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What’s in a name? We wondered if the “Adelaide Hospital Society” reflected the diversity of our activities in 2015. We asked our President, Rosemary French, to convene a group to consider this issue. While the Adelaide Hospital Society will remain our name for legal purposes, Mrs French’s group suggested “The Adelaide Health Foundation” as a “common usage” name to better reflect our activities and this has been formally accepted by our Board.

In 2013, I presented a lengthy report outlining our history, the evolution of our strategic thinking, vision, mission and purpose, statement of values and outline strategic plan. This reference document is available through the Foundation’s office and website. It is perhaps pertinent to re-state our vision, mission and purpose and statement of values:

**Our vision**

Our vision is to be an independent not-for-profit health foundation that seeks to advance healthcare in a way that is

- centred upon the dignity of every human being
- treats mind, body and spirit holistically, and
- provides equal access to healthcare based upon the basis of need.

**Mission and purpose**

This is defined in our principal object in our Memorandum of Association as: “The advancement of medicine, medical care and medical science and the practice thereof including the advancement of medical and nursing education and towards this object to maintain a means for charitable participation in the health services of Ireland by members of the Christian Churches which adhere to Protestant traditions for the benefit of all people and especially the poor of every denomination”.

**Statements of values**

We will be loyal to our vision and to our objectives.

In so doing, we will specifically welcome participation in our activities by persons of any denomination or none who share our fundamental principles.

**Our fundamental principles shall be:**

1. Equal access to equal quality health care for all persons with particular attention to the deprived and dispossessed.
2. Support for minorities and the dispossessed.
3. Respect for the dignity of the individual by treating and caring for them as they wish.
4. Support of the right of all to all information relevant to health without pre-conditions.
5. Independence in opinion and action, including but not confined to the fields of ethics and genetics.
6. Public and patient involvement in healthcare, thus supporting the voluntary principle of active citizenship in promoting the common good.
7. Evidence-based healthcare provision.
8. The promotion of excellence in education and research.
9. Engagement with our local community.

These are fine words.

**But have we succeeded?**

Thanks to the work of Dr Fergus O’Ferrall, Universal Health Insurance is official government policy. Essentially this means equal access to services for all citizens regardless of means. While accepting that the initial time scale proposed by Government was unrealistic, progress to date has been glacially slow. Our waiting times for public patients to access services are the worst in Europe and a national and international disgrace. In stating this, let us be clear that our role is not to carp but to help to suggest solutions.

Throughout Europe, waiting times bear no relationship to gross domestic product. While resources may be inadequate, this must signal a fundamental problem with organisation and administration.

With regards to health policy, Catherine Darker’s report on the Foundation’s Health Policy work outlines a portfolio of remarkable depth and diversity. Our conferences now attract the most relevant and influential people in Irish healthcare and experts from abroad and I think that it is true to say that we have established ourselves as a credible national authority in the field of health policy. It is a pleasure to welcome Lucy Whiston who is undertaking a PhD on patient and family participation in healthcare design and delivery.

Last year, we reported a positive development in our relations with the Hospital Board with the signalling of a renewed awareness as to how a voluntary body like the Foundation can use its expertise and resources towards the shared objective of better patient care. A positive dialogue with both the Chair and the CEO of the Hospital has started and I am happy to report that we now have quarterly meetings to be briefed on Hospital affairs and to offer input into matters of policy. It is not our brief to be involved in operational issues, except to signal if we are told of areas of major concern.

We can and should form a bridge between local needs and health policy by developing our links with the local community and learning more of their needs and how we can help in practical ways; Triona Murphy is spearheading this initiative. It will also be informed by the Health Assets & Needs Assessment (HANA) in Tallaght project being undertaken by our health policy unit. We would also like to see Tallaght Hospital recognized as a centre where innovative new healthcare policies of national relevance can be developed. Having said that, I believe that we need to give Triona more support as our links with our community remain too weak.
Last year, we flagged that our membership needs new blood. We therefore started a series of consultations with medical and nursing students to see how we might make our activities more helpful and relevant to them - and indeed we welcome feedback from anyone interested in the AHF, whether a member or not. As with our community involvement, this aspect of our activities needs more effort.

Please help us to do better in 2015 and beyond. We need feedback from our members and indeed from anyone who may read this Annual Report.

Ian M Graham, FRCPI, FESC, FTCD
Although we have a new business name there has been no change to the commitment of the Adelaide Health Foundation to continue to strive to advance healthcare in line with our Principal Object.

Having adopted the new name the Board of Governors, with the assistance of D2 Communications, considered how best to convey in a single sentence or strapline the work of the Foundation and, after much discussion, the following was decided upon as encompassing the range of our activities -

*Promoting Excellence in Healthcare through Advocacy, Research, Education and Support*

If you visit our newly revamped and updated website you will see this strapline features prominently.

As part of the redesign and upgrading of our website there is now a facility to sign up to receive news and information from the Foundation from time to time and we hope you will avail of this. Please do visit the website at www.adelaide.ie where you can keep up to date with our research projects, get information on and sign up for upcoming events and access information on our grants and scholarship schemes. In addition under the Adelaide School of Nursing there is information on applying for the BSc Nursing (Gen) Degree as well as full details on the Adelaide Bursary Scheme for student nurses.

