. This has been achieved through active management of waiting lists at a local level and the involvement of the NTPF. Up to the end of December 2003, more than 9,700 patients who have been waiting longest have already received treatment through the NTPF.

Pre-Hospital Emergency Care

The Minister gave policy approval for the introduction of the Emergency Medical Technician-Advanced (EMT-A) programme in March, 2003. The legislative changes necessary to give effect to the introduction were progressed in conjunction with the Pre-Hospital Emergency Care Council, with a view to commencing the programme in 2004. Additional ambulance service development funding of approximately €3.5m was allocated to the health boards and the ERHA in 2003.

Renal Services

Additional funding of €1.8m was provided in 2003 to commission extra renal dialysis facilities.

Lung Transplantation

Funding of €7.9m has been provided to support the development of the Lung Transplant Programme and support services. The capital development to allow the Programme to commence at the Mater Hospital is being progressed on a phased basis. Phase 1 comprised the construction and equipping of a pre-and post-operative assessment unit. This unit has been operational since May, 2003. Pending the establishment of the Programme, an agreement is in place with the Freeman Hospital in Newcastle, England to carry out lung transplants on Irish patients.

Services for Older People

A Public Private Partnership (PPP) was initiated in the ERHA and the Southern Health Board (SHB). It is anticipated that 17 new Community Nursing Units for older people will be created when the initial pilot programme is complete, providing up to a maximum of 850 new beds. In 2003 business advisers were appointed by the ERHA and SHB to assist the delivery of the PPP pilot projects.

Additional funding of €23.6 m was allocated for services for older people. This funding was used for a variety of services including the Nursing Home Subvention Scheme, the home help service, support to carers, commencement of elder abuse programme, support to voluntary organisations including community groups, aids and appliances, development of dementia services, funding of day care centres and the development of consultant-led services.

Mental Health

Health boards are continuing to develop a modern community based mental health service. The Department of Psychiatry, St Luke's Hospital, Kilkenny opened in March, 2003. The new 45 bed acute psychiatric unit caters for all inpatient admissions for the Carlow/Kilkenny mental health services. The approach to patient assessment and care is multidisciplinary with inputs from nursing, medical, social work, occupational therapy, psychology, counselling and family therapy professionals. A new 30 bed acute psychiatric unit opened in Castlebar in December, 2003. The new unit caters for all in-patient admissions for Mayo mental health services.

Later-life psychiatry services have been expanding in recent years and €0.670m was provided in 2003 to enable the enhancement of existing services and the establishment of additional consultant-led teams.

Palliative Care

A national palliative care service is being developed. The Expert Group on Design Guidelines for Specialist Palliative Care Settings have almost completed their work. Four health boards have completed the regional needs assessment for palliative care while work in the remaining boards is at an advanced stage.

Oral Health

In 2003 the Department and the health boards funded 13 dentists for specialist training in orthodontics qualifications, bringing the total number of dentists in specialist training for orthodontics to 19. Additional funding was provided to fill specialist posts in Dublin, Cork and the Mid Western Health Board. In 2003 funding was provided for the recruitment of a Professor in Orthodontics, a Professor of Oral and Maxillofacial Surgery and a Consultant in Oral and Maxillofacial Surgery.

National Counselling Service

The National Counselling Service provides confidential counselling to people who experienced abuse in childhood. The service is provided in all health boards in community

based locations. In October 2003 an evaluation of the service was completed and recommended the establishment of a working group to implement its findings.

Patient Satisfaction and Customer Care

Work was considerably advanced on establishing a national standardised approach to measurement of patient satisfaction and guidelines were produced by HeBE in 2003. The Health Services National Partnership Forum in association with the Irish Society for Quality and Safety in Healthcare also published a document in this area in 2003- *The Measurement of Patient Satisfaction with Acute Services in Ireland*.

Advocacy Services

There are growing moves to provide advocacy services in Ireland and the health boards and the ERHA are working in partnership with the Irish Advocacy Network to progress this initiative. This is most advanced for people who experience mental distress. When the Mental Health Act, 2001 is fully operational, the Mental Health Commission will be required to operate a scheme to provide legal aid to patients whose detention is being reviewed by a mental health tribunal, thus providing legal advocacy to patients. Funding was provided to health boards and voluntary agencies for the development of independent advocacy services in 2003. Some groups in the voluntary sector have been providing these services to patients and families of the mentally ill for some time. Consultation on these services has also taken place in the context of preparing a new national policy framework for the mental health services.

National Workforce Policy

Considerable developments have taken place in implementing a national medical workforce policy. Integrated workforce planning for health staff is being introduced on a national basis. This entails integrated sets of plans for health staff. The Health Skills Group was established in 2002. The Group is working closely with the Department to identify ways of meeting workforce requirements.

In a nursing context, the implementation of the *Report of the Commission on Nursing* is ongoing including recommendations in relation to workforce planning. An evaluation of the Healthcare Assistant Education and Training Course was completed and published in November, 2003. This nationally recognised course is awarded by the Further Education and Training Awards Council.

Nursing training places have increased to 1,640 and supports such as flexible working arrangements have been introduced along with opportunities for further training and study. The new nursing degree provided through 13 Higher Education Institutions is a significant development in this regard. Overseas recruitment also continues to be a feature of nursing recruitment.

