



**Department of Health**

**Annual Report 2016**



Tús Áite do  
Shábháilteacht 1 Othar  
Patient Safety First

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## INTRODUCTION BY THE MINISTER

I want to welcome the publication of the Department's Annual Report for 2016.

When I became Minister in May of 2016, my primary objective was to progress our strategic vision of treating patients at the lowest level of complexity, consistent with patient safety, within their own communities by developing primary care services and integrating primary and secondary care services, to expand hospital capacity, to support timely patient discharge from hospitals and to address hospital responsiveness to increased demand. We want to allow everyone to enjoy physical and mental health. The focus of our work during 2016 was on these patient centered developments.

2016 is a story of real progress along this path - amid growing challenges. In terms of service delivery the successful implementation of An Action Plan for Waiting Lists with over 11,500 patients coming off the inpatient/daycase list allowed more patients to be treated and for those needing assistance in the community, over 10.5 million home help hours were provided to over 47,000 people.

In 2016, there was renewed commitment to continue to move people with disabilities out of congregated settings, to enable them to live independently and to actively participate in their community. We secured a four year agreement to have cost effective medicines which keep the price of medicines in Ireland on a downward trajectory. Over 23,000 people were supported under the Nursing Homes Support Scheme (Fair Deal) and time spent on a placement list for funding did not exceed four weeks throughout the year.

2016 has been a landmark year for maternity services with the publication of the country's first National Maternity Strategy - *Creating A Better Future Together 2016 - 2026*. This provides a new and enhanced focus on maternity care at both policy and service delivery level.

The National Patient Safety Office was launched which is providing leadership in relation to a number of key patient safety policy initiatives including the introduction of a patient safety surveillance system and setting up a National Advisory Council for Patient Safety.

These developments are important to deliver integrated and high quality healthcare for all.

I want to recognise the contribution of Ministers of State working in the Department of Health during 2016 including Catherine Byrne TD, Finian McGrath TD and former Ministers of State Kathleen Lynch TD, Marcella Corcoran Kennedy TD and Helen McEntee TD. Finally I also want to thank all the officials at the Department for their support and dedication.

Simon Harris TD  
Minister for Health

## FOREWORD BY THE SECRETARY GENERAL

May 2016 saw the formation of a new Government. The Department of Health provided its strategic analysis of health policy to the incoming Ministerial team led by Minister Simon Harris TD, and subsequently published this in the form of “Better Health, Improving Healthcare”.

The Department supported the work of the Dail Committee on the Future of Health Care, four pieces of primary legislation were published (three of which were enacted) and thirty six pieces of secondary legislation were introduced. Over 7000 parliamentary questions were answered.

As set out in this Report many policy initiatives were introduced and the performance oversight of the health sector was enhanced.

I would like to thank all the staff of the Department for their hard work, professionalism and commitment throughout a very busy and productive year.

Jim Breslin  
Secretary General

## **Department of Health Annual Report 2016**

This annual report for the Department of Health 2016 outlines achievements and areas where significant progress was made in 2016 against our strategic objectives. In 2016 with a change of Government we issued a new Strategy Statement and this report measures progress against this.

### **THE DEPARTMENT'S MISSION**

The mission of the Department 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.

### **ROLE OF THE DEPARTMENT**

The role of the Department is to provide strategic leadership for the health service and to ensure that Government policies are translated into actions and implemented effectively. We support the Minister and Ministers of State in the implementation of Government policy and in discharging their governmental, parliamentary and Departmental duties.

This includes:

- 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, high performance is achieved, collaborative working is valued and the knowledge and skills of staff are developed.

## REVISED STATEMENT OF STRATEGY

The 5 strategic objectives described in the Statement of Strategy 2016-2019 are listed below. It is important to note that to one extent or another, these objectives are inter-related and inter-dependent. Over the next five sections we give details of our achievements and the progress made in 2016 against each of our strategic objectives.

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### 5 STRATEGIC OBJECTIVES:

1. Support people to lead healthy and independent lives
2. Ensure the delivery of high quality and safe health and social care
3. Create a more responsive, integrated and people-centred health and social care service
4. Promote effective and efficient management of the health services
5. Develop a high-performing Department to lead and oversee the health and social care sector.

## STRATEGIC OBJECTIVE 1: SUPPORT PEOPLE TO LEAD HEALTHY AND INDEPENDENT LIVES

### HEALTHY IRELAND AGENDA

Prevention of illness, early intervention and empowering people to look after their own health and wellbeing are essential elements of our Healthy Ireland strategy - the ‘whole of Government’ framework for improving health and wellbeing and the quality of people’s lives.

In early 2016, a first National Physical Activity Plan ‘Get Ireland Active!’ was jointly launched by then Minister Varadkar and the Minister for Transport, Tourism and Sport. This cross-sectoral plan aims to increase physical activity levels across the population as well as providing more opportunities for people to be more active on a daily basis. “*A Healthy Weight for Ireland – Obesity Policy and Action Plan 2016- 2025*” was launched by Minister Harris and Minister of State Corcoran Kennedy later in the year, as well as a consultation report “Healthy Lifestyles – A Consultation with Children and Young People” by Ministers Harris and Zappone. The Obesity Policy and Action Plan aims to reverse obesity trends, to prevent health complications and reduce the overall burden for individuals, families, the health system and the wider society and economy. New Healthy Eating Guidelines and a revised Food Pyramid were also published towards the end of 2016.

The focus under Healthy Ireland will now increasingly shift to driving, monitoring and evaluating the implementation of these and other key policies, in collaboration with other Government Departments and cross-sectoral stakeholders.

A National Healthy Cities and Counties of Ireland network was launched in November 2016 to develop a structure and provide supports at local level to implement Healthy Ireland.

Legislation prohibiting smoking in cars with children present came into force on 1<sup>st</sup> Jan 2016.

The European Union (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016 and the Public Health (Standardised Packaging of Tobacco Act) 2015 (Commencement) Order 2016 came into force in May. The Regulations provide for more stringent rules for tobacco and related products including measures for labelling and the regulation of electronic cigarettes.

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## HEALTH PROTECTION AND SCREENING

In December 2016, Meningococcal B and Rotavirus vaccinations were added to the Primary Childhood Immunisation Programme delivered by family doctors to young children

The roll out of BreastCheck, the national breast cancer screening programme to all women aged 65-69 continued, with just under 10,000 women in that age group receiving a mammogram in 2016.

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## INDEPENDENT LIVING

In 2016, approximately 10.57 million home help hours were provided to 47,888 people; 16,450 were in receipt of a Home Care Package and a further 190 people were in receipt of an Intensive Home Care Package.

In 2016, the Department commissioned the Health Research Board to undertake an evidence review of the home care systems that are in place in four other European countries. The purpose of this Review was to help the Department to learn from the experiences of other jurisdictions and inform development by the Department of policy and legislation on the regulation of home care in Ireland.

The Taskforce on Personalised Budgets for people with disabilities was established in September 2016 to make recommendations on a personalised budgets model for people with a disability.

€100 million in capital funding between 2016 and 2021 to provide more appropriate homes for people currently living in a number of institutions was announced. Some 97 individuals completed their move into community in 2016.

Children with disabilities continued to be a priority and in 2016 the health sector worked closely with our colleagues in the Department of Children and Youth Affairs to launch their new Access and Inclusion Model for children with disabilities to avail of the free pre-school year.



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## POSITIVE AGEING

The first national Positive Ageing Indicators report was published in 2016 and highlights many of the positive and negative aspects of growing old in Ireland. The indicator report contributes to a key goal of the National Positive Ageing Strategy - to use research about people as they age to better inform policy responses to population ageing in Ireland.

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## NATIONAL DEMENTIA STRATEGY

When the National Dementia Strategy was published in 2014, the Department of Health, the HSE and the Atlantic Philanthropies agreed a co-funded programme to focus on implementation of specific elements of the Strategy. Among the key elements of the Programme was the development of a national dementia information and awareness campaign, and the production of resources for GPs and primary care teams to upskill them in the diagnosis and management of dementia and to provide information on local services and supports.

