

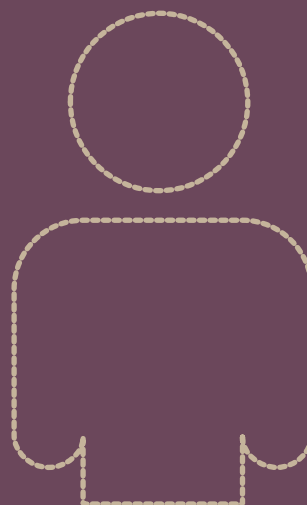


Oifig an Ombudsman  
Office of the Ombudsman

# Annual Report 2014



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Report Number 31

Designed by:

**CATALYSTO** 



Oifig an Ombudsman  
Office of the Ombudsman

**Annual Report 2014**

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## Report to the Oireachtas

I hereby submit the Annual Report of the Office of the Ombudsman to the Dáil and Seanad pursuant to the provisions of Section 6(7) of the Ombudsman Act 1980 (as amended). This is the 31st Annual Report submitted in relation to the work of the Office of the Ombudsman since it was established in 1984.

A handwritten signature in black ink, which appears to read "Peter Tyndall". The signature is written in a cursive, flowing style.

**Peter Tyndall**  
Ombudsman  
June 2015



**Bernadette McNally**  
Director General

# CHAPTER

## 01 / Introduction from the Ombudsman





# Chapter 1: Introduction from the Ombudsman

## 1.1 Introduction

Every Ombudsman has two fundamental aspirations. The first is to put things right for people who have suffered an injustice because of poor administration or who have not received a service to which they are entitled. The second is to improve services by making sure that lessons are learned from mistakes. The Office of the Ombudsman in Ireland has been doing both for thirty years and there continues to be a high demand for our services.

## 1.2 Thirty Years of the Ombudsman

2014 marked the thirtieth anniversary of the Office, and the first full year for me as the current Ombudsman. From the initial work of Michael Mills to establish the Office and his fight to keep it independent in very difficult circumstances, through the deft stewardship of Kevin Murphy and the highly regarded work of my predecessor Emily O'Reilly in raising the profile and modernising the service to make it fit for the 21st century, there is an unbroken chain of careful consideration of complaints and delivery of individual redress and systemic improvement.

I was happy to be able to take part in the celebration of the Office's thirty years with two key events. Firstly, I would like to again extend my thanks to President Higgins for his warm welcome to the reception at Áras on Uachtaráin where staff old and new had their contributions recognised. Secondly, I am grateful to the IPA for co-hosting a conference to mark our anniversary. The conference featured high quality Irish and international speakers led by Mr Brendan Howlin, the Minister for Public Expenditure and Reform, who spoke about the new Ombudsman legislation he introduced in 2012 and his vision for the future of public administration in Ireland. It was an opportunity to reflect on the achievements of the Office and to consider how to move forward in the changing national and international contexts.

## 1.3 Ombudsman Investigations

During the year we also continued with the mainstream work of the Office. We published our report about the Long Term Illness Card Scheme addressing concerns about inconsistency in awarding the cards in different parts of the country. I was pleased that the HSE introduced changes to the administration of the scheme to ensure that a person's address is not a factor in determining eligibility.

We also issued a report on passports for Irish-born children of non-EEA parents. We found that the current process was complex and not joined up, and we made recommendations which will bring about improvements in the future.

I was also very pleased to launch '*A Good Death – a reflection on Ombudsman complaints about end of life care in Irish hospitals*'. The report sets out lessons to be learned from our examinations and investigations in providing excellent and compassionate care to people at the end of their lives. The report was prepared in co-operation with the Irish Hospice Foundation and we continue to work with the HSE to ensure that the recommendations designed to improve the quality of care and environment for people at the end of their lives are implemented. More detail on each of these investigations is contained later in this report.

## 1.4 Sharing the Learning

Another key development during the year was the launch of "The Ombudsman's Casebook". Many of the cases we consider are examined or settled and do not lead to the publication of reports. Consequently, there has been a risk that the learning from these cases is being lost. By regularly publishing a digest of case summaries, it becomes possible for bodies in the jurisdiction of the Office to learn not just from their own mistakes, but from those of others. This approach can help to avoid mistakes being made in the first place. The Casebook has been very well received and has a growing audience across public service providers and amongst elected representatives and NGOs. As well as offering a useful perspective to service providers, it helps my Office to be alert to any developing trends where there are clusters of complaints which might suggest systemic problems which need to be addressed. I would urge all public service providers to take steps to aggregate any information they have about things which have not gone well, whether they learn about them through complaints they have dealt with themselves, through the work of my Office, through whistleblowers or through their own monitoring so that they are aware of any trends and take action appropriately to address them.

The Office is committed to working with the bodies in our jurisdiction to resolve complaints promptly and effectively, often without the need for formal investigation. We have worked through the year to develop good working relationships to enable us to achieve such prompt outcomes, but also to resolve long standing difficult issues. Our developing links

with the Department of Health, the HSE and the Association of County and City Managers have been very valuable in this context, as have our continuing good working relationships with other Government Departments. The Department of Social Protection accounts for a high proportion of the complaints we receive. This does not reflect a particularly poor performance on its part but rather a very high volume of contact with people using its service. The Department is typically very helpful in assisting our consideration of complaints and prompt in putting things right where there has been a mistake.

## 1.5 Team Effort

Our ability to deal well with the continuing high volume of complaints we receive is highly dependent on the staff of the Office and I would like to pay tribute to their work, led by our outgoing Director General Bernadette McNally, whose contribution to the improvement and development of the Office has been substantial. We have been fortunate to receive funding for additional staffing which will enable us to address cases on hand. I am grateful to the Department of Public Expenditure and Reform for its assistance in this regard. The retirement of experienced staff during the year and delays in filling the vacant posts caused us some difficulties but as newly appointed staff come on board we expect to see further performance gains in 2015. We continue to seek improvements in our processes and need particularly to address the need for new case management systems to better support staff and complainants in dealing with our work.

## 1.6 My Jurisdiction

I have welcomed extensions to the jurisdiction of the Office and this year we have been dealing with complaints from over 200 additional bodies which were brought into our jurisdiction following the 2012 Ombudsman (Amendment) Act. There are still elements of public service which remain outside jurisdiction



The Irish Times. Saturday, June 14, 2014

including Direct Provision for asylum seekers and patients in private nursing homes who are often funded by the State through the Nursing Home Support Scheme (Fair Deal). I have been working with Government to address these gaps. That said, I have also been concerned to ensure that people are aware that my Office can consider complaints about public nursing homes, or residential facilities such as Áras Attracta where allegations of the abuse of residents were so graphically brought to the attention of the public during the year.

Finally, on the subject of jurisdiction, there is a tendency for services which are privatised or transferred to semi-state bodies, such as Irish Water, to be removed from my jurisdiction. This is a retrograde step. There is no need for a change to redress arrangements because there is a change to service provider. The implementation of the European Directive on Alternative Dispute Resolution provides an opportunity for a rethink of the redress landscape in Ireland and I hope it will be taken.

## 1.7 International Developments

The Office has a long tradition of engagement in international networks and during 2014 we provided the secretariat for the European Region of the International Ombudsman Institute, of which I was President. The Region hosted a very successful conference in Tallinn as well as a number of projects including one on human trafficking and one developed by the Northern Irish Ombudsman in conjunction with their Human Rights Commission designed to train Ombudsman staff to recognise and deal appropriately with human rights issues when considering complaints.

## 1.8 Health Complaints Investigation

The work on our first own initiative investigation into health



The Herald. Saturday, June 14, 2014

complaints is now complete and I look forward to the publication of the report around the time of this Annual Report. Compared to other jurisdictions, complaints about health treatment are very low in Ireland and the investigation was partly designed to discover why. If people do not bring concerns to the attention of health service providers, and if concerns which are brought are not properly dealt with, then lives will be lost as underlying problems won't be addressed. The evidence from elsewhere, notably for instance in the Mid-Staffordshire NHS Trust in the UK, shows that patients and services suffer when providers do not systematically consider data on adverse incidents and act decisively to address failings.

## 1.9 Make it Easy to Complain

I expect the report to also highlight one of our key concerns across public services in Ireland, the lack of a consistent approach to dealing with complaints. I will continue to advocate the adoption of a standard approach to dealing with complaints so that service users know what to expect and there is a consistent, prompt and effective response regardless of who provides services. We want to make it easy for people to complain, and for complaints to be seen as a valuable source of learning and driver of improvement.

There should be a single portal available to enable people to make complaints about public services and we will continue to press the case for its introduction, and would welcome the opportunity to lead on the development of a common complaints system and a single portal. Members of the public would still be able to complain directly to a service provider but this service would provide a parallel route for people who find it difficult to know how to complain at the moment. We will work with our partners in the healthcomplaints.ie initiative to see if this can be further developed as a pilot for the approach.

## 1.10 Staffing Matters

I wish to acknowledge the continued commitment of both the current team in the Office of the Ombudsman and all who have worked in the Office over the last thirty years. They have shown their willingness to adapt to and meet all the challenges presented to them over the years.

2014 saw new staff join the Ombudsman's team and there were some significant departures. A number of staff retired following many years of service to the Office. These were Fintan Butler, Patricia Doyle, Elizabeth Martin, Aoife Nic Reamoinn, Marie O'Brien, Anne O'Reilly, Donal O'Sullivan, Richard Philpott and David Waddell. In addition, Catherine Rousset moved to pastures new. I want to thank all of them for the contributions they made in 2014 as well as in the years prior to their departure and to wish them well in the future.

During 2014 we were joined by Anthony Mulhaire, and Maire Ní Fhiacháin re-joined the Office. I am delighted to welcome them and look forward to working with them in the years ahead.

## 1.11 Oireachtas Committee on Public Service Oversight and Petitions

This Annual Report is provided to the Oireachtas, in line with the arrangements for all Parliamentary Ombudsman. It highlights the important relationship between the Ombudsman and the Oireachtas. The link underpins the independence of the Office and allows the Oireachtas to ensure that the Ombudsman's recommendations are implemented and that public services can be held to account. The Ombudsman works closely with the Joint Committee on Public Service Oversight and Petitions which considers this Annual Report. During the year the Committee has taken a keen interest in our activity and worked to ensure that the Office's reports have maximum impact. I would like to conclude by thanking the Chair and the members for their support.

*"I just want to thank you so much for all the work you put in getting back my medical card recently. It has been well used since it was returned. You dealt with me with empathy and professionalism at all times."*



*"Thank you so much for your intervention on our behalf. You are the only person who has cared through this period and it's very much appreciated.*

*My daughter.....is indeed beside herself that she at least now can contribute towards her children's upbringing as a mother."*



# CHAPTER

## 02 / Business Review of the Year





## Chapter 2: Business Review of the Year

### 2.1 Role of the Ombudsman

As Ombudsman my main role is to examine complaints from people who feel they have been unfairly treated by certain public bodies, including:

- government departments
- local authorities
- the Health Service Executive (HSE)
- public hospitals and
- publicly-funded third level education institutions.

The services of my Office are free to use. We examine complaints in a fair, independent and impartial way. Before bringing a complaint to my Office the person who has been adversely affected must usually have tried to resolve the complaint with the public body complained about.

When considering complaints we will consider if the action complained about, for example, a decision or failure to act was made:

- without proper authority
- on irrelevant grounds
- in a negligent or careless manner
- based on wrong or incomplete information
- in a way that improperly discriminated against the individual
- based on bad administrative practice or
- in a way that did not demonstrate fair or sound administration.

In practice, many complaints are resolved informally after my Office has brought the complaint to the attention of the public body concerned.

If I uphold a complaint I will recommend appropriate redress. I may also make recommendations which aim to reduce the likelihood of others being similarly affected in the future.

As Ombudsman I can also examine complaints under the Disability Act 2005. These complaints relate to access to information and services by people with disabilities. I report on complaints under the Disability Act later in this Chapter.

I am appointed by the President and report to the Oireachtas, and not to any particular Minister of the Government.

## 2.2 Overview of Statistics

In 2014, the total number of complaints received by my Office was 3,535 compared to 3,190 in 2013. This is an increase of 11% and considerably higher than the average for the previous 10 years (2,872).

In 2014, 60% of cases were closed within 3 months and 91% were closed within 12 months. Before complainants bring complaints to my Office they must take “reasonable steps” to resolve their complaint with the public body concerned. In a number of cases (1,407 in 2014) my Office provided advice and assistance to those who made their complaint ‘prematurely’ to us and usually redirected them back to the local service, inviting them to come back to us if the case was not resolved at that level.

The Civil Service, which includes the Department of Social Protection, is the largest source of complaints (at 41.3% compared to 46.5% in 2013), followed by Local Authorities (25.5% compared to 27.5%) and the HSE (19.7% compared to 17.3%). (This is broadly consistent with the volume of interactions that these bodies have with service users).