Courses to provide additional therapy training places announced in 2002 came on stream in 2003. An additional 25 places were provided in physiotherapy and 75 each in occupational therapy and speech and language therapy in University College Cork, University of Limerick and the National University of Ireland, Galway. This initiative

represents increases in the numbers of places on the existing courses of 20% in physiotherapy, 187% in occupational therapy and 250% in speech and language therapy.

National Task Force on Medical Staffing

The *Report of the National Task Force on Medical Staffing* (Hanly Report) was published in October, 2003. Its key recommendations were adopted as Government Policy and implementation began in late 2003. The Report makes detailed recommendations regarding reducing the working hours of Non-Consultant Hospital Doctors in line with the requirements of the European Working Time Directive (EWTD); introducing a “consultant provided” rather than “consultant led” service and reform of medical education and training.

The Report concluded that a significant reorganisation of acute hospital services will be required throughout the country in order to provide a better service to patients and to implement the EWTD. The Report makes detailed recommendations regarding the reorganisation of acute hospital services and medical staffing in two regions which it studied in detail: the East Coast Area Health Board and the Mid-Western Health Board. It set out a series of principles for the rest of the country and proposed that a national plan for the reorganisation of acute hospital services should be developed. The process of implementing the Hanly Report has begun.

The Department worked closely with the Health Services Employers Agency (HSEA) and other health agencies to implement measures as recommended in the Hanly Report to reduce the average weekly working hours of junior doctors. Negotiations have commenced on this issue with the Irish Medical Organisation. The Department and health employers have also initiated discussions with the medical organisations on a new contract with consultants, which would enable a consultant-provided service to be established nationally.

The implications of the proposed changes for post-graduate medical education and training are being examined by the Medical Education and Training Group that was originally established as part of the National Task Force on Medical Staffing

Action Plan for People Management

The *Action Plan for People Management in the Health Service* was published in November, 2002. The Action Plan provides all stakeholders in the system with the direction and actions required to bring people management to the standard needed to successfully achieve service imperatives. The plan outlines seven key areas to be addressed: manage people effectively; improving the quality of working life; devise and implement best practice employment policies and procedures; developing partnership; investment in training and education; improve employee and industrial relations in the health sector and develop performance management. The first annual report shows that progress has been made on all fronts. Funding of €2m was provided to health boards and the ERHA in their 2003 financial allocations to support the development of human resources and implementation of the Action Plan.



High-Level Objective 4:
[High performance]

High-Level Objective 4:

[High performance]

To put in place organisational structures, legal and accountability frameworks and management capacity (systems and people) to ensure that health and personal social services are planned and delivered efficiently and effectively on the basis of best available evidence and monitored and evaluated on the basis of this evidence.

This objective sets out to achieve the best quality health service possible. It relates to quality of care, planning and decision-making, the efficiency and effectiveness of the system, commitment to continuous improvement and full accountability. Central to achieving this objective is the implementation of the Health Service Reform Programme, investment in health services, the introduction of quality systems, research and improved accountability.

Health Service Reform Programme

In June 2003 the Government announced a radical and challenging Health Service Reform Programme primarily based on the *Audit of Structures and Functions in the Health System 2003* (Prospectus Report) and the *Commission on Financial Management and Control Systems in the Health Service* (Brennan Report). Subsequently the *Report of the National Task Force on Medical Staffing* (Hanly Report) dealing with the organisation of hospital services was published.

Immediately after the Government decision, the Minister and the Secretary General began a series of information sessions throughout the country. The Department commissioned the Office for Health Management to consult with employees and staff representatives throughout the system and to publish a report on its findings. Some 20,000 people were involved in the consultation sessions and the views expressed were compiled into a report published later in the year. This report is available on the health service reform website, www.healthreform.ie. The outcome of the consultation sessions informed the thirteen subsequent action projects that were initiated, in line with the Government decision, to develop the core concepts of the Reform Programme. The membership of the action project committees came from right across the health system. A composite report, based on the work of the action projects, was produced setting out the key next steps to follow through on the change programme. A high-level project plan to map out the implementation plan was also developed.

A National Consultative Forum was convened to monitor progress on the implementation of the National Health Strategy and to comment on priorities and emerging trends. The 2003 Forum primarily concentrated on the Health Service Reform Programme. A Communications Strategy to keep people informed was devised and is currently being implemented. The Project Office launched a website to improve communication around the Reform Programme, www.healthreform.ie.

In November, 2003 the Minister announced the establishment of the Board of the Interim Health Service Executive (HSE) which has responsibility for the establishment of the new structures, as set out in the action project reports.

A National Steering Committee on the Health Service Reform Programme has also been set up to ensure overall consistency with the Government's decision in relation to the Reform Programme. It will have its first meeting early in 2004.

Legislation

Legislation is required to give effect to the Government decision on the Health Service Reform Programme. A General Scheme and Heads of Bill for the Health (Amendment) Bill, 2004, was drafted and approved by Government in December, 2003. It provided for the abolition of the membership of the ERHA and health boards and assigned the reserve functions of the boards of the Authority and the health boards to the Chief Executive Officer.

A draft Interim Health Service Executive (HSE) Establishment Order to establish the Interim HSE as a statutory body under the Health (Corporate Bodies) Act, 1961, as amended, was prepared in 2003.