An awareness campaign called *Dementia Understand Together* was launched by the National Dementia Office in October 2016 and substantial progress has been made on providing training and resources for GPs and primary care teams.

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## DRUGS

Following a national public consultation process a Rapid Expert Review on the National Drugs Strategy 2009 – 2016 was published in autumn 2016. The review provides important input into the development of a new strategy which is scheduled to be published in 2017.

The Misuse of Drugs (Amendment) Act 2016, enacted in July, amends and extends the law relating to the prevention of the misuse of certain dangerous or otherwise harmful drugs.

## STRATEGIC OBJECTIVE 2: ENSURE THE DELIVERY OF HIGH QUALITY AND SAFE HEALTH AND SOCIAL CARE

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### PATIENT SAFETY AND ENHANCED QUALITY

In December 2016, the National Patient Safety Office was established in order to provide leadership in relation to a number of key patient safety policy initiatives. This includes a programme of significant patient safety measures focused on a number of areas, including the development of new legislation, the establishment of a national patient advocacy service, extending the clinical effectiveness framework, the introduction of a patient safety surveillance system and setting up a National Advisory Council for Patient Safety. The NPSO will also work to build further upon the *National Healthcare Quality Reporting System (NHQRS)*, with the second annual report of the NHQRS published in 2016.

The NPSO also supported the work of the National Interdepartmental Antimicrobial Resistance (AMR) Consultative Committee, which is leading the development of the AMR National Action Plan. The NPSO worked closely with the HSE and HIQA to ensure delivery of Ireland's first National Patient Experience Survey, with the signing of a Memorandum of Understanding between the three partners in 2016. Preparations commenced for the survey's implementation in 2017.

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### CLINICAL EFFECTIVENESS

National Clinical Guidelines in progress in 2016 included Hepatitis C screening and lung cancer. The development of Frameworks for Patient and Public Involvement and for Guideline Implementation were also commenced.

Key achievements in clinical effectiveness in 2016 included the launch of the first National Clinical Effectiveness Committee (NCEC) National Clinical Audit (major trauma audit),

delivery of 12 clinical effectiveness training courses, production of 11 training videos, the establishment of the Collaboration in Ireland for Clinical Effectiveness Reviews (HRB - CICER) to support the development of evidence based clinical guidelines and publication of the NCEC annual report.

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## REGULATION OF HEALTH SERVICES

Awareness of the need for high quality, safe services is central to the reorganisation of hospital services and has increased in regard to residential services, where there is statutory regulation of residential centres for older people, people with disabilities and those with mental health difficulties. Considerable investment has been approved to refurbish and replace public nursing homes over the period 2016 to 2021. 14 public nursing homes were refurbished in 2016.

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## PROFESSIONAL REGULATION

2016 saw the number of Registration Boards and Registers established increase to eight professions which brought to 9,000 the number of health and social care professionals regulated by CORU, The Health and Social Care Professionals Council. CORU's new 5 year strategy was developed in 2016 setting out the work programme 2017 to 2021 which will see the number of health and social care professionals regulated by CORU grow to 25,000 (15 designated professions).

Work commenced on the drafting of a scheme of a Health Miscellaneous Provisions Bill amending a number of health regulatory Acts. A public consultation process was completed on the designation of the professions of Counsellor and Psychotherapist under the Health and Social Care Professionals Act 2005 and work progressed on the protection of title physical therapist.

## STRATEGIC OBJECTIVE 3: CREATE A MORE RESPONSIVE, INTEGRATED AND PEOPLE-CENTRED HEALTH AND SOCIAL CARE SERVICE

### PRIMARY CARE

The Programme for Partnership Government confirmed the Government's commitment to a decisive shift towards primary care so that we can provide more comprehensive care for people within their own communities. Primary Care is where the vast majority of healthcare needs can be addressed at the most appropriate level of complexity and most cost-effectively. The Statement of Strategy 2016-2019 renews our commitment to the development of primary care.

The development of a new, modernised contract for the provision of general practitioner services will be key to achieving our objectives of treating more people in the community. Engagements during 2016 with GP representatives resulted in a number of service developments including the introduction of a Diabetes Cycle of Care for adult patients with Type 2 Diabetes, an enhanced support framework for rural GPs, and a revised list of special items of service under the contract to encourage the provision of more services in the primary care setting.

The enhancement of Speech and Language Therapy Services for children and adults has been the subject of particular focus in recent years. In 2016, development funding of €4 million was provided to focus specifically on speech and language therapy waiting lists in Primary Care and Social Care for children up to 18 years old. This investment enabled the HSE to fill 83 new posts in primary care to address waiting lists, prioritising the longest-waiting children.

### NURSING AND MIDWIFERY POLICY

A three year (2015–2017) Strategy for the Office of the Chief Nursing Officer (CNO's Office) was developed. The purpose of the Strategy is to ensure there is broad understanding, both internally and externally of the role of the CNO's Office.

In 2016 an Interim Report on the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland* was launched

and a pilot commenced in three hospitals. An Initiative on Nursing and Midwifery Values was launched.

The Expert Group Review of Nurse Staffing Levels in Emergency Departments and policy papers were published on future nursing and midwifery in the community capable of driving integration of primary care and acute nursing and midwifery services, and future development of advanced and specialist nursing practice. Work commenced on Phase 2 of the Taskforce on Staffing and Skill Mix for Nursing (Emergency Care Settings). A Framework for National Key Performance Indicators for Nursing and Midwifery was developed. We completed implementation of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes.

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## SOCIAL CARE AND MENTAL HEALTH

The award of the contract for the construction of the new National Forensic Mental Health Service in Portrane was approved.

In 2016 Minister McEntee established a Youth Mental Health Task Force. This is a community-led group with representatives of the public, private, community and voluntary sectors, which is mandated to act as a galvanising force to improve the mental health and wellbeing of our young people. It met with service users parents and frontline staff.

In 2016 with a budget of €940m, the Nursing Homes Support Scheme (Fair Deal) supported over 23,100 people in their long term care needs. The target period of 4 weeks on a placement list for approved applicants was consistently met throughout the year.

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## ACUTE CARE

Every year there are over 3 million outpatient attendances at our hospitals. 100,000 patients have an elective inpatient procedure and 800,000 have a planned day case procedure. Data provided by the HSE indicates that in 2016, urgent and emergency care systems saw a substantial rise in activity including;

- Over 300,000 emergency ambulance calls, a 4% rise on 2015
- Nearly 1.2 million emergency department attendances, a rise of nearly 5% on 2015
- Nearly 290,000 emergency department admissions, up over 5% on 2015.

In order to ensure that treatment was provided to our longest waiting patients, in August, the Minister requested the HSE to develop an Action Plan for Waiting Lists focused on those patients waiting longest for inpatient/daycase treatment. The Action Plan was successfully implemented with over 11,500 patients coming off the inpatient/daycase list from August to December 2016. This yielded to a reduction of more than 50% in the number of patients waiting over 18 months for treatment. The NTPF Endoscopy initiative for 2016 saw a 99.4% reduction in the number of patients waiting over 12 months for a routine endoscopy.

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## AMBULANCES

In May 2016 the NAS Capacity Review was published. The Review, which was commissioned by the HSE, examined overall ambulance resource levels and distribution against demand and activity. The Review makes a number of suggestions to improve performance and recommends very significant investment to address identified service deficits. An Action Plan, which also incorporates recommendations of the HIQA (2014) Ambulance Service Report was also published and implementation commenced.

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## CANCER SERVICES

Throughout 2016 work progressed on the National Cancer Strategy 2017-2026, which was published in July 2017. The new strategy focuses on improving prevention measures to address the rising rates of cancer in Ireland, improving the model of care for cancer, facilitating greater patient involvement in cancer services and establishing programmes and services to support cancer survivors.

