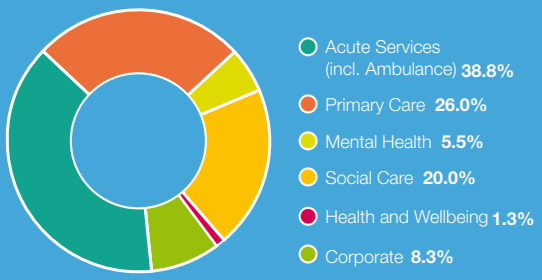
Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

# Putting **people** at the heart of everything we do

**Health Service**
Annual Report and
Financial Statements 2015

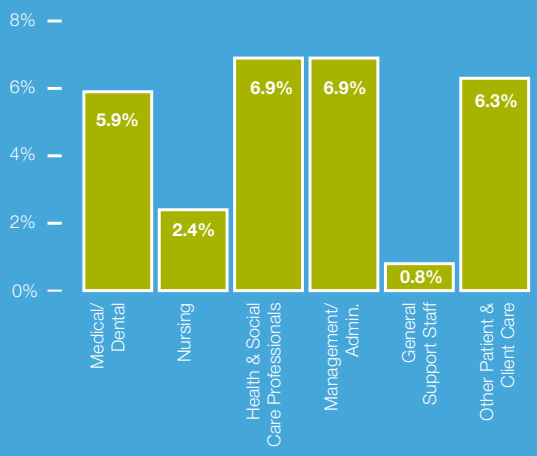
# 2015 Facts and Figures
# **Finance and Workforce**

## Breakdown of total expenditure 2015 (€m)



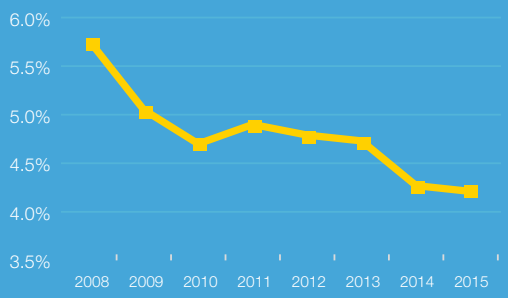

Data source: HSE Corporate Finance

## Staff category % change December 2014 – December 2015




Data source: HSE Personnel Census

## Absence rate 2008-2015




Data source: HSE Performance Reports

*See modification to Note 8 of Annual Financial Statements on page 121.*

- Total HSE expenditure in 2015 was €13.9bn
- Gross expenditure on acute services was €5.4bn
- Gross expenditure on primary care services was €3.6bn
- Gross expenditure on social care services was €2.8bn
- Gross expenditure on mental health services was €762m
- In 2015, the overall pay bill, including voluntary service providers and excluding superannuation, increased by €138.6m (2%)
- There was a 2% decrease in agency expenditure
- Agency costs amounted to 5.3% of all pay costs
- At the end of 2015 there were 103,884 WTEs employed
- There was an increase of 4.6% in staff numbers with 61% of the increase within acute hospital services
- 63.8% of staff in 2015 were employed with the HSE
- 22.5% of staff are in the voluntary hospital sector
- 13.7% of staff are in the non-acute voluntary sector
- Absenteeism rates are continuing to improve, down from 5.76% in 2008 to 4.21% in 2015

# 2015
## Facts & Figure



**303,502**

Emergency calls were made to the Ambulance Service

**144,701**

Women attended BreastCheck

**4.6m**

People lived in Ireland

**19m**

Prescriptions were filled for 58 million items

**3.3m**

People attended a hospital outpatient department

**1.3m**

Treatments provided under the Dental Scheme

**65,659**

Babies were born

**1,858**

Substance misusers, under 18 years, commenced treatment within one week of assessment

**1.7m**

People have a Medical Card

**1.2m**

People attended Emergency Departments

**10.4m**

Home Help Hours delivered to 47,915 people

**1.5m**

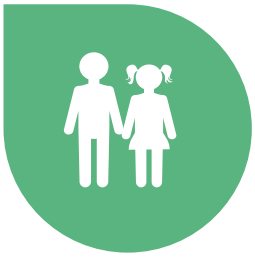
People received either inpatient or day case treatment

**980,917**

People contacted a GP out of hours service

**93%**

Children immunised against MMR



**73%**

Children who received acute inpatient mental health care were admitted to child and adolescent units

**98%**

Newborn babies visited by a PHN within 72 hours

# Contents

## Part I



## Part II

# Statement from the Director General

*The impact of the downturn in our economy over the last number of years has been very difficult for everyone. This was no different for health services, for those using our services and the staff providing them. It has been challenging for all of us to do more with less. But we are starting on a more positive journey where economic recovery is showing improved signs of a more stable financial environment for health in the years ahead.*

*We published our Corporate Plan 2015-2017 during the year. It is an ambitious plan which provides the framework within which our services will be shaped and allows us to say with conviction that 'we can do better, we will do better'. Our vision 'A healthier Ireland with a high quality health service valued by all' states simply what we want to achieve. Underpinning the plan are our values of Care, Compassion, Trust and Learning, representing the true core of what we do and what we are about as a health service. Our Corporate Plan envisages significant changes across our services by 2018, the impact of which can already be seen throughout this Annual Report.*

*During 2015 we placed a particular focus on quality improvement and patient safety and on reforming our health services.*

## Responding to our challenges

Our population is growing. There has been a 9% increase in the number of people living in Ireland since the 2006 Census, a 1.3% increase since 2011. Life expectancy has increased by two and a half years since 2004 and is consistently higher than the EU average, driven largely by significant reductions in mortality rates from principal causes of deaths such as those from heart disease and cancer. The overall mortality rate has reduced by 19% since 2005. The numbers of people over the age of 65 years is projected to almost double to around 1million by 2031.

These trends are set to continue into the future and have implications for future planning and health service delivery. Our ageing population and the recognition that with increasing age comes a prevalence of chronic illness, continues to present challenges for us in sustaining and further improving our health services.

The entire health system is busier than ever. We are treating more patients in an environment where significant progress in clinical programmes, reform, new innovations and technology are positively impacting how we deliver care. While demand and patient expectation is growing we need to ensure such improvements continue and spread.

A key priority for us is continued implementation of the *Healthy Ireland* framework which set out how we will improve health and wellbeing over the coming years.

In recognition of service and demographic pressures, additional funding was made available by Government to progress specific initiatives across a range of areas including primary care, mental health, social care, health and wellbeing and acute services.

# Providing quality services

When we improve quality we also improve productivity. We know poor healthcare costs more in the long run. As we move away from times of austerity, we need to ensure that our health services are based on the values of care, compassion, trust and learning. These have always been the cornerstone of the way we work, however there have been situations where these values have not been evident. We are focused therefore on ensuring these values underpin everything we do, all of the time, and being open and transparent as we learn from and acknowledge our mistakes. It is only when we do this and review our successes that we can discover how to build on our achievements.

During the year there has been a continued focus and proactive approach to service user and staff engagement, implementing policies such as Open Disclosure and Safety Incident Management across all of our services, ensuring delivery of the *National Standards for Safer Better Healthcare*, monitoring quality improvement and patient safety, implementing a quality assurance and verification framework and to the management of reportable and serious incidents. The results of the first annual staff satisfaction survey were also published. This survey provided some very challenging insights for managers across the system and we are committed to both hearing and responding to the findings of this and future surveys.

# Health reform

The model of care which we provide must be fit for purpose and the best that it can be. Provision of care must be integrated by providing better and easier access to services for the public which are close to where people live.

Supporting the goals of the *Corporate Plan 2015-2017*, the reform programme is driving the delivery of person-centred, integrated care across the health and social care services with better outcomes for patients and service users.

Service delivery programmes are in place for establishing and developing Community Healthcare Organisations (CHOs), Hospital Groups and the National Ambulance Service. This work is being supported by planning for the future of the functions required at national level to support the delivery of local services which includes integrated care and all of the key enabling or supporting programmes (including quality and safety, HR, ICT and finance). An Action Plan for Health Service Reform is being finalised and this will set out key deliverables over the coming years.

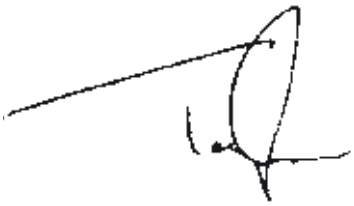
Work is progressing on further developing patient centred integrated models of care in both the integrated care programmes (patient flow, older people, prevention and management of chronic disease and children) and the 33 national clinical programmes.

# Thank you

On behalf of the Directorate, I would like to thank Mr. Jim Breslin, Secretary General of the Department of Health together with his officials, for their support, encouragement and assistance during the year.

I would like to acknowledge the leadership of Mr. Leo Varadkar, Minister for Health, who along with Ms. Kathleen Lynch, Minister of State with special responsibility for Mental Health, Primary Care and Social Care (Disabilities and Older People), steered policy at Government level.

I would like to acknowledge and thank our staff for their commitment in delivering quality health services to those who need them, across all services and within all settings. Their resilience and perseverance is exemplary and deserves recognition. This impact of all this work can be seen in the service developments and improvements throughout this Annual Report.



**Tony O'Brien**
*Director General*
*Health Service Executive*

# Our Corporate Plan


The *Corporate Plan 2015-2017*, published earlier in the year, sets out how we intend to progress our health service over a three year period. Our aim is to develop a first-rate service, available to people where and when they need it, producing the very best outcomes that can be achieved.

Our vision 'A healthier Ireland with a high quality health service valued by all' is a statement of this ultimate aim, and is accompanied by a mission statement that outlines how this vision can be realised.

Underpinning the entire plan are the values of Care, Compassion, Trust and Learning. Our values influence our attitudes and behaviours towards those to whom we provide services and with whom we have professional contact. The plan outlines how we will strive to learn from past mistakes and be innovative in the drive for continuous improvement. Each value is defined by statements that describe how we can recognise, demonstrate and live these values so they are observable in all our behaviours, decisions and interactions with patients and service users.

The plan sets out five goals for the health service, as well as the actions required to deliver them:

- Promote health and wellbeing as part of everything we do so that people will be healthier
- Provide fair, equitable and timely access to quality, safe health services that people need
- Foster a culture that is honest, compassionate, transparent and accountable
- Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them
- Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money.

Delivering on these goals will bring about significant changes across the health service, including:

- Creating an empowered and accountable health delivery system through the establishment of the community healthcare organisations (CHOs) and hospital groups and through the reform of the Primary Care Reimbursement Service and the National Ambulance Service
- Building and designing models of care which are patient-centred, evidence-based and clinically-led across the whole service
- Reforming the key support functions of Health Business Services, Information and Communication Technology, Human Resources and Finance.

2015 was the first year of implementation of our ambitious new *Corporate Plan*, and some of our successes and challenges can be seen throughout this Annual Report.

## Mission

- People in Ireland are supported by health and social care services to achieve their full potential
- People in Ireland can access safe, compassionate and quality care when they need it
- People in Ireland can be confident that we will deliver the best health outcomes and value through optimising our resources

## Our Plan

This Corporate Plan sets out our 5 goals, the actions required to deliver them and how we will measure success

| | |
|---|---|
| **Goal 1** | Promote health and wellbeing as part of everything we do so that people will be healthier |
| **Goal 2** | Provide fair, equitable and timely access to quality, safe health services that people need |
| **Goal 3** | Foster a culture that is honest, compassionate, transparent and accountable |
| **Goal 4** | Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them |
| **Goal 5** | Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money |

## Vision

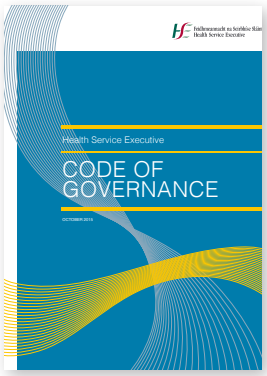
- A healthier Ireland with a high quality health service valued by all

# Our Organisation

Our purpose is to provide safe, high quality health and personal social services to the population of Ireland. Our vision is a healthier Ireland with a high quality health service valued by all. Our *Corporate Plan* sets out what we will do over the period 2015-2017.

This Annual Report describes what we accomplished in 2015 to meet our objectives both against our *Corporate Plan* and our *National Service Plan 2015*. In line with our legislative requirements under the *Health Act 2004* (as amended), this Annual Report also reports progress against our Capital Plans and provides detailed financial statements for the organisation.

## Governance




The HSE Directorate was established in 2013, following the enactment of the *Health Service Executive (Governance) Act* 2013. The Director General is the Chairperson of the Directorate. Other members of the Directorate are appointed by the Minister from persons employed as HSE National Directors.

The Directorate is the governing body of the Executive with authority to perform the functions of the Executive. The Directorate is accountable to the Minister for the performance of the HSE's functions. The Director General as Chairman of the Directorate accounts on behalf of the Directorate to the Minister and is responsible for carrying on and managing and controlling generally the administration and business of the HSE. This is undertaken on an operational basis through the Leadership Team and their supporting structures within the organisation. See also the Directorate Members' Report in the Annual Financial Statements of this Report and also an organisation chart as at 31.12.15 in Appendix 2.

Under the *Health Act*, the HSE is required to have in place a Code of Governance. The principles and practices associated with good governance continue to evolve and in 2015 the HSE updated its Code of Governance to replace its existing Code of Governance which was in place since 2011. The updated Code was approved by the Minister in December 2015.

Following consultation and research, this Code of Governance reflects the current standards, policies and procedures to be applied within and by the HSE and the agencies it funds to provide services on its behalf. In updating this Code the HSE has taken cognisance of the relevant legislation including relevant provisions of the Health Acts 2004-2015, the HSE *Corporate Plan 2015-2017* and the *Department of Health Statement of Strategy 2015-2017*. This Code is compliant with the requirements of the Code of Practice for the Governance of State Bodies and the Statement on Internal Financial Control reflects our compliance. Arrangements for implementing and maintaining adherence to the code of governance is set out in the Annual Report.

## Health Reform

Supporting the goals of the *Corporate Plan 2015-2017*, the reform programme is driving the delivery of person-centred, integrated care across health and social care services with better outcomes for patients and service users. To make this happen, service delivery programmes are now in place for CHOs and hospital groups, the National Ambulance Service, integrated care and all of the key enabling programmes (including quality and safety, HR, ICT and finance). An Action Plan for Health Service Reform is being agreed and will clearly map out key deliverables over the coming years.

### Developing CHOs and hospital groups

- A series of workshops attended by over 250 staff members were held in 2015 with CHO staff. In addition, a series of 17 workshops were held with over 400 hospital staff as part of the scoping of the reform projects required to establish hospital groups. Significant work has been undertaken to establish both national and local programme governance, to progress priority projects locally and to ensure that appropriate supports are in place to implement both the hospital groups and CHOs. This work is continuing.
- In parallel, three priority projects progressed, which involved wide ranging staff engagement across all CHOs, on a network operating model, HR enablement and CHO network mapping. These priority projects will define the geography of each operating network with each CHO based on population and will establish the organisations and ways of working to meet the needs of the local population.

### Developing patient centred integrated models of care

- Preparatory documentation, detailing the approach and resources required, was prepared for the integrated care programmes for both older people and chronic disease. Projects have been established on the design and implementation of an operating model for clinical strategy and programmes and their alignment with the integrated care programmes.

### ICT reform

- The Office of the Chief Information Officer launched the *Knowledge and Information Plan*, established the eHealth Ireland Committee and a number of key programmes are progressing, including the individual health identifier and the electronic health record business case. Further details of these initiatives can be seen throughout this report.

### HR reform

- Reform of Human Resource Management will progress through implementation of the *People Strategy*.

*A number of other areas of reform are also progressing including finance (finance operating model, activity based funding), health and wellbeing etc. Details of these can be seen further in this report.*

# Our Workforce

Our vision for healthcare as set out in our *Corporate Plan 2015-2017* is to put people at the heart of everything we do – we are committed to delivering high quality safe healthcare to our service users, communities and the wider population. Our staff are at the core of the delivery of healthcare services, working within and across all care settings in communities, hospitals and healthcare offices.

The health service is the largest employer in the state with 120,000 personnel, or 103,884 whole-time equivalents (WTEs) employed at end December. This represents an increase of 4.6% or 4,557 WTEs overall in the year and compares with an increase of 2,332 WTEs in the same period in 2014. This increase has been driven by the conversion of agency staff to WTEs.

Of the 103,884 WTE:

- 63.8% (66,278) are employed with the HSE
- 22.5% (23,374) are in the voluntary hospital sector and
- 13.7% (14,232) are in the voluntary non-acute sector

There was an increase of 4.6% in the number of staff employed across all staff categories with 61% of the growth (2,797 WTEs) being within acute hospital services. The increase in employment levels is reflected as follows:

- 5.9% in medical/dental
- 2.4% in nursing
- 6.9% in health and social care professionals
- 6.9% in management/administration
- 0.8% in general support staff
- 6.3% in patient and client care

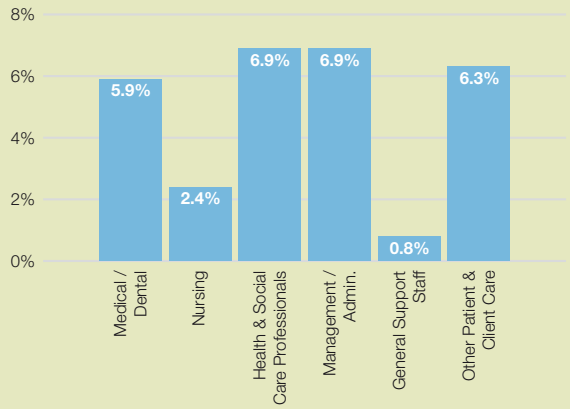
Employment growth in 2015 has led to significant employment control and cost challenges. These will continue to be monitored against general affordability and allocated pay budgets and against funded workforce plans.

**Table 1: Health Service Personnel 2015 by Staff Grouping**

| Staff Grouping | WTE Dec. 2014 | WTE Dec. 2015 |
|---|---|---|
| Consultants | 2,635 | 2,724 |
| Medical – other | 881 | 895 |
| NCHDs | 5,302 | 5,717 |
| Nurse Managers | 6,602 | 6,947 |
| Nurse Specialists | 1,332 | 1,475 |
| Staff Nurses | 24,422 | 24,748 |
| Public Health Nurses | 1,460 | 1,501 |
| Nursing Students | 404 | 387 |
| Nursing – other | 289 | 295 |
| Therapists (Physio, OT, SLT) | 3,764 | 4,002 |
| Health and Social Care – other | 9,875 | 10,576 |
| Management | 4,721 | 5,043 |
| Clerical and Administrative | 10,399 | 11,126 |
| Ambulance | 1,556 | 1,601 |
| Care Staff | 16,266 | 17,353 |
| Support Services | 9,419 | 9,494 |
| **Total Health Service** | **99,327** | **103,884** |

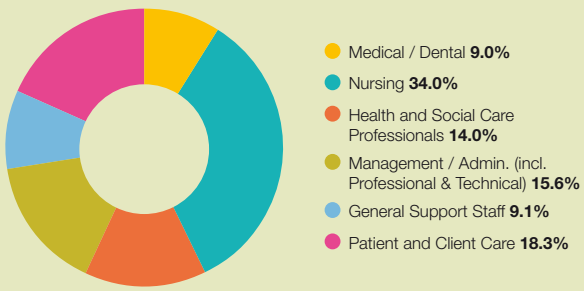
Data source: Health Service Personnel Census

**Figure 1: Staff category % change December 2014 - December 2015**




Data source: HSE Personnel Census

**Figure 2: % staff distribution December 2015**




Data source: HSE Personnel Census

## Nursing and midwifery

A new recruitment campaign to attract nurses and midwives working in the UK and further afield, to work in Ireland, was launched. Vacancies are in a wide range of settings, including both hospital and community with opportunities for up to 500 nurses and midwives.


## National Doctors Training and Planning

National Doctors Training and Planning (NDTP) continued to work with a range of stakeholders to develop initiatives designed to support doctors training and working in Ireland and to plan for the future needs of the Irish medical workforce. Highlights include:

- **Medical Careers Day**

  A Medical Careers Day was held in Dublin Castle and a new medical careers website *www.medicalcareers.ie* was launched. This is designed to help medical students and interns make informed decisions about their career choices. The Medical Careers Day is a joint initiative between the HSE – NDTP, the Forum of Irish Postgraduate Medical Training Bodies and the Medical Council. This was the third year of the event and positive feedback has grown each year in tandem with attendance figures.


- **Launch of the National Employment Record (NER)**

  In response to the recommendation of the *Strategic Review of Medical Training and Career Structure* (MacCraith Report) to reduce the paperwork burden for NCHDs, associated with rotating between clinical sites, the NER was launched. Each NCHD must register a secure NER portal account which provides a central location to upload documentation associated with changing employer such as Garda Vetting, mandatory training certificates, etc. The NER was piloted with the July Intern cohort and due to its success was rolled out to all NCHDs nationally in October. By the end of the year almost 2,600 NCHDs opened their NER account. It is planned to introduce an automated email to NCHDs to remind them when particular documents are nearing expiry, for example work permits.

- **General Practice Medical Workforce Planning Report**

  In September, a report on the future medical workforce required for General Practice was published. The report details projected specialist demand over a 10-year timeframe. Scenarios include population projections, current estimated GP visitation rates, the potential impact of policy decisions such as extension of GP visit card eligibility, as well as data related to part-time working, feminisation and trainee numbers. Key findings and recommendations will help inform policy in terms of projections for GP workforce numbers, promoting the GP specialty as a career choice and maximising recruitment and retention within the profession.

## European Working Time Directive

Non-consultant hospital doctors (NCHDs) play an important role in our hospitals, mental health services and community services. In 2015, a focus was maintained on improving compliance with the European Working Time Directive (EWTD) amongst NCHDs, in line with the implementation proposals submitted to the European Commission in the early part of the year:

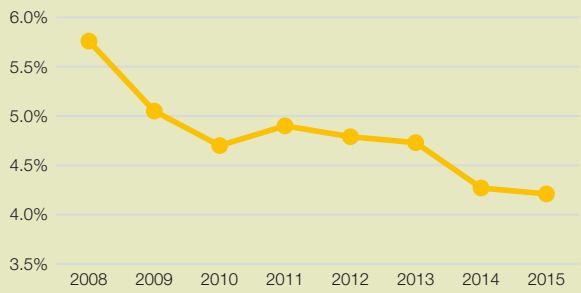
- 77% were compliant with the 48 hour average working week (10% increase on 2014)
- 96% did not work more than 24 hours on-site on call (2% increase on 2014)
- 96% received 11 hour daily rest breaks or equivalent compensatory rest (unchanged since 2014)
- 99% compliance with the 30 minute breaks and 99% compliance with the weekly/fortnightly rest or equivalent compensatory rest.

While there have been significant improvements in EWTD compliance, full compliance remains an ongoing challenge for the Health Service.

# Attendance management

The staff annual absence rate of 4.2% demonstrated a reduction on the previous year's rate of 4.3%, a continuation of the downward trend in recent years.

**Figure 3: Absence rate 2008 - 2015**




Data source: HSE Performance Reports

# Finance

The total HSE expenditure in 2015 was €13.895 billion (bn) for the delivery and contracting of health and personal social services.

The main areas of expenditure are set out in Figure 4.

In progressing the HSE Capital Plan 2015, the total capital expenditure was €388m, which included capital grants to voluntary agencies of €84.5m. Further information on capital and ICT infrastructure developments can be found on pages 71-76.

Comprehensive financial information can be found in the Annual Financial Statements in the second part of this Annual Report.

## Payroll (statutory and non-statutory)

The overall pay bill of the Health Service, including voluntary service providers and excluding superannuation, increased by €138.6m (2%) in 2015. Basic pay increased by €95.1m (2%), overtime payments increased by €20m and other allowances increased by €31.7m (3%). There was a 2% decrease in agency expenditure compared to 2014.

The acute sector accounted for a 3% increase with a 2% increase in the non-acute sector. The greatest increase in the acute hospital sector, when compared to 2014, was in relation to the basic pay category at nearly 4%. This increase has been driven by the conversion of agency staff to whole time equivalents.

- Overtime amounted to 3.5% of all pay costs (excluding superannuation).
- Agency costs amounted to 5.3% of all pay costs (excluding superannuation).

## Governance arrangements with the non-statutory sector

The HSE provided funding of €3.621bn to non-statutory agencies to deliver health and personal social services:

- Acute voluntary hospitals €1.908bn (53%)
- Non-acute agencies €1.713bn (47%).

Over 2,300 agencies were funded, with over 3,700 separate funding arrangements in place. Nine agencies accounted for over 50% of the funding.

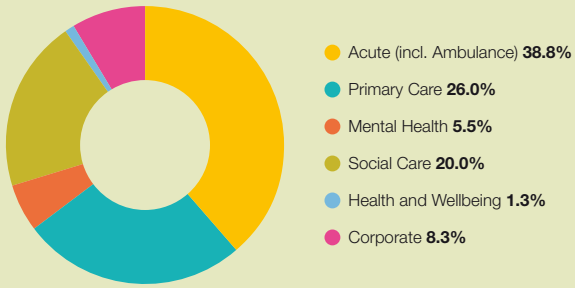
Work continued to enhance governance arrangements with Section 38 and Section 39 funded agencies and to promote ongoing interaction. In particular:

- Part 1 of the Service Arrangement documentation was updated in consultation with representatives of the funded agencies and the annual review of the Part 2 (Schedules) documentation was carried out
- Processes for the completion/signing of next year's governance documents during the first quarter of 2016 were agreed
- Two formal meetings were held with the Chairs of both the Acute and non-Acute Groups of Section 38 Providers
- Representative groups comprising staff from CHOs and the corporate support functions/service divisions were established
- A process to establish an independent review of governance in Section 38 organisations was initiated and completed.

The Annual Compliance Statement process, which requires all Section 38 agencies to submit a statement annually to the HSE confirming their compliance with good governance practice in the previous year, continued.

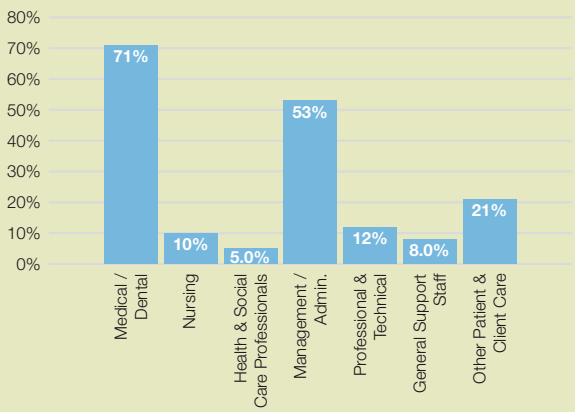
All Section 38 agencies signed their Annual Compliance Statement in respect of 2014. These statements were reviewed and matters requiring further clarification were addressed with the agencies concerned.

**Figure 4: Breakdown of total expenditure 2015**




Data source: HSE Corporate Finance

**Figure 5: Variance in agency costs 2014 - 2015**




Data source: HSE Corporate Finance

# Listening to Our Service Users

## Introduction

Listening to our patients and service users and considering feedback in how services are planned and delivered, as set out in our *Corporate Plan 2015-2017*, is one of our core values. Developing ways to promote service user engagement is one of our key priorities.

In order to ensure that the views, concerns and experiences of care of patients and service users are listened to and acted on it is essential to:

- Develop organisational capacity to collate patient feedback
- Encourage service user involvement on patient forums
- Develop a national network of patient safety champions
- Implement advocacy programmes in all health care settings
- Support service user and patient experience surveys
- Support person-centred care programmes
- Implement the Open Disclosure policy.

## During 2015

A number of priorities were progressed during 2015:

### Service User Engagement

- A National Patient Forum was established as a platform for engaging with patients and service users on matters of national significance for the health service.

### Advocacy

- Patients for Patient Safety Ireland (PFPSI) is part of the World Health Organisation initiative aimed at promoting understanding and dialogue around patient safety and the role patients can play in developing new tools useful in patient safety. In 2015, we commenced a consultation with PFPSI on the Framework for Improving Quality.

### Accessibility

- The *National Guidelines on Accessible Health and Social Care Services* were launched, giving practical guidance to all health and social care staff about how they can provide accessible services. The key message reinforced throughout the guidelines is 'Ask, Listen, Learn, Plan and Do'.


## Compliments and Complaints

### Health Service Executive

*(Excluding Voluntary Hospitals and Agencies)*

The comments, compliments and complaints of service users and their families are welcomed and valued, as they allow us to continually improve our services.

In 2015, there were 7,304 compliments recorded, although many go unrecorded. Work is ongoing to encourage all staff to record compliments as they allow us to capture data on the positive aspects of our services and learn from what is working well.

There were 9,289 complaints recorded and examined by complaints officers, an increase of 10.9% on the number received in 2014. Of the total number of complaints received, 6,854 or 74% were dealt with within 30 working days.

**Table 2: HSE complaints received and % dealt with within 30 working days**

| | No. of complaints received | No. and % dealt with within 30 working days |
|---|---|---|
| 2015 | 9,289 | 6,854 (74%) |
| 2014 | 8,375 | 5,704 (68%) |
| 2013 | 6,823 | 4,651 (68%) |
| 2012 | 6,813 | 4,664 (69%) |
| 2011 | 7,449 | 5,623 (75%) |

Data source: HSE Quality Improvement division

### Voluntary hospitals and agencies

In 2015, there were 10,108 compliments recorded, although many go unrecorded.

There were 11,459 complaints recorded and examined by complaints officers, an increase of 6.5% (707) on the number (10,752) received in 2014. Of the total number of complaints received this year, 9,038 or 79% were dealt with within 30 working days.

**Table 3: Complaints received by category (HSE) 2014-2015**

| Category | 2014 | 2015 |
|---|---|---|
| Access | 2,130 | 3,257 |
| Dignity and Respect | 868 | 999 |
| Safe and Effective Care | 2,520 | 3,199 |
| Communication and Information | 3,517 | 2,014 |
| Participation | 58 | 80 |
| Privacy | 141 | 153 |
| Improving Health | 124 | 183 |
| Accountability | 307 | 418 |
| Other | 460 | 611 |
| Clinical Judgment | 116 | 196 |
| Vexatious Complaints | 11 | 7 |
| Nursing Homes/residential care for older people (65 and over) | 56 | 69 |
| Nursing Homes/residential care (aged 64 and under) | 5 | 10 |
| Pre-School inspection services | 49 | 4 |
| Trust in Care | 22 | 29 |
| Children First | 8 | 50 |

Data source: HSE Quality Improvement division

Note: Some complaints contain multiple issues and therefore fall under more than one category

**Table 4: Complaints received by category (voluntary hospitals and agencies) 2014-2015**

| Category | 2014 | 2015 |
|---|---|---|
| Access | 2,838 | 2,551 |
| Dignity and Respect | 1,103 | 1,473 |
| Safe and Effective Care | 3,032 | 2,551 |
| Communication and Information | 2,979 | 2,776 |
| Participation | 102 | 150 |
| Privacy | 125 | 203 |
| Improving Health | 164 | 152 |
| Accountability | 398 | 309 |
| Other | 525 | 608 |
| Clinical Judgment | 168 | 99 |
| Vexatious Complaints | 19 | 50 |
| Nursing Homes/residential care for older people (65 and over) | 7 | 6 |
| Nursing Homes/residential care (aged 64 and under) | 89 | 9 |
| Pre-School inspection services | 0 | 2 |
| Trust in Care | 690 | 573 |
| Children First | 140 | 38 |

Data source: HSE Quality Improvement division

Note: Some complaints contain multiple issues and therefore fall under more than one category

## Complaints under Parts 2 and 3 of the *Disability Act 2005*

564 complaints were received under Part 2 of the *Disability Act 2005* in relation to a child's assessment of need for disability services. Three complaints were received under Part 3 of the *Disability Act 2005*, access to buildings and services for people with disabilities.

## Reviews

There were 183 requests for review received. This represents a decrease of 15.3% in the number of review requests received and examined since the previous year. A review can be requested under Part 9 of the *Health Act 2004* when a complainant is dissatisfied with the recommendations made following the investigation of their complaint.

## National Information Line

A total number of 541 queries were received by the National Information Line on how to make a complaint. Of these, 70 were with regard to hospital complaints.

The National Information Line recently answered its one-millionth call. The service provides information on the most frequently requested services in respect of national schemes, as well as providing confidential information on over 120 topics relating to health and social services information.

## How to give a compliment, make a comment or complaint

- Talk to any member of HSE staff, service manager or Complaints Officer
- Email yoursay@hse.ie with your feedback
- Send a letter or fax to any HSE location
- Ring the HSE on 1850 24 1850
- Use the HSE website form at *www.hse.ie/eng/services/yourhealthservice/focus/ysys.html*

# Our Population

## Our Population

- 4.635 million (m) people live in Ireland, a 1.3% increase since the 2011 Census but a 9% increase since the 2006 Census. This figure will be updated in Census 2016
- Over one million of our population (1 in 5) are aged under 15 years of age
- The number of people aged over 65 years is increasing at a faster rate than that of our EU neighbours. This number is expected to almost double in the next 20 years with the greatest proportional increase in the over 85 age group
- The birth rate in Ireland has fallen to its lowest rate for the last decade but fertility rates are still among the highest in Europe

## Marriages and Civil Partnerships registered

- 22,113 marriages:
  - 14,560 religious ceremonies
  - 6,244 civil ceremonies
  - 1,309 humanist ceremonies
- 377 civil partnerships

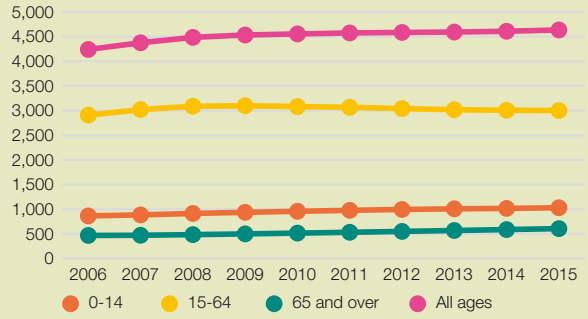
## Life Expectancy

- Life expectancy in Ireland has been consistently higher than the EU average in the last decade for males and similar to the EU average in females. Improvements in life expectancy have been largely driven by significant reductions in mortality from chronic diseases such as heart disease and cancer.
- Although women have a higher life expectancy than men (women 82.8 years and men 78.4 years), when life expectancy is expressed as years lived in good health (i.e. healthy life years) at age 65, the difference between women and men is less significant, indicating that women live longer but with more health problems.

## Mortality Rates and Survival Rates

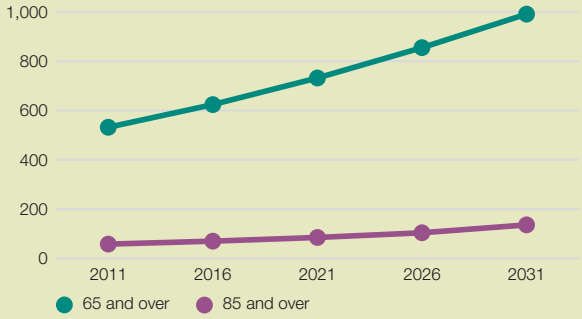
- The causes of death for those aged 65 years and over are very different to the causes for those aged 64 years and under:
  - For those aged 65 years and over, the principal cause of mortality is circulatory disease followed by cancer (Figure 8)
  - For those aged 64 years and under, while cancer is the main cause of mortality and circulatory disease remains a significant cause, deaths from injury and poisoning are much more prominent than in the older age group, accounting for 18.5% of all premature deaths compared to 2.1% in those aged 65 and over (Figure 9).
- Survival rates for cervical, breast and colorectal cancers show significant improvements over the past 15 years but 5-year survival from these cancers remains just below the average for the EU.
- Prevalence of chronic disease is expected to increase by 20% by 2020 primarily driven by the ageing population.
- Based on 2013 official suicide figures, the death rate from suicide has decreased by over 13% since 2004. Provisional figures for 2014 suggest a decrease of 5.6% from 2013's suicide rate.

**Figure 6: Population of Ireland ('000s) by age group, 2006 - 2015**




Data source: Central Statistics Office

**Figure 7: Actual population to projected population in Ireland ('000s) 2011 - 2031**




Data source: Central Statistics Office

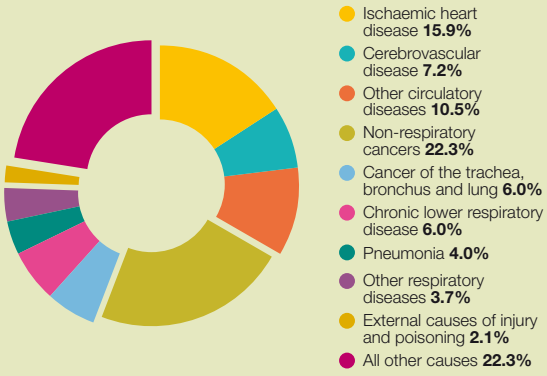
## Health Inequalities

- Ireland continues to have the highest levels of self-perceived health of any EU country. Those with higher education attainment tend to report better health than those with lower education attainment.
- Health inequalities are closely linked with wider social determinants including living and working conditions, issues of service access and cultural and physical environments.
- Chronic illness or disability among children is more prevalent in those from lower socio-economic backgrounds.
- Lifestyle factors such as smoking, drinking, levels of physical activity and obesity continue to be issues which have the potential to jeopardise many of the health gains achieved in recent years.

## Our Health – Healthy Ireland

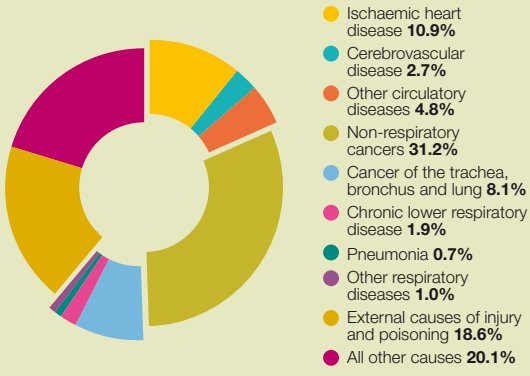

Health inequalities, unhealthy lifestyles and the ageing population present major challenges for health service planners and providers. The *Healthy Ireland* framework takes important steps towards making Ireland healthier. The first *Healthy Ireland* survey utilised 7,539 face-to-face interviews and published valuable information about the health status of the Irish population

**Figure 8: Deaths by principal causes 2014, % distribution, ages 65 and over**




Data source: Central Statistics Office

**Figure 9: Deaths by principal causes 2014, % distribution, ages 0-64**




Data source: Central Statistics Office

# Improving Quality and Delivering Safe Services

## Introduction

Quality improvement, quality assurance and verification underpin the delivery of all our services. We are committed to ensuring high quality, evidence-based, safe, effective and person-centred care. This remained an important focus in 2015. In particular, we ensured:

- A proactive approach to service user and staff engagement
- Implementation of the *National Standards for Safer Better Healthcare*
- Quality improvement capacity building and quality improvement collaboratives
- Development and use of appropriate quality performance measures
- Monitoring of quality improvement and patient safety through key performance indicators
- Implementation of a quality assurance and verification framework
- Management of Serious Incidents.

## Progressing our Strategic Priorities

### Safe Care

- A national patients' forum was established and patient/service user listening sessions were conducted.
- The Institute for Safe Medication Practices (ISMP) medication safety intensive course was delivered to 101 healthcare professionals from acute care, together with the Irish Medication Safety Network.
- Training on the National Open Disclosure Policy was rolled out across all services.
- The Pressure Ulcer Collaborative continues to be rolled out across hospital groups and CHOs, with a reduction in the incidence of pressure ulcers.

### Effective Care

- A Framework for Improving Quality was developed, providing guidance for services on effective approaches to improving the quality of service delivery.
- National clinical guidelines were developed and implemented with the National Clinical Effectiveness Committee (NCEC) and the Department of Health.

### Improving Quality

- Models of frontline staff engagement to improve services were developed.
- As part of the Quality Improvement division's Global Health Programme, partnerships were facilitated by Our Lady's Children's Hospital, Crumlin and Mayo General Hospital with hospitals in Tanzania and Kenya to develop paediatric cancer services and improve the quality of maternity care in the respective African and Irish Hospitals.
- A programme was established to support services in reducing harm associated with disease-related malnutrition in acute hospitals.
- 'Board on Board with Quality of Clinical Care', a Quality Improvement Project, was completed with the Mater Hospital, bringing information and discussion on the quality and safety of services to the top of the Board agenda.
- Primary care quality and safety clinical governance projects were undertaken to learn more about challenges and issues in the governance of clinical services in primary care. Outcomes of the project are being used to inform the development of new primary care governance arrangements.

▲
Irish paediatrician Dr. Trish Scanlan, at Muhimbili National Hospital, Tanzania

## Assurance and Verification

- A National Complaints function was established.
- A Programme of Healthcare Audit was implemented.
- A system for the reporting of serious reportable events was put in place and the first report published in November.
- An analysis of recommendations was undertaken from investigation reports.
- Phase 1 of the National Incident Management System (NIMS) was implemented.

▲
The 6th cohort of the Diploma in Leadership and Quality in Healthcare, 2015 had teams from five acute sites across the country and one mental health team

## Serious Reportable Events (SREs)

Serious Reportable Events (SREs) are a defined list of serious incidents, many of which may result in death or serious harm.

Some SRE categories are considered to be largely preventable patient safety incidents that should not occur if the available preventative measures have been implemented by the healthcare providers concerned (e.g. wrong site surgery).

Others are serious incidents that may not have been preventable or predictable but which need to be examined to determine if in these areas, safety was compromised or can be improved. (e.g. patient falls).

- The defined list of SREs and associated guidance for 2015 was published.
- The report titled Special Report: *Serious Reportable Events (SREs)* was published. It provides a snapshot of SREs reported nationally for the 19 month period between March 2014 and September 2015 by HSE run and funded services.
- We are continuing to embed the reporting and learning from adverse events into the overall approach to improving patient safety.

## Driving Quality Improvement in Medical Device Safety Day 30th November 2015

The launch of a newly developed National Medical Device eAlert System designed to streamline the management of medical device safety notices within the public health system was attended by multidisciplinary healthcare professionals at the Royal College of Physicians.

Developed by the HSE's National Medical Devices Equipment Management Committee, in collaboration with the Quality Improvement division and with assistance from the Health Products Regulatory Authority (HPRA), the aim of the eAlert system is to provide each HSE or HSE-funded voluntary service location assurance in the management of medical device safety or quality related notices issued by the HPRA. A key component of the medical device vigilance system is the dissemination of information, which may be used to prevent recurrence of an incident or to alleviate consequences.

# Community Healthcare

# Promoting Your Health and Wellbeing

## Introduction

Our ongoing priority is to support people and communities to protect and improve their health and wellbeing. Health and wellbeing services are committed to turning research, evidence and knowledge into actions that help people to stay healthy and well and live more fulfilled lives. Services covering the areas of public health, health protection, child health, health promotion and improvement, national screening services, environmental health, emergency management and knowledge management were further developed to enhance and improve health and wellbeing services for people.

## Key priorities for 2015 included:

- Implementing *Healthy Ireland – A Framework for Improved Health and Wellbeing in Ireland 2013-2025*
- Reducing the chronic disease burden of the population
- Developing, refining and integrating service delivery models for the health of the population (such as screening, child health, immunisation programmes)
- Protecting the population from threats to their health and wellbeing.

### 2015 Facts and Figures

- 95% uptake of 6-in-1 childhood vaccine at 24 months
- 93% uptake of MMR vaccine at 24 months
- 98% newborn babies visited by PHN within 72 hours of hospital discharge
- 54% babies breastfed (exclusively and not exclusively) at 1 month PHN visit and 35% at 3 month PHN visit
- 94% of children reaching 10 months of age have had their child development screening before reaching 10 months
- 11,949 smokers received intensive cessation support
- 220,000 quit attempts made, an increase of 47% from 2014
- 492 establishments received advisory sunbed inspections from the environmental health service under new legislation
- 36,304 food control planned and planned surveillance inspections were undertaken
- 162,000 visits to *www.thinkcontraception.ie* and 63,000 visits to *www.B4uDecide.ie*
- 508 disease outbreaks were dealt with

## Progressing our Strategic Priorities

### Healthy Ireland

- *Healthy Ireland in the Health Services National Implementation Plan 2015-2017* was finalised and launched.
- Work progressed across all three priority areas identified in the plan:
  - Health service reform
  - Reducing the burden of chronic disease
  - Staff health and wellbeing.
- Work commenced on the development of Healthy Ireland plans in three additional hospital groups (University of Limerick, Ireland East and RCSI). Implementation continued in the Saolta Hospital Group.
- A healthy lifestyle programme pilot commenced in Cork and will inform the 5-year action plan for schools to participate in the *Healthy Ireland* agenda in partnership with the DoH.

## Tobacco Free

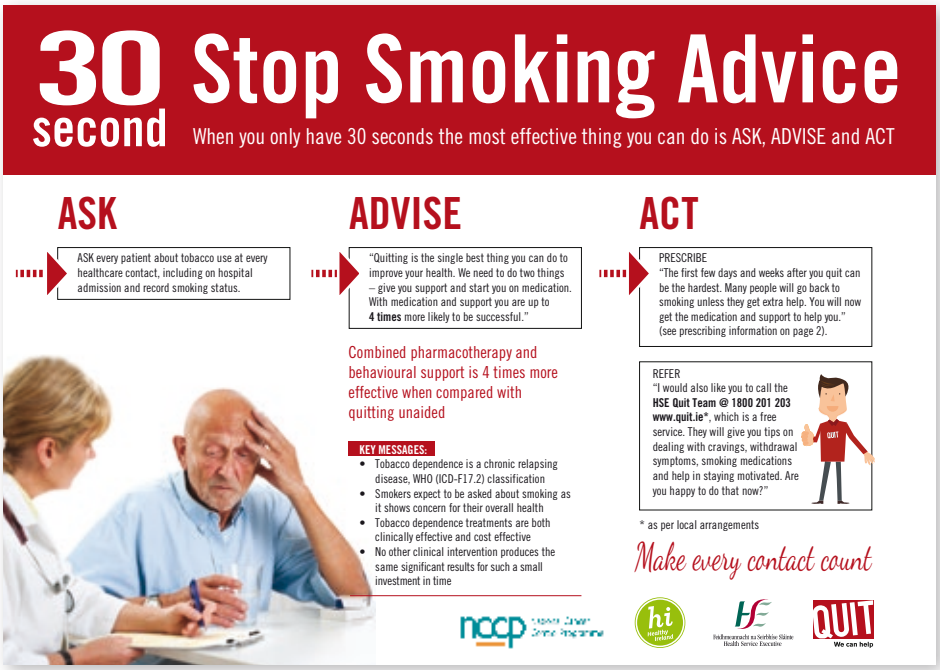
Cigarette smoking is the single biggest preventable cause of ill health and premature death. Findings from the *Healthy Ireland* survey in October indicated that cigarette smoking has dropped to 19% (daily smokers) or 23% (occasional smokers) from 29% in 2007.

The Tobacco Control Framework continued to be implemented:

- A new QUIT support service was launched with a new support team of counsellors available over the phone, by email, live web-chat, via Twitter or Facebook.
- A new interactive website was introduced with an online QUITplan.
- An estimated 220,000 quit attempts were made, an increase of 47% from 2014.
- Smoking prevalence dropped by 70,000 people.
- Cessation Support
  - 11,949 smokers received support from a cessation counsellor, an increase of 28.4% from 2014.
  - 1,279 healthcare professionals were trained through 131 training programmes.
  - 30 staff (14 from mental health services) were trained to provide intensive tobacco cessation specialist support to smokers.
- 540 tobacco test purchase inspections were carried out with an overall compliance rate of 83%.
- Achievement of Tobacco Free policy implementation across a number of targeted sites:
  - 99% primary care
  - 39% mental health approved units and 24% mental health residential services
  - 15% disability services
  - 49% older people services.


## Thanks Gerry

We sincerely thank Gerry Collins and his family for their help in saving lives and helping many people avoid the pain, illness and loss that are caused by smoking.





Dr. Stephanie O'Keeffe, National Director Health and Wellbeing, and Minister for Health, Leo Varadkar TD at the launch of the 2015 QUIT campaign

## Alcohol misuse

The Public Health Alcohol Bill was published in December.

- A new policy on alcohol-related education and communications programmes was implemented, preventing services from taking part in campaigns, programmes or initiatives funded or co-funded by alcohol manufacturers and distributors.
- A three-year implementation plan for REACT Scheme (Responding to Excessive Alcohol Consumption in Third-level) was funded and agreed through a joint initiative with the Union of Students in Ireland (USI), Irish Student Health Association (ISHA) and UCC Health Matters.

## Healthy Eating and Active Living

Priority recommendations from the National Physical Activity Plan were implemented in partnership with relevant stakeholders:

- A lead for Healthy Eating Active Living was appointed
- Nutrition steering committees were established in the majority of hospitals
- The target of 20 new parkrun locations was achieved, with 145,327 people completing a 5km parkrun in local communities
- Calorie posting commenced in all hospital groups (at least one hospital per group)
- A Healthy Vending Policy was implemented
- Physical activity opportunities were targeted at disadvantaged and socially excluded groups through support for national sports partnerships
- A range of healthy cooking training programmes ('Healthy Food Made Easy' and 'Cook It') were delivered, targeting disadvantaged areas
- The redesign of the Get Ireland Active website commenced
- 385 staff completed the Physical Activity E-learning module.

▲
Staff from UL Hospital Group pictured at 'Couch to 5K' in June

## Community Games Festival

- The HSE Community Games in 2015 were even bigger and better with inclusion, participation and the importance of healthy lifestyle choices very much the central themes.

- Thousands of children and their families arrived in Athlone over two weekends in August with the hopes of walking away with a much coveted medal and more importantly with new friends and memories.

- There were 50 different types of activities including sports, culture and arts sections for children to choose from. Several new age categories were introduced which meant that a further 600 children had the opportunity to compete in this year's games.

## Sexual health

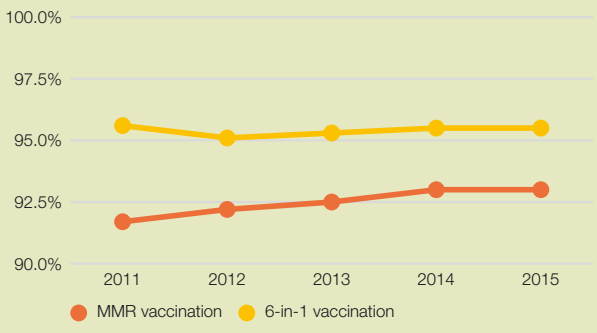
- Ireland's first *National Sexual Health Strategy and Action Plan* were published.
- A new national clinical lead for sexual health services was appointed to drive implementation.
- A self assessment framework for crisis pregnancy/ post abortion counselling was completed, a timetable and web tool was developed and a Crisis Pregnancy Workshop took place.
- Funding was allocated to pilot Dublin's first free rapid HIV testing service and to expand existing services in Cork and Limerick.

▼
Minister for Health, Leo Varadkar TD, at the launch of Ireland's first National World AIDS Day campaign

## Healthy childhood

- The Caring for your Baby and Caring for your Child website and booklets were launched to help parents care for themselves and their child during their child's first five years. Books are available from public health nurses, with content also available online.
- A range of supports, information and an 'Ask our Expert' service on breastfeeding were put in place – giving Mums the opportunity to have questions answered.
- Childhood immunisation rates in Ireland continue with high levels recorded, at 95% uptake in the 6-in-1 vaccine at 24 months and 93% uptake in the MMR vaccine at 24 months.

**Figure 10: Uptake in childhood vaccinations at 24 months**




Data source: HSE Performance Reports



▲
Public health nurse, Jemma Guiney, with Dara Ryan, Matthew O'Leary and Cian O'Leary at the website and booklets launch

## Health protection

- The winter 2015 'flu campaign' was launched in October with special emphasis on people in at-risk groups.
- 508 outbreaks (affecting 5,365 people) of infection diseases were notified under the national Infectious Disease Reporting Schedule.
- Notifiable infectious diseases managed included: 321 cases of tuberculosis, 747 cases of VTEC (Verotoxigenic Escherichia coli) and 559 cases of Hepatitis B.
- Hepatitis E was added to the list of notifiable diseases in Ireland.
- Implementation of the National Hepatitis C Strategy continued.
- Public Health worked with the Department of the Environment, Community and Local Government to develop the *National Strategy to reduce exposure to Lead in Drinking Water*, published in June.