Excluding ‘premature’ complaints, 25% of cases were fully or partially upheld, assistance was provided in 21% of cases, 42% were not upheld and 12% were either discontinued or withdrawn. In 46% of cases members of the public directly benefitted from contacting the Office but even where complaints are not upheld, we are often able to provide an explanation or reassurance.

Of the 1,459 complaints made against the Civil Service, 898 were against the Department of Social Protection, 196 against the Revenue Commissioners, 155 against the Department of Agriculture, Food and the Marine, and 58 against the Department of Justice and Equality.

93 of the 900 Local Authority complaints were against Dublin City Council, 60 were against Limerick City and County Council, 58 against both Cork County and Galway County Councils, and 52 against Wicklow County Council.

262 of the 698 complaints against the HSE were against hospitals. 164 involved medical or GP cards.

A total of 467 complaints were received about the public bodies which came within my jurisdiction in May 2013. These include publically funded-third level education bodies such

as universities and institutes of technology. 89 complaints were received against Student Universal Support Ireland (SUSI) and we have worked closely with SUSI to resolve many of these complaints.

## 2.3 Enquiries Team

Our Enquiries Team is our 'front of house' unit that screens all complaints, responds to all enquiries and meets visitors to the Office. In 2014 the unit provided assistance in 1,806 complaints we received against bodies outside our remit e.g. An Garda Síochána and the ESB. The complainants were advised of the correct way to proceed with their complaint and which body to contact, where appropriate.

The team also dealt with over 15,000 telephone calls and met over 200 personal callers during 2014.

## 2.4 Complaints under the Disability Act 2005

The Disability Act 2005 imposes significant obligations on Government Departments and other public bodies to work proactively towards the improvement of the quality of life of people with disabilities. A complaint can be made to the Ombudsman regarding a public body's failure to comply with Part 3 of the Disability Act. Specifically, the Ombudsman may investigate complaints about access by people with disabilities to public buildings, services and information.

While 2014 saw an increase in complaints, the relatively low number received under the Disability Act 2005 is disappointing. It is vitally important that people with a disability are informed as to their rights on access to services and information and that they are aware of their right of recourse to me as Ombudsman to examine their unresolved complaints.

It is also crucial that both professional and non-professional people involved in the disability sector are knowledgeable about the Disability Act 2005 and the Ombudsman's remit.

Disability Act – Complaints received in 2014	
Complaints Handling (S.38 to S.39)	6
Accessibility of Services Provided to Public Body (S.27)	3
Access to Information (S.28)	1
Access to Services (S.26)	1
<b>Total</b>	<b>11</b>

## 2.5 Section 7 Notices - Failures to Cooperate with the Ombudsman

Section 7 of the Ombudsman Act 1980 (as amended) confers very significant powers on the Ombudsman in terms of acquiring documents and information necessary for the examination or investigation of complaints. Under the Act, there is a legal obligation placed on “any person who, in the opinion of the Ombudsman, is in possession of information, or has a document or thing in his power or control, that is relevant to the examination or investigation” to provide that material to the Ombudsman.

In almost every case the information I need is provided to my Office without the necessity to issue a section 7 notice. My Annual Report is used to publish the number of occasions where I have issued a section 7 notice.

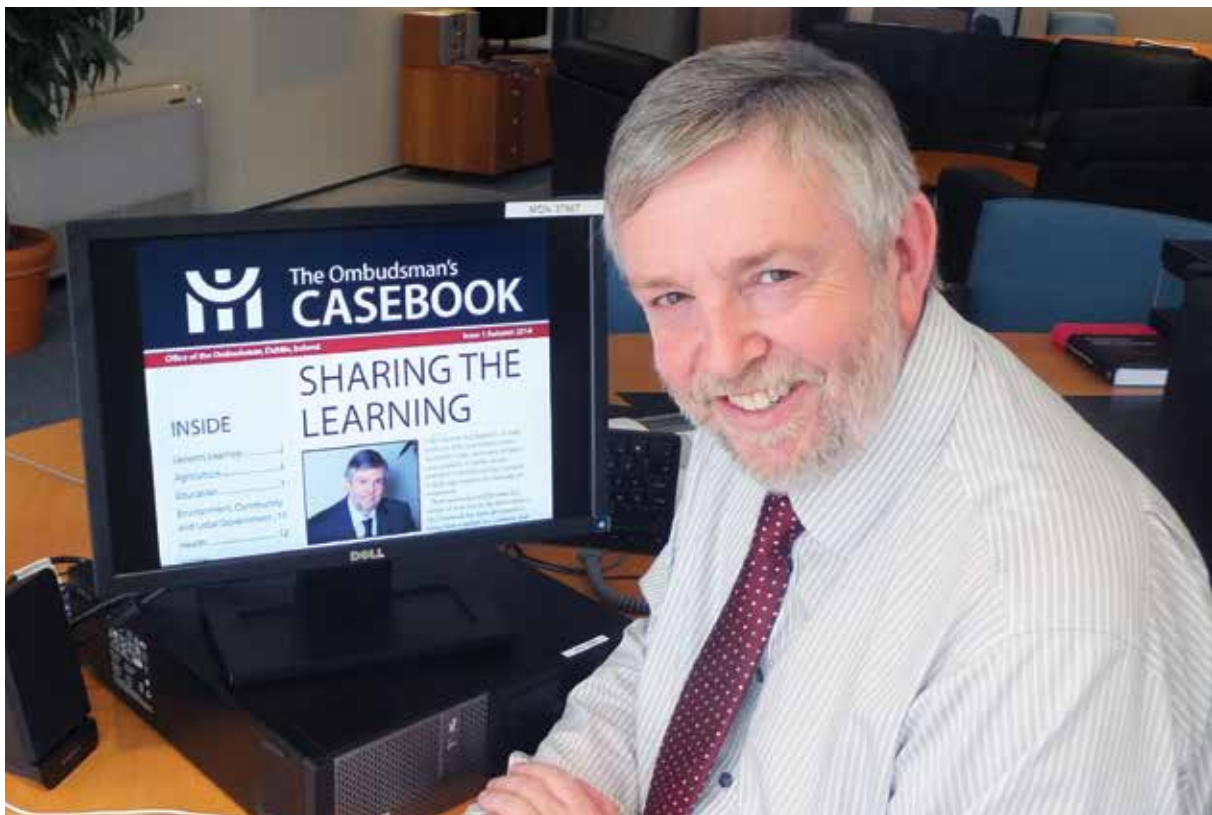
During 2014 my Office was required to issue two section 7 notices. One notice related to a complaint against Westmeath County Council and the other one related to a complaint concerning the HSE. After issuing the section 7 notices I am pleased to report that the records were received.

Year	Number of Section 7 Notices Issued
2014	2
2013	4
2012	7
2011	5
2010	8

## 2.6 The Ombudsman’s Casebook

One of my objectives since becoming Ombudsman has been to make the learning from cases considered by my Office much more widely available. One of the ways of doing this has been through ‘The Ombudsman’s Casebook’. I published my first edition of The Ombudsman’s Casebook in October 2014. The quarterly publication provides summaries of cases we have dealt with over the previous months. The Casebook describes complaints across all the areas the Office deals with, such as Health, Social Welfare, Education, Local Government, Environment, Agriculture and Taxation.

It is circulated in digital format to officials in public bodies, members of the Oireachtas and other public representatives. I am pleased with the response the Casebook has received. It is encouraging to see that service providers are interested in learning from our examination of complaints and seeing what other similar organisations are doing well, and not so well.



The Casebook is published on my website and can be read online, downloaded or printed. If you wish to be notified when the Casebook is published, please email [casebook@ombudsman.gov.ie](mailto:casebook@ombudsman.gov.ie) with the subject SUBSCRIBE.

## 2.7 Oireachtas Committee on Public Service Oversight and Petitions (PSOP)

During 2014 my Office continued its fruitful engagement with the Joint Oireachtas Committee on Public Service Oversight and Petitions (PSOP). On 4 June 2014, I appeared before the Committee to discuss my 2013 Annual Report, on-going issues of major importance to my Office and my vision for the future of the Office of the Ombudsman. On 1 July 2014, I was pleased to be invited before the Committee to discuss my Office's publication "A Good Death" (see also Chapter 3 of this Report).

During the year the Committee commenced a general review of the role and remit of Ombudsman Offices in Ireland. Each of the Ombudsman post holders made presentations on the matter to the Committee. I appeared before PSOP on 1 October 2014, to outline my views. I look forward with interest to the outcome of the Committee's deliberations on the matter.

PSOP's role includes the consideration of petitions received from the public regarding public administration in Ireland. Under its terms of reference petitions relating to complaints which are being or have been examined by my Office are excluded from examination by PSOP.

However, during the year the Committee sought my Office's views and observations on a number of general issues relating to public administration arising from some of the petitions which the Committee was able to consider. My Office is happy to support and assist the Committee in this important work.

## 2.8 Tusla (Child and Family Agency) - New Procedures for Social Workers

Prior to the setting up of Tusla in January 2014, I received a number of complaints about the way social workers handled historic allegations of abuse. The role of the social worker is to carry out an initial assessment by talking to the alleged victim and then, in line with fair procedure, to the person against whom allegations have been made. If the allegations are considered to be credible, then social workers will ask the person not to have unsupervised contact with any child until the assessment has been completed. The social workers are also required to let the parents of the child or children who are potentially at risk know about the allegations so that they can take appropriate steps to protect them. Once a comprehensive assessment has taken place, the social workers will be in a better position to determine whether there may be any ongoing risk to children. This is what is provided for in the Children First Guidelines.

The complaints which I received primarily related to social workers not following fair procedure or natural justice in their interactions with the complainants. In some instances, the complainants had not been given a full account of the allegations made against them, they were not allowed have a support person attend with them when being interviewed, and information about the unproven allegations were disclosed to others without the complainant being afforded any avenue of appeal. While the protection of children must be a priority for social workers in accordance with their statutory role, adults against whom allegations have been made must be afforded due process.

My staff had a number of productive meetings with Tusla to highlight the issues arising from these complaints and to see whether steps could be taken to ensure fairness and consistency in the handling of retrospective allegations of abuse against adults. I was pleased that Tusla issued new guidelines for social workers effective from September 2014. Training was provided for social workers regarding the implementation of these new guidelines. I am hopeful that the new guidelines and the training will help to ensure that adults who are the subject of abuse allegations are treated more fairly while maintaining the key focus which is child protection.

## 2.9 IPA/Ombudsman 30th Anniversary Conference

As part of a series of events to mark 30 years of the Office of the Ombudsman, I jointly held a conference with the Institute of Public Administration on the theme of 'Accountability in the Public Service' in November.

The conference was opened by the Minister for Public Expenditure and Reform, Mr Brendan Howlin. Other speakers included Baroness Nuala O'Loan (former Police Ombudsman for Northern Ireland), Dame Beverley Wakem (New Zealand Ombudsman), Jane Tinkler (London School of Economics), and Kevin Rafter (Associate Professor of Political Communication at Dublin City University).

The conference focused on a number of themes including:

- the role of the Ombudsman and how this is evolving
- citizen participation in government
- accountability and
- integrity and ethics in public administration.

The conference was attended by officials from public bodies under my jurisdiction. The speakers provided their perspectives on the conference themes and I am delighted that the conference was so well received.



**Ombudsman Peter Tyndall, Minister for Public Expenditure and Reform, Brendan Howlin and Director General of the Institute of Public Administration, Brian Cawley at the IPA/Ombudsman 30th Anniversary Conference**



## 2.10 European Region of the International Ombudsman Institute

In 2014, I held the position of President of the European Region of the International Ombudsman Institute (IOI). The IOI is a global organisation which fosters co-operation between Ombudsman institutions. There are currently 80 Ombudsman institution members in the European region, including the oldest, and some of the newest Ombudsman institutions in the world. In 2014, I (as President) chaired three Board meetings – in Warsaw (April), Tallinn (September) and Vienna (October). I also chaired the General Assembly of the European Region held in Tallinn in September.

During the course of my Presidency, a number of initiatives were introduced. These included a redrafting of the Regional bye-laws, the introduction of electronic voting to fill any vacancies on the Regional Board and a survey of members on best practice in relation to “own initiative” investigations.

In October 2014, I was elected as 2nd Vice President of the IOI (World Board).

## 2.11 Bringing the Ombudsman Service to the Regions

### Visits to Citizens Information Centres (CICs)

Most of our complaints are received by letter, by email and through telephone calls but sometimes people want to talk to us in person.

To improve access to people living outside Dublin, staff from my Office visit CICs to take complaints from members of the public. Monthly visits to Cork, Limerick and Galway continue to provide a valuable local service, easily accessible to people living there. During 2014, Ombudsman staff were available on 34 occasions to provide advice and assistance and to take complaints on behalf of the public.