The provision of cross-border radiation services began in November 2016, with patients from the North-West now able to receive their radiation therapy at the NorthWest Cancer Centre in Altnagelvin Area Hospital, Derry. This allows patients to receive their treatment as close to home as possible.

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## NATIONAL MATERNITY STRATEGY

2016 was a landmark year for maternity services with the publication of the country's first National Maternity Strategy - *Creating A Better Future Together 2016 - 2026*. The publication of the Strategy demonstrates a new and enhanced focus on maternity care at both policy and service delivery level. It provides a roadmap for how we can improve maternity and neonatal care in the years ahead.

2016 also saw the publication of the HSE's National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death and HIQA's *National Standards for Safer Better Maternity Services*. These Standards will provide a framework for maternity service providers to ensure that they are meeting the needs of women, their babies and their partners, and that a consistent service is delivered across the country. €3m development funding was provided for maternity services in 2016 and included funding for additional staff including 100 midwives, the development of specialist bereavement teams and for the implementation for the Maternal and Newborn Clinical Management System.

## STRATEGIC OBJECTIVE 4: PROMOTE EFFECTIVE AND EFFICIENT MANAGEMENT OF THE HEALTH SERVICES

### HSE'S PERFORMANCE AND ACCOUNTABILITY FRAMEWORK

The Department maintains oversight of the performance of the HSE in relation to the delivery of services provided for in the National Service Plan. During 2016, the Department's Management Board held monthly meetings with the HSE Directorate to discuss performance issues and areas of concern along with regular monthly contact between the relevant divisions in the Department and the HSE.

In service of this, the Department monitors and supports the HSE in the operation of its Performance and Accountability Framework. The Framework provides for the public reporting of services which are the subject of escalation action. The framework was improved and strengthened during 2016, the second year of its operation. The Framework sets out how the HSE, in particular the National Divisions, Hospital Groups, Community Healthcare Organisations (CHOs), the National Ambulance Service (NAS), the Primary Care Reimbursement Service (PCRS) and individual managers are held to account for their performance.

### WORKFORCE PLANNING AND SKILL MIX

The largest component of health expenditure is represented by the pay costs of staff. Throughout 2016 in association with the HSE, the education sector and professional regulators, work progressed on developing A National Integrated Strategic Framework for Health Workforce Planning to guide the planning of the health workforce into the future.

A Cross-Sectoral Steering Group was convened in June 2016 to develop a strategic framework for health and social care workforce planning for Ireland that will support the recruitment and retention of the right mix of health workers across the health system to meet planned and projected service need. Six meetings of the steering group were held in 2016 and a draft document was close to completion by year end.



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## TASK TRANSFER

The Haddington Road and Lansdowne Road Agreements provided a framework for the transfer of specific tasks from Medical staff to Nursing/Midwifery staff. The four tasks are Intravenous cannulation, Phlebotomy, Intravenous drug administration - first dose; and Nurse led delegated discharge of patients. The transfers commenced in 2016. By the end of 2016, significant progress had been made, with tasks being undertaken by the most appropriate staff member across many sites.

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## MACCRAITH IMPLEMENTATION

The MacCraith Strategic Review Implementation Monitoring Group monitors the implementation of the recommendations of the MacCraith Group, which reported in 2013–2014. The Group published its 4th Progress Report on 25th November 2016.

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## EHEALTH

Information technology is an essential tool in the modernisation of health service delivery and in enabling the connection required amongst service users, professionals and organisations to achieve integrated care. It is also increasingly critical in supporting patient safety. In 2016 the Clinical Information Officers Council commenced operation and the Health Innovation Hub Ireland was launched.

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## MODERNISING HEALTH FACILITIES

The Department of Health Strategy 2016-2019 proposes a range of capital projects on-going and planned over the next three year period.

Achievements during 2016 include the refurbishment of 14 public nursing homes, enabling works commenced on the National Children's Hospital at a site in St. James's Hospital. The construction of primary care centres at 14 locations to be delivered by the public private partnership project got underway and procurement of the works contractor commenced for the replacement of 120 beds and associated therapy services at the National Rehabilitation Hospital.

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## FUNDING MODELS

The Programme for a Partnership Government confirmed the Government’s continued commitment to the implementation of Activity Based Funding “ABF” whereby hospitals and other healthcare providers are funded based on the services they deliver rather than historical budget allocations. For the first time 38 of the largest public hospitals had their budgets divided into an ABF allocation and non-ABF budget for Day Case and Inpatient activity.

Progress has continued to be made on the high level actions outlined in the ABF Implementation Plan 2015 -2017 including adjustments to allow for the phasing out of transition payments, the development of a strategic framework for the Community Costing Programme, and the undertaking of preparatory work to allow for the development of ABF for Outpatient activity.

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## PRIVATE HEALTH INSURANCE

Legislation was introduced through the Health Insurance (Amendment) Bill 2016 revising the applicable risk equalisation credits and corresponding stamp duty levies required under the scheme.

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## SECURING COST-EFFECTIVE ACCESS TO MEDICINES FOR PEOPLE

In July 2016, a four year agreement was signed with the Irish Pharmaceutical Healthcare Association (IPHA) that will keep prices of medicines in Ireland on a downward trajectory and will save up to €600 million in cumulative savings from IPHA companies over the next four years with potential for more than €150 million in savings from non-IPHA companies in the same period.

## STRATEGIC OBJECTIVE 5: DEVELOP A HIGH-PERFORMING DEPARTMENT TO LEAD AND OVERSEE THE HEALTH AND SOCIAL CARE SECTOR

### CIVIL SERVICE RENEWAL AND WORKING BETTER TOGETHER ORGANISATIONAL CHANGE PROGRAMME

This Department is fully committed to the ongoing programme of change in the Civil Service, including through the Working Better Together (WBT) Change Programme which will be a core element in our Department's contribution to Civil Service Renewal. 2016 saw the commencement of the rollout of the first phase of the WBT Implementation Plan 2016/17, incorporating major action areas.