In 2014 the Foundation supported a variety of projects in the Hospital and in the local community

**The Adelaide School of Nursing**

In 2014 a new application process was put in place. The interviews were replaced by an enhanced application form which applicants were required to complete and return to the Adelaide Health Foundation. The application forms allowed candidates to be evaluated for the following competencies – team skills, leadership skills, aptitude for caring and reasons for applying to the Adelaide School of Nursing.

442 completed application forms were received and 319 applicants were nominated for a place in the Adelaide School of Nursing subject to CAO criteria. 32 Adelaide School of Nursing students were admitted in September 2014 to undertake their BSc Nursing Degree in Trinity College. Minimum Leaving Certificate points required in 2014 were 395, although not all applicants with 395 points received an offer of a place.
We are often asked by students about the required points and, unfortunately, it is not possible to predict what the required points will be from year to year as this is set based on Leaving Cert results and other criteria in any given year and the Foundation has no role in determining points required.

Adelaide Nursing Scholarships and Bursaries
The Hannah McDowall Scholarship was awarded in 2014 to Student Nurse Kiera Pienaar for her distinguished performance in her first year TCD examinations. This annual Scholarship is valued at €1900 and is in honour of Staff Nurse Hannah McDowall (1975-2002). We congratulate Kiera on this and also offer our warmest congratulations to her on being elected a Trinity Scholar (Nursing) in 2015.

The Caroline Sharkey Scholarship
Ms Sourene Cheeran
MSc by Research in Sedation Management in ICU

The Eileen Mansfield and Dorothy & David Mitchell Scholarships were not awarded in 2014.

We congratulate our scholarship winner and wish her every success with her research and studies.

Bursaries
Bursaries to the value of €52,000 were paid to new and continuing students in 2014. The bursaries awarded by the Foundation are always very gratefully received by our students and their families and we often hear from them about how vital the funds are in enabling a student to take up a place in the Adelaide School of Nursing.

Nursing is key to the work of the Foundation and we are extremely grateful for donations to the Bursary Scheme as we continue to offer support to our nursing students and nurses in the Hospital.

Education Grants to Hospital Staff
The Foundation awarded grants to a total of €4500 to staff in a variety of Hospital departments to (1) attend conferences relevant to their work, (2) make presentations at conferences and seminars and (3) undertake relevant educational courses for professional development. To be eligible to be considered for a grant applicants must demonstrate that the use of the funding relates to the Principal Object of the Foundation (the advancement of healthcare) and also specify clearly how patient care will be improved.
The Adelaide New Initiatives Scheme 2014
The following Hospital Departments were awarded grants in 2014 to assist with new and developmental initiatives.

Music at the Bedside in Webb Ward
National Centre for Arts & Health

Transcutaneous oxygen pressure as a reliable marker for peripheral Circulation in the absence of traditional indicators
Vascular Laboratory Department

The New Initiatives Scheme is open to all Hospital departments and the Foundation is committed to supporting new and development initiatives in the Hospital which contribute to improved patient care.

The Adelaide Community Health Initiative Scheme 2014
This Scheme has been running since 2010 and the following grants were awarded in 2014 to a total of €6,500

Tallaght Cancer Support Group
Yoga/Pilates project for cancer sufferers

Kingswood/Kilnamanagh Active Age
Aerobics/Exercise Project for Active Age Group (Men)

Since the CHIS was put in place the Foundation has supported locally based projects in a variety of healthcare related areas, including mental health, women’s health, men’s health, teenage parents-to-be and health promotion. It is our intention to continue, and indeed to expand, this Scheme as we continue to develop and strengthen our links with the local community.

Esther and I are always glad to hear from members and supporters with comments and suggestions and maybe even complaints! Please do contact us; we would love to hear from you. Our contact details are at the back of this Report and our office is located in the Atrium of Tallaght Hospital where we welcome callers.

With very best wishes

Róisín Whiting
The Annual General Meeting of the Nurses’ League was held in the Talbot Hotel, Wexford on the 11th October, 2014. Members from far and near (including the UK, Australia and Canada) travelled to Wexford and stayed for the weekend. The hotel staff were very helpful and so made it a successful event. We extend our thanks to them for their hospitality.

Thank you to our committee members for the work they do throughout the year. Ros Garrett and Nola Lambert continue as secretary and treasurer respectively. The other members of the committee are Hilary Daly, Avril Carroll, Sharon Glynne, Iris Rice, Ruvé Stewart, Yvonne Seville, Heather Taylor and Anne Deane (who replaced Hazel Caird). Thank you to Hazel for her input to the committee over the past 6 years.

The London Branch will host their annual lunch in the Sloane Club in May which is organised by Lorraine Dixon.

The Margaret Dornan Scholarship was awarded for the final time last year. It takes the form of a bursary awarded to a final year student nurse and the recipient for 2014 was Suzanne Hill. We are once again very grateful to the Adelaide Health Foundation and Trinity College for administering this award.

The work of the Benevolent Fund is undertaken in the strictest of confidence by the committee members. It is used to support and assist our members as required. Thank you to the committee for continuing this good work in distributing this fund.