### Limerick CIC in 2014

58 valid complaints were received.

### Galway CIC in 2014

61 valid complaints were received.

### Cork CIC in 2014

42 valid complaints were received.

Our visits to the CICs also gave us the opportunity to provide assistance to 212 people whose cases were not within our remit or where they had not taken the matter up with the public body in the first instance.



## Cork Adult Education & Training Exhibition

The Office was represented at this two day exhibition in September. Attendance at this exhibition has been extremely useful in promoting the role and function of the Office in the southern region.

## Over 50's Show

The Over 50's Show is a popular event attracting approximately 23,000 people over three days. Staff members were present in both Cork and Dublin to answer questions about the role of the Office and to provide advice and assistance to members of the public.

I would like to thank all those involved in our Outreach programme during 2014. As ever, my staff continue to bring our service directly to the people in a courteous and professional manner.



**Elaine Brady and Rebecca Connolly at the Over 50's Show**

*"We were first pleasantly surprised that you took the time to phone us to keep us updated and ecstatic when we received your letter to say that her grant appeal had been allowed. Thank you for all your help and I'd like to say that you've restored my faith in government departments."*



## 2.12 Strategic Plan 2013-2015

Over half way through the implementation of our three year Strategic Plan my Office continues to score well against the key measures of success that we set ourselves. The plan sets out how we will seek to improve standards of public administration and promote the principles of openness, transparency, accountability and effectiveness. The key objectives of the plan are detailed below:



Many developments in delivering the above objectives are outlined in detail elsewhere in this report. Significant initiatives include:

- publication of a quarterly 'Casebook' to share learning from our work with public bodies,
- further enhancement of our quality assurance procedures, including mechanisms to ensure that we learn from any shortcomings identified,
- strengthening expertise within the organisation through the delivery of a focussed caseworker development programme and the recruitment of specialist health and social care staff,
- sharing insights gained from my examination of complaints through the publication of my report A Good Death concerning end of life care, and
- launching an investigation into complaint handling in public hospitals, the first Ombudsman 'own initiative' investigation since the Office was established.

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Progress on improving case completion times was impacted by delays, outside my Office's control, in replacing some key staff who retired in 2014. However, significant reductions in the number of older cases and in the time it took to close cases in 2013 were still achieved. I look forward to improving case closure times in 2015 when the staffing complement is restored and further efficiency initiatives are implemented.

The work of my Office is dependent on an organisation that is strong and independent. In 2014, I continued to make the case for constitutional status for my Office to safeguard its independence. I also advocated for the introduction of a standardised public sector complaint process and a single portal for all public sector complaints. These initiatives have the potential to radically alter complaint handling in the public sector to the benefit of members of the public and public bodies alike.

*"My family and I want to thank you for all of your hard work and dedication - for all the time and effort you put into ensuring that my father's case was heard. I hope that this will make a difference for those that have no one to fight for them."*



# CHAPTER

## 03 / Ombudsman Reports

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## Chapter 3: Ombudsman Reports

### 3.1 Mobility Allowance and Motorised Transport Grant Schemes - Update

The Annual Reports for 2012 (pages 33-36) and 2013 (page 31) outlined the background to the decision of the Department of Health to discontinue the Mobility Allowance (MA) and Motorised Transport Grant (MTG) schemes to new applicants and the subsequent developments arising from that decision.

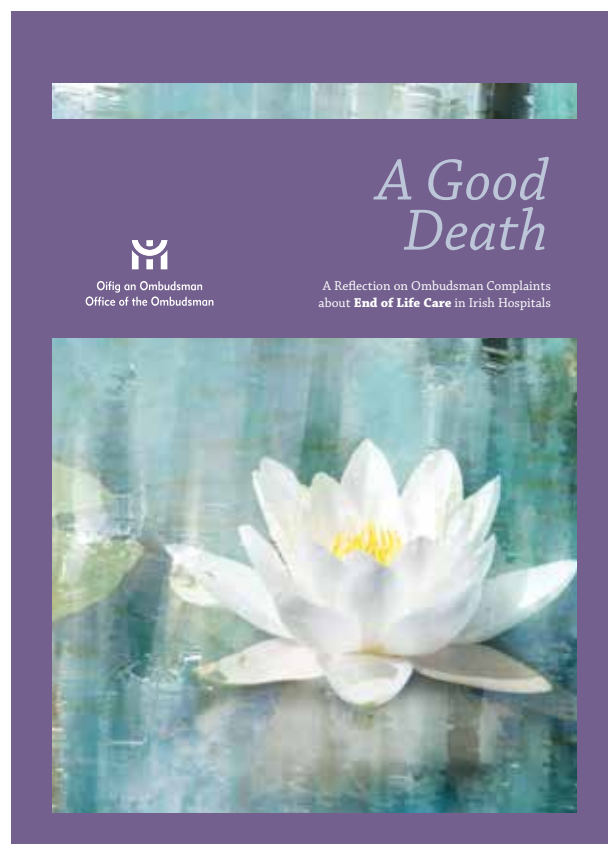
As previously outlined, in 2013 the Government decided to introduce a new statutory travel subsidy scheme for disabled persons with mobility needs. In the absence of any clear evidence of progress on the matter I wrote to the Secretary General of the Department of Health on 12 November 2014 asking for a progress update and some indication as to the likely timescale for the legislation. I also discussed the matter with the Department. I was given assurances that the matter was being actively pursued by the Department. I am keen to see progress being made as the lack of a scheme is undoubtedly having an adverse effect on potential beneficiaries.

### 3.2 A Good Death - A Reflection on Ombudsman Complaints about End of Life Care in Irish Hospitals

On 27 June 2014, my Office published '*A Good Death - A Reflection on Ombudsman Complaints about End of Life Care in Irish Hospitals*'. The report was launched at an event organised with the Irish Hospice Foundation (IHF). The IHF is a national charity dedicated to improving the quality of care available to people in life limiting circumstances and to the bereaved.

The report reflects on some of the complaints my Office has received over the years around 'end of life' care. From these complaints we have drawn common themes that may assist service providers and policy makers to improve practice. The complaints are set out under various thematic headings including Communications, Patient Autonomy, and Support for Family and Friends.

The report is available on my Office's website ([www.ombudsman.ie](http://www.ombudsman.ie)) and copies of it have been widely disseminated throughout the care sector. My Office has received much positive feedback about the report from health professionals and others. I am anxious to build on the lessons learned from the report and I want to ensure that it makes a lasting positive impact on the care and treatment of terminally ill patients throughout the acute hospital service. With this in mind, my Office has drawn up a template of Action Plans with suggested follow up actions to be taken by individual hospitals. With the cooperation of the Health Service Executive the Action Plans will be sent to each hospital in 2015 and I will be asking them to come back to my Office regarding their follow-up actions. I then propose to publish a further progress report on the implementation of the Action Plans.



### 3.3 Local Rules for National Schemes - Inequities in the Administration of the Long Term Illness Card Scheme

During the year I completed an investigation into a complaint about the refusal of the Health Service Executive (HSE) to award a Long Term Illness Card (LTI card) to a woman for her son who was diagnosed as having attention deficit hyperactivity disorder (ADHD) and autistic spectrum disorder (ASD). The HSE refused the application on the grounds that the applicant did not meet the medical criteria for eligibility. Those eligible under the statutory scheme are supplied with drugs, medicines or medical/surgical appliances free of charge. Regulations list the diseases or disabilities which qualify an applicant for the card. The list includes "persons suffering from a mental illness".

During the investigation the HSE acknowledged disparities in the way both ADHD and ASD were being classified by individual medical officers in processing LTI card applications. In some geographical areas, children under 16 with these disorders were classified as having a mental illness and as such entitled to a LTI card, in others they were not. The HSE accepted that this system was inequitable and, in January 2013, informed me that the Department of Health was carrying out a review of the scheme. This wide-ranging policy review commenced prior to my investigation and was not prompted by it.

In March 2012, as a result of my intervention, the HSE issued a LTI card to the complainant for her son but at that stage refused to reimburse her for the cost of medication incurred from the time her initial application was made at the end of June 2009.

Following the investigation I found that the complainant was adversely affected by the refusal of her applications for a LTI card in July 2009 and in September 2010, and that the decisions to refuse her applications were based on erroneous or incomplete information, on irrelevant grounds and were improperly discriminatory.

I also found that:

- the decision to refuse to recompense the complainant for her son's medication for the period of her application prior to March 2012,
- the different treatment of cases depending on their geographical location,
- the failure of the HSE to ensure a uniform approach to the administration of the scheme and
- the failure to provide the HSE administrators of the scheme with adequate and clear guidance in relation to it, amounted to maladministration.

I also found that, in light of the fact that the scheme was under review by the Department of Health at the time and the outcome of that review was not yet known, a HSE proposal to alter the approach of its medical officers who heretofore had accepted ASD and ADHD as conditions which conferred eligibility under the scheme, was contrary to fair or sound administration.

As a consequence of my findings, I made the following recommendations:

- that the HSE refund the complainant the cost of medications for her son in the period from when she first made an application for him under the LTI scheme to the time when her application was granted (approximately €3,000);
- that, as the outcome from the Department of Health Review Group was awaited by the HSE at the time and in the absence of any substantive amendments to the governing legislation, the HSE should continue to administer the LTI scheme as it had done for many years in the greater part of the country, thereby including ADHD as constituting a mental illness which, in the case of persons under 16 years, gave entitlement to a LTI card;
- that the LTI Scheme, as a national scheme, should be administered in a uniform fashion throughout the country.

The HSE accepted the findings and recommendations made to it. The complainant was reimbursed the cost of medications for her son for the period involved.

Following the general policy review the HSE subsequently developed new operational guidelines which took account of the available national and international clinical evidence.

The new guidelines, directed that ADHD be regarded as a mental illness for the purposes of the LTI scheme. The guidelines outlined the factors which must be present in such cases. These set a clinical threshold which has to be met in order to establish eligibility in any given case. The guidelines have been implemented on a national basis to ensure consistency and clarity in the administration of the scheme.

### 3.4 Home Care Grant Denied

During the year, I completed an investigation into a complaint about an application for a Home Care Grant (HCG), on behalf of an elderly, dependent woman, which was refused by the HSE, even though it was submitted several weeks before the grant scheme was abolished. My investigation looked at how the HSE dealt with the application, how it communicated with the applicant, and how the decision to abolish the grant was communicated to key stakeholders. The HCG (a cash grant paid to assist older people to buy in extra care which could not be provided by the HSE) had been a feature of the Home Care Package Scheme (HCPS) until December 2010. At that point, new national guidelines for the HCPS were published and the payment of cash grants was to be phased out. The HSE told me that training and briefing sessions for HSE staff about changes to the scheme were held across each region and at local level with all of the key stakeholders. However, these briefing sessions did not take place until mid November 2010 which meant that the Public Health Nurse (PHN) was unaware that the grant was being abolished when she advised the woman to apply for it. In this case, the woman applied for the cash grant in October 2010 and her application was being considered on financial and medical grounds. While she had been deemed eligible on means grounds, her application had to be signed off by the PHN and the woman's General Practitioner (GP), who had to verify that she was medically eligible as well. The form was signed by both the PHN and the GP on 10 November 2010 but, unfortunately, her application was not approved because the form was not returned by the GP until January 2011. At that stage, the grant had been abolished.

While the woman was offered some additional home help hours, which were provided by the HSE, her family considered that the cash grant should have been paid given that the delay in processing her application was not of her making.

As a result of my investigation, I found that the decision to abolish the grant was not communicated to all of the key stakeholders in a timely way, that no arrangements were in place to track applications received before the cut-off date, and that no appeals process was offered to the applicant. In light of my findings and the recommendations which followed, the HSE apologised to the family and made a payment of €8,500 to them in settlement of their complaint. Sadly, the woman passed away in February 2013.



### 3.5 Passports for Children of Non-EEA Workers

In 2014, I completed an investigation into three separate complaints from Brazilian men about the difficulties faced by non-EEA workers in obtaining passports for their children born in Ireland. Such workers, to live and work in Ireland, must interact with two separate government agencies in maintaining their legal status here; the Department of Jobs, Enterprise and Innovation and the Department of Justice and Equality. The Department of Foreign Affairs and Trade has responsibility for processing passport applications. Following the investigation, I found that, while the laws in relation to both the processing of passport applications and employment permits were being correctly applied in the three cases, the administrative processes of the three agencies were likely to cause difficulties for members of the public that could amount to unfairness and unnecessary delay in individual cases.

The work of the Department of Justice and Equality in these areas of administration does not come within my jurisdiction so that Department could not be included in the investigation. It was necessary, however, to clarify certain issues with that Department during the investigation and officials of the Department of Justice and Equality met with staff from my Office to provide factual information about its systems.