### ENHANCED POLICY-MAKING CAPABILITIES AND STRENGTHENED OVERSIGHT

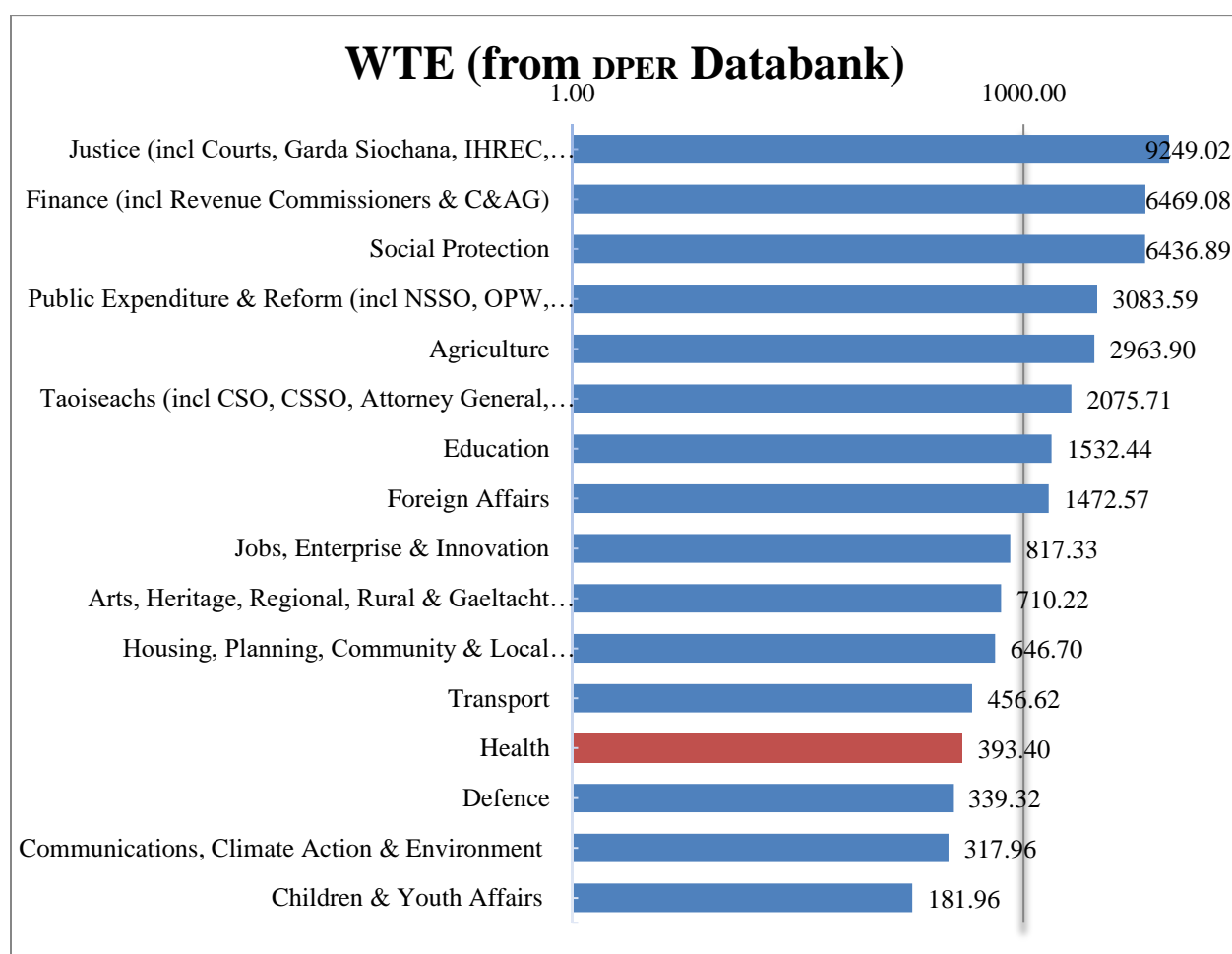
Under the auspices of the newly established R&D and Health Analytics Division, the Research Services Unit during 2016 supported the Department to embed an evidence-informed approach to policy development, implementation, monitoring and evaluation. The Unit provided in-house R&D capability and systems to respond to the Department's short-term evidence requirements while progressing a broader programme of research with external partners to meet medium- and longer-term policy commitments.

### ENHANCED SUPPORTS TO ASSIST STAFF IN FULFILLING THE DEPARTMENT'S ROLE AND FUNCTIONS

In 2016 the Department's Learning and Development Strategy, a key element in building a supportive, high performing work environment in the Department was launched. The strategy was developed as part of the Working Better Together Change Programme and takes into account the Learning and Development Project Underway as part of the Civil Service Renewal Plan. It provides for a two stage process to meet the Departments L&D needs. Stage 1 focuses on short term goals for 2016 and 2017. With stage 2 focusing on medium term goals for 2017 to 2018. As part of the short term programme roll out of the Departments Induction programme commenced in Quarter 2 2016.

## APPENDIX 1 CORPORATE INFORMATION

At the end of December 2016, there was 393.4 whole time equivalent (WTE) staff in the Department of Health. In addition to supporting the Minister for Health, Simon Harris TD and previously Leo Varadkar TD, the staff of the Department also supported the Ministers of State Finian McGrath TD, and previously Marcella Corcoran Kennedy TD, Helen McEntee TD and Kathleen Lynch TD.



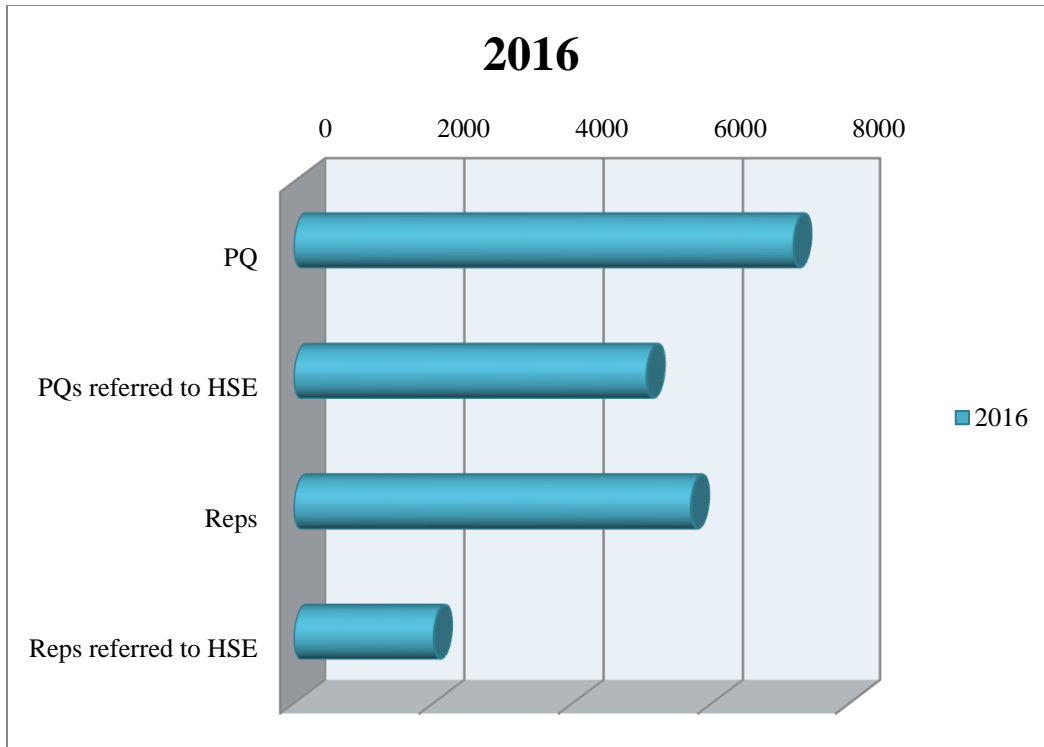
The Department of Health has responsibility for implementation of 139 (18%) of the 776 total commitments in the Programme for a Partnership Government and manages the second largest budget of all Departments.

| DEPARTMENT BUDGETS                                 | 2016 FORECAST<br>OUTTURN DPER<br>DATABANK €000 |
|--|--|
| Social Protection                                  | 19,793,386                                     |
| <b>Health (Inc. HSE)</b>                           | <b>14,110,201</b>                              |
| Education & Skills Group                           | 9,157,799                                      |
| Justice Group (incl. Gardai)                       | 2,436,563                                      |
| Transport  | 1,819,991                                      |
| Housing, Planning Community & Local Govt           | 1,370,006                                      |
| Agriculture  | 1,245,021                                      |
| Children & Youth Affairs                           | 1,084,894                                      |
| Public Expenditure & Reform                        | 1,004,117                                      |
| Defence  | 905,183  |
| Jobs, Enterprise & Innovation                      | 831,124  |
| Foreign Affairs                                    | 701,150  |
| Finance Group                                      | 440,411  |
| Communications, Climate Action & Environment       | 424,572  |
| Arts, Heritage, Regional Rural & Gaeltacht Affairs | 362,189  |
| Taoiseach's Group                                  | 187,217  |