Investment

Additional investment was made in the health system in 2003 with the total amount invested increasing from €8.4bn to €9.2bn. A number of significant capital developments were undertaken in 2003 including a major extension to St Vincent's Hospital, Dublin, a new hospital in Tullamore, new operating theatres in Crumlin Children's Hospital, an amalgamated new maternity unit in Cork University Hospital, a unit for the elderly in Birr, a community hospital in Thurles, a community nursing unit in Killybegs and a unit for the elderly in Enniscorthy. A list of capital developments each costing over €2m in 2003 can be found at Appendix 3.

The allocation process is being reviewed in the context of the Health Service Reform Programme. A working group is examining the question of allocating capital funding for the regular maintenance of facilities and the planned replacement of equipment. As stated under objective 3, Public Private Partnerships have been initiated to help in the development of health infrastructure. Five year multi-annual capital budgets will be introduced in 2004. Financial incentives for greater efficiency in acute hospitals are being strengthened through the refinement and extension of the Casemix System. The Casemix System is a method of measuring hospital activity across different specialities and levels of complexity to enable performance comparisons to be made.

Modern Regulatory Framework

The process of Regulatory Reform seeks to ensure that new regulations – Acts and Statutory Instruments – are more rigorously assessed in terms of their impacts, more accessible to all and better understood. A modern regulatory framework is being put in place for health professionals and alternative practitioners. Work was significantly advanced on revised legislation to strengthen and expand the provisions for the statutory

registration of doctors, nurses and other health professionals. In relation to the regulation of complementary therapists, the Minister established a National Working Group in 2003 to advise him on future measures for the appropriate regulation of such therapists.

At European Union (EU) level considerable progress was made on introducing a single market for herbal medicines by providing harmonised rules and procedures. Legislation was also prepared on updating and consolidating medical products and on implementing council directives on clinical trials, cosmetics and Creutzfeldt-Jakob Disease risk materials.

Performance Verification Process in the Health Service

The Health Service Performance Verification Group completed the first phase of its work in relation to payment of the benchmarking and general round increases due from 1st January, 2004 and reported its findings to the Secretary General.

The final recommendation of the Secretary General was that payment of the increase to all staff in the health service, covered by the Public Service Benchmarking Body's pay recommendations, was warranted.

Health Services National Partnership Forum

The Department of Health and Children is represented on the Health Services National Partnership Forum (HSNPF) which is a joint management/trade union steering committee for workplace partnership in the Irish health service. In addition to working through partnership on the wider change agenda in health, the HSNPF programme of activity in 2003 included work on a range of national projects and some four hundred agency based projects across all health boards and major hospitals.

The performance verification process, which involved management and trade unions working together at agency and national levels, highlighted the importance of the shift that has taken place through the development of partnership.

The improved industrial relations climate which was reflected in the low level of industrial disputes in the health services in 2003, is a significant achievement and a good indicator of effective partnership. It also provides an essential support to the roll-out of the current reform programme.

Quality Systems

Quality systems are being introduced throughout the health system. Initiatives include risk management, quality management, evidence based protocols and training of staff in quality systems and clinical audit.

The establishment of the Health Information and Quality Authority (HIQA), as proposed in the National Health Strategy, will be a key development in this regard. Work was progressed in relation to the governance arrangements for the new Authority, its board structure and membership in the context of one of the action projects of the Health Service Reform Programme.

The *National Health Information Strategy* (NHIS) has been drafted and was circulated to Government Departments for observations in December, 2003. In anticipation of the publication of the strategy and pending the establishment of HIQA, the Health Boards Executive (HeBE) commenced development of a strategic Information Communication Technology (ICT) framework for the Irish Health System. The level of investment in ICT increased substantially from €28million in 2002 to €40 million in 2003. Significant advances were made in the national roll-out of Financial and Personnel Enterprise Resource Systems. Further progress was made in the implementation of the change in health services ICT funding policy from regional (health board level) developments to national enterprise wide developments.

In 2003, a computerised risk management information and claims management system (STARS) was tested, in advance of implementation in 2004. The total investment in the new system is expected to be €1m in 2003 and 2004. Ireland is the first EU member state to operate such a comprehensive system to record medical malpractice incidents and claims. Incident and claim details can be logged at each hospital with the data being consolidated centrally over the Internet. The result is quick detailed analysis of the nature and frequency of incidents and claims enabling management and healthcare staff to identify areas of concern and take speedy corrective action leading to improved patient care.

Accreditation Scheme

The Irish Health Services Accreditation Board's primary function is to establish, continuously review and operate an accreditation scheme for the Irish health system within a quality improvement framework. Roll-out of the scheme is at an advanced stage. Seven of the major academic teaching hospitals are amongst those who have completed an accreditation survey. Twenty-one acute care organisations, representing 30 hospital sites, have applied for the scheme.

Medical Indemnity

A major reform of the arrangements for providing hospitals and doctors with indemnity cover was put in place. The Clinical Indemnity Scheme, based on the principle of enterprise liability, replaces a series of separate insurance and indemnity arrangements. This will result in faster settlements for genuine personal injury claims and will provide a more effective defence in cases where liability is disputed. The introduction of the new scheme will facilitate the development of more effective clinical risk management strategies in hospitals and other clinical settings. The Clinical Indemnity Scheme is also providing each agency covered by the scheme with an internet-based incident and claims reporting IT system. Ireland is the first country in Europe to have put a national clinical incident reporting system in place. The Clinical Indemnity Scheme is operated on behalf of the Minister for Health and Children by the State Claims Agency.