Two of the men came to live and work in Ireland in 2002 and the third came in 2006. They had arranged employment, and employment permits, prior to their arrival. They settled down here. The two who came in 2002 lived and worked in Donegal and had been with the same employer over the years. The more recent arrival lived and worked in Waterford. They each had a child born in Ireland in the years between 2007 and 2010. All three applied for an Irish passport for their child and believed that their children would qualify for a passport based on the length of their own residence here.

They were surprised to discover that their children did not qualify for an Irish passport. It turned out that although they had lived and worked in Ireland for more than four years prior to the births, they did not, in fact, meet the legal requirement that they must have at least three years lawful residence in the State in the four years prior to the child's birth. The problem lay in the fact that some of their residence was recorded by the authorities



here as unlawful and the total period of lawful residence recorded for them did not add up to three years. In order to qualify for an Irish passport, an Irish born child must meet the requirements for citizenship. The right to citizenship is solely determined by the Minister for Justice and Equality. The relevant legislation provides that if one of the child's parents has had lawful residence in Ireland for three of the four years prior to the child's birth, citizenship may be granted.

In the majority of the European Economic Area member states, there is a unified employment permit and visa application system. These arrangements are a consequence of what is known as the Schengen Agreement, which allowed for the abolition of certain border controls between countries. Ireland (along with the United Kingdom and Denmark) is not a party to the Agreement. Certain immigrants who come to take up work in Ireland are obliged to register and maintain appropriate permissions from two State organisations. These are the Irish Naturalisation and Immigration Service in relation to the residence system and the Department of Jobs, Enterprise and Innovation for employment permits. They must keep those permissions up to date for all the time they are here. The three men with whom the investigation was concerned had permission to work here for all the years involved. Their employment permits had no gaps and were kept up to date, which suggested, on the face of it, that they had been legally employed in Ireland since 2002 in the case of the Donegal men and since 2006 in the case of the man in Waterford. Their residency permissions, on the other hand, had not always been kept up to date (for a variety of reasons, not all of them the fault of the worker) and contained gaps which had the unfortunate consequence of rendering periods of residence in Ireland as officially unlawful. So, they were in the odd position of living here for many years, working (with permits from the State), paying income tax and social insurance to the State and yet not "lawfully resident" for certain periods of time during those years.

I noted that it is a complex system and there was little doubt that the people concerned had engaged with it to the best of their abilities. They had paid numerous fees for their residency permits over the years. Fees had also been paid by their employers for the employment permits. They were, in addition, engaged in full-time employment far from the capital, with little access to advice or services. While the investigation was underway, two of the cases were reviewed and passports issued for the children concerned, which was good news for the families involved. Following the publication of my investigation report a passport was also issued in the third case.

Following my investigation, I recommended closer co-operation between the agencies involved. My recommendations have been accepted.

The Department of Jobs, Enterprise and Innovation and the Department of Justice and Equality have established a working group to investigate the feasibility of introducing a unified employment permit and visa applications system as part of the Action Plan for Jobs 2014. This is a positive step which, if pursued to an effective conclusion, as I hope it will be,

will help overcome difficulties of the kind identified during my investigation and which are faced by workers coming to Ireland from outside the European Economic Area.

The Department of Jobs, Enterprise and Innovation and the Department of Foreign Affairs and Trade have also given me assurances about the introduction of improvements in their practices which all involved hope will assist such workers in the future.

*“Words spoken at the right time are very valuable and I want you to know that I appreciated very much your kindness, empathy and wonderful human spirit. You have no idea how much your support meant to me at such a difficult and trying time.”*





## Chapter 4: Selected Case Studies

In this Chapter, I describe just some of the complaints my Office dealt with in 2014. A number of the selected cases involve the Department of Social Protection and the HSE which reflects the large number of interactions they have with the public and the subsequent large number of complaints to my Office.

### 4.1 Man with rare condition refused treatment abroad - weaknesses identified in scheme

A woman complained to my Office that her son's application for funding under the Health Service Executive's Treatment Abroad Scheme was refused. Her son suffers from a rare and painful hereditary medical condition (Elhers-Danlos Syndrome - EDS).

As a result, Sean (not his real name) frequently experiences partial and severe dislocation of his joints. In recent years his medical condition has been deteriorating. His shoulder dislocates as often as every seven to ten days. While he is generally able to reset his joints himself, he has been unable to reset his shoulder. When it dislocates he has to travel to hospital to have it surgically reset, under a general anaesthetic, causing him great pain, anxiety and distress.

On a number of occasions Sean's consultant referred him to a 'centre of excellence' in the UK for the treatment of EDS. His referrals were supported by the HSE and funding under the Treatment Abroad Scheme was provided.

Because Sean's medical condition was continuing to deteriorate and the severity of his symptoms was intensifying, his consultant decided it was necessary to refer him once again to the 'centre of excellence', where he hoped Sean would receive the necessary treatment to alleviate his severe pain and suffering, and which might eliminate the need for surgical interventions. Sean's mother said that his medical team's view was that weekly or fortnightly visits to the Emergency Room for surgical treatment under a general anaesthetic could not be sustained indefinitely.

By this time, the HSE had centralised the administration of the Treatment Abroad Scheme to its offices in Kilkenny. An application was submitted for funding under the scheme. The application was refused.

The main reason for refusing Sean's application was that the treatment for which he was being referred was not specified by his consultant. Whereas 'specifying treatment' is a qualifying condition for funding under the scheme, it emerged in the course of my examination that there are circumstances when it is not a mandatory condition. Where a consultant refers a patient for assessment or treatment to a centre of excellence abroad, funding may be approved without specifying the treatment. After complaining to my Office and following three further unsuccessful applications, Sean was approved for funding and attended the UK centre of excellence.

My examination of this complaint raised concerns about in the Treatment Abroad Scheme's administration, including:-

- the clarity of the HSE's information publications and brochures about the scheme
- transparency in the assessment and administration processes and
- the criteria in the qualifying conditions.

In correspondence with the HSE I expressed my concern at the absence of sensitivity and consideration for Sean's extremely traumatic medical condition and symptoms, shown by the Treatment Abroad Scheme administration in the course of processing his funding applications. I upheld Sean's complaint and considered that the HSE should award €2,000 by way of payment to Sean in recognition of his pain and suffering, and for the time and trouble experienced by Sean and his mother in pursuing his applications for funding over a period of 14 months.

The HSE responded - "This case has highlighted our systems and processes both clinical and non-clinical were not sufficiently aligned to optimise [Sean's] journey through to the medical care and support he was seeking". The HSE also made a commitment to "identifying the challenges and leveraging the learning points that arose in this case, on a whole system basis".

The HSE issued an apology and the payment.

Dialogue between my Office and the HSE is continuing about the issues arising from my examination of this complaint.

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## 4.2 Procedures changed after hospital contacts wrong woman for medical procedure

A woman received a call from Beaumont Hospital asking her to attend the hospital for a Lumbar Puncture. The woman had been surprised to be called for the procedure as she had no prior involvement with the hospital although she had recently been treated in a different hospital. It was only as a result of persistent questioning by the woman that hospital staff agreed to investigate. When the nurse obtained the file, it became apparent that the hospital had contacted the wrong patient. The patients shared the same forename, surname and year of birth. In her complaint to my Office, the woman said that in dealing with her complaint the hospital did not properly answer her questions and she believed that it had failed to take her complaint seriously.

The hospital issued a report outlining the process which led to the error occurring. It said human error was the cause of the mistake. The report said that when a patient is placed on a waiting list, they are identified by what is known as a history number, and their name, address and date of birth. The Admissions Officer in this case had, in error, written the woman's history number on the top of a letter which was addressed to another patient of the same name. This history number was then used by the nurse to check the Beaumont Hospital Information System (the BHIS) and the wrong contact details were obtained from the BHIS which resulted in the woman being contacted.

I recommended that in future the patient history number or the patient's medical record number should be used together with the three point reference (date of birth, full name and address) to provide an extra security check and prevent a similar error reoccurring.

Beaumont Hospital has now brought in the following changes in procedures:

- Additional training has been provided to all staff on the use of the BHIS, on the conducting of additional searches and the necessity to ensure that the correct patient has been identified.
- Nursing staff now ring a patient and go through the three point identification reference prior to making any appointments.
- Day patients are now required to sign a consent form prior to a procedure which contains the type of procedure, the patient's full name, address and date of birth, and the patient's history number.

### 4.3 Funeral costs refused when Department paid bereavement grant to wrong person

A man complained that the Department of Social Protection had refused his application for a bereavement grant for the funeral expenses he had incurred to bury his late father. The Department said that the grant had already been paid to another party. The man said that he was able to provide a coroner's certificate and proof of payment of the funeral bill and that this was the documentation required under the terms and conditions of the Bereavement Grant scheme.

I was satisfied that the man had provided the correct documentation for his grant application. I was concerned that there was insufficient documentary evidence on the Department's file to show that the other party had made a valid application. The Department agreed that errors had been made in dealing with the man's grant application. The Department accepted that the man was the person responsible for paying the funeral bill for his late father, that he had made a valid application, and that he had supplied the required documentation in respect of his application.

The Department agreed to pay the grant of €850 to him and to issue an apology for the way in which his application was dealt with by the Department and for the distress and inconvenience this had caused him.

### 4.4 Hospital failed to carry out proper examination of patient

A man complained to me about the care his late wife received at University Hospital, Galway. He said that no adequate history of her symptoms had been recorded and no comprehensive assessment of her condition was ever undertaken. He felt that she had been examined in a new light each time she attended the hospital. His wife had lost considerable weight, suffered pain after eating, had mobility difficulties and her toes were black. Yet some of these clinical details were not documented in her notes. The man felt that an accurate diagnosis of his wife's condition could have been made sooner, had his wife been properly assessed and her symptoms recorded.

In view of her weight loss and stomach pains, she had undergone an operation for the removal of gallstones. However, she was ultimately diagnosed with having a vascular condition which led to her developing a blood clot blocking the supply of blood to her lower body from which she died. The man complained that he had been given false hope regarding his wife's prognosis from the treating consultant during the final few days of her life.

I sought independent clinical advice about these matters before writing to the Clinical Director of the hospital. On reviewing the woman's records, the Clinical Director accepted



that there was inadequate documentation by medical staff of the examinations undertaken. He agreed that there was nothing in the records to indicate, for instance, that the woman's toes were black. He met with the woman's husband to apologise for the care his late wife had received and for the way he had been misled about her terminal condition.

I welcome the fact that the Clinical Director supported my view that comprehensive documentation forms an essential part of the care of every patient and that a thorough and documented examination should be made during each presentation in accordance with standard practice. The hospital now does this. A compulsory induction portal has been introduced which must be completed by medical staff prior to receiving a contract which will provide information regarding note taking, IT systems, consent and prescribing.

## 4.5 Department unfairly seeks €105,000 from dead woman's daughter

I received a complaint from a woman whose mother had mental health problems. The woman had been asked by the Department of Social Protection to repay an overpayment of €105,000. The overpayment came to light when the woman wrote to the Department informing it of her mother's death in March 2012. She asked the Department to stop paying her mother the Widows Non Contributory Pension and State Pension (Non Contributory). The Department then carried out a review and discovered an overpayment dating back to 2003 and sought repayment of €105,000 from the woman. Following an examination of the relevant papers, it was discovered that the Department had not carried out a review of this case since 2000; that the review conducted in 2000 was prompted by the woman's mother which clearly indicated that she was not trying to shield her circumstances; and that there was medical evidence to indicate that she did not have the mental capacity to be fully aware of this complex situation. Prior to 2000, the Department had carried out regular reviews.

I was of the view that the Department's decision was unfair and I asked the Chief Appeals Officer (CAO), who is independent of the Department, to review the case. The CAO overturned the Department's decision and found that the medical evidence on file was sufficient to inform the Department that the woman had been unwell for a number of years. The CAO also found that if the Department had carried out a review on a regular basis, it would have alerted it to the overpayment at an earlier time. The basis of the CAO's decision was that the overpayment arose as a result of the Department not acting on information available to it and therefore it was not appropriate for it to seek repayment from the complainant.

## 4.6 Poor treatment of organ donor's remains results in improved procedures

I received a complaint from the family of a man who died unexpectedly at University Hospital, Limerick. The man's organs had been generously donated after his death. Their complaint was that nobody from the hospital contacted them, as had been promised, to let them know that the organ retrieval process was concluded and that their father's remains were ready for release. The family had to initiate contact with the hospital a day later to establish whether the remains were ready for release only to be told that the remains were no longer in the Intensive Care Unit. They were told that a doctor would phone them back to provide them with more information. They subsequently discovered that the hospital had not informed the Coroner of the man's death. As a result, the family had to accompany a Garda to identify the remains in the hospital mortuary. When the family viewed their father's remains, they became distressed because it appeared to them that he was covered only with a sheet and was undressed. This was not in line with hospital procedure which provides for the remains to be dressed in a hospital gown, covered in sheets and a green pall to cover the body from the neck down.