The AGM for 2015 is to be held in the Radisson Blu Hotel, Golden Lane, Dublin, 8 on Saturday 10th October and we look forward to seeing as many of our members as possible there.

Denise Pierpoint
Denise Pierpoint
President
Address to AGM 2014

Address to AGM, May 28th 2014

I am very honoured to have been invited to make this contribution on the occasion of your AGM 2014. I may come from ‘the other tradition’ but given the current milieu in which our hospitals are severely challenged and in the context of the current debate about the ‘voluntary’ sector vis-à-vis the ‘state sector’ I feel I am among friends and colleagues who are grappling with same very important and urgent concerns.

For the past 20 years, I have been directly engaged with Catholic Hospitals with a view to preparing for the future. My background was not in healthcare, so the early years were taken up with getting an adequate understanding of the complex nature of hospital institutions and the wider healthcare scene. We established corporate structures some 13 years ago to enable a more professional, accountable, and strategic approach to service of the sick, but at this point I am very aware that further work is now called for if the mission and heritage, independence and diversity of our hospital facilities are to have a secure and relevant place in the Ireland of tomorrow.

Origin

While the notion of the ‘voluntary’ has been seeking oxygen over the past few years, the current focus on ‘section 38’ hospitals has brought it abruptly to the fore and clearly shown the acute vulnerability of our heritage. In many people’s mind the ‘Voluntary Sector’ is associated with sport and the arts and generally non-essential elective services. Volunteer Week was celebrated last week. But it also exists in institutions in the education, social service fields as well as in healthcare, all of which have provided essential services, non-state-owned, for most of three centuries to the young, vulnerable and ill in our society. In 1978, at the opening of Beaumont, (an amalgamation of two voluntary hospitals into one State facility) a local paper – Anniversary Press – recounted something of the extraordinary picture of Dublin hospital provision from the seventeen hundreds on and their apparent sad demise in the present era. The very first voluntary hospital in Ireland or Britain was founded in 1718 – The Charitable Infirmary (Jervis St). This marked the beginning of the ‘age of the voluntary hospital’. Dr. Steevens opened in 1733, Mercers in 1734, the Rotunda in 1745, the Meath in 1751, St. Patrick’s in 1753, and Sir Patrick Dun’s in 1792. They were all funded by public subscriptions and charity events and the doctors gave their time without charge. The eighteen hundreds saw this picture expand with Temple St, St. Vincents, Harcourt St, the Adelaide, the Mater, and others. Literally for centuries, these faith-based facilities provided access to free (or nearly free) medical service mostly for the poorest people. In some cases the religious who operated them took no salaries or pensions for more than 140 years, right up to the year 2000.

This picture told a rich story of voluntary services, founded to address needs which the State had not yet addressed, had not recognised or was not in a position to fund.
This passionate and adventurous voluntary spirit is still alive today in areas like homelessness, addiction services, suicide prevention and disability areas. In this sense ‘voluntary’ means anyone who is not statutorily obligated to provide such services, but chooses to do so in order to respond to genuine need. The not-for-profit aspect is inherent in the voluntary concept but its core is the free independent choice of individuals or groups to provide services for people in need from out of their basic humanitarian or faith-based convictions. Over the decades these essential services gradually received public funding because the State, in assuming its responsibilities needed them, as it was not in a position to replace them.

Voluntary Today

Times have changed since the 19th and even the recent 20th century. The picture of voluntary hospital provision has contracted significantly. Today, the State in general takes its obligation to provide for the basic and essential needs of all its citizens seriously, particularly in education, health and welfare. It fulfils this obligation by providing these services directly itself and legislating for them, and by supporting independent providers on condition that such providers meet the required standards and operate within the law. Thus we have a mixed provision of both State and Voluntary facilities (70%-30%) which are publicly funded, making for diversity, choice, alternatives and a well-distributed hospital profile over the country. This varied state of affairs was not questioned or at risk until recently.

Though our hospital institutions have changed almost beyond recognition since their beginnings, they nevertheless retain their ‘voluntary’ character in that they were not established by the State, are independently owned and governed, and generally have an overall values/ethos/charter Statement binding on all staff and activity. They are still altruistic in intent and served by the generosity of many stakeholders. There is was no legal obligation in the past, nor is there today, on the Mercy Sisters, or the Church of Ireland, or any other charitable entity to provide such service. Historically we did, at a time of great need, and today we seek to honour and preserve that legacy through a relevant and worthy service to the people of our time.

The value of ‘voluntary’ still attracts today but we are challenged to be clearer on what it means and what its benefits are in a plural society. I have heard that some hospitals describe themselves as ‘statutory/voluntary’. This is a contradiction in terms and a miss-application of the term ‘voluntary’! Such Statutory facilities are developed by the State, their Boards have some legislative backing but their members are appointed by the State, paid by the State and serve at the wishes of the Minister for Health. Such Boards are not free independent entities under company or Trust Law. In my view they cannot be described as ‘voluntary’ in any meaningful sense of the term.