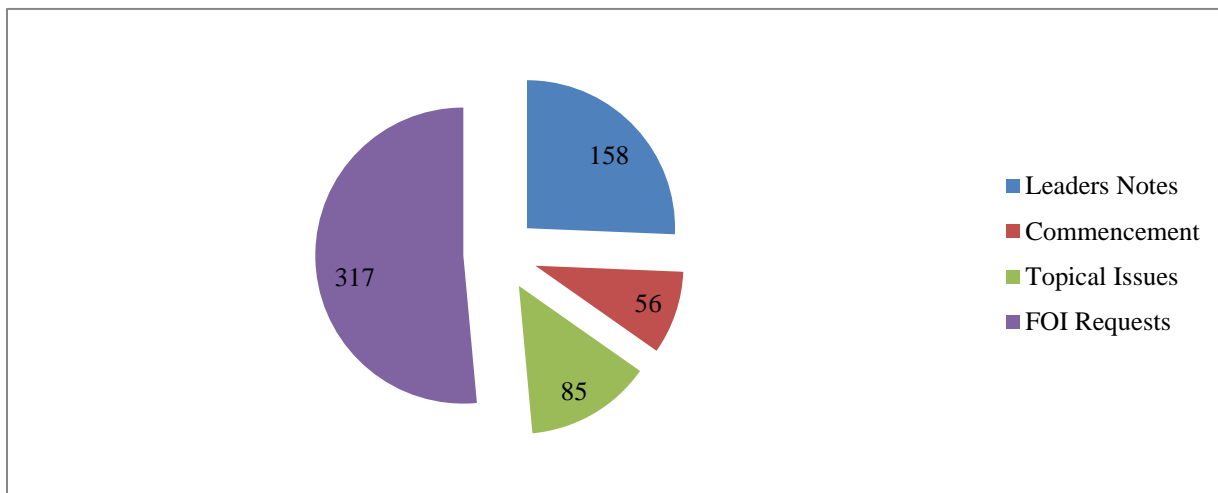
The Department of Health prepared 16% of all the Parliamentary Questions set in 2016. A total of 44,942 PQs passed through the Oireachtas and Department of Health answered 7,189 questions. The profile of parliamentary work carried out in 2016 as set out below.

### 2016 Parliamentary Responses at a Glance

|   |       |
|---|-------|
| <b>Parliamentary Questions answered</b>       | 7,189 |
| Of which referred to the HSE for Direct Reply | 5,076 |
| <b>Notes for Leaders Questions prepared</b>   | 158   |
| Representations received                      | 5,703 |
| <b>Representations referred to HSE</b>        | 2,011 |
| Topical Issues Prepared                       | 410   |
| <b>Topical Issues Selected</b>                | 85    |
| Seanad Commencement Prepared                  | 105   |
| <b>Seanad Commencement Selected</b>           | 58    |



The Department processed 317 FOI requests in 2016, 219 of which were from the media.



An Ipsos MRBI poll measured details of contacts members of the public had with Government Departments in the last year. The results indicated four in ten adults made contact with a Government Department during 2016. The Department of Health was the fourth most contacted Department behind Social Protection, Revenue and the Passport Office with 5% of people

surveyed contacting the Department. Customer Services in 2016 responded to over 2,000 email enquiries and 1,500 phone calls.

### Prompt Payment

Prompt payments during 2016 are as follows.

| Details   | Number       | Value (€)           | Percentage (%) of <u>total number</u> of payments made |
|---|--------------|---------------------|--|
| Number of payments made within 15 days            | 2,337        | 4,283,799.18        | 88   |
| Number of payments made within 16 days to 30 days | 289          | 1,373,724.54        | 11   |
| Number of payments made in excess of 30 days      | 38           | 55,868.16           | 1  |
| <b>Total payments made in 2016</b>                | <b>2,664</b> | <b>5,713,392.10</b> |  |

The total prompt payment paid by the Department in 2016 was €2,250.31

### Energy usage in 2016

The Department has been participating in the OPW “Optimising Power at Work” scheme since 2007. This is the baseline year. Overall energy consumption in Hawkins House for the period 2016 v 2007 has shown a decrease of **18.35%**. This represents a further improvement on the decrease shown in the previous year which was 16.92%.

With regards to the Optimising Power @ Work initiative, the **18.35%** saving was achieved as detailed below.

| Location      | Total Energy |           |            |          | Savings      |
|---------------|--------------|-----------|------------|----------|--------------|
|               | Last 12 mts  | Base Year | Difference | % Saving | Year to date |
| Hawkins House | kWh          | kWh       | kWh        | %        | €            |
|               | 2,116,871    | 2,592,585 | 475,714    | 18.35    | €53,603      |

The figures above reflect the total energy usage (gas and electric) for 2016.

The Department continued with a range of initiatives to improve energy performance including:

- Improvements from “turn off” initiative - with a particular focus on all PCs being shut down at 10pm nightly, if they have not already been shut down by the user.
- Monitoring of time clocks on mechanical and electrical systems
- Monthly energy reporting
- BMS (Building Maintenance System) Maintenance



## APPENDIX 2 BODIES UNDER THE AEGIS OF THE DEPARTMENT OF HEALTH

### **Non Commercial State Bodies**

Dental Council

Dietitians Registration Board

Food Safety Authority of Ireland

Food Safety Promotion Board - Safefood

Health Information and Quality Authority

Health Insurance Authority

Health Products Regulatory Authority

Health Research Board

Health and Social Care Professionals Council (CORU)

Health Service Executive

Hepatitis C Compensation Tribunal

Irish Blood Transfusion Service

Medical Council

Mental Health Commission

National Cancer

Registry Board

National Paediatric Hospital Development Board

National Treatment Purchase Fund

Nursing and Midwifery Board of Ireland

Occupational Therapists Registration Board

Optical Registration Board

Pharmaceutical Society of Ireland

Physiotherapists Registration Board

Pre-Hospital Emergency Care Council

Radiographers Registration Board

Social Care Workers Registration Board

Social Workers Registration Board

Speech and Language Therapists Registration Board

**Commercial State Bodies**

Voluntary Health Insurance (VHI)

The Department prepared three Acts which were enacted during 2016.

### **Legislation Enacted**

Health (Amendment) Act 2016

Misuse of Drugs (Amendment) Act 2016

Health Insurance (Amendment) Act 2016

The Department published four bills during 2016.

### **Bills Published**

Health (Miscellaneous Provisions) Bill 2016

Misuse of Drugs (Amendment) Bill 2016

Health (Amendment) Bill 2016

Health Insurance (Amendment) Bill 2015

### **Legislation 2016: Statutory Instruments**

The Department produced 36 Statutory Instruments during 2016.

### **December**

#### **[Health Insurance Act 1994 \(Lifetime Cover\) \(Revocation\) Regulations 2016 – S.I. No. 627 of 2016](#)**

The purpose of these regulations is to revoke S.I. 82 of 1996. The repealed regulations provided that once a person is insured with a registered undertaking, it cannot terminate or refuse to renew the contract except in specified limited circumstances. The regulations are now superseded by the Health Insurance (Amendment) Act, 2016. S.I. no. 627 of 2016

### **Health Act 1970 (Section 59(4)) Regulations 2016 – S.I. No. 635 of 2016**

These Regulations provide that refugees living in emergency reception and orientation centres, under the Irish Refugee Protection Programme, shall be exempt from the application of the prescription charge payable by persons with full eligibility. S.I. No. 635 of 2016

### **Health Insurance Act 1994 (Lifetime Cover) (Revocation) Regulations 2016 – S.I. No. 627 of 2016**

The purpose of these regulations is to revoke S.I. 82 of 1996. The repealed regulations provided that once a person is insured with a registered undertaking, it cannot terminate or refuse to renew the contract except in specified limited circumstances. The regulations are now superseded by the Health Insurance (Amendment) Act, 2016. S.I. No. 627 of 2016

### **European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) (No. 4) Regulations 2016 – S.I. No. 606 of 2016**

These Regulations give effect to Commission Implementing Regulation (EU) 2016/2107 of 1 December 2016 replacing Annex I to Regulation (EC) No. 669/2009 as regards the list of food of non-animal origin subject to an increased level of official controls on imports. These Regulations amend the European Communities (Official Controls on the Import of Food of Non-Animal Origin) Regulations 2010

### **Health Products Regulatory Authority (Fees) Regulations 2016 – S.I. No. 602 of 2016**

The purpose of these Regulations is to provide for the revision of fees payable to the Health Products Regulatory Authority (formerly the Irish Medicines Board) pursuant to Section 13 of the Irish Medicines Board Act 1995. These Regulations revoke the Health Products Regulatory Authority (Fees) Regulations 2015 (S.I. No. 599 of 2015).