When the family made a formal complaint, the hospital commissioned a review of all the concerns raised and apologised in writing for any distress caused. However, the family remained unhappy because they felt the hospital had not taken full responsibility for the breakdown in communication or for the perceived lack of respect for their father's remains.

Following discussion with my Office, the hospital introduced an information leaflet for donor families on organ donation and transplantation together with guidelines for staff on the care of patients when death is imminent and after death at University of Limerick hospitals. The hospital undertook to ensure that the leaflets and guidance would reflect the issues which had been raised by this family's complaint to avoid any possible repetition of what they had experienced. A designated person from the Intensive Care Unit has now been appointed to liaise with families following organ donation as part of the new guidelines. The CEO of the hospital agreed to write a further letter of apology to the family which fully acknowledged the hospital's failure to contact them once their father's organ retrieval procedure had been completed.

### 'Habitual Residence' complaints

In order to receive certain social welfare payments such as Job Seekers Allowance and Disability Allowance the recipient must be 'habitually resident' in Ireland. Factors taken into account for determining whether an individual is habitually resident include:

- having a 'right to reside' in the State
- the length of time spent in Ireland

- the continuity of residence
- the general nature of residence.

In 2014 I received a number of complaints about the administration of the habitual residence condition. Two of these are summarised below:

#### **4.7 Department accepts that man is habitually resident and pays Disability Allowance arrears of €79,468**

A man, who is a non-Irish national, was refused Disability Allowance (DA) in 2010 by the Department of Social Protection on the grounds that he did not satisfy the Habitual Residence (HR) conditions. He was also refused on medical grounds. The man had an earlier Disability Allowance claim in 2009 and, while it too was disallowed on HR grounds, he was deemed to have satisfied the medical criteria on that occasion.

The Social Welfare Appeals Office (SWAO) refused his appeal. There were a number of factors considered by the Appeals Officer, including:

- no evidence of continuous residence in Ireland from March 2006 to May 2009
- he had not established a pattern of employment in the State
- his main centre of interest was not Ireland
- he intended to rely on State supports and benefits while in Ireland, and
- the evidence available did not substantiate habitual residence.

With regard to whether the man's main centre of interest was in Ireland, my Office established that his entire family (wife, son, mother, brothers and sister) were also living in Ireland, and his mother and one brother were in receipt of Social Welfare payments for which they had to be HR. The man's wife had not come to Ireland with him in 2006 but by the time of his DA application in May 2009, she had joined him here and had remained here ever since.

Another factor in the Department's decision was that the man had not established a pattern of employment in the State. The man had said that he had worked and paid PRSI contributions in this country for almost a year before he had made his DA claim and he provided a P60 as evidence. However, the Department said that it had no record of these contributions. My Office contacted the Department and established that the man's employment contributions had been sent in at the relevant time. However, because there was an error with his PPSN on the documentation submitted, the contributions were not recorded on his social insurance record. Instead, they were held on an 'emergency file'. The man's social insurance record was subsequently updated and now includes these employment contributions. I considered that this period of employment (43 weeks for one employer) established a pattern of employment in Ireland, and also that he had been living here during the relevant period. I also considered that the fact that the man had been employed here

demonstrated that it had not been his intention to rely on State supports and benefits while in Ireland.

In light of all this, I asked the SWAO to review its 2009 decision that the man did not satisfy the HR conditions. The SWAO revised its decisions of 2009 and 2010 and the man is now regarded as being habitually resident for Social Welfare purposes from June 2009. The Department then established that the man also satisfied the medical and means criteria for receipt of DA. The outcome was that he was awarded DA at a weekly rate of €312.80 and received arrears of €79,468.

## 4.8 Woman who fled to her mother in Ireland refused Child Benefit

A woman was refused Child Benefit (CB) in respect of her two children as she was not habitually resident.

The woman was a South African national. She lived in the United Kingdom for the previous six years. Following the end of her marriage, she became involved in another relationship which became abusive. The woman's mother, who had resided in Ireland since 2011, became increasingly worried for her daughter's and granddaughters' safety. The woman came to Ireland to join her mother, who is an EU citizen who has been in employment since 2012.

I took the view that the woman's centre of interest was in Ireland with her mother who was habitually resident in the State.

My Office asked the Social Welfare Appeals Office to consider whether the fact that the woman is dependent on her mother, an EU citizen and habitually resident in the State, validates her claim that she too is habitually resident here.

The Chief Appeals Officer (CAO) reviewed the case. She considered the Appeals Officer erred in law by attaching far too much significance to the appellant's financial dependence on her mother in coming to his decision and insufficient or no weight to the other very particular facts of this case. She also said that it seemed to her that the woman had indeed established that her centre of interest is here with her mother and her children, where she and her children are safe from domestic abuse and where she has a caring mother to support them. With regard to the woman's intentions to remain, the CAO noted that she had enrolled her child in school here and she applied to the Department of Justice and Equality for the right to reside. Both these factors indicate an intention to remain and 'put down roots' in this State. On that basis she allowed the appeal.

The SWAO informed the Department of Social Protection of its revised decision and the Department approved the woman's Child Benefit application for her two children and paid €4,420 in arrears.

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## 4.9 Woman wrongly billed for terminally ill husband's treatment

A woman complained about an invoice she received from Galway University Hospital for the treatment of her husband shortly before he passed away. The woman felt that her husband should have had an emergency Medical Card which would have covered this bill given his terminal illness. She said she could not cover the bill as she was currently unemployed.

The HSE told me that an emergency Medical Card may be granted where the person has a terminal medical condition and was nearing the end of their life or was in receipt of palliative care. The person's application must include a certificate from a hospital or GP to that effect.

The HSE said that the Medical Card application did not include a medical report about the man's terminal illness, so it could not provide a refund as he was not eligible for an emergency Medical Card before he passed away. My Office sought a medical report from the GP who had been treating the man. The report indicated that he was terminally ill at the time he applied for a Medical Card. My Office then asked the HSE to review its position in light of this report as the man would have been eligible for an emergency Medical Card had this information been included with his application.

The HSE examined the information and said that it would not pursue collection of the invoice.

## 4.10 Man unfairly denied Rent Allowance

A man complained to my Office that he accumulated arrears of rent and lost his tenancy because his Supplementary Welfare Allowance was stopped by the Department of Social Protection. He maintained that he and his son ended up homeless as a result.

The reason for his allowance being stopped was that the man was suspected of cohabiting with his son's mother. He failed to satisfy the Department of Social Protection that this was not the case. Despite his protests the man's Basic Income and Rent Allowance were refused. In reaching the decision the Department relied on an investigation conducted by a Social Welfare Inspector.

The man appealed the decision, but the appeal was not decided for ten months. While waiting on the outcome of the appeal the man said he had to sell his possessions and rely on charity to support his son and himself.

The appeals officer in the Department overturned the decision to stop his allowance, finding that "cohabitation has not been established in this case". He awarded backdating of Basic Income and Rent Supplement to the date his allowance was stopped. However, as the man had lost his tenancy some four months after his rent supplement was stopped, the Department paid arrears of rent supplement for the period he was in the tenancy only.

The man complained that although he won his appeal his living circumstances were not restored to the way they were before the incorrect decision to disallow his Supplementary Welfare Allowance was implemented.

I concluded that the man had been treated unfairly by the Department and that there was an absence of natural justice in the Department's decision. I asked the Department to pay €3,500 to the man, i.e. the amount equivalent to the rent supplement he would have received had he remained in the tenancy between June, when he lost his tenancy, and December, when he won his appeal. The Department also agreed to apologise to the man and pay an additional amount of €1,000 in recognition of the adverse affect suffered by him and his son, as a result of the Department's actions.

## 4.11 Council waives unfair debt

A couple complained to my Office that they received a bill from Cork City Council which they maintained they did not owe. The amount demanded was made up of outstanding rent arrears, unpaid services charges (refuse collection) and maintenance charges.

The couple had been in communication with the Council over a number of years to try and resolve their differences but to no avail. As the Council was adamant the debt was owed and that it was considering escalating the recovery process by referring the matter to the courts, the couple decided to seek my intervention. The total debt demanded by the Council was €2,300.

In the course of my examination I established that the couple purchased their home from the Council in 1998. However, the Council insisted that outstanding rent arrears of €350 remained unpaid, from the time they were tenants. I was surprised that the sale was agreed by the Council without ensuring that any and all outstanding debts payable were discharged. It was a condition in the sale agreement between the Council and the couple that they would pay a weekly sum in respect of separate 'maintenance charges'. However, the Council did not send bills or seek payments from them for approximately four years after they purchased their home. Furthermore, the couple stated that the Council did not honour its obligations in the agreement to provide maintenance services as required.

The third strand in the debt demanded by the Council related to some unpaid 'service charges' in respect of refuse collection.

Between 1998 and 2010, when the debt was first raised, the couple had been making regular payments to the Council. They had a good record of payment. However, it was very difficult to reconcile the payments they made with the Council's own records of payments received, as the Council's records were difficult to decipher.

I formed the view that due to the passage of time, the non-demand of payment of rent arrears and service charges over a long time frame, and because of difficulties in accurately

reconciling payment and receipt records, that to seek payment of the full amount of the debt was unfair. The Council agreed to waive €1,700 of the charges.

## 4.12 Student grant approved following the provision of additional documentation

I received a complaint from a man whose application for a student grant was refused by Student Universal Support Ireland (SUSI) on the grounds that he had not provided documentary evidence of “independent residence”. SUSI’s decision was upheld by the Student Grants Appeals Board (SGAB).

The issue centred around the question of whether the man was living at his parent’s home or, as he maintained, at the home of a relative. He said that he had provided documentary evidence to support his case in the format specified by SUSI. This included having the Department of Social Protection (the Department) complete forms about the payments he had received from it. SUSI was not satisfied that he had provided evidence of “independent” living and his application was refused. When he appealed to SGAB, it contacted the Department and obtained details of addresses that it had the man residing at. This information was taken into account in the decision to refuse the appeal.

I was not satisfied that the addresses that SGAB had obtained from the Department corresponded with information that the man had provided to me. Therefore, I contacted the Department and asked for copies of all correspondence that the Department had with the man during a particular period. All of the correspondence that I received, including two ‘proof of residence’ forms, had been addressed to, or received from the man at his relatives’ address. With the man’s consent, I sent this information to SGAB and asked that it review its decision.

I am pleased to say that SGAB/SUSI then changed its decision and the man was awarded the student grant at the appropriate rate.

## 4.13 Student Grant Scheme changed after complaint to the Ombudsman

I received a complaint on behalf of a third level student in connection with her application for funding from SUSI. The woman had been fostered as a child and up until the time of her 18th birthday, she was in receipt of a Fostering Allowance, which was a qualifying payment under the Student Grant Scheme 2013 enabling her to receive funding from SUSI. When the applicant reached 18, she was no longer eligible for the Foster Allowance but she received an After Care Allowance. However, the After Care Allowance was not included as a qualifying payment under the Student Grant Scheme and therefore the student did not receive a grant from SUSI.

Following the complaint to my Office, the Student Grant Appeals Board recommended to the Department of Education and Skills that the After Care Allowance be included as a qualifying payment in the Student Grant Scheme 2014. The recommendation was accepted and the After Care Allowance is a qualifying payment from 2014 onwards.