The Validity of the Voluntary

I believe that the argument for the continuation of the voluntary in the hospital sector is compelling. Some of the key characteristics of a healthy civic society underscore this argument. Diversity is highly valued in the developed world. It is evident in the wide range of personal and group talents and activities, in the provision of many important services, in achievements and aspirations. The existence of the voluntary expresses and enables this diversity. It engenders commitment and communal pride which supports quality of delivery. A single ‘one size fits all’ model imposed by the State makes for a monolithic, centralised and mechanistic system. Such autocratic control is the road to a totalitarian State, and more immediately to predictable mistakes, errors and unnecessary failures. Rather, is it not the responsibility of the State to foster voluntary initiative and a spirit of responsible subsidiarity rather than control?
Equality of opportunity is also a key characteristic of a democratic society. Institutions and individuals who choose to deliver specific services are free and entitled to do so, provided they work within the law and to the standards required. Such choice may have the backing of financial means (as with our founders in the past) but if the voluntary services are essential to the wellbeing of many citizens (30% of provision), then recourse to a fair share of the public finances is totally valid and appropriate.

Freedom of activity, freedom to congregate, freedom to create different and alternative models is at the heart of contemporary liberal democracy. It enables participation and choice in regard to services, and supports active citizenship in their provision. Voluntarism reflects a healthy society, a society that is communal, caring, creative and responsible – communal in gathering people round the project, caring in responding to real need, creative in devising new and perhaps better ways, and responsible in safe and effective delivery - thus enriching the quality of life of all.

Values Based
The Voluntary Provider (whether faith-based or not) has a valid and vital place in a developed society like ours. Voluntarism makes a statement about the ever-present concept of human generosity, social concern and the urgency of responding to unmet need. It keeps the vision of a human-values-based provision (care, justice, dignity, and excellence) to the fore above the acknowledged importance of efficiency. These are values shared by the great majority in society, irrespective of faith. Further the ‘voluntary’ brings with it a unique ‘space’, an opportunity to ‘question’ in a way the state sector cannot, to comment on and critique the dominant picture, and not least to examine the adequacy or otherwise of its own performance. Have we missed out on the opportunity in recent decades to be an alternative voice? Have we raised a hand in regard to the details of the planned Government reforms? Even though the current Group Plan seems a done deal, do we have the courage and insight of our ancestors to put down a marker on aspects that concern us? If we claim a right to exist, we must also step up to the plate when challenges emerge.

A Christian Public hospital is an expression of the core human value of caring for the sick person with compassion and skill, dignity and justice, hope and grace. A faith-based facility today provides a particular evangelical and transcendental quality (unveiling the face of an inclusive loving God in Jesus) which speaks to and offers hope to the vulnerable heart of society. It is as if an electric current of ‘the kindness of God’ runs through the work of the hospital and through its staff at all levels. This is no obstacle to our partnering with the State and others of good will, in meeting the needs of our time. However, there is a clear need now to awaken the general public and our Christian communities to the vulnerability of the voluntary hospital in their midst, especially at a time of uncertainty and maybe even attack. I noted a reference in last year’s report to an uncertainty round the position of the CofI on continuing to have a leadership role in healthcare. The same uncertainty resides in the mind of Catholic authorities.
Perhaps the most accurate description of the Voluntary Hospital today is that of a publicly funded institution, independently owned and governed, operating out of a declared value system often legally underpinned, whether faith based or not. Many of our hospitals are incorporated as not-for-profit entities answering to the obligations and regulations of company law, Trust Law or Charity Law. Their Members and Directors are totally voluntary, are appointed by the owners/trustees and their audited accounts and reports are subject to public scrutiny through the Companies Registry Office. They are also appropriately accountable to the State (Dept of Health/ HSE/PAC) for the proper management of funds and quality of services. While not formalised historically by the issue of a ‘licence’ to function, this anomaly could be rectified now if the State so wished.

Public Funding Supported

‘He who pays the piper calls the tune’ is a familiar saying. It is often argued that the State should own and manage the voluntary hospitals because it provides the funds both at capital and annual revenue levels. This is a narrow, undemocratic and even unethical argument. Further, it is sometimes argued (with some disparagement) that the State has ‘grown up’ and does not need the ‘charitable activities’ of such as ourselves to provide essential services today. In reply I believe firmly that the State has a moral obligation to fund the voluntary sector for these reasons:-

- The funds allocated to the independent provider from the exchequer are taxes, and are used for the free and essential care of sick people, who are themselves tax payers and citizens of the country. Add up the numbers who attend our facilities – a multiple of Mater annual figures: 200,000 outpatients, 50,000 emergency, 16,000 inpatients, 48,000 day cases. A multiple of 4 brings us beyond the million! These exchequer funds would have to be spent in any case by the State itself to meet demand in further facilities not available now.

- Our facilities may have to rely totally on the continuance of public funds to be viable or even survive. However, other vital resources are not inconsequential – they may own the land/site, own the brand built up over more than 150 years, own the intellectual assets associated with research and accompanying institutions like Neurological Institute, School of Nursing, etc. In this context there is no difficulty about providing an appropriate ‘lean’ on new buildings; this seems a reasonable, and adequate protection for the State’s interest.