## Environmental health protection

- Public Health Sunbeds legislation was implemented with 492 establishments receiving advisory inspections from the environmental health service.
- A new service contract was agreed with the Food Safety Authority of Ireland for 2016-2018.
- 36,304 planned and planned surveillance inspections of food business were undertaken, 10% ahead of target.
- 491 food complaints and 1,671 food business complaints were received and investigated.
- 12,949 food samples were taken and analysed.
- 17,972 tobacco control inspections were carried out including 540 test purchases (sales to minors) inspections.
- While compliance with *Public Health (Tobacco) Act* has been high, the HSE took 28 cases for tobacco related offences, resulting in 31 convictions.

## Emergency management

- Emergency management responses were provided to a range of severe weather incidences.
- Inter-agency annual risk assessments were supported and completed in all regions.

## Knowledge management

Staff worked collaboratively with external partners (statutory and non-statutory) to strengthen the division's approach to knowledge management:

- A Memorandum of Understanding (MOU) was agreed between the HSE and Environmental Protection Agency (EPA) providing a framework for co-operation in the area of environment and health and wellbeing. Several research studies were co-funded under this MOU in 2015
- Twenty-six 'county health profiles' were developed in 2015 setting out key health data and information at county level, supporting our colleagues and partner agencies including local authorities who engage in planning activities and service developments at county level
- The Planning for Health – Trends and Priorities to Inform Health Service Planning document was developed and published bringing together key data and insights to support decision-making in the areas of health service planning and delivery of services with the overall aim of improving long term health
- A research awards scheme to address research gaps in the area of health and ageing was developed in collaboration with Atlantic Philanthropies and the DoH, with five research awards made as part of the Healthy and Positive Ageing Initiative (HaPAI) Programme
- A literature review was commissioned, examining the physical health needs of people with mental health difficulties and related effective healthcare interventions
- A report and research paper was produced on the effect of fuel poverty on admissions to hospital, particularly for the vulnerable elderly in collaboration with Energy Action Ireland. The report has fed into the Department of Communications and Natural Resources pilot 'warmer home scheme' for persons vulnerable to fuel poverty.

# National Screening Service

BreastCheck
The National Breast Screening Programme

### The National Breast Screening Programme offers eligible women a free mammogram every 2 years

- 144,701 women attended breast screening, in line with the screening round (two-year) target.
- An age extension to women aged 65-69 years commenced and will be delivered over a number of screening rounds.
- 200,000 visits to breastcheck.ie
- Planning of BreastCheck age extension supported by additional funding allocation of €0.1m

CervicalCheck
THE NATIONAL CERVICAL SCREENING PROGRAMME

### The National Cervical Screening Programme offers free smear tests to women aged 25-60 years

- 249,982 women screened in a primary care setting.
- Programme coverage continues to increase and reached over 78% (target 80%).
- HPV triage introduced from May to improve early detection and support early return to routine screening.

Diabetic RetinaScreen
The National Diabetic Retinal Screening Programme

### The National Diabetic Retinal Screening Programme offers screening aimed at reducing the risk of sight loss amongst people with diabetes aged 12 and upwards

- €4.5m made available to deliver screening and treatment for Diabetic RetinaScreen.
- 76,248 eligible clients screened.
- The increase in prevalence of diabetes in the population will present a year on year increase in eligible clients.

BowelScreen
The National Bowel Screening Programme

### The National Bowel Screening Programme screens for the early detection of bowel cancer in men and women aged 60-69 years

- €2m made available to continue rollout of first round of BowelScreen.
- 223,487 clients in eligible age range of 60-69 invited to participate.
- First round of screening completed.

# You and Your Primary Care Services

## Introduction

The vision for primary care services is that the health of the population is managed, as far as possible, within a primary care and community setting, with people rarely requiring admission to hospital. Our approach is aligned with the *Healthy Ireland* framework and we are committed to ensuring the continued development and delivery of primary care services that are:

- Safe and of the highest quality
- Responsive and accessible for patients and clients
- Highly efficient and represent good value for money
- Well integrated and aligned with the relevant specialist services.

**Primary Care** priorities in 2015 included improving access to primary care services, reducing waiting lists and waiting times, extending the coverage of community intervention teams, enhancing oral health services including orthodontic services and improving access to diagnostics in primary care.

**Social Inclusion** priorities included improving health outcomes for people with addictions, contributing to the reduction in levels of homelessness and enhancing the provision of primary care services to vulnerable and disadvantaged groups.

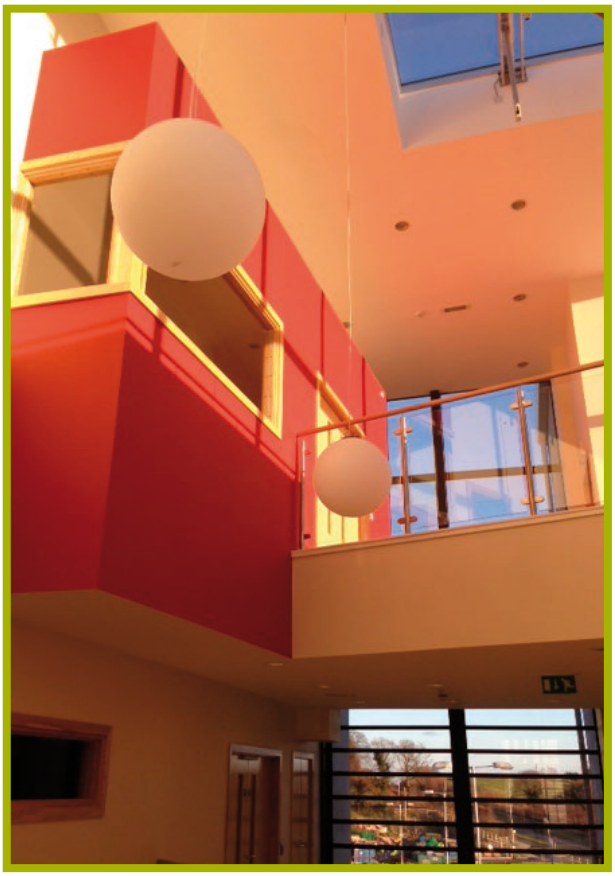
Primary Care Schemes are managed through the **Primary Care Reimbursement Service (PCRS)**. Our priorities included extending access to GP care, without fees, to children under 6 years and adults over 70 years, further developing the medicine management programme and introducing service improvements in relation to medical card eligibility assessment, medical card provision and reimbursement.

**Palliative Care** priorities included ensuring effective and timely access to palliative care services, and ensuring quality improvement across all services.

### 2015 Facts and Figures

- 19,675 referrals to Community Intervention Teams
- 980,917 contacts with GP Out-of-Hours
- 159,694 nursing services patient referrals
- 9,876 podiatry patient referrals
- 22,322 ophthalmology patient referrals
- 18,351 audiology patient referrals
- 25,712 dietetics patient referrals
- 12,264 psychology services patient referrals


▲ Navan Road Primary Care Centre (Photo: Paul Tierney)



▲ Wicklow Town Primary Care Centre

# Progressing our Strategic Priorities

## Enhancing primary care services

- Seven Primary Care Centres completed construction in 2015, and five were fully operational – Rathangan, Ballyshannon/Bundoran, Wicklow, South Leitrim and Navan Road.
- Planning permission was granted for a new €1m upgrade of Roselawn Health Centre.
- Community Intervention Teams (CITs) were enhanced with expanded coverage and services, with a particular focus on hospital avoidance, earlier discharge and the inclusion of Outpatient Parenteral Antimicrobial Therapy (OPAT), supported by the provision of a €2m additional funding allocation.
  - There was a 33.9% increase in referrals, with 19,675 referrals to CITs received.
- A pilot ultrasound access project was rolled out to primary care sites on a prioritised basis with 3,000 scans by year end.
- 1,459 minor surgery procedures were provided by 24 GPs in 20 practices.
- A three-year Tobacco Free Campus Implementation Programme was completed.

## Community oncology

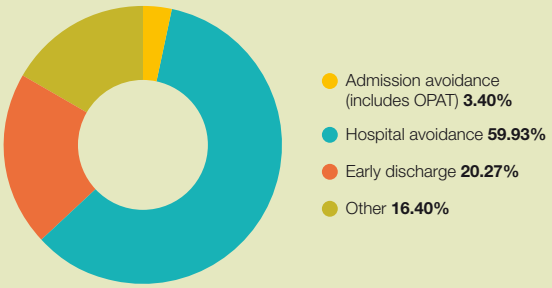
- The GP electronic referral for pigmented lesions suspicious for melanoma was expanded.
- The community nursing oncology programme, whereby patients avoid hospital attendance for some systemic therapy interventions, was expanded.
- The GP and Dentist referral tool kit for suspected head and neck cancer was implemented.

## National clinical programmes

- Chronic disease initiatives, the rollout of ultrasounds (Radiology National Clinical Care Programme) and the Primary Care Eye Services Review (Ophthalmology) progressed in collaboration with the national clinical programme leads for chronic disease, radiology and ophthalmology.
- The medicines management programme undertook a number of initiatives aimed at enhancing safe, evidence-based and cost-effective prescribing nationally.

◀ Minister for Health, Leo Varadkar TD, at the official opening in June of the new bespoke facility – HSE Navan Road Primary Care Centre and the Centric Health Navan Road Medical and Dental Practice

**Figure 11: Community Intervention team activity by source**




Data source: HSE Performance Reports

## Caring for our children

- Special care babies were discharged from hospitals using packages of care in the community for babies with tracheotomies.
- Children First:
  - Approval was granted for the establishment of a Children First National Office and recruitment commenced for 19 posts
  - The Children First communication plan and website were developed
  - Further implementation of Children First was supported, and designated leads were nominated across CHOs and hospital groups
  - Standard child protection and welfare policies were developed
  - A Children First e-learning model and training strategy were developed
  - Development commenced on a Quality Assurance Framework for all aspects of the programme with work continuing in 2016.

## Oral health and orthodontics

- Improved access to orthodontic treatment was provided for children, including orthognathic/oral surgery requirements, by utilising resources effectively and reducing waiting times.
- Dental care for patients with cancer, other complex care conditions and routine or urgent general anaesthetic services was provided.
- Microbial prescribing and HIQA infection control standards were implemented.

## Improving quality and safety

- A national primary care Patient Experience Survey was developed to capture the experience of users of primary care services.
- Rollout of the *National Standards for Safer Better Healthcare* at CHO level was further supported and implemented.
- A primary care quality and safety dashboard providing initial information and assurance on the quality and safety of services within primary care was developed. Ongoing training and support was provided to staff on incident management, systems analysis investigation, clinical audit and open disclosure.


## Diabetes Care

*Type 2 diabetes is a common chronic condition which causes significant morbidity and mortality if not properly diagnosed and managed, with an estimated 5.6% of our adult population or 190,000 people have Type 2 diabetes.*

- A new Diabetes Cycle of Care service for holders, with Type 2 Diabetes, of medical cards and GP Visit Cards was launched.
- 62,000 adult GMS patients with Type 2 Diabetes were registered under the Cycle of Care by year end.
- Additional Expert Patient Education versus Treatment (X-Pert) programmes were rolled out nationally. The programme aims to educate people with Type 2 diabetes and assist them to make lifestyle changes that will help treat their diabetes.


Minister for Health, Leo Varadkar TD, and Minister of State, Kathleen Lynch TD, at the launch of the new GP diabetes service

# Social Inclusion

## During 2015:

### Addiction services

- The SAOR (Support, Ask and Assess, Offer Assistance, and Refer) one-day screening and brief intervention training programme was delivered to a total of 540 staff.
- Additional residential treatment and rehabilitation places, more needle-exchanges and the Naloxone Project were supported by an additional funding allocation of €2.1m.
  - 309,862 needles were provided under the Pharmacy Needle Exchange Programme.
  - A Naloxone (antidote to reverse effects of opioid drugs in the event of overdose) demonstration project was established as part of Overdose Prevention Strategy.
- 3,421 calls and emails were dealt with by the Drugs and Alcohol Helpline.

### Asylum seekers/Refugees

- The HSE participated in the co-ordinated refugee protection programme in response to the current migrant crisis.
- The HSE participated in the Working Group on the Protection Process established by the Minister for Justice. The final report of the Working Group published in June made recommendations to the Government on what improvements should be made to the State's existing direct provision and protection process.

### Transgender healthcare

Ireland's first Transgender Healthcare Conference was organised in partnership with Transgender Equality Network Ireland (TENI).

### Homeless services

- A report on *Homelessness: An Unhealthy State* was launched. The report was a collaboration between Social Inclusion, Dublin North GP Training and University of Limerick Primary Care Department.
- A national hospital discharge protocol for homelessness was developed.

## 2015 Facts and Figures

- 9,537 patients received opioid substitute treatment (excluding prisons), including 4,106 patients treated by 350 GPs
- Opioid substitute treatment was dispensed by 666 pharmacies catering for 6,665 patients
- 77 HSE clinics provided opioid substitute treatment with an additional 11 prison clinics provided in the prison service
- 91% of substance misusers, over 18 years, commenced treatment within one calendar month following assessment
- 100% of substance misusers, under 18 years, commenced treatment within one week following assessment
- Traveller Health: 3,272 people received awareness raising and information on type 2 diabetes and cardiovascular health
- 1,669 unique individuals attended pharmacy needle exchange

## Launch of Five Year Strategic Plan by Travellers for Travellers

Individual members of the Traveller community and their representative organisations led the process of developing a five year Strategic Plan for Traveller Health co-ordinated by the South East Regional Traveller Health Unit to improve the health of their community.

# Primary Care Reimbursement Service (PCRS)

Services were provided to 3.7m people in their communities through 7,000 primary care contractors. Primary care schemes include:

- General Medical Services (GMS)
  - Medical Card Scheme including GP Visits Cards
  - Drug Payment Scheme
  - Long Term Illness Scheme
  - Dental Treatment Services Scheme (DTSS)
  - High Tech Drug Arrangements
  - Primary Childhood Immunisation Scheme
  - Community Ophthalmic Scheme
  - Certain services under the *Health (Amendment) Act 1996* and the *Redress for Women Resident in Certain Institutions Act 2015*
  - Methadone Treatment Service.

## During 2015:

- 115,951 new or upgraded medical cards were issued, enabled by provision of €40m additional funding
- Eligibility for medical cards increased by 51.4% since 2005.


## 2015 Facts and Figures

- Almost 1.74m people with medical cards (38% of the population)
- 431,306 people in receipt of a GP visit card
- 99.8% of completed medical card and GP visit card applications processed within 15 days
- Over 19m GMS prescriptions processed covering almost 58m items
- Almost 2.2m drug payment scheme claims processed
- 1.26m dental treatments and over 844,000 community ophthalmic treatments processed

## Hepatitis C treatment programme

Over 470 patients were provided with new drug therapies under the Hepatitis C Treament Programme.

# Free GP Care

### GP visit card – children under 6

- Approximately 300,000 children under 6 availed of free GP visits, assessments at age two and five, and care for children with asthma from July.
- Registration was via *www.gpvisitcard.ie* as well as local health centres.

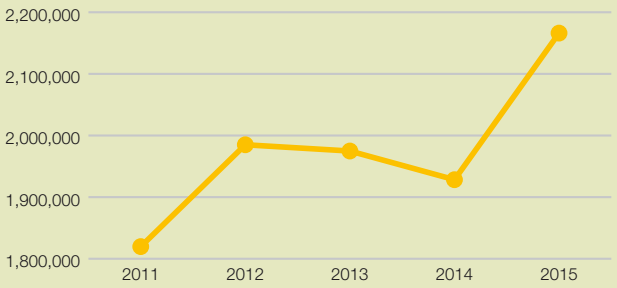
### GP visit card – over 70s

- People aged 70 or older are now able to access a GP service without charges, replacing the existing GP service arrangement which was based on a means-test.
- Registration commenced in August through a number of options – online at *www.gpvisitcard.ie*, lo-call 1890 252919 or in pharmacies or local health offices.

◀ Pictured (L-R): Minister of State, Kathleen Lynch TD; Kiya O'Connor; Isabelle Heapes and Minister for Health, Leo Varadkar TD


▲ Pictured (L-R): Ms. Ellen Reddin; Minister for Health, Leo Varadkar TD; Ms. Mabel Gargan; and Minister of State, Kathleen Lynch TD

**Figure 12: Total no. in receipt of a medical card or GP visit card 2011-2015**




Data source: HSE Performance Reports

# Palliative Care

Our aim is to provide palliative care services that enhance quality of life and, wherever possible, positively influence the course of illness. Palliative care also extends support to families to cope with their family member's illness and their own experience of grief and loss.

## Progressing our Strategic Priorities

- Six additional inpatient beds opened in St. Francis Hospice, Blanchardstown.
- Four additional inpatient beds opened in Marymount University Hospital and Hospice, Cork.
- Approval was received for appointment of a second palliative care consultant for the Midlands Region.
- Ten additional clinical nurse specialists were appointed to provide palliative care for people living at home.
- A new Palliative Care Framework was produced, providing direction for palliative care services into the future.
- An eligibility criteria document was published to provide equal access for patients with non-malignant conditions.
- Palliative Care Needs Assessment Guidance document was published with 74 facilitators trained.
- Two NCEC guidelines on pain management and constipation were published.
- A national network for specialist palliative care providers was established.
- Further work was undertaken with the Irish Hospice Foundation in relation to the Design and Dignity Grants Scheme in implementing *Palliative Care for All* with the commencement of projects in Kerry General Hospital and Roscommon University Hospital.

▲
Congratulations to Hilary Noonan from Limerick, Children's Outreach Nurse for Life-Limiting Conditions, who received a Healthcare Hero Award at the annual Hidden Heroes Awards

## 2015 Facts and Figures

- 11,399 people received specialist palliative care in the community in the year with a total of 118,477 home visits
  - 70.5% with a primary diagnosis of cancer and 29.5% non-cancer for new patients
  - 88% of patients received specialist palliative care in the community within seven days of referral
- 1,170 people received specialist palliative day care services
  - 83% with a primary diagnosis of cancer, and 17% non-cancer for new patients
- 433 patients received specialist palliative inpatient care on average each month
  - 86.5% with primary diagnosis of cancer and 13.5% non-cancer for new patients
  - 98% of patients were admitted to an inpatient beds within seven days of referral
- 411 children were cared for by the children's outreach nursing service

## Palliative care services for children

We progressed the integration of children's palliative care through the development of the new children's hospital and commenced recruitment of two new Children's Outreach Nurses.

- The Parent Held Record 'Our Story' document was provided to parents. This document continues to be part of standard practice by children's outreach nurses, Jack and Jill nurses and LauraLynn.
- Transport services for children's palliative care services were strengthened and continued through collaboration with the National Ambulance Service and the development of standardised documentation.
- Staff were further equipped to meet the needs of children with life-limiting conditions and their families through provision of a seven-day UCD accredited programme at Our Lady's Children's Hospital, Crumlin, further supporting the implementation of the Palliative Care Competency Framework.

## Let's Talk About

The Let's Talk About Care Campaign, led by the All Ireland Institute of Hospice and Palliative Care and supported by the HSE and the Public Health Agency (PHA) in Northern Ireland, invited people (or carers and families on their behalf) throughout Ireland to share their experiences through the completion of an open survey at *www.caresurvey.org*.

## New Pain Treatment Unit, Marymount Hospice, Cork

A new pain intervention clinic in Marymount University Hospital and Hospice, Cork was offically opened in September.

The unit, which is the first of its kind in Europe, carried out 250 procedures for palliative care patients with complex or severe pain within the first year of opening.

▲
Roy Keane and patient Patricia O'Donovan at the official opening of the new pain intervention clinic, Marymount Hospice, Cork

## Official opening of St. Francis Hospice, Blanchardstown

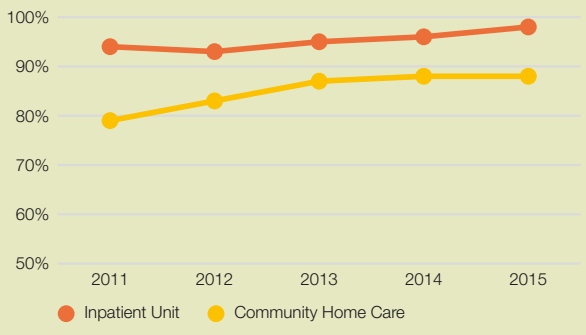
St. Francis Hospice, Blanchardstown, is located at Abbotstown, close to Connolly Hospital. The new 24-bed facility will provide a full range of specialist palliative care services in the West Dublin community to a population of 580,000.

The new facility also acts as a base for the community palliative care team, an education centre and a hospice day care centre that opens two days per week.

The construction and equipping of the new hospice cost €24.5m, of which €1.5m was provided by the HSE and the balance was raised through fundraising activity and a bank loan.

▲
Minister for Health, Leo Varadkar TD, with patient Sharon O'Toole and her daughter Jodie, at the opening of St. Francis Hospice

**Figure 13: % of people waiting less than 7 days for palliative care**




Data source: HSE Performance Reports

# Supporting Your Social Care Needs

## Introduction

Social Care services support older people and people with disabilities to live in their own homes or in their own community by implementing models of care and services that promote independence, maximise people's potential and support lifestyle choice as far as possible.

Services are delivered by the HSE, non-statutory providers and private providers. Approximately 80% of all disability services are delivered by the non-statutory sector funded by the HSE through section 38 and 39 of the *Health Act 2004*. 76% of Nursing Homes Support Scheme (NHSS) places are delivered by private nursing homes.

We are committed to delivering high quality services for people with disabilities and older people. In 2015, we continued to implement our strategic reform and change agenda and develop our operating model within the nine new CHOs. We continued to build on our engagement with the people who use our services, their families, advocacy groups and the voluntary sector to support the development of an integrated model of care and support.

### 2015 Facts and Figures

#### Disability Services

- 137 people with a disability transitioned from congregated to community settings
- 1.4m personal assistant hours and 2.7m home support hours provided for persons with disabilities
- Over 180,000 respite overnights provided for almost 6,000 persons with disabilities
- Approximately 8,200 persons with a disability in residential services in over 900 HIQA designated centres
- Over 16,000 persons with a disability attend at day services
- 1,350 new school leavers with a disability provided with day care placement
- 5,818 applications received and 3,318 assessment reports issued under the Disability Act, 2005
- 2,583 rehabilitative training places provided for people with either a physical disability / intellectual disability and/or autism

#### Older People Services

- 10.4m home help hours delivered to 47,915 people (1.5% increase in hours from 2014)
- 23,073 people supported under the Nursing Homes Support Scheme for long-term residential care (3.2% increase from 2014)
- 15,272 people in receipt of a home care package (10.7% above the expected level of service)
- 1,817 new referrals made to elder abuse teams

## Progressing our Strategic Priorities

### Safeguarding vulnerable people

- The Vulnerable Adults Policy supports services to promote the welfare and safeguarding of vulnerable adults from abuse. The policy, which applies to all HSE and HSE funded services, continues to be embedded in these services through specialist training and awareness raising for staff and the development of safeguarding and protection teams in each CHO.
- Recognising the role that wider society has in promoting the rights and independence of vulnerable people, a National Inter-Sectoral Safeguarding Committee with an independent chair has been set up. The committee includes representatives from a range of voluntary and statutory agencies within and outside of the health sector who will provide strategic direction to the HSE in relation to safeguarding.

## Disability Services

Our aim is to enable people with disabilities to achieve their full potential including living as independently as possible, while ensuring that they are heard and involved in planning and improving services. Our priorities in 2015 included:

- Implementing the 'Transforming Lives' programme to implement the *Value for Money and Policy Review of Disability Services in Ireland* and supporting the development of models of care and services that put people with a disability at the centre of all we do
- Delivering services and supports of the highest quality and safety by working in collaboration with the Quality Improvement division
- Improving ways of collecting data that demonstrate better outcomes for people who use our services
- Implementing our Six Step change programme. Led by the National Task Force, there was a significant focus on ensuring quality and safety of all services through empowering and safeguarding vulnerable people. The Task Force met six times in 2015 and their work included capturing the learning to date from the Áras Attracta review, the continuous implementation of safeguarding processes, the development of the broader advocacy agenda including the work being carried out in conjunction with Inclusion Ireland.

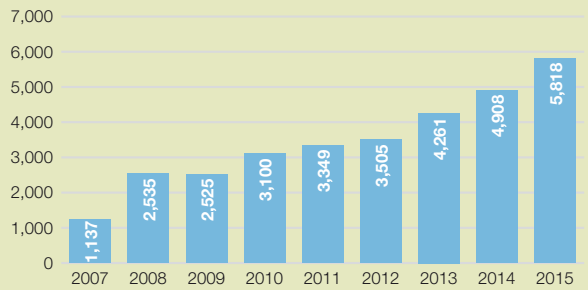
A series of summits attended by several hundred delegates, including service users, family members and statutory and voluntary service providers, were held in April, July and November. The summits provided a forum for people to share learning and feedback and most importantly, to listen to the voices of people with a disability so that we are focused on their needs and aspirations.

## Progressing our Strategic Priorities

- The implementation of the *New Directions* policy improved the overall provision of day services. Day services were provided for approximately 1,350 school leavers and rehabilitative training graduates.
- Disability services for children and young people (0-18s) programme were progressed through the:
  - Allocation of 120 additional development posts
  - Reconfiguration of services to create 56 multi-disciplinary/multi-agency Children's Disability Network Teams
  - Appointment of a liaison lead for the 0-18s Local Implementation Groups in each CHO.
- 5,818 applications were completed in relation to children born after 1st June, 2007, and eligible to apply for an assessment under the *Disability Act 2005*.
- Work continued on the implementation of the policy report *Time to Move on from Congregated Settings* which supports people to move from institutional settings to community settings. 137 people completed the transition from a congregated setting to an appropriate community placement and significant work is underway to continue this progress in 2016.
- A working group was established, with membership from procurement and CHOs, to enhance the planning of service provision in respect of emergency placements and changing needs.
- Work is continuing in relation to the implementation of 'Transforming Lives':
  - A process was established to identify and assess the health and social needs for people with disability over the next 5-10 years and to determine the capacity of existing and reconfigured services to respond to these needs
  - A Quality and Outcomes Measurement Framework is being put in place to enhance the quality and safety of services for people with a disability and to improve their service experience
  - A researcher was appointed through the National Disability Authority to assist with the development of management and information systems that act as a single point of information and advice on disability services for service users, their families and the community
  - Service Improvement teams are ensuring that resources are used to best effect within services and that sustainable models of care are implemented to meet the changing and emerging needs of people with a disability in line with the 'Transforming Lives' programme
  - Work is continuing with providers to ensure that models of care and service delivery incorporate the strategic priorities set out in *Healthy Ireland – A Framework for Improved Health and Wellbeing 2013-2025.*

▲
'Transforming Lives' – Entertaining his visitors, is Paddy Lyons, a 78 year old former resident of Grove House in Cork, who moved to community living in July

**Figure 14: No. of completed applications for Assessment of Need received 2007-2015**




Data source: HSE Performance Reports

### HIQA inspection reports

There is an increasing level of compliance in Disability Residential Services with many of the services inspected by HIQA found to be compliant with the *National Standards for Residential Services for Children and Adults with Disabilities*. A number of inspections however highlighted significant issues which are being addressed as a matter of priority. Compliance with HIQA standards is closely monitored with a focus on continuous quality improvement.

# Services for Older People

Our aim is to maximise the potential of older people, their families and local communities so that people can live in their own homes and communities in as far as possible. Where this is not possible, we provide high quality public residential care. In 2015, 4.1% of people over 65 years of age were in long stay care. This continues to be lower than the average OECD rate of 4.5%.

Priorities for 2015 included:

- Avoiding hospital a dmission and supporting early discharge through step-down, transitional care, rehabilitation beds and home care while maximising access to appropriate quality long-term residential care when it becomes necessary
- Ensuring the continuation of integrated and innovative approaches to models of care and service provision.

## Progressing our Strategic Priorities

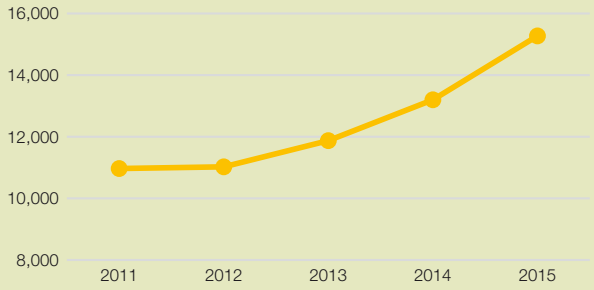
We implemented a number of initiatives to support older people including:

- A reduction in both the number of people waiting and the waiting periods for funding under the NHSS. This was supported as part of the delayed discharge additional funding allocations in 2015:
  - The waiting period for NHSS funding was decreased from 15 weeks in 2014 to four weeks in December, 2015
  - 23,073 people were supported under the scheme, an increase of 713 people from 2014
  - 9,280 funding approvals were released for the scheme, an increase of 43% from 2014.
- We became less reliant on residential care by providing home help and home care packages to care for those most in need within our growing older population and supporting hospital discharges as a priority:
  - 15,272 people were in receipt of a home care package at the end of December, 10.7% above target for the year
  - 600 older people received comprehensive home care and community support services supported by additional funding of €5m focused on particular acute hospitals experiencing services pressures
  - 195 intensive home care packages were provided to support very dependent older people to return home from acute hospitals
  - 47,915 people were in receipt of home help services at the end of December
  - 10.4m home help hours were provided, 1.5% above target.
- Measures were put in place to support early discharge from hospitals, reduce delayed discharges and provide rehabilitation services to support people to return home:
  - 115 additional short stay beds were opened including an additional 65 beds in Mount Carmel Community Hospital in Dublin
  - Access to transitional care beds, provided to all acute hospitals during surges in activity, was targeted at 17 hospitals with significant delayed discharge issues. There were a total of 5,696 approvals throughout the year
  - An additional 173 beds were opened in public units and private nursing homes
  - A joint approach across all our services was put in place for the management of delayed discharges, resulting in a 29% decrease in delayed discharges from end of year 2014.

In addition in 2015:

- The rollout of the dementia strategy continued through collaboration with primary care services, DoH and Atlantic Philanthropies
- The National Positive Ageing Strategy is being implemented, in collaboration with health and wellbeing services and DoH
- A framework for the development of an Integrated Care Programme for Older People is being developed and four pioneer sites have been identified to introduce the programme – Cork University Hospital, Tallaght Hospital, University College Hospital Limerick and Our Lady of Lourdes Hospital in collaboration with clinical strategy and programmes
- The Single Assessment Tool continued to be rolled out

**Figure 15: No. of people in receipt of a home care package (HCP) 2011-2015**




Data source: HSE Performance Reports

Note: 2015 data includes delayed discharge initiative (DDI) home care packages

- In September, as part of the of €3bn Health Capital Programme being provided by Government, additional capital funding of €348m was announced for older persons services. In addition, €150m for Public Private Partnership (PPP) or alternative funding arrangements are being considered to support such developments. A programme of developments will be prepared and submitted by the HSE to the DoH in January 2016 for approval to address the identified environmental standards
- To ensure that our residential services can meet modern, high quality standards, a number of capital projects progressed including:
  - Phase one of the new building development at Raheen Community Nursing Unit (CNU) was launched including the construction of a new extension with seven new ensuite bedrooms and other living rooms. Further upgrades are due to commence in 2016
  - A new extension to Ennistymon Community Nursing Unit was officially opened at a cost of over €1.2m with €400,000 contributed by the Friends of Ennistymon Hospital
  - An extension to Regina House Community Nursing Unit in Kilrush, Co. Clare was opened. The Bluebell Wing was built at a cost of over €1.2m with €100,000 being donated by the Friends of Regina House.

▲
Minister for Health, Leo Varadkar TD, visiting Moorehall Lodge Nursing Home in Drogheda

## Official Opening of Mount Carmel Community Hospital, Dublin

In September, the 65-bed Mount Carmel Community Hospital was officially opened, providing the Dublin area with a public dedicated community hospital, greatly enhancing the provision of services for older people. It provides transitional care and short stay support beds along with access to health and social care professional e.g. physiotherapy, occupational therapy and speech and language therapy. There is a full time medical officer on site supported by Geriatricians providing sessions to the hospital. Mount Carmel services were extended to all acute hospitals in Dublin as part of the winter planning process in 2015 and the beds are now supporting the six major acute hospitals in Dublin and the National Rehabilitation Hospital.

▲
Minister of State, Kathleen Lynch TD, meeting patient, Thomas Reilly, at the Mount Carmel opening

# Maximising Your Mental Health

## Introduction

Good mental health allows us to get the most out of spending time with our families and friends, and it helps us through difficult times. Most people with mental health problems can be treated by their GP and are only referred to mental health services when necessary.

Priorities in 2015 included:

- Ensuring views of service users, family members and carers are central to the design and delivery of services
- Designing integrated, evidence based and recovery focused services
- Delivering timely, clinically effective and standardised mental health services
- Promoting people's mental health and reducing loss of life by suicide, in collaboration with other services and agencies
- Enabling the provision of mental health services by highly trained and engaged staff in fit for purpose infrastructure.

## Progressing our Strategic Priorities

Programmes of work to progress our multi-annual priorities were developed.

- Work with service users was undertaken to design, plan and inform improvements.
- A Child and Adolescent Mental Health Improvement Project was developed.
- Quality and safety was improved and enhanced.
- Evidence based clinical practices were standardised across all services.
- Additional government funding of €35m was provided for continued investment in services, including up to 350 staff over and above the 950 posts funded through the 2012 to 2014 Programme for Government investment. This enabled the progressing of:
  - Addressing physical health needs of those with severe and enduring mental illness in partnership with the Irish College of General Practitioners
  - Opening of new Acute Unit, Cork
  - Development of community mental health teams in CAMHs, psychiatry of old age, general adult and liaison services
  - Development of *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020*
  - Establishment of Programme Office to plan and manage programmes, service improvements and reform.
- Planning permission was granted for the new forensic hospital, Portrane, Co Dublin comprising of:
  - 120-bed National Forensic Hospital replacing the Central Mental Hospital
  - 10-bed mental health intellectual disability forensic unit
  - 10-bed child and adolescent mental health forensic unit.

### 2015 Facts and Figures

- 74% of adults referred to general adult mental health teams seen within three months (22% did not attend)
- 95% of people referred to psychiatry of old age teams seen within three months (3% did not attend)
- 67% of children and adolescents referred to the child and adolescent community mental health service seen within three months
- 73% of children who received acute inpatient mental health care admitted to child and adolescent acute inpatient units compared to 25% in 2008
- 95% of bed days used by children admitted to mental health inpatient units were in age appropriate child and adolescent inpatient units
- Child and adolescent mental health services (CAMHs) waiting lists decreased
  - 607 less people waiting longer than 3 months
  - 278 less people waiting over 12 months
- 17,002 referrals received by the Counselling in Primary Care Services, 56,623 appointments offered and 45,490 sessions attended
- One in every 100 adults in Ireland are estimated to have received suicide prevention training through ASIST and safeTALK free of charge

### National mental health clinical programmes

Development and oversight of three mental health clinical programmes progressed:

- Management of Self-Harm Presentations to Emergency Departments – 25 Clinical Nurse Specialists in post across 16 Emergency Departments delivered training to emergency staff and increased awareness of suicide and self-harm. An agreed standard operating procedure was implemented and data collected for full year
- Early Intervention in First Episode Psychosis Behavioural Family Therapy (BFT) – 19 staff trained as trainers/ supervisors in the delivery of BFT, bringing the national total to 26. The new trainers rolled out training locally and over 180 staff were trained. This service is now available for families and/or service users
- Eating Disorders: Family Based Therapy (FBT) is the leading evidence-based intervention for young people with anorexia nervosa – 73 CAMHs staff attended training and a master class was facilitated for CAMHs consultant psychiatrists.

## Partnership in Practice – the Service User, Family Member and Carer Reference Group

A Reference Group comprising of nine service users and four family and carer representatives finalised recommendations on the structures and mechanism for service user, family member and carer engagement and recommended defining the role of the office of the head of service user, family member and carer engagement and the establishment of:

- The head of service user, family member and carer engagement as a member of the mental health division's national management team
- The nine area leads of service user, family member and carer engagement as members of the area management teams mental health
- Structures and mechanisms for feedback and consultation through local and area forums
- Capacity building to support the engagement mechanisms and roles

An implementation steering group has been established to support the implementation of recommendations supported by the Programme for Government 2014/2015.

## Bouncing Away

*Bouncing Away* is a publication about mental health, created by children and published in partnership with the Sligo CAMHs, Sligo Community Psychology Service and with Kids' Own publishing partnership. The project provided an opportunity for children and young people to work through a creative process with professional artists – supporting their integrity as individuals and building their self-esteem, promoting and celebrating children's wellbeing and building mental health awareness at local and national level.

Over 8 weeks, children engaged in a range of activities to give expression to feelings and emotions, and articulate how they cope with ups and downs. Workshops took place on a weekly basis, with the presence of healthcare professionals providing a support structure for the artistic, emotional and developmental needs of the children.

*Bouncing Away* is available from Kids' Own – *www.kidsown.ie*

▲ Singer Kian Egan with participating children at the *Bouncing Away* launch

## Suicide Prevention

- *Connecting for Life*, the strategy to reduce suicide in Ireland by 10% over the next five years (2015-2020) was developed by the National Office for Suicide Prevention and launched.

  The strategy sets out a vision of fewer lives lost through suicide and communities and individuals being empowered to improve mental health and wellbeing realised through seven goals:

  - Better understanding of suicide behaviour
  - Supporting communities to prevent and respond to suicide behaviour
  - Targeted approaches for those vulnerable to suicide
  - Improved access, consistency and integration of services
  - Safe and high-quality services
  - Reduce access to means
  - Better data and research.

▲ Pictured at the *Connecting for Life* launch are An Taoiseach, Enda Kenny TD, and Minister of State, Kathleen Lynch TD, with partner organisations

- We supported World Suicide Prevention Day on the 10th of September with a theme of understanding the impact reaching out to people at risk has in preventing suicide.
- Lighting the Way South Cork – An information booklet for people bereaved through suicide was launched in Cork.

# #littlethings

#littlethings, our award winning mental health and wellbeing campaign, managed by the National Office for Suicide Prevention, was rolled out nationally. The campaign highlights that we all experience difficult times in our lives and that, when we do, there are some simple, evidence-based, little things that can make a big difference to how we feel. The campaign partnered with regional radio station group IRS, Independent News and Media, thejournal.ie and TV3.

As part of the campaign, four people, Robert Carley, Gary Seery, Alan O'Mara and Una-Minh Kavanagh told their stories and shared their experience of life's storms, and what worked in getting them through those tough times.


▲ Robert Carley, Gary Seery and Alan O'Meara


◀ and ▼ Connacht neighbours Galway and Mayo set aside their rivalry to come together for the #littlethings campaign for the focus of the wellness tip 'The More You Move the Better Your Mood'

# Official Opening of Linn Dara Child and Adolescent Acute Inpatient Unit at Cherry Orchard Campus, Dublin

The opening of Linn Dara, a new state of the art CAMHs inpatient facility, increased CAMHs acute inpatient capacity by 15%. The facility includes two 11-bed units, one for the older adolescent aged up to 18 years, one for children and younger adolescents, and a two-bed intensive care area. Attached to the unit is a six-room school building which includes an arts and crafts room, home economics classroom and occupational therapy suite. Sports activity facilities include a sports hall, gym and outdoor hard-court. In recognition of the needs of families, a family apartment has been provided where families can stay when their child is admitted to the unit.

The new facility provides the optimal therapeutic environment with a multi-disciplinary staff team to meet the needs of young people admitted for assessment and treatment. Young people and staff were consulted at each stage of the design process to ensure the needs of young people and their families were met.

The Linn Dara South West Dublin CAMH teams and the Adolescent Day Hospital service are located on the Cherry Orchard site. Bringing the inpatient services to the same site allow greater integration of services for young people and their families, with ease of access facilitating shorter lengths of inpatient admission.

# Pre-Hospital and Hospital Services

# Enhancing Our National Ambulance Service

## Introduction

The National Ambulance Service (NAS) is the statutory pre-hospital emergency and intermediate care provider for the State. In Dublin we provide this with our partners Dublin Fire Brigade. The NAS provides patients with a clinically appropriate and timely pre-hospital care and transportation service.

Priorities in 2015 included:

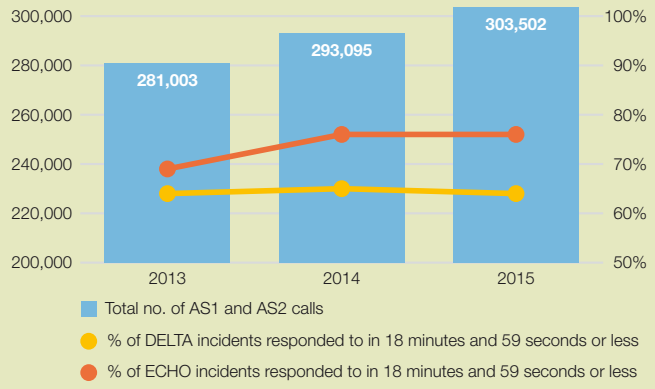
- Driving clinical excellence
- Fostering a culture of strong performance management
- Deploying the most appropriate clinical resources safely, quickly and efficiently.

## Progressing our Strategic Priorities

### Driving clinical excellence

- The ONE LIFE Project is an initiative with the clear aim of increasing out of hospital cardiac arrest survival rates in Ireland. A key performance indicator in relation to life-threatening cardiac arrest is the Return of Spontaneous Circulation (ROSC). The target of 40% of patients who had a witnessed cardiac arrest and had a pulse or ROSC was met in 2015.
- Procurement of an electronic patient record was completed. This will enhance clinical audit within our services. An interim solution was also delivered and is now being rolled out.
- Emerging new clinical models will introduce new ways to ensure callers are receiving the most appropriate care and responses to suit their needs.

**Figure 16: No. of AS1 (emergency and urgent) calls and AS2 (urgent calls received from a GP or other medical source) and response times 2013-2015**




Data source: HSE Performance Reports

## 2015 Facts and Figures

- 64 additional ambulances secured through €9.4m fleet budget allocation
- Almost 1,700 staff employed across more than 100 locations
- NAS responded to 303,502 calls of which:
  - 3,810 were ECHO calls (life-threatening cardiac or respiratory arrest)
  - 105,061 were DELTA calls (other life-threatening illness or injury)
- 76% of ECHO and 64% of DELTA calls responded to within the timeframe of 18 minutes and 59 seconds
- 87% or 35,822 of all inter hospital transfers carried out by the Intermediate Care Service
- 576 neonatal transfers, 81 paediatric transfers and 72 adult transplant patient transfers undertaken
- 399 emergency aero-medical service calls completed
- 103 air ambulance calls and 394 Irish Coast Guard calls completed

### Fostering a culture of strong performance management

- Managing, reviewing and monitoring of ECHO and DELTA response times is a key priority for us. Response times for ECHO (life-threatening cardiac or respiratory arrest) and DELTA (life threatening illness or injury, other than cardiac or respiratory arrest) calls are improving. This is against a backdrop of increased use of the ambulance service with ECHO calls increasing by 22% and DELTA calls increasing by 10%.
- A draft strategic plan (Vision 2020) was developed for the next five years, focusing on person centred care. It incorporates key findings from reviews completed in 2014 (internal HSE review to support performance improvement and the HIQA review of pre-hospital emergency care services in Ireland) and in 2015 (national capacity review of pre-hospital emergency care services in Ireland and a review of the provision of pre-hospital emergency care services in Dublin).
- Any delay in ambulance turnaround time at hospitals is inefficient. An escalation process is in place and 80% of delays were escalated during the year.

## Deploying the most appropriate clinical resources safely, quickly and efficiently

- The National Emergency Operations Centre (NEOC) (Tallaght and Ballyshannon) was officially opened. All 999/112 emergency calls for the country with the exception of the area in Dublin covered by Dublin City Council's Fire Brigade are answered and dispatched from the NEOC. This allows for the nearest available resource to be dispatched in the shortest possible time to each emergency request.
- The NEOC received accreditation from the International Academies of Emergency Dispatch. It is one of only seven centres within the UK and Europe with this accreditation.
- The national Computer Aided Dispatch (CAD) system went live in September. Speed and accuracy in identifying the incident's location are critical to faster response times and the new CAD system gives this.
- The Intermediate Care Service (ICS) assists with the transfer of non-emergency patients either when transferring patients between hospitals or moving to step down facilities in the community. 87% of patient transfer calls (35,822) are managed by the ICS.
- Community First Responders Ireland, a new national forum for Community First Responder (CFR) Schemes, was launched. Currently there are more than 134 CFR schemes across 18 counties with 1,693 engagements in 2015.

▼ In 2015, TV3 worked with us to produce a series of programmes called Paramedics. This series consisted of six one hour episodes and gave an insight into the normal day to day working of the NAS reflecting the range and scale of the calls received and attended on a daily basis

▲ Minister for Health, Leo Varadkar TD at the official opening of the National Emergency Operations Centre

◀ An air ambulance takes flight at the 1,000th mission event at Casement Aerodrome

# Your Acute Hospital Services

## Introduction

Acute hospital services in Ireland are provided by forty eight acute hospitals organised through seven hospital groups all recently established. These provide a broad range of services including inpatient, outpatient, emergency and diagnostic services providing acute services for a population of almost 4.6m.

Priorities in 2015 included:

- Access to services
- Patient safety and quality
- Acute hospital reform programme and enhancing service development
- National Cancer Control Programme
- National Clinical and Strategy programmes.

### 2015 Facts and Figures

- Over 1.5m people received either inpatient or day case treatment
- Almost 3.3m people attended a hospital outpatient department
- Almost 1.2m people attended Emergency Departments
- 65,659 babies born in our 19 maternity units
- 447,557 patients admitted as emergency admissions, and 102,554 as elective admissions
- 17,255 patients, triaged as urgent, presented to symptomatic breast clinics
- 266 transplants completed, an increase of 15 on the previous year

## Progressing our Strategic Priorities

### Demographic Influences

Health needs increase as people get older and those over 65 years of age more frequently require hospital care and present with complex needs. The demographic trend indicates that the very elderly (85 years and over) population is growing by about 4.5% per annum in recent years. This is impacting significantly on the demand for hospital services in particular. However, improving access to services remains a key priority for hospitals.

### Scheduled care

- Over 1.5m people received either inpatient or day case treatment.
- Of these 644,990 were inpatient and 878,821 were day case treatment (excluding dialysis) treatment.
- Overall there was an increase of 19,861 patients treated when compared with 2014. The majority of this increase has been in day cases (17,683). This is significant when taken in the context of a reduced birth rate (1,738 fewer births), an increase in admissions of patients over 65 years of age and an increase in complexity of emergency presentations.
- There were 102,554 elective admissions, a 1.6% (1,583) increase on the previous year.
- Over 3m people attended an outpatient department which is a 3.4% increase in the number of outpatient attendances (107,726) against expected activity in the year.

Hospitals were provided with additional funding to both outsource activity and to fund additional capacity within their own hospitals to focus on reducing long waiters for day case, inpatient procedures and outpatients and to achieve a 15 month maximum wait time by end 2015. To meet this target, hospitals identified the need to outsource over 5,000 inpatient/day case procedures and over 16,000 outpatient appointments.

### Waiting lists

Our priority is to reduce waiting times for scheduled care, with a focus on those waiting the longest. Waiting list numbers for inpatient and day case treatments and outpatient appointments improved significantly by December. There were reductions in the overall numbers of those waiting for inpatient or day case procedures, in the numbers waiting between 15-18 months and for those over 18 months.

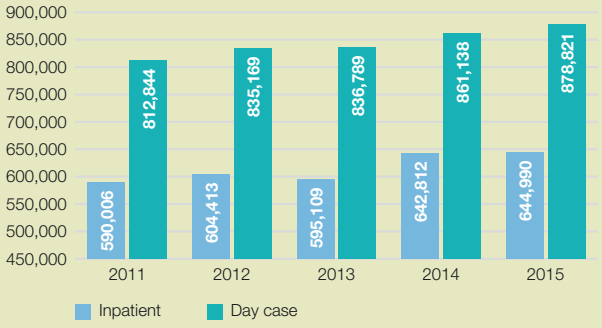
### Inpatient and day case

- The total number of people waiting for an inpatient or day case procedure in December was 68,086. Of these:
  - 75.2% of adults waited less than 8 months
  - 55.9% of children waited less than 20 weeks
  - 0.7% (419) adults and 0.5% (40) children waiting longer than 18 months
  - 1.1% (673) adults and 1.0% (73) children waiting longer than 15 months.

### Outpatients

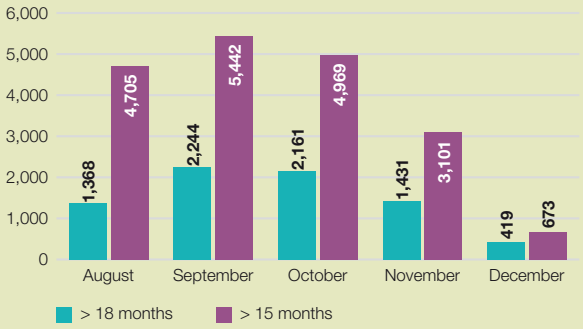
- 90.1% of people waited less than 52 weeks for an outpatient appointment by December.
- 5,262 patients in December were waiting more than 18 months for an appointment and 9,887 were waiting longer than 15 months (a reduction of 45% and 54% respectively when compared with waiting lists in November).
- The Outpatient Performance Improvement Programme initiated development of a suite of pathways of care that will provide enhanced access to outpatient services. A new minimum data set for outpatient services was agreed and over half of acute hospitals were enabled by the ICT division to receive electronic referrals.

### Figure 17: Inpatient and day case activity 2011-2015



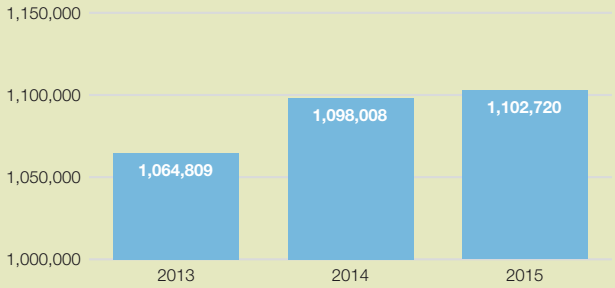

Data source: HSE Performance Reports

### Figure 18: Waiting list adults > 18 months and > 15 months at end 2015




Data source: HSE Performance Reports

### Figure 19: New ED attendances 2013-2015




Data source: HSE Performance Reports

## GI endoscopy

- By the end of December, there were no patients waiting > 4 weeks for an urgent colonoscopy.
- The overall numbers being referred for routine GI endoscopy are increasing. The overall total as of December was 15,961 (2,983 or a 23% increase compared to the equivalent number at the end of 2014). Of these 9,084 or almost 57% were seen in less than 13 weeks.
- An Endoscopy Improvement Working Group was established to co-ordinate improvement actions across all hospitals.

## Unscheduled care

- Almost 1.2m people attended EDs (14,396 more than in 2014) and overall there were 1.29m emergency presentations to acute hospitals – 35% of these were admitted.
- There were 280,509 emergency admissions through EDs and 447,557 emergency admissions overall in the year.
- 81.7% of people completed visits to ED within nine hours during 2015 and 68.2% completed visits within six hours.
- As part of the system wide escalation framework and procedures to tackle overcrowding in EDs, non-compliance sanctions are in place and targeted improvement actions have been initiated.

## Organ donation

- The Organ Donation and Transplant Ireland office was established.
- 266 transplants were completed, an increase of 15 on the previous year. This includes overall increases in kidney (deceased and living donor combined), lung and liver transplants and the first ever combined heart and lung transplant.
- Plans for the transfer of Pancreatic Transplantation Services from Beaumont to St. Vincent's Hospital, Dublin, were agreed.