*"I can only thank you most sincerely for your efforts on my part - even though you would probably say you are simply doing your job- the sad fact is that different people do their jobs in different ways and not always with the courtesy, commitment and efficiency that you have."*



# ANNEXES

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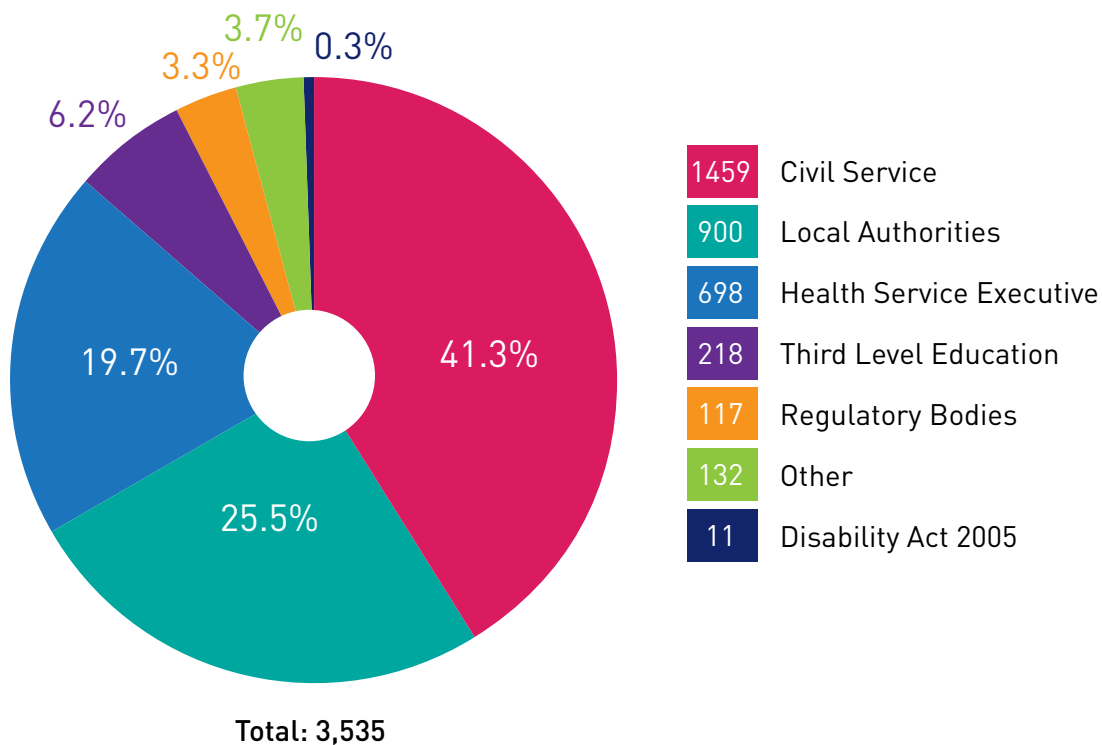


## Annex A: Statistics

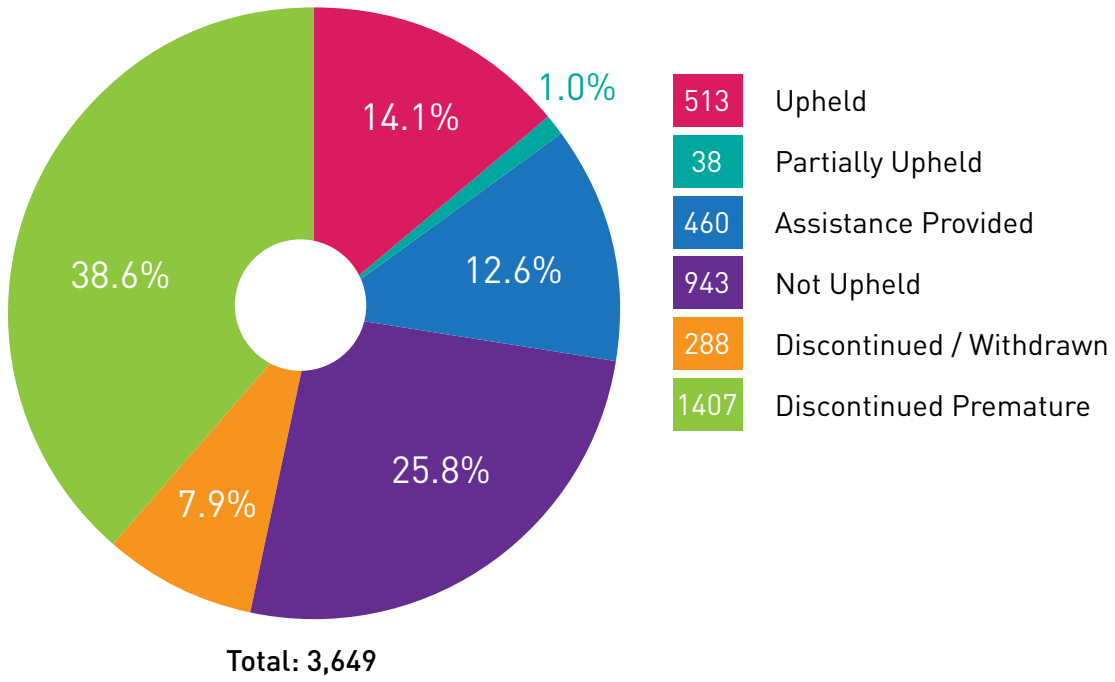
**TABLE 1 - Totals**

Complaints carried forward from 2013	695
<b>Complaints received in 2014</b>	<b>3535</b>
<b>Complaints examined in 2014</b>	<b>3649</b>
Complaints carried forward to 2015	581
Complaints against bodies outside remit (for example, banks, private companies) received in 2014	1806

**TABLE 2 - Complaints Received By Sector**



**TABLE 3 - Complaints Completed By Outcome**



**TABLE 4 - 10 Year trend of complaints received**

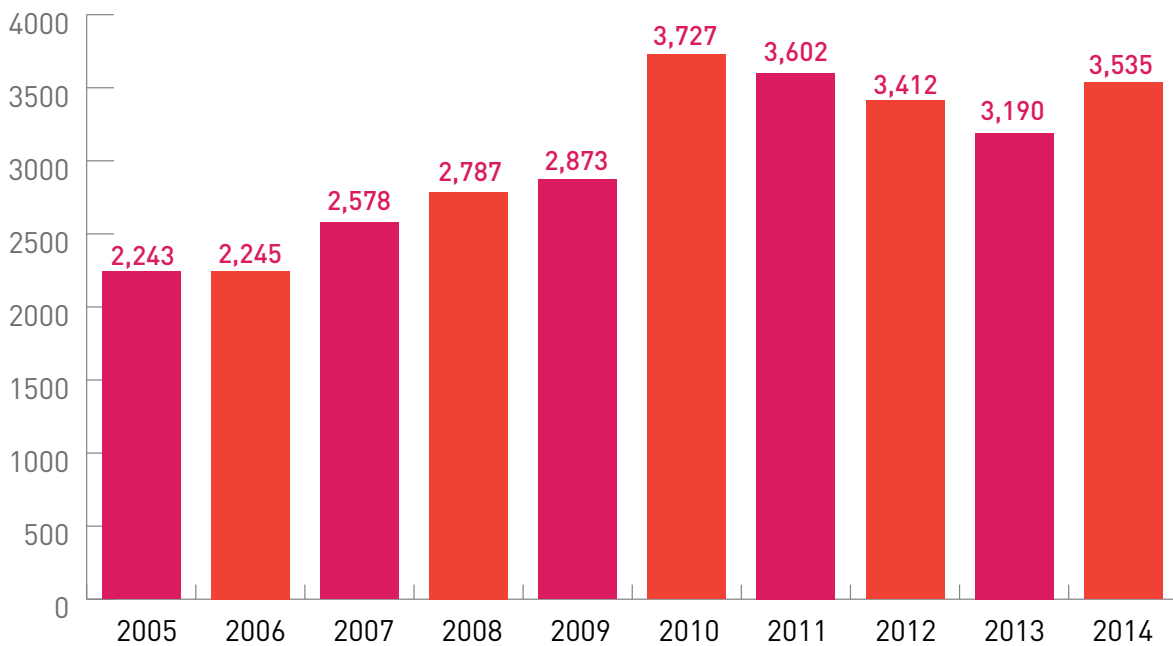
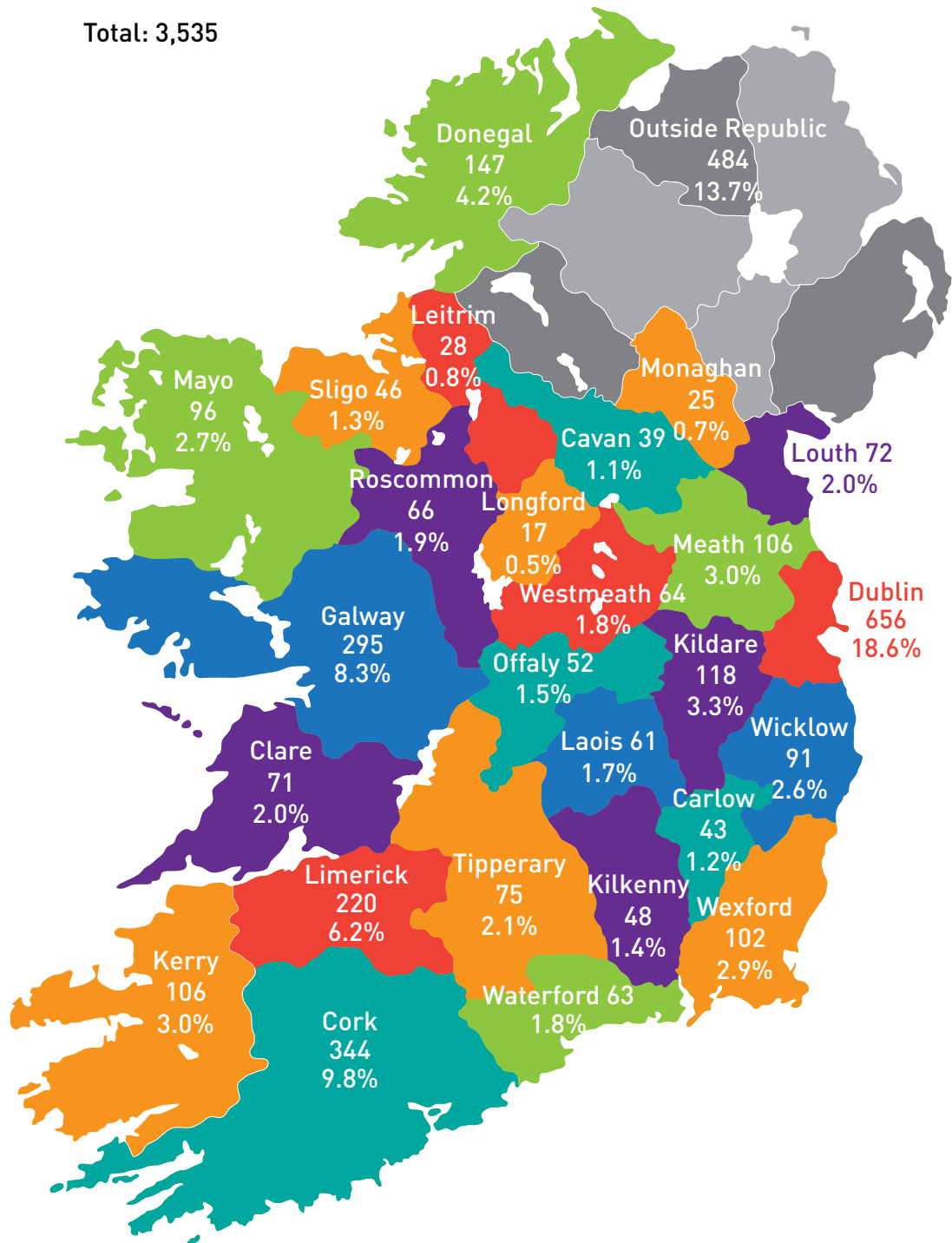


TABLE 5 - Complaints Received By County



## Civil Service

TABLE 6 - Civil Service - Complaints Received about Government Departments and Offices	Complaints received in 2014
Social Protection	898
Revenue Commissioners	196
Agriculture, Food and the Marine	155
Justice and Equality	58
Environment, Community and Local Government	43
Foreign Affairs and Trade	30
Education and Skills	15
Communications, Energy and Natural Resources	9
Health	7
Civil Service (Others)	48
<b>Total</b>	<b>1459</b>