- Where the funder and provider are the same entity (State) there is a danger that conflicts of interest may arise, that the interests of the State may take precedence over the needs of the sick. The present situation is so uncomfortably close that the State seems to take to itself the right to decide the nature and extent of the treatments required by patients in the withholding of funds or drugs. The State, in the words of Bishop Murray, wants to ‘become your doctor’! How ethical is that? The plan that the new hospital groups will be constituted as independent Trusts is welcome in this regard.

- The Funder should more properly commission and pay for the services mutually agreed, operate under an appropriate contract of engagement, and exercise oversight of the quality of delivery and the management of funds. The voluntary does not endanger the State’s duty of care and responsibility in any way.
• Technically (as volunteers) the owners/trustees could disengage, dissolve the companies and cease the service! The State might like the voluntary sector to disappear but its replacement would be at considerable cost unless it envisaged enforced possession. Such an action would be reflective of a communist regime, and hints of this approach were already seen in the decision to amalgamate the three voluntary children’s hospitals without seeking prior agreement, and in the stipulation (in 2008) that the Mater provide a site, free and unencumbered, for a Children’s hospital which it would not then own or manage!

• While recognising our failures from time to time, the voluntary sector, according to all current accreditations and inspections, provides a more than excellent service comparable and complementary to that of the State, reflecting diversity, initiative and partnership; it enhances overall provision, so why seek to dispose of it? Is there a hidden agenda?

**Challenge for Now**

In conclusion, we, the present providers, the successors of those early benefactors, standing on their shoulders, have a major challenge before us. While making efforts over the past few decades to ensure good governance, management and efficiency, we did not pay much attention to the gradual erosion of our independent decision making rights, our particular culture and ethos, to such a point that the parameters of Trusteeship, responsibility and mission have become blurred. We may have been somewhat remiss, perhaps naïve, about the preservation of this vital voluntary aspect of our identity and history. Our Hospitals have bent the knee, succumbed to financial pressures, and have seen areas like appointments, services, accountability lines hijacked, kidnapped! It is very hard to row back the tide in this regard.

We have to take up with energy, commitment and passion the right of the voluntary to exist and we have to play a significant part in its preservation into the future. A new Voluntary Forum has been established in the past few months and the time is right, through a small window of opportunity, to bring this topic to public awareness and to engage our hospital communities in positive action for the preservation of the heritage we have received. We need something like a ‘Voluntary Commission’, or a ‘Voluntary Platform’ which would have national status and authority, would speak for us all, have oversight of our performance, and engage with the State in a true partnership, developing a modern hospital service, fit for purpose which is alert and attentive to the needs of tomorrow.

*Helena O’Donoghue*

Helena O’Donoghue RSM
May 28th 2014
Careful Nursing Conference April 2014
2014 proved to be a very busy year for the Health Policy Unit.

The Adelaide Health Policy Unit functions and operates within the structure of the Department of Public Health & Primary Care and also within the remit of the Adelaide Health Foundation. There are two specific governance inputs in the form of the Board of Governors of the Foundation and also the Health Policy Steering Committee. The Steering Committee meets approximately every two months and its purpose is to oversee the processes and the implementation of the research and policy plans.

The vision of the Health Policy Unit is to be a leading independent not-for-profit health foundation, which seeks to advance healthcare in Ireland by providing research and health policy analysis. This vision is realised through three main objectives: 1. to generate and promote the use of research evidence to inform health policy, management and services; 2. to evaluate key health policies which impact on the health and well being of the Irish population; and 3. to advocate for access to quality healthcare based upon need and not ability to pay. The activity of the Health Policy Unit is focused upon the delivery of its identified objectives.

Research

Tallaght Health Needs and Assets Assessment (HANA in Tallaght Project)

This is a community-based project, which is jointly funded by the Adelaide Health Foundation and Tallaght Hospital. Partners in the project are South Dublin County Council and the Health Intelligence Unit of the Health Services Executive. The project is based on the needs assessment conducted in 2001 entitled “People living in Tallaght and their health”. Data collection took place between September and December 2014 and is now complete. We interviewed a total of 343 households, which yielded information on over 1000 individuals. The response rate was a highly successful 81.4%. The interview examined topics pertaining to lifestyle & family issues; chronic illness and disability; and both primary and secondary health care utilisation of the community. This research will allow us to determine what needs remain unmet, what new needs have emerged and what needs have been met in the intervening years. However, it goes beyond a simple measurement of health needs and expands into health and well being asset assessment and mapping. This community research will help the hospital and the community to plan for health and well being resources for the Tallaght area. This research will be launched in September 2015 to coincide with Tallaght Health and Wellbeing Week.
Chronic Disease Management
Dr Catherine Darker undertook a major programme of research to identify what elements of the Chronic Care Model, which is the internationally recognised model for chronic disease management, are currently in place in Ireland. The four main chronic diseases are cardiovascular diseases (heart attacks and stroke), cancers (particularly breast, prostate and colonic cancer), chronic respiratory diseases (chronic obstructive pulmonary disease and asthma) and diabetes. It is expected that there will be a 40% increase in the number of people in Ireland living with chronic conditions such as hypertension, coronary heart disease, stroke and diabetes by 2020.