## Developments

- Funding to address capacity issues for children with scoliosis in Our Lady's Children's Hospital was allocated.
- A consultant to support spinal surgery at Tallaght was appointed.
- An Emergency Spinal Trauma Operating Theatre opened at the Mater Misericordiae University Hospital, Dublin.
- Additional staff were appointed to enhance sleep study services at Our Lady's Children's Hospital, Crumlin.
- Additional resources were provided for the transfer of adolescents with Sickle Cell Disease to St. James's Hospital from Our Lady's Children's Hospital, Crumlin.
- Narcolepsy services are being developed at St. James's Hospital for transition of adolescents from Temple Street Children's University Hospital services.
- The Bilateral Cochlear Implant Programme for Adults and Children is now in place with recruitment of Audiologists continuing.
- Additional resources have been provided to support 24/7 Acute Coronary Syndrome, Percutaneous Coronary Intervention (PCI) at St. James's Hospital, Dublin.
- All hospital sites developed operational plans for incidence of Ebola and other Viral Haemorrhagic Fevers in Irish Hospitals.
- A national clinical lead for sepsis and hospital group sepsis leads were appointed in six hospital groups.

## Improving Delayed Discharges

Arising from the ED Task Force's Report and analysis of key causal factors contributing to pressures in EDs, additional funds of €74m were provided in April to support additional:

- NHSS places
- Ring-fenced short stay residential beds
- Home care packages

Resulting from these measures ther e has been a reduction in the number of delayed discharge patients from 719 in December 2014 to 509 in December 2015 – a 29% decrease.

Additional funding of €16.9m (€8.9m revenue and €8m capital) provided in July to support acute hospitals over the winter period, is being applied to a range of capacity initiatives. As part of the work of the ED Task Force Implementation Group, a system wide escalation framework and procedures to tackle overcrowding in EDs was approved and issued in November.

Engagement in the winter planning process by CHOs and acute hospitals led by the national divisions saw a reduction of 14% in the INMO Trolley Watch 30 day moving average in December compared with the same period in 2014.

## Improving patient safety and quality

- Using the *National Standards for Safer Better Healthcare* 80% of hospitals have completed their first assessments and work is progressing to ensure hospital groups are continuing to implement the standards.
- All hospital groups are now using the National Incident Management System and all have Risk Registers in place.

### Driving improvements in maternity services

There have been a number of reports on maternity services over the last few years, lessons have been learned and these lessons are informing how we plan and deliver our services:

- A National Maternity Implementation Group is ensuring that recommendations from all reviews of maternity services, including the HIQA Portlaoise report, are progressing
- The Maternity Strategy is finalised and a National Women and Infants Health Programme is being established
- A Charter for Maternity Care is being developed in partnership with the clinical programme for Obstetrics and Gynaecology and informed by the Maternity Strategy
- A process for reporting and publishing Maternity Patient Safety Statements is nearing completion

- Standards for Bereavement Care were approved and bereavement leads will be appointed to each maternity unit next year
- Clinical Guidelines were published by the Maternity and Obstetrics Clinical Programme
- The Irish Maternity Early Warning Score is implemented in all hospitals providing maternity services
- A maternity antimicrobial pharmacist is now in place in each hospital group
- A model is agreed for the appointment of Directors of Midwifery in maternity units
- The Birthrate Plus Study has been extended to all sites and is informing additional midwifery staffing
- A Maternity Neonatal Clinical Management System is being developed. This is an electronic health care record for all maternity patients
- Establishing maternity clinical networks and promoting consistency and quality of service is a priority for us and progress is being made across all hospital groups in this regard
- The National Neonatal Transport Service is now a 24/7 service for the retrieval, stabilisation and transfer of critically ill neonates.

## Enhancing service development and implementing our reform programme

- Hospital groups are strengthening their governance and management structures through the appointment of their management teams and the commencement of developing their strategic plans.
- The Irish Hospital Redesign Programme (IHRP) continued implementation on its first hospital site (Tallaght) during the year.
- Hospital groups continue to develop and plan implementation of *Healthy Ireland*.


**Listening** to the views and opinions of patients and service users and considering them in planning and delivering services is one of our core values. Collecting and analysing patient feedback is crucial to making this happen. As a starting point 'Happy or Not' was introduced as a pilot to 12 hospitals in 2015 and has enabled the public to feedback if they feel happy or not with the service they have experienced in a quick and easy manner. It allows users to provide anonymous feedback in an easy way with symbols which are universally recognised by their happy or not face style buttons.

The feedback is instant and is therefore real time and can be reported back hourly or daily. Overall feedback from the pilot indicates that it is a worthwhile tool and has great potential for further rollout throughout our healthcare system.

# Cancer Services

Key priorities in 2015 included implementation of the national medical and haemato-oncology programmes, medical oncology, surgical oncology, radiation oncology, community oncology and hereditary cancer services.

## Progressing our Strategic Priorities

- A number of additional posts are being put in place in medical oncology, paediatric radiation oncology and hereditary services.
- Improving access to rapid access clinics is a key priority. While improvements have been made in certain locations, other areas have not been as successful. Targeted initiatives are being put in place to ensure increased staffing, additional review clinics and outsourcing of referrals to the private sector to enable improved access to services overall. In those areas where performance remains low, a full review of clinic processes is being undertaken.
- A partnership was developed with the National Centre for Medical Genetics to develop a more comprehensive programme for patients and the public at risk of hereditary cancers. A national clinical lead for hereditary cancer was appointed to further expand the programme.
- Three new guidelines to help medical practitioners to diagnose, monitor and treat breast cancer, prostate cancer and gestational trophoblastic disease were launched.
- The electronic cancer referral system has been a huge success with over 16,000 electronic cancer referrals in 2015. Approximately 50% of all breast, prostate and lung cancer referrals are received electronically. Over 90% of all electronic cancer referrals are sent via the GPIT accredited GP Software Systems.
- The business case for the Medical Oncology Clinical Information System was progressed in preparation for procurement next year.
- National treatment protocols were developed for all new cancer drugs introduced in 2015. Overall 83 protocols covering 114 indications are now in place.
- *Report on the Implementation of 'A Strategy for Cancer Control in Ireland,* 2006' was launched. It provides a comprehensive overview of the significant developments and achievements in cancer services nationally.
- A National Cancer Strategy Steering Group to advise the DoH on developing a new national cancer strategy for 2016-2025 was established. Its report is nearing completion. In addition, a Cancer Patient Forum to facilitate patient input to the development of the strategy was established.

## Facts and Figures

### Breast Cancer:

- 96.9% (16,712 attendances) of all urgent breast cancer service attendances seen within 2 weeks of referral (target 95%)
- 10.6% (1,833) subsequently diagnosed with breast cancer
- There were 23,015 non urgent attendances

### Lung Cancer:

- 85.5% (2,649 attendances) of patients attending rapid access lung cancer clinics offered appointments within 10 working days (target 95%) – a 1.3% increase in numbers seen compared to the previous year
- 32.5% (1,008) had a subsequent diagnosis of lung cancer

### Prostate Cancer:

- 58.7% (1,515 attendances) of patients attending prostate rapid access clinics offered appointments within 20 working days (target 90%) – a 10% increase compared to the previous year

### Radiotherapy:

- 84.6% (4,174 attendances) of patients undergoing radical radiotherapy treatment commenced treatment within 15 working days of been deemed ready to treat (target 90%)
- Overall there has been a 19.6% increase in the numbers of patients who have completed treatment compared to the same period 2014

# National Clinical and Integrated Care Programmes

## Progressing our Strategic Priorities

### Integrated Care Programmes

Five integrated care programmes (ICPs) are being developed for the areas of patient flow, older people, prevention and management of chronic disease, children and maternity care.

These ICPs will tackle the most pressing challenges in health and social care systems and improve outcomes and experiences for the greatest number of patients and staff. Each programme is developing a framework for the management and delivery of health and social care services and an implementation plan for the next 2-5 years.

### National Clinical Programmes

National Clinical Advisor Group Leads are in place and are driving reform within the 33 national clinical programmes.

### Some highlights in 2015 included

- First Integrated Care Conference held.
- National clinical programmes for Anaesthesia and Surgery continued to support the delivery of The Productive Operating Theatre (TPOT) programme with 2 further training dates facilitated by the programmes.
- The Trauma and Orthopaedic Programme launched their model of care. A Fracture Assessment Clinic pilot in the Midlands Regional Hospital in Tullamore commenced.
- Three new contracted Satellite Renal Dialysis Units opened in Tallaght, Drogheda and Sandyford and 3 additional Consultant Nephrologist posts are being recruited.
- The Stroke Programme completed their study on Atrial Fibrillation Screening in General Practice. The findings reinforce the utility of opportunistic screening for Atrial Fibrillation. The programme also completed the National Stroke Audit 2015 in association with the Irish Heart Foundation. This demonstrated that thrombolysis rates increased reduction in mortality rates by 26%.
- The Anaesthesia Programme launched their model of care for paediatric anaesthesia.
- The Irish Paediatric Early Warning System (PEWS) was launched. A PEWS Coordinator was appointed to support its ongoing implementation.
- The neonatal model of care and paediatric diabetes model of care were published.
- The national clinical programme for Acute Coronary Syndrome completed its analysis of 2014 data which shows that 92% of reperfused patients received primary percutaneous coronary intervention (PPCI) compared to 55% in 2011.

## Highlights of cross divisional work underway:

- The Diabetic Programme is working with the National Screening Service on rollout of the screening and treatment programme for all identified patients with diabetes. Recruitment of an additional eight podiatry posts is ongoing. Additional staff were recruited to support Insulin Pump Therapy for Children
- The Asthma Integrated Care Demonstrator Project was a key focus across two initial catchment area sites with high and low adult asthma admissions. Two new Clinical Nurse Respiratory Specialist posts were put in place to support this project and further rollout is planned in other sites next year
- The National Clinical Guideline for the Management of an Acute Asthma Attack in Adults was launched
- Four new clinical nurse specialists and three senior physiotherapists are being recruited to support the Chronic Obstructive Pulmonary Disease Integrated Care Demonstrator Project which aims to improve the diagnosis and management of patients in primary care settings.

# Many service improvements took place within all our hospital groups, a flavour of which is included over the following pages...

## South/South West Hospital Group

- Cork University Hospital
- University Hospital Waterford
- Kerry General Hospital
- Mercy University Hospital
- South Tipperary General Hospital
- South Infirmary Victoria University Hospital
- Bantry General Hospital
- Mallow General Hospital
- Lourdes Orthopaedic Hospital, Kilcreene

*Academic Partner: University College Cork (UCC)*

## Some highlights

- A newly refurbished Emergency Room (ER) was opened in Cork University Maternity Hospital (CUMH). This is a 24-hour service and is the first point of access for the majority of women using the services of CUMH. There are over 17,000 women per annum seen in the ER and the new design is a very positive development for patients ensuring a culture of dignity and respect for both patients and staff.
- The paediatric ward at Cork University Hospital (CUH) has moved into a newly-built bright and spacious modular unit while the existing department is being refurbished and extended to recreate a new ultra-modern facility.
- The new Cystic Fibrosis (CF) Unit at CUH was officially opened. CUH has now the second largest adult CF centre in Ireland and currently caters for the needs of over 160 adult CF patients attending from the Munster region.
- New facilities have been developed at University Hospital Waterford for children with CF. The facilities are designed to cater for 21 children from the South East and will consist of four en-suite rooms, each of which feature air handled, protective ventilation and a facility for parents.
- South Tipperary Hospital celebrated their Baby Friendly Hospital Award. This is an international evidence-based best practice initiative which includes standards in relation to breastfeeding practice, promotion, support and protection.

Ava Joyce from Cork at just 18 months old reached all her developmental milestones – despite the odds against her. Ava was diagnosed at birth with permanent neonatal diabetes, a rare genetic condition, which affects one in 200,000 babies. Due to recent improvements in paediatric diabetic services at CUH, and the work of the multi-disciplinary team, Ava was in a position to get all of her treatment in Cork so she didn't have to travel elsewhere.

◀ Baby Seán O'Sullivan from Macroom recovering from meningitis at the new modular unit at Cork University Hospital with, from left, Nurse Deirdre White, Declan Duignan, Roankabin and Nurse Sophie Carlin

## RCSI Hospital Group

- Beaumont Hospital
- Cavan General Hospital
- Connolly Hospital
- Louth County Hospital
- Monaghan Hospital
- Our Lady of Lourdes Hospital, Drogheda
- Rotunda Hospital

*Academic Partner: Royal College of Surgeons in Ireland (RCSI)*

## Some highlights

- A new interventional radiology suite was officially opened in Cavan General Hospital. Interventional radiology is one of the fastest growing fields in modern medicine providing cutting edge minimally invasive image-guided therapies to patients with a wide range of medical and surgical conditions.
- 60th birthday celebrations for Connolly Hospital took place. During the year, work commenced on developing the urology service, upgrading the existing radiology department and funding has been provided for a new 100 bed nursing unit on the grounds of the hospital. Connolly Hospital has been identified as a satellite unit for the new national Children's Hospitals requiring a three storey Unit. It will include a walk-in Children's ED or Urgent Care Centre, paediatric outpatient department and children's dentistry.

▲
(L-R): Dr. Michael Slattery (Consultant Interventional Radiologist), Orla Sheridan (Clinical Nurse Manager 1 – Interventional Radiology) and Minister for Health, Leo Varadkar TD, at the official opening of the new Interventional Radiology Suite in Cavan General Hospital

A new Eye Treatment Services was established in Louth County Hospital and supports the existing ophthalmology services for patients in Louth, Monaghan and Cavan areas ensuring that specialist eye operations and procedures can be provided locally. The new service provides cataracts and eyelid surgery and treatment for other eye conditions on a day basis in Louth County Hospital. It also provides the most modern treatment for patients with 'wet' age–related macular degeneration, diabetic eye disease and retinal problems. The service, by working in conjunction with the community eye services and the Mater Hospital in Dublin, is making a significant impact on local waiting lists.

▲
Frank Duffy, Dundalk (left) one of the first patients to undergo cataract surgery as part of the new Eye Service in Louth County Hospital with Geraldine Forrester, Clinical Nurse Manager and Mr James Morgan, Consultant Ophthalmologist at Louth County Hospital

# Ireland East Hospital Group

- Mater Misericordiae University Hospital
- Cappagh National Orthopaedic Hospital
- Midland Regional Hospital Mullingar
- National Maternity Hospital
- Our Lady's Hospital Navan
- Royal Victoria Eye and Ear Hospital
- St. Colmcilles Hospital
- St. Luke's Hospital, Kilkenny
- St. Vincent's University Hospital
- Wexford General Hospital

*Academic Partner: University College Dublin (UCD)*

## Some highlights

- The Mater Misericordiae University Hospital and UCD School of Nursing, Midwifery and Health Systems won the prestigious 'Sustainable Healthcare Project Award' at the Annual Irish Healthcare Awards in November. The award recognised the work undertaken in reducing the door to needle time in cases of suspected stroke. A new patient pathway was introduced and the median door to needle time was reduced from 80 minutes to 45 minutes, leading to an improvement of 44% in the thrombolysis administration time. Since the award time continues to be reduced and its application is actively saving lives.
- The Dr. Jim Mahon Library and Education Centre and the Susie Long Day Services Unit were opened at St. Luke's General Hospital, Carlow-Kilkenny as part of an extensive €21m capital development of the Hospital. The Centre is dedicated to the late Dr. Jim Mahon who was a distinguished and respected Consultant Physician in St. Luke's. The Day Services Unit is dedicated to the late Susie Long, who advocated for improved access for endoscopy procedures arising from the delay with her diagnosis and her untimely death. This ambulatory care facility will provide accommodation for patients attending for endoscopy (including colonoscopy), day surgery (including general surgery and gynaecology), medical investigations and treatment and dental surgery.
- A new Neonatal Intensive Care Unit was opened at the National Maternity Hospital in Holles Street Dublin, which will cater for some of the sickest infants and most complex cases from across Ireland. The new state-of-the-art facility was funded with investment of €6m and offers a wide range of facilities.

◀ At the Annual Irish Healthcare Awards were (L-R): Mary Day, Group Chief Executive, Adjunct Associate Professor of Nursing, UCD School of Nursing, Midwifery and Health Systems, Ireland East Hospital Group; Seán Paul Teeling, Lean Manager, Mater Lean Academy, Mater Hospital, Dublin; Paula Guerin, Director of External Affairs, AbbVie; Dr. Martin McNamara, Dean and Head of School, UCD School of Nursing, Midwifery and Health Systems and Una Cunningham, Chair, Health and Social Care Directorate, Head of Transformation, Mater Hospital, Dublin

▶ A serenity suite and garden were opened at Our Lady's Hospital, Navan. This was an initiative funded under the Design and Dignity programme which is operated in partnership with the Irish Hospice Foundation. It is designed to improve the physical environment of hospitals and to protect the dignity of patients and their families at end of life

# Dublin Midlands Hospital Group

- Coombe Women's and Infants University Hospital
- Midland Regional Hospital Portlaoise
- Midland Regional Hospital Tullamore
- Naas General Hospital
- St. James's Hospital
- St. Luke's Hospital
- Tallaght Hospital

*Academic Partner: Trinity College Dublin (TCD)*

## Some highlights

- As part of its longstanding commitment to patient advocacy and ensuring a high quality patient experience, Tallaght Hospital undertook a volunteer-led Patient Survey Programme involving extensive patient surveys of inpatients and outpatients in 2015 to gather patient feedback and use it to improve services. Survey results revealed that the vast majority of patients are happy with their experience at Tallaght Hospital, with 94% of inpatients responding that care was good, very good or excellent; 98% saying their hospital room or ward was clean and 95% saying they had confidence in the nurses.
- Dublin Midlands Hospital Group is striving to deliver excellence in the delivery of maternity services. The group is introducing the country's first managed maternity network. A Memorandum of Understanding between the Coombe Women and Infants University Hospital and the HSE was signed in March. This new model will create a single women and infants' service operating over two sites – the Coombe Women and Infants University Hospital and the Midlands Regional Hospital, Portlaoise, and will allow the sharing of medical expertise, supported by additional resources.
- Naas General Hospital, in association with KARE, launched a DVD marking the success of a work placement programme in Naas General Hospital. Project SEARCH is a business-led initiative aiming to transform the lives of young people with intellectual disabilities through internship programmes and employment opportunities in the community. The launch of the Project SEARCH DVD marked three years of successful internships across a number of different departments at Naas General Hospital. Naas General Hospital is the first such organisation in Ireland to participate in this programme.
- The Institute of Cardiovascular Science at St. James's Hospital was officially opened. The aim of the institute is to increase the understanding of cardiovascular disease in order to improve and develop prevention, diagnostic, treatment and rehabilitation strategies.
- Thirty-three staff from hospitals representing the seven constituent hospitals for the Dublin Midland Hospital Group were awarded for successfully completing the Institute for Healthcare Improvement Course in Quality Improvement. The award ceremony recognised the achievements of 280 graduates from hospitals, community and children services who completed the course in 2015.

▲ Some members of the Project SEARCH Team

▲ (L-R) Representing St. Luke's Hospital Breda Collins, Richard Lodge, with DMHG's Dr. Susan O'Reilly and Eileen Whelan, Angela Clayton Lea, also from St. Luke's

# Children's Hospital Group

- Children's University Hospital (Temple Street)
- Our Lady's Children's Hospital (Crumlin),
- Tallaght Hospital (Paediatric)

*Academic Partner: University College Dublin/RCSI/Trinity College Dublin*

## Some highlights

- The Group's Strategic Plan is in development and sets out the vision and objectives of the group. The Group is also developing a clinical services strategy which includes a roadmap for each of the 39 clinical specialties in preparation for the opening of the Paediatric OPD and Urgent Care Centres in 2018 and the new children's hospital in 2020.
- A paediatric services integration group holds monthly meetings with key stakeholders from the three children's hospitals and in addition, a Board Committee of the Group (Integration Steering Committee) monitors integration across the three hospitals.
- A project to ensure user engagement was jointly developed by the Children's Hospital Group and the Ombudsman for Children's Office and is being implemented.
- A clinical directorate structure for the hospitals in the group was agreed and is being implemented.
- The Group contributed to the submission of the planning application in August and to the subsequent oral hearings in December.
- The preliminary business case for the new hospital and satellite centres was completed in June.
- An investment case for the Children's Hospital Programme was developed and submitted in December for support to integrate three independent hospitals.
- An ICT business case for the required ICT investment and support to deliver the digital hospital vision was completed in July and approved in September.

▲ Minister for Health, Leo Varadkar TD, and Minister of State, Kathleen Lynch TD, with Children's Hospital CEOs

## The new Children's Hospital

The National Paediatric Hospital Development Board shared their latest design for the new children's hospital with members of the Oireachtas and with residents in the local Dublin 8 community. The new Children's Hospital will be the largest single capital investment in health in the history of the State. The next step is the decision on the planning application with building work expected to start mid 2016.


▼ Minister for Health, Leo Varadkar TD, with Children's Hospital staff and a member of the Youth Advisory Council

# Saolta University Healthcare Group

- Galway University Hospital
- Letterkenny University Hospital
- Sligo University Hospital
- Mayo University Hospital
- Portiuncula University Hospital
- Roscommon University Hospital

*Academic Partner: National University of Ireland (NUI), Galway*

## Some highlights

- Two Medical Academies were formally opened – Mayo Medical Academy, and Sligo Medical Academy. These are NUI Galway partnerships with Saolta and Mayo University Hospital and Sligo University Hospital for the training of doctors. The Academies are a major investment by NUI Galway into clinical training in Mayo and Sligo.
- Construction work commenced in July in University Hospital Galway (UHG) on the development of the new 75 bed ward block. The new facility will provide single room inpatient accommodation and will meet the highest infection control standards. It is expected to take 18 months to complete. Work is also continuing on the provision of an additional 30 beds in UHG.
- The rebuild project at Letterkenny University Hospital is continuing. A new catering unit and dining facilities were recently opened at a cost of approx €2.97m and a new pulmonary laboratory also opened as part of a larger €2.06m development.
- A new €1.4m day care centre for patients with cystic fibrosis (CF) opened at Mayo University Hospital and will for the first time provide dedicated facilities for patients with CF.
- There was a refurbishment upgrade of the Family Room in Pastoral Care in Portiuncula University Hospital. This greatly enhances the dignity and privacy for families who have loved ones who are critically ill or at end of life within the hospital. This programme of work is as a result of a design and dignity grant from the Irish Hospice Association.
- The Endoscopy Unit build was completed in Roscommon University Hospital.

## Clinical Translational Research Facility

A Clinical Translational Research Facility was opened on the University Hospital Galway Site. This represents an innovative partnership between NUI Galway, the Health Research Board and Saolta Hospital Group. The co-location of these two facilities in one building on hospital grounds means basic laboratory research conducted in the translational research facility can be evaluated in clinical trials in the clinical research facility and ultimately will benefit patients faster.

▲ An Taoiseach Enda Kenny TD officially opening the new clinical research facilities


▲ Minister for Health, Leo Varadkar TD, visiting the site of the new 75 bed ward block, University Hospital, Galway

# University of Limerick Hospital Group

Ospidéil OL
UL Hospitals

- University Hospital Limerick
- University Maternity Hospital Limerick
- Ennis Hospital
- Nenagh Hospital
- Croom Hospital
- St. John's Hospital

*Academic Partner: University of Limerick (UL)*

## Some highlights

- New theatres were opened in Nenagh; bed capacity increased on the University Hospital Limerick site and specialist beds opened for cystic fibrosis, neuro/stroke, infection prevention and control; and a specialist geriatric service was developed in St. John's Hospital.
- Fit-out and completion works for the new ED and preparation for the new 24 bed dialysis unit commenced at University Hospital Limerick.
- The phased opening of the Leben Building commenced, developed in conjunction with three charitable partners, TLC4CF, the Parkinson's Association of Ireland through their regional branch and the Mid-Western Hospital Development Trust.
- A Memorandum of Understanding between the UL Hospital Group and University of Limerick was signed strengthening the long standing relationship with both institutions. Its primary purpose is to promote the development of academic linkages, particularly in the areas of clinical education, training, research and innovation.
- A Clinical Education and Research Centre (CERC) at University Hospital Limerick is under construction. It is a partnership project between University of Limerick and the hospital group and is co-funded by both. The building, due for completion by September 2016, will accommodate and support the education, training and research needs of our clinical community across all disciplines of staff. The building has been strategically located at the centre of the UL Hospital campus to make it as accessible as possible for all healthcare professionals. The UL Health Research Institute and the University Hospital Limerick Clinical Research Unit will both be based in this new CERC building.

▲
Inspecting building works at the Clinical Education and Research Centre, University Hospital Limerick were (L-R): Prof. Don Barry, President, University of Limerick; Prof. Colette Cowan, CEO, UL Hospitals; Minister for Finance, Michael Noonan TD; Prof. Michael Larvin, Head of UL's Graduate Entry Medical School; and Prof. Niall O'Higgins, Chairman, UL Hospitals

# Supporting Our Services

# Supporting Our Services

Providing a safe, modern and efficient health care system is not solely the role of our front line services. Behind the scenes, essential support services such as Health Business Services, Information and Communication Technology, Human Resources, Finance, etc. produce and deliver the 'tools' to make sure that the services the public interact with on a daily basis can actually function effectively.

In 2015, we continued to develop all our corporate support services to drive quality, efficiency and value for money.

### 2015 Facts and Figures

- €334m capital spend
- 280 capital projects supported
- 7,658 requests to recruit received by HBS Recruitment Services
- 82,000 staff and 32,000 pensioners paid
- €32m procurement savings achieved
- 35,000 staff and 3,000 retirees registered online for payslips with 1,500 Tusla staff registered
- 1.8m supplier invoices paid

## Health Business Services

Health Business Services (HBS) is the Shared Business Services division of the organisation and ensures that operational health and social services, including those in Tusla, have access to a range of common support business services, on a shared basis.

## In 2015

### Customer Relationship Management

*Building long term customer relationships and providing HBS Customers with an easily accessible service.*

- Customer Relationship Management (CRM) continued to embed our business model.
- Seven Business Relationship Managers were appointed to support the CRM model. A number of surveys, business process mapping and customer journey mapping projects were conducted.
- The Query Management System for HBS Logistics was extended to a further 394 customers.
- The HBS Communications Team successfully launched the first HBS Staff e-Magazine.
- The new HBS website went live and can be accessed at *www.hse.ie/eng/about/who/healthbusinessservices*.

### HBS Procurement

*Business support, sourcing, purchasing, storage and distribution of goods and services, ensuring compliance with governing procurement legislation and EU directives and government guidelines*

Following on from the Government decision in 2013 and the establishment of the office for Government Procurement (OGP), a new model incorporating all procurement across the Public Sector has been developed.

- The new model included the concept *One Voice for Health Procurement* which was launched and applies across all health departments and agencies.
- Development of a National Distribution Centre (NDC) is continuing. Based in Tullamore, the NDC is responsible for the purchase, storage and distribution of items and will replace existing fragmented stand alone stores departments.

### HBS Estates

*Estates is responsible for managing the multi-annual Capital Plan and maximising the value of the HSE estate, properties and facilities to ensure that appropriate infrastructure is in place to enhance patient, client and staff wellbeing*

A wide variety of capital projects progressed in 2015 including:

- Seven new primary care centres were completed or became operational
- Provision of 14 primary care centres, to be delivered by means of a Public Private Partnership, were tendered. The successful bidder will be appointed early next year
- Acute mental health units were completed in Drogheda, Cork and Limerick (final phase)
- Planning permission was received and the enabling works contract commenced on the National Forensic Mental Health Campus in Portrane (to replace the Central Mental Hospital)
- Enabling works for the National Children's Hospital commenced on the St. James's Hospital Campus
- Major projects were completed in Wexford General Hospital (ward upgrade), St. Luke's Hospital, Kilkenny (including new ED and Day Services Unit) and Roscommon University Hospital (Day Services Unit)
- Mount Carmel Hospital in Dublin was refurbished and opened as a step-down facility
- HIQA compliance works in older people long stay facilities continued.

Additional information in relation to capital projects can be found throughout the report and is summarised in Appendix 4.

## HBS Finance

*Delivering payroll, accounts payable, general accounting and financial reporting services to frontline operational services*

In addition, the following were provided:

- Management and financial month end transaction processing and reporting for customers
- Single national capital invoice processing and payments service
- Implementation and business support of private insurance claims system (Claimsure) Implementation of the Finance Reform Programme supported.

## HBS Human Resource

*Oversees the management of critical HR support services including pensions management, recruitment and administration of personnel records*

- 4,845 posts filled.
- 25,000 applications processed.
- 21,000 Garda vetting applications processed.
- 12,000 personnel records managed centrally.

## Enterprise Resource Planning Services

*Supports, maintains and develops SAP HR/Payroll systems and related business intelligence capability for HR/Payroll data*

- Currently 101,500 employees and pensioners HR records are processed in SAP HR and 59,000 employees and pensioners are paid by SAP payroll.
- All HR and Payroll records for HSE now reported on nationally and locally.
- Rollout of Business Intelligence capability commenced.
- Design of new ERPS structure complete in preparation for nationally delivered services.

## Some of our Capital Projects

▲ Cork University Maternity Hospital

▲ Ballyshannon Primary Care Centre

▼ Athenry Primary Care Centre


▶ High Support Hostel, Mullingar

# Office of the Chief Information Officer

The Office of the Chief Information Officer published the *Knowledge and Information Plan*, building on the e-Health Vision for Ireland. This plan supports the delivery of innovative, safe and high quality healthcare with an emphasis on co-ordinating all of the care an individual may need, wherever it is delivered, with particular focus on the knowledge and information requirements of patients and clinicians.

## 2015 Facts and Figures

- 225 new capital ICT funded projects progressed
- €53.35m spend on ICT capital projects
- 101 capital ICT projects completed
- 184,000 ICT service desk calls resolved

## In 2015

- eHealth Ireland was established to focus on the promotion and implementation of the eHealth Strategy.
- The Council of Clinical Information Officers was established to advise and support the Office of the Chief Information Officer in the delivery of the *Knowledge and Information Plan*. This provides a community within the Irish health service where people with a passion for eHealth mediated health service delivery can share experiences and learn how to continuously improve quality and safety through regular interactions.
- The Individual Health Identifier (IHI) is a number that uniquely and safely identifies each person that has use, is using or may use a health or social care service in Ireland. A proof of concept register was developed assigning IHIs to health service users. The next phase of the IHI has commenced identifying which consumer systems will be utilised. The initial systems will include e-referral, GP systems and the National Epilepsy System. This is the initial part of a multi-year programme to embed the IHI into the wider health service.
- A wide number of key health reform projects are supported including:
  - Electronic Health Record (EHR): A public consultation process was launched on EHR priorities. Public feedback has been sought on such questions as what will make the EHR successful, where it should be prioritised (in terms of community healthcare, hospitals etc), data privacy and accessibility and how consent should be managed
  - The National Integrated Medical Imaging System or NIMIS is now in place in 57 sites, 35 acute hospitals and 22 satellite and community hospitals delivering a filmless solution to radiology and cardiology imaging
  - The Maternal and Newborn Clinical Management System when implemented will provide a seamless, complete and reliable source of all the information clinicians require to quickly and accurately make care decisions for the health and wellbeing of mothers and babies in Ireland. Phase 1 is focusing on the rollout of the project to four hospitals starting in 2016, with the remaining 15 maternity hospitals thereafter


▲
Richard Corbridge, Chief Information Officer, HSE with Minister for Health, Leo Varadkar TD, at the eHealth Ireland showcase

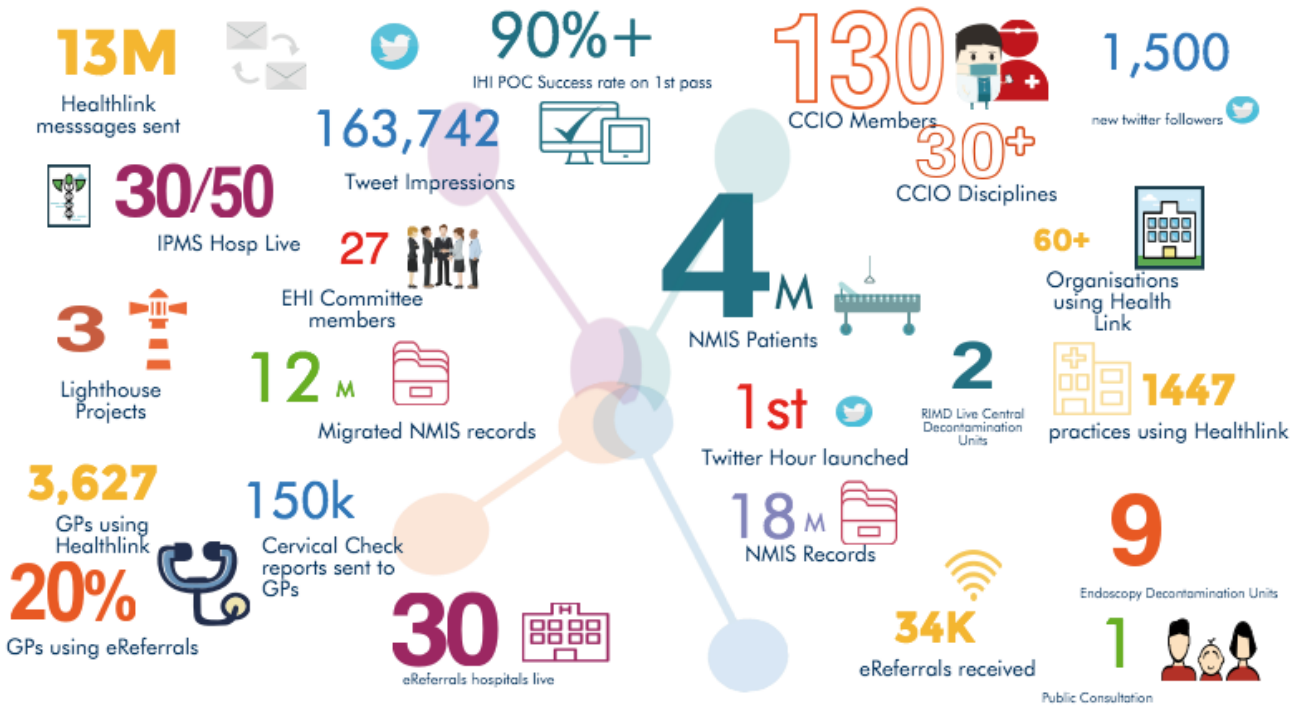
- eReferral Programme is live in 31 hospitals with all hospitals being live during 2016. GPs can submit a referral electronically directly from their practice management system to the hospital in question using the HIQA approved referral form and immediately receive an acknowledgement confirming its receipt
- Healthlink messaging is at the core of the eReferral project, the National Cancer Control Programme referral initiatives and GP communication from the national screening service. Healthlink transfers a range of messages in real time including laboratory and radiology reports, discharge information and waiting list updates. Over 13 million messages were sent via Healthlink during 2015, involving over 1,459 practices, 3,658 GPs and over 60 organisations
- eHealth Ireland Ecosystem: Three stakeholder events were held to generate a high quality set of recommendations for advancing the eHealth Strategy in Ireland. The topics were ePharmacy and digital pharmacy support tools, clinical engagement and clinical research and final ecosystem considerations on the Electronic Health Records
- The National Financial System business and roadmap was approved by DoH and DPER. The first stage of the programme, the stabilisation of existing systems has now started
- Medical Oncology Clinical Information System: A national tender is underway to procure this solution. The tender process will complete in 2016 and then the deployment of the solution will begin
- The Microsoft XP replacement desktop Programme was completed. Over 15,000 devices were replaced during the programme. In addition a further 17,000 were upgraded
- The National Ambulance Computer Aided Dispatch system went live. All ambulances dispatched by the HSE are now managed through this solution.

## MedLIS System

The contract for the MedLIS system – a new integrated laboratory information system – has been awarded to Cerner. The initiative will involve the replacement of 43 public hospital laboratory systems nationwide over a four year period.

▲ Richard Corbridge, Chief Information Officer, HSE, Pamela Howard, Trainee Medical Scientist, St. James's Hospital and Amanda Green, Regional Executive and Managing Director, Cerner pictured at the Department of Laboratory Medicine, St. James's Hospital during the announcement of the award of the contract for MedLIS

▼ Some eHealth Ireland achievements in 2015



# Corporate Human Resources

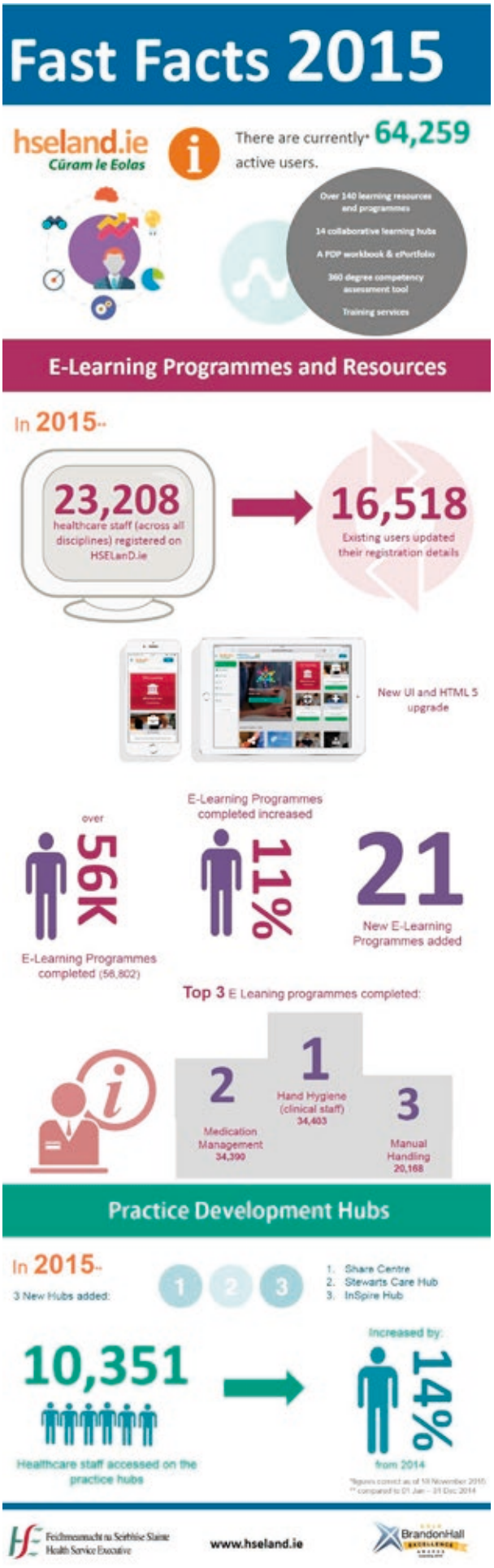
Our vision for healthcare as set out in our *Corporate Plan 2015-2017* is to put people at the heart of everything we do – we are committed to delivering high quality safe healthcare to our service users, communities and the wider population. Our staff are at the core of the delivery of healthcare services, working within and across all care settings in communities, hospitals and healthcare offices.

## In 2015

- An action plan for Employee Engagement is being developed for the health service following the publication of the first health sector wide Employee Engagement Survey in April. Evidence shows that an engaged workforce and positive patient outcomes are inextricably linked. A series of focus groups within CHOs, hospital groups, National Ambulance Services and corporate services are feeding into an overall Action Plan for Employee Engagement. Another Survey is due to be conducted in 2016.
- The *People Strategy 2015-2018* was developed following significant engagement and consultation workshops. It underpins the wider health reform and is focused on people services for the whole of the health system recognising that people management is the responsibility of all leaders, management and staff. It is also focused on the future needs of the service to meet the workforce demands to attract and retain high calibre staff.
- The first cohort of Health and Social Care Professionals completed the pilot leadership programme *Beginning a New Leadership Journey.* The programme was designed based on international best practice and is a multidisciplinary leadership programme. It was developed as a result of the recognised need for enhanced leadership at all levels of the health service and identified needs and gaps in terms of access to leadership development within the HSE.
- Four HR Masterclasses were held.
- *A Guide to Coaching* was launched as a practical guide intended to meet the needs of coaches and of clients. Briefing sessions for managers were rolled out to develop coaching skills and competencies and to increase the availability of trained coaches and mentors.
- *A Guide to a Positive Work Environment in our Health Service* was launched. The guide emphasises the need for early intervention by line managers to prevent workplace conflicts from escalating.
- A Leadership and Innovation Summit *People, Purpose, Passion* was held by the National Leadership and Innovation Centre for Nursing and Midwifery.
- The first HR Future Leaders Programme Level 1 aimed at Grade VIs and Grade VIIs commenced with a total of 18 participants. The Future Leaders Programme Level 2 aimed at Grade VIIIs and GMs commenced with a total of 18 participants.
- Work continued in anticipation of an audit towards full HR Accreditation. Working groups were established to examine each of the following themes:
  - Business planning and continuous improvement
  - Effective communication and people engagement
  - Leadership and people management
  - Planning of learning and development
  - Evaluation of learning and development
  - HR systems and employee well-being.

## Executive Coach of the Year


Niall Gogarty, Senior Administrative Officer in the national Human Resources department was awarded the International Coaching Federation Executive Coach of the Year at the Coach of the Year Awards 2015. Niall has been instrumental in developing a coaching culture within the HSE to provide support to staff in their personal and professional development, and enabling their teams to continuously strive for success. As part of his role, he is responsible for the Coaching Network in his area which includes a team of 17 coaches, who are highly experienced and provide coaching services to staff from all disciplines. Niall is also a qualified Coaching Supervisor




## HSELand Hubs

The HSELanD Hubs are designed to support the rollout of local and national initiatives, allowing you to find out what's happening, access relevant documentation, and collaborate and learn together online. The inSpire Hub was launched during the year and is a web-based resource which allows health service staff to easily make suggestions about how to improve services.

Log onto *www.HSELanD.ie* to share your own ideas or be inspired by those who have already.

hseland.ie
Cúram le Eolas

Health Services
e-Learning and Development

# National Finance

HSE Finance's role is to help secure the maximum appropriate investment in health and social care by supporting our services to demonstrate value and probity in how we use our existing resources.

## In 2015

### Activity Based Funding

Work continued on the implementation of Activity Based Funding (ABF). The *Activity Based Funding Programme Implementation Plan 2015-2017* was published committing to:


- Converting each hospital to an ABF allocation
- Commencing the phasing out of transition adjustments
- Designing a mechanism to apply ABF to outpatient services
- Linking payments to clinical objectives.

The focus in 2015 was on:

- Benchmarking hospitals against National Average Prices
- Preparing for the conversion of hospitals from block grants to ABF allocations for inpatient and day case work from January 2016 onwards
- Commencement of a National Audit of HIPE clinical coding, the findings of which will support hospitals to improve their data quality.

## Financial planning

Significant leadership was provided by HSE Finance to support the 2016 Estimates, National Service Plan and Operational Planning processes.

## Costing and funding

Ongoing development work has continued during 2015 to ensure the HSE has in place a robust approach to costing services and cycles of care in order to fully inform the future commissioning of services and the objective allocation of resources. Throughout 2015, the focus was on planning and stakeholder consultation for the development of the Strategic Community Costing Framework to ensure there is a shared mission and set of strategic objectives which will shape the work delivered under the programme.

## Memorandum of Understanding

A 'Heads of Agreement' (HoA) was signed in November 2015 between the VHI and the HSE (48 statutory and voluntary hospitals) which resulted in the receipt of additional cash amounting to €127m by the HSE prior to year end. Discussions continued throughout the year between the VHI, HSE and DoH with a view to agreeing a Memorandum of Understanding (MoU) to give the HSE better payment terms with the VHI.

## System of Health Accounts

System of Health Accounts 2013 results were published and work commenced on the 2014 preliminary returns. The System of Health Accounts is designed to provide greater insight into how monies are spent on the different types of healthcare delivered by the different health providers across the HSE.

## Pay costing

Work was undertaken on developing an evidenced based approach to costing the pay rate impact of HR agreements across the HSE.

## Taxation

The division has continued its efforts to build a strong foundation across the HSE for tax compliance and to rectify the issues that arose in the 2011-2013 Taxation Self-Review. The 2014 Taxation Self Review was also completed during the year.

## National Finance Controls Assurance Group

A National Finance Controls Assurance Group (NFCAG) was established to provide support, coordination and problem-solving expertise on a number of controls and finance compliance issues. Areas of focus during 2015 included those of significant risk or non-compliance including taxation, pay-related overpayments, cash handling, procurement and prompt payment interest. Sub-groups, consisting of senior representatives from across the HSE National Divisions, CHOs and Hospital Groups have been created to focus on each of these areas.

## Finance Reform

The Finance Reform Programme continued its work in implementing the new Finance Operating Model (FOM) which has been identified as the highest non-clinical priority of the HSE. The objectives of Finance Reform are structured around delivering the impacts and outcomes of the new FOM across People, Process and Technology, as follows:

- People – provide our people with the support they need to do their job better and feel valued in what they do
- Process – change the way we do things to reflect our move from a transactional processing focus to a partnering/decision support approach
- Technology – deliver a single financial management platform to enable better and more accurate reporting.

Approval was received in 2015 under the Finance Reform programme for the:

- Stabilisation of finance legacy systems in the West and the South, commencing with the Mid-West Area
- Development of a new National Finance Reporting Solution
- Procurement of a single National Finance System.