Research

The Health Research Board received €20.3m from the Department to implement the Strategy, *Making Knowledge Work for Health: A Strategy for Health Research*.

A Head of Research and Research Officer were appointed to the National Children's Office in January, 2003. The National Children's Strategy Research Scholarship Scheme continues to support research into children's lives. A steering group was set up in 2003 to oversee the commissioning of the National Longitudinal Study of Children in Ireland. This study will focus on two age groups, babies and nine-year old children, and will initially examine their lives at different intervals over a seven year period. It aims to examine the factors which contribute to, or undermine, the wellbeing of children in contemporary Irish families. This study is the largest of its kind to take place in Ireland and it is proposed that more than 18,000 children will be enrolled into the study.

Health Insurance

Reform of the regulatory framework for private health insurance was continued during 2003 to enable it to play a role in the overall resourcing of healthcare. A Risk Equalisation Scheme came into operation on 1st July, 2003. Initially this concerns the making of data returns by insurers to the Health Insurance Authority.

Social Services Inspectorate

The Social Services Inspectorate was established to inspect standards of care for children in the care of health boards and foster homes and to help identify best practice. Its remit will be extended to include standards of residential care for people with disabilities and older people.

Special Residential Services Board

The Special Residential Services Board was established on a statutory basis in November, 2003. The Board has an important role to play in advising on the co-ordination of special residential services run by health boards for non-offending children in need of special care or protection. Work is also underway on establishing family welfare conferencing and special care provisions on a statutory basis for a small number of non-offending children in need of special care and protection. These legislative reforms, in tandem with an increase in the number of high support and special care places and the development of community based services, has resulted in a more responsive and extensive service.

Office of the Ombudsman for Children

The role of the Ombudsman for Children is to examine and investigate complaints from, or on behalf of, children concerning public bodies, schools and hospitals and to promote the rights and welfare of children. The first Ombudsman for Children was appointed in December, 2003.

Adoption

The public consultation on adoption legislation was completed in 2003 and the outcomes are currently being evaluated with a view to submitting proposals to government. A major re-organisation of the Adoption Authority's executive functions also commenced in preparation for the new and expanded remit proposed for the Authority.



High-Level Objective 5:
[Delivery at national and international level]

High-Level Objective 5

[Delivery at national and international level]

To support the delivery of the wider programme for government (outside of the delivery of health and personal social services) and to ensure Ireland's commitments at European Union and international level are met.

The Department has very clear obligations both in terms of promoting better health at national and also at European Union (EU) and international level. This Department has ensured that this objective has been achieved to an extremely high level by giving priority to preparations for the EU Presidency.

European Union Business and Presidency Preparations

Ireland is a committed member of the EU and undertook considerable preparatory work during 2003 for its assumption of the EU Presidency on 1st January 2004. This responsibility required a significant additional effort with a wide range of meetings and conferences to be serviced as well as managing the ongoing EU health legislative programme at a time when 10 new member states join the Union.

The Department's EU Presidency Working Group undertook a broad range of activities in preparation for the Presidency. **The main Presidency themes from the perspective of health and personal social services were: promotion of better cardiovascular health; patient mobility in the EU; eHealth for citizens and tobacco control.** Other issues on the Presidency agenda include agreement on a European Centre for Disease Prevention and Control, input to the EU Commission Environment and Health Action Plan and to a Children's Environment and Health Action Plan under the auspices of the World Health Organisation (WHO), agreement on Ratification of the WHO Framework Convention on Tobacco Control, co-ordination of the EU response to the International Health Regulations of the WHO, promoting research into childhood asthma at European level and initial consideration of the EU Commission's public health strategy. These are supplemented by health related internal market measures in the areas of Health Claims on Food and Food Fortification and Genetically Modified Organism foods.

A number of major health conferences held during the Irish Presidency were planned and organised including two conferences on cardiovascular health and a conference on eHealth. The Department also participated in meetings of the EU Commission's Public Health Programme Committee and in all relevant inter-departmental groups including the Lisbon Agenda Group and other inter-departmental groups formed in connection with the Presidency.

The Department was also active in many European collaborative initiatives which ensure access to the latest international research, knowledge and expertise on health related topics, e.g. board membership of the European Health Property Network, and participation in the European Hospital Data Project. Participation in such initiatives allows comparability of data across borders enabling international benchmarking of outcomes and comparisons of performance and value for money.

The Department hosted a very successful Ministerial conference in October, 2003 of the Pompidou Group of the Council of Europe, which it had chaired for the previous three years. The Pompidou Group provides a forum for the exchange of information and development of initiatives on drug related issues among its 34 member states.

Considerable work was undertaken at both European and national level during 2003 in preparation for the introduction of the European Health Insurance Card.

Council of Europe, World Health Organisation and Organisation for Economic Co-operation and Development

The Department actively participated in meetings of the Council of Europe's European Health Committee, Public Health Committee and the Steering Committee on Bioethics. The Department also chaired the Council of Europe Committee on the Rehabilitation and Integration of People with Disabilities.

The Department contributed to meetings of the WHO at European and at global level, including participation at the World Health Assembly. Ireland has chaired the Standing Committee of the European Regional Committee for WHO in recent years and has been particularly involved in European region meetings such as the Futures Forum.

