Health Service Executive
Annual Report and
Financial Statements
2019

Building a Better Health Service

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Statement from the Chairperson

As Chairperson of the Board, I and my colleagues on the Board are pleased to submit the first Annual Report and Financial Statements prepared since the re-establishment of a Board for the Health Service Executive (HSE) in June 2019.

As we submit this Annual Report and Financial Statements, COVID-19 has changed the focus of all healthcare systems around the world, including our own. The scale of the current challenge facing the Irish health system from COVID-19 and the associated HSE response is unprecedented.

Our Chief Executive Officer (CEO) and everyone working within the HSE have redirected their focus and attention to managing this pandemic to ensure that lives are saved and overall health is protected. Colleagues are working hour-by-hour to continually support public health, hospitals, the community, nursing homes, the National Ambulance Service and other essential functions as we all strive to manage the COVID-19 pandemic. On behalf of the Board, I am extremely grateful for the dedication and extraordinary commitment of every member of staff for all that is being done during this unprecedented and difficult time. That thanks extends to General Practitioners (GPs), pharmacists and other community based workers as well as to everyone working in our partner organisations and our stakeholders. Healthcare workers, from the doctor or nurse in the front line to the procurement expert or tech support colleague, all have mobilised quickly to protect our country and our people from the virus. They are to be admired and commended.

The last 12 months have seen progressive change in a number of areas across the HSE, from service developments which are enhancing the experience of patients, to new ways of working which are changing the way services are delivered. During the year, *Ireland: Country Health Profile 2019, State of Health in the EU* reported Ireland as having the fastest improving life expectancy in the EU driven by survival rates from conditions such as heart disease, stroke and cancer. The same report stated that Ireland has the highest share of the population that reports being in