# Appendices

# **Appendix 1:** Membership of Directorate and Leadership Team

## Directorate Members as at 31st December 2015:

- **Mr. Tony O'Brien** (Director General)
- **Ms. Laverne McGuinness** (Deputy Director General )
- **Mr. Stephen Mulvany** (Chief Financial Officer)
- **Mr. Liam Woods** (National Director, Acute Hospitals)
- **Dr. Stephanie O'Keeffe** (National Director, Health and Wellbeing)
- **Mr. John Hennessy** (National Director, Primary Care)
- **Ms. Anne O'Connor** (National Director, Mental Health)
- **Mr. Pat Healy** (National Director, Social Care)
- **Dr. Philip Crowley** (National Director, Quality Improvement)

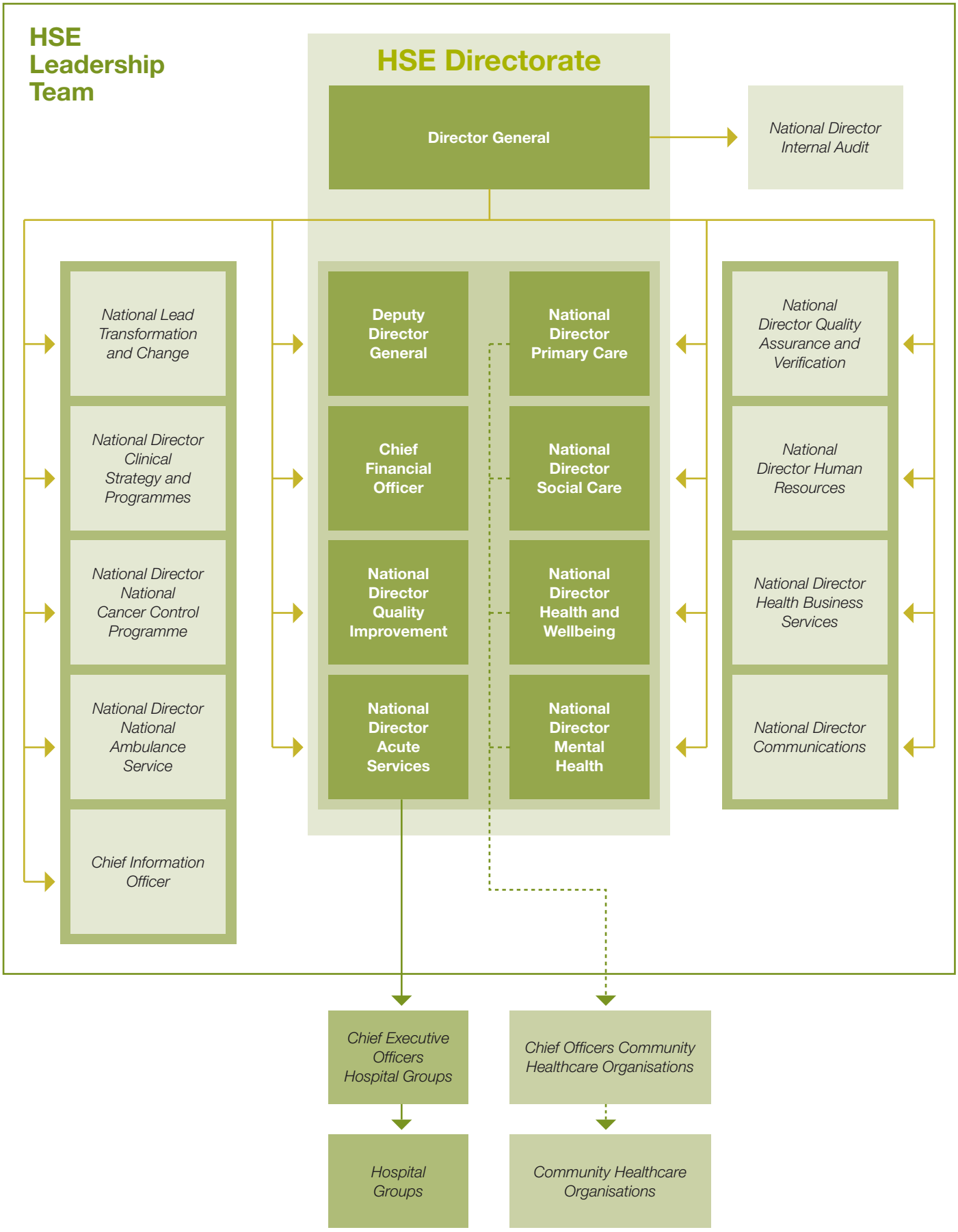
## Leadership Team as at 31st December 2015:

- **Mr. Tony O'Brien** (Director General)
- **Ms. Laverne McGuinness** (Deputy Director General)
- **Mr. Stephen Mulvany** (Chief Financial Officer)
- **Mr. Liam Woods** (National Director, Acute Hospitals)
- **Dr. Stephanie O'Keeffe** (National Director, Health and Wellbeing)
- **Mr. John Hennessy** (National Director, Primary Care)
- **Ms. Anne O'Connor** (National Director, Mental Health)
- **Mr. Pat Healy** (National Director, Social Care)
- **Dr. Philip Crowley** (National Director, Quality Improvement)
- **Mr. Patrick Lynch** (National Director, Quality Assurance and Verification)
- **Dr. Áine Carroll** (National Director, Clinical Strategy and Programmes)
- **Dr. Jerome Coffey** (National Director, National Cancer Control Programme)
- **Mr. Damien McCallion** (National Director, National Ambulance Service)
- **Mr. Richard Corbridge** (Chief Information Officer)
- **Ms. Rosarii Mannion** (National Director, Human Resources)
- **Ms. Jane Carolan** (National Director, Health Business Services)
- **Dr. Paul Connors** (National Director, Communications)
- **Mr. Michael Flynn** (National Director, Internal Audit)
- **Mr. Leo Kearns** (National Lead, Transformation and Change)

- **Mr. Dara Purcell** (Corporate Secretary)

# **Appendix 2:** Organisational Structure

As at 31st December 2015



# **Appendix 3:** Performance Against Key National Service Plan 2015 Indicators

**Other key indicators and measures of performance can be seen throughout the Annual Report**

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| HEALTH AND WELLBEING | **Immunisations and Vaccines** | | | | |
| | % children aged 24 months who have received the Measles, Mumps, Rubella (MMR) vaccine | 93.0% | 95% | 93.0% | -2.1% |
| | % children aged 12 months who have received 3 doses Diphtheria (D3), Pertussis (P3), Tetanus (T3), Haemophilus influenzae type b (Hib3), Polio (Polio3), Hepatitis B (HepB3) vaccine (6-in-1) | 92.1% | 95% | 91.4% | -3.8% |
| | % children aged 24 months who have received 3 doses Meningococcal C (MenC3) vaccine | 87.9% | 95% | 88.0% | -7.3% |
| | **Health Protection** | | | | |
| | % first year girls who have received third dose of HPV (Human Papillomavirus) vaccine*<br>**The HPV vaccine schedule changed to a two dose schedule in the academic year 2014/2015* | 84.0% | 80% | 85.0% | 6.3% |
| | % of health care workers who have received one dose of seasonal flu vaccine in the 2014-2015 influenza season (acute hospitals and long-term care facilities in the community) | 24.0%<br>23.0% | 40% | 23.4%<br>25.7% | -41.5%<br>-35.8% |
| | % uptake in flu vaccine for > 65s | New PI 2015 | 75% | 60.2% | -19.7% |
| | **Child Health** | | | | |
| | % newborn babies visited by a PHN within 72 hours of hospital discharge | 97.3% | 97% | 97.5% | 0.5% |
| | % of children reaching 10 months within the reporting period who have had their child development health screening on time before reaching 10 months of age | 92.2% | 95% | 93.7% | -1.3% |
| PRIMARY CARE | **PRIMARY CARE** | | | | |
| | **Orthodontics** | | | | |
| | % of referrals seen for assessment within 6 months | New PI 2015 | 75% | 60.3% | -19.6% |
| | Reduce the proportion of patients on the treatment waiting list longer than 4 years (grade 4 and 5) | 877 | < 5% | 7.0% | -40.0% |
| | **Healthcare Associated Infection: Medication Management** | | | | |
| | Consumption of antibiotics in community settings (defined daily doses per 1,000 inhabitants per day) | 22.9 | < 21.7 | 27.0 | -24.4% |
| | **Physiotherapy and Occupational Therapy Wait List Management** | | | | |
| | Occupational Therapy – % of referrals seen for assessment within 12 weeks | New PI 2015 | 80% | 76.4% | -4.5% |
| | Physiotherapy – % of referrals seen for assessment within 12 weeks | New PI 2015 | 80% | 83.1% | 3.9% |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| PRIMARY CARE | **Nursing, Podiatry, Ophthalmology, Audiology, Dietetics and Psychology** | | | | |
| | Existing patients seen in the month | New PI 2014 | Baselines to be determined 2015 | Data not available | --- |
| | New patients seen in the month | New PI 2014 | Baselines to be determined 2015 | Data not available | --- |
| SOCIAL INCLUSION | **SOCIAL INCLUSION** | | | | |
| | **Substance Misuse** | | | | |
| | % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment | 93.0% | 100% | 91.1% | -8.9% |
| | % of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment | 96.0% | 100% | 100.0% | 0% |
| | **Homeless Services** | | | | |
| | % of individual service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed as part of a Holistic Needs Assessment (HNA) within two weeks of admission | 68.0% | 85% | 73.0% | -14.1% |
| | **Health (Amendment) Act – Services to persons with state acquired Hepatitis C** | | | | |
| | No. of patients offered assessment of need | New PI 2015 | 1,440 | Data not available | --- |
| | No. of patients to be reviewed | New PI 2015 | 820 | Data not available | --- |
| PCRS | **PCRS** | | | | |
| | **Medical / GP Visit Cards** | | | | |
| | % of properly completed medical / GP visit card applications processed within the 15 day turnaround | 96.4% | 90% | 99.8% | 10.9% |
| | % medical card / GP visit card applications, assigned for Medical Officer review, processed within 5 days | New PI 2015 | 90% | 99.7% | 10.8% |
| PALLIATIVE CARE | **PALLIATIVE CARE** | | | | |
| | **Inpatient Units – Waiting Times** | | | | |
| | Specialist palliative care inpatient bed provided within 7 days | 96.4% | 98% | 98.0% | 0% |
| | **Community Home Care – Waiting Times** | | | | |
| | Specialist palliative care services in the community provided to patients in their place of residence within 7 days (home, nursing home, non-acute hospital) | 88.0% | 95% | 88.0% | -7.4 |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| SOCIAL CARE | **DISABILITY SERVICES** | | | | |
| | **0-18s Programme** | | | | |
| | Proportion of Local Implementation Groups which have Local Implementation Plans for progressing disability services for children and young people | 20.8% (5 of 24) | 100% (24 of 24) | 33.3% (8 of 24) | -66.7% |
| | **Disability Act** | | | | |
| | % of assessments completed within the timelines as provided for in the regulations | 35.0% | 100% | 31.2% | -68.8% |
| | **Day Services** | | | | |
| | % of school leavers and RT graduates who have received a placement which fully meets their needs | 100% | 100% | 98% | -2.0% |
| | **Quality** | | | | |
| | In respect of agencies in receipt of €5m or more of public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF | Data not available | 100% | 39%** *** Full data unavailable* | -61.0% |
| | **OLDER PEOPLE'S SERVICES** | | | | |
| | **Elder Abuse** | | | | |
| | % of active cases reviewed within six month timeframe | 92.2% | 90% | 90.0% | 0% |
| MENTAL HEALTH | **Adult Community Mental Health** | | | | |
| | % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by General Adult Community Mental Health Teams | 94.0% | > 90% | 92.6% | 2.9% |
| | % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by General Adult Community Mental Health Teams | 74.0% | > 75% | 73.6% | -1.9% |
| | % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams | 97.0% | > 99% | 97.9% | -1.1% |
| | % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Psychiatry of Old Age Community Mental Health Teams | 93.0% | > 95% | 95.4% | 0.5% |
| | **Child and Adolescent Community Mental Health Services** | | | | |
| | Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total number of admissions of children to mental health acute inpatient unit | 69.0% | 95% | 73.3% | -22.8% |
| | % of accepted referrals / re-referrals offered first appointment within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams | 76.0% | > 78% | 76.4% | -2.1% |
| | % of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / 3 months by Child and Adolescent Community Mental Health Teams | 67.0% | > 72% | 66.9% | -7.1% |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| NAS | **Response Times** | | | | |
| | % of Clinical Status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 95%) | 76.4% | 80% | 76.0% | -5.0% |
| | % of Clinical Status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less (HIQA target 95%) | 65.0% | 80% | 64.0% | -20.0% |
| | **Clinical Outcome** | | | | |
| | Return of Spontaneous Circulation (ROSC) at ED in bystander witnessed Out of Hospital Cardiac Arrest (OHCA) with initial shockable rhythm using the Utstein comparator group calculation | Data not available | 40% | 40% | 0% |
| | **Audit** | | | | |
| | % of control centres that carry out Advanced Quality Assurance Audit (AQuA) | New PI 2015 | 100% | 100.0% | 0% |
| ACUTE SERVICES | **ACUTE HOSPITAL SERVICES** | | | | |
| | **Outpatients** | | | | |
| | % of people waiting < 52 weeks for first access to OPD services | 84.1% | 100% | 90.1% | -9.9% |
| | Outpatient attendances – New: Return Ratio | 1: 2.6 | 1: 2 | 1: 2.6 | -30.0% |
| | **Inpatient and Day Case Waiting Times** | | | | |
| | % of adults waiting < 8 months for an elective procedure (inpatient) | 73.5% | 100% | 71.9% | -28.1% |
| | % of adults waiting < 8 months for an elective procedure (day case) | 77.9% | 100% | 76.5% | -23.5% |
| | % of children waiting < 20 weeks for an elective procedure (inpatient) | 52.7% | 100% | 53.0% | -47.0% |
| | % of children waiting < 20 weeks for an elective procedure (day case) | 68.2% | 100% | 58.3% | -41.7% |
| | **Colonoscopy / Gastrointestinal Service** | | | | |
| | % of people waiting < 4 weeks for an urgent colonoscopy | 98.0% | 100% | 100.0% | 0% |
| | % of people waiting < 13 weeks following a referral for routine colonoscopy or OGD | 62.6% | 100% | 56.9% | -43.1% |
| | **Emergency Care** | | | | |
| | % of all attendees at ED who are discharged or admitted within 6 hours of registration | 67.6% | 95% | 68.2% | -28.2% |
| | % of all attendees at ED who are discharged or admitted within 9 hours of registration | 81.3% | 100% | 81.7% | -18.3% |
| | % of ED patients who leave before completion of treatment | 4.4% | < 5% | 4.2% | 16.0% |
| | % of all attendees at ED who are in ED > 24 hours | New PI 2015 | 0% | 3.9% | --- |
| | **Acute Medical Patient Processing** | | | | |
| | % of medical patients who are discharged or admitted from AMAU within 6 hours AMAU registration | 63.7% | 95% | 65.1% | -31.5% |
| | **Ambulance Turnaround Times** | | | | |
| | % of ambulances that have a time interval of < 30 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available | New PI 2015 | Data not available | Data not available | --- |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| ACUTE SERVICES | **Healthcare Associated Infections** | | | | |
| | Rate of MRSA bloodstream infections in acute hospital per 1,000 bed days used | < 0.057 | < 0.057 | 0.054 | 5.3% |
| | Rate of new cases of Clostridium Difficile associated diarrhoea in acute hospitals per 10,000 bed days used | < 2.5 | < 2.5 | 2.3 | 8.0% |
| | Median hospital total antibiotic consumption rate (defined daily dose per 100 bed days) per hospital | 83.0 | 83 | 78.4 | 5.5% |
| | Alcohol Hand Rub consumption (litres per 1,000 bed days used) | 25.0 | 25 | 27.6 | 10.4% |
| | % compliance of hospital staff with the World Health Organisation's (WHO) 5 moments of hand hygiene using the national hand hygiene audit tool | 90.0% | 90% | 88.0% | -2.2% |
| | **Adverse Events** | | | | |
| | Postoperative Wound Dehiscence – Rate per 1,000 inpatient cases aged 16 years+ | New PI 2015 | Data not available | Data not available | --- |
| | In Hospital Fractures – Rate per 1,000 inpatient cases aged 16 years+ | New PI 2015 | Data not available | Data not available | --- |
| | Foreign Body Left During Procedure – Rate per 1,000 inpatient cases aged 16 years+ | New PI 2015 | Data not available | Data not available | --- |
| | % of claims received by State Claims Agency that should have been reported previously as an incident | New PI 2015 | Data not available | Data not available | --- |
| | **Activity Based Funding (MFTP) Model** | | | | |
| | HIPE Completeness – Prior month: % of cases entered into HIPE | 95.0% | > 95% | 96.0% | 1.1% |
| | **Average Length of Stay** | | | | |
| | Medical patient average length of stay | 6.9 | 5.8 | 7.0 | -20.7% |
| | Surgical patient average length of stay | 5.3 | 5.1 | 5.4 | -5.9% |
| | ALOS for all inpatients | 5.3 | 5.0 | 5.4 | -8.0% |
| | ALOS for all inpatient discharges excluding LOS over 30 days | 4.5 | 4.3 | 4.6 | -7.0% |
| | **Stroke** | | | | |
| | % of patients with confirmed acute ischaemic stroke who receive thrombolysis | 11.8% | 9% | 12.4% | 37.8% |
| | % of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit | 61.5% | 66% | 57.6% | -12.7% |
| | **Acute Coronary Syndrome** | | | | |
| | % STEMI patients (without contraindication to reperfusion therapy) who get PPCI | 84.1% | 85% | 88.5% | 4.1% |
| | **Surgery** | | | | |
| | % of elective surgical inpatients who had principal procedure conducted on day of admission | 65.0% | 70% | 68.8% | -1.7% |
| | % day case rate for Elective Laparoscopic Cholecystectomy | New PI 2015 | > 60% | 39.8% | -33.7% |
| | % of bed day utilisation by acute surgical admissions that do not have a surgical primary procedure | New PI 2015 | 5% reduction | 10.9% | -54.4% |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| ACUTE SERVICES | **Time to Surgery** | | | | |
| | % of emergency hip fracture surgery carried out within 48 hours (pre-op LOS: 0, 1 or 2) | 82.0% | 95% | 84.9% | -10.6% |
| | **Hospital Mortality** | | | | |
| | Standardised Mortality Rate (SMR) for inpatient deaths by hospital and clinical condition | Data not available | Data not available | Data not available | --- |
| | **Re-Admission** | | | | |
| | % of emergency re-admissions for acute medical conditions to the same hospital within 28 days of discharge | 11.0% | 9.6% | 10.7% | -11.5% |
| | % of surgical re-admissions to the same hospital within 30 days of discharge | 2.0% | < 3.0% | 2.1% | 30.0% |
| | **Medication Safety** | | | | |
| | % of medication errors reported (as measured through the State Claims Agency) | 0.1% | Data not available | Data not available | --- |
| | **Patient Experience** | | | | |
| | % of hospitals conducting annual patient experience surveys amongst representative samples of their patient population | Data not available | 100% | Data not available | --- |
| | **Delayed Discharges** | | | | |
| | % reduction in bed days lost through delayed discharges | Data not available | 10% reduction | 221,353 | -3.9% |
| | % reduction of people subject to delayed discharges | Data not available | 15% reduction | 509 | 8.7% |
| | **Compliance with EWTD** | | | | |
| | < 24 hour shift | 95.0% | 100% | 96.0% | -4.0% |
| | < 48 hour working week | 66.0% | 100% | 77.0% | -23.0% |
| | **National Early Warning Score (NEWS)** | | | | |
| | % of hospitals with full implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals | 98.0% | 100% | 100.0% | 0% |
| | % of all clinical staff who have been trained in the COMPASS programme | Data not available | > 95% | 59% | -37.9% |
| | **Irish Maternity Early Warning Score (IMEWS)** | | | | |
| | % of maternity units / hospitals with full implementation of IMEWS | New PI 2015 | 100% | 100.0% | 0% |
| | % of hospitals with implementation of IMEWS for pregnant patients | New PI 2015 | 100% | 100.0% | 0% |
| | **National Standards** | | | | |
| | % of hospitals who have commenced first assessment against the NSSBH | Data not available | 95% | 100% | 5.3% |
| | % of hospitals who have completed first assessment against the NSSBH | Data not available | 95% | 82% | -13.7% |

| | Key Performance Indicators | Reported Actual 2014 | Target 2015 | Reported Actual 2015 | % Variance from Target 2015 |
|---|---|---|---|---|---|
| ACUTE SERVICES | **CANCER SERVICES** | | | | |
| | **Symptomatic Breast Cancer Services** | | | | |
| | % of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the HIQA standard of 2 weeks for urgent referrals | 94.0% | 95% | 96.9% | 2.0% |
| | **Lung Cancers** | | | | |
| | % of patients attending the rapid access clinic who attended or were offered an appointment within 10 working days of receipt of referral in the cancer centre | 88.0% | 95% | 85.5% | -10.0% |
| | **Prostate Cancers** | | | | |
| | % of patients attending the rapid access clinic who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centre | 49.0% | 90% | 58.7% | -34.8% |
| | **Radiotherapy** | | | | |
| | % of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included) | 87.6% | 90% | 84.6% | -6.0% |
| SYSTEM WIDE | **Service Arrangements / Annual Compliance Statement (as at 31.12.15)** | | | | |
| | % and amount of the monetary value of Service Arrangements signed | New PI 2015 | 100% | 72.1% | 27.9% |
| | % and number of Service Arrangements signed | New PI 2015 | 100% | 78.4%<br>2,942 | 21.6% |
| | % and number of Annual Compliance Statements signed | New PI 2015 | 100% | 100%<br>39 | 0% |
| | **Serious Reportable Events** | | | | |
| | % of Serious Reportable Events being notified within 24 hours to designated officer | New PI 2015 | 99% | Data not available | --- |
| | % of mandatory investigations commenced within 48 hours of event occurrence | New PI 2015 | 90% | Data not available | --- |
| | % of mandatory investigations completed within 4 months of notification of event occurrence | New PI 2015 | 90% | 15% | -83.3% |
| | **Reportable Events** | | | | |
| | % of events being reported within 30 days of occurrence to designated officer | New PI 2015 | 95% | Data not available | --- |

# Appendix 4: Capital Projects

## Primary Care

### Project Stage – Planning

**Primary Care Centres**

- Primary Care Centres by lease agreement – Rialto/the Coombe, Kilnamanagh/Tymon and Cashel Road,/Walkinstown, Dublin; Celbridge, Co. Kildare; Tullamore, Co. Offaly; Mullingar, Co. Westmeath; Tipperary town
- Primary Care Centres – Coolock and Summerhill, (Dublin); Kilcock,(Co. Kildare); Ballymote (Co. Sligo), Nazareth House (Sligo town); Ballinrobe and Tuam (Co. Galway); Westport and Claremorris (Co. Mayo); Boyle (Co. Roscommon); Ballinacurra/Weston (Limerick city); Wexford town; Dungarvan (Co. Waterford) and Waterford city; Carrick-on-Suir and Borrisokane (Co. Tipperary)
- Primary Care Centres – Rowlagh and Clondalkin (Dublin); Newtowncunningham (Co. Donegal); Edgesworthtown, Tullow (Co. Carlow); Grange and Drumcliffe (Co. Sligo); Monaghan town; Cork city north-west

**Social Inclusion**

- Community Addiction Services Unit – Portlaoise. Co, Laois
- Residential Addiction Treatment Centre – Bushy Park, Ennis, Co. Clare

### Project Stage – Continuation of construction in 2015

**Primary Care Centres**

- Primary Care Centres by lease agreement – Springfield and Tallaght (Dublin); Balbriggan, (North Co. Dublin); Blessington and Carnew (Co. Wicklow); Castlebar (Co. Mayo); Mountbellew (Co. Galway).
- Primary Care Centres – Corduff and Grangegorman (Dublin); Ballyheigue (Co. Kerry)

**Community Health**

- St. Finbarr's Hospital, Cork – Audiology services
- Tullamore, Co. Offaly – Refurbishment of vacated original hospital (Scott's) buildings to replace rented accommodation
- National Fluoridisation Programme – Upgrade of fluoridisation plant in local authority water treatment plants

### Project Stage – Construction completed in 2015

**Primary Care Centres**

- Primary Care Centres by lease agreement – Tús Nua (Kildare town); Kells (Co. Meath); Charleville (Co. Cork); Navan Road (Dublin); Rathangan and Monasterevin (Co. Kildare); Wicklow town.
- Primary Care Centres – Ballyshannon, Co. Donegal

**Community Health**

- St. Fintan's Hospital, Portlaoise, Co. Laois – Administration accommodation for therapy services

**Social Inclusion**

- National Drugs Treatment Board – Purchase of laser capture microdissection analysers

## Palliative Care

### Project Stage – Planning

- University Hospital Waterford – Ward block and palliative care unit
- Castlebar, Co. Mayo – Hospice development
- Wicklow town – Hospice development
- Our Lady's Hospice, Harold's Cross, Dublin – Extension

## Palliative Care

**Project Stage – Continuation of construction in 2015**

- Design and Dignity Scheme - Capital grant scheme for family rooms in EDs, ICUs and wards; upgrade of mortuary viewing rooms, public areas in acute hospitals
- Provision of palliative care units in Kerry General Hospital and St. Brigid's Hospice, Newbridge, Co. Kildare

**Project Stage – Construction completed in 2015**

**Palliative Care**

- Design and Dignity Scheme – Sligo University Hospital, Roscommon General Hospital, St. Luke's General Hospital (Kilkenny), Mater Misericordiae University Hospital and St. James's Hospital (Dublin), Our Lady's Hospital, Navan, (Co. Meath); Portiuncula Hospital, Ballinasloe (Co. Galway).

## Social Care

**Project Stage – Planning**

**Disability Services**

- National Rehabilitation Hospital – 120-bed ward block
- Central Remedial Clinic, Swords – Day activity centre
- Purchase and/or construction of residences in the community for persons with an intellectual disability currently in congregated settings.

**Service for Older People**

- Tymon, North Tallaght, Dublin – 100-bed unit
- Sacred Heart Hospital, Castlebar, Co. Mayo – 75-bed unit
- Waterford city - Community nursing unit (CNU) – [100-bed]
- Ballyshannon, Co. Donegal – Community nursing unit – [80-bed]
- Bandon Community Hospital, Co. Cork – extension [23-bed]
- Upgrade of CNUs to achieve HIQA compliance: Killybegs, Falcarragh and Buncrana (Co. Donegal); St. Fionnan's and Achill (Co. Mayo); Raheen, Ennis (Co. Clare).
- Upgrade of Community Hospitals to achieve HIQA compliance: Dungloe and Carndonagh (Co. Donegal); Ballymote (Co. Sligo) and St. John's, (Sligo town), Listowel (Co. Kerry); St. Patrick's Fermoy, Skibereen, Dunmanway, St. Joseph's Milstreet, Youghal, and St. Joseph's Castletownbere (Co. Cork).

**Project Stage – Continuation of construction in 2015**

**Service for Older People**

- St. James's Hospital, Dublin – Mercer Institute for Successful Ageing
- Refurbishment and upgrade of CNUs to achieve HIQA compliance: Áras McDara, Carraroe (Co. Galway); Áras Mhathair Poil, Castlerea and Plunkett, Boyle (Co. Roscommon); Belmullet, St. Augustine's, Ballina, MacBride, Westport (Co. Mayo); Ennistymon and Regina House, Kilrush (Co. Clare); St. Vincent's, Mountmellick (Co. Laois); Belvilla, South Circular Road (Dublin)
- Refurbishment and upgrade of other non-acute residential facilities to achieve HIQA compliance: Offalia House, Edenderry (Co. Offaly); MacBride Home, Westport and Dalton Home, Claremorris (Co. Mayo); St. Joseph's Care Centre (Longford); St. Vincent's Hospital, Athlone (Co. Westmeath); St. Oliver Plunkett's Hospital, Dundalk (Co. Louth); St. Mary's Hospital, Castleblaney (Co. Monaghan); Our Lady's Hospital, Cashel (Co. Tipperary); Bantry Community Hospital (Co. Cork).
- St. John's Community Hospital, Sligo – Campus upgrade (phase 1)

**Project Stage – Construction completed in 2015**

**Disability Services**

- Letterkenny, Co. Donegal – Refurbishment and upgrade of existing early learning day and outreach facility (Kilmacrennan Road)

**Services for Older People**

- Refurbishment and upgrade of non-acute residential facilities to achieve HIQA compliance – Mount Carmel Hospital (Dublin); St. Mary's Hospital Castleblaney, (Co. Monaghan); Virginia Healthcare Unit (Co. Cavan); St. Joseph's, Trim (Co. Meath); Schull Community Hospital and Kinsale Community Hospital – phase 1 (Co. Cork).

## Mental Health

**Project Stage – Planning**

- National Forensic Mental Health Unit, Portrane, Co. Dublin – main development
- Sligo Regional Hospital – Acute mental health unit (MHU)
- Portlaoise, Co. Laois – 40 bed residential unit
- Kerry General Hospital – Upgrade of acute MHU – (phase 2 internal reconfiguration)
- Naas General Hospital – Upgrade, reconfiguration and expansion of acute MHU

**Project Stage – Continuation of construction in 2015**

- National Forensic Mental Health Unit, Portrane, Co. Dublin – enabling works contract
- University Hospital Galway – Acute MHU
- Mullingar, Co. Westmeath – Community residential accommodation (3 houses)
- Clonskeagh, Dublin – Development of an acute day hospital in St. Brock's and expansion of inpatient beds
- St. Ita's Hospital, Portrane, Co. Dublin – Stabilisation work to listed building
- University Hospital Limerick – Completion of refurbishment works, Unit 5B, acute inpatient unit
- Loughrea, Co. Galway – Refurbishment of section of St. Brendan's Community Hospital to provide accommodation for the community mental health team
- Ballinasloe, Co. Galway – Reconfiguration of ground floor of admissions building; provision of a high support hostel accommodation
- Woodlands, Goldenbridge, Dublin – Residential unit
- Daneswood House,Glasnevin, Dublin –Residential unit
- Gort Glas, Ennis, Co. Clare – Refurbishment to provide a mental health day centre

**Project Stage – Construction completed in 2015**

- Cherry Orchard, Dublin – 22-bed child and adolescent residential unit (Linn Dara)
- Crumlin, Dublin – Interim primary care centre and community mental health day hospital
- Clonskeagh, Co. Dublin - Réimse outreach centre
- Brú Chaoimhín, Dublin – Refurbishment of Unit 4 to accommodate adult day mental health services
- St. Fintan's, Portlaoise, Co. Laois – Refurbishment of Alvernia House to accommodate child and adolescent mental health unit, primary care centre expansion and other disability service facilities
- Our Lady of Lourdes Hospital, Drogheda, Co. Louth – new acute MHU
- Killarney, Co. Kerry – Combined challenging behaviour and mental health residential unit (40-bed unit)
- Nazareth House, Sligo – Refurbishment to accommodate child and adolescent mental health unit (phase 1)
- St. John's Enniscorthy, Co. Wexford – Crisis housing unit

## National Ambulance Service

**Project Stage – Planning**

- New ambulance station – Sligo
- New ambulance base and rapid response centre – Davitt Road, Dublin
- New ambulance base – Cork city, Limerick and Edenderry

**Project Stage – Continuation of construction in 2015**

- Replacement Ambulance Programme – including ambulances, rapid response vehicles, LEAD/ECT02 defibrillators and maintenance of existing fleet

**Project Stage – Construction completed in 2015**

- Ambulance base – Swords, Co. Dublin

# Acute Hospitals

## Project Stage – Planning

### South / South West Hospital Group

- Cork University Hospital – Paediatric redevelopment (phase 2); inpatient accommodation; blood science project; helipad
- University Hospital Waterford – New replacement mortuary and post mortem facilities, new inpatient block to include replacement inpatient beds and a palliative care unit, upgrade of theatre air handling units
- Kerry General Hospital – Extension and refurbishment of existing pathology laboratory (blood science project)

### RCSI Hospital Group

- Connolly Hospital, Dublin – Upgrade of radiology department (phase 3 and 4)
- Beaumont Hospital, Dublin – Cochlear implant unit; hybrid theatre
- Cavan General Hospital – Inpatient cystic fibrosis unit

### Ireland East Hospital Group

- Midland Regional Hospital, Mullingar – Redevelopment (phase 2b) including replacement ward accommodation and theatre department
- St. Vincent's University Hospital, Dublin – Relocation of the National Maternity Hospital to St. Vincent's University Hospital Campus; provision of an MRI
- Wexford Hospital – Early pregnancy assessment unit
- St. Luke's Hospital, Kilkenny – Provision of MRI

### Dublin Midlands Hospital Group

- Midland Regional Hospital, Portlaoise – Redevelopment to include outpatients department
- Midland Regional Hospital, Tullamore – Extension to Radiology, including MRI
- Naas General Hospital – Endoscopy suite and day procedures unit
- Tallaght Hospital, Dublin – Renal dialysis unit (phase 2); relocation of some OPD services to the Simms building; extension to ICU/HDU
- St. James's Hospital, Dublin – Endoscopy decontamination unit

### Saolta University Healthcare Group

- Sligo Regional Hospital – Redevelopment including CSSD upgrade; neuroscience unit (Mollway House)
- Portiuncla General Hospital, Ballinasloe, Co. Galway – Ward block replacement
- Letterkenny General Hospital, Co. Donegal – Radiation oncology department; coronary care unit; haematology and oncology units

### University of Limerick Hospital Group

- Ennis Hospital, Co. Clare – Redevelopment including fit out of vacated areas in existing building to local minor injuries unit
- University Hospital Limerick – Maternity hospital relocation; blood science project

### National Cancer Control Programme

- CUH – New radiation oncology unit
- St. Luke's Hospital, Rathgar – Expansion of radiation oncology unit
- University Hospital Galway – Radiation oncology unit

## Project Stage – Continuation of construction in 2015

### South / South West Hospital Group

- Cork University Hospital –reconfiguration and extension to paediatric care OPD, including additional isolation facilities
- Mercy University Hospital, Cork – Replacement / upgrade of boiler and heating controls; provision of transitional care unit (Winter Planning initiative)
- South Infirmary University Hospital, Cork – Ophthalmology outpatient department relocation
- Kerry General Hospital – Theatre upgrade; palliative care unit

# Acute Hospitals

**Project Stage – Continuation of construction in 2015**

- University Hospital Waterford– Endoscopy decontamination unit
- South Tipperary General Hospital , Clonmel – Extension of radiology department to accommodate a CT and future MRI; 4-bay extension to ED (Winter Planning Initiative)

**RCSI Hospital Group**

- Beaumont Hospital, Dublin – Renal dialysis unit (44 station unit); upgrade of Rockfield Unit
- Our Lady of Lourdes Hospital, Drogheda – Replacement ward and theatre block
- Louth County Hospital, Dundalk – Transitional care unit (Winter Planning Initiative)

**Ireland East Hospital Group**

- Mater Misericordiae University Hospital, Dublin – Fire safety works, extension to accommodate a molecular laboratory and a warfarin clinic
- Midland Regional Hospital, Mullingar, Co. Westmeath – Emergency department, (phase 2b)

**Dublin Midlands Hospital Group**

- St. James's Hospital , Dublin – Mercer Institute for Successful Ageing (MISA) project; National Children's Hospital development decant projects (relocation of existing hospital services)
- Midland Regional Hospital, Portlaoise, Co. Laois – Provision of an acute medical unit and day procedures unit

**Children's Hospital Group**

- Children's University Hospital, (Temple Street), Dublin – Interim works including ECG room, admissions unit, cochlear implant/ audiology facility, rapid access clinic in ED, endoscopy and radiology upgrade (phased completion)
- Our Lady's Children's Hospital (Crumlin), Dublin – Provision of a catheterisation laboratory and orthopaedic theatre

**Saolta University Healthcare Group**

- Letterkenny General Hospital, Co. Donegal – Restoration and upgrade of underground service duct and services
- Sligo Regional Hospital – Upgrade of building fabric, fire compartmentation works, boiler plant and boiler room
- University Hospital Galway – Clinical ward block (75 beds); Interim emergency ward (additional 25 beds)
- Letterkenny General Hospital, Co. Donegal – Medical education unit including expansion of renal dialysis unit (shell and core)
- Mayo General Hospital, Castlebar – Endoscopy upgrade and expansion

**University of Limerick Hospital Group**

- University Hospital Limerick – Fit out of ED; clinical research and education centre
- Nenagh General Hospital, Co. Tipperary – Ward block replacement
- National Cancer Control Programme
- BreastCheck – Upgrade and replacement of equipment

**Project Stage – Construction completed in 2015**

**South / South West Hospital Group**

- Cork University Hospital – Acute medical assessment unit (phased); provision of a 50-bed decant ward to enable a ward refurbishment programme commence
- University Hospital Waterford – Paediatric isolation facility
- Kerry General Hospital – Endoscopy decontamination unit

**RCSI Hospital Group**

- Beaumont Hospital, Dublin – Renal transplant unit (phase 1); upgrade of St. Damian's ward
- Connolly Hospital, Blanchardstown, Dublin – Upgrade of existing radiology department (phase 1); expansion of urology unit
- Rotunda Hospital, Dublin – Electrical distribution system upgrade; completion of boundary wall; stabilisation works and mortuary upgrade

## Acute Hospitals

**Ireland East Hospital Group**

- St. Luke's Hospital, Kilkenny – Construction of new ED, medical assessment unit (MAU), day service including endoscopy and medical education unit
- Cappagh National Orthopaedic Hospital, Dublin – Recovery unit to serve the theatre department (phase 1)
- Wexford General Hospital – Fire alarm upgrade and fire safety works
- St. Vincent's University Hospital, Dublin – Provision of 22 additional beds (Winter Planning Initiative)
- St. Columcille's Hospital, Loughlinstown, Dublin – Provision of 13 additional beds (Winter Planning Initiative)
- Cappagh National Orthopaedic Hospital, Dublin – Provision of 10 additional beds (Winter Planning Initiative)

**Dublin Midlands Hospital Group**

- Tallaght Hospital, Dublin – Reconfiguration, upgrade and extension to the adult and paediatric emergency department; provision of 27 additional beds (Winter planning initiative)

**Saolta University Healthcare Group**

- Letterkenny General Hospital, Co. Donegal – Restoration and upgrade of laboratory and catering departments (flood damage, 2013)
- University Hospital Galway – Upgrade of maternity unit
- Merlin Park University Hospital, Galway – Upgrade of orthopaedic theatre air handling units and theatre plant (including new plant room)
- Roscommon Hospital – Endoscopy suite
- Sligo Regional Hospital – New medical education centre; redevelopment enabling works

**University of Limerick Hospital Group**

- University Hospital Limerick – Equipping and handover of Leben building; final fit out of underground car park
- St. John's Hospital, Limerick – Provision of a specialist geriatric unit (Winter Planning Initiative)

# **Appendix 5:** Annual Energy Efficiency Report

## Introduction

In response to the Energy Efficiency Directive (EED), (2012/27/EU), Ireland's National Energy Efficiency Action Plan 2009-2020 sets out several obligations on public bodies to lead the way in relation to energy efficiency including a 33% annual energy efficiency target to be achieved by Irish public bodies by 2020.

The National Health Sustainability Office (NHSO), Health Business Services (HBS) reports annually on behalf of the HSE to the Sustainable Energy Authority of Ireland (SEAI), excluding the voluntary hospitals. In April, the SEAI published its first Annual Report on Public Sector Energy Efficiency Performance, one of the first reports of its kind internationally and set in the context of Ireland's EU and national commitments and wider climate change goals.

## Overview of Energy Usage in 2015

The NHSO is fully compliant with the requirements of SI 426 and has verified all HSE meter points for 2015. This data is currently being validated by the SEAI and it is anticipated that this verified energy consumption data will be available from the SEAI in mid 2016.

The overview below is an estimate of Energy Usage in 2015 and the actual usage, when issued by SEAI, will be made available at *www.hse.ie/sustainability*.

- 224,961 MWh of electricity;
- 611,973 MWh of fossil fuels;
- 692 MWh of renewable fuels.

## Actions undertaken in 2015

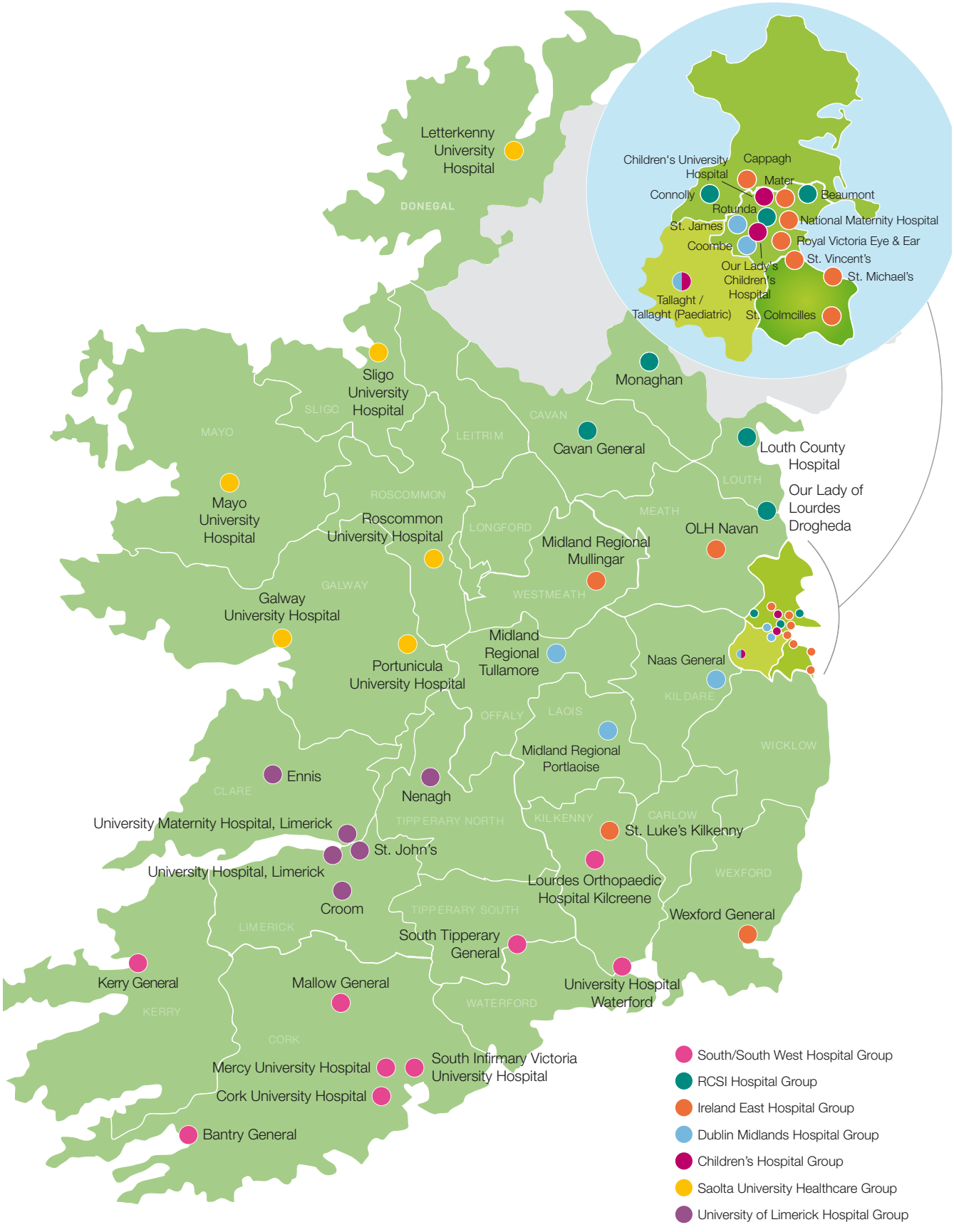
- A staff energy awareness campaign 'Optimising Power at Work' was introduced in partnership with the Office of Public Works (OPW).
- A number of competitions, for the supply of energy to the HSE and other funded organisations, were completed in partnership with HBS Procurement and the Office of Government Procurement. Each energy type will now be supplied by a single supplier which will allow for economy of scale and better capacity to monitor and report on the HSE's energy use.
- Development of Sustainability Management Concession Contract is continuing to provide a model for Energy Performance Contracting in the health sector.
- Participated in Climate KIC (Knowledge and Information Communities), Europe's largest initiative to support climate change, through a knowledge exchange with the NHS, Birmingham in relation to the implementation of energy performance contracting in the United Kingdom health service.
- As part of the development of the National Register of Opportunities, a phased process for the development of sustainability and energy projects was introduced; this is tailored to the HSE's organisational structure while still allowing access to SEAI grant aid.
- Energy efficient design reviews were incorporated into the scope of works for design team services, a methodology that assists organisations to design, construct and manage projects to achieve minimum energy consumption.
- As part of the NHSO communication strategy quarterly NHSO newsletters issued and the website *(www.hse.ie/sustainability)* was updated to increase staff awareness.
- Training was provided to 19 staff members from HBS Estates and acute hospitals to become certified energy managers in conjunction with SEAI.
- An environmental symposium 'Sustainable Healthcare - A Continual Journey' was hosted by Cork University Hospital in September.

## Actions planned for 2016

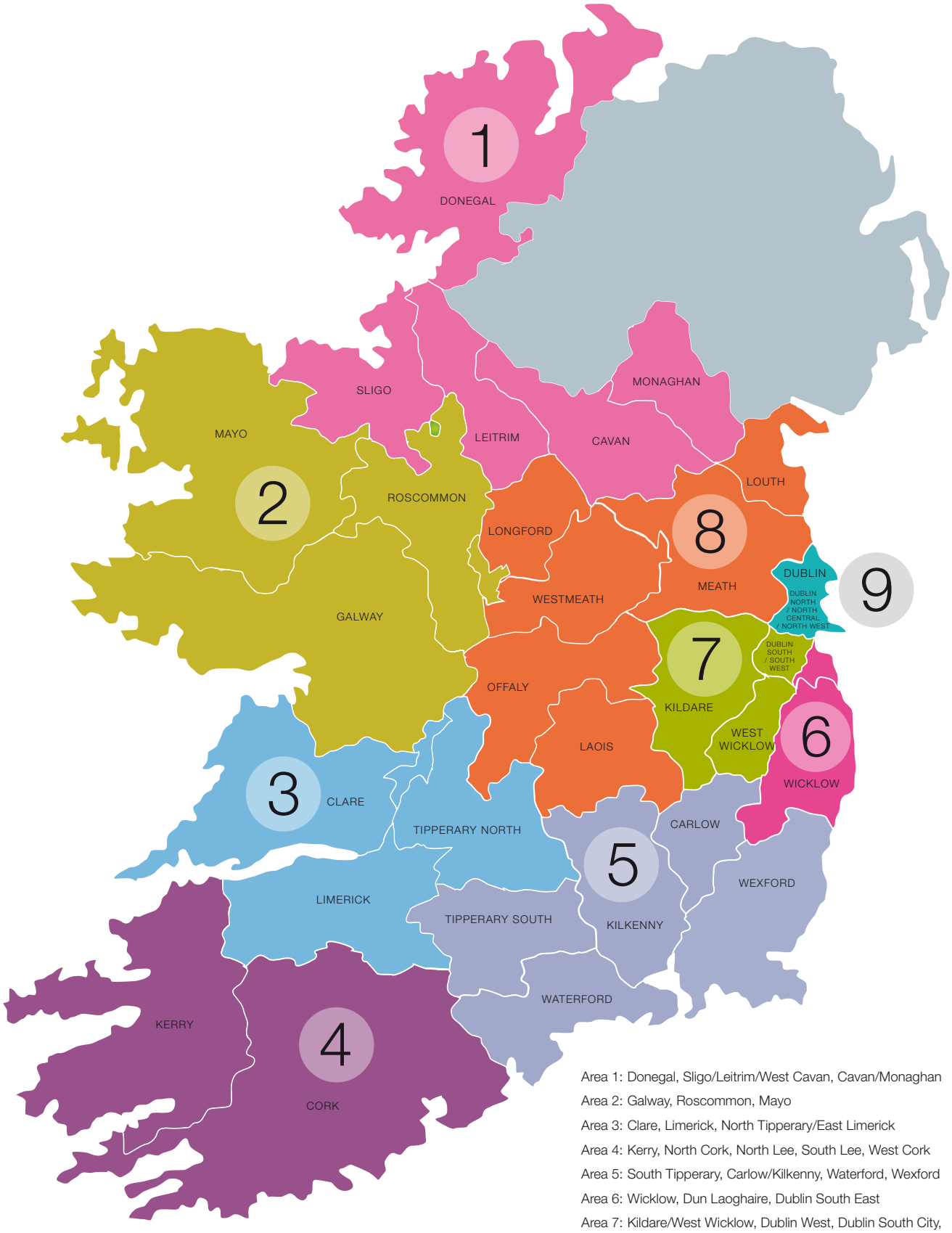
The HSE, through the NHSO, will:

- Publish the Health Services Sustainability Strategy 2016 – 2020
- Roll out Phase 2 of the 'Optimising Power at Work' staff energy awareness campaign
- Continue to install metering and commence monitoring of energy use in large healthcare facilities participating in the 'Optimising Power at Work' programme
- Engage with the four new energy suppliers to agree on the development of, monitoring and reporting systems, energy usage and cost analysis and best tariff for sites
- Introduce a targeted environmental management system to suitable healthcare sites
- Continue the development of the Sustainability Management Concession Contract and Corporate Sustainability Management Services
- Establish a CHO sustainability group and expand liaison with acute hospital sustainability representatives, health and wellbeing and estates sustainability groups
- Support regional sustainability seminars
- Utilise digital media and internal communications networks to promote awareness and continue the development of the NHSO microsite
- Strengthen collaborations for cross sectoral working with stakeholders and EU health care organisations.

# **Appendix 6:** Acute Hospitals



# **Appendix 7:** Community Healthcare Organisations




Area 1: Donegal, Sligo/Leitrim/West Cavan, Cavan/Monaghan

Area 2: Galway, Roscommon, Mayo

Area 3: Clare, Limerick, North Tipperary/East Limerick

Area 4: Kerry, North Cork, North Lee, South Lee, West Cork

Area 5: South Tipperary, Carlow/Kilkenny, Waterford, Wexford

Area 6: Wicklow, Dun Laoghaire, Dublin South East

Area 7: Kildare/West Wicklow, Dublin West, Dublin South City, Dublin South West

Area 8: Laois/Offaly, Longford/Westmeath, Louth, Meath

Area 9: Dublin North, Dublin North Central, Dublin North West

# Financial Governance

# Operating and Financial Review (OFR) 2015

## Introduction

As noted in the Director General's Statement, health and social care services in Ireland are impacted by the general socio and economic issues faced by the country as a whole. 2015 has been both a challenging and ultimately rewarding year as we worked towards the goals of a Healthier Ireland and the provision of high quality services while continuing to implement necessary changes to our structures.

The key elements of the HSE's 2015 financial performance are summarised below. In order to interpret these results it is important to also consider the strategic and environmental context within which the HSE operated HSE during the year.

## Strategic and Environmental Context

Like many other developed countries the environment in which the HSE operates is influenced by many of the following characteristics:

- An ongoing requirement to focus on driving and demonstrating greater value from the existing resources entrusted to the health services while also demonstrating greater probity through sustainable improvements to the system of internal financial controls
- A Population which is thankfully living longer which brings a requirement to cater for the needs of a growing number of people with chronic diseases including dementia and also those with a mobility impairment
- Significant service demand pressures driven by lifestyle factors including obesity, smoking and alcohol consumption
- A welcome and increasing focus on the need for higher standards in terms of the safety, quality and compassion with which services are delivered
- Higher expectations from patients and other services users coupled with an increase in awareness and understanding of issues relating to their own health and wellbeing
- A generally positive view expressed by service users around their experience of the service
- A series of high profile cases of serious service failings which require urgent and sustained attention
- A growing need and opportunity to shift care models progressively towards improving, promoting and maintaining health and wellbeing, self-care and care in the community (primary care and social care) so that the scarce and relatively expensive resource that is specialist secondary and tertiary care provided in Acute Hospitals can be delivered on a more efficient and sustainable basis
- Greater and necessary regulation of the health and social care system which while welcome has an impact on resource, service and cost
- A constant health technology driven growth in costs which coupled with the demographic and other factors already identified typically overtake any efforts at cost reduction or containment. Efforts at cost saving need to continue in a more targeted and sustainable form in order to drive value and support the investment case in health and social care
- Significant progress has been made in recent years in ensuring the involvement of senior clinicians in the design of new models of care and occupying leadership roles in our local hospital and community services.

The delivery system through which services are provided to the public is in the middle of a process of major change with the establishment of Hospital Groups and more recently Community Health Care Organisations. In the case of both there is significant work required to bed down these new structures and build up the management capacity within them. It is well established that such large scale change processes, even if well managed and fully implemented in a timely fashion, increase control and governance risks for a period of time. Significant focus is required to properly manage and mitigate these risks.

The Acute Hospital sector, is typically the area of greatest financial challenge in any healthcare system and Ireland is consistent with other jurisdictions in this respect. The ongoing uncertainty around the pathway and timescale to the appointment of boards with legal authority after the creation of the initial 2 hospital groups, is a significant risk. This coupled with the challenges and delays in recruiting suitably qualified Group Chief Executive Officers and their senior teams is a factor that requires continued and enhanced management attention into the future.

## Financial and Operational Summary

The HSE is tasked with the delivery of health and social care services within the budget notified by the Department of Health. The HSE received a Net Revenue Grant for 2015 of €12.170 billion before supplementary funding of €642m i.e. a total of €12.812 billion. (2014: €11.843 billion and supplementary of €680m). There is a reported deficit of €7.9m or 0.06% post supplementary.

Table 5 provides an analysis of 2015 Spend per division compared to 2014 spend and 2016 budget. The 2014 and 2015 spend figures per division in table 5 are shown net of income which is more appropriate in determining performance whereas the divisional figures in AFS 2015 are shown gross.

The full net cost of providing services in 2015 was €12,820m which indicates a 2015 net expenditure variance of approximately €650m after account is taken of additional expenditure incurred on new initiatives approved during 2015 (e.g. Delayed Discharges, Waiting Lists, ED/Winter Plan). The most significant components of the €650m variance include:

- **€308m (47%)** – relates to the over run in 2015 on pensions (€55m) and other demand-led areas (PCRS €125m, State Claims Agency €109m and Local Demand Schemes €19m)
- **€50m (8%)** – relates to historic accelerated cash collection target– managed as per NSP 2015
- **€91m (14%)** – relates to additional expenditure incurred on **new initiatives approved during 2015** (i.e. approved post the adoption of NSP 2016).These included Delayed Discharges €53m, Waiting Lists €28m and ED/Winter Plan €10m
- **€201m (31%)** – relates to over runs on areas that are performance managed by the HSE net of underspends on a number of areas. The main overruns were in acute hospitals €200m and social care – disabilities €48m (regulatory impact primarily resulting from operation of HIQA registration / inspection process around new intellectual disability residential service regulations) with small offsets in other areas.

## Table 5

| | 2014 Spend | 2015 Spend | 2016 Budget | 2015 vs 2014 | 2015 vs 2014 | 2015 vs 2016 budget | 2015 Budget Pre Supple-mentary | 2015 Variance Pre Supple-mentary | 2015 Variance Post Supple-mentary |
|---|---|---|---|---|---|---|---|---|---|
| | €ms | €ms | €ms | €ms | % | % | €ms | €ms | €ms |
| Acute Hospitals | 4,052.5 | 4,225.6 | 4,137.4 | (173.1) | -4.3% | 2.1% | 4,025.8 | (200) | (12.9) |
| National Ambulance Service | 137.8 | 145.5 | 151.4 | (7.7) | -5.6% | -4.0% | 144.1 | (1) | (1.4) |
| Health & Wellbeing | 182.7 | 179.1 | 206.6 | 3.7 | 2.0% | -15.4% | 192.4 | 13 | 13.3 |
| Primary Care | 933.9 | 954.7 | 969.9 | (20.9) | -2.2% | -1.6% | 955.4 | 1 | 3.1 |
| Mental Health | 737.0 | 780.3 | 795.2 | (43.3) | -5.9% | -1.9% | 787.4 | 7 | 7.1 |
| Social Care | 2,949.8 | 3,121.1 | 3,182.7 | (171.4) | -5.8% | -2.0% | 3,011.3 | (110) | (3.9) |
| Other National Divisions/Services | 313.5 | 317.1 | 369.4 | (3.6) | -1.1% | -16.5% | 319.4 | 2 | 4.9 |
| **Operational Service Areas** | **9,307.3** | **9,723.5** | **9,812.7** | **(416.2)** | **-4.5%** | **-0.9%** | **9,435.8** | **(288)** | **10.3** |
| Pensions | 219.6 | 247.6 | 321.9 | (27.9) | -12.7% | -30.0% | 192.2 | (55) | (3.4) |
| Demand Led Areas | 2,619.0 | 2,848.8 | 2,796.9 | (229.8) | -8.8% | 1.8% | 2,591.9 | (257) | (14.9) |
| Accelerated Income | - | - | - | 0.0 | | | (50.0) | (50) | - |
| **Pensions & Demand Led Areas** | **2,838.6** | **3,096.4** | **3,118.8** | **(257.8)** | **-9.1%** | **-0.7%** | **2,734.0** | **(362)** | **(18.2)** |
| **Divisional Totals nett of Income** | **12,145.9** | **12,819.9** | **12,931.4** | **(674.0)** | **-5.5%** | **-0.9%** | **12,169.9** | **(650)** | **(7.9)** |
| **Income Adjustment*** | **1,074.2** | **1,075.0** | | **(0.7)** | **-0.1%** | | | | |
| **Total Expenditure per AFS** | **13,220.2** | **13,894.9** | **12,931.4** | **(674.7)** | **-5.1%** | **n/a** | **n/a** | **n/a** | **(7.9)** |

* All 2015 Spend data is taken from the December 2015 Performance Report (PR). The Service Plan (budget) and Outturn per the Performance report is shown as net of income.

In the Annual Financial Statements (AFS) all expenditure is shown gross and income is reported seperately.

The 2016 Budgetary information is contained in the published version of the February 2016 PR.