### **Health Professionals (Payments to General Practitioners) (National Immunisation Programmes) Regulations 2016 – S.I. No. 577 of 2016**

These Regulations shall apply to payments made to general practitioners in respect of services rendered under National Immunisation Programmes. S.I. no. 577 of 2016

## **Health (Reimbursement list) (Application Fees) Regulations 2016 – S.I. No. 576 of 2016**

These Regulations provide a statutory basis for fees charged by the HSE in respect of their reasonable administrative costs in assessing applications by manufacturers for the inclusion of their products (primarily drugs) on its Reimbursement List. S.I. no. 576 of 2016

## **November**

## **European Union (Provision of Food Information to Consumer) (No. 2) Regulations 2016 – S.I. No. 559 of 2016**

These Regulations are intended to define “small quantities” and “local” as referred to in Point 19 of Annex V of Regulation (EC) No. 1169/2011 of the European Parliament and of the Council of 25 October 2011 on the provision of food information to consumers.

## **European Union (Specific Conditions applicable to the Import of Foodstuffs containing or consisting of Betel leaves from India) Regulations 2016 – S.I. No. 554 of 2016**

These Regulations give effect to Commission Implementing Regulation (EU) 2016/166 of 8 February 2016 laying down specific conditions applicable to the import of foodstuffs containing or consisting of betel leaves from India. These Regulations may be cited as the European Union (Specific Conditions Applicable to the Import of Foodstuffs Containing or Consisting of Betel Leaves from India) Regulations 2016.

## **European Union (Temporary Suspension of Imports from Bangladesh of Foodstuffs containing or consisting of Betel leaves) Regulations 2016 – S.I. No. 553 of 2016**

These Regulations give effect to Commission Implementing Decision 2014/88/EU of 13 February 2016 suspending temporarily imports from Bangladesh of foodstuffs containing or consisting of betel leaves (‘Piper Betle’), as amended by Commission Implementing Decision (EU) 2016/884 of 1 June 2016. These Regulations cease to have effect on 30 June 2018.

## **European Union (Protection of Animals used for Scientific Purposes) (Amendment) Regulations 2016 – S.I. No. 552 of 2016**

These Regulations amend the European Union (Protection of Animals used for Scientific Purposes) Regulations 2012 to give further effect to Directive 2010/63/EU of the European Parliament and the Council of 22 September 2010 on the protection of animals used for scientific purposes. These Regulations may be cited as the European Union (Protection of Animals used for Scientific Purposes).

### **October**

## **Medical Scientists Registration Board (Establishment Day) Order 2016 – S.I. No. 531 of 2016**

The effect of this order is to appoint, under the Health and Social Care Professionals Act 2005, the 17th day of October 2016 as the establishment day of the Medical Scientists Registration Board. S.I. no. 531 of 2016

## **Assisted Decision-Making (Capacity) Act 2015 (Commencement of Certain Provisions) (No. 2) Order 2016 – S.I. No. 517 of 2016**

This Order provides for the commencement of section 91(2), and relevant definitions, of the Assisted Decision-Making (Capacity) Act 2015 for the establishment, by the Minister for Health, of a multidisciplinary working group of suitable persons willing and able to make recommendations to the Director of the Decision Support Service in relation to codes of practice pertaining to the advance healthcare directive provisions of the Assisted Decision-Making (Capacity) Act 2015.

## **Health (Delegation of Ministerial functions) (No. 4) Order 2016 – S.I. No. 512 of 2016**

The Health (Delegation of Ministerial Functions) (No. 4) Order 2016 delegates to Marcella Corcoran Kennedy, Minister of State at the Department of Health the statutory powers and duties of the Minister for Health mentioned in the Order. S.I. no. 512 of 2016

## **Health (Delegation of Ministerial functions) (No. 3) Order 2016 – S.I. No. 511 of 2016**

The Health (Delegation of Ministerial Functions) (No. 3) Order 2016 delegates to Catherine Byrne, Minister of State at the Department of Health the statutory powers and duties of the Minister for Health mentioned in the Order. S.I. no. 511 of 2016

## **September**

### **European Union (Food Additives) (Amendment) Regulations 2016 – S.I. No. 484 of 2016**

These Regulations have been adopted for the purpose of giving further effect to Regulation (EC) No. 1333/2008 of the European Parliament and of the Council of 16 December 2008 on food additives, as amended. These Regulations also give further effect to Commission Regulation (EU) No. 231/2012 of 9 March 2012 laying down specifications for food additives listed in Annexes

### **Health (Residential Support Services Maintenance and Accommodation Contributions) Regulations 2016 – S.I. No. 467 of 2016**

In keeping with section 67C(2)(a) of the Health Act 1970, relating to maintenance and accommodation contributions payable by recipients of long-stay non-acute residential support services, these Regulations are made by the Minister for Health, with the consent of the Minister for Public Expenditure and Reform.

### **Health (Amendment) Act 2013 (Certain Provisions) (Commencement) Order 2016 – S.I. No. 466 of 2016**

The primary purpose of this commencement order is to bring into operation, on 1 January 2017, sections of the Health (Amendment) Act 2013, which include provisions for Repealing section 53 of the Health Act 1970 (relating to charges for in-patient services), introducing a replacement framework of charges for acute in-patient services and introducing a new framework of maintenance and accommodation contributions for long-stay non-acute residential support services.

## **August**

### **European Union (Special conditions governing the import of certain food from certain third countries due to contamination risk by Aflatoxins) (Amendment) Regulations 2016 – S.I. No. 449 of 2016**

These Regulations give partial effect to Commission Implementing Regulation (EU) 2016/24 of 8 January 2016 imposing special conditions Governing the import of groundnuts from Brazil, Capsicum annuum and nutmeg from India and nutmeg from Indonesia and amending Regulations (EC) No. 669/2009 and (EU) No 884/2014 insofar as it relates to food.

## **July**

### **[Health \(Delegation of Ministerial Functions\) \(No. 2\) Order 2016 – S.I. No. 397 of 2016](#)**

The Health (Delegation of Ministerial Functions) (No. 2) Order 2016 delegates to Helen McEntee, Minister of State at the Department of Health the statutory powers and duties of the Minister for Health mentioned in the Order. S.I. No. 397 of 2016

### **[Health \(Delegation of Ministerial Functions\) Order 2016 – S.I. No. 396 of 2016](#)**

The Health (Delegation of Ministerial Functions) Order 2016 delegates to Finian McGrath, Minister of State at the Department of Health the statutory powers and duties of the Minister for Health mentioned in the Order. S.I. No. 396 of 2016

### **[European Union \(Provision of Food Information to Consumers\) \(Amendment\) Regulations 2016 – S.I. No. 389 of 2016](#)**

These Regulations give effect to Commission Implementing Regulation (EU) No. 828/2014 of 30 July 2014 on the requirements for the provision of information to consumers on the absence or reduced presence of gluten in food.

### **[European Communities \(Official controls on the import of food of non-animal origin\) \(Amendment\) \(No. 3\) Regulations 2016 – S.I. No. 351 of 2016](#)**

These Regulations give effect to Commission Implementing Regulation (EU) 2016/1024 of 24 June 2016 amending Articles 2 and 15(1) of, and replacing Annex I to, Regulation (EC) No. 669/2009 implementing Regulation (EC) No. 882/2004 of the European Parliament and of the Council as regards the increased level of official controls on imports of certain feed and food of non-animal origin.