The Department had on-going contact during the year with the WHO on issues such as communicable diseases, health emergencies and tobacco control.

In the course of the year the Department contributed to the Organisation for Economic Co-operation and Development (OECD) database which allows for comparability between different health systems and also represented Ireland's position on health matters at OECD meetings. The Department supported the Minister's attendance at a major meeting of OECD Health and Finance Ministers in Paris.

North-South

The Department plays a role in the maintenance and support of the North South co-operation on the island of Ireland. This role is carried out mainly through on-going participation in the health agenda initiated under the North-South Ministerial Council, an institution established following the Good Friday Agreement of April 1998. The Council itself has been in suspension since October, 2002 but joint co-operative action continues in identified areas. These areas are Accident and Emergency Services, Planning for Major Emergencies (including the commissioning of a feasibility study on the costs and benefits of an all-island Helicopter Emergency Medical Service), Cancer Research, Health Technology Assessment and Health Promotion.

In a project also emanating from the North-South Ministerial Council, the Department commenced joint working with the Department of Health, Social Services and Public Safety (DHSSPS), Northern Ireland, to address a number of issues on obstacles to cross-border mobility relating to mutual recognition of professional qualifications and access to hospitals services.

The Department was involved with the DHSSPS, the Special EU Programmes Body and Co-operation and Working Together in advancing cross-border projects under the EU Interreg IIIA Programme, which is concerned with cross border co-operation, insofar as it relates to projects in the field of health and well-being.

Cross-Departmental Issues

Population Health

On a cross departmental basis, this Department participated in a wide range of groups including the Senior Officials Group on Social Inclusion (the secretariat for the Cabinet Committee on Social Inclusion), the Steering Group to develop a National Action Plan Against Racism, the Steering Group for the Special Initiatives under Sustaining Progress and the National Development Plan Equal Opportunities and Social Inclusion Co-ordinating Committee.

In 2003 the Department commissioned the Institute of Public Health to work with the Health Boards Executive (HeBE), the Office for Social Inclusion and the Combat Poverty Agency (CPA) to develop a work programme to support the achievement of the National Anti-Poverty Strategy (NAPS) targets to reduce health inequalities. The first phase of the work, information gathering and agenda setting, has commenced. This comprises three parts: survey of awareness of anti-poverty/NAPS activity among health board staff; scoping of existing anti-poverty activity in the context of NAPS health targets; and the identification of strategic issues in relation to the implementation of NAPS activity in the health service.

Social Inclusion

In May, 2003, the Department and the Combat Poverty Agency (CPA) jointly launched the Agency's Building Healthy Communities Programme which has a special focus on community development approaches to reducing health inequalities. The Department is also supporting financially, in the context of the implementation of the Primary Care Strategy, a number of research projects under this programme.

The Department also participated in the Government's Revitalising Areas by Planning, Investment and Development and Ceantair Laga Árd-Riachtanais programmes and in the National Economic and Social Forum's (NESF) forum on the implementation of the Equality Authority's (EA) Report on *Implementing Equality for Lesbians, Gays and Bisexuals*. A health element was included in the NESF's Progress Report in April, 2003. The initial *EA Report* and *NESF Progress Report* were disseminated to health boards.

National Anti-Poverty Strategy

Work is ongoing in relation to a programme of actions to achieve National Anti-Poverty Strategy (NAPS) and health targets for the reduction of health inequalities.

The Working Group on NAPS and Health (which includes representatives of the Social Partners) was reconvened in 2003 in an advisory capacity to monitor the achievement of the NAPS health targets. A number of awareness raising exercises on the targets to reduce health inequalities were held for Department of Health and Children staff. Liaison is continuing in the pursuit of the targets in the context of existing strategies, e.g., Primary Care, Cardiovascular Health and future strategies, i.e., Cancer and Mental Health.



High-Level Objective 6:
[Developing organisation capacity]

High-Level Objective 6:

[Developing organisation capacity]

To continue to develop the capacity of our organisation and people to ensure delivery of a quality service to our customers.

The Department continued to drive forward the public service modernisation agenda in 2003. Our greatest priority has been the implementation of the Health Service Reform Programme and in that context the proposed restructuring of the Department underpinned much of our work. Core elements of public service modernisation such as customer service and strategic human resources played a key role.

Human Resource Policy

In December, 2003 a sub-group of the Department's Senior Management Network (SMN) completed work on a comprehensive Human Resource (HR) policy document. The policy, which will cover the period 2004 to 2007 is the first of its kind for this Department and will clearly state our HR values and how we hope to achieve them. It builds on a number of core values identified by staff as essential to all aspects of our work. These values include a new focus on Human Resource Management (HRM) to ensure that it supports our strategic and business objectives, a fair and equitable working environment, personnel and career development for all staff and open communication and consultation.

The Performance Management and Development System (PMDS) is an integral part of human resource policy. With the completion of PMDS training in 2003, it is fully operational in the Department. Work also commenced on the phased introduction of upward feedback. A Staff Attitudinal Survey was carried out to assess the environment which is being created to support the PMDS process and to enable it to be effective. An Action Plan based on the survey's findings was put in place and progress has been made on a number of fronts, including improved communications and improved performance management.

Training and Development

The success of PMDS has led to a highly focused and targeted approach to training. In 2003 expenditure on training and development was 3% of payroll and almost 1,700 training opportunities were availed of by staff (excluding external courses covered by the Refund of Fees Scheme).