## Table 6

| Division | AFS 2015 | AFS 2014 | Mgmt Ac 2015 | Mgmt Ac 2014 |
|---|---|---|---|---|
| | €'000 | €'000 | €'000 | €'000 |
| Acute Hospitals | 5,395,934 | 5,225,293 | 4,371,176 | 4,190,366 |
| Health & Wellbeing | 185,366 | 190,125 | 179,058 | 182,739 |
| Primary Care | 3,612,890 | 3,416,804 | 954,724 | 933,868 |
| Mental Health | 762,155 | 715,870 | 780,294 | 737,022 |
| Social Care | 2,780,619 | 2,633,647 | 3,121,139 | 2,949,788 |
| Other National Divisions/Services | 1,157,888 | 1,038,409 | 317,128 | 313,544 |
| Pensions | | | 247,563 | 219,623 |
| Demand Led Areas | - | - | 2,848,801 | 2,618,968 |
| Income Adjustment | | | 1,074,968 | 1,074,229 |
| **Total Expenditure** | **13,894,852** | **13,220,148** | **13,894,851** | **13,220,148** |

AFS: Annual Financial Statements / Mgmt Ac: Management Accounts

The full cost of providing services in 2015 was €12,820m which includes elements of expenditure that are not expected to recur in 2016, the most significant of which is in respect of waiting list initiatives. If we adjust for these amounts the 2015 cost of ongoing services is estimated to be in the region of €12,750m. The total funding available for existing services within the 2016 allocation is €12,890m. This represents an increase of €120m, (0.9%) above the adjusted cost base in 2015, within which significant inflationary pressures will require to be managed.

Table 6 provides further analysis by presenting a comparison of Divisional Performance as per the Annual Financial Statements (gross) versus the Management Accounts (net) reporting basis.

The key differences between the presentations of the results between the different reporting basis are noted as follows:

- PCRS results are included in 'Primary Care' in the AFS and in 'Demand Led Areas' in Management Accounts
- Expenditure in relation to the State Claims Agency is included within 'Other National Divisions/Service' in the AFS and classified within 'Demand Led Areas' in Management Accounts
- All HSE income, for example patient income is shown separately in the Statement of Revenue Income and Expenditure in the AFS (i.e. gross basis) and is included on a net basis in Management Accounts.

## Core Operational Service Areas

### Acute Hospitals

Deficit before supplementary €200m. Deficit after supplementary €12.9m.

The acute Hospital system was projected to be approximately €187m in deficit by the end of 2015 representing a year on year growth in cost of 4.3%. This represented a core deficit of €149m plus €28m and €10m of approved additional expenditure on waiting lists and winter planning respectively. The deficit position after supplementary estimate is €12.9m which represents cost growth beyond the anticipated levels of 0.3% of total acute budget. In 2015, the biggest single increase in spend has occurred in basic pay of €88m. It represents a 3.7% increase on 2014. This has been partially offset by a decrease in acute agency spend of €23m or 10.1%. Clinical non-pay costs have increased by €82m, or 8% year on year. The main growth drivers within clinical non-pay have been drugs & medicines i.e. €43m (12.7%) and medical & surgical supplies i.e. €22m (6.5%).

### Total Social Care Services (Made up of Older Persons Services including "Fair Deal" and Disability Services)

Deficit before supplementary €110m. Deficit after supplementary €3.9m

Social Care was projected to be approximately €106m in deficit by the end of 2015 representing a year on year growth in cost of 5.8%. The final deficit before supplementary funding includes €59m approved additional expenditure on delayed discharge initiatives in Older Persons Services and the Nursing Home Support Scheme (NHSS). Key cost pressures and financial risks during 2015 included significant pay cost pressures in respect of overnight residential staff. Additionally, environmental factors were also an ongoing issue with deployment of staff driving agency costs. Allied to this were significant staffing and capital / once-off pressures, arising from the enhanced regulatory focus on disability residential services, which will require a significant multiannual investment programme over the coming years.

### Older Persons (part of Social Care Services)

Deficit before supplementary €34.5m. Surplus after supplementary (€0.5m)

Services for Older Persons returned a small surplus of €474,000 after supplementary allocation of €35m. A total of €30m was allocated from supplementary funding for the provision of initiatives to reduce delayed discharge of patients from the acute hospital system. This initiative successfully reduced delayed discharges to historically low levels and provided good value for money for the HSE. The remaining €5m was apportioned between increased levels of Home Help and Homecare packages and higher than budgeted pay costs in Residential Care Units pending finalisation of agreed appropriate skill mix through union engagement.

### Nursing Home Support Scheme (NHSS), 'a Fair Deal' (part of Social Care Services)

Deficit before supplementary €23.6m. Deficit after supplementary €0.6m

The Fair Deal scheme returned a small deficit of €0.6m after supplementary funding of €23m. In order to address the difficulties experienced in emergency departments and fair deal waiting times in the early part of the year, a commitment of additional funding was made in 2015. The deficit prior to supplementary funding in the NHSS is inclusive of the €23m in expenditure incurred against this commitment.

### Disability Services (part of Social Care Services)

Deficit before supplementary €51.7m. Deficit after supplementary €3.7m

This funding was to provide for costs arising as a result of the roll out of the HIQA registration process. A number of high profile HIQA inspections were unforeseen and not provided for in the 2015 full year forecast. This unforeseen expenditure amounted to €5m.This additional expenditure was to ensure HIQA compliance for certain agencies and this expenditure was accommodated within the €48m supplementary allocation. The higher than forecast year end position arises due to an unsanctioned escalation in expenditure in a number of Section 38 Organisations. Significant engagement has commenced through the relevant Chief Officers with these Organisations to ensure they manage within their notified allocation for 2016.

## Demand-Led Areas

These areas due to their technical or statutory nature are not generally amenable to management action and are therefore not indicative of performance deficits. Demand Led Areas excluding Pensions showed year on year cost growth of 8.6% with PCRS and the State Claims Agency representing 64% and 36% of this increase respectively.

### State Claims Agency (SCA) Cost of Historic Claims

Deficit before supplementary €109m. Deficit after supplementary €16m

The overrun in respect of these claims reflects the fact that the budget available to the HSE for these costs (€96m) has not increased in recent years albeit the SCA has outlined its predictions in relation to cost growth. Precise cost prediction in this area has proven to be extremely challenging and deficits in recent years have been met each year by way of supplementary funding at year end.

## Primary Care Reimbursement Service

Deficit before supplementary €125m. Surplus after supplementary €4m

The PCRS is primarily a demand-driven service. A deficit position had been projected in the region of €145m early in 2015 with a final outturn achieved being €20m less than anticipated. The PCRS final deficit included a savings target of €40m for IPHA/ AMPI price savings where only was €2.8m saved in this area due to a dependency on a new agreement being negotiated in 2015.

## Local Demand Led Schemes (including overseas treatment)

Deficit before supplementary €23m. Deficit after supplementary €3m

Local Demand Led Schemes had a final deficit of €23m, €3m more than had been anticipated by the Primary Care Division. It is typically difficult to estimate demand growth in this area. The main expenditure drivers within Local Schemes are hardship medicine and drug refund schemes which represent almost 100% of the deficit pre supplementary funding.

## Pensions

Deficit before supplementary €55m. Deficit after supplementary €3m

The HSE projected a 2015 deficit of €52m in pensions based on expected retirements in year. The scale and number of retirements in any financial period is difficult to predict with certainty.

## Cost Growth versus Activity Growth

A sample of activity volume related metrics per main service area is shown below to provide a sense of the extent to which cost (see table 7) and volume of activity growth between 2014 and 2015 may be correlated. The link between cost and activity should be viewed as illustrative only given the high level nature of the comparisons.

**Table 7**

| Service Area / Metric | 2014 Actual Activity | 2015 Actual Activity | 2016 Target / Expected Activity | 2015 Activity Growth / (Reduction) compared to 2014 | 2016 Target / Expected Activity Growth / (Reduction) compared to 2015 |
|---|---|---|---|---|---|
| Acute Hospitals - Bed Days Used | 3,566,414 | 3,591,588 | N/A | 0.7% | N/A |
| Acute Hospitals - All Emergency Presentations | 1,272,156 | 1,293,140 | 1,292,483 | 1.6% | -0.1% |
| Acute Hospitals - Inpatient Cases | 592,878 | 644,990 | 640,140 | 8.8% | -0.8% |
| Acute Hospitals - Day Cases | 984,739 | 878,821 | 851,831 | -10.8% | -3.1% |
| Acute Hospitals - Outpatient Attendances (OPD) | 3,206,056 | 3,297,475 | 3,242,424 | 2.9% | -1.7% |
| National Ambulance Service - Total Emergency Calls | 293,095 | 303,502 | | 3.6% | -100.0% |
| Health & Wellbeing - Cervical Checks / Smear tests | 266,801 | 249,982 | 255,000 | -6.3% | 2.0% |
| Health & Wellbeing - no of children agred 24 months who have received the 6 in 1 vaccine over the period 2013 to 2105 | 68,583 | 66,084 | | -3.6% | -100.0% |
| Primary Care - No. of patient referrals: Physiotherapy, Occupational Therapy, Speech & Language | 318,905 | 328,383 | | 3.0% | -100.0% |
| Social Care - No. of NHSS beds in public log stay units | 5,290 | 5,222 | 5,255 | -1.3% | 0.6% |
| Social Care - No. of home help hours provided for all care groups (Excluding HCPs) | 10,298,481 | 10,400,000 | 10,400,000 | 1.0% | 0.0% |
| Social Care - Total no. of persons in recopit of HCPs | 13,199 | 15,272 | 15,450 | 15.7% | 1.2% |
| Mental Health - No. of referrals accepted by: General Adult, Psychiatry of Old Age Community Mental Health Teams & Adolecent Mental Health Services | 62,337 | 66,906 | 71,394 | 7.3% | 6.7% |
| Mental Health - No. of admissions to adult acute inpatient units | 12,880 | 13,096 | 12,726 | 1.7% | -2.8% |
| PCRS - No. of GP Visit / Medical card as at year end 31st Dec | 1,928,276 | 2,166,159 | | 12.3% | -100.0% |
| PCRS - GMS Prescriptions | 19,144,298 | 19,005,385 | | -0.7% | -100.0% |
| PCRS - GMS Items | 58,831,655 | 57,727,106 | | -1.9% | -100.0% |

# Highlights and Achievements

Some of the key achievements by Division from 2015 include the following:

## Health & Wellbeing

The first round of BowelScreen screening was completed at the end of Q4, with a total of 223,487 eligible persons aged 60-69 invited to participate in 2015. The 2015 phase of the Breastcheck Age extension (to women aged 65 – 69) was completed with 1,000 women invited and 500 screened, achieving the target set out in the National Service Plan 2015.

## Mental Health

During 2015, arising from a focused Child and Adolescent Mental Health Service (CAMHS) improvement initiative, the number of young people waiting over 12 months to be seen by community teams has reduced by over 60% from 459 waiting (March 2015) to 177 (December 2015). In addition, the availability of inpatient CAMHS beds has been increased by over 20% nationally during 2015.

## Primary Care

A diabetes cycle of care for GMS patients (medical card and GP visit card holders) with Type 2 Diabetes nationally has been introduced. Registration of patients commenced in September 2015 and the cycle of care itself commenced with effect from 1st October, 2015. At the end of 2015 approximately 62,000 adult GMS patients with Type 2 Diabetes were registered under the Cycle of Care.

Asthma care for children under 6 years of age has also been introduced.

## Social Care

2015 saw the 65-bed Mount Carmel Community Hospital officially opened, providing the Dublin area with a public dedicated community hospital, greatly enhancing the provision of services for older people. It provides transitional care and short stay support beds along with access to health and social care professionals e.g. physiotherapy, occupational therapy and speech and language therapy. There is a full time medical officer on site supported by consultant geriatricians providing sessions to the hospital. Mount Carmel's services were extended to all acute hospitals in Dublin as part of the winter planning process in 2015 and the beds are now supporting the six major acute hospitals in Dublin and the National Rehabilitation Hospital.

## National Ambulance Service

The last three control centres, often, were consolidated in 2015 into the single national emergency operations centre. Other sites were completed during 2013 and 2014. This involved a total investment in the order of €25m and includes a new national training centre alongside the national emergency operations centre at Tallaght. This allows visibility and rapid deployment of the full HSE ambulance fleet and a single link to our colleagues in Dublin Fire Brigade who provide ambulance services for part of the Dublin area.

## Acute Hospitals division supported by our clinical programmes

As part of our efforts to tackle healthcare acquired infection improving hand hygiene is a key component of our strategy. The Hand Hygiene compliance rate continued to be encouraging with a compliance rate of 88% compared to a target of 90%. Four of the seven hospital groups are meeting or exceeding the target in terms of their group average.

In 2015 approximately 12% of patients with acute stroke received thrombolysis compared to a target of 9% and a 2014 rate of 11.8%.

# Our Staff

The 2015 absence rate for the Health Services was 4.21%, down from the 2014 rate of 4.27%, and is the lowest on record since annual reporting on a health sector-wide basis commenced in 2008. The 2015 absence rate represents a 27% reduction from the rate recorded in 2008. It puts the Health Services generally in-line with the rates reported by ISME for large organisations in the private sector and available information for other large public sector organisations both in Ireland and internationally. The latest available annual absence rate for NHS England was an overall rate of 4.42%, an increase from the previous year of 4.18%, while for Scotland's NHS, the absence rate was 4.76% and in Wales, the rate was 5.5%

# ICT

The Office of the Chief Information Officer (OoCIO) published the Knowledge and Information Plan (the HSE ICT Strategy) in May 2015. The strategy outlines a 10 year roadmap for information technology for the organisation. During the year the OoCIO transitioned from local IT functional teams to a single national strategic office with the capability to deliver large scale programmes. A number of important programmes are currently being delivered which include Medlis (National Lab Solution), NIMIS (National PACS solution), NCMS (New Born and Maternal System). In addition the eReferral project which electronic facilities a referral from General Practitioners to Hospitals was successfully implemented in 50% of hospitals. The Office of the Chief Information Officer (OoCIO), completed the upgrade to Windows 7 from XP. Over 26,000 devices were either replaced or upgraded during the lifetime of the programme; today the HSE has over 45,000 devices which are Windows 7 compliant. All OoCIO projects and programmes are approved by the Government Chief Information Officer.

# Finance Reform

Significant progress was made on securing the necessary approvals to improve the HSE's outdated and not fit for purpose financial and procurement systems:

- **Stabilisation** – OGCIO approval was received for the interim replacement of the finance systems in the former mid-west as the first phase of our stabilisation programme which is expected to be complete during Q4 2016
- **Lot 1 IFMS** – The HSE's approach to procuring a new long term national software platform received the formal support of the OGCIO. It is expected that the new platform will be identified by the end of 2016
- **Finance Business Intelligence** – The internal HSE governance process was successfully completed for the proposed upgrading of the HSE's outdated corporate reporting solution which is used to consolidate data for national and regional reporting from our many legacy systems. The new interim corporate reporting solution is expected to be fully implemented and have replaced a number of national and regional solutions by mid-2017.

## Governance and Funding

The HSE introduced a new accountability framework in 2015 that was approved within the National Service Plan and sets out a structured approach to performance oversight including appropriate escalations leading to interventions, support and where appropriate sanction. The operation of the accountability framework in its first year was reviewed by an independent external expert late in 2015 with recommendations for improvement identified which are being implemented in 2016.

Significant progress was made during 2015 on the implementation of Activity Based Funding (ABF) within the acute hospital sector. This work culminated in the 2016 budgets being moved from the traditional "block budget with incremental adjustments" to an activity based budget for the first time.

**Table 8**

| OECD Health & Risk Status Indicators | Irelands Ranking (out of 34) |
|---|---|
| Life Expectancy at Birth – Men | 15 |
| Life Expectancy at Birth – Women | 23 |
| Life Expectancy at 65 – Men | 19 |
| Life Expectancy at 65 – Women | 24 |
| Mortality for cardiovascular disease | 21 |
| Smoking in Adults | 16 |
| Alcohol Consumption | 26 |
| Obesity in Adults | 24 |
| Obesity in Children | 11 |
| **Quality of Care Indicators** | **Irelands Ranking (out of 34)** |
| Asthma & Pulmonary Disease hospital admission | 32 |
| Diabetes hospital admission | 16 |
| Case fatality for AMI | 8 |
| Case fatality for Ischemic stroke | 24 |
| Cervical Cancer Survival Rate | 20 |
| Breast Cancer Survival Rate | 20 |
| Colorectal Cancer Survival Rate | 19 |
| **Health Care Resources Indicators** | **Irelands Ranking (out of 34)** |
| Health Expenditure per capita | 16 |
| Doctors per capita | 25 |
| Nurses per capita | 7 |
| Hospital beds per capita | 26 |
| MRI units per capita | 13 |
| CT Scanners per capita | 17 |

| Top one third | Middle one third | Bottom one third |
|---|---|---|

## International benchmarks

The OECD series "Health at a Glance" and specifically its 2015 edition published in November 2015 provides an interesting insight as to how Ireland compares in terms of some specific health and risk factors against the 34 participant countries (28 EU member states and 6 non EU Countries)

It is important to consider the acknowledged data limitations set out by the OECD in the document however notwithstanding these it is a valuable source of international benchmark material.

## Looking to 2016 and Beyond

The HSE published its Corporate Plan for 2015-2017 during the year. This plan provides the framework which will help us to focus on our stated vision of "A Healthier Ireland with a high quality health service valued by all". Underpinning this plan are our core values of Care, Compassion, Trust and Learning.

Some of the key issues that will need to be considered in the implementation of the Corporate Plan and beyond can be summarised as below:

- Maintaining our focus on improving the safety and quality of the services we deliver including the compassion with which we deliver them
- Prioritising the design and implementation of integrated models of care starting with care for the frail elderly
- Reviewing our operational capacity to support quality and access for both emergency and planned acute care and the requirement to assess this capacity in a holistic way from home care capacity, non acute short stay / transitional bed capacity, long term care capacity to acute bed capacity
- Implementing our people strategy
- Moving to a shared / societal consensus as to how the cost of and value delivered by the Irish Health Service compares, on a proper like for like basis, with reasonable international benchmarks. This is seen as a key foundation to what needs to be a 15-20 year plan for investment in healthcare which is predicated on agreed actions to address poor value where this is evidenced and a funding model for healthcare linked to the economic cycle of the country
- Focus on ICT, data governance and information governance
- The need to fully implement the Community Healthcare Organisation and Hospital Group Structures and also to work on clarifying and resourcing the role expected of these providers and therefore changing the current role of the corporate centre of today's HSE. The guiding principle is one of earned autonomy for our providers subject to compliance with national frameworks. National frameworks include the use of single systems such as the proposed single Electronic Health Record (EHR), the single national financial, procurement and HR / payroll systems that are being developed, national shared services and the ready availability to both providers and funders of trusted and timely single source data
- Continued improvements in financial controls, probity and regularity as a core part of driving and demonstrating value
- Implementation of the finance reform programme so that we have the financial people, processes and technology necessary to support our services to secure the maximum appropriate investment in health and social care through demonstrating value and probity around the use of our existing resources.

# Directorate Members' Report

## Directorate

Following the enactment of the *Health Service Executive (Governance) Act* on 25 July 2013, the HSE Directorate was established as the governing body of the HSE.

The Directorate has collective responsibility as the governing authority for the HSE and the authority to perform the HSE's functions. The Directorate is accountable to the Minister for the performance of the HSE's functions and its own functions as the governing authority of the HSE. In practice, the Directorate delegates to the Director General all the functions of the HSE, except for the specific functions it reserves to itself.

The Director General was the Accounting Officer for the HSE up until 31 December 2014. The Vote of the HSE was disestablished on 1 January 2015, in accordance with the provisions of the *Health Service Executive (Financial Matters) Act, 2014* and the Vote transferred to the Department of Health. The legislation provides that the Director General is accountable to the Committee of Public Accounts in respect of the HSE's annual financial statements and any other reports made by the Comptroller and Auditor General.

The Director General as the Chairman of the Directorate accounts on behalf of the Directorate to the Minister. This creates a direct line of accountability for the Directorate to the Minister.

*The Health Service Executive (Governance) Act 2013* allows the Minister for Health to issue directions to the HSE on the implementation of Ministerial and government policies and objectives and to determine priorities to which the HSE must have regard in preparing its service plan. The HSE must comply with directives issued by the Minister for Health under the Acts.

### Meetings

In accordance with Part 3(A) of the *Health Act 2004* (as inserted by Section 16(K) of the *Health Service Executive (Governance) Act, 2013*), the Directorate is required to hold no fewer than one meeting in each of 11 months of the year. In 2015, the Directorate met on 21 occasions, holding 11 monthly Directorate meetings and 10 additional meetings. The attendance at Directorate meetings is recorded in Table 9.

## Committees

The *Health Service Executive (Governance) Act 2013* provides that 'the Director General shall establish an audit committee to perform the functions specified in section 40(l)' and sets out the duties of the Committee. The legislation also provides for the establishment by the Directorate of such other Committees it considers necessary for the purposes of providing assistance and advice to it in relation to the performance of its functions. The Directorate determines the membership and terms of reference for each of these committees.

### Audit Committee

The Audit Committee is appointed by the Directorate. It acts in an advisory capacity and has no executive function. The Committee's duties, as set out in the legislation, are to advise each of the Directorate and the Director General of the HSE on financial matters relating to their functions, including advising them on the following matters:

a) The proper implementation by the HSE of government guidelines on financial issues

**Table 9: Attendance at Directorate meetings**

| | HSE Directorate monthly meetings | | HSE Directorate additional meetings | |
|---|---|---|---|---|
| **Member** | **Total number of meetings** | **Total attended** | **Total number of meetings** | **Total attended** |
| T. O'Brien | 11 | 11 | 10 | 10 |
| L. McGuinness[1] | 11 | 10 | 10 | 9 |
| P. Healy | 11 | 11 | 10 | 9 |
| J. Hennessy | 11 | 11 | 10 | 10 |
| S. Mulvany | 11 | 9 | 10 | 10 |
| S. O'Keeffe | 11 | 9 | 10 | 7 |
| A. O'Connor | 11 | 9 | 10 | 9 |
| T. O'Connell[2] | 1 | 1 | N/A | N/A |
| P. Crowley[3] | 10 | 7 | 10 | 7 |
| L. Woods[4] | 10 | 10 | 10 | 10 |

1 Ceased to be a member of the Directorate on 31.12.15, following resignation from the HSE.
2 Ceased to be a member of the Directorate on 31.01.15, following resignation from the HSE.
3 Appointed to the Directorate 01.02.15
4 Appointed to the Directorate 01.02.15

b) Compliance by the HSE with:
   i. Its obligations (under Section 33[5]) to manage the services set out in an approved service plan so that the services are delivered in accordance with the plan and so that the net non-capital expenditure incurred does not exceed the amount specified in the Government's Letter of Determination
   ii. Its obligation (under Section 33B[6]) to submit an annual capital plan
   iii. Any other obligations imposed on it by law relating to financial matters

c) Compliance by the Director General with his obligations (under section 34A[7]) to ensure that the HSE's net non-capital and capital expenditures do not exceed the amounts allocated by government for a year or part of a year (and to inform the Minister if such allocations might be breached)

d) The appropriateness, efficiency and effectiveness of the HSE's procedures relating to:
   i. Public procurement
   ii. Seeking sanction for expenditure and complying with that sanction
   iii. The acquisition, holding and disposal of assets
   iv. Risk management
   v. Financial reporting, and
   vi. Internal audits.

In accordance with good governance practice, the HSE Audit Committee has in place a Charter which sets out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters. The Charter was revised early in 2015 to reflect changes arising from the *Health Service Executive (Financial Matters) Act, 2014*.

The Audit Committee Charter recognises the establishment by the HSE of a separate HSE Risk Committee, reporting to the Directorate, which is responsible for advising the Directorate on matters relating to all risks principally of a non-financial nature.

The focus of the Audit Committee, in providing its advice to the Directorate and the Director General, is on oversight of and advice on: (i) the HSE's financial reporting; and (ii) the HSE's systems of internal financial control and financial risk management. The Audit Committee also plays a role in promoting good accounting practice, improved and more informed financial decision-making and safeguarding the HSE's assets and resources through a focus on improving regularity, propriety and value for money throughout the HSE.

## Membership

The Audit Committee is appointed by the Directorate and consists of one member of the Directorate and not fewer than four other people with relevant skills and experience to perform the functions of the Committee. In accordance with best practice, neither the HSE Directorate Chairman nor the Chief Financial Officer is a member of this Committee. In accordance with the legislation, the Chairman of the Audit Committee cannot be a member of the HSE Directorate.

The following individuals were members of the Audit Committee in 2015:

- Mr. Peter Cross (Chairman) – Managing Director of Trasna Corporate Finance (and a Fellow of Chartered Accountants Ireland)
- Dr. Gerardine Doyle[8] – Senior lecturer in accounting and taxation at University College Dublin (and a Fellow of Chartered Accountants Ireland). Prof. Patricia Barker was appointed to the Committee to replace Dr. Doyle on the 9th February 2016
- Mr. Joe Mooney – former Principal Officer of the Department of Finance
- Mr. John Hynes – former Secretary General at the Department of Social and Family Affairs
- Mr. David Smith – Principal Officer at the Department of Health
- Mr. Stephen McGovern – Head of CRH Europe Compliance and Ethics (and a Fellow of Chartered Accountants Ireland)
- Dr. Sheelah Ryan[9] – public health physician, former CEO of HSE West/WHB
- Ms. Laverne McGuinness[10] – Deputy Director General of the HSE (and a Fellow of the Institute of Certified Public Accountants). Ms. Anne O'Connor was appointed to the Committee to replace Ms. McGuinness on the 12th January 2016.

## Meetings

The legislation requires the Committee to meet at least four times in each year.

The Audit Committee met on seven occasions in 2015, and a joint meeting of the Audit Committee and the Risk Committee took place on one further occasion. Attendance by each member of the Committee at these meetings is set out in Table 10.

**Table 10: Attendance at Directorate Committee meetings – Audit Committee**

| Member | Total number of meetings | Attendance |
|---|---|---|
| P. Cross (Chair) | 7 | 7 |
| G. Doyle[8] | 5 | 2 |
| J. Mooney | 7 | 7 |
| J. Hynes | 7 | 6 |
| D. Smith | 7 | 6 |
| S. McGovern | 7 | 6 |
| S. Ryan[9] | 5 | 4 |
| L. McGuinness[10] | 7 | 6 |

**5** Section 33 of the *Health Act 2004* as amended by section 10 of the *Health Service Executive (Financial Matters) Act 2014*
**6** Section 33B of the *Health Act 2004* as inserted by section 11 of the *Health Service Executive (Financial Matters) Act 2014*
**7** Section 34A of the *Health Act 2004* as inserted by section 12 of the *Health Service Executive (Financial Matters) Act 2014*

**8** Resigned from the Audit Committee on the 16th July 2015, due to work commitments.
**9** Appointed to the Audit Committee on the 16th March 2015
**10** Ceased to be a member of the Audit Committee on the 31st December 2015, following resignation from the HSE.

The Chief Financial Officer and the National Director of Internal Audit attend meetings of the Committee regularly, while the Director General and other members of the Leadership Team attend when necessary.

The external auditors (Office of the Comptroller and Auditor General) attended Audit Committee meetings as required and had direct access to the Committee Chairman at all times. The Committee met with the HSE's external auditors to plan and review results of the annual audit of the HSE's annual financial statements and appropriation accounts 2014.

The Audit Committee is responsible, along with the Director General, for guiding, supporting and overseeing the work of the HSE's Internal Audit division. The National Director of Internal Audit attends all Audit Committee meetings, and has regular individual meetings with the Chairman of the Audit Committee.

The Committee received reports from management on aspects of financial control, financial risk management and value for money from time to time.

In accordance with legislation the Committee provided a report in writing to the Director General and to the Directorate, on the matters upon which it has advised and on the activities of the Committee during 2015. A copy of this report was provided to the Minister.

## Risk Committee

The Directorate appointed a Risk Committee in accordance with the *Health Service Executive (Governance) Act, 2013* for the purposes of providing assistance and advice in relation to HSE risk management systems to ensure that there is a planned and systematic approach to identifying, evaluating and responding to risks and providing assurances that responses are effective.

The Risk Committee acts in an advisory capacity and has no Executive function.

The Committee's duties are to advise both the Directorate and the Director General of the HSE on non-financial matters relating to their functions, including advising them on the following matters:

**Table 11: Attendance at Directorate Committee meetings – Risk Committee**

| Member | Total number of meetings | Attendance |
|---|---|---|
| T. Beegan (Chair) | 6 | 6 |
| G. Crowley | 6 | 4 |
| S. Kelly | 6 | 6 |
| P. Kirwan | 6 | 5 |
| M. Murphy | 6 | 3 |
| S. O'Keeffe | 6 | 6 |

- Processes related to the identification, measurement, assessment and management of risk in the HSE
- Promotion of a risk management culture throughout the health system.

In accordance with good governance practice, the HSE Risk Committee has put in place a Charter. The Charter sets out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters. The Risk Committee Charter recognises the establishment by the HSE of a separate HSE Audit Committee, reporting to the Directorate, which is responsible for advising the Directorate on matters relating to all risks of a financial nature.

### Membership

The Risk Committee is appointed by the Directorate and consists of one member of the Directorate and not fewer than four other people with relevant skills and experience to perform the functions of the committee.

The following individuals were members of the Risk Committee in 2015:

- Mr. Tom Beegan (Chairman) – CEO and President, Tom Beegan and Associates, and former CEO, Health and Safety Authority
- Mr. Ger Crowley – Social Worker
- Mr. Simon Kelly – Energy Consultant and former CEO of the National Standards Authority of Ireland
- Mr. Pat Kirwan – Deputy Director, State Claims Agency
- Ms. Margaret Murphy – WHO Patients for Patient Safety
- Dr. Stephanie O'Keeffe – National Director Health and Wellbeing.

### Meetings

The National Director of Quality Assurance and Verification attends all meetings of the Committee. The Director General, other National Directors, or any other employees attend meetings at the request of the Committee.

The members of the Committee meet separately with the National Director of Quality Assurance and Verification at least once a year.

The Committee provided a report in writing to the Director General and to the Directorate, on the matters upon which it has advised and on the activities of the Committee during 2015. A copy of this report was provided to the Minister.

## Liaison between the Audit and Risk Committees

The Audit Committee and the Risk Committee both have responsibilities for the provision of advice on certain areas of risk management and internal controls. The Chairmen of the two Committees met on a number of occasions during the year in order to co-ordinate the work programmes of the two Committees and to ensure continuing clarity in the Committees' respective areas of responsibility.

Minutes of the meetings of each Committee were tabled regularly at meetings of the other during the year, and a joint meeting of the two Committees was held on one occasion.

Advice was provided by both Committees in relation to the development of the HSE's Corporate Risk Register, encompassing both non-financial and financial risks, and in relation to improving the processes for managing and maintaining the Register.

## Support to the Committees

Support to the Directorate, and its Committees, is provided by the Corporate Secretary, Mr. Dara Purcell.

## eHealth Committee

The publication of the eHealth Strategy for Ireland in late 2013 identified the critical role of eHealth in enabling fundamental reforms of the health service. The steps taken up to now have enabled the HSE to begin to create a structure that allows eHealth to truly become a catalyst for the reform of health care in Ireland.

The eHealth Ireland Committee was established by the HSE Directorate in October, 2015. The purpose of the Committee is to support and guide implementation of the eHealth Ireland Strategy through the implementation of the HSE *Knowledge and Information Plan* published in March 2015.

The Committee focuses principally on ensuring theprovision of expert knowledge, guidance and networking opportunities to the OoCIO to aid delivery of its work programme.

The Committee advises the Directorate on:

- The OoCIO's overall progress in the implementation of its *Knowledge and Information Plan*
- The risks to the implementation of the *Knowledge and Information Plan*, taking account of the current and prospective macroeconomic and healthcare environment, drawing on the overall healthcare reform agenda and the expertise of the group
- Appropriate action to maintain the highest standards of probity and honesty throughout the OoCIO in accordance with the Code of Governance
- All the OoCIO divisional risk registers and advise of the risk management process in operation in the OoCIO
- The maintenance and promotion of a culture that enables the delivery of the *Knowledge and Information Plan*
- The delivery of regular reports on the annual work programme of the OoCIO on the adequate resourcing and appropriate standing of this function within the HSE.

In 2016 the Committee will be asked to provide advice and guidance on programme areas that have been defined in advance. In addition the Committee will be called upon to advise and comment on the creation of the eHealth Ireland function.

The eHealth Ireland Committee comprises individuals who have very relevant competencies to support the Chief Information Officer (CIO) of the HSE in implementing the strategy. It will review and recommend implementation strategies to the CIO, and advise the CIO and HSE Directorate on ICT investment decisions.

### Membership

The Committee contains expertise and experience across a broad range of skills and knowledge including:

- Health services systems and organisation
- The Irish health system and the reform programme
- Clinical knowledge of a wide range of care and care processes (preferably with experience of ICT application)
- ICT technologies hardware and software (particularly health oriented)
- Large system development and deployment in complex environments
- Processes and procedures for large system evaluation, economic assessment and complex project monitoring
- Health Finance and ICT commercial business arrangements
- Health innovation and the application and use of technologies to innovate
- International ICT health systems development and implementation.

The membership of the committee is:

- Professor Mark Ferguson – CEO, Science Foundation Ireland (Chair)
- Professor Brian Caulfield – School of Physiotherapy and Performance Science, Health Sciences Centre (Deputy Chair)
- Mr. Muiris O'Connor – Assistant Secretary, Dept. of Health
- Ms. Eibhlin Mulroe – CEO, The All-Ireland Cooperative Oncology Research Group (ICORG)
- Mr. Enda Kyne – Director of IT and Technology Transformation, RCSI
- Mr. Derick Mitchell – CEO, Irish Platform for Patient Organisations, Science and Industry (IPPOSI)
- Professor George Crooks – Medical Director NHS24, Director Scotland Telehealth
- Professor Joe Peppard – Professor of Management and Technology, University of South Australia (Berlin)
- Mr. Andrew Griffiths – Chief Information Officer, NHS Wales
- Dr. James Batchelor – Director of Clinical Informatics Research Unit, Southampton University
- Dr. Colin Doherty – Consultant, St. James's Hospital (Epilepsy)
- Dr. Brian O'Mahony – National ICT Project Manager, GPIT Programme
- Dr. Áine Carroll – National Director, Clinical Strategy and Programmes, HSE
- Dr. Stephanie O'Keeffe – National Director, Health and Wellbeing, HSE
- Mr. Leo Kearns – National Lead, Transformation and Change, HSE
- Mr. Ger Reaney – Chief Officer, Community Healthcare Organisation (HSE)
- Dr. Susan O'Reilly – CEO, Dublin Midlands Hospital Group (HSE)
- Professor Jane Grimson – Former Director of Health Information, HIQA
- Mr. Richard Corbridge – Chief Information Officer, HSE
- Mr. Henry Minogue – VP, Chief Information Officer, Virgin Media, Ireland
- Ms. Helen McBreen – Investment Director, Atlantic Bridge Capital
- Ms. Yvonne Goff – Clinical Information officer Lead, HSE
- Ms. Deirdre Lee – Founder, Derilinx
- Ms. Diane Nevin – Founder, Health Evident
- Dr. Martin Curley – Professor of Technology and Business Innovation, NUI Maynooth; Director, Intel Labs Europe Innovation Value Institute
- Mr. Barry Heavey – Head of Life Sciences, Industrial Development Agency (IDA).

Members have been appointed by the HSE Directorate and serve for an initial two year period, with the option of extending individual appointments for a further three years.

## Meetings and Documentation

Two meetings were held in 2015:

- 22nd October – eHealth Ireland Programme overview and guidance for the governance process and procedures for eHealth Ireland
- 17th December – Focus on the Individual Health Identifier Programme and business intelligence capability.

As the Committee works in the early years with the CIO to develop strategies, approaches, priorities and evaluates investments, it expects to meet between four and six times annually.

The eHealth Ireland Committee is supported by a secretariat provided through the Office of the CIO (OoCIO).

The eHealth Ireland Committee publishes its minutes, agendas, and content to the eHealth Ireland web site to build towards an agreed transparency agenda around this area.

# Statement of Directors' Responsibilities

in Respect of the Annual Financial Statements

The Directorate is responsible for preparing the annual financial statements in accordance with applicable law.

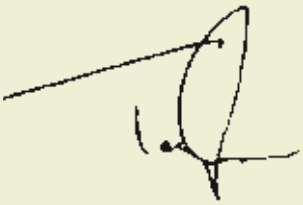
Section 36 of the Health Act 2004 (as amended by the Health Service Executive (Governance) Act, 2013), requires the Health Service Executive to prepare the annual financial statements in such form as the Minister for Health may direct and in accordance with accounting standards specified by the Minister.

In preparing the annual financial statements, Directors are required to:

- select suitable accounting policies and then apply them consistently;
- make judgements and estimates that are reasonable and prudent;
- disclose and explain any material departures from applicable accounting standards; and
- prepare the financial statements on a going concern basis unless it is inappropriate to presume that the Health Service Executive will continue in business.

The Directors are responsible for ensuring that accounting records are maintained which disclose, with reasonable accuracy at any time, the financial position of the Health Service Executive. The Directors are also responsible for safeguarding the assets of the Health Service Executive and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

Signed on behalf of the HSE



**Tony O'Brien**
*Chairman*

17 May 2016

# Statement on Internal Financial Control

This Statement on Internal Financial Control represents the position for the year ended 31 December 2015.

## 1. Responsibility for the System of Internal Financial Control

The Health Service Executive (HSE) was established by Ministerial order on 1 January 2005 in accordance with the provisions of the Health Act, 2004. Following the enactment of the Health Service Executive (Governance) Act, 2013, the HSE Directorate was established as the governing body of the Health Service Executive (HSE) and is accountable to the Minister for Health, for the performance of the HSE. The Health Service Executive (Governance) Act 2013 allows the Minister for Health to issue directions to the HSE on the implementation of Ministerial and government policies and objectives and to determine priorities to which the HSE must have regard in preparing its service plan.

In addition to his functions as a member of the Directorate and as the chairperson of the Directorate, the Director General's functions include carrying on, managing and controlling the administration and business of the Executive. The Vote of the HSE was disestablished on 1 January 2015, in accordance with the provisions of the Health Service Executive (Financial Matters) Act, 2014. The Director General is accountable to the Minister on behalf of the Directorate for the performance by the Directorate of its functions and those of the Executive.

The Directorate has overall responsibility for the HSEs system of internal financial control and for monitoring its effectiveness. Internal Financial Control is designed as a process effected by the governing body of an entity in order to provide reasonable assurance as to the achievement of objectives such as:

- Reliability of financial reporting
- Compliance with relevant legislation and regulation
- The effective achievement of organisation goals
- Safeguarding of assets
- Propriety and Regularity

Management at all levels of the HSE are responsible to the Director General for the implementation and maintenance of internal financial control over their respective functions. This embedding of the system of internal financial control is designed to ensure that the HSE is not only capable of detecting and responding to control issues should they arise, but that it creates a culture of accountability and responsibility and that there is an appropriate escalation protocol in place.

During 2015 the HSE introduced an Accountability Framework which makes explicit the responsibilities of managers and describes in detail the means by which the health service, and in particular Hospital Groups and Community Healthcare Organisations will be held to account to in relation to their controls environment.

Like all systems of internal financial control the HSE is expected to reduce rather than eliminate risk, as such it can provide only reasonable and not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or detected in a timely manner.

The HSE spends public funds on the provision of health and personal social services to the population of Ireland. The duties relating to total expenditure of €14.3billion incurred by the HSE in 2015 are stringent in terms of accountability and transparency in order to fulfil our responsibility for funding received from the Department of Health and other sources in this respect. These duties are set out in the Health Act 2004 as amended by the Health Service Executive (Governance) Act, 2013, the Code of Governance of State Bodies, Health Service Executive (Financial Matters) Act 2014 and in the Public Financial Procedures of the Department of Public Expenditure and Reform.

## 2. Basis for Statement

I as Chairman of the Directorate make this statement in accordance with the requirement set out in the Department of Public Expenditure and Reform's *Code of Practice for the Governance of State Bodies (2009)*.

## 3. Financial Control and IT Systems

The system of internal financial control is by its nature dynamic. It is continually developed, maintained and monitored in response to the emerging requirements of the organisation.

The current Financial IT Systems environment in the HSE presents additional challenges to the effective operation of the system of internal financial control. Devolved financial systems are multiple and fragmented and numerous external reviews have reiterated the consensus amongst the finance community in the HSE that the current financial systems are not fit for purpose. The HSE relies on an interim reporting solution to support all national level financial reporting, including monthly management reports as well as the Annual Financial Statements. This system imports data from 12,000 cost centres per month from HSE legacy systems and is manually reanalysed to support national reporting. The absence of a single national system requires that significant work is undertaken manually to ensure that the local ledgers and the national system are synchronised and reconciled. This reporting approach is becoming increasingly challenging in the light of changes to organisation structure and the ageing of the systems.

The new Finance Operating Model (FOM) for Health will meet the future needs of a dynamic and complex health environment while addressing the challenges of current financial management practise. The new model will fundamentally transform the Finance function thereby strengthening further the financial control environment within the HSE.

There are three key areas of the Finance Reform Programme for which approval has been received and which where progressed during 2015:

- The stabilisation of the legacy systems in the West and in the South
- Upgrade to National Finance Reporting system Corporate Reporting System (CRS)
- The procurement of Lot 1 Integrated Financial Management System (IFMS)

### 3.1 The Stabilisation of the legacy systems in the West and in the South

Approval from the Finance Reform Board which comprises members from the HSE, Department of Health (DOH) and Department of Public Expenditure and Reform (DPER) has been received to proceed with the first phase of a project to stabilise HSE legacy systems in the West and the South. The key objective of the Stabilisation/Rationalisation project is to eliminate the risks associated with operating the West and South's current financial accounting and purchasing systems and to ensure that all statutory HSE areas are operating their core financial accounting and procurement processes using fully supported and stable Enterprise Resourcing Planning (ERP) software. The stabilisation project is a key stepping stone to the procurement of a single national financial system. The Mid-West area will be the first area to go live on a new SAP company code in Q4 2016 with the 2nd phase of stabilisation going live in Q3 2017.

### 3.2 Upgrade National Finance Reporting Solution

The national Finance Reporting Solution, CRS will be replaced with a new financial intelligence and reporting tool on a new upgraded platform. This option will allow the HSE to run reports off a single database which takes inputs from the existing legacy ERP which will be mapped to full cost centre and balance sheet level. After successful completion of parallel testing, both existing CRS and all "alternative" reporting solutions will be discontinued in an orderly fashion.

### 3.3 The procurement of Lot 1 IFMS (ERP Platform)

Written sanction has been received from Office of the Government Chief Information Officer (OGCIO) for the Succinct Impact Statement (SIS) for the interim FI solution, which will go, to tender before the end of May 2016. The FI tender evaluation team has been selected and the system is expected to be deployed by the end of 2016.

The IFMS tender process is for the supply of an ERP software platform for the IFMS. The procurement is led by the Office of Government Procurement (OGP).

Following review it was determined, to carry out the procurement process as an Open Procedure which is a one stage process. The Open Procedure represents the most effective procurement route for Lot 1 in order to meet the required timelines. This view has been confirmed in writing by the Office of Government Procurement (OGP) and is a recommendation of the Finance Reform Steering Group (6th May 2016). A first draft of the Master Requirements and Pricing Model documents for incorporating into the Tender document has been completed and submitted to OGP. The Tender documentation will be reviewed by the Sourcing Group (HSE/OGP) in May 2016. In addition, OGP are developing a detailed project plan for the Open Procurement Process. The procurement of Lot 1 IFMS is expected to be completed by the last quarter of the current year.

### Conclusion

The IFMS implementation has been split into stand alone and manageable stages with key check points or decision points at each phase. The next phase is the transfer of the Mid-West legacy system to a stabilisation company code, upgrade to a National Financial Reporting solution and procurement of the IFMS ERP platform which are scheduled for completion in the final quarter of the current year.

A proposal in relation to Phase 2 of Stabilisation including next location and learnings from the implementation of Phase 1 is expected to be completed in Q3 2016.

The likely timescale on actual IFMS plan cannot be determined until:

- The appointment of the preferred IFMS platform provider
- The outcome of the Phase 2 stabilisation proposal is known
- The appointment of the systems integration, process change management and managed services providers.

However, the implementation will happen in a phased approach as set out in the ICT business case for finance reform, starting with the national functions, Hospital Groups and CHOs and the larger S39 organisations in the future.

Full implementation of a fully integrated National IFMS system is part of the HSEs finance reform five year plan. Significant milestones were achieved in 2015 which will enable the HSE to deliver both short term improvements in processes and controls as well as the longer term goal of Finance Reform.

## 4. Financial and Governance Procedures

The HSE is committed to the ongoing review of financial and governance processes to ensure an effective culture of internal financial control.

4.1.1 The HSE's **Code of Governance** is set out at *www.hse.ie*. The Code of Governance reflects the current standards, policies and procedures to be applied within and by the HSE and the agencies it funds to provide services on its behalf. The Code was updated in 2015 following consultation and research and was approved by the Minister for Health in accordance with Section 35 of the Health Act 2004 and reflects the requirements of the Code of Practice for the Governance of State Bodies. Staff are required to have full knowledge of their responsibilities which are clearly outlined in the Code and that it is against this that all compliance is benchmarked.

4.1.2 The **Accountability Framework**: In 2015 the HSE introduced an Accountability Framework which makes explicit the responsibilities of managers and describes in detail the means by which the health service, and in particular Hospital Groups and CHOs will be held to account for their efficiency and control in relation to service provision, patient quality and safety, finance and workforce. The introduction of an **Accountability Framework** as part of the HSEs overall governance arrangements is an important development and one which will support the implementation of the new health service structures. Many of the accountability processes are already in place and have operated over a number of years. The main developments in 2015 are:

- The introduction of formal Performance Agreements between the Director General and the National Directors, and between the National Directors and the newly appointed Hospital Group CEOs and the CHO Chief Officers.
- The introduction of a formal escalation and intervention process for underperforming services which will include a range of sanctions for significant or persistent underperformance.

- New national level management arrangements for the new CHO Chief Officers.
- The establishment of the National Performance Oversight Group to replace the National Planning, Performance and Assurance Group (NPPAG).

4.1.3 There is a **framework of administrative procedures** in place including segregation of duties, a system of delegation and accountability, a system for the authorisation of expenditure and regular management reporting.

4.1.4 The HSEs **National Financial Regulations** form an integral part of the system of internal financial control and have been prepared to reflect current best practice. Particular attention has been given to ensure that the Financial Regulations are consistent with statutory requirements, Department of Public Expenditure and Reform circulars and public sector guidelines. The National Financial Regulations set out the financial limits, by staff grade, for procurement contract approval, revenue and capital expenditure and property transactions. Compliance with National Financial Regulations is mandatory throughout the organisation. The development and maintenance of the HSE's suite of National Financial Regulations is an ongoing process, with new regulations and updates to existing regulations issued periodically in response to new or emerging requirements.

4.1.5 A **devolved budgetary system** is in place with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances to the Director General within the formal performance monitoring framework of the National Performance Oversight Group (NPOG). It is the responsibility of NPOG as part of their overall accountability process to hold each National Director as Head of their respective Division to account for performance against the National Service Plan.

4.1.6 A detailed **standardised appraisal process** is conducted for all capital projects budgeted in excess of €0.5 million. The Health Service's National Capital Steering Committee appraises all projects to be included in the Capital Plan in accordance with the Department of Public Expenditure and Reform's *Public Spending Code* (2012). All proposed major capital projects which are budgeted in excess of €20 million are subject to a detailed **cost benefit analysis** carried out in accordance with the *Public Spending Code*. Leadership Team/Directorate reviews of the capital programme take place on a regular basis. All Service Divisions are represented on the National Capital Steering Committee.

4.1.7 **Procedures for property acquisitions and disposals** by the HSE comply with the legal obligations set out in Sections 78 and 79 of the Health Act 1947, as amended by the Health Act 2004. The Head of Estates has authority to approve proposed property transactions up to a limit of €2 million once recommended for approval by the Property Review Group. Transactions in excess of this amount must be approved by the Director General once recommended for approval by the Property Review Group and endorsed by the Leadership Team. Transactions in excess of €2 million once approved by the Director General must then be submitted to the Directorate for final approval. Any disposal of property below market value requires approval of the Directorate.

4.1.8 The HSE has put in place procedures designed to ensure **compliance with all pay and travel circulars issued by the Department of Public Expenditure and Reform**. Any exceptions identified are addressed and are reported on an annual basis to the Minister for Health, in accordance with the Code of Practice for the Governance of State Bodies.

## 4.2 Directorate Oversight

The Directorate as the governing body of the HSE has overall responsibility for the system of internal financial control and risk management. The Directorate may establish committees to provide assistance and advice in relation to the performance of its duties and functions.

4.2.1 The **National Performance Oversight Group (NPOG)** was set up in 2015 as part of strengthened accountability arrangements. NPOG has formal delegated authority from the Director General to serve as a key accountability mechanism for the health service and to support him and the Directorate in fulfilling its control and accountability responsibilities.

**A National Financial Controls Assurance Group (NFCAG) was also established by the Chief Financial Officer in 2015** in response to identified need for change. Its core purpose is to provide a practical high level support, co-ordination and problem solving space around a number of control and finance compliance issues that have become ongoing, annual issues in Comptroller & Auditor General, Internal Audit and other reviews of internal controls. In doing so, it is intended to promote an improved culture of responsibility for change across the HSE and to further support the system of internal financial controls within the organisation. The NFCAG is chaired by the CFO and reports to NPOG.

4.2.2 A new **Audit Committee** was appointed in January 2014 in accordance with the provisions of the Health Service Executive (Governance) Act, 2013. The Audit Committee has an independent chair and comprises a member of the Directorate and four external members. The Audit Committee is appointed by the Directorate. It acts in an advisory capacity and has no Executive function.

A **Charter of the HSE Audit Committee**, setting out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters, was adopted by the Committee in early 2014 and updated in January 2015. The focus of the Audit Committee in providing advice to the Directorate and the Director General, is on the regularity and propriety of transactions recorded in the accounts, and on the effectiveness of the system of internal financial controls operated by the HSE. In order to discharge its responsibilities, the Committee agreed a work programme for the year reflecting the Committee's Charter. In accordance with this work programme, the Committee received regular reports and papers from the Chief Financial Officer and the National Director of Internal Audit, both of whom attended Committee meetings regularly along with senior members of their teams. The Committee provides its advice to the Directorate principally by means of the minutes of its meetings. These minutes are made available to, and tabled at, meetings of the Directorate following the relevant Audit Committee meetings. The Audit Committee maintains a log of its agreed actions and reviews the progress of management in addressing those actions. The Chairman attended three meetings of the Directorate to provide the Audit Committee's advice in relation to the HSEs 2015 financial statements prior to their approval by the Directorate and to update the Directorate on the work and advice of the Committee.

The Audit Committee met on seven occasions in 2015 and a joint meeting of the Audit Committee and Risk Committee took place on one further occasion. The Chairman of the Audit Committee also had individual meetings periodically throughout the year with the Director General, the Chief Financial Officer, senior members of the Finance team, the National Director of Internal Audit and his senior managers, other senior managers and the Chairman of the Risk Committee. The Chairman met with representatives of the Office of the Comptroller and Auditor General, who attended meetings of the Audit Committee periodically and had direct access to the Committee Chairman at all times.

The Audit Committee issued its Annual Report to the Directorate in December 2015 with a copy to the Minister for Health.

4.2.3 A new **Risk Committee** was established in 2014 in accordance with the provisions of the Health Service Executive (Governance) Act, 2013. The Risk Committee, which reports to the Directorate, has an independent chair and comprises a member of the Directorate and four external members. The Committee operates under agreed Terms of Reference and focuses principally on assisting the Directorate in fulfilling its duties by providing an independent and objective review of non-financial risks. The Committee kept its terms of reference and work programme under review during the year.

The Committee considered the Corporate Risk Register, Divisional risk management plans, the HSE's Health and Safety function, internal audit reports concerning the effectiveness of non-financial internal controls and HIQA reports, including the implementation of HIQA recommendations. The National Director of Quality Assurance and Verification Division attended the Committee meetings to provide assurance on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks.

Liaison between the Risk Committee and Audit Committee is facilitated by an annual joint meeting of the two committees and regular engagement between the two Committee chairs. Minutes of the meetings of each committee are shared reciprocally. The Risk Committee of the Directorate met on six occasions in 2015.