## **June**

### **[European Communities \(Certain Contaminants in Foodstuffs\) \(Amendment\) Regulations 2016 – S.I. No. 329 of 2016](#)**

These Regulations give further effect to Commission Regulation (EU) No. 212/2014 of 6 March 2014, Commission Regulation (EU) No. 488/2014 of 12 May 2014, Commission Regulation



(EU) No. 696/2014 of 24 June 2014, Commission Regulation (EU) No. 1327/2014 of 12 December 2014, Commission Regulation (EU) 2015/704 of 30 April 2015, Commission Regulation (EU) 2015/1005 of 25 June 2015; Commission Regulation (EU) 2015/1006 of 25 June 2015, Commission Regulation (EU) 2015/1125 of 10 July 2015, Commission Regulation (EU) 2015/1137 of 13 July 2015, Commission Regulation (EU) 2015/1933 of 27 October 2015, Commission Regulation (EU) 2015/1940 of 28 October 2015 and Commission Regulation (EU) 2016/239 of 19 February 2016 amending Regulation (EC) No. 1881/2006 as regards maximum levels of the contaminants.

### **European Union (Cosmetic Products) (Amendment) Regulations 2016 – S.I. No. 317 of 2016**

These Regulations amend the European Union (Cosmetic Products) Regulations 2013 to give effect to a number of Commission Regulations. These Regulations have the effect of accounting for amendments pertaining to the restrictions in relation to methylchloroisothiazolinone and methylisothiazolinone (Commission Regulation (EU) No. 1003/2014 of 18 September 2014), prohibiting the use of 3-benzylidene camphor in cosmetic products (Commission Regulation (EU)).

### **Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) (Amendment) Regulations 2016 – S.I. No. 293 of 2016**

These Regulations amend the Health Act 2007 (Care and Welfare of Residents in Designated Centres for Older People) Regulations 2013 in relation to the accommodation (including the amount of space in bedrooms, the sanitary conveniences and dining facilities).

### **European Union (Natural Mineral Waters, Spring Waters and Other Waters in bottles or containers) Regulations 2016 – S.I. No. 282 of 2016**

These Regulations give effect to Council Directive 98/83/EC of 3 November 1998, Commission Directive 2003/40/EC of 16 May 2003, Directive 2009/54/EC of the European Parliament and of the Council of 18 June 2009, Commission Regulation (EU) No. 115/2010 of 9 February 2010, Council Directive 2013/51/EURATOM of 22 October 2013 and Commission Directive (EU) 2015/1787 of 6 October 2015.

## **May**

### **Infectious Diseases (Amendment) Regulations 2016 – S.I. No. 276 of 2016**

These Regulations amend the Schedule to the Infectious Diseases Regulations, 1981, (as amended) to include Zika virus infection as an additional infectious disease which requires to be notified. S.I. No. 276 of 2016

### **European Union (Manufacture, Presentation and Sale of Tobacco and related products) Regulations 2016 – S.I. No. 271 of 2016**

These Regulations give effect to Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014, on the approximation of the laws, regulations and administrative provision of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC.

### **Public Health (Standardised Packaging of Tobacco Act 2015 (Commencement) Order 2016 – S.I. No. 270 of 2016**

This Order may be cited as the Public Health (Standardised Packaging of Tobacco) Act 2015 (Commencement) Order 2016.

### **Health Professional (Variation of Payments to General Practitioners) Regulations 2016**

These Regulations shall apply to payments in respect of services rendered by a general practitioner to or on behalf of the Health Service Executive under the General Medical Services Scheme, the Health (Amendment) Act 1996, the Maternity and Infant Care Scheme and the Heartwatch Programme. S.I. no. 233 of 2016

## **April**

### **European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) (No. 2) Regulations 2016**

These Regulations give effect to Commission Implementing Regulation (EU) 2016/443 of 23 March 2016 replacing Annex I to Regulation (EC) No. 669/2009 implementing Regulation (EC) No. 882/2004 of the European Parliament and of the Council as regards the increased level of official controls on imports of certain feed and food of non-animal origin.

## **February**

### **Regulation of Retail Pharmacy Businesses (Amendment) Regulations 2016**

These Regulations amend the Regulation of Retail Pharmacy Businesses Regulations 2008 to require pharmacy owners and superintendent pharmacists to store medicinal products, which are not prescription medication or schedule 5 controlled drugs or medicines listed on a general sales list, to be stored in a specified part of the pharmacy premises.

### **Mental Health (Amendment) Act 2015 (Commencement) Order 2016**

This Order will commence the Mental Health (Amendment) Act 2015 (No. 58 of 2015) with effect from 15 February 2016. The effect of this Order will be to amend sections 59 and 60 of the Mental Health Act 2001 by the deletion of the words “or unwilling” from both sections.

### **Health and Social Care Professionals Act 2005 (Section 95(3)) (Variation of Title: Optician) Regulations 2016**

These regulations prescribe the title of optician as a variant of the specified title of optometrist and provide that the title of optician may, in addition to the title of optometrist, be used by registrants of the profession of optometrist. S.I. No. 51 of 2016

## **January**

### **The European Communities (Official Controls on the Import of Food of Non-Animal Origin) (Amendment) Regulations 2016**

These Regulations give effect to Commission Implementing Regulation (EU) 2015/2383 of 17 December 2015 replacing Annex I to Regulation (EC) No. 669/2009 implementing Regulation (EC) No. 882/2004 of the European Parliament and of the Council as regards the increased level of official controls on imports of certain feed and food of non-animal origin.

## **Publications 2016**

All publications are available on our website for download at [www.health.gov.ie](http://www.health.gov.ie).

### **December**

#### **[Health in Ireland Key Trends 2016](#)**

This is the ninth edition of this easy-to-use reference guide to significant trends in health and health care over the past decade, including population and health status, as well as trends in service provision.

#### **[Statement of Strategy 2016-2019](#)**

The Statement of Strategy for the Department of Health for the period 2016-2019 sets out our mission, our values, and our role and main functions. It describes the current environment in which health and social services are to be delivered and identifies a number of underlying themes that will inform our work

#### **[Lourdes Hospital Payment Scheme Final Report 2016](#)**

In November 2013, the then Minister for Health, Dr James Reilly TD, announced that approximately 35 women who had undergone bilateral oophorectomy procedures and who had been excluded, on age grounds alone, from the original Lourdes Hospital Redress Scheme in 2007, would be provided with ex gratia awards, subject to the appropriate proofs required under subject to the appropriate proofs required under the Scheme.

#### **[Strategic Review of Medical training and Career Structure – Fourth Progress Report January – July 2016](#)**

This is the fourth progress report to be submitted to the Minister for Health and covers the period from 1 January to 31 July 2016.

## **November**

### **[Report to the Minister for Health on an Evaluation and Analysis of Returns for 1 July 2015 to 30 June 2016 including advice on Risk Equalisation Credits](#)**

The Minister for Health requested that the Health Insurance Authority provide a Report to the Minister under Section 7E of the Health Insurance Act 1994. The Report includes: An evaluation and analysis of Returns for the period 1 July 2015 to 30 June 2016.

### **[The Surgical Symphysiotomy Ex Gratia Payment Scheme Report](#)**

Judge Maureen Harding Clark's Report on the Surgical Symphysiotomy Ex-gratia Payment Scheme. The Surgical Symphysiotomy Ex-gratia Payment Scheme, which was approved by Government, was established on 10 November, 2014.

### **[Prevalence of Drug Use and Gambling in Ireland and Drug Use in Northern Ireland – Bulletin 1](#)**

This Bulletin presents the key findings from the fourth drug prevalence survey of households in Ireland and Northern Ireland. Within Ireland the survey sampled a representative number of people aged 15+ from August 2014 to August 2015.

### **[Positive Ageing 2016 – National Indicators Report](#)**

This first Positive Ageing National Indicator report presents findings from a wide range of existing resources on what matters for older people.