This programme of research involved surveying the opinions of key stakeholders such as general practitioners, hospital consultants, practice nurses and patients. The aim of this research is to take an overview of the four stakeholder perspectives across key criteria for effective chronic disease management and offer an appraisal of which elements of the CCM are currently in place. This will help to identify strengths and weaknesses within the Irish healthcare system for the management of chronic conditions.

This will provide a baseline measure of chronic disease management for benchmarking against ongoing transformation in the future. This research will inform service delivery. Copies of the reports are available from the Foundation office. We collaborated with a number of partners to conduct this research including the Irish College of General Practitioners, the Royal College of Physicians of Ireland, the Irish Practice Nurses Association and community pharmacists or pharmacies.

Dr Darker undertook to compile the international evidence for integrated care. The concept of integrated care is polymorphous in nature and lacks specificity and clarity, which significantly hampers systematic understanding, successful application and meaningful evaluation within any health system. This paper explores the many definitions, concepts, logics and methods found in health care system and health service integration. In addition this paper examines the main elements or building blocks of integrated care and suggests a way to address its various complexities and unknowns in an applied Irish context. This policy paper was launched on 20th November 2014. The launch coincided with a workshop on integrated care at which the Keynote Speaker was Dr Anne-Marie Yazbeck, Ministry of Health in Slovenia. Ms Deirdre Jacob, Primary Care Social Worker also addressed the meeting and Dr Tom O’Connor, editor of a recent book on Integrated Care was the Discussant. Prof Ian Graham Chaired the meeting. Copies of the Policy Paper are available from the Foundation office.

Survey of Risk Factor Management for Cardiovascular Disease in Primary Care
Dr Darker, in conjunction with Prof Graham, piloted the utility of a clinical audit of the management of patients with established cardiovascular disease and patients at risk of cardiovascular disease attending Primary Care. This audit is an adapted version of SURF (SURvey of Risk Factors), which was conceived as a simple audit of cardiovascular risk factor management within Secondary Care to provide more representative usage to complement detailed audits such as EuroAspire. GPs are faced with an increasing workload in caring for
patients of all ages and backgrounds with often complex clinical needs, in a time of decreasing resources. The burden of chronic disease management in general practice is significant. With population disease prevalence trends and the push to move management of many of these conditions into primary care, this is likely to continue. Inherent in many chronic diseases is a level of cardiovascular risk. Many patients have multiple chronic diseases and co-morbidities. Identifying, managing and keeping up with different guidelines can be time consuming and challenging. The Adelaide Health Policy Unit has collaborated with the Irish Primary Care Research Network (IPCRN) and the National University of Ireland, Galway. This project is being funded with an unrestricted grant from MSD. A beta test of the project is currently underway in five primary care practices.

**Public and Family Participation in Healthcare Design & Delivery – Adelaide PhD**

This research will be conducted through a PhD programme, which is jointly funded by the Adelaide Health Foundation and the Irish Research Council. It is being undertaken by Lucy Whiston with Dr Catherine Darker and Prof Joe Barry as supervisors.

Patient and family participation in healthcare design and delivery is when the views of patients and family members are sought and taken into account in designing, planning, delivering and improving new and existing healthcare services. For example, patient and family involvement in decision making discussions, development of patient charters, or patient and family setting of priorities. Internationally, numerous interventions to encourage patient and family participation have been tested. However, no consensus has been reached due to heterogeneity in the interventions tested, the patient groups employed and underlying health systems. In Ireland there has been limited research on patient and family participation in healthcare design and delivery. National policy ‘Healthy Ireland’ has identified increased service user involvement as one of the key performance indicators for the healthcare system going forward.

This study will focus on opinions and utilisation of patient and family participation in the design and delivery of Irish healthcare services from the perspective of patients, family members, healthcare providers and policy leaders in a mental and medical healthcare service. The most appropriate type and level of intervention to encourage participation will be identified. The impact of the identified intervention on level of treatment satisfaction and patient and family participation will be analysed.
It is expected that this will lead to improved levels of treatment satisfaction and patient and family engagement in health services. A taxonomy of interventions to encourage patient and family participation which can be tested on a wider scale, implemented nationally and in different services will be developed. Baseline data from which to measure levels of patient and family participation will be gathered.

**National Board and Committee meetings:**

**Healthy Ireland**
Dr Darker was appointed by Minister James Reilly for a 3 year term to the Healthy Ireland Council. The Healthy Ireland Framework takes a “whole of Government” and “whole of society” approach to improving health and wellbeing which is based on international experience and thinking in addressing the broad social determinants of health. Priority areas are: nutrition, physical activity and mental health. There will be a focus on children and the early years of development. Health inequalities will be a focal point across the three priority areas.

**NACDA – National Advisory Committee on Drugs and Alcohol**
The goal of the NACDA is to advise the Government on problem drug and alcohol use in Ireland in relation to prevalence, prevention consequences and treatment. Dr Darker also sits on the Research Advisory Group (RAG) for the NACDA. The RAG governs all research projects that receive funding from the NACDA group to maximise quality and oversight for research outputs.