4.2.4 The HSE has an **Internal Audit** Division with appropriately trained personnel which operates in accordance with a written charter which the Directorate has approved. The National Director of Internal Audit reports to the Director General of the HSE through the Chairman of the Audit Committee, has a close working relationship with the Director General and is a member of the HSE Leadership team. The Audit Committee is responsible, along with the Director General, for guiding, supporting and overseeing the work of the HSE's Internal Audit Division. The annual work plan of Internal Audit is informed by analysis of the financial risks to which the HSE is exposed and is approved by the Audit Committee, based on this analysis. These plans aim to cover the key risks and related controls on a rolling basis. IT audit services are engaged by Internal Audit to assist in the conduct of specialist audits and Deloitte were appointed to conduct this work. The National Director of Internal Audit attends all Audit Committee meetings, and has regular meetings with the Chairman of the Audit Committee and the Director General. The staffing resources of the Division were significantly increased during the year with the recruitment of experienced and qualified auditors and investigators. In addition an IT Audit Manager was also appointed.

4.2.5 During 2015 the Audit Committee worked closely with the National Director of Internal Audit to further develop and improve the key reports issued by Internal Audit such as divisional KPIs and recommendation implementation trackers. Emphasis has been placed on having reports, summaries and trackers that highlight potentially systemic financial control issues identified during internal audits in order to allow the Directorate to better focus senior management attention on any such issues. Procedures are in place to ensure that the recommendations of Internal Audit are owned by specified members of the Directorate and are followed up, addressed and monitored by NPOG.

Any instances of fraud or other irregularities identified through management review or audit are addressed by management and An Garda Síochána are notified. The HSE's Policy on Fraud and Corruption was reviewed and revised during the year.

During the year, Internal Audit agreed a protocol with the Audit Committee and the Risk Committee so that any non-financial risk issues identified in audits would be reported to the Risk Committee.

4.2.6 Monitoring and review of the effectiveness of the system of internal financial control is also informed by the work of **the Comptroller and Auditor General**. Comments and recommendations made by the Comptroller and Auditor General in his management letters, audit certs or annual reports are reviewed by the Directorate and Leadership Team and actions are taken to implement recommendations. Monitoring and review of their implementation is overseen by the Audit Committee.

## 4.3 Planning, Performance Monitoring and Reporting

Planning, Performance Monitoring and Reporting are key facets of a good internal financial controls environment. The HSE has processes and procedures in place at all levels across the HSE to ensure that budgets and plans are monitored, reported on and where required, remedial action is taken.

4.3.1 Planning

Planning takes place at several levels within the HSE and takes into account internal and external guidance including for example the Governments reform agenda, The Department of Health's Statement of Strategy, national policy documents, economic forecasts and clinical and quality priorities.

- **Annual Estimate:** An assessment is prepared of the resources required to support the delivery of effective, safe and high quality services in the forthcoming year. It includes the cost of maintaining existing levels of service, the impact of demographic change and essential quality and safety interventions. It also takes account of strategic policy priorities, and expected efficiencies and savings
- **Engagement with Government:** Once the Annual Estimate had been submitted a formalised set of engagements are held with the Department of Health (DOH) and the Department of Public Expenditure and Reform (DPER). Briefing documents are prepared to properly inform Government on the ultimate need in key areas.

- **National Budget:** At or around national budget day in mid-October the funding available for Health is substantially set by Government and communicated through the DOH. Meetings are held with DOH to gain a fuller understanding of the budgetary details.
- **Budget v Estimates:** Significant analysis is undertaken internally in order to assess any potential shortfall between the estimated requirement and the budget allocation. This is communicated to each Division in order to assess the implications on service provision and to ensure adherence to the allocated and approved budget.
- **National Service Plan:** In line with Section 31, Health Act 2004 and Section 12, Health Service Executive (Governance) Act 2013, the HSE publishes a National Service Plan (NSP) which sets out the type and volume of service activity that is needed in order to deliver health and personal social care services within the annual funding allocation from the Minister. It sets out key goals and priorities, the actions required to achieve them and the measures by which performance will be judged. The 2016 National Service Plan was submitted to the Minister for Health on 4 December 2015 and was approved by the Minister on 16 December 2015.

4.3.2 Reporting

- **Timely and comprehensive reports** about how services are performing against various targets, including financial targets, enable HSE staff and managers to increase service efficiency and effectiveness. These include:
  - Monthly Performance Exception Reports are produced that inform the Deputy DG of issues in advance of the NPOG;
  - The monthly PR, drawn from the corporate activity, HR and Finance data sets is the primary paper considered by the NPOG for performance assurance. This is supplemented by detail in a Management Data Report (MDR).
- In addition, as part of the performance assurance process, the following **key reports** are compiled and published:
  - HSE **Annual Report and Financial Statements** – produced and published each year to give an overview of performance for the preceding year. It is a comprehensive report on the organisations activity, achievements, challenges and financial performance as set out in its National Service Plan. Through the audited financial statements, the HSE accounts for use of resources received by the Department of Health through grant funding allocated from the Department of Health Vote. The HSE Annual Report is a legal requirement under section 37 of the Health Act 2004. Unlike other documents and reports required under the Health Act, the Minister is not required to approve the Annual Report. The report is published online at the end of June each year.
  - The **monthly management accounts** provide a detailed view of the organisations financial performance against budget. The accounts include but are not limited to the following:
    - Acute performance by hospital group
    - Performance by national division
    - Primary Care Reimbursement Service – performance by scheme
    - National Services – performance by function
    - Corporate – performance by function
    - Pay, non-pay and income performance against profile

A **commentary and analysis** accompanies the management accounts which provide context and commentary around emerging or existing trends and divisional performance.

- Finance Business Partners (senior members of the finance team with responsibility for supporting services in their respective divisions) produce reports tailored for the services in their area and create ad-hoc reports on issues of concern.
- In addition to reporting year-to-date performance regular forecasts are produced that project likely year-end scenarios based on run rates, approved developments, cost containment plans and other relevant factors.
- The HSE is required to submit monthly **grant subhead drawdown returns** to the DoH to enable the DoH to prepare the DoH vote issues and vote expenditure reports. This is an estimate of the monthly cash drawdown by subhead compared to the monthly subhead profile.
- A **monthly Cash Report** is generated by the Treasury Unit that includes metrics from a number of sources, including the Cash Forecast model, to give early indications of the year-end position. This report is in addition to the requirement to provide cash as well as income and expenditure profiles to the Department of Health and DPER at the beginning of the year. These monthly reports form part of the agenda of monthly meetings with the Department of Health and DPER in order to assess current needs and likely outturns. Requests for cash acceleration are subject to approval protocols which have to be agreed by the Chief Financial Officer and Director General along with relevant Senior Department Officials in DOH and DPER.
- The **Business Information Unit** (BIU) is the central repository within the HSE of activity information for acute and community services. Extensive amounts of data are collected, collated, validated and analysed by this unit. This data is used in performance monitoring and measurement which influences the HSE in taking both operational and strategic decisions.
- **Data returns** are primarily based on the activity and targets as set out in the current year's National Service Plan. This data is collated and quality assured by divisional analysts. In addition, the analysts prepare graphs which identify trends in the performance of each Division and track service delivery against target. Where there are inconsistencies in data returns, queries are referred to the Business Managers to validate accuracy of information received. Queries are followed up by the team and information is validated with the services to ensure that data received is accurate.

4.3.3 Monitoring

Monitoring takes place throughout the reporting cycle, at each level of the organisation, on at least a monthly basis.

- As part of the strengthened accountability arrangements for 2015, a new **National Performance Oversight Group** (NPOG) was established and replaced the NPPAG. The Group is chaired by the Deputy Director General on behalf of the Director General, and includes key members from the Directorate such as the Chief Financial Officer and National Director of Human Resources as well as the Quality Assurance and Verification Division. NPOG has formal delegated authority from the Director General to serve as a key accountability mechanism for the health service and to support him and the Directorate in fulfilling their accountability responsibilities. National Directors continue to be directly accountable to the Director General for their performance and that of their Divisions. It is the responsibly of the NPOG as a part of the overall accountability process to hold each National Director as the head of their Division to account for performance against the National Service Plan, under the four Balanced Score Card quadrants of Quality and Safety, Finance, Access and Human Resources.
- **Finance Reviews:** Reviews are carried out within Planning and Performance each month. These include operational reviews with the Finance Business Partners for each Division.
- **Acute Hospital Groups:** The financial performance of acute hospitals is reviewed as part of a series of monthly performance meetings held by the National Director, Acute Hospitals Division with the CEO, and Senior Management Team of each hospital group.
- **Community Healthcare Organisations:** Each National Director holds meetings with the CHO Chief Officers and Senior Management Team members in respect of their service area. Common issues are reviewed at monthly performance meetings between the Executive Management Committee (EMC) and the Chief Officer and Senior Team of each CHO.
- **National Service Divisions:** The National Performance Oversight Group (NPOG) has been established as a sub Group of the Directorate and is the principal performance accountability mechanism in the HSE. The NPOG meets with each National Director for services on a monthly basis, to review performance against the National Service Plan.
- **National Directors:** Each National Director is accountable to the Director General for their performance and that of their Division. There are formal Performance Agreements in place between the Director General and the National Directors for services and monthly performance review meetings are held.
- **HSE Directorate:** The HSE Directorate and Leadership Team is the primary internal forum where the organisation's performance is reviewed on a monthly basis.
- **External Monitoring:** The performance of the HSE, including financial performance, is reported to and reviewed by a series of external departmental committees. These include: Management Advisory Committee (MAC); Joint Monitoring Committee (JMC); Senior Officials Group (SOG); Cabinet Committee on Health (CCH); Public Accounts Committee (PAC);Joint Committee on Health and Children (JCHC);

## 4.4 Risk Management

4.4.1 The HSE recognises the importance of **risk management, including financial risk management**, as an essential process for the delivery of quality and safe services. Risk management at an operational level is a line management function. Each Division is required to describe accountability arrangements for managing risk at all levels within the Directorate. These arrangements are part of the normal reporting mechanism to ensure that risk management is embedded into the business process. Each service/function is obliged to identify, assess and manage risk relevant to their area; the risk register is the principal tool to enable communication of this risk information. Where risks are identified that have significant potential to impact on the overall objectives of the HSE they are recorded on the Corporate Risk Register. The register is a mechanism to provide assurance (evidence) to the Directorate that risk is being identified, assessed and managed and that a range of control measures and action plans are in place at any time to mitigate the risks identified. Regular reports on the status of the corporate risks are submitted to the Risk Committee and are reviewed by the HSE Directorate and Leadership Team. The full suite of HSE risk management policies, procedures and guidelines are published at *www.hse.ie*.

4.4.2 The financial impact of clinical and operational incidents is reflected in cases settled by the State Claims Agency (SCA) and by insurers on behalf of the HSE. The responsibility for management of clinical negligence, personal injury and property damage claims against the HSE has been delegated to the SCA under statute. The SCA also provides advice and assistance to HSE risk management, clinical and administrative personnel with the aim of supporting patient safety and reducing future claims and litigation. Where claims do arise the SCAs objective, while acting in the best interest of taxpayers, is to act fairly and ethically in its dealing with people who have suffered injuries and who take legal actions against state bodies, and the families of these people. The SCA hosts an **electronic national incident management reporting system (NIMS)** which facilitates the investigation of any subsequent claims and also the identification and analysis of developing trends and patterns. The intention is that the lessons learned from this analysis support the improvement of patient safety and contribute to the reduction of claims in the HSE. Annually, the SCA implement targeted risk management work programmes to mitigate litigation risk in the healthcare enterprises, in order to reduce costs of future litigation to the state. An extensive programme of training and seminars was delivered by the SCA's risk management units during 2015. The SCA provides insurance advices on HSE contracts, licences, schemes and tenders in circumstances where State indemnity applies or on insurances required where it does not apply.

## 4.5 Controls over medical card eligibility

The scale of costs within the Medical Card and Primary Care Schemes and GP visit cards and the volume of transactions associated with them mean that these are potential areas of risk that need to be managed carefully.

Eligibility to receive a medical card, in general, depends on an assessment of an applicant's means. This assessment is completed upon initial application for a medical card and an assessment is also repeated periodically to confirm continuing eligibility. Most medical cards are awarded

for three years following eligibility assessment. However, eligibility may cease upon a change in circumstance and therefore a review of eligibility may be initiated during the eligibility period to confirm continuing eligibility.

In 2013, new legislation was enacted to enable the sharing of information with the Revenue Commissioners and with the Department of Social Protection. The extent and quality of information sharing for the purposes of control over medical card eligibility continues to develop.

4.5.1 Renewal Notice Reviews

At 31 December 2015 there were 1,734,853 (FY 2014 1,768,700) full medical cards and 431,306 (FY2014 159,576) GP visit cards in issue. During 2015, 894,602 cards were due to expire in monthly tranches. The full cohort of each monthly tranche which was approaching expiry was subject to a risk analysis to determine the review approach to adopt in each case. Renewal notices issued in relation to 352,460 persons. Renewal notices were not issued to the remaining 542,142 persons as it was concluded on the basis of risk assessment (which included data from the Revenue Commissioners) that those persons were at low risk or at no risk of being ineligible, and eligibility in those cases was extended for a further one year. Renewal of a medical card can be done by way of a full review of eligibility by the HSE or by cardholder self-assessment depending on the relative risk identified during the risk assessment process. Of the 352,460 renewals issued in 2015, 106,066 involved a full review and 246,394 requested the cardholder to self-assess.

As at March 2016 the assessment of eligibility had been concluded in relation to 297,575 cardholders.

- Continuing eligibility was confirmed in relation to 271,191 cards (91.1%).
- 26,384 cards were not renewed (8.9%) because the eligibility criteria e.g. income thresholds were not met.
- In 1,867 cases (0.6%) the cardholder was deceased.
- Almost 35,956 (12%) of the cards selected for review were not renewed because the cardholder did not respond to the renewal process.
- The assessment of eligibility was on-going in relation to 17,062 cards (5.7%).

4.5.2 Targeted Reviews

A review is “targeted” when it is initiated during the eligibility period rather than when the card is due for renewal. During 2015 the HSE issued 1,575 targeted reviews. As at March 2016 the assessment of eligibility had been concluded in relation to 1,356 cardholders. Continuing eligibility was confirmed in relation to 1,259 cards (92.8% of the completed assessments). Eligibility was removed in 97 cases (7.1% of the completed assessments) because the eligibility criteria e.g. income thresholds were not met.

In a further 99 (7.3%) of targeted reviews medical cards were not renewed because the cardholder did not respond to the renewal process. The assessment of eligibility was on-going in relation to 119 cards and in 1 case the cardholder was deceased.

4.5.3 Residence Confirmation

In addition to the review of eligibility outlined above the HSE also uses risk assessment to determine when to seek confirmation of residence in the State in relation to inactive cards.

During 2015 101,190 individuals whose medical cards had been inactive were contacted requesting residence confirmation. As at March 2016 78,561 individuals (77.64%) had confirmed residence. Eligibility was removed in relation to 22,629 cards (22.36%).

The ineligibility rates identified as a result of risk based reviews are likely to be higher than those arising in the population of medical card holders as a whole. The HSE does not currently have a reliable estimate of the level of ineligibility across the population of card holders. Options for developing a methodology to produce reliable estimates are being examined.

## 4.6 Governance of grants to outside agencies

In 2015 just over €3.7 billion of the HSEs total expenditure related to grants to voluntary agencies. The legal framework under which the HSE provides grant funding to agencies is set out in the Health Act 2004.

Audit findings in previous years indicated control weaknesses in the governance of grants, in particular relating to the monitoring and oversight of agencies in receipt of exchequer funding, including:

- Delays in signing of Part 2 Service Level Agreements which consists of a set of 10 schedules to the Arrangement detailing information relevant to the delivery of required services per CHO and/or Hospital Group.
- Insufficient evidence of formal monitoring and oversight of the agencies by the HSE;
- Lack of review and reconciliation of grantee financial statements to HSE records;
- Weaknesses in the systems of internal financial control within those agencies receiving Exchequer funding from the HSE;
- Incomplete data evidenced in the Service Provider Governance (SPG) system;

4.6.1 In September 2014 the Department of Public Expenditure and Reform issued a circular (13/2014) setting out a revised framework for the management of accountability arrangements for grants from Exchequer funding. The effective date for commencement of the provisions of the Circular was 1 January 2015. The revised framework extends requirements which previously only applied to certain types of grants and introduces a number of additional requirements which impact on funding and recipient bodies. Detail is provided below in relation to the HSEs procedures in this regard.

4.6.2 Provision of grant funding

- The circular notes that the default position is that grant payments should be on the basis of vouched expenditure. Pre-funding of grant recipients may occur in certain circumstances. This involves the provision of the funds to the grantee before expenditure has been incurred. The prior approval of the Department of Public Expenditure and Reform is required where pre-funding is proposed.

- The HSE has received sanction in respect of FY2015 from the Department of Public Expenditure and Reform to pre-fund agencies on the basis that a significant amount of grant funding is in respect of statutory obligations in respect of pay and staffing where cash is required in advance to meet this obligation and to ensure that there are no adverse consequences of unauthorised overdraft balances.
- Where pre-funding results in the recipient having unexpended balances at the year end, those balances may be retained by the recipient with the approval of the funding department and the Department of Public Expenditure and Reform. All Section 38 Voluntary agencies and the largest of the Section 39 agencies represent over 99% of the overall grants paid by the HSE. Each of these agencies is allocated an Income and Expenditure Budget annually and is required to submit monthly management accounts to the HSE. In additional each agency is required to sign a Service Level Agreement (SLA) that specifies the quantum and type of services that the agency will provide for the budget allocated. Each agency is allocated a cash budget which is profiled across the year in advance. HSE only makes payments on the basis of the allocated cash budget. Agencies who require additional cash must submit a cash acceleration request which requires approval by the relevant National Director and the Chief Financial Officer. Agency bank balances are monitored to ensure further compliance with the requirements of this circular.
- Grantors are required to take a proactive approach to ensure the terms and conditions attaching to grants are appropriate to the local conditions in the sector in which the grantee operates while maintaining effective management and accountability of public money. A key element of such arrangements is service level agreements which set out the resources being provided and the outputs to be achieved by the grant-receiving body. The agreement should also include the arrangements for the drawdown of funding, the nature of the review of performance – including the procedures where outputs are not delivered – and assurance and governance requirements.
- The HSE has a formal Governance Framework ("The Framework") in place which incorporates national standardised documentation, and guidance documents, that enable the HSE to contractually underpin the grant-funding provided to all Non-Statutory Service Providers ("Providers"). This Framework seeks to ensure the standard and consistent application of good governance principles, which are robust and effective, to ensure that both the HSE and the Providers meet their respective obligations. The HSE has set up a Compliance Unit which supports the operational divisions in the implementation of this Governance Framework.
- The governance documentation comprising Service Arrangements, Grant Aid Agreement and related guidance documents have been promulgated by the Compliance Unit to the HSE Acute and Non-Acute divisions for use by Hospital Groups (HGs) and Community Healthcare Organisations (CHOs) when contracting with Service Providers. In October 2014 the HSE established a Compliance Unit to oversee and improve the arrangements in place between the HSE and grantees.
- The completion of the Service agreements and grant aid agreements is tracked through the Service Provider Governance (SPG) IT system and status reports are circulated to the relevant managers at regular intervals and as required. At December 2015 Service Agreements or grant aid agreements (in relation to funding provided in 2015) had been agreed and signed in relation to 1,987 (82.6%) of agencies accounting for €3.2 billion expenditure or 87.3% of the total value of grants provided.

4.6.3 Review, Monitoring and Compliance:

- The HSE's procedures detail the requirement for
  - performance review at regular intervals at which delivery of services as set down in the service agreement and grant aid agreement is reviewed – Integrated Management Report (IMR) meetings
  - The submission and review of Annual Financial Statements (AFS) (for Providers over €150k) and an Annual Report.

  These requirements facilitate in a contractual context the periodic review of the outcomes vis-à-vis "payments".
- The Service Providers submit Finance and HR returns on a monthly basis and Review Meetings are held with these organisations quarterly, or more frequently, as required.
- The Social Care Division (Disabilities) which accounts for approximately €1.2 billion of the circa €1.6 billion non-acute funding annually, has established a Service Improvement Team to link the funding provided to activity, cost, quality and outcomes. The large five disability organisations (accounting for over 45% of the total provided to that sector) have gone through a process with the Service Improvement Team and these reports are currently being finalised. Work has already commenced on the next 45 disability Providers.
- The HSE acknowledges that due to pressure on local resources monitoring meetings may not have occurred at the required frequency. The Compliance Unit will continue to work with hospital groups and CHOs to ensure adequate focus on ongoing monitoring (financial and outputs). The Compliance Unit intends to establish a system to check that ongoing monitoring is taking place to the required level.
- In relation to receipt and review of grantee financial statements, during 2015 the HSE introduced a process to review financial statements which will be monitored by the Compliance Unit. At 30 April 2016, all financial statements for 2014 had been received in relation to the S38 grant aided bodies and 25% have been reviewed centrally with a variety of reviews taking place in the HSE areas. The HSE intends to extend these reviews to the larger S39 grant aided bodies on a phased approach commencing in early 2017.
- Circular 13/2014 states that a signed statement of assurance is required from each recipient body certifying that the funds provided have been used in accordance with the terms and conditions of the grant. The frequency of such statements is not stipulated but should be appropriate to the size and nature of the grant.

- Section 38 providers are required to complete an Annual Compliance Statement which includes a declaration that funds provided have been used in accordance with the terms and conditions of the grant. Section 38 Providers receive circa 75% of the overall funding released by the HSE to Non-Statutory Service Providers annually. At April 2016 compliance statements had been received from all of the Section 38 agencies in respect of 2014 while the deadline to receive these in relation to 2015 arrangements is 31 May 2016. It is planned to extend the requirement to submit an annual compliance statement to Section 39 agencies later in 2016.
- In addition the Compliance Unit has developed an Annual Financial Monitoring Requirement document which requires service providers to provide detailed financial information in specified formats in addition to assurance around compliance with grant conditions and effectiveness of financial control. This process will facilitate a more effective reporting relationship between service providers and the HSE.
- Circular 13/2014 also requires that recipient bodies confirm that they have financial control systems in place that are adequate to manage the funds provided.
- The HSE has commissioned a review of governance at Board and executive level in Section 38 organisations. It is intended that all Section 38 providers will be reviewed during the period 2016-2018. This review will include a review of key governance documents including confirmation that there are internal financial controls are in place.
- In addition, the new Annual Financial Monitoring Requirement document which is currently being rolled out will include confirmation from the grantee that they have financial control systems in place that are adequate to manage the funds provided.
- The Annual Controls Assurance Statement of 2015 has also been extended to include a comprehensive set of questions intended to measure compliance within the Governance framework. The results of this review are being analysed to assist with identifying further direct training requirements and to target further ongoing improvements to policy and process for the future.

4.6.4 Disclosures by grant recipients

- Since 2011 grant recipient bodies have been required to disclose in their annual financial statements the sources and amounts of each grant. The revised arrangements under circular 13/2014 extend the disclosures in the annual financial statements of recipient bodies to include
  - the purposes for which the funds were applied under appropriate headings (for example, pay and general administration, service provision, charitable activity, advertising, consultancy)
  - the number of employees of the body whose total employee benefits fell within each band of €10,000 from €60,000 upwards and the overall total employer pension contributions
  - where the body is in receipt of capital grants, an undertaking that the State's investment is protected and that the asset will not be used as security for any other activity without prior approval
  - A statement as to whether the body is or is not compliant with relevant tax clearance procedures.
- The HSEs service agreements and grant aid agreements were revised in 2016 to take account of the enhanced disclosures required in the financial statements of grantees. The forthcoming circulation of this document will not impact on providers financial statements for 2015 but will enhance their financial statements and ensure compliance with Circular 13/2014 from 2016 onwards.
- The HSEs Compliance Unit continues to work with the Service Divisions, Chief Officers of CHOs and Chief Executive Officers of the Hospital Groups to enhance the implementation of the governance framework in relation to grants with specific emphasis being placed on the timely completion of relevant documentation. For 2016 the HSE will hold funding of up to 20% until documentation has been completed.

## 4.7 Tax Compliance

A comprehensive self-review of tax compliance which was initiated in 2013 and covered the years 2011 – 2013 was completed in 2015 with external specialist tax assistance. Details of the underpayment of tax identified in the course of the self-review were submitted to Revenue by way of an unprompted voluntary disclosure in December 2014 which was accepted by Revenue following a detailed audit conducted by Revenue in accordance with their procedures.

During 2015 the HSEs newly formed Tax team worked with external advisors to manage a further self-review process in respect of 2014 tax compliance. This self review was conducted across all tax heads for which the HSE needs to account and focussed in particular on those risk areas previously identified. Details of the underpayment of tax identified in the course of this 2014 self-review were set out to Revenue as a Self- Correction as this review was completed and submitted in December 2015 within the time constraints allowed under Self-Review. The disclosure was not material in financial terms in the context of the HSEs overall annual tax liability. The 2014 underpayment was provided for in 2014 and the actual payment was made to Revenue in December 2015. An appropriate provision for 2015 has been made in the financial statements.

Steps have been taken by the HSE to address areas of non-compliance identified during the now annual self-review exercise, to seek to maximise tax compliance, as follows:

- A centralised permanent in-house tax department dealing with all tax matters for the HSE was established at the end of 2013. This team is comprised of a Head of Tax and two fully qualified tax accountants.
- Where compliance risks have been identified, the tax team has made formal submissions to Revenue and in response has obtained written rulings from Revenue. This has formalised the position in a number of risk areas and has eliminated any ambiguity in the interpretation of Revenue guidance which could have otherwise exposed the HSE to a tax liability in future periods.
- A formal tax policy is being further developed for the HSE, to encompass all tax policies, procedures and guidance notes. Financial regulations (NFRs) are being reviewed and, where appropriate will be amended and updated for current tax law and practice and for written Revenue rulings and other issues identified as part of the self-review exercise.

- Guidance notes and explanatory memos on a broad range of common issues arising in the HSE across the tax heads have been prepared by the tax team and are available to all staff on the HSE intranet site. Training has been delivered by the tax team to financial processing staff in 2015 and this training is being extended in 2016 to all relevant finance and service staff across the HSE.
- The NFCAG which was set up in 2015 also included tax reform in its work plan, specifically in relation to subcontractor's taxes and the treatment of travel allowances.

The HSE remains committed to exemplary compliance with taxation laws.

### 4.8 Information Technology and Controls

The use of computer systems and the exchange of information electronically has advanced rapidly across all divisions of the HSE, especially in the areas of Finance. The HSE has appointed a Chief Information Officer who is a National Director to reflect the importance that is placed on IT systems and this Directorate has the responsibility to ensure that appropriate policies, procedures and controls are in place to protect the interests of the HSE.

All Policies are available on the HSEs web site *www.hse.ie* and some of the key policies are noted here;

- Information Security Policy
- Passwords Standard Policy
- Encryption Policy
- Access Controls
- Acceptable use Policy
- Electronic Communications Policy
- Protected Disclosures and Raising Concerns

## 5. Significant Breaches of the Control System in 2015

5.1 Compliance with Procurement Rules

In procuring goods and services, all areas within the HSE must comply with the relevant procurement procedures which are set out in detail in the HSEs National Financial Regulations.

In 2015 and in previous years audits have identified a significant level of non-compliance with procurement rules, in particular where requirements for market testing, tendering or competitive processes were not observed.

DPER Circular 40/2002 requires each Government department to complete an annual report in respect of contracts above €25,000 awarded without a competitive process which must be submitted to the Comptroller and Auditor General's Office by 31 March of the year following that being reported on.

Following disestablishment of the HSE Vote on 1 January 2015, the HSE is no longer required to make this return, however the HSE will continue to submit this return for probity.

This return must disclose details of any contracts in excess of €25,000 (exclusive of VAT) which have been awarded without a competitive process. The HSE does not have an automated centralised system capable of identifying contracts awarded without a competitive process. Rather, it relies on individual areas to manually self-assess and identify and report such non-compliance. The HSEs 40/02 return for 2015 indicates that 205 contracts in excess of €25,000, with an aggregate value of €33.1m were awarded without competitive process (2014: 229 contracts, with an aggregate value of €56.5m).

The following summarises the actions taken by the HSE in 2015 to improve compliance with procurement rules.

- Health Business Services (HBS) continue to increase the level of communication and training to relevant HSE staff on the requirements of Circular 40/02 and on procurement rules generally in HSEs National Financial Regulations with a view to improving compliance in this area. HBS plan is to collaborate with Finance to assist in the expansion of the control assurance process. HBS have assigned the responsibility for the collation of these returns to a designated Assistant National Director of Procurement. During 2015 HBS hosted training courses nationwide in March, June, September and October all of which were also made available online.
- HBS also appointed a Head of Compliance in October 2015 with responsibility for overseeing the implementation of the standards and compliance programme at all levels throughout the HSE.
- A number of framework agreements have been combined on the basis of similar requirements. There are currently 97 national framework agreements in place covering the majority of common expenditure categories and over 597 central contracts are in place covering an annual expenditure value of €488m. To improve staff awareness of the existence of framework agreements and contracts, the HSE has developed a Procurement Assisted Sourcing System (PASS) to allow budget holders to access current contracts information.
- Ongoing development of the Procurement Project Management System ( PPMS) which will support HSE staff with progressing procurement
- Continuing development of the Pricing and Assisted Sourcing System ( PASS) which will continue to assist HSE staff by improving access & visibility to current contracts
- The current process of development and design of a single national financial and procurement system is a key requirement for the HSE to further improve and strengthen compliance with procurement regulations in the future.

These systems and enhanced processes will assist budget holders and Procurement in identifying areas where greater efficiencies can be achieved and support compliance with procurement rules. A key objective of any new financial and procurement system will be the provision of user friendly front end technology to support HSE's large community of non-professional buyers to improve compliance and achieve value for money.

## 6. Review of the Effectiveness of the System of Internal Financial Control

The annual review of the effectiveness of the system of internal financial control of the HSE is directed at enabling the Director General, and the Directorate to deliver upon their requirement to satisfy themselves and represent to the Minister for Health and to the Oireachtas that there is appropriate effective control within the HSE. During 2015 a formal **Review of the System of Internal Financial Control** in the HSE was completed by the Finance Division, the results of which have informed this Statement on Internal Financial Control. The review was carried out by finance managers with specific expertise in the areas of finance, audit, control and risk. Annual reviews of the system of internal financial control use an established **controls assurance process** methodology which has been further developed in carrying out this review during 2015.

The review is informed by the following various elements, all of which provide evidence of the effectiveness, or otherwise, of the system of internal control in the HSE:

### Internal Control Questionnaire (ICQ)

The ICQ was required to be completed by all staff at Grade VIII (or equivalent) and above, who also sign the annual Controls Assurance Statement. Statements in respect of other key control areas were also significantly updated to reflect the presence of enhanced controls within those areas – Taxation and Grants to Outside Agencies in particular. The ICQ required staff to respond to 172 statements across 12 key control areas. All staff responded to 134 statements, while a further 38 statements were targeted at specialist staff only. The ICQ was hosted online and completed by respondents in electronic format. The migration of the ICQ to electronic format has facilitated the detailed statistical analysis of responses received from 1,192 senior managers. This analysis will assist with identifying overall controls compliance levels and geographic/divisional areas of particular compliance weakness. The output will also be used to focus training and support resources in 2016. The 2015 process was further enhanced through the introduction of external independent stress testing of sample responses to provide additional substance as to the reliance of said responses.

### Controls Assurance Statement (CAS)

The CAS must also be completed by all senior managers, administrative and clinical, from National Director Level to Grade VIII (or equivalent relevant) level, and returned to line management. This statement includes confirmation that managers are aware of, and comply with, the key financial controls and Code of Governance in place within the HSE. They further confirm compliance with specific key controls, including within Procurement, Data Protection and obligations in respect of voluntary donations and gifts.

The 2015 review also involved reference to:

- Status of the recommendations of previous years' Reports on the Review of the effectiveness of the System of Internal Control;
- Internal Audit reports, 2015 audit programme;
- Audit Committee and Risk Committee Minutes/Reports;
- Reports and management letters of the Comptroller and Auditor General;
- The 2015 audit programme of the Comptroller and Auditor General and in particular, the audit risks identified therein;
- Assessment of the progress of the implementation of recommendations contained in previous Internal Audit reports and reports of the Comptroller and Auditor General;
- Internal news / media releases;
- HSE Directorate and Leadership Team Minutes;
- Steering Group/Working Group/Implementation Groups etc. Minutes;
- External Reviews / Reports;
- Reports of the Committee of Public Accounts;
- Government policy, such as *Future Health – A Strategic Framework for Reform of the Health Service 2012–2015* and the Programme for Government.

Compliance by staff with the extended controls assurance process in 2015 continues to improve on previous years. Individual National Director Registers identify the staff that have and have not completed a CAS and ICQ, and non-responders will be followed up to understand why the process was not completed and to identify any areas of non-compliance not identified within the 2015 process. This will also be used as a controls awareness and training exercise with non-responders. The absence of a signed CAS attesting to the operation of controls gives rise to a concern that corporate risks may not be appropriately identified and addressed.

## 7. Conclusion

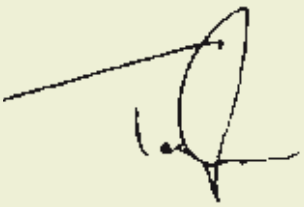
The report of the Review of the System of Internal Control in the HSE was considered by the HSE Directorate in March 2016 and also reviewed by the HSE Audit Committee.

In summary, the review concluded that there is evidence that:

- The HSE has adopted a suite of internal financial policies and procedures, which form the basis of the internal control framework
- Where high level risks have been identified, mitigating / compensating controls are generally in place
- A range of instances of non-compliance with these adopted policies and procedures have been identified which exposes the organisation to material risk when not promptly addressed
- Awareness of the requirement for internal controls has increased during 2015. The number of staff who completed the ICQ survey increased from 1,067 in 2014 to 1,192. It is clear from the responses received that most managers indicate high levels of compliance with internal controls. However the lack of uniform consistency of responses again noted in 2015 indicates ongoing varying levels of compliance in specific control areas. This information will be used in 2016 to focus work on increasing compliance with specific controls and to raise general awareness of the requirement for compliance with all controls
- Reasonable assurance can be placed on the sufficiency of internal controls to mitigate and/or manage key inherent risks to which financial activities are exposed. However the operation of a number of controls remains inconsistent which represents a significant focus area over the coming years
- There is a growing awareness and understanding of the need for Accountability and Responsibility by all levels of HSE to underpin a strong system of internal financial control.

As in previous years, the evaluation of the effectiveness of the system of internal control has had regard to the continuous development of the control systems of the HSE as an organisation undergoing significant change, comprising an amalgamation of health bodies and their legacy systems. The extension in scope and depth of the annual controls assurance process in 2015 has had the effect of further increasing awareness and understanding of the control system throughout the organisation. A concerted approach is being adopted to following up the reviews recommendations in a consistent way, with management actions being assigned to Leadership Team members.

The breaches of the control environment of the HSE which are referenced in this statement underline the imperative of specific and sustained focus on compliance at all levels of the organisation. In summary, notwithstanding control breaches which were identified and are being addressed by management as set out above, satisfactory levels of compliance with the control framework are generally observed by the majority of staff. Persistent instances of non-compliance remain in certain areas such as compliance with procurement rules, disregard of procurement requirements, and by extension NFRs, are matters for consideration under the HSE's disciplinary procedures. As with recommendations contained in any other report, such as Internal Audit and C&AG reports, structured plans for the implementation of the recommendations of the Review of the Effectiveness of the System of Internal Control in the Health Service Executive are prepared by management. The implementation of these recommendations will remain the responsibility for the relevant National Director and will be supported where relevant by the National Financial Controls Assurance Group and progress will be monitored during 2016 by the National Performance Oversight Group, and the HSE Audit Committee. The Directorate has overall responsibility for the system of internal financial control within the HSE and will continue to monitor and support further development of these controls. The situation will be reassessed in the 2016 Review of the Effectiveness of the System of Internal Financial Control.



**Tony O'Brien**
*Chairman*

17 May 2016

# Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

## Health Service Executive

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2015 under Section 36 of the Health Act 2004. The financial statements comprise the statement of revenue income and expenditure, the statement of capital income and expenditure, the statement of financial position, the statement of changes in reserves, the statement of cash flows and the related notes.

The financial statements have been prepared in the form prescribed under Section 36 of the Health Act 2004 and accounting standards specified by the Minister for Health. The basis of accounting in the accounting policies explains how the accounting standards specified by the Minister differ from generally accepted accounting practice in Ireland.

## Responsibilities of the members of the Directorate

The Directorate of the Health Service Executive is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view, in accordance with the accounting standards specified by the Minister, and for ensuring the regularity of transactions.

## Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements and report on them in accordance with applicable law.

My audit is conducted by reference to the special considerations which attach to State bodies in relation to their management and operation.

My audit is carried out in accordance with the International Standards on Auditing (UK and Ireland) and in compliance with the Auditing Practices Board's Ethical Standards for Auditors.

## Scope of audit of the financial statements

An audit involves obtaining evidence about the amounts and disclosures in the financial statements, sufficient to give reasonable assurance that the financial statements are free from material misstatement, whether caused by fraud or error. This includes an assessment of

- whether the accounting policies are appropriate to the Health Service Executive's circumstances, and have been consistently applied and adequately disclosed
- the reasonableness of significant accounting estimates made in the preparation of the financial statements, and
- the overall presentation of the financial statements.

I also seek to obtain evidence about the regularity of financial transactions in the course of audit.

In addition, I read the Health Service Executive's annual report to identify material inconsistencies with the audited financial statements and to identify any information that is apparently materially incorrect based on, or materially inconsistent with, the knowledge acquired by me in the course of performing the audit.

If I become aware of any apparent material misstatements or inconsistencies, I consider the implications for my report.

## Opinion on the financial statements

In my opinion, the financial statements, which have been properly prepared under the accounting standards specified by the Minister for Health, give a true and fair view in accordance with those standards of the state of the Health Service Executive's affairs at 31 December 2015 and of its income and expenditure for 2015.

In my opinion, the accounting records of the Health Service Executive were sufficient to permit the financial statements to be readily and properly audited. The financial statements are in agreement with the accounting records.

## Matters on which I report by exception

I report by exception if I have not received all the information and explanations I required for my audit, or I find

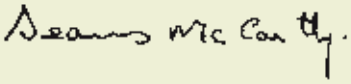
- any material instance where money has not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Health Service Executive's annual report is not consistent with the related financial statements or with the knowledge acquired by me in the course of performing the audit, or
- the statement on internal financial control does not reflect the Health Service Executive's compliance with the Code of Practice for the Governance of State Bodies, or
- there are other material matters relating to the manner in which public business has been conducted.

### Non-competitive procurement

My audit identified a significant level of non competitive procurement that was consistent with audit findings in previous years. There was a lack of evidence of competitive procurement in relation to 30% (by value) of the sample of payments examined. The total value of the sample was €29.6 million. The statement on internal financial control discloses the steps being taken by the Health Service Executive to address its non compliance with procurement rules.

### Prompt payment interest and compensation

Note 9 to the financial statements discloses the reversal of a provision of €9 million in relation to compensation payable to suppliers between March 2013 (when revised regulations in relation to late payment commenced) and 31 December 2014. The provision was reversed on foot of legal advice received in March 2016 which stated that suppliers were not automatically entitled to such compensation. Note 29 discloses a contingent liability in relation to compensation for late payment which may be claimed by suppliers.



**Seamus McCarthy**
*Comptroller and Auditor General*

17 May 2016

# Statement of Revenue Income and Expenditure

For Year Ended 31 December 2015

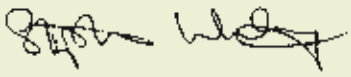
| | *Notes* | **2015** **€'000** | 2014 €'000 |
|---|---|---|---|
| **Income** | | | |
| Department of Health Revenue Grant | *4* | **12,811,953** | 11,843,214 |
| Receipts from certain excise duties on tobacco products | *4* | **0** | 167,605 |
| Income from services provided under EU regulations | *4* | **0** | 171,980 |
| Recovery of costs from Social Insurance Fund | *4* | **0** | 8,808 |
| Patient Income | *5* | **434,521** | 409,922 |
| Other Income | *6* | **640,447** | 627,212 |
| | | **13,886,921** | 13,228,741 |
| **Expenditure – Pay and Pensions** | | | |
| Clinical | *7 & 8* | **3,139,765** | 3,071,010 |
| Non Clinical | *7 & 8* | **1,020,128** | 1,010,788 |
| Other Client/Patient Services | *7 & 8* | **752,074** | 713,456 |
| | | **4,911,967** | 4,795,254 |
| **Expenditure – Non Pay** | | | |
| Clinical | *9* | **933,026** | 880,780 |
| Patient Transport and Ambulance Services | *9* | **61,756** | 56,892 |
| Primary Care and Medical Card Schemes | *9* | **2,830,604** | 2,667,502 |
| Other Client/Patient Services | *9* | **19,574** | 15,994 |
| Grants to Outside Agencies | *9* | **3,620,503** | 3,425,454 |
| Housekeeping | *9* | **237,456** | 229,193 |
| Office and Administration Expenses | *9* | **421,541** | 403,096 |
| Other Operating Expenses | *9* | **48,043** | 41,110 |
| Long Stay Charges Repaid to Patients | *10* | **1,682** | 1,124 |
| Hepatitis C Insurance Scheme | *11* | **793** | 882 |
| Payments to State Claims Agency | *12* | **205,228** | 117,356 |
| Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only | *13* | **602,679** | 585,511 |
| | | **8,982,885** | 8,424,894 |
| **Total Expenditure** | | **13,894,852** | 13,220,148 |
| **Operating (Deficit)/Surplus for the Year before Exceptional Items** | | **(7,931)** | 8,593 |
| Net Current Liabiliites on Transferred Operations | | **0** | 37,095 |
| **Net Operating (Deficit)/Surplus for the Year** | | **(7,931)** | 45,688 |

2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

All gains and losses with the exception of depreciation and amortisation have been dealt with through the Statement of Revenue Income and Expenditure and the Statement of Capital Income and Expenditure.

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 107-111.

**Tony O'Brien**
*Chairman*
17 May 2016



**Stephen Mulvany**
*Chief Financial Officer*
17 May 2016

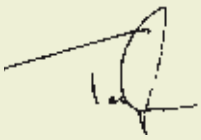
# Statement of Capital Income and Expenditure

For Year Ended 31 December 2015

| | *Notes* | **2015** **€'000** | **2014** **€'000** |
|---|---|---|---|
| **Income** | | | |
| Department of Health Capital Grant | *4* | **375,806** | 362,518 |
| Revenue Funding Applied to Capital Projects | | **1,083** | 1,014 |
| Application of Proceeds of Disposals | | **3,046** | 2,871 |
| Government Departments and Other Sources | *14(c)* | **8,310** | 2,302 |
| | | **388,245** | 368,705 |
| **Expenditure** | | | |
| Capital Expenditure on HSE Capital Projects | *14(b)* | **303,539** | 303,596 |
| Capital Grants to Outside Agencies (Appendix 1) | *14(b)* | **84,520** | 53,292 |
| | | **388,059** | 356,888 |
| **Net Capital Surplus for the Year** | | **186** | 11,817 |

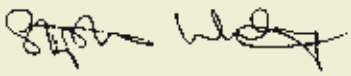
All gains and losses with the exception of depreciation and amortisation have been dealt with through the Statement of Revenue Income and Expenditure and the Statement of Capital Income and Expenditure.

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 107-111.



**Tony O'Brien**
*Chairman*

17 May 2016



**Stephen Mulvany**
*Chief Financial Officer*

17 May 2016

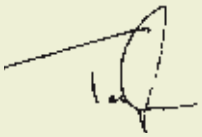
# Statement of Changes in Reserves

As at 31 December 2015

| | *Notes* | **Revenue Reserves** | **Capital Reserves** | **Capitalisation Account** | **Total** |
|---|---|---|---|---|---|
| | | **€'000** | **€'000** | **€'000** | **€'000** |
| **Balance at 1 January 2014 (restated*)** | | (1,081,318) | (150,779) | 4,910,238 | 3,678,141 |
| Net Surplus/(Deficit) for the year | | 45,688 | 11,817 | | 57,505 |
| Bequest transferred to the Child and Family Agency – Rathmines Women's Refuge Bequest | | | (63) | | (63) |
| Additions to Property, Plant and Equipment in the year | | | | 219,709 | 219,709 |
| Less: Net book value of Property, Plant and Equipment disposed in year – CFA | | | | (76,151) | (76,151) |
| Less: Net book value of Property, Plant and Equipment disposed in year – Non CFA | | | | (14,266) | (14,266) |
| Less: Depreciation charge in year | | | | (177,858) | (177,858) |
| **Balance at 31 December 2014** | | (1,035,630) | (139,025) | 4,861,672 | 3,687,017 |
| **Balance at 1 January 2015** | | (1,035,630) | (139,025) | 4,861,672 | 3,687,017 |
| Net Surplus/(Deficit) for the year | | (7,931) | 186 | | (7,745) |
| Vote Technical Adjustment | *18* | (94,000) | | | (94,000) |
| Balance on Proceeds of Disposal Account | *20* | | 125 | | 125 |
| Additions to Property, Plant and Equipment in the year | | | | 210,278 | 210,278 |
| Less: Net book value of Property, Plant and Equipment disposed in year | | | | (26,426) | (26,426) |
| Less: Depreciation charge in year | | | | (171,960) | (171,960) |
| **Balance at 31 December 2015** | | (1,137,561) | (138,714) | 4,873,564 | 3,597,289 |

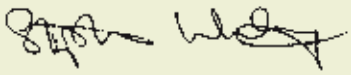
** Under previous UK GAAP, the HSE did not accrue for holiday pay. Under FRS 102 the HSE is required to accrue for all short-term compensated absences such as holiday entitlement earned but not taken at the date of the Statement of Financial Position. The impact is to accrue holiday pay for the HSE at 1 January 2014 and 31 December 2014. The Revenue Reserves balances have been restated in respect of same. Please see Note 33 for further information.*

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 107-111.



**Tony O'Brien**
*Chairman*

17 May 2016



**Stephen Mulvany**
*Chief Financial Officer*

17 May 2016

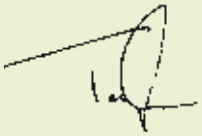
# Statement of Financial Position

As at 31 December 2015

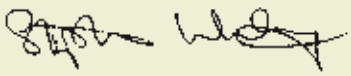
| | *Notes* | **2015** **€'000** | **2014** **€'000** |
|---|---|---|---|
| **Fixed Assets** | | | |
| Property, Plant & Equipment | *15* | **4,873,564** | 4,861,672 |
| Financial Assets | | **3** | 3 |
| Total Fixed Assets | | **4,873,567** | 4,861,675 |
| **Current Assets** | | | |
| Inventories | *16* | **146,814** | 137,133 |
| Trade and Other Receivables | *17* | **356,545** | 339,321 |
| Paymaster General Balance | *18* | **0** | 92,016 |
| Cash | | **48,650** | 53,379 |
| **Creditors (amounts falling due within one year)** | *19* | **(1,759,925)** | (1,729,449) |
| Net Current Liabilities | | **(1,207,916)** | (1,107,600) |
| **Creditors (amounts falling due after more than one year)** | *20* | **(35,465)** | (41,334) |
| **Deferred Income** | *21* | **(32,897)** | (25,724) |
| Net Assets | | **3,597,289** | 3,687,017 |
| **Capitalisation Account** | | **4,873,564** | 4,861,672 |
| **Capital Reserves** | | **(138,714)** | (139,025) |
| **Revenue Reserves** | | **(1,137,561)** | (1,035,630) |
| Capital and Reserves | | **3,597,289** | 3,687,017 |

2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 107-111.



**Tony O'Brien**
*Chairman*
17 May 2016



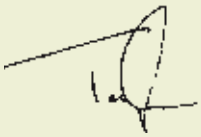
**Stephen Mulvany**
*Chief Financial Officer*
17 May 2016

# Statement of Cash Flows

For Year Ended 31 December 2015

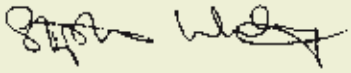
| | *Notes* | **2015** **€'000** | **2014** **€'000** |
|---|---|---|---|
| Net Cash (Outflow)/Inflow from Operating Activities | *22* | **(82,509)** | 21,437 |
| **Cash Flow from Investing Activities** | | | |
| Interest paid on loans and overdrafts | | **(1)** | (2) |
| Interest paid on finance leases | | **(1,037)** | (1,106) |
| Interest received | | **129** | 31 |
| Capital expenditure funded from Capital Allocation – capitalised | *14(b)* | **(198,719)** | (206,424) |
| Capital expenditure funded from Capital Allocation – not capitalised | *14(b)* | **(189,340)** | (150,464) |
| Payments from revenue re: acquisition of property, plant and equipment (net of trade-ins) | *14(a)* | **(11,559)** | (13,285) |
| Revenue funding applied to Capital | | **1,083** | 1,014 |
| Receipts from sale of property, plant and equipment (excluding trade-ins) | | **2,175** | 3,624 |
| Net Cash Outflow from Investing Activities | | **(397,269)** | (366,612) |
| **Cash Flow from Financing Activities** | | | |
| Capital Grant received | | **375,806** | 362,518 |
| Capital receipts from other sources | | **8,310** | 2,302 |
| Payment of capital element of finance lease and loan repayments | | **(1,083)** | (1,014) |
| Net Cash Inflow from Financing Activities | | **383,033** | 363,806 |
| (Decrease)/Increase in cash and cash equivalents in the year | | **(96,745)** | 18,631 |
| Cash and cash equivalents at the beginning of the year | | **145,395** | 126,764 |
| **Cash and cash equivalents at the end of the year** | *23* | **48,650** | 145,395 |

The primary financial statements of the HSE comprise the Statement of Revenue Income and Expenditure, Statement of Capital Income and Expenditure, Statement of Changes in Reserves, Statement of Financial Position and Statement of Cash Flows on pages 107-111.



**Tony O'Brien**
*Chairman*

17 May 2016



**Stephen Mulvany**
*Chief Financial Officer*

17 May 2016

# Note 1 Accounting Policies

## Statement of Compliance and Basis of Accounting

The financial statements have been prepared on an accrual basis, in accordance with the historical cost convention. Under the Health Act 2004, the Minister specifies the accounting standards to be followed by the HSE. The Financial Reporting Standard applicable in the United Kingdom and the Republic of Ireland (FRS 102) replaces extant Irish and UK Generally Accepted Accounting Principles (GAAP) accounting standards for accounting periods commencing on or after 1 January 2015. This is the first year in which the financial statements have been prepared under FRS 102. The HSE transitioned from previously extant UK GAAP to FRS 102 on 1 January 2014. An explanation of how the transition to FRS 102 has affected the reported financial position and financial performance is given in Note 33.

The HSE has adopted FRS 102 in accordance with accounting standards issued by the Financial Reporting Council subject to the following exceptions specified by the Minister:

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure, rather it is charged against the Capitalisation (Reserve) Account balance. Under UK GAAP depreciation must be charged in the Statement of Revenue Income and Expenditure.
2. Capital grants received from the State to fund the purchase of property, plant and equipment are recorded in the Statement of Capital Income and Expenditure. Under UK GAAP, capital grants are recorded as deferred income and amortised over the useful life of related property, plant and equipment, in order to match the accounting treatment of the grant against the related depreciation charge.
3. Pensions are accounted for on a pay-as-you go basis. The provisions of FRS 102 *'Section 28: Employee Benefits'* are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements.

In previous years the HSE noted an exception in respect of accounting for claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf. Following a review of accounting standards the HSE has concluded that this statement is not required.

The financial statements are also prepared in accordance with the Department of Public Expenditure and Reform Circular 21/2015 *'Titles of Financial Statements under FRS 102 for State Bodies audited by the Comptroller and Auditor General'*.

## Basis of Preparation

The programme for Government has committed to the HSE ceasing to exist over time and the introduction of Community Healthcare organisations (CHOs) and Hospital Groups (HGs). The Directorate assumes that all existing HSE activities will be ultimately carried out by the CHOs and HGs when they are legally structured with all liabilities and assets appropriately transferred. No restructuring adjustment for the carrying value of assets or liabilities has been made in the financial statements for 2015. As there is a continuance of the activity of the entity (whether through HSE structure or new legal entities) the financial statements for 2015 will continue to be prepared on the going concern basis.