### **[Review of Certain Matters Relating to a Disability Service in the South East](#)**

The Minister of State with responsibility for Disabilities, Finian McGrath TD has published the report of Conor Dignam SC. Mr. Dignam was asked by the Minister of State's predecessor, former Minister of State Kathleen Lynch, to look into certain matters relating, in particular, to two previous reports on foster care commissioned by the HSE

## **October**

### **[Healthy Ireland Survey 2016 Summary Findings](#)**

This report provides an overview of results from the second wave of the Healthy Ireland Survey, an annual interviewer administered face-to-face survey commissioned by the Department of Health. The survey data plays a number of roles, including supporting the Department in ongoing engagement and awareness-raising activities in the various policy areas and supporting better policy development.

## **[Introducing a Tax on Sugar Sweetened Drinks – Health Rationale, Options and Recommendations](#)**

A Department of Health Working Paper, October 2016. The Department of Health has published an internal working paper to inform consideration of a sugar sweetened drinks levy from a health perspective.

## **[Healthy Lifestyles – A Consultation with Children and Young People](#)**

This report outlines the views of children and young people on factors that help and hinder them in having a healthy lifestyle. This consultation process with children and young people formed part of the national consultation process with stakeholders for the National Obesity Policy.

### **September**

## **[A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025](#)**

This Obesity Policy and Action Plan is the result of the Government’s desire to assist its people to achieve better health and in particular to reduce the levels of overweight and obesity. It also acknowledges that the solutions are multiple and that every sector has a role in reducing the burden of this condition.

## **[Ireland’s Report on the European Schools Project on Alcohol & other Drugs in Ireland \(ESPAD\)](#)**

ESPAD is a collaborative effort of research teams in more than forty European countries and the largest cross-national research project on adolescent substance use in the world. The overall aim with the project is to repeatedly collect comparable data on substance use among 15–16 year old students in as many European countries as possible.

## **[The Minister for Health invites applications for the position of Chair of the Saolta University Health Care Group Board](#)**

The Minister for Health invites applications for the position as Chairperson of the Saolta University Health Care Group Board.

### **August**

## **[Proposed regulation of Counsellors and Psychotherapists under the Health and Social Care Professionals Act 2005](#)**

Public Consultation - the Minister for Health, Mr Simon Harris TD, in accordance with section 4(2)(b) of the Health and Social Care Professionals Act 2005, wishes to give interested persons, organisations and other bodies an opportunity to make representations to him concerning the proposed designation under the Act of the professions of counsellor and psychotherapist.

## **July**

### **[Framework Agreement on the Supply and Pricing of Medicines](#)**

Medicines play a key role in improving the health of patients in Ireland. Securing timely access to medicines for patients at an affordable price, in particular innovative medicines offering enhanced health outcomes, is a key priority for Ireland.

## **June**

### **[Notifications in Accordance with Section 20 of the Protection of Life During Pregnancy Act 2013 – 2015 Annual Report](#)**

Notifications in Accordance with Section 20 of the Protection of Life During Pregnancy Act 2013 – 2015 Annual Report

### **[Briefing Revised Estimates 2016 for Vote 38 HEALTH](#)**

Briefing Revised Estimates 2016 for Vote 38 HEALTH

### **[National Healthcare Quality Reporting System \(NHQRS\) Annual Report 2016](#)**

This is the second National Healthcare Quality Reporting System (NHQRS) annual report. It focuses on a range of outcomes that are important to patients and that reflect the broad range of health services provided in Ireland.

### **[Report on Incorporating Diagnosis Related Groups into the Risk Equalisation Scheme](#)**

In 2014 the Department of Health and the Health Insurance Authority commenced work on the development of a more refined health status measure using Diagnosis Related Groups (DRGs) to be implemented in a timely and phased manner. A key requirement of the reform is more comprehensive and sophisticated data collection and analysis.

## **May**

### **[Better Health, Improving Health Care](#)**

“Better Health, Improving Health Care” is a strategic briefing document prepared by the Department for the incoming Minister for Health, in advance of the publication of the Programme for Government. It sets out some strategic considerations to inform the task of developing a clear and coherent agenda for action to improve the health service.

### **[Briefing material provided to Minister Harris upon his appointment](#)**

Briefing material provided to Minister Harris upon his appointment. Relevant sections of the brief were provided to each Minister of State.

## **April**

### **[Governance Framework for the Department of Health](#)**

This Governance Framework aims to provide a clear overview of the principal aspects of corporate governance within the Department of Health. The Governance Framework is drafted in accordance with the Corporate Governance Standard for the Civil Service.

### **[Department of Health Annual Report 2015](#)**

The 2015 Annual Report details the progress made by the Department in the first year of our three year Statement of Strategy 2015-2017.

### **[National Drugs Strategy 2009-2016 Progress Report 2015](#)**

Drugs misuse continues to be one of the most significant challenges facing our country. It is highly destructive and has devastating effects on individuals, relationships, families, communities and society in general.

### **[National HR Circulars](#)**

Circulars will be available to download here from the date of publication effective from (and the date). Historic circulars may be requested by email. 2016 Increase in State Pension Contributory wef 8th January 2016 – 04/01/2016

## **March**

### **[Alcohol Literature Review](#)**

This literature review on alcohol was commissioned by the Department of Health in 2014 to update evidence contained in the National Substance Misuse Strategy.

### **[An Assessment of the Economic Cost of Smoking in Ireland](#)**

This research was commissioned by the Department of Health in 2015 to provide a more accurate assessment of the morbidity and mortality and costs associated with smoking.

### **[Reporting obligations under the Tobacco Products Directive No. 2014/40/EU](#)**

Notice to Industry – March 2016. Under Articles 5 and 20 of Directive 2014/40/EU of the European Parliament and of the Council of 3 April 2014[1], on the approximation of the laws, regulations and administrative provisions of the Member States concerning the manufacture, presentation and sale of tobacco and related products and repealing Directive 2001/37/EC, manufacturers and importers of tobacco products, electronic cigarettes and refill containers are required to submit information on their products including information on ingredients, emissions



and toxicological data to competent authorities of the Member States in which they place/intend to place these products on the market.

## **February**

### **[Values in Nursing and Midwifery](#)**

The Values Initiative is a process to consult on, identify, agree and commit to a set of nursing and midwifery values that underpin practice in Ireland. The Initiative is led by the Chief Nursing Officer, Department of Health, in partnership with the Office of the Nursing and Midwifery Services Director and the Nursing and Midwifery Board of Ireland.

### **[Report of the Monitoring Group Implementation of the Recommendations of the Report of the Review of Undergraduate Nursing and Midwifery Degree Programmes \(2012\) Department of Health, February 2016](#)**

A Monitoring Group was set up by the Department of Health in May 2013 to monitor and support the implementation of the recommendations of the Review of the Undergraduate Nursing and Midwifery Degree programmes (DoH 2012).

### **[National Maternity Strategy – Creating a Better Future Together 2016-2026](#)**

Ireland's first National Maternity Strategy, Creating A Better Future Together, 2016 – 2026 was launched by the Minister for Health on 27 January 2016. The Strategy maps out the future for maternity and neonatal care, to ensure that it will be safe, standardised, of high-quality and offer a better experience and more choice to women

### **[Strategy for the Office of the Chief Nursing Officer 2015-2017](#)**

The Strategy sets out the Vision, Mission and Values for the Office. It also highlights the Office's Strategic Objectives until end 2017, as follows: To provide expert policy input and direction to support government priorities and to optimise public investment in the health system;

### **[Interim Report and Recommendations by the Taskforce on Staffing and Skill Mix for Nursing on a Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland February 2016](#)**

Minister Varadkar was joined by the Chief Nursing Officer Dr Siobhan O'Halloran and nursing union leaders to launch the first national Framework for safe nurse staffing and skill mix in general and specialist medical and surgical care settings in acute hospitals. This is the first policy paper published by the Office of the Chief Nurse

## **January**

### **Get Ireland Active – the National Physical Activity Plan**

The National Physical Activity Plan focuses on different types of actions, some immediate and some more long-term and sustainable solutions, which recognise that behaviour change is complex, challenging and takes time. This does not merely focus on overcoming deficits but concentrates on solutions and strengths and reshaping the environment for physical activity.