**IPPOSI – Irish Platform for Patients’ Organisations, Science and Industry**
Dr Darker sits on the Board of IPPOSI. The goal of IPPOSI is to provide a structured way of facilitating interaction between scientific and clinical professionals with industry and patient groups. IPPOSI is recognised by the Department of Health as being an organisation contributing towards the overall development of Health Research Policy in Ireland.

**TASC Autonomous Group on Health Inequalities**
Dr Darker sits on the reformed TASC group on health inequalities. This group is Chaired by Prof Joe Barry and was previously responsible for publishing ‘Eliminating Health Inequalities – A Matter of Life and Death’ (2011). The newly reformed group has committed to updating the Health Inequalities report with a view to establishing what recommendations have been met by Government. The group hopes to have a document ready for publication in early 2015.
Irish Cancer Society Expert Group on Health Inequalities
Dr. Darker represents the Adelaide Health Foundation on the Irish Cancer Society (ICS) Expert Group on Health Inequalities. Terms of Reference for the Group include:

- Provide expertise and advice from a health, policy, social justice, and medical perspective on ICS work in health inequalities;
- Advise on our policy, research and practice around health inequalities in cancer; and proposed policies and interventions to reduce these inequalities;
- Assist the ICS to decide on research needs in light of the findings of the literature review on health inequalities and health outcomes relating to cancer;
- Assist the ICS to formulate an implementation plan on tackling health inequalities in cancer;
- To provide an advisory role. The ICS will advocate on the issues as it sees appropriate;
- To be a resource to the ICS in support of its goals, its strategic plan, and its work towards the next National Cancer Control Strategy in 2016.

Health Reform Alliance
The Health Reform Alliance seeks to consider how the Irish health system could be reformed in an equitable way to promote health and wellbeing for the whole population and to ensure that healthcare is available to all based upon clinical need and not upon financial means. The Health Reform Alliance is committed to universal access to health care and the values of equality and equity in the provision and funding of healthcare. The group has a particular interest in the impact of health reform upon people with chronic conditions and older people.

Membership: Irish Heart Foundation; The Alzheimer Society of Ireland; The Asthma Society of Ireland; Age Action; Irish Cancer Society; Neurological Alliance of Ireland; the Samaritans and The Adelaide Health Foundation.

The Terms of Reference for this group is being drafted.
Rev. George Ferguson; Life Governor of the Adelaide Health Foundation

It was with very great sadness that we in the Adelaide Health Foundation learned of the death of George in the early hours of Sunday, 18th May 2014.

George was truly part of the Adelaide. Going back to the early 1960s in Peter Street where he served on the Board and on many sub-committees, where his wisdom was greatly valued. He stayed with all the changes involved with the move to Tallaght, always making the patient the centre of all our deliberations. He was so loyal and supportive through all the difficulties, sustaining our work by reminding us of the many aspects of the care of our patients, which always brought us to where we should be concentrating.

We will remember him, not only for his ever helpful support but we will also remember and deeply appreciate his presence at all our varied and country-wide events – always turning up and prepared to put his hand to anywhere he could help.

Even in more recent years, when he was not able to attend meetings, I know his visits when he popped into the Adelaide office in the Hospital were greatly appreciated and reminded us that the Adelaide was still in his thoughts and prayers.

Always a proponent and supporter of voluntarism, George was a regular customer of the Volunteer Coffee Shop in Tallaght Hospital and the volunteers in the Coffee Shop remember him as someone who always thanked them for giving their time and was a "real gentleman".

To his family we send our deepest sympathy and assure them that the work done in the Hospital today is all the better because of his love and care for patients over many, many years.

Rosemary French
President of the Adelaide Hospital Society
Tallaght Hospital Initiative Wins National Award

The Irish Healthcare Awards promote special recognition of achievements in the healthcare community. At the recent Awards Ceremony, attended by more than 400 people from the world of Irish healthcare, Tallaght Hospital and the Nurse-Led Chest Pain Service - Cardiology Nursing Department were presented with the award in the ‘Healthcare Department Initiative - Large/Teaching Hospital’ category.

We extend our warmest congratulations to Clinical Nurse Specialist Shirley Ingram and her team on this outstanding achievement. David Slevin, CEO of the hospital commented “Through this innovation patients receive a quicker diagnosis that is of incalculable difference in terms of the care they receive and their peace of mind. In addition, the Emergency Department benefits from a more efficient delivery of its services. Harnessing and recognising innovation in our care is a key focus for our hospital and I want to thank all involved for their important work.”

Christmas Tree Competition

Every year there is an inter-departmental Christmas Tree competition in the Hospital. This year the worthy winners were Ormsby Ward for their ‘Angels of Knowledge’ tree. The tree was made up of books on all aspects of nursing (including many copies of our own 150th Anniversary of the Adelaide School of Nursing book) and knitted ‘angels’ to represent each nurse on Ormsby Ward, knitted by our own Triona Murphy. Well done to Ormsby Ward!
Emergency Department

In 2013 Tallaght Hospital had a total of 76,014 combined emergency presentations to the Adult and Paediatric Emergency Department (ED) and a major expansion to the ED has been taking place. This expansion will enable patients to be cared for in a more appropriate and comfortable environment.