Internal manager networks set up in 2002 were built upon during 2003. The SMN, for Principal Officers and professional equivalents, and the APEX Forum, for Assistant Principal Officers and professional equivalents, have contributed to policy in key areas such as human resource policy and the restructuring of the Department.

Partnership

The Partnership Committee continues to provide a valuable forum for staff and management to discuss issues of mutual interest. In 2003 the Committee was involved in a wide range of issues such as performance verification, the development of an Internal Customer Protocol and a Customer Charter, PMDS, health promotion programmes for staff and the Exceptional Award Scheme. Partnership committees were also established in the National Children's Office and in the Adoption Board.

Management Information Framework

The Department appointed management consultants to examine its information requirements. The consultants examined the current systems in use and took account of the recommendations of the Brennan Report and the *Value for Money Audit of the Irish Health System*. They concluded that an upgrade of the Department's existing financial system would meet the Department's needs, by allowing both accrual and vote accounting within the system. The upgraded system will be fully operational by end 2004.

Information Communication Technology (ICT) Strategy

Implementation of the ICT Strategy was progressed in 2003. Several major infrastructural projects were completed including the updating of file and print networks in headquarters, external offices, the Adoption Board, the Social Services Inspectorate and in the National Children's Office. A new managed Help Desk Service became operational from mid year to improve the level of service and support for IT within the Department. Work was also carried out on the Department's Business Continuity/Disaster Recovery Plan and a new security framework.

The Department's website, www.doh.ie was the main health information resource for the country during the SARS crisis in 2003. Throughout the crisis, the Department provided web updates around the clock to inform both the public and health professionals of developments as they occurred. It is planned to redevelop the Department's main website in 2004 to improve access to information and ensure compliance with the Official Languages Act, 2003. A customer survey was conducted in 2003 to ascertain the key improvements required.

Two new websites were developed, one to support the work of the National Cancer Forum, www.nationalcancerforum.ie and another to provide information on the Health Reform Programme, www.healthreform.ie. Additionally, links have been strengthened with Comhairle's Online Access to Services, Information and Support on-line information database www.oasis.gov.ie to provide more comprehensive consumer oriented information on health services.

Alignment on Calendar Year Reporting Period

Linkages were made between the Strategy Statement, Business Plans and PMDS by means of workshops held at unit level in January and June, 2003 and guidelines were also produced to emphasise the linkages. The Department's planning and reporting periods were standardised on a calendar year basis.

Customer Service Action Plan

A new role of Quality Customer Service (QCS) Liaison Officer was created to drive the QCS agenda throughout the Department. Senior managers (Assistant Principals) have been appointed as QCS Liaison Officers in divisions. Their role is to translate the requirements of central customer service initiatives into local action and to oversee customer service issues within the division. The Liaison Officers also provide advice on the formulation of new initiatives and standards within the Department.

In accordance with the Government's Customer Charter Initiative launched in December 2002, the Department began work on the development of a Customer Charter and a new Customer Action Plan for 2004-2007. There was widespread consultation internally and externally on the main principles to be included in the Charter and in the new *Customer Action Plan*. The QCS Sub-Group of the Partnership Committee played an active role in this process as did the QCS Liaison Officers Group. Senior managers were involved as were representatives of staff unions and associations via the Departmental Council.

A draft Internal Customer Protocol was completed which set down standards for staff when dealing with colleagues in the Department. A formal procedure for handling complaints and appeals was developed and details of the procedure were published on the website and at all our public offices.

General Register Office

The Civil Registration Modernisation Programme achieved significant success in 2003. A new state-of-the-art computer system was introduced by the General Register Office (GRO) on 1st July 2003 which enabled the electronic registration of births and deaths and the production of birth, death and marriage certificates electronically. Rollout of the system to all offices throughout the country progressed on schedule and is expected to be completed by 2004. Legislative work was progressed to provide for a modernised civil registration service, including electronic registration of life events, more flexible registration procedures and updating of procedures for marriages. When enacted, the new legislation will replace statutes dating back to the commencement of civil registration in 1845. The GRO began opening to the public at lunchtime in November, 2003.

Information on births is now automatically sent to the Department of Social and Family Affairs which greatly simplifies the payment of child benefit from the customer's perspective and reduces the elapsed time from the birth of a child to the payment of child benefit. Further linkages to facilitate electronic data sharing with other Departments via REACH, the Government Broker, are planned for 2004.

The modernisation programme is a collaborative project with the Department of Social and Family Affairs which has already made significant cost savings as a result of gaining access to the GRO data. The project is recognised as an excellent example of cross-departmental co-operation on an eGovernment initiative. The project was ranked in the top five out of over 350 entries at the European Institute of Public Administration Awards in Cernobbio, Italy in 2003. The success of the project was also recognised at the Wall Street Journal Europe - European Innovation Awards 2003 in London where it won two significant awards.

Plans to relocate the General Register Office to Roscommon are well underway with preparatory work continuing in 2004 for the move.