TABLE 6(a) - Department of Social Protection - Complaints received in 2014

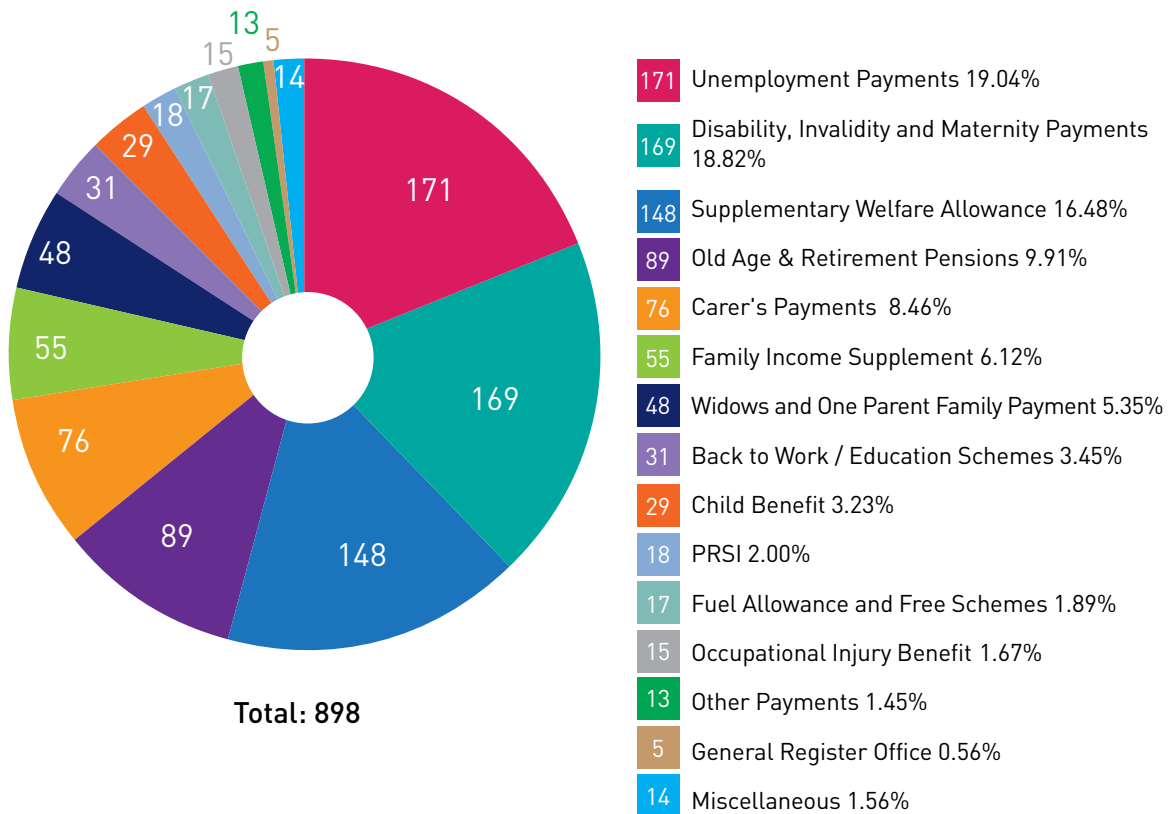
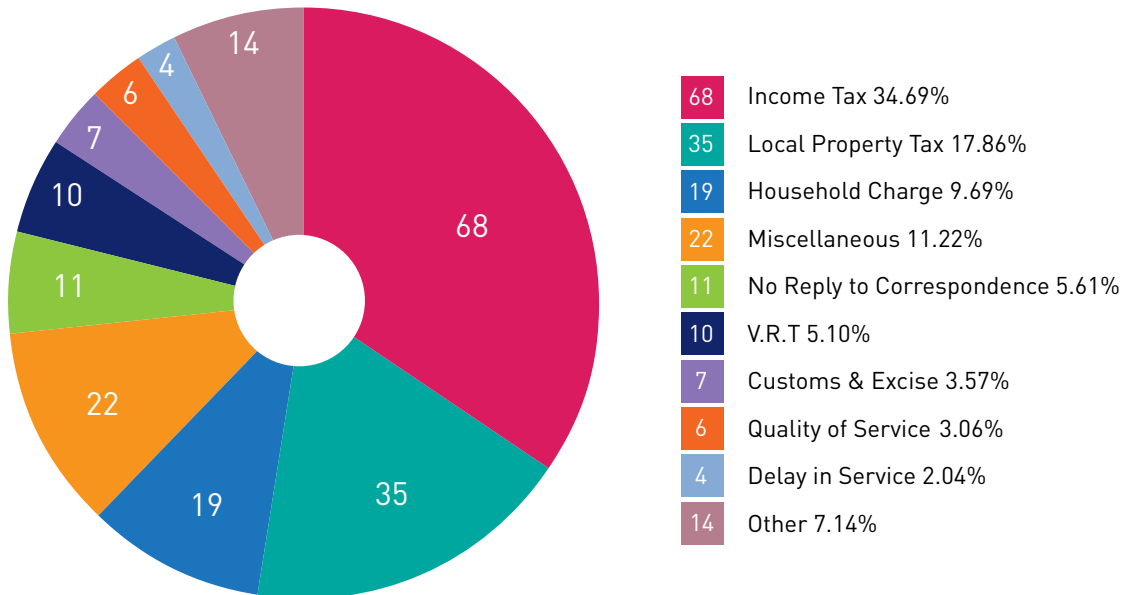
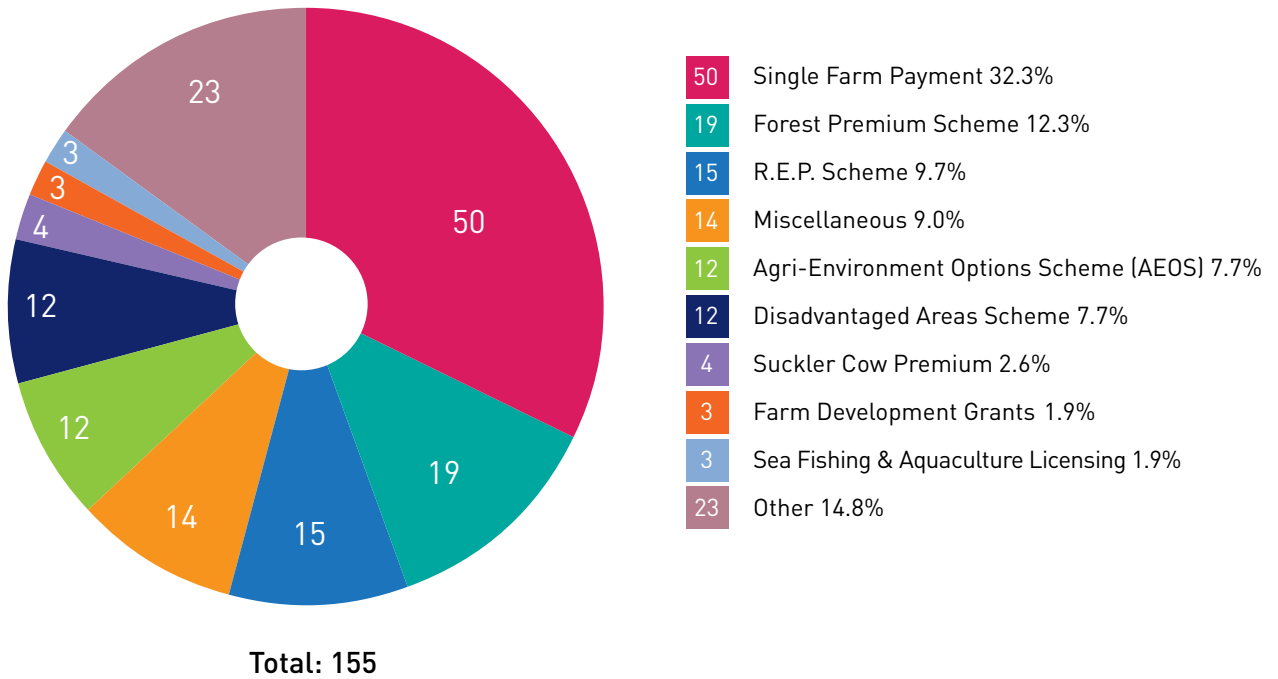


TABLE 6(b) - Office of the Revenue Commissioners - Complaints received in 2014



Total: 196

TABLE 6(c) - Department of Agriculture, Food and the Marine - Complaints Received in 2014





**TABLE 7 - Civil Service - Complaints Completed By Outcome**

	Upheld	Partially Upheld	Assistance Provided	Discontinued/ Withdrawn	Discontinued Premature	Not Upheld	Total
Social Protection	106	7	80	63	412	255	923
Revenue Commissioners	20	0	9	5	23	135	192
Agriculture, Food & the Marine	20	1	24	21	119	26	211
Justice and Equality	8	0	4	5	21	16	54
Environment, Community & Local Government	9	1	11	1	9	6	37
Foreign Affairs & Trade	3	0	3	2	2	1	11
Education and Skills	4	0	2	2	5	2	15
Health & Children	0	0	0	0	0	1	1
Communications, Energy and Natural Resources	8	0	4	2	17	3	34
Jobs, Enterprise and Innovation	1	0	0	1	6	1	9
Civil Service (Others)	6	2	4	7	14	13	46
<b>Total</b>	<b>185</b>	<b>11</b>	<b>141</b>	<b>109</b>	<b>628</b>	<b>459</b>	<b>1533</b>

## Local Authorities

TABLE 8 - Local Authority - Complaints Received	Complaints received in 2014
Carlow	11
Cavan	9
Clare	22
Cork City Council	40
Cork County Council	58
Donegal	40
Dublin City Council	93
Dún Laoghaire-Rathdown County Council	37
Fingal County Council	30
Galway City Council	46
Galway County Council	58
Kerry	46
Kildare	29
Kilkenny	15
Laois	28
Leitrim	9
Limerick City & County	60
Longford	6
Louth	17
Mayo	22
Meath	25
Monaghan	7
Offaly	13
Roscommon	25
Sligo	16
South Dublin County Council	20
Tipperary	16
Waterford City & County	16
Westmeath	10
Wexford	24
Wicklow	52
<b>Total</b>	<b>900</b>

<b>TABLE 8(a)- Local Authority - Complaints Received by Category</b>		<b>Complaints received in 2014</b>
Housing - Allocations and Transfers		390
Planning - Enforcement		86
Planning - Administration		66
Roads/Traffic		61
No Reply to Correspondence / Delay		51
Housing - Repairs		45
Motor Tax & Driver Licence		25
Water Supply		14
Housing - Loans and Grants		11
Housing - Rents		10
Parks/Open Spaces		10
Waste Disposal		10
Sewerage & Drainage		9
Rates		6
Quality of Service		9
Housing - Sales		5
Acquisition of land/rights		1
Miscellaneous		91
<b>Total</b>		<b>900</b>

<b>TABLE 9 - Local Authority - Complaints Completed by Outcome</b>							
	<b>Upheld</b>	<b>Partially Upheld</b>	<b>Assistance Provided</b>	<b>Discontinued/ Withdrawn</b>	<b>Discontinued Premature</b>	<b>Not Upheld</b>	<b>Total</b>
Carlow	3	1	1	4	3	0	12
Cavan	4	0	2	0	3	1	10
Clare	7	0	3	0	5	7	22
Cork City Council	16	0	9	2	15	7	49
Cork County Council	10	1	5	4	19	14	53
Donegal	4	2	9	7	12	6	40
Dublin City Council	18	0	9	9	43	27	106
Dún Laoghaire-Rathdown Co. Council	8	0	3	4	12	9	36
Fingal County Council	4	0	8	4	11	5	32

Galway City Council	7	0	8	3	14	11	43
Galway County Council	14	1	7	0	22	20	64
Kerry	17	0	5	5	19	8	54
Kildare	5	1	9	1	11	8	35
Kilkenny	2	0	2	2	4	7	17
Laois	3	0	4	2	14	7	30
Leitrim	1	0	1	2	2	2	8
Limerick City & County	8	1	3	7	25	13	57
Longford	1	0	1	1	1	3	7
Louth	5	0	1	1	7	2	16
Mayo	8	0	2	3	6	5	24
Meath	1	0	5	2	8	10	26
Monaghan	0	0	1	0	4	3	8
Offaly	3	0	2	2	4	2	13
Roscommon	3	0	3	2	10	6	24
Sligo	3	0	1	3	4	6	17
South Dublin County Council	3	0	2	1	6	9	21
Tipperary	4	0	2	1	6	4	17
Waterford City & County	0	0	5	4	3	4	16
Westmeath	2	1	2	0	4	5	14
Wexford	2	0	3	3	6	9	23
Wicklow	9	0	11	2	21	7	50
<b>Total</b>	<b>175</b>	<b>8</b>	<b>129</b>	<b>81</b>	<b>324</b>	<b>227</b>	<b>944</b>

## HSE

**TABLE 10 - HSE - Complaints received in 2014**

	Complaints received in 2014
Hospitals - General	262
Medical & GP Card	164
Other	65
Social Work Services	50
Primary & Community Care	32
Nursing Homes	32
Hospitals - Psychiatric	28
Health and social care related	21
HSE Payments	15
Disability Services	14
Dental Services	12
Treatment Abroad Scheme	3
<b>Total</b>	<b>698</b>

**Table 11 - HSE - Complaints Completed By Outcome**

	Upheld	Partially Upheld	Assistance Provided	Discontinued/ Withdrawn	Discontinued Premature	Not Upheld	Total
Medical & GP Card	19	0	65	18	68	16	186
Hospitals - General	33	9	35	18	106	36	237
Social Work Services	2	0	10	5	30	4	51
Primary & Community Care	6	1	4	5	7	8	31
Hospitals - Psychiatric	1	1	2	2	17	3	26
Nursing Homes	1	1	3	1	15	7	28
Health Repayment Scheme	17	0	0	0	0	2	19
Health and social care related	1	0	2	2	9	2	16
Treatment Abroad Scheme	1	0	0	0	1	1	3
Dental Services	0	0	1	0	8	3	12
Disability Services	3	1	1	1	3	2	11
Other HSE Payments	10	0	3	2	3	13	31
Other	8	1	7	7	22	11	56
<b>Total</b>	<b>102</b>	<b>14</b>	<b>133</b>	<b>61</b>	<b>289</b>	<b>108</b>	<b>707</b>