Phase 1 of the project became operational in December 2014. This phase means an extension to the Paediatric Clinical Decision Unit and ED, extended Resuscitation area in the Adult ED (an increase from 4 to 5 bays) and extended Majors area (increase from 3 to 10 bays).

Work on Phase 11 of the project has started and is expected to be completed in the spring of 2015.

This expansion will provide additional space, allow hospital staff to treat patients more efficiently and reduce the amount of time patients spend in the Emergency Department.

Indoor Map of Tallaght Hospital

Another example of innovation and a first for Tallaght Hospital is the launch of the first indoor map of a hospital in Ireland. The map, designed by Kerry Ryder from the ICT Dept, shows users how to get to their destinations in the hospital and covers all areas of the campus. On a 60,000 sq. m site on a 35 acre campus this was no easy task!

Kerry completed the project by mapping the internal signage locations and kiosk directions. It is intended that every patient, in advance of their hospital appointment, will be provided with a map tailored to show the patient’s own destination. This will enable patients to get to their appointments with ease and also means that staff of the hospital can refer to the map when directing patients.

Foundation News

Check out our new website www.adelaide.ie

One of our student nurses, Shannen McGuiness, is so proud to be one of the Adelaide team that her friends got a cake made of her uniform for her 21st birthday. Wishing you a happy birthday Shannen and all the best in your nursing career.
The Foundation is a voluntary charitable organisation whose principle Object is to advance healthcare. The Foundation supports Tallaght Hospital, Dublin 24 evoking public support throughout Ireland for this public voluntary teaching hospital.

The Foundation nominates students to be admitted to the Adelaide School of Nursing to undertake their BSc Nursing (General) in Trinity College, Dublin and administers a Bursary Scheme for eligible students.

The Foundation provides a means for participation for members of the Protestant Churches in the Irish health services and welcomes support from all who value the voluntary tradition of The Foundation’s commitment to healthcare since 1839.

The Adelaide Health Foundation is the business name for The Adelaide Hospital Society which is incorporated as a limited liability company (No. 224404) and is a recognised charity (Charity No: 11153), with its registered office at Tallaght Hospital, Tallaght, Dublin 24.

The Foundation is composed of Life and Annual Governors and of Members and is managed by a Board appointed from amongst the Governors. The Governors are appointed from the membership of The Foundation, which is open to all who wish to support the work of The Foundation. Members pay an annual subscription to The Foundation.
Bequest to the Adelaide Health Foundation

Form of Bequest to the Adelaide Health Foundation of Personal Property

I bequeath to the Adelaide Health Foundation in Dublin, for its use, the sum of €________ to be paid out of my personal estate; and I declare that the receipt of the Director of such Society shall be a full discharge of my Executor for said legacy. Of Land and Houses (To be accurately described)...

I devise and bequest to the Adelaide Health Foundation in Dublin, for its use, all my estate and interest in the land of ____________________________________________ in the County or City of, ___________________________ (or in all the houses and premises known as Nos.____________________ and the rents and profits thereof, with all rents due to me thereout at my death).

All charitable bequests are free of inheritance tax. No will is valid that is not executed in the presence of two witnesses, all signing in the presence of each other.

witness 1

witness 2

Donations to the Adelaide Health Foundation in lieu of flowers are gratefully accepted. During last year this was done and greatly appreciated. All donations received as a result have been individually acknowledged, but the Board wishes to record its grateful thanks both to the relatives and the donors in question.

Gifts in Memorium

In 2014 the Foundation received donations in memory of the following:

- Ms June Coulson
- Mr & Mrs Wally & Fanny Winn

Grateful thanks to all who donated in this way.
Membership Form

I/We wish to join The Adelaide Health Foundation

[☐] Rev  [☐] Dr  [☐] Mr  [☐] Mrs  [☐] Ms (please indicate)  Use BLOCK CAPITALS please

Name

Address

Tel 1

Tel 2

Email

Membership Subscription Rates (Please tick ✓)

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Option A - by Post

I enclose  [☐] Cheque  [☐] Postal Order

Amount to be paid: €__________________ made payable to “The Adelaide Health Foundation”

Please return to: Ms Roisin Whiting, Adelaide Health Foundation, Tallaght Hospital, Tallaght, Dublin 24

Option B - by Card

[☐] Access  [☐] VISA  [☐] Mastercard  [☐] Debit  [☐] Other

Card Number

Expiry Date

CCV last 3 digits at back of card
Option C - by Direct Debit  

Sepa Direct Debit Mandate

For Official Use Only

Unique mandate Reference

By signing this mandate form, you authorise
(A) The Adelaide Health Foundation to send instructions to your bank to debit your account and
(B) your bank to debit your account in accordance with the instructions from The Adelaide Health Foundation.

As part of your rights, you are entitled to a refund from your bank under the terms & conditions of your agreement with your bank.

A refund must be claimed within 8 weeks starting from the date on which your account was debited.

Please complete all the fields marked *

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Creditor address T A L L A G H T H O S P I T A L

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Signature(s)

Note: Your rights regarding the above mandate are explained in a statement that you can obtain from your bank.

Please send this mandate to: The Adelaide Health Foundation, Tallaght Hospital, Dublin 24.
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