Appendix 1

Legislation in 2003

Health Insurance (Amendment) Act, 2003

Opticians (Amendment) Act, 2003

S.I. 41 of 2003	Misuse of Drugs (Scheduled Substances) (Amendment) Regulations, 2003
S.I. 42 of 2003	Misuse of Drugs (Exemption) (Amendment) Order, 2003
S.I. 43 of 2003	Misuse of Drugs Act, 1977 (Controlled Drugs) (Declaration No. 3) Order, 2003
S.I. 115 of 2003	Infectious Diseases (Amendment) Regulations, 2003
S.I. 169 of 2003	Misuse of Drugs (Scheduled Substances) (Exemption) (Amendment) Order, 2003
S.I. 180 of 2003	Infectious Diseases (Amendment No. 2) Regulations, 2003
S.I. 257 of 2003	European Communities (Labelling, Presentation and Advertising of Foodstuffs) (Amendment) Regulations, 2003
S.I. 261 of 2003	Risk Equalisation Scheme, 2003
S.I. 267 of 2003	European Communities (Sampling, Methods and Methods of Analysis for the Official Control of the Levels of Certain Contaminants in Foodstuffs) Regulations, 2003
S.I. 268 of 2003	The Blood Transfusion Service Board (Establishment) Order, 1965 (Amendment) Order, 2003
S.I. 285 of 2003	Medical Council Rules prescribing bodies to grant Certificate of Experience, and prescribing period per section 28(1)(b) and section 28(2) of the Act
S.I. 286 of 2003	Medical Council Rules prescribing categories, duties and procedures per section 29(5) of the Act
S.I. 287 of 2003	Medical Council Rules of General Application prescribing period, courses of training experience, exemption and examinations per section 27(2)(d) of the Act
S.I. 327 of 2003	European Communities (Special Conditions on the Import of Brazil Nuts in Shell Originating in or Consigned from Brazil) Regulations, 2003
S.I. 350 of 2003	Opticians (Amendment) Act 2003 (Commencement) Order 2003
S.I. 351 of 2003	Poisons (Amendment) Regulations, 2003
S.I. 352 of 2003	European Communities (Recognition of Qualifications in Pharmacy) (Amendment) Regulations, 2003
S.I. 348 of 2003	Health (In-Patient Charges) (Amendment) Regulations, 2003
S.I. 349 of 2003	Health (Out-Patient Charges) (Amendment) Regulations, 2003
S.I. 358 of 2003	European Communities (Medical Devices) (Reclassification of Breast Implants) (Amendment) Regulations, 2003

S.I. 425 of 2003	European Communities (Manufacture, Presentation and Sale of Tobacco Products) Regulations, 2003
S.I. 441 of 2003	Registration of Births and Deaths (Ireland) Act, 1863 (Section 17 & Section 18) (Cork) Order, 2003
S.I. 456 of 2003	Registration of Births and Deaths (Ireland) Act, 1863 (Section 17 & Section 18) (Skibbereen) Order, 2003
S.I. 471 of 2003	European Communities (Emergency Measures Regarding Hot Chilli & Hot Chilli Products) Regulations, 2003
S.I. 474 of 2003	Health and Children (Delegation of Ministerial Functions) Order, 2003
S.I. 480 of 2003	Public Health (Tobacco) Act 2002 (Commencement) Order, 2003
S.I. 481 of 2003	Tobacco Smoking (Prohibition) Regulations, 2003
S.I. 488 of 2003	European Communities (Purity Criteria on Food Additives other than Colours & Sweeteners), 2003
S.I. 516 of 2003	The Health Act 1970 (Section 76) Simpson's Hospital Estate Act (Amendment) Order, 2003
S.I. 527 of 2003	Children Act 2001 (Part 11) (Commencement) Order, 2003
S.I. 528 of 2003	European Communities (Labelling, Presentation & Advertising of Foodstuffs) (Amendment) (No. 3) Regulations, 2003
S.I. 531 of 2003	Registration of Births and Deaths (Ireland) Act, 1863 (Amendment) Regulations (Section 17 & Section 18) (Meath) Order, 2003
S.I. 538 of 2003	Opticians (Amendment) Act 2003 (Section 12) (Commencement) Order, 2003
S.I. 539 of 2003	European Communities (Food Supplements) Regulations, 2003
S.I. 540 of 2003	Medicinal Products (Prescription and Control of Supply) Regulations, 2003
S.I. 553 of 2003	European Communities (Cosmetic Products) (Amendment) (No. 5) Regulations, 2003
S.I. 554 of 2003	European Communities (Medical Devices) (Tissues of Animal Origin) Regulations, 2003
S.I. 617 of 2003	Maintenance Allowances (Increased Payments) Regulations, 2003
S.I. 630 of 2003	Oifig an Ard-Chlárachtheora, (Hours of Business) Regulations, 2003
S.I. 653 of 2003	Health (Out-Patient Charges) (Amendment) Regulations, 2003
S.I. 654 of 2003	Health (In-Patient Charges) (Amendment) Regulations, 2003
S.I. 707 of 2003	Infectious Diseases (Amendment) (No.3) Regulations, 2003
S.I. 710 of 2003	Risk Equalisation (Amendment) Scheme, 2003
S.I. 719 of 2003	Health Contributions (Amendment) Regulations, 2003
S.I. 731 of 2003	Irish Medicines Board (Fees) Regulations, 2003
S.I. 735 of 2003	Food Safety Authority of Ireland Act 1998 (Amendment of Second Schedule) Order, 2003