TABLE 12 - Other Public Bodies (within jurisdiction from May 2013)

	Received in 2014	Closed in 2014
<b>EDUCATION:</b>		
Athlone Institute of Technology	1	1
Central Applications Office	1	1
City of Dublin Education and Training Board	2	0
Cork Institute of Technology	1	1
Donegal Education and Training Board	1	0
Galway Roscommon Education and Training Board	1	1
Limerick and Clare Education and Training Board	2	2
Dublin City University	7	9
Dublin Institute of Technology	8	7
Dún Laoghaire Institute of Art, Design and Technology	1	1
Dublin and Dún Laoghaire Education and Training Board	1	1
Galway-Mayo Institute of Technology	2	2
HEAR/ DARE	5	7
Institute of Technology Carlow	0	1
Institute of Technology Sligo	2	2
Institute of Technology Tallaght	2	2
Institute of Technology Tralee	1	0
National University of Ireland	1	1
National University of Ireland Galway	7	5
National University of Ireland Maynooth	2	2
Quality and Qualifications Ireland	2	2
State Examinations Commission	43	40
Student Grant Appeals Board	14	14
Student Universal Support Ireland (SUSI)	89	100
Trinity College Dublin	5	5
University College Cork	2	1
University College Dublin	6	6
University of Limerick	7	6
Waterford Institute of Technology	2	1
	218	221
<b>REGULATORY:</b>		
Adoption Authority of Ireland (*CF)	0	1
An Bord Altranais (*CF)	4	4
Dental Council (*CF)	1	0
Equality Authority	1	1
Health and Safety Authority (*CF)	1	1

Health and Social Care Professionals Council (*CF)	3	1
Health Information and Quality Authority (HIQA)	1	2
Inland Fisheries Ireland	5	4
Law Society of Ireland	11	8
Medical Council (*CF)	3	2
National Consumer Agency	1	1
National Transport Authority	13	13
Property Services Appeals Board (*CF)	1	0
Property Services Regulatory Authority (*CF)	2	2
Railway Safety Commission	1	1
Road Safety Authority	62	60
Royal Institute of the Architects of Ireland	0	1
Sea-Fishing Boat Licensing Appeals	1	1
Teaching Council	4	4
The Pensions Authority	2	1
	117	108
OTHER:		
An Bord Bia	3	3
Arts Council (DAST)	2	2
Courts Service (*CF)	11	10
Disabled Drivers Medical Board of Appeal	49	43
Enterprise Ireland	2	1
Foras Áiseanna Saothair (FÁS)	1	3
Forfás	1	1
Galway City and County Enterprise Board	1	1
Industrial Development Authority	1	1
Irish Sports Council	2	1
Irish Water**	1	1
Commission for Energy Regulation	1	1
Legal Aid Board	8	7
National Roads Authority	4	3
Personal Injuries Assessment Board (*CF)	1	1
Pobal	1	1
Private Residential Tenancies Board (*CF)	19	22
Residential Institutions Statutory Fund Board	3	3
Science Foundation Ireland	1	1
Solas	10	9
Sustainable Energy Authority Ireland	5	3
Údarás na Gaeltachta	1	2

Waterways Ireland	2	2
Western Development Commission	2	2
	132	124
<b>Total</b>	<b>467</b>	<b>453</b>

**Table 13 - Other Public Bodies (within jurisdiction from May 2013) Completed by Outcome**

Upheld	51
Partially Upheld	5
Assistance Provided	57
Discontinued/Withdrawn	36
Discontinued Premature	159
Not Upheld	146
<b>Total</b>	<b>454</b>

\*CF - Certain Functions of these bodies are within the Ombudsman's jurisdiction only.

\*\* Complaint received before clarification that Irish Water was outside the Ombudsman's jurisdiction.



## Annex B: Ombudsman Engagements

### Meetings with Irish Ombudsmen

Rónán Ó Domhnaill Uas., an Coimisinéir Teanga  
Mr William Prasifka, Financial Services Ombudsman  
Mr Kieran Fitzgerald & Ms Carmel Foley, Garda Síochána Ombudsman Commission  
Ms Emily Logan, former Ombudsman for Children  
Mr Tony McCourt, Ombudsman for Defence Forces  
Mr Paul Kenny, Pensions Ombudsman  
Mr John Horgan, Press Ombudsman (since retired)  
Mr Peter Feeney, Press Ombudsman  
Irish Ombudsmen Forum

### Meetings with International Ombudsmen

Ms Emily O'Reilly, European Ombudsman, in Dublin  
Dr Josef Siegele, Secretary General of the European Ombudsman Institute, in Dublin  
Dr Tom Frawley, Ombudsman for Northern Ireland, in Dublin  
Mr Arne Fliflet, Ombudsman for Norway, in Dublin  
Mr Jim Martin, Ombudsman for Scotland, in Dublin  
Mr Stephan Sjouke, Head of International Affairs, Office of the Ombudsman for The Netherlands, in Dublin

### International Delegations

The Ombudsman gave an address to the Anti-Corruption Division of the Ugandan High Court who were hosted by Trinity Law School, and to the 18th Annual Workshop of the Chief Justices and Senior Judiciary of Sub-Saharan African countries, also hosted by Trinity Law School.

Hosted delegation from the International Ombudsman Institute Secretariat, Dublin  
Hosted delegation from the People's Procuratorate of Fujian Province in China, Dublin  
Hosted delegation from the South Korean Anti-Corruption and Civil Rights Commission (ACRC), including staff from the South Korean embassy  
Hosted delegation from the Welsh Ombudsman Office

### Meetings with Political Representatives

Minister Brendan Howlin, Department of Public Expenditure and Reform  
Minister of State Aodhán Ó Ríordáin, Department of Justice and Equality and Department of Arts, Heritage & the Gaeltacht  
Mr Seán Barrett, TD, Ceann Comhairle, Dáil Éireann  
Mr Pádraig Mac Lochlainn TD, Chairman of the Joint Committee on Public Service Oversight and Petitions  
Appearances before the Joint Committee on Public Service Oversight and Petitions (4 June,

16 July, 1 October)  
Mr Fergus O'Dowd, TD

### Meetings with Senior Government Officials

Mr Martin Fraser, Secretary General in the Department of An Taoiseach  
Mr John McCarthy, Secretary General in the Department of the Environment, Community and Local Government  
Mr Jim Breslin, Secretary General in the Department of Health  
Dr Ambrose McLoughlin, Secretary General in the Department of Health  
Dr Tony Holohan, Chief Medical Officer in the Department of Health  
Mr Tony O'Brien, Director General of the HSE  
Mr Robert Watt, Secretary General in the Department of Public Expenditure and Reform  
Mr William Beausang, Assistant Secretary General in the Department of Public Expenditure and Reform  
Ms Niamh O'Donoghue, Secretary General in the Department of Social Protection

### Meetings with Senior Public Officials

Ms Cathy Mannion, Director of the Commission for Energy Regulation  
Ms Helen Dixon, Data Protection Commissioner  
Mr Billy Hawkes, former Data Protection Commissioner  
Mr Pat O'Mahony, CEO of the Health Social Care and Regulatory Forum  
Ms Tracey Cooper, former CEO of HIQA  
Ms Caroline Spillane, CEO of the Irish Medical Council  
Mr Gordon Jeyes, CEO of Tusla (Child and Family Agency)  
Ms Ginny Hanrahan, CEO and Registrar of CORU, and Ms Patricia Gilheaney, Chief Executive of the Mental Health Commission  
Senior management at the Mater Hospital, Dublin  
Senior management at St James's Hospital, Dublin  
Senior management at the Revenue Commissioners  
County and City Management Association (CCMA)

### Meeting with Advocacy Groups

Dignity 4 Patients  
Irish Patients Association  
Irish Society for Quality and Safety in Healthcare  
National Adult Literacy Agency (NALA)  
Fr Peter McVerry (PMV) Trust  
Respond Housing Association  
Think-tank for Action on Social Change (TASC)

## Conferences at home and abroad

The Ombudsman gave an address “The Ombudsman and Information Commissioner: Delivering Fairness and Transparency” at National University of Ireland, Galway – 19 February

The Ombudsman gave an address “Commissioners and Ombudsmen in Wales to date: An Overview” at the Commissioners and Ombudsmen Seminar, Cardiff – 20 March

The Ombudsman gave an address “Promoting Good Governance in the Public Interest” at the IPA Governance Forum, Ballsbridge – 27 March

The Ombudsman attended the Ombudsman for Children’s 10th Anniversary Symposium at Farmleigh House, Dublin – 25 April

The Ombudsman attended “Trusting the Middle man – impact and legitimacy of Ombudsmen” Workshop at the University of Oxford, 29-30 April

The Ombudsman participated in a panel “Open Government Partnership – Nordic Models” at the Open Government Partnership Europe Regional Meeting, Dublin Castle, 8-9 May

The Ombudsman gave an address “Listening to the Voiceless” at the Ninth Regional Seminar European Network of Ombudsmen, Cardiff – 22-24 June

The Ombudsman launched A Good Death - End-of Life Care report, Chester Beatty Library, Dublin – 27 June

The Ombudsman presented a paper at the Asian Ombudsman Association Global Conference, Seoul and attended the Regional Meeting as a guest of the Korean Anti-Corruption and Civil Rights Commission

The Ombudsman attended the launch of “Think Ahead - Phase 2”, hosted by the Irish Hospice Foundation and the Forum on End of Life Care in Ireland – 17 July

The Ombudsman gave an address alongside President Higgins at the 30th Anniversary of the Ombudsman’s Office, Áras an Uachtaráin - 8 September

The Ombudsman gave an address “The Importance of Plain English” at the launch of NALA’s Plain English Campaign, Royal College of Physicians – 22 September

The Ombudsman attended the Alternative Dispute Resolution (ADR) Directive Seminar in the Law Society, Blackhall Place – 30 September

The Ombudsman gave an address “Social Housing & Homelessness” at the Citizens Information Advocacy & Social Policy Seminar 2014 – 15 October

The Ombudsman hosted the Ombudsman/IPA 30th Anniversary conference, Dublin – 7 November

The Ombudsman gave an address “Complaints Driving Improvements” at the National Patient Safety Conference, Croke Park – 7 November

The Ombudsman attended a gathering of all Irish Ombudsmen Offices – 27 November

### **Ombudsman Association (OA)**

In 2014, the Ombudsman attended the following OA meetings:

The Ombudsman presented at the 21st Annual Meeting, University of Manchester

The Ombudsman attended the Executive Committee meeting, Dublin

The Ombudsman attended the Validation Committee Meeting, London

The Ombudsman attended the OA Strategic Review Working Group meeting, London

The Ombudsman hosted the OA Secretary, Dublin

### **International Ombudsman Institute (IOI)**

The Ombudsman chaired the IOI European Regional Board Meetings in Vienna, Warsaw and Tallinn, as well as the General Assembly in Tallinn

The Ombudsman attended the IOI World Board of Directors Meeting, Vienna

The Ombudsman gave an address at the IOI European Region Conference, Tallinn

### **(UK & Ireland) Public Services Ombudsman Network Meetings**

The Ombudsman attended biannual meetings of the Public Service Ombudsmen Network, London

### **Other statutory functions of the Ombudsman**

The Commission for Public Service Appointments

Standards in Public Office Commission

Referendum Commission

## Annex C: Annual Energy Efficient Report 2014

Monthly Energy Report		OPW - Office of Public Works Office of the Ombudsman	
Dec 2014			
Summary			
Month to month			
<p>Energy usage has decreased by -19.1% from 58,955kWh in Dec 2010 to 47,719kWh in Dec 2014. As a result, CO<sub>2</sub> emissions for this period have decreased by -15.4% from 19,886kg to 16,828kg, (-3,058Kg).</p>			
Annual			
<p>The base year used for all these calculations is 2010.</p> <p>Compared to this base year, energy consumption on site has decreased by -100,512kWh or -21.7% over the last 12 months.</p> <p>In terms of total CO<sub>2</sub>, production has decreased by -19.7%, since 2010 or by -40,650Kg.</p> <p>Normalised for weather variations, CO<sub>2</sub> has decreased by -15.3%, since 2010 or by -31,590Kg</p>			
Energy use - Dec 2014			
Annualised energy usage			
Description	Electricity	Gas	Total
Benchmark Year	284,062	179,086	463,148
Previous 12 months	232,449	130,187	362,636
% Difference	-18.2%	-27.3%	-21.7%