The HSE financial statements are prepared in Euro and rounded to the nearest €'000.

## Income Recognition

### Department of Health Revenue and Capital Grant

Up to 31 December 2014, the HSE received funding via the estimates process through Vote 39. Up to that date the grant income recognised in the HSE's financial statements represented the net recourse to the Exchequer to fund payments made during the year.

The vote of the HSE was disestablished on 1 January 2015 in accordance with the provisions of the Health Service Executive (Financial Matters) Act 2014. Following the disestablishment of the HSE Vote, monies to fund the health service are voted to the Department of Health (Vote 38). The Department of Health provides grants to the HSE in respect of administration, capital and non-capital services.

The Act provides that each year the Minister will issue a Letter of Determination to the HSE setting out the maximum expenditure it may incur in the relevant financial year. It is accepted that from time to time, the amount specified in the Letter of Determination may differ from the amount voted to the Department of Health in relation to health services. The final Letter of Determination in relation to 2015 was received on 24 December 2015.

In accordance with the accounting standards prescribed by the Minister, the HSE accounts for grants on an accruals basis. Accordingly, the amount specified in the Letter of Determination for the relevant financial year is recognised as income in that year.

Grant income in respect of administration and non-capital services is accounted for:

- in the Statement of Revenue Income and Expenditure where it is applied to non-capital areas of expenditure;
- in the Statement of Capital Income and Expenditure under the heading *'Revenue Funding Applied to Capital Projects'* where non-capital grant monies is used to fund capital expenditure.

Grant income in respect of capital services is accounted for in the Statement of Capital Income and Expenditure.

Section 10 of the Act requires the HSE to manage and deliver services in a manner that is in accordance with an approved Service Plan. The Act also requires the HSE to manage the services within the determination notified by the Minister. When the HSE's expenditure incurred exceeds the Minister's determination in a financial year the Act provides for the deficit to be charged to income and expenditure in the next financial year. Where the HSE's expenditure incurred is less than the Minister's determination in a financial year, the Act provides for the surplus to be credited to income and expenditure in the next financial year, subject to the approval of the Minister with the consent of the Department of Public Expenditure and Reform.

Accordingly, the HSE will charge the revenue operating deficit of €7.9 million, at 31 December 2015, to the Statement of Revenue Income and Expenditure in 2016 and credit the capital operating surplus of €186,000, at 31 December 2015, to the Statement of Capital Income and Expenditure in 2016, as required by the Act.

### Other Income

(i) Patient and service income is recognised at the time the service is provided.

(ii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting policy below).

(iii) Income from all other sources is recognised on a receipts basis.

## Grants to Outside Agencies

The HSE funds a number of service providers and bodies for the provision of health and personal social services on its behalf, in accordance with the provisions of Sections 38 and 39 of the Health Act, 2004. Before entering into such an arrangement, the HSE determines the maximum amount of funding that it proposes to make available in the financial year under the arrangement and the level of service it expects to be provided for that funding. This information is set out in nationally standardised documentation, which is required to be signed by both parties to the arrangement. This funding is charged, in the year of account, to income and expenditure at the maximum determined level for the year, although a certain element may not actually be disbursed until the following year.

## Leases

Rentals payable under operating leases are dealt with in the financial statements as they fall due. Lease incentives are recognised over the lease term on a straight line basis. The HSE is not permitted to enter into finance lease obligations under the Department of Public Expenditure and Reform's Public Financial Procedures, without prior sanction or approval from the HSE Directorate. However, where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life. In addition to the normal UK GAAP treatment for assets acquired under finance leases, the cost of the asset is charged to the Statement of Capital Income and Expenditure and the Capitalisation (Reserve) Account is credited with an equivalent amount. The outstanding capital element of the leasing obligation is included in creditors. Interest is charged to income and expenditure over the period of the lease.

## Capital Grants

Capital grant funding is recorded in the Statement of Capital Income and Expenditure. In addition to capital grant funding, some minor capital expenditure is funded from revenue. The amount of this revenue funding expended in the year in respect of minor capital is charged in full in the Statement of Revenue Income and Expenditure in the year. This accounting treatment, which does not comply with UK GAAP, is a consequence of the exceptions specified by the Minister.

## Property, Plant and Equipment and Capitalisation Account

Property, Plant and Equipment comprise Land, Buildings, Work in Progress, Equipment and Motor Vehicles. Property plant and equipment additions since 1 January 2005 are stated at historic cost less accumulated depreciation. The carrying values of assets taken over from predecessor bodies by the HSE were included in the opening Statement of Financial Position on establishment day, 1 January 2005, at their original cost/valuation. Where lands had been revalued prior to transfer to the HSE, Department of Health valuation rates were used. The related aggregate depreciation account balance was also included in the opening Statement of Financial Position. The HSE has adopted a policy of not revaluing property, plant and equipment.

Lands owned by the HSE are held for the provision of health and personal social services. The HSE does not hold land for commercial purposes.

In accordance with the accounting standards prescribed by the Minister, expenditure on property, plant and equipment additions is charged to the Statement of Revenue Income and Expenditure or the Statement of Capital Income and Expenditure, depending on whether the asset is funded by capital or revenue funding. Capital funded assets and revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes. Asset additions below this threshold and funded from revenue are written off in the year of purchase. Asset additions below this threshold funded from capital are included in Note 14(b) under *'Expenditure on HSE projects not resulting in Property, Plant and Equipment additions'*. A breakdown of asset additions by funding source is provided in Note 14(a) to the accounts. Depreciation is not charged to the Statement of Income and Expenditure over the useful life of the asset. Instead, a Statement of Financial Position reserve account, the Capitalisation Account, is the reciprocal entry to Property, Plant and Equipment. Depreciation is charged to the Property, Plant and Equipment and Capitalisation Accounts over the useful economic life of the asset.

Depreciation is calculated to write-off the original cost/valuation of each asset over its useful economic life on a straight line basis at the following rates:

- Land: land is not depreciated
- Buildings: depreciated at 2.5% per annum
- Modular buildings (i.e. prefabricated buildings): depreciated at 10% per annum
- Work in progress: no depreciation
- Equipment – computers and ICT systems: depreciated at 33.33% per annum
- Equipment – other: depreciated at 10% per annum
- Motor vehicles: depreciated at 20% per annum.

On disposal of fixed assets both the Property Plant and Equipment and Capitalisation Accounts are reduced by the net book value of the asset disposal. An analysis of the movement on the Capitalisation Account is provided in the Statement of Changes in Reserves.

In previous periods proceeds of disposal of fixed assets were considered as Exchequer Extra Receipts (EERs) under the Department of Expenditure and Reform's Public Financial Procedures. The HSE was not entitled to retain these sales proceeds for its own use, except in the case of proceeds applied for Mental Health and other projects as sanctioned, subject to a maximum threshold of €8 million in 2014. The application of any additional proceeds of disposal from surplus assets over and above €8 million were subject to the approval of the Department of Public Expenditure and Reform.

The Multi-Annual Delegated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The impact of this for the HSE is that the Letter of Sanction 2015 Capital includes an allowance to re-invest proceeds of sale of fixed assets of up to €5 million. The proceeds of the sale of assets in the 2015 AFS is below this €5 million threshold and is not considered to be EERs and in 2015 are reflected under Capital and Reserves.

## Pensions

Eligible HSE employees are members of various defined benefit superannuation schemes. Pensions are paid to former employees by the HSE. The HSE is funded by the Department of Health on a pay-as-you-go basis for this purpose. Funding from the Department of Health in respect of pensions is included in income. Pension payments under the schemes are charged to the Statement of Revenue Income and Expenditure when paid, as follows:

(i) Superannuation paid to retired HSE employees is accounted for within the pay classification (see Note 7);

(ii) Superannuation paid to retirees from the voluntary health service providers are accounted for under grants to outside agencies within the non-pay classification (see Note 9 and Appendix 1).

Contributions from HSE employees who are members of the schemes are credited to the Statement of Revenue Income and Expenditure when received. Contributions from employees of the voluntary health service providers who are members of the scheme are retained as income of the health service provider.

No provision has been made in respect of pension benefits earned by employees and payable in future years under the pension scheme, consistent with the accounting treatment in previous years. This continues to be the treatment adopted by the HSE following the accounting specifications of the Minister.

## Pension Related Deduction

Under the Financial Emergency Measures in the Public Interest Act 2009, a pension levy was introduced for all staff who are members of a public service pension scheme, including staff of certain HSE-funded service providers. Pension levy collected by service providers as well as pension levy deducted from HSE staff is accounted for as income by the HSE. Details of amount deducted in respect of the pension levy are set out in Note 6(a) to the Financial Statements.

## Inventories

Inventories are stated at the lower of cost and net realisable value. Net realisable value is the estimated proceeds of sale less costs to be incurred in the sale of inventory. The HSE historically carries a provision against specific vaccine inventories and any other write offs and adjustments for obsolescence are charged in the current year against revenue income and expenditure.

## Patients' Private Property

Monies received for safe-keeping by the HSE from or on behalf of patients are kept in special accounts separate and apart from the HSE's own accounts. Such accounts are collectively called Patients' Private Property accounts. The HSE is responsible for the administration of these accounts. However, as this money is not the property of the HSE, these accounts are not included on the HSE's Statement of Financial Position. The HSE acts as trustee of the funds. Patients' Private Property accounts are independently audited each year.

## Critical Accounting Judgements and Estimates

The preparation of the financial statements requires the HSE to make significant judgements and estimates that effect the amounts reported for assets and liabilities as at the Statement of Financial Position date and the amounts reported for revenue and capital income and expenditure during the year. However the nature of estimation means that actual outcomes could differ from those estimates. The following judgements and estimates have had the most significant effect on amounts recognised in the financial statements:

### Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful. General provision is made for patient debts which are outstanding for more than one year.

### Accrued Holiday Pay

Salaries, wages and employment related benefits are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the financial year is recognised in the financial statements to the extent that employees are permitted to carry forward unpaid annual leave into the following year. Due to different payroll systems across the HSE it was necessary to make assumptions in order to calculate the accrual. The assumptions underlying the holiday pay accrual, for which amounts are recognised in the financial statements, are determined (including employee profiles and the pattern of holidays taken) based on current conditions.

# Notes to the Financial Statements

## Note 2 Segmental Analysis by Area of Operation

| | Hospitals Division incl. Ambulances | Primary Care Division | Mental Health Division | Social Care Division | Health and Wellbeing Division | Corporate Support Services Division | Total | Total |
|---|---|---|---|---|---|---|---|---|
| | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2015 | 2014* |
| | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 |
| **Expenditure** | | | | | | | | |
| **Pay and Pensions** | | | | | | | | |
| Clinical | 1,485,907 | 391,973 | 467,240 | 340,641 | 54,267 | 399,737 | **3,139,765** | 3,071,010 |
| Non Clinical | 334,576 | 144,621 | 70,615 | 148,309 | 32,593 | 289,414 | **1,020,128** | 1,010,788 |
| Other Client/Patient Services | 237,538 | 31,985 | 46,322 | 345,272 | 2,912 | 88,045 | **752,074** | 713,456 |
| | 2,058,021 | 568,579 | 584,177 | 834,222 | 89,772 | 777,196 | **4,911,967** | 4,795,254 |
| **Non Pay** | | | | | | | | |
| Clinical | 605,429 | 167,324 | 20,304 | 54,625 | 43,029 | 42,315 | **933,026** | 880,780 |
| Patient Transport and Ambulance Services | 40,016 | 6,610 | 4,304 | 9,627 | 510 | 689 | **61,756** | 56,892 |
| Primary Care and Medical Card Schemes | 19,924 | 2,583,248 | 32,046 | 167,134 | 13,770 | 14,482 | **2,830,604** | 2,667,502 |
| Other Client/Patient Services | 1,833 | 953 | 2,036 | 14,372 | 40 | 340 | **19,574** | 15,994 |
| Grants to Outside Agencies | 2,415,080 | 160,957 | 40,999 | 985,349 | 11,138 | 6,980 | **3,620,503** | 3,425,454 |
| Housekeeping | 116,742 | 25,089 | 27,632 | 62,480 | 1,215 | 4,298 | **237,456** | 229,193 |
| Office and Administrative Expenses | 125,648 | 91,786 | 42,797 | 40,214 | 20,689 | 100,407 | **421,541** | 403,096 |
| Other Operating Expenses | 13,241 | 8,344 | 7,860 | 9,917 | 5,203 | 3,478 | **48,043** | 41,110 |
| Long Stay Charges Repaid to Patients | 0 | 0 | 0 | 0 | 0 | 1,682 | **1,682** | 1,124 |
| Hepatitis C Insurance Scheme | 0 | 0 | 0 | 0 | 0 | 793 | **793** | 882 |
| Payments to State Claims Agency | 0 | 0 | 0 | 0 | 0 | 205,228 | **205,228** | 117,356 |
| Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only | 0 | 0 | 0 | 602,679 | 0 | 0 | **602,679** | 585,511 |
| | 3,337,913 | 3,044,311 | 177,978 | 1,946,397 | 95,594 | 380,692 | **8,982,885** | 8,424,894 |
| **Gross Expenditure for the Year** | 5,395,934 | 3,612,890 | 762,155 | 2,780,619 | 185,366 | 1,157,888 | **13,894,852** | 13,220,148 |
| **Gross Expenditure for the Year: prior year comparatives** | 5,225,293 | 3,416,804 | 715,870 | 2,633,647 | 190,125 | 1,038,409 | **13,220,148** | |

* 2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

# Note 3 Net Operating (Deficit)/Surplus

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Net operating (deficit)/surplus for the year is arrived at after charging: | | |
| Audit fees | **550** | 520 |
| Remuneration – Director General basic pay* | **185** | 185 |

* The Director General's remuneration package comprises basic pay only. No allowances, bonuses or perquisites apply to the post. The Director General is a member of the HSE pension scheme and his pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

| | 2015 € | 2014 € |
|---|---|---|
| **Directorate members' expenses**** | | |
| Tony O'Brien | **7,099** | 7,603 |
| Laverne McGuinness (resigned 31 December 2015) | **6,428** | 4,912 |
| Stephen Mulvany | **3,943** | 3,886 |
| John Hennessy | **2,101** | 780 |
| Dr. Stephanie O'Keeffe | **4,656** | 857 |
| Ian Carter (resigned 12 May 2014) | **0** | 730 |
| Pat Healy | **22,093** | 9,531 |
| Tom Byrne (resigned 19 May 2014) | **0** | 215 |
| Anne O'Connor | **3,424** | 1,355 |
| Dr Tony O'Connell (resigned 31 January 2015) | **451** | 10,418 |
| Liam Woods (appointed 1 February 2015) | **12,059** | 0 |
| Dr. Philip Crowley (appointed 1 February 2015) | **4,901** | 0 |
| | **67,155** | 40,287 |

** Directorate members' expenses for 2015 are shown from the date of appointment.

The Directorate comprises senior executives appointed by the Minister of Health under legislation (Health Service Executive (Governance) Act 2013 ) from persons employed as HSE National Directors or no less senior grade. In accordance with Government pay policy, public servants who sit on State boards or who may be nominated to such boards independently of their public service employment are not paid remuneration in the form of board fees and their remuneration applies to their HSE executive roles only. No fees are paid to members of the Directorate.

## Note 4 Department of Health Revenue and Capital Grant

| | 2015<br>€'000 | 2014<br>€'000 |
|---|---|---|
| Net Revenue Funding allocated to HSE* | **13,187,759** | 12,232,496 |
| Less: Net Surplus to be surrendered to the Exchequer | **0** | (26,764) |
| Net recourse to Department of Health/Exchequer | **13,187,759** | 12,205,732 |
| Less: Capital Funding* | **(375,806)** | (362,518) |
| Department of Health/Exchequer Revenue Grant | **12,811,953** | 11,843,214 |

* The HSE is funded mainly by way of grants received annually from the Department of Health in respect of administration, capital and non-capital services. Following the enactment of the Health Service Executive (Financial Matters) Act 2014, the HSE Vote was disestablished with effect from 1 January 2015 and the funds added to the Vote of the Department of Health. The HSE receives an annual Letter of Determination from the Minister subject to approval from the Department of Expenditure and Reform. In 2014 funding was by monies voted annually by Dáil Eireann (Exchequer Grant).

The table below provides further analysis of Exchequer funding received in 2015.

| | €'000 |
|---|---|
| Revenue Grant – Funding Allocation from the Department of Health 2015 | **12,811,953** |
| Less: Remittances from the Department of Health between 1 January 2015 and 31 December 2015 | **(12,757,963)** |
| Revenue Grant balance due from the Department of Health (up to Approved Allocation) as at 31 December 2015 | **53,990** |
| Capital Grant – Funding Allocation from the Department of Health 2015 | **375,806** |
| Less: Remittances from the Department of Health between 1 January 2015 and 31 December 2015 | **(374,971)** |
| Capital Grant balance due from the Department of Health (up to Approved Allocation) as at 31 December 2015 | **835** |
| Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December 2015 (Note 17) | **54,825** |

** The HSE no longer receives receipts from certain excise duties on tobacco products, income from services provided under EU regulations or Recovery of Costs from Social Insurance Fund. These receipts were previously accounted for in the HSE Vote and the HSE Financial Statements when the HSE was a separate vote. Since 1 January 2015, these receipts are now accounted for in the Department of Health Vote and are not therefore included in the HSE Financial Statements. The HSE is now funded on a net grant basis and the increase in the Department of Health grant compared to 2014 is partly due to the fact that these receipts are no longer accounted for by the HSE.

## Note 5 Patient Income

| | 2015<br>€'000 | 2014<br>€'000 |
|---|---|---|
| Private Charges | **321,540** | 298,010 |
| Inpatient Charges | **17,766** | 18,011 |
| Emergency Department Charges | **9,849** | 9,225 |
| Road Traffic Accident Charges | **4,772** | 4,841 |
| Long Stay Charges | **80,065** | 79,820 |
| EU Income – E111 Claims | **529** | 15 |
| | **434,521** | 409,922 |

# Note 6 Other Income

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(a) Other Income** | | |
| Superannuation Income | **164,122** | 169,373 |
| Pension levy deductions from HSE own staff | **213,972** | 212,743 |
| Pension levy deductions from service providers | **101,177** | 106,427 |
| Other Payroll Deductions | **7,213** | 8,303 |
| Agency/Services – provided to Local Authorities and other organisations | **6,557** | 7,279 |
| Canteen Receipts | **12,197** | 11,693 |
| Income from other Agencies (See Note 6(b) analysis below) | **6,676** | 4,339 |
| Miscellaneous Income (See Note 6(c) analysis below) | **128,533** | 107,055 |
| | **640,447** | 627,212 |

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(b) Income from Other Agencies** | | |
| National Council for Professional Development of Nursing & Midwifery | **231** | 0 |
| Friends of St. Lukes Rathgar | **901** | 0 |
| Department of Arts. Heritage & The Gaeltacht – Helicopter services | **62** | 53 |
| Dept of Children & Youth Affairs – Young Peoples Facilities and Services | **991** | 0 |
| All Ireland Cooperative Clinical Research Group (ICORG)/Health Research Board (Academic fellowship programmes, clinical research trials) | **1,265** | 1,289 |
| Department of Justice (Traveller Conflict Mediation Initiative) | **0** | 100 |
| EU Income – CAWT (Co-operation and Working Together – EU cross border initiative) | **1,555** | 921 |
| Genio Trust (Mental Health Projects) | **94** | 182 |
| Employment Response – employment initiatives for persons with a disability | **111** | 136 |
| Education & Training Boards/ Solas | **972** | 1,158 |
| National Treatment Purchase Fund | **358** | 0 |
| Elton John Aids Foundation | **0** | 158 |
| The Atlantic Philanthropies – single assessment tool for the elderly | **136** | 92 |
| Irish Cancer Society – colonoscopy for the Bowel Screen Programme | **0** | 250 |
| | **6,676** | 4,339 |

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(c) Miscellaneous Income** | | |
| Rebate from Pharmaceutical Manufacturers* | **54,281** | 41,192 |
| Certificates and Registration Income (Births, Deaths and Marriages) | **11,665** | 11,654 |
| Parking | **12,617** | 12,408 |
| Insurance Claim re: flood damage (Note 12) | **1,500** | 14,000 |
| Other Miscellaneous Income (e.g. refunds, rental income, donations, training) | **48,470** | 27,801 |
| | **128,533** | 107,055 |

* In respect of 2010 IPHA Agreement and special arrangements for specific drugs and medicines.

# Note 7 Pay and Pensions Expenditure

| | 2015<br>€'000 | 2014*<br>€'000 |
|---|---|---|
| **Clinical HSE Staff** | | |
| Medical/Dental | **691,764** | 656,067 |
| Nursing | **1,387,082** | 1,359,126 |
| Health & Social Care Professional | **496,196** | 483,350 |
| Superannuation | **384,485** | 371,222 |
| | **2,959,527** | 2,869,765 |
| **Clinical Agency Staff** | | |
| Medical/Dental | **103,095** | 109,880 |
| Nursing | **57,503** | 63,172 |
| Health & Social Care Professional | **19,640** | 28,193 |
| | **180,238** | 201,245 |
| **Non Clinical HSE Staff** | | |
| Management/Administration | **536,745** | 515,284 |
| General Support Staff | **301,864** | 318,402 |
| Superannuation | **153,417** | 147,706 |
| | **992,026** | 981,392 |
| **Non Clinical Agency Staff** | | |
| Management/Administration | **12,004** | 15,926 |
| General Support Staff | **16,098** | 13,470 |
| | **28,102** | 29,396 |
| **Other Client/Patient Services HSE Staff** | | |
| Other Patient & Client Care | **614,805** | 585,666 |
| Superannuation | **86,312** | 80,925 |
| | **701,117** | 666,591 |
| **Other Client/Patient Services Agency Staff** | | |
| Other Patient & Client Care | **50,957** | 46,865 |
| | **50,957** | 46,865 |
| **Total Pay Expenditure** | **4,911,967** | 4,795,254 |

* 2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

## Note 7 Pay and Pensions Expenditure cont'd

| | Clinical 2015 €'000 | Non Clinical 2015 €'000 | Other Client/ Patient Services 2015 €'000 | Total 2015 €'000 | Total 2014* €'000 |
|---|---|---|---|---|---|
| **Summary of Pay Analysis** | | | | | |
| Basic Pay | 1,986,210 | 724,429 | 456,911 | **3,167,550** | 3,086,367 |
| Allowances | 69,179 | 11,321 | 19,742 | **100,242** | 101,638 |
| Overtime | 104,428 | 3,983 | 19,335 | **127,746** | 128,043 |
| Night duty | 47,943 | 5,520 | 10,307 | **63,770** | 69,614 |
| Weekends | 96,391 | 23,176 | 44,774 | **164,341** | 156,741 |
| On-Call | 49,162 | 1,444 | 438 | **51,044** | 50,608 |
| Arrears | 17,835 | 3,048 | 9,949 | **30,832** | 17,010 |
| Wages and Salaries | 2,371,148 | 772,921 | 561,456 | **3,705,525** | 3,610,021 |
| Employer PRSI | 203,894 | 65,688 | 53,350 | **322,932** | 307,874 |
| Superannuation** | 384,485 | 153,417 | 86,311 | **624,213** | 599,853 |
| Total HSE Pay | 2,959,527 | 992,026 | 701,117 | **4,652,670** | 4,517,748 |
| Agency Pay | 180,238 | 28,102 | 50,957 | **259,297** | 277,506 |
| **Total Pay** | 3,139,765 | 1,020,128 | 752,074 | **4,911,967** | 4,795,254 |

* 2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

Total Pay Costs above relate to HSE services only. Pay costs for employees in the voluntary sector are accounted for under Non-Pay Expenditure (Revenue Grants to Outside Agencies). See Note 9 and Appendix 1.

## Superannuation

Eligible staff employed in the HSE are members of a variety of defined benefit superannuation schemes.

Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to the Statement of Revenue Income and Expenditure in the year in which they become payable. In accordance with a Directive from the Minister for Health, no provision is made in the financial statements in respect of future pension benefits and no charge is made to the Statement of Revenue Income and Expenditure in respect of this. Superannuation contributions from employees who are members of these schemes are credited to the Statement of Revenue Income and Expenditure when received. No formal actuarial valuations of the HSE's pension liabilities are carried out. The pension charge to the Statement of Revenue Income and Expenditure for 2015 was €624m (2014: €599m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €99m (2014: €91m).

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **Analysis of Superannuation | | |
| Ongoing superannuation payments to pensioners | **524,629** | 508,496 |
| Once-off lump sums and gratuity payments | **99,584** | 91,357 |
| | **624,213** | 599,853 |

# Note 8 Employment

The number of employees at 31 December by Area of Operation was as follows (in whole time equivalents (WTEs)):

| | **2015** | 2014 |
|---|---|---|
| Acute Services | **28,974** | 27,171 |
| Mental Health | **8,969** | 8,750 |
| Primary Care | **9,407** | 9,469 |
| Social Care | **12,319** | 12,197 |
| Health & Wellbeing | **1,283** | 1,237 |
| Ambulance Services | **1,694** | 1,623 |
| Corporate & HBS | **2,735** | 2,599 |
| Subtotal | **65,381** | 63,046 |
| Directly Employed Home Helps | **3,390** | 3,703 |
| **Total HSE employees (additional analysis below)** | **68,771** | 66,749 |
| Voluntary Sector – Acute Services | **23,384** | 22,572 |
| Voluntary Sector – Non Acute Services | **14,240** | 13,709 |
| **Sub-total Section 38 Sector employees** | **37,624** | 36,281 |
| **Total Health Sector employees** | **106,395** | 103,030 |

In 2015, the management of the HSE's workforce moved away from adherence to an employment control framework toward operating within an allocated pay framework. Employment numbers for the previous year have been restated to reflect this change.

**Additional Analysis – Department of Expenditure and Reform Circular 13/2014 requirement**

The number of HSE employees in 2015 whose total employee benefits (excluding employer pension costs) for the reporting period fell within each band of €10,000 from €60,000 upwards are as follows:

| | **2015** | **2014** |
|---|---|---|
| **Salary band (WTE's)** | | |
| *€0 to €30,000* | **12,025** | 11,250 |
| *€30,001 to €45,000* | **34,833** | 32,946 |
| *€45,001 to €60,000* | **15,254** | 15,902 |
| Subtotal €0 to €60,000 | **62,112** | 60,098 |
| €60,001 to €70,000 | **3,030** | 3,020 |
| €70,001 to €80,000 | **1,228** | 1,284 |
| €80,001 to €90,000 | **479** | 479 |
| €90,001 to €100,000 | **142** | 160 |
| €100,001 to €110,000 | **172** | 199 |
| €110,001 to €120,000 | **98** | 83 |
| €120,001 to €130,000 | **44** | 29 |
| €130,001 to €140,000 | **123** | 105 |
| €140,001 to €150,000 | **257** | 215 |
| €150,001 to €160,000 | **126** | 143 |
| €160,001 to €170,000 | **501** | 507 |
| €170,001 to €180,000 | **428** | 409 |
| €180,001 to €190,000 | **7** | 10 |
| €190,001 to €200,000 | **21** | 2 |
| €200,001 to €210,000 | **1** | 1 |
| €210,001 to €220,000 | **2** | 4 |
| €220,001 to €230,000 | **0** | 1 |
| **Total HSE employees** | **68,771** | 66,749 |

Note: Change to Note 8 (Salary band) following publication of document:

"The number of HSE employees in 2015 whose total employee benefits (excluding employer pension costs)" should read "The number of HSE employees in 2015 whose total employee pay (excluding allowance and employer pension costs)".

# Note 9 Non Pay Expenditure

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **Clinical** | | |
| Drugs & Medicines (excl. demand led schemes) | **242,091** | 229,863 |
| Blood/Blood Products | **27,800** | 28,309 |
| Medical Gases | **8,918** | 8,573 |
| Medical/Surgical Supplies | **259,516** | 245,047 |
| Other Medical Equipment | **101,842** | 90,113 |
| X-Ray/Imaging | **26,958** | 30,078 |
| Laboratory | **109,555** | 108,199 |
| Professional Services (e.g. therapy costs, radiology etc.) | **98,829** | 87,314 |
| Education & Training | **57,517** | 53,284 |
| | **933,026** | 880,780 |
| **Patient Transport and Ambulance Services** | | |
| Patient Transport | **48,109** | 42,613 |
| Vehicles Running Costs | **13,647** | 14,279 |
| | **61,756** | 56,892 |
| **Primary Care and Medical Card Schemes** | | |
| Pharmaceutical Services | **2,067,925** | 1,987,042 |
| Less Prescription Levy Charges | **(112,912)** | (117,646) |
| Net Cost Pharmaceutical Services | **1,955,013** | 1,869,396 |
| Doctors' Fees and Allowances | **498,752** | 462,211 |
| Pension Payments to Former District Medical Officers/Dependents | **3,306** | 3,695 |
| Dental Treatment Services Scheme | **66,864** | 69,936 |
| Community Ophthalmic Services Scheme | **31,809** | 31,723 |
| Cash Allowances (Blind Welfare, Domiciliary Care, etc.) | **33,892** | 34,080 |
| Capitation Payments | **240,968** | 196,461 |
| | **2,830,604** | 2,667,502 |
| **Other Client/Patient Services** | | |
| Professional Services e.g. care assistants, childcare contracted services etc. | **17,872** | 13,468 |
| Education & Training | **1,702** | 2,526 |
| | **19,574** | 15,994 |
| **Grants to Outside Agencies** | | |
| Revenue Grants to Outside Agencies (Appendix 1) | **3,620,503** | 3,425,304 |
| Grants funded from other Government Departments/State Agencies | **0** | 150 |
| | **3,620,503** | 3,425,454 |
| **Housekeeping** | | |
| Catering | **56,900** | 54,789 |
| Heat, Power & Light | **71,794** | 72,875 |
| Cleaning & Washing | **84,023** | 81,434 |
| Furniture, Crockery & Hardware | **10,362** | 7,848 |
| Bedding & Clothing | **14,377** | 12,247 |
| | **237,456** | 229,193 |

## Note 9 Non Pay Expenditure cont'd

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **Office and Administration Expenses** | | |
| Maintenance | **62,977** | 60,903 |
| Finance Costs | **2,787** | 2,779 |
| Prompt Payment Interest & Compensation* | **(7,936)** | 9,336 |
| Insurance | **5,360** | 6,081 |
| Audit | **550** | 520 |
| Legal & Professional Fees | **46,344** | 40,474 |
| Bad & Doubtful Debts | **23,928** | 15,609 |
| Education & Training | **8,451** | 8,181 |
| Travel & Subsistence | **54,554** | 50,865 |
| Vehicle Costs | **2,227** | 829 |
| Office Expenses/Rent & Rates | **167,490** | 159,101 |
| Computers & Systems Maintenance | **54,809** | 48,418 |
| | **421,541** | 403,096 |

* The decrease in respect of Prompt Payment Interest & Compensation includes the reversal of a provision of €9 million in the previous year.

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **Other Operating Expenses** | | |
| Maintenance Farm & Grounds | **2,248** | 2,253 |
| Security | **19,753** | 18,427 |
| Fluoridation | **4,148** | 2,394 |
| Memberships | **254** | 154 |
| Licences* | **(1,204)** | 2,767 |
| Subscriptions | **534** | 712 |
| Sundry Expenses | **13,965** | 7,723 |
| Burial Expenses | **91** | 106 |
| Secondment Charges | **4,112** | 2,128 |
| Recreation (Residential Units) | **804** | 650 |
| Materials for Workshops | **1,659** | 1,653 |
| Meals on Wheels Subsidisation | **1,258** | 1,813 |
| Refunds | **421** | 330 |
| | **48,043** | 41,110 |

* The decrease in respect of Licences relates the reversal of an over provision in the previous year.

## Note 10 The Health (Repayment Scheme) Act, 2006

The Health (Repayment Scheme) Act, 2006 provides the legislative basis for the repayment of what has been referred to as 'long stay charges', which were incorrectly levied on persons with full medical card eligibility prior to 14 July 2005. The scheme allows for the repayment of charges to the following people:

- Living people who were wrongly charged at any time since 1976
- The estates of people who were wrongly charged and died on or after 9 December 1998

A special account was set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €4m was set aside in 2015 for this purpose. The majority of this funding refers to a provision for payments that will arise as a result of appeals.The best estimate of the total cost of repayments, at the inception of the scheme, based on the terms as set out in the Act was up to €1bn. Repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The scheme closed to new applicants on 31 December 2007 and nearly 14,000 claims have been received in respect of living patients and nearly 27,000 claims in respect of estates. Up to 31 December 2015, 20,264 claims were paid. As at December 2015, there was a total of 29 outstanding claims being processed to offer stage under the scheme. These claims refer to the 498 applications made under the scheme which were the subject of an appeal to the High Court. The appeal to the High Court was subsequently withdrawn by the State and as a result, these claims are now being processed. It is expected that all of these claims will be processed by the end of Quarter 2 2016. €2m has been provided in the HSE's 2016 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2015 was €484.877m.

In 2015, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

| | **2015** | 2014 |
|---|---|---|
| | **€'000** | €'000 |
| Pay | **170** | 146 |
| Non Pay: | | |
| Repayments to Patients | **1,682** | 1,124 |
| Legal & Professional Fees | **0** | 17 |
| Office Expenses* | **3** | 48 |
| Total Non Pay | **1,685** | 1,189 |
| **Total** | **1,855** | 1,335 |

* Office and Administration Expenses in relation to the Health (Repayment Scheme) Act, 2006 are included in HSE expenditure.

## Note 11 The Hepatitis C Compensation Tribunal (Amendment) Act, 2006

The Hepatitis C Compensation Tribunal (Amendment) Act, 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection and life assurance policies as a result of contaminated blood products being administered to them. The scheme will cover the insurance risk for the 1,700 or more people entitled to avail of assurance products, regardless of any other medical conditions these people may have, once they pay the standard premium that an uninfected person of the same age and gender would pay. The life assurance element of the scheme was launched by the HSE in September 2007. A further element, providing for travel insurance cover, was introduced in March 2009.

The overall cost over the lifetime of the scheme was originally estimated at €90m. The cumulative expenditure on the insurance scheme to 31 December 2015 was €8m.

In 2015, the following expenditure has been charged to the Statement of Income and Expenditure in respect of the Insurance Scheme:

| | **2015** | 2014 |
|---|---|---|
| | **€'000** | €'000 |
| Pay | **82** | 79 |
| Non Pay: | | |
| Payments of premium loadings | **378** | 442 |
| Payments of benefits underwritten by HSE | **415** | 440 |
| | **793** | 882 |
| Office Expenses* | **5** | 5 |
| Total Non Pay | **798** | 887 |
| **Total** | **880** | 966 |

* Office Expenses are included in HSE expenditure.

** Other Hepatitus C Costs are included in the Hepatitus C Insurance Scheme Special Account, the Hepatitus C Special Account and the Hepatitus C Reparation Account.

# Note 12 Insurance

Prior to 1 January 2001, HSE insurance premium was subject to retro-rating. Under the retro-rating basis, the final premium is not determined until the end of the coverage period and is based on the HSE's loss experience for that same period. The retro-rated adjustment payable by the HSE is subject to maximum and minimum limits. At 31 December 2015 it was not possible to accurately quantify the liability, if any, which may arise as a result of future retro-rating. The maximum liabilities for retro-rated claims still outstanding, based on agreed levels of each insurable risk is €5,000 and €980,500 for employers liability and public liability respectively. All insurance premiums from 1 January 2001 have been paid on a flat basis only and no retro-rating applies to cover from this date forward. Until the transfer to State indemnity on 1 January 2010, the HSE was insured against employer's liability and public liability risks up to an indemnity limit, under both retro-rated and flat-rated basis.

## State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. At 31 December 2015, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €1,525m (2014: €1,277m). Of this €1,525m, approximately €1,332m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. In 2015, the charge to the Statement of Revenue Income and Expenditure was €205.2m (2014: €117.3m). Based on actuarial estimates, the charge to the Statement of Revenue Income and Expenditure is expected to increase significantly in future years. In accordance with the directions of the Minister for Health, no provision has been made for this liability in the financial statements.

## Insurance – Flood Damage at Letterkenny General Hospital

Letterkenny General Hospital suffered catastrophic damage following flooding on 26 July 2013. The flood affected the Emergency Department, Coronary Care Unit, Radiology Department, Haematology Oncology Ward, Laboratory, main Out-Patient Department, Cardiac Investigations, kitchen facilities, medical records and office accommodation. Letterkenny General Hospital continued to operate services, and has worked closely with insurers to restore services, repair the damage caused by the flood and take measures to prevent a recurrence. Full buildings and contents and business interruption insurance cover was in place to cover the claim of €34.05m and there were no uninsured losses as a result of the flood damage.

There is however a shortfall between the insurance settlement and the estimated cost of €40.6m to rebuild the hospital. This is because insurers' liability is limited to reinstatement of the infrastructure. The rebuild programme includes enhancements over and above reinstatement, such as the development of an interventional radiology suite and other developments which are being incorporated at this time to avoid disruption to service in future years. Insurance claim proceeds of €8.48m were received in 2015 (2014: €20m). These proceeds are to be allocated against expenditure in both revenue and capital to fund the rebuild programme. Of the €8.48m insurance claim proceeds received in 2015, €6m was recognised in respect of expenditure in 2015. The balance of insurance proceeds of €2.48m is held as deferred income on the Statement of Financial Position for distribution against expenditure in future accounting periods when it is incurred. Further claim proceeds will be receivable in future accounting periods and, in accordance with HSE accounting policies, will be recognised and matched against expenditure or transferred to deferred income in the year they are received.

Deferred Income – Letterkenny General Hospital balance consists of the following:

| | **2015** **€'000** | **2014** **€'000** |
|---|---|---|
| Deferred Income balance at 1 January | **6,000** | 0 |
| Insurance claim proceeds received during the year | **8,480** | 20,000 |
| Amounts allocated against expenditure | **(6,000)** | (14,000) |
| Deferred Income balance at 31 December (Note 21) | **8,480** | 6,000 |

# Note 13 Long Term Residential Care (incorporating Nursing Home Support Scheme/Fair Deal)

The Nursing Home Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Home Subvention Scheme and the 'contract beds' system for older persons. Under the scheme, people who need long term residential care services have their income and assets assessed, and then contribute up to 80% of assessable income and up to 7.5% of the value of the assets they own towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both public and registered private nursing homes covered under the scheme.

## Costs of Long Term Residential Care (Nursing Home Support Scheme/Fair Deal)

| | 2015<br>€'000 | 2014<br>€'000 |
|---|---|---|
| Payments to Private Nursing Homes | **560,679** | 529,496 |
| Private Nursing Homes Contract Beds and Subvention Payments | **42,000** | 56,015 |
| Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only | **602,679** | 585,511 |
| Cost of Public Nursing Homes* | **328,871** | 320,218 |
| Revenue Grants to Outside Agencies (Appendix 1) | **24,338** | 24,589 |
| Nursing Home Fixed and Other Unit Costs | **11,896** | 23,775 |
| **Total Long Term Residential Care** | **967,784** | 954,093 |

* Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure.

## Patient contributions

Fair Deal patient contributions for those patients in public homes amounted to €57.643m (2014: €54.079m) and are included in the Statement of Revenue Income and Expenditure under Patient Income.

Fair Deal patient contributions for those patients in voluntary homes (S38 Organisations) amounted to €6.645m (2014: €6.431m), is retained by those homes and does not constitute income for the HSE.

## Contract beds, Subvention beds

In 2015, payments of €42m (2014: €56m) were made in relation to contract beds and nursing home subvention. These schemes are being phased out having had no new entrants since the Nursing Homes Support Scheme began in 2009.

## Expenditure within public facilities

Within the public homes in 2015, there was an additional €11.896m (2014: €23.775m) of costs relating to long term care. These costs related to fixed unit costs and other costs incurred, which were in excess of the reimbursed 'money follows the patient' rate paid under the Nursing Homes Support Scheme.

# Note 14 Capital Expenditure

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(a) Additions to Fixed Assets** | | |
| Additions to Property, Plant and Equipment (Note 15) Land & Buildings | **144,427** | 153,549 |
| Additions to Property, Plant and Equipment (Note 15) Other than Land & Buildings | **65,851** | 66,160 |
| | **210,278** | 219,709 |
| Funded from Department of Health Capital Grant | **198,719** | 206,424 |
| Funded from Department of Health Revenue Grant | **11,559** | 13,285 |
| | **210,278** | 219,709 |

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(b) Analysis of Expenditure** | | |
| **Charged to Statement of Capital Income and Expenditure** | | |
| Expenditure on HSE's own assets (Capitalised) | **198,719** | 206,424 |
| Expenditure on HSE projects not resulting in property, plant and equipment additions* | **104,820** | 97,172 |
| Total expenditure on HSE Projects charged to capital ** | **303,539** | 303,596 |
| Capital grants to outside agencies (Appendix 1)* | **84,520** | 53,292 |
| Total Capital Expenditure per Statement of Capital Income and Expenditure | **388,059** | 356,888 |

* Total capital expenditure not capitalised amounts to €189.3m (2014: €150.5m)

** Capital funded assets and revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes.

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **(c) Analysis of Capital Income from Other Sources** | | |
| Income from Government Departments and Other Sources in respect of capital projects: | | |
| Sustainable Energy Ireland (SEI) – energy savings in acute hospitals | **100** | 268 |
| Insurance Proceeds – Letterkenny General Hospital, flood damage | **4,500** | 0 |
| Remise – Cherry Orchard Child and Adolescent Centre | **471** | 0 |
| Cheshire Ireland – Cherry Orchard Child and Adolescent Centre | **141** | 0 |
| Waterford Cystic Fibrosis Unit – Cherry Orchard Child and Adolescent Centre | **180** | 0 |
| St Conal's – Cherry Orchard Child and Adolescent Centre | **297** | 0 |
| Other Insurance Proceeds | **354** | 394 |
| Children's Leukaemia Assoc. Donation | **0** | 600 |
| Friends of Ennistymon Hospital – contribution towards en-suite units | **0** | 397 |
| Friends of St. Ita's Hospital – Rehab Unit Project | **785** | 160 |
| Cystic Fibrosis Galway donation to UCHG | **0** | 250 |
| St Vincent's Hospital contribution to the HSE | **0** | 125 |
| CUH Charity – Paediatric Project Donation | **450** | 0 |
| University of Limerick – St.Luke's Hospital, Kilkenny | **375** | 0 |
| RCSI – Education Centre, St.Luke's Hospital, Kilkenny | **250** | 0 |
| Northside Partnership Global Fund – Adelphi House Refurbishment | **100** | 0 |
| Other Miscellaneous Income | **307** | 108 |
| **Total Capital Income from Other Sources** | **8,310** | 2,302 |

## Note 15 Property, Plant and Equipment

| | Land* | Buildings** | Work in Progress (L&B) | Motor Vehicles | Equipment | Work in Progress (P&E) | Total 2015 |
|---|---|---|---|---|---|---|---|
| | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 | €'000 |
| **Cost/Valuation** | | | | | | | |
| At 1 January 2015 | 1,697,724 | 3,730,098 | 230,467 | 87,266 | 1,311,599 | 939 | **7,058,093** |
| Additions | 7 | 3,059 | 141,361 | 9,607 | 49,343 | 6,901 | **210,278** |
| Transfers from Work in Progress | 0 | 143,628 | (143,628) | 183 | 2,413 | (2,596) | **0** |
| Disposals | (21,104) | (3,864) | (2,472) | (9,329) | (27,679) | (581) | **(65,029)** |
| At 31 December 2015 | 1,676,627 | 3,872,921 | 225,728 | 87,727 | 1,335,676 | 4,663 | **7,203,342** |
| **Depreciation** | | | | | | | |
| Accumulated Depreciation at 1 January 2015 | 0 | 1,024,463 | 0 | 74,837 | 1,097,121 | 0 | **2,196,421** |
| Charge for the Year | 0 | 93,334 | 0 | 6,976 | 71,650 | 0 | **171,960** |
| Disposals | 0 | (2,146) | 0 | (9,438) | (27,019) | 0 | **(38,603)** |
| At 31 December 2015 | 0 | 1,115,651 | 0 | 72,375 | 1,141,752 | 0 | **2,329,778** |
| **Net Book Values** | | | | | | | |
| At 1 January 2015 | 1,697,724 | 2,705,635 | 230,467 | 12,429 | 214,478 | 939 | **4,861,672** |
| At 31 December 2015 | 1,676,627 | 2,757,270 | 225,728 | 15,352 | 193,924 | 4,663 | **4,873,564** |

* Land with a value of €2.121bn was transferred to the HSE on establishment at the carrying value on 1 January 2005. This land was valued in 2002 by the then Health Boards in accordance with the Department of Health's revaluation policy and based on valuation rates issued by the Department of Health. Recent disposals of land surplus to HSE requirements, at open market value, have realised losses on disposal indicating that the Department of Health's 2002 valuation rates may exceed the current use or open market value of such land.

** The net book value of Property, Plant and Equipment above includes €27.9m (2014: €29.8m) in respect of buildings held under finance leases; the depreciation charged for the year above includes €1.8m (2014: €1.8m) on those buildings.

## Note 16 Inventories

| | 2015 | 2014 |
|---|---|---|
| | €'000 | €'000 |
| Medical, Dental and Surgical Supplies | **33,758** | 31,745 |
| Laboratory Supplies | **5,625** | 6,166 |
| Pharmacy Supplies | **19,634** | 18,751 |
| High Tech Pharmacy Inventories | **49,138** | 44,814 |
| Pharmacy Dispensing Inventories | **791** | 968 |
| Blood and Blood Products | **1,155** | 1,120 |
| Vaccine Inventories | **28,174** | 23,319 |
| Household Services | **6,485** | 7,684 |
| Stationery and Office Supplies | **1,762** | 2,021 |
| Sundries | **292** | 545 |
| | **146,814** | 137,133 |

## Note 17 Trade and Other Receivables

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Receivables: Patient Debtors – Private Facilities in Public Hospitals* | **118,933** | 158,068 |
| Receivables: Patient Debtors – Public Inpatient Charges | **5,534** | 5,587 |
| Receivables: Patient Debtors – Long Stay Charges | **8,656** | 8,998 |
| Prepayments and Accrued Income | **27,686** | 19,784 |
| Department of Health (DOH)** | **54,825** | 0 |
| 2014 Exchequer Grant undrawn*** | **21,000** | 0 |
| Pharmaceutical Manufacturers | **27,785** | 18,428 |
| Payroll Technical Adjustment | **25,251** | 27,228 |
| Pension Levy Deductions from Staff/Service Providers | **6,531** | 9,981 |
| Statutory Redundancy Claim | **2,370** | 3,720 |
| Local Authorities | **1,169** | 1,007 |
| Payroll Advances and Overpayments | **5,411** | 30,247 |
| Voluntary Hospitals re: National Medical Device Service Contracts | **20,284** | 16,313 |
| Sundry Receivables | **31,110** | 39,960 |
| | **356,545** | 339,321 |

* Receivables: Patient Debtors – Private Facilities in Public Hospitals has reduced significantly year on year due to additional cash received as the result of renegotiated arrangements with Private Insurers.

** The HSE's approved expenditure level determined by the Minister is notified to the HSE (the determination). As a result of increases in the HSE's own cash receipts, the HSE did not require cash to cover the approved expenditure level in the year. At 31 December, the HSE is recognising a receivable in the amount of €54.8m from the Department of Health as a result of approved expenditure levels in 2015 for which cash was not provided in 2015. The figure of €54.8m is the difference between the determination and the level of cash funding received from the Department of Health in 2015.

*** This is an amount owed to the HSE in respect of Exchequer Grant undrawn at 31 December 2014.

## Note 18 Paymaster General Balance

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Paymaster General Bank Account | **0** | 97,780 |
| Net Liability to the Exchequer | **0** | (5,764) |
| Paymaster General Balance | **0** | 92,016 |

There was a balance in the Paymaster General (PMG) Bank account on 31 December 2014 of €97.78m. At that date, the PMG account included an amount of €94m for tax liabilities, due in 2015, in respect of quarter four 2014 salaries. The HSE used funding provided to its commercial bank accounts during 2015, by the Department of Health to discharge these tax liabilities. The Department of Public Expenditure and Reform requested that the €94m be returned to the Exchequer in 2015 so that it could be re-allocated to the HSE as part of the Department of Health's Estimate for 2015. Following the disestablisment of the HSE Vote, the PMG Bank account was then closed and the amount of €94m was remitted to the Exchequer as Extra Exchequer Receipts in November 2015. This amount was a once off Vote Technical Adjustment that was required following the transfer of the vote to the Department of Health.

## Note 19 Creditors (amounts falling due within one year)

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Finance Leases | **2,152** | 2,083 |
| Payables – Revenue | **159,014** | 149,726 |
| Payables – Capital | **6,365** | 4,140 |
| Accruals Non Pay – Revenue | **672,065** | 657,346 |
| Accruals Non Pay – Capital | **6,268** | 5,340 |
| Accruals – Grants to Voluntary Hospitals & Outside Agencies | **295,063** | 270,790 |
| Accruals Pay | **443,243** | 458,802 |
| Taxes and Social Welfare | **151,767** | 125,654 |
| Local Property Tax (LPT) | **296** | 339 |
| Department of Public Expenditure & Reform – Single Public Service Pension Scheme | **1,600** | 771 |
| Lottery Grants Payable** | **1,497** | 1,513 |
| Department of Health (DoH) (Grant Funding Advances) | **3,900** | 36,733 |
| Sundry Payables | **16,695** | 16,212 |
| | **1,759,925** | 1,729,449 |

* 2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

** The HSE administers the disbursement of National Lottery grants for local programmes under the National Lottery's Health and Welfare Funded Schemes. The balance represents funding approved but not yet disbursed to grant recipients at year end.

## Note 20 Creditors (amounts falling due after more than one year)

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| **Finance lease obligations – buildings:** | | |
| After one but within five years | **6,740** | 5,984 |
| After five years | **27,060** | 28,968 |
| **Total Finance Lease obligations** | **33,800** | 34,952 |
| Liability to the Exchequer in respect of Exchequer Extra Receipts (additional analysis below) | **1,665** | 6,382 |
| | **35,465** | 41,334 |
| Gross Proceeds of all disposals in year | **2,278** | 3,830 |
| Less: Net expenses incurred on disposals | **(103)** | (207) |
| Net proceeds of disposal | **2,175** | 3,623 |
| Less Application of Proceeds | **(3,046)** | (2,871) |
| At 1 January | **996** | 244 |
| Balance at 31 December | **125** | 996 |
| Liability to the Exchequer in respect of Exchequer Extra Receipts is analysed as follows: | | |
| Proceeds of Disposal of Fixed Assets Account* | **0** | 996 |
| Other Sales/Capital Grant Refunds | **1,665** | 1,665 |
| Statutory Rebate Claim | **0** | 3,721 |
| **Total Liability to the Exchequer** | **1,665** | 6,382 |

* **Proceeds of Disposal of Fixed Assets Account**
The Multi-Annual Delgated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The impact of this for the HSE is that the Letter of Sanction 2015 Capital includes an allowance to re-invest proceeds of sale of assets of up to €5 million. The proceeds of the sale of fixed assets during 2015 was below this €5 million threshold. Therefore the balance on the Proceeds of Disposal of Fixed Assets Account is not considered Exchequer Extra Receipts (EERs) in 2015 and the balance on this account is reflected in Capital Reserves.

## Note 21 Deferred Income

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Deferred income comprises the following: | | |
| Donations and bequests* | **11,005** | 9,280 |
| Income from sales of land which have not been concluded | **718** | 739 |
| Grant Funding from the State and other bodies | **9,229** | 7,923 |
| Funding from specific capital projects | **3,465** | 1,782 |
| Letterkenny General Hospital (Note 12) | **8,480** | 6,000 |
| **Balance at 31 December** | **32,897** | 25,724 |

* Unspent income arising from donations and bequests where the purposes to which money may be applied has been specified but the related expenditure has not been incurred.

## Note 22 Net Cash (Outflow)/Inflow from Operating Activities

| | 2015 €'000 | 2014* €'000 |
|---|---|---|
| (Deficit)/surplus for the current year | **(7,931)** | 45,688 |
| Capital Reserves – transferred to the Child and Family Agency | **0** | (63) |
| Capital element of lease payments charged to revenue | **1,083** | 1,014 |
| Less Interest received | **(129)** | (31) |
| Purchase of equipment charged to Statement of Revenue Income and Expenditure | **11,559** | 13,285 |
| Liability to the Exchequer Receipts – Proceeds on Fixed Asset Disposal Account 2014 retained** | **996** | 0 |
| Finance Costs charged to Statement of Revenue Income and Expenditure | **1,038** | 1,108 |
| (Increase) in Inventories | **(9,681)** | (14,281) |
| (Increase) in Debtors | **(17,224)** | (76,527) |
| Increase in Creditors | **30,476** | 44,627 |
| Revenue Reserves – Vote Technical Adjustment (Note 18) | **(94,000)** | 0 |
| (Decrease) in Creditors (falling due in more than one year) – finance lease obligation | **(5,869)** | (8,667) |
| Increase in Deferred Income | **7,173** | 15,284 |
| **Net Cash (Outflow)/Inflow from Operating Activities** | **(82,509)** | 21,437 |

* 2014 figures have been restated to reflect the impact of the holiday pay accrual, which is a requirement under FRS 102.

** Liability to the Exchequer Receipts – Proceeds on Fixed Asset Disposal Account 2014 retained and remittenance not required as EER (Note 20).

## Note 23 Cash and Cash Equivalents

| | 2015 €'000 | 2014 €'000 |
|---|---|---|
| Cash and Cash Equivalents comprise the following: | | |
| Paymaster General Bank Account (Note 18) | **0** | 92,016 |
| Cash | **48,650** | 53,379 |
| **Total Cash and Cash Equivalents at the end of the Year** | **48,650** | 145,395 |

## Note 24 Capital Commitments

| | 2015<br>€'000 | 2014<br>€'000 |
|---|---|---|
| Future Property, Plant and Equipment purchase commitments: | | |
| Within one year | **319,544** | 297,011 |
| After one but within five years | **841,990** | 856,620 |
| | **1,161,534** | 1,153,631 |
| Contracted for but not provided in the financial statements | **344,532** | 357,161 |
| Included in the Capital Plan but not contracted for | **817,002** | 796,470 |
| | **1,161,534** | 1,153,631 |

The HSE has a multi-annual Capital Investment Plan which prioritises expenditure on capital projects in line with goals in the Corporate Plan and the Annual Service Plan. The commitments identified above are in respect of the total cost of projects for which specific funding budgets have been approved at year end. These commitments may involve costs in years after 2015 for which budgets have yet to be approved and are therefore estimated.

## Note 25 Property

| | 2015<br>Number of Properties | 2014<br>Number of Properties |
|---|---|---|
| The HSE estate comprises 2,442 properties. | | |
| Title to the properties can be analysed as follows: | | |
| Freehold | **1,549** | 1,559 |
| Leasehold | **893** | 890 |
| **Total Properties** | **2,442** | 2,449 |
| Primary utilisation of the properties can be analysed as follows: | | |
| Delivery of health and personal social services | **2,366** | 2,371 |
| Health Business Services & Support (including medical card processing, etc.) | **76** | 78 |
| **Total Properties** | **2,442** | 2,449 |

During the year there were 24 property additions to the healthcare estate and 31 properties were removed through both disposals and lease terminations. The net result is a reduction of 7 healthcare properties during 2015.

## Note 26 Subsidiaries

Aontacht Phobail Teoranta was partially subsumed at 31 December 2010 and the transfer of the remaining balances is expected be completed in 2016.

The HSE has no other subsidiary undertakings. The Department of the Environment and Local Government, through the relevant local authorities, previously provided Aontacht Phobail Teoranta with subsidised loans on the purchase price of properties secured by mortgages and the value of the loan at the date it was subsumed was €1,062,042. The relevant councils on behalf of the Department of the Environment agreed the redemption value on the mortgages on 31 December 2012 at €70,062, a reduction of €991,980, as under the terms of the agreement loans, are non repayable provided they are used to accommodate homeless people. There are no mortgages outstanding at 31 December 2015.

## Note 27 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2014 with external specialist tax assistance which was successfully completed in 2015. The self-review was conducted across all tax heads for which the HSE needs to account for and focussed in particular on those risk areas identified by a formal risk assessment completed in 2012. Details of the underpayment of tax identified in the course of the self-review were set out by means of a Self-Correction and full payment (including interest) was made to the Revenue Commissioners in December 2015. The HSE established a specialist tax function during 2013 which has been additionally resourced during 2015. The HSE remains committed to exemplary compliance with taxation laws.

## Note 28 Operating Leases

| | **2015** | **2014** |
|---|---|---|
| | **€'000** | **€'000** |
| Operating lease rentals (charged to the Statement of Revenue Income and Expenditure) | | |
| Land & Buildings | **43,740** | 39,456 |
| Motor Vehicles | **150** | 79 |
| Equipment | **418** | 433 |
| | **44,308** | 39,968 |

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:

| | **Land & Buildings** | **Other** | **Total** | **Total** |
|---|---|---|---|---|
| | **2015** | **2015** | **2015** | **2014** |
| | **€'000** | **€'000** | **€'000** | **€'000** |
| Within one year | **36,521** | **451** | **36,972** | 42,634 |
| In the second to fifth years inclusive | **136,004** | **122** | **136,126** | 119,909 |
| In over five years | **381,964** | **11** | **381,975** | 361,444 |
| | **554,489** | **584** | **555,073** | 523,987 |

# Note 29 Contingent Liabilities

## General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for professional indemnity, fire and specific all risk claims. In most cases, such insurance would be sufficient to cover all costs, but this cannot be certain due to indemnity limits and certain policy conditions. The financial effects of any uninsured contingencies have not been provided in the financial statements.

## Legal Dispute – Parallel Imports

The HSE is currently involved in a legal dispute with a number of drug importing companies with respect to the implementation of cost savings and other initiatives outlined as part of a framework agreement between the Irish Pharmaceutical Healthcare Association (IPHA), the Department of Health, and the HSE, which came into effect on 1 November 2012. The outcome from the dispute process based on the current stage of legal proceedings remains uncertain and therefore difficult to quantify any potential liability which may arise. Consequently no provision for any potential future liability has been made in the financial statements.

## Consultants Claim

The HSE is aware that certain medical Consultants are in the process of considering legal action against the HSE in relation to potential arrears of pay. The management of this issue is being led by the Department of Health and the Department of Public Expenditure and Reform. There is no clear basis at present to place a reliable estimate on the potential value, if any, on the outcome of this matter.

## Prompt Payment Compensation

Revised regulations in relation to prompt payment, European Communities (Late Payment in Commercial Transactions) Regulations 2012 (SI No. 580/2012), came into effect in March 2013. This legislation provides for the payment of interest and compensation to suppliers in respect of late payment of invoices. Legal advice received by the HSE in March 2016 states that suppliers are not automatically entitled to claim prompt payment compensation in relation to compensation for late payment of invoices however, suppliers may claim this compensation. It is therefore difficult to predict with any certainty the extent to which these amounts may be claimed by suppliers.

# Note 30 Ancillary State Support

Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of paying the full weekly contribution for care from their own means, a client can choose to apply for a Nursing Home Loan, to cover the portion of their contribution, which is based on property or land-based assets within the State. The HSE then pays that portion of the cost of care on top of the State Support payment. The loan is paid back to the State after the sale of the asset or on the death of the client, whichever occurs first. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred. This part of the scheme is designed to protect people from having to sell their home during their lifetime.

The total gross amount of Ancillary State Support advised to Revenue as at 31 December 2015 for recoupment from the commencement of the Nursing Home Support Scheme was €50.402m, representing 2,967 client loans. The Revenue Commissioners have confirmed to the HSE that they had received €32.213m of loan repayments paid in full, representing 2,018 client loans.

# Note 31 Post Balance Sheet Events

No circumstances have arisen or events occurred, between the balance sheet date and the date of approval of the financial statements by the Directorate, which would require adjustment or disclosure in the financial statements.

# Note 32 Related Party Transactions

In the normal course of business, the HSE may approve grants and may also enter into other contractual arrangements with undertakings in which Health Service Directorate members are employed or otherwise interested. The HSE adopts procedures in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Health Service Directorate members. These procedures have been adhered to by the Health Service Directorate members and the HSE during the year. During 2015, no Directorate members held a direct interest within any related parties. However, one Directorate member sits on the boards of both the Peter McVerry Trust and the Royal College of Physicians in Ireland. They sit on the board in a medical professional capacity only and are not involved in requesting or approving any payments to these entities.

## Key Management Personnel

All Directorate members are considered to be key management of the HSE. Overall remuneration in relation to serving Directorate members, including those that were appointed and resigned, during the year is €1.429m (2014: €1.410m). Directorate remuneration packages comprise of basic pay only. No allowances, bonuses or perquisites apply to these posts. The Directorate are members of the HSE pension scheme and their pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

# Note 33 Transition to FRS 102

The HSE transitioned to FRS 102 from previously extant UK GAAP at 1 January 2015. The impact from the transition to FRS 102 is as follows:

| | €'000 |
|---|---|
| **Reconciliation of Reserves at 1 January 2014** | |
| Revenue Reserves at 1 January 2014 under previous UK GAAP | **(996,516)** |
| Holiday Pay Accrual | **(84,802)** |
| Revenue Reserves at 1 January 2014 under FRS 102 | **(1,081,318)** |
| **Reconciliation of Reserves at 31 December 2014** | |
| Revenue Reserves at 31 December 2014 under previous UK GAAP | **(951,001)** |
| Holiday Pay Accrual | **(84,629)** |
| Revenue Reserves at 31 December 2014 under FRS 102 | **(1,035,630)** |

The following were the changes in accounting policies arising from the transition to FRS 102:

## Holiday Pay Accrual

Under previous UK GAAP, the HSE did not accrue for holiday pay that was earned but the holiday entitlement was expected to be taken in the subsequent financial year. Under FRS 102 the HSE is required to accrue for all short-term compensated absences as holiday entitlement earned but not taken at the date of the statement of financial position. The impact is to accrue holiday pay for the HSE at 1 January 2014 and 31 December 2014 respectively.

# Note 34 Approval of Financial Statements

The financial statements were approved by the Directorate on 17 May 2016.

# Appendix 1: Revenue Grants and Capital Grants**

## Analysis of Grants to Outside Agencies in Note 9 and Note 14

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| **Total Grants under €100,000 (1,847 Revenue Grants; 1 Capital Grant)** | **38,226** | **75** | **38,301** | **34,400** |
| **Grants €100,000 or more each** | | | | |
| A Ghra Homecare Services Ltd | 782 | | 782 | 378 |
| Ability West Ltd | 23,058 | | 23,058 | 22,214 |
| Abode Hostel and Day Centre | 1,007 | | 1,007 | 1,000 |
| ACET Ireland | 104 | | 104 | 95 |
| Acquired Brain Injury Ireland (Formerly Peter Bradley Foundation) | 9,918 | | 9,918 | 9,382 |
| Active Retirement Ireland | 253 | | 253 | 251 |
| Adapt Community Drugs Team | 616 | | 616 | 554 |
| Addiction Response Crumlin (ARC) | 867 | | 867 | 865 |
| Aftercare Recovery Group | 105 | | 105 | 105 |
| Age Action Ireland | 489 | | 489 | 513 |
| Age and Opportunity | 555 | | 555 | 526 |
| AIDS Fund Housing Project (Centenary House) | 364 | | 364 | 364 |
| AIDS Help West | 253 | | 253 | 250 |
| Aiseanna Tacaiochta | 1,130 | | 1,130 | 655 |
| Aiseiri | 512 | | 512 | 281 |
| Aislinn Centre, Kilkenny | 792 | | 792 | 742 |
| Alcohol Action Ireland | 200 | | 200 | 152 |
| All About Healthcare T/A The Care Team | 729 | | 729 | 348 |
| All Communicarers Ltd | 160 | | 160 | 0 |
| All In Care | 10,910 | | 10,910 | 9,781 |
| Alliance | 227 | | 227 | 227 |
| Alpha One Foundation | 120 | | 120 | 120 |
| Alzheimer Society of Ireland | 10,826 | | 10,826 | 10,510 |
| AMEN | 0 | | 0 | 147 |
| Ana Liffey Drug Project | 1,928 | | 1,928 | 1,669 |
| Anne Sullivan Foundation for Deaf/Blind | 115 | | 115 | 94 |
| Applewood Homecare Ltd | 113 | | 113 | 0 |
| Arabella Counselling, t/a Here2Help | 203 | | 203 | 203 |
| Aras Mhuire Day Care Centre (North Tipperary Community Services) | 297 | | 297 | 297 |
| ARC Cancer Support Centre | 189 | | 189 | 171 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Ard Aoibhinn Centre | 3,349 | | 3,349 | 3,143 |
| Ard Curam Day Centre | 142 | | 142 | 47 |
| Ardee Day Care Centre | 304 | | 304 | 274 |
| Arlington Novas Ireland | 2,356 | | 2,356 | 2,259 |
| Arthritis Ireland | 186 | | 186 | 185 |
| Asperger Syndrome Association of Ireland (ASPIRE) | 261 | | 261 | 472 |
| Associated Charities Trust | 151 | | 151 | 167 |
| Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Aislinn Centre, Dublin). | 228 | | 228 | 223 |
| Association of Parents and Friends of The Mentally Handicapped | 1,196 | | 1,196 | 627 |
| Asthma Society of Ireland | 120 | | 120 | 8 |
| Athlone Community Services Council Ltd | 276 | | 276 | 280 |
| Autism Initiatives Group | 4,456 | | 4,456 | 4,163 |
| Autism West Ltd | 717 | | 717 | 567 |
| Aware | 255 | | 255 | 162 |
| Baile Mhuire Recuperative Unit for the Elderly | 212 | | 212 | 217 |
| Ballinasloe Social Services | 142 | | 142 | 132 |
| Ballincollig Senior Citizens Club Ltd | 356 | | 356 | 356 |
| Ballyfermot Advanced Project Ltd | 676 | | 676 | 525 |
| Ballyfermot Home Help | 2,224 | | 2,224 | 2,159 |
| Ballyfermot Star Ltd | 373 | | 373 | 376 |
| Ballymun Local Drugs Task Force | 352 | | 352 | 303 |
| Ballymun Youth Action Project (YAP) | 882 | | 882 | 663 |
| Ballyphehane and Togher Community Resource Centre | 152 | | 152 | 162 |
| Barnardos | 814 | | 814 | 782 |
| Barretstown Camp | 151 | | 151 | 151 |
| Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM) | 430 | | 430 | 444 |
| Be Independent Home Care | 378 | | 378 | 0 |
| Beaufort Day Care Centre | 204 | | 204 | 177 |
| Beaumont Hospital | 279,682 | 10,603 | 290,285 | 270,175 |
| Belong to Youth Services Ltd. | 202 | | 202 | 192 |
| Bergerie Trust | 302 | | 302 | 285 |
| Blakestown and Mountview Youth Initiative (BMYI) | 480 | | 480 | 480 |
| Blanchardstown and Inner City Home Helps | 3,364 | | 3,364 | 3,459 |
| Blanchardstown Local Drugs Task Force | 273 | | 273 | 294 |
| Blanchardstown Youth Service | 228 | | 228 | 192 |
| Bloomfield Care Centre | 242 | | 242 | 43 |
| Bluebird Care | 11,311 | | 11,311 | 7,269 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Bodywhys The Eating Disorder Association of Ireland | 283 | | 283 | 289 |
| Bon Secours Sisters | 804 | | 804 | 829 |
| Bray Community Addiction Team | 706 | | 706 | 706 |
| Bray Lakers Social and Recreational Club Ltd | 140 | | 140 | 137 |
| Bray Travellers Group | 111 | | 111 | 111 |
| Brothers of Charity Services Ireland | 174,054 | 38 | 174,092 | 163,383 |
| Cabra Resource Centre | 217 | | 217 | 217 |
| Cairde | 611 | | 611 | 495 |
| Cairdeas Centre Carlow | 282 | | 282 | 274 |
| Cambian Group | 185 | | 185 | 0 |
| Camphill Communities of Ireland | 1,449 | | 1,449 | 1,066 |
| Cancer Care West | 500 | | 500 | 500 |
| Cappagh National Orthopaedic Hospital | 29,815 | 1,526 | 31,341 | 26,715 |
| Care About You | 239 | | 239 | 147 |
| Care at Home Services | 451 | | 451 | 295 |
| Care For Me Ltd | 352 | | 352 | 15 |
| Care of the Aged, West Kerry | 129 | | 129 | 129 |
| CareBright | 3,789 | | 3,789 | 2,750 |
| Caredoc GP Co-operative | 7,936 | | 7,936 | 7,855 |
| Caremark Ireland | 4,695 | | 4,695 | 3,286 |
| Family Carers Ireland | 7,597 | | 7,597 | 6,093 |
| Careworld | 1,071 | | 1,071 | 1,021 |
| Caring and Sharing Association (CASA) | 202 | | 202 | 199 |
| Caritas | 2,044 | | 2,044 | 2,026 |
| Carlow Day Care Centre (Askea Community Services) | 109 | | 109 | 106 |
| Carlow Institute of Technology | 92 | | 92 | 107 |
| Carlow/Kilkenny Home Care Team | 218 | | 218 | 218 |
| Carnew Community Care Centre | 139 | | 139 | 140 |
| Carrickmacross Parent and Friends Association | | | | 348 |
| Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur) | 9,682 | | 9,682 | 8,639 |
| Casadh | 195 | | 195 | 195 |
| Casla Home Care Ltd | 389 | | 389 | 303 |
| Castle Homecare | 863 | | 863 | 700 |
| Catholic Institute for Deaf People (CIDP) | 1,606 | | 1,606 | 1,084 |
| CDA Trust Ltd (Cavan Drug Awareness) | 216 | | 216 | 213 |
| Central Remedial Clinic | 15,408 | | 15,408 | 15,695 |
| Centres for Independent Living (CIL) | 10,879 | | 10,879 | 10,581 |
| Charleville Care Project Ltd | 161 | | 161 | 175 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Cheeverstown House Ltd | 24,183 | | 24,183 | 22,736 |
| Cheshire Ireland | 21,887 | | 21,887 | 21,487 |
| Childrens Sunshine Home | 3,884 | | 3,884 | 3,907 |
| ChildVision (St Joseph's School For The Visually Impaired) | 4,042 | | 4,042 | 4,043 |
| Chrysalis Community Drug Project | 204 | | 204 | 255 |
| Cill Dara Ar Aghaid | 160 | | 160 | 202 |
| Clann Mór | 1,141 | | 1,141 | 1,121 |
| Clannad Care | 533 | | 533 | 281 |
| Clarecare Ltd Incorporating Clare Social Service Council | 5,757 | | 5,757 | 5,162 |
| Clarecastle Daycare Centre | 409 | | 409 | 389 |
| Clareville Court Day Centre | 166 | | 166 | 168 |
| CLASP (Community of Lough Arrow Social Project) | 116 | | 116 | 126 |
| Clondalkin Addiction Support Programme (CASP) | 842 | | 842 | 842 |
| Clondalkin Behavioural Initiative Ltd | 130 | | 130 | 10 |
| Clondalkin Drugs Task Force | 203 | | 203 | 203 |
| Clondalkin Tus Nua Ltd | 442 | | 442 | 451 |
| Clonmel Community Resource Centre | 105 | | 105 | 200 |
| Clontarf Home Help | 2,856 | | 2,856 | 1,538 |
| CLR Home Help | 1,740 | | 1,740 | 1,827 |
| CLUB 91 (Formerly Chez Nous Service), Sligo | 125 | | 125 | 125 |
| Co-Action West Cork | 6,820 | | 6,820 | 6,421 |
| Cobh General Hospital | 598 | | 598 | 760 |
| Comfort Keepers Ltd | 17,218 | | 17,218 | 14,104 |
| Communicare Healthcare Ltd | 1,982 | | 1,982 | 1,338 |
| Community Creations Ltd | 200 | | 200 | 156 |
| Community Games | 200 | | 200 | 200 |
| Community Nursing Unit NW | 2,330 | | 2,330 | 662 |
| Community Response, Dublin | 311 | | 311 | 311 |
| Community Substance Misuse Team Limerick | 393 | | 393 | 417 |
| Console (Living with Suicide) | 622 | | 622 | 925 |
| Contact Care | 935 | | 935 | 842 |
| Coolmine Therapeutic Community Ltd | 1,510 | | 1,510 | 1,516 |
| Coombe Women's Hospital | 56,405 | 458 | 56,863 | 51,609 |
| COPE Foundation | 46,786 | | 46,786 | 45,059 |
| COPE Galway | 2,048 | | 2,048 | 2,033 |
| Cork Arc Cancer Support House | 45 | | 45 | 105 |
| Cork Association for Autism | 4,875 | | 4,875 | 4,020 |
| Cork City Partnership Ltd | 100 | | 100 | 54 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Cork Family Planning Clinic | 277 | | 277 | 267 |
| Cork Foyer Project | 282 | | 282 | 287 |
| Cork Mental Health Association | 151 | | 151 | 240 |
| Cork Social and Health Education Project (CSHEP) | 938 | | 938 | 686 |
| Cork University Dental School and Hospital | 1,715 | | 1,715 | 1,867 |
| County Wexford Community Workshop, Enniscorthy/New Ross Ltd | 4,147 | | 4,147 | 3,843 |
| County Wexford Partnership Ltd | 167 | | 167 | 65 |
| CPL Healthcare | 2,108 | | 2,108 | 2,178 |
| CROI (West of Ireland Cardiology Foundation) | 189 | | 189 | 166 |
| Crosscare | 2,255 | | 2,255 | 2,311 |
| Crumlin Home Help | 2,994 | | 2,994 | 2,824 |
| Cuan Mhuire | 1,753 | | 1,753 | 1,543 |
| Cumas Teo | 491 | | 491 | 488 |
| Cunamh | 32 | | 32 | 105 |
| Cura | 820 | | 820 | 814 |
| Curam Clainne Ltd | 102 | | 102 | 72 |
| Cystic Fibrosis Association of Ireland | 10 | | 10 | 210 |
| Cystic Fibrosis Registry of Ireland | 140 | | 140 | 140 |
| Dara Residential Services | 2,067 | | 2,067 | 1,676 |
| Darndale Belcamp Drug Awareness | 237 | | 237 | 202 |
| Daughters of Charity | 106,828 | | 106,828 | 100,898 |
| Deafhear.ie | 4,488 | | 4,488 | 4,559 |
| Delta Centre Carlow | 3,002 | | 3,002 | 2,774 |
| Depaul Ireland | 2,282 | | 2,282 | 2,260 |
| Diabetes Federation of Ireland | 250 | | 250 | 304 |
| Disability Federation of Ireland (DFI) | 1,623 | | 1,623 | 1,545 |
| Dóchas | 101 | | 101 | 101 |
| Dolmen Clubhouse Ltd | 158 | | 158 | 143 |
| Donnycarney and Beaumont Home Help Services Ltd. | 1,399 | | 1,399 | 1,208 |
| Donnycarney Youth Project Ltd | 396 | | 396 | 263 |
| Donnycarney/Beaumont Local Care | 101 | | 101 | 218 |
| Donore Community Development | 178 | | 178 | 178 |
| Down Syndrome Ireland | 156 | | 156 | 183 |
| Drogheda Community Services | 118 | | 118 | 106 |
| Drogheda Homeless Aid Association | 143 | | 143 | 151 |
| Dromcollogher and District Respite Care Centre | 496 | | 496 | 402 |
| Drumcondra Home Help | 1,447 | | 1,447 | 1,325 |
| Drumkeerin Care Of The Elderly | 197 | | 197 | 196 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Drumlin House | 169 | | 169 | 162 |
| Dublin AIDS Alliance (DAA) Ltd | 388 | | 388 | 393 |
| Dublin City University | 570 | | 570 | 200 |
| Dublin Dental Hospital | 5,947 | 283 | 6,230 | 6,538 |
| Dublin North East Drugs Task Force | 458 | | 458 | 358 |
| Dublin Region Homeless Executive | 518 | | 518 | 754 |
| Dun Laoghaire Home Help | 834 | | 834 | 831 |
| Dun Laoghaire Rathdown Community Addiction Team | 466 | | 466 | 466 |
| Dun Laoghaire Rathdown Local Drugs Task Force | 81 | | 81 | 107 |
| Dun Laoghaire Rathdown Outreach Project | 365 | | 365 | 377 |
| East London NHS | 278 | | 278 | 73 |
| Edward Worth Library | 125 | | 125 | 135 |
| Enable Ireland | 37,342 | | 37,342 | 36,027 |
| Ennis Community Development Project | 146 | | 146 | 161 |
| Environmental Protection Agency | 201 | | 201 | 0 |
| Epilepsy Ireland | 777 | | 777 | 728 |
| Errigal Truagh Special Needs Parents and Friends Ltd | 170 | | 170 | 154 |
| Escombe Care Ltd. | 129 | | 129 | 96 |
| Extern Ireland | 260 | | 260 | 113 |
| Extra Care (ROI) | 97 | | 97 | 356 |
| Father McGrath Multimedia Centre (Family Resource Centre) | 121 | | 121 | 130 |
| Fatima Home, Tralee | 87 | | 87 | 229 |
| Ferns Diocesan Youth Services (FDYS) | 252 | | 252 | 246 |
| Festina Lente Foundation | 375 | | 375 | 360 |
| Fettercairn Drug Rehabilitation Project | 111 | | 111 | 110 |
| Fighting Blindness Ireland | 111 | | 111 | 111 |
| Fingal Home Care | 5,353 | | 5,353 | 4,912 |
| Finglas Addiction Support Team | 454 | | 454 | 454 |
| Finglas Home Help / Care Organisation | 1,954 | | 1,954 | 2,382 |
| Focus Ireland | 1,454 | | 1,454 | 1,490 |
| Fold Ireland | 1,769 | | 1,769 | 1,880 |
| Foróige | 216 | | 216 | 328 |
| Friedreich's Ataxia Society in Ireland | 113 | | 113 | 111 |
| FRS Homecare | 323 | | 323 | 307 |
| Fusion CPL Ltd | 119 | | 119 | 111 |
| Gaelic Athletic Association (Alcohol and Substance Abuse Prevention Programme) | 100 | | 100 | 125 |
| Galway Hospice Foundation | 3,955 | | 3,955 | 3,356 |
| Genio Trust | 4,641 | | 4,641 | 5,590 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Gheel Autism Services Ltd | 6,342 | | 6,342 | 5,883 |
| GLEN – Gay and Lesbian Equality Network | 130 | | 130 | 146 |
| Glenashling Nursing Home | 112 | | 112 | 0 |
| Good Morning Inishowen | 133 | | 133 | 72 |
| Good Shepherd Sisters | 993 | | 993 | 982 |
| Graiguenamanagh Elderly Association | 363 | | 363 | 160 |
| GROW | 1,379 | | 1,379 | 1,220 |
| Guardian Ad Litem and Rehabilitation Office (GALRO) | 2,563 | | 2,563 | 2,275 |
| Hail Housing Association for Integrated Living | 382 | | 382 | 382 |
| Hands On Peer Education (HOPE) | 147 | | 147 | 149 |
| Headstrong | 6,061 | | 6,061 | 2,156 |
| Headway the National Association for Acquired Brain Injury | 2,466 | | 2,466 | 2,356 |
| Hesed House | 241 | | 241 | 241 |
| Holy Angels Carlow, Special Needs Day Care Centre | 1,081 | | 1,081 | 680 |
| Holy Family School | 111 | | 111 | 111 |
| Holy Ghost Hospital | 573 | | 573 | 172 |
| Home Care Plus | 224 | | 224 | 156 |
| Home Help Services Ballymun | 2,303 | | 2,303 | 1,868 |
| Home Instead Senior Care | 20,815 | | 20,815 | 12,930 |
| Homecare Independent Living Ltd | 2,768 | | 2,768 | 3,150 |
| Homecare Solutions Ltd. | 535 | | 535 | 435 |
| Hope House | 154 | | 154 | 104 |
| IADP Inter-Agency Drugs Project UISCE | 317 | | 317 | 139 |
| Immigrant Counselling and Psychotherapy (ICAP) | 348 | | 348 | 268 |
| Inchicore Community Drugs Team | 485 | | 485 | 480 |
| Inchicore Home Help | 1,177 | | 1,177 | 1,161 |
| Inclusion Ireland | 787 | | 787 | 430 |
| Incorporated Orthopaedic Hospital of Ireland | 10,016 | | 10,016 | 9,195 |
| Inspire Ireland Foundation Ltd | 210 | | 210 | 210 |
| Ire Services | 113 | | 113 | 166 |
| Irish Advocacy Network | 832 | | 832 | 799 |
| Irish Association for Spina Bifida and Hydrocephalus (IASBH) | 1,035 | | 1,035 | 1,018 |
| Irish Cancer Society | 326 | | 326 | 300 |
| Irish College of General Practitioners | 472 | | 472 | 125 |
| Irish Family Planning Association (IFPA) | 1,257 | | 1,257 | 1,240 |
| Irish Guide Dogs for the Blind | 777 | | 777 | 776 |
| Irish Haemophilia Society (IHS) | 552 | | 552 | 534 |
| Irish Heart Foundation | 324 | | 324 | 314 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Irish Homecare Services | 8,963 | | 8,963 | 8,506 |
| Irish Kidney Association (IKA) | 362 | | 362 | 217 |
| Irish Motor Neurone Disease Association | 254 | | 254 | 256 |
| Irish Prison Service | 256 | | 256 | 256 |
| Irish Society for Autism | 4,179 | | 4,179 | 3,813 |
| Irish Society for the Prevention of Cruelty to Children (ISPCC) | 386 | | 386 | 355 |
| Irish Travellers Movement (ITM) | 5,893 | | 5,893 | 6,152 |
| Irish Wheelchair Association (IWA) | 36,609 | | 36,609 | 35,569 |
| Jack and Jill Childrens Foundation | 796 | | 796 | 642 |
| Jobstown Assisting Drug Dependency Project (JAAD Project) | 274 | | 274 | 266 |
| K Doc (GP Out of Hours Service) | 1,891 | | 1,891 | 1,876 |
| Kalbay Ltd | 2,102 | | 2,102 | 2,040 |
| KARE Plan Ltd | 1,899 | | 1,899 | 1,216 |
| KARE, Newbridge | 17,260 | | 17,260 | 15,986 |
| Kerry Parents and Friends Association | 8,740 | | 8,740 | 7,932 |
| Kilbarrack Coast Community Programme Ltd (KCCP) | 391 | | 391 | 351 |
| Kildare and West Wicklow Community Addiction Team Ltd | 368 | | 368 | 368 |
| Kildare Youth Services (KYS) | 356 | | 356 | 243 |
| Killinarden (KARP) | 145 | | 145 | 148 |
| Kilmaley Voluntary Housing Association | 154 | | 154 | 152 |
| Kingsriver Community | 469 | | 469 | 309 |
| Kinsale Youth Support Services | 101 | | 101 | 30 |
| Knocknaheeny Hollyhill Special Justice Project | 430 | | 430 | 268 |
| L'Arche Ireland | 3,044 | | 3,044 | 2,636 |
| Leitrim Association of People with Disabilities (LAPWD) | 533 | | 533 | 532 |
| Leitrim Development Company | 245 | | 245 | 220 |
| Leopardstown Park Hospital | 13,284 | 125 | 13,409 | 13,117 |
| Letterkenny Women's Centre | 206 | | 206 | 209 |
| Liberties and Rialto Home Help | 1,295 | | 1,295 | 1,355 |
| Life Pregnancy Care Service | 477 | | 477 | 477 |
| Lifetime Care | 226 | | 226 | 75 |
| Lifford Clonleigh Resource Centre | 267 | | 267 | 145 |
| Limerick and Clare Education and Training Board (LCETB) | 103 | | 103 | 105 |
| Limerick Social Services Council | 339 | | 339 | 307 |
| Link (Galway) Ltd | 155 | | 155 | 155 |
| Liscarne Court Senior Citizens | 115 | | 115 | 115 |
| Little Angels Hostel Letterkenny | 160 | | 160 | 172 |
| Lochrann Ireland Ltd | 133 | | 133 | 133 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Longford Community Resources Ltd | 187 | | 187 | 229 |
| Longford Social Services Committee | 181 | | 181 | 156 |
| Lourdes Day Care Centre | 186 | | 186 | 187 |
| Macroom Senior Citizens Housing Development Sullane Haven Ltd | 107 | | 107 | 93 |
| Mahon Community Creche | 165 | | 165 | 155 |
| Marian Court Welfare Home Clonmel | 128 | | 128 | 150 |
| Marino/Fairview Home Help | 1,033 | | 1,033 | 1,018 |
| Mater and Children's Hospital Development Ltd | 0 | | 0 | 1,281 |
| Mater Misericordiae University Hospital Ltd | 253,266 | 1,644 | 254,910 | 240,971 |
| Matt Talbot Adolescent Services | 1,367 | | 1,367 | 1,434 |
| Meath Accessible Transport t/a Flexi Bus | 5 | | 5 | 139 |
| Meath Local Sports Partnership | 141 | | 141 | 0 |
| Meath Partnership | 458 | | 458 | 461 |
| Mental Health Associations (MHAs) | 2,009 | | 2,009 | 1,380 |
| Mental Health Ireland | 224 | | 224 | 137 |
| Merchant's Quay Ireland (MQI) | 2,557 | | 2,557 | 2,425 |
| Mercy University Hospital, Cork | 70,661 | 957 | 71,618 | 70,226 |
| Middlequarter Ltd | 399 | | 399 | 0 |
| MIDOC | 1,086 | | 1,086 | 853 |
| MIDWAY – Meath Intellectual Disability Work Advocacy You Ltd | 9 | | 9 | 2,238 |
| Mid-West Regional Drugs Task Force | 400 | | 400 | 512 |
| Migraine Association of Ireland | 129 | | 129 | 142 |
| Milford Care Centre | 11,729 | | 11,729 | 11,589 |
| Mindspace | 158 | | 158 | |
| Mná Feasa | 0 | | 0 | 107 |
| Moorehaven Centre Tipperary Ltd | 1,139 | | 1,139 | 1,040 |
| Mount Carmel Home, Callan, Co Kilkenny | 396 | | 396 | 116 |
| MS Ireland – Multiple Sclerosis Society of Ireland | 2,597 | | 2,597 | 2,677 |
| Muintir na Tire Ltd | 137 | | 137 | 125 |
| Mulhuddart/Corduff Community Drugs Team | 263 | | 263 | 385 |
| Multiple Sclerosis North West Therapy Centre Ltd | 282 | | 282 | 256 |
| Muscular Dystrophy Ireland | 1,277 | | 1,277 | 1,251 |
| National Association of Housing for the Visually Impaired Ltd | 762 | | 762 | 486 |
| National Childhood Network (NCN) | 236 | | 236 | 40 |
| National Council for the Blind of Ireland (NCBI) | 6,436 | | 6,436 | 6,305 |
| National Federation of Voluntary Bodies in Ireland | 417 | | 417 | 280 |
| National Maternity Hospital | 48,693 | 657 | 49,350 | 53,308 |
| National Nutrition Surveillance Centre UCD | 192 | | 192 | 93 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| National Office of Victims of Abuse (NOVA) | 1,002 | | 1,002 | 882 |
| National Paediatric Hospital | 10 | 20,774 | 20,784 | 7,259 |
| National Rehabilitation Hospital | 28,334 | 1,054 | 29,388 | 28,256 |
| National Suicide Research Foundation (NSRF) | 964 | | 964 | 650 |
| National University of Ireland, Galway (NUIG) | 100 | | 100 | 1,801 |
| National University of Ireland, Maynooth | 500 | | 500 | 0 |
| National Youth Council of Ireland | 204 | | 204 | 154 |
| Nazareth House, Mallow | 1,307 | | 1,307 | 1,430 |
| Nazareth House, Sligo | 583 | | 583 | 673 |
| New Ross Community Hospital | 157 | | 157 | 232 |
| Newbridge and Dun Laoghaire Community Training Centre | 124 | | 124 | 125 |
| Newbury House Family Centre, Mayfield, Cork | 53 | | 53 | 485 |
| Newport Social Services, Day Care Centre | 226 | | 226 | 228 |
| No Name Youth Club Ltd | 150 | | 150 | 165 |
| North Dublin Inner City Homecare and Home Help Services | 954 | | 954 | 1,879 |
| North Tipperary Community and Voluntary Association (CAVA) | 171 | | 171 | 172 |
| North Tipperary Disability Support Services Ltd | 606 | | 606 | 636 |
| North Tipperary Leader Partnership | 221 | | 221 | 234 |
| North West Alcohol Forum | 519 | | 519 | 510 |
| North West Parents and Friends Association | 1,985 | | 1,985 | 1,911 |
| North West Regional Drugs Task Force | 205 | | 205 | 292 |
| Northside Community Health Initiative (NICHE) | 563 | | 563 | 377 |
| Northside Homecare Services Ltd | 2,746 | | 2,746 | 2,242 |
| Northside Partnership | 378 | | 378 | 131 |
| Northstar Family Support Project | 160 | | 160 | 160 |
| Northwest Hospice | 1,042 | | 1,042 | 1,042 |
| Nua Healthcare Services | 3,111 | | 3,111 | 1,823 |
| Nurse on Call – Homecare Package | 3,997 | | 3,997 | 3,661 |
| O'Connell Court Residential and Day Care | 358 | | 358 | 258 |
| Offaly Local Development Company | 121 | | 121 | 115 |
| One Family | 434 | | 434 | 416 |
| One in Four | 548 | | 548 | 515 |
| Open Door Day Centre | 365 | | 365 | 400 |
| Open Heart House | 0 | | 0 | 186 |
| Order of Malta | 449 | | 449 | 431 |
| Ossory Youth Services | 112 | | 112 | 115 |
| Our Lady's Children's Hospital, Crumlin | 134,901 | 3,427 | 138,328 | 123,452 |
| Our Lady's Hospice, Harold's Cross | 27,553 | | 27,553 | 27,734 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Outhouse Ltd | 187 | | 187 | 187 |
| Parentstop Ltd | 88 | | 88 | 109 |
| Parkrun Ireland Ltd | 108 | | 108 | 0 |
| Patient Focus | 216 | | 216 | 197 |
| Peacehaven Trust | 728 | | 728 | 632 |
| Peamount Hospital | 24,645 | | 24,645 | 24,261 |
| Peter McVerry Trust (previously known as The Arrupe Society) | 1,442 | | 1,442 | 1,239 |
| PHC Care Management Ltd | 1,310 | | 1,310 | 1,556 |
| Pieta House | 817 | | 817 | 817 |
| Pobal | 1,915 | | 1,915 | 0 |
| Positive Age Ltd | 73 | | 73 | 105 |
| Positive Options Crisis Pregnancy Agency | 151 | | 151 | 92 |
| Post Polio Support Group (PPSG) | 368 | | 368 | 364 |
| Prague House | 294 | | 294 | 133 |
| Praxis Care Group | 3,971 | | 3,971 | 3,682 |
| Prosper Fingal Ltd | 9,756 | | 9,756 | 6,546 |
| RAH Home Care Ltd t/a Right At Home | 278 | | 278 | 283 |
| Rathmines Home Help Services | 0 | | 0 | 204 |
| Rathmines Pembroke Community Partnership | 91 | | 91 | 138 |
| Red Ribbon Project | 303 | | 303 | 303 |
| Regional and Local Drugs Task Forces | 4,188 | | 4,188 | 4,208 |
| Rehab Group | 45,181 | | 45,181 | 42,991 |
| Resilience Ireland (Resilience Healthcare Ltd) | 1,414 | | 1,414 | 950 |
| Respond! Housing Association | 692 | | 692 | 644 |
| Rialto Community Development | 165 | | 165 | 123 |
| Rialto Community Drugs Team | 363 | | 363 | 368 |
| Rialto Community Network | 115 | | 115 | 34 |
| Rialto Partnership Company | 714 | | 714 | 713 |
| Right of Place Second Chance Group | 159 | | 159 | 167 |
| Ringsend and District Response to Drugs | 379 | | 379 | 343 |
| Roscommon Home Services Co-op | 3,213 | | 3,213 | 2,972 |
| Roscommon Partnership Company Ltd | 96 | | 96 | 229 |
| Roscommon Support Group Ltd | 1,527 | | 1,527 | 1,097 |
| Rosedale Residential Home | 409 | | 409 | 115 |
| Rotunda Hospital | 50,507 | 1,171 | 51,678 | 48,929 |
| Royal College of Physicians | 1,511 | | 1,511 | 1,481 |
| Royal College of Surgeons in Ireland | 2,126 | | 2,126 | 1,947 |
| Royal Hospital Donnybrook | 18,021 | 59 | 18,080 | 17,666 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Royal Victoria Eye and Ear Hospital | 25,287 | 10 | 25,297 | 24,326 |
| Ruhama Women's Project | 220 | | 220 | 220 |
| S H A R E | 205 | | 205 | 208 |
| Salesian Youth Enterprises Ltd | 457 | | 457 | 387 |
| Salvation Army | 1,685 | | 1,685 | 1,483 |
| Samaritans | 648 | | 648 | 622 |
| Sandra Cooneys Homecare | 1,043 | | 1,043 | 656 |
| Sandymount Home Help | 358 | | 358 | 309 |
| Sankalpa | 236 | | 236 | 236 |
| SAOL Project | 310 | | 310 | 310 |
| SCJMS/Muiriosa Foundation | 45,171 | | 45,171 | 41,938 |
| SDC South Dublin County Partnership (formerly Dodder Valley Partnership) | 511 | | 511 | 490 |
| Servisource Recruitment | 1,069 | | 1,069 | 678 |
| Shalamar Finiskilin Housing Association | 197 | | 197 | 184 |
| Shankhill Old Folks Association | 109 | | 109 | 73 |
| Shannondoc Ltd (GP Out Of Hours Service) | 4,852 | | 4,852 | 4,786 |
| SHINE | 1,839 | | 1,839 | 1,819 |
| Simon Communities of Ireland | 7,511 | | 7,511 | 7,491 |
| Sisters of Charity | 17,799 | | 17,799 | 16,029 |
| Sisters of Charity St Marys Centre for the Blind and Visually Impaired | 3,182 | | 3,182 | 3,181 |
| Sisters of Mercy | 386 | | 386 | 310 |
| Slí Eile Support Services Ltd | 391 | | 391 | 222 |
| Sligo Family Centre | 150 | | 150 | 140 |
| Sligo Social Services Council Ltd | 469 | | 469 | 560 |
| Sligo Sport and Recreation Partnership | 80 | | 80 | 115 |
| Snug Community Counselling | 143 | | 143 | 148 |
| Society of St Vincent De Paul (SVDP) | 3,298 | | 3,298 | 3,096 |
| Sonas Housing Association | 0 | | 0 | 113 |
| Sophia Housing Association | 708 | | 708 | 695 |
| SOS (Kilkenny) Ltd Special Occupation Scheme. | 135 | | 135 | 10 |
| South Doc GP Co-operative | 8,422 | | 8,422 | 8,247 |
| South Infirmary Victoria University Hospital | 53,265 | 1,082 | 54,347 | 53,814 |
| South West Mayo Development Company | 124 | | 124 | 124 |
| Southern Drug and Alcohol Services Limited | 190 | | 190 | 0 |
| Southern Gay Health Project | 104 | | 104 | 93 |
| Spinal Injuries Ireland | 309 | | 309 | 300 |
| Spiritan Asylum Services Initiative (SPIRASI) | 385 | | 385 | 404 |
| Springboard Projects | 0 | | 0 | 145 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| St Aengus Community Action Group | 141 | | 141 | 141 |
| St Aidan's Services | 4,061 | | 4,061 | 3,732 |
| St Andrew's Resource Centre | 405 | | 405 | 405 |
| St Bridgets Day Care Centre | 120 | | 120 | 162 |
| St Carthage's House Lismore | 367 | | 367 | 173 |
| St Catherine's Association Ltd | 6,053 | | 6,053 | 5,562 |
| St Catherine's Community Services Centre Carlow | 164 | | 164 | 65 |
| St Christopher's Services, Longford | 8,795 | | 8,795 | 8,344 |
| St Colman's Care Centre | 111 | | 111 | 92 |
| St Cronan's Association | 811 | | 811 | 800 |
| St Dominic's Community Response Project | 311 | | 311 | 274 |
| St Fiacc's House, Graiguecullen | 441 | | 441 | 326 |
| St Francis Hospice | 10,414 | | 10,414 | 8,768 |
| St Gabriel's School and Centre | 2,084 | | 2,084 | 1,926 |
| St Hilda's Services For The Mentally Handicapped, Athlone | 4,464 | | 4,464 | 4,181 |
| St James' Hospital | 333,822 | 23,044 | 356,866 | 341,588 |
| St James' Hospital, Jonathan Swift Hostels | 4,566 | | 4,566 | 4,439 |
| St John Bosco Youth Centre | 159 | | 159 | 159 |
| St John of God Hospitaller Services | 133,069 | | 133,069 | 130,300 |
| St Johns Hospital | 20,440 | 827 | 21,267 | 20,921 |
| St Joseph's Foundation | 15,158 | | 15,158 | 12,826 |
| St Joseph's Home For The Elderly | 741 | | 741 | 789 |
| St Joseph's Home, Kilmoganny, Co.Kilkenny | 218 | | 218 | 127 |
| St Joseph's School For The Deaf | 2,146 | | 2,146 | 1,762 |
| St Kevin's Home Help Service | 434 | | 434 | 415 |
| St Laurence O' Toole SSC | 1,173 | | 1,173 | 982 |
| St Lazarians House, Bagenalstown | 364 | | 364 | 246 |
| St Luke's Home | 1,948 | | 1,948 | 2,425 |
| St Lukes Hospital (UK) | 4 | | 4 | 166 |
| St Mary's School For The Deaf | 381 | | 381 | 1,143 |
| St Michael's Hospital, Dun Laoghaire | 25,477 | | 25,477 | 25,518 |
| St Michael's House | 75,199 | | 75,199 | 73,082 |
| St Michael's Day Care Centre | 172 | | 172 | 170 |
| St Monica's Community Development Committee | 372 | | 372 | 259 |
| St Monica's Nursing Home | 124 | | 124 | 124 |
| St Patrick's Hospital | 0 | | 0 | 184 |
| St Patricks Special School | 173 | | 173 | 170 |
| St Patrick's Wellington Road | 8,726 | | 8,726 | 8,751 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| St Vincent's Hospital Fairview | 13,910 | | 13,910 | 14,130 |
| St Vincent's University Hospital, Elm Park | 223,831 | 1,984 | 225,815 | 217,435 |
| Star Project Ballymun Ltd | 271 | | 271 | 244 |
| Stella Maris Facility | 146 | | 146 | 146 |
| Stewart's Hospital | 44,072 | | 44,072 | 44,122 |
| Stillorgan Home Help | 562 | | 562 | 560 |
| Suicide or Survive (SOS) | 198 | | 198 | 144 |
| Sunbeam House Services | 21,440 | | 21,440 | 19,803 |
| Tabor House, Navan | 158 | | 158 | 108 |
| Tabor Lodge | 749 | | 749 | 501 |
| Talbot Grove Treatment Centre | 175 | | 175 | 169 |
| Tallaght Home Help | 1,259 | | 1,259 | 1,212 |
| Tallaght Hospital | 201,251 | 5,115 | 206,366 | 196,150 |
| Tallaght Rehabilitation Project | 186 | | 186 | 108 |
| Tallaght Travellers Youth Service | 133 | | 133 | 115 |
| Teach Mhuire Day Care Centre | 140 | | 140 | 136 |
| Teen Challenge Ireland Ltd | 392 | | 392 | 392 |
| Temple Street Children's University Hospital | 95,830 | 1,607 | 97,437 | 94,421 |
| Templemore Day Care Centre | 160 | | 160 | 163 |
| Terenure Home Care Service Ltd | 1,242 | | 1,242 | 981 |
| The Avalon Centre, Sligo | 308 | | 308 | 254 |
| The Beeches Residential Home | 158 | | 158 | 147 |
| The Birches Alzheimer Day Centre | 181 | | 181 | 192 |
| The Gateway Project | 0 | | 0 | 100 |
| The Glen Neighbourhood Youth Project | 0 | | 0 | 170 |
| The College of Anaesthetists of Ireland | 100 | | 100 | 39 |
| The Edmund Rice International Heritage Centre | 133 | | 133 | 39 |
| The Oasis Centre | 164 | | 164 | 164 |
| The Sexual Health Centre | 408 | | 408 | 355 |
| The TCP Group | 319 | | 319 | 340 |
| Third Age | 600 | | 600 | 529 |
| Thurles Community Social Services | 313 | | 313 | 314 |
| Tintean Housing Association Ltd | 105 | | 105 | 108 |
| Tipperary Association for Special Needs | 130 | | 130 | 130 |
| Tipperary Hospice Movement | 220 | | 220 | 220 |
| Tolka River Project | 179 | | 179 | 90 |
| Tralee Womens Forum | 110 | | 110 | 127 |
| Transfusion Positive | 95 | | 95 | 138 |

| Name of Agency | Revenue Grants 2015 €000 | Capital Grants 2015 €000 | Total Grants* 2015 €000 | Total Grants** 2014 €000 |
|---|---|---|---|---|
| Transgender Equality Network Ireland | 142 | | 142 | 112 |
| Treoir | 421 | | 421 | 420 |
| Tribli Limited, t/a Exchange House National Travellers Service | 822 | | 822 | 714 |
| Trinity College Dublin | 97 | | 97 | 140 |
| Tullow Day Care Centre | 166 | | 166 | 166 |
| Turas Counselling Services Ltd | 334 | | 334 | 370 |
| Turners Cross Social Services Ltd | 182 | | 182 | 157 |
| University College Cork | 160 | | 160 | 15 |
| Valentia Community Hospital | 516 | | 516 | 557 |
| Village Counselling Service | 149 | | 149 | 140 |
| Walkinstown Association For Handicapped People Ltd | 4,400 | | 4,400 | 3,973 |
| Walkinstown Greenhills Resource Centre | 233 | | 233 | 233 |
| Wallaroo Pre-School | 100 | | 100 | 107 |
| Waterford and South Tipperary Community Youth Service | 1,198 | | 1,198 | 1,201 |
| Waterford Association for the Mentally Handicapped | 2,484 | | 2,484 | 2,102 |
| Waterford Community Childcare | 123 | | 123 | 80 |
| Waterford Hospice Movement | 264 | | 264 | 237 |
| Waterford Institute of Technology | 72 | | 72 | 114 |
| Well Woman Clinics | 548 | | 548 | 548 |
| West Cork Carers Support Group Ltd | 142 | | 142 | 130 |
| West Limerick Resources Ltd | 136 | | 136 | 157 |
| West Of Ireland Alzheimer Foundation | 1,447 | | 1,447 | 961 |
| Westdoc (GP Out Of Hours Service) | 1,862 | | 1,862 | 1,409 |
| Western Care Association | 30,838 | | 30,838 | 28,575 |
| Western Health Social Care Trust Northern Ireland | 0 | 8,000 | 8,000 | 3,000 |
| Western Region Drugs Task Force | 300 | | 300 | 300 |
| Westmeath Community Development Ltd | 269 | | 269 | 177 |
| Wexford Homecare Service | 202 | | 202 | 202 |
| White Oaks Housing Association Ltd | 354 | | 354 | 304 |
| Wicklow Community Care Home Help Services | 5,848 | | 5,848 | 5,386 |
| Windmill Therapeutic Training Unit | 513 | | 513 | 359 |
| Young Men's Christian Association (YMCA) | 66 | | 66 | 162 |
| Young Social Innovators Ltd | 118 | | 118 | 142 |
| Youth For Peace Ltd | 139 | | 139 | 139 |
| **Total Grants to Outside Agencies (see Note 9 for Revenue; see Note 14 for Capital)** | **3,620,503** | **84,520** | **3,705,023** | **3,478,746** |

* Additional payments, not shown here, may have been made to some agencies related to services provided.

** Agencies with grants exceeding €100,000 in either year are shown. All other grants are included at "Total Grants under €100,000". Accordingly, the 2014 comparatives above have been re-stated where appropriate.

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