Appendix 2

Selected Publications in 2003

2003 Revised Estimates for Public Services - Estimate for the Department of Health and Children

Adoption Board Annual Report 2002

Adoption Legislation Consultation - Discussion Paper (Geoffrey Shannon, Solicitor, June 2003)

An Evaluation of "Cancer Services in Ireland: A National Strategy 1996"

Annual Report of the Chief Medical Officer 2001

Audit of Structures and Functions in the Health System 2003 (Prospectus Report)

Bonner Report: Monaghan General Hospital - Proposals for further and future development

Commission on Financial Management and Control Systems in the Health Service (Brennan Report)

Consultation on implementation of Clinical Trials Directive

Dietary habits of the Irish population: results from SLÁN Annual Report 2003

EHLASS report for Ireland 2001

Health Service Reform Programme

Implementation of Recommendations of the Commission on Nursing - Third Annual Progress Report of the Monitoring Committee

National Standards for Foster Care

North South Survey of Children's Oral Health 2002

Nurses' and Midwives' - Understanding and Experiences of Empowerment in Ireland

Proposed Framework for Development of Clinical Specialism and Advanced Practice in Mental Handicap Nursing

Report of the Inspector of Mental Hospitals for 2002

Report of the Expert Working Group on Radiation Oncology Services

Report of the National Task Force on Medical Staffing (Hanley Report)

Research Strategy for Nursing and Midwifery in Ireland

Review of the Nursing Home Subvention Scheme

Second Report of the Working Group on Child and Adolescent Psychiatric Services

Statement of Strategy 2003-2005

The National Health and Lifestyle Surveys 2003

Appendix 3

Capital Developments each costing over €2m in 2003

Acute Hospitals

At Planning Stage

Mater/Temple Street Hospitals

Longford/Westmeath General Hospital, Mullingar - Phase 2B

Cork University Hospital - Cardiac Services and Renal Dialysis Unit

Beaumont Hospital - Renal Dialysis Unit

National Maternity Hospital - Phased Development

Coombe Women's Hospital - Extension to ICU, new theatre, scanning room etc.

Naas General Hospital - Phase 3B & 3C

Incorporated Orthopaedic, Clontarf - Phase 2

Wexford General Hospital

Merlin Park Hospital - Rehabilitation Unit

St. Luke's, Kilkenny - Scope to be agreed

Ennis General Hospital, Development Control Plan

Waterford Regional Hospital - Scope to be agreed

NEHB, Acute Hospitals - D.C.P. Briefs for 5 acute hospital sites.

Croom Orthopaedic - Developing Brief

Midland Regional Hospital, Portlaoise - A&E Department

Letterkenny General Hospital - A&E Department

Our Lady's Hospital for Sick Children - Planning for Development Control Plan; and for interim projects (MRI and Haematology/Oncology)

Limerick Maternity Hospital - Extension

National Rehabilitation Hospital - Redevelopment

Under Construction

Midland Regional Hospital, Tullamore

Cork University Hospital - Maternity Unit

Cork University Hospital - A&E Unit/Day Procedures Unit

Our Lady's Hospital for Sick Children - Theatres

St. Vincent's Hospital, Elm Park - Phase I

Our Lady's Hospital, Cashel - Development

Beaumont - reequipping and refurbishment

St. Colmcille's, Loughlinstown - Development

St. James's Hospital - Expansion to existing A&E Department

Completed Construction

James Connolly Memorial Hospital, Blanchardstown - Phase 1

Rotunda Hospital - Development

Midland Regional Hospital at Portlaoise - Phase 1

St. Joseph's, Clonmel - Phase 1

Naas General Hospital - Phase 2, 2A and Phase 3A

St. James's Hospital 1H

University College Hospital, Galway - Phase 2

Roscommon County Hospital - A&E Department.

Non Acute Services

At Planning Stage

St. Ita's Portrane - Intellectual Disability Services (Disability)

Beaumont Hospital - Acute Psychiatric Unit (Mental Health)

Nenagh Hospital - Acute Psychiatric Unit (Mental Health)

Hospital of the Assumption, Thurles (Older People)

Sligo General Hospital - Acute Psychiatric Unit (Mental Health)

St. John's Hospital, Enniscorthy (Elderly)

Cope Foundation - Centre for young adults (Disability)

Merlin Park - Rehabilitation Unit (Older People)

Nenagh Health Centre

St. Ita's Dementia Unit, Newcastle West.

Dingle Hospital (Older People)

Tralee CNU

Fermoy Hospital (Older People)

JCM, Services for Older People

C.C.H.Q. at Tralee

Marymount Hospice, Cork

St. Mary's, Mullingar

St. Peter's, Castlepollard

BreastCheck - Cork and Galway

Belmullet Disability Services

Athlone Health Infrastructure

St. Anne's Psychiatric Development, Galway

Nursing Degree Programme

This programme will facilitate the full integration of nursing students into the higher education sector, and capital costs are expected to be in the region of €240m over the period 2002-2005. Cumulative expenditure of €69.278m has been incurred on the programme up to end of 2003. Expenditure of €49.928m has been incurred in the year 2003. Expenditure to date has covered the following projects:

At Planning Stage

St. Angela's College Sligo

Athlone Institute of Technology

Dundalk Institute of Technology

Institute of Technology Tralee

Under Construction

Trinity College Dublin

Dublin City University

University College Dublin

University College Cork

University of Limerick

Letterkenny Institute of Technology

Waterford Institute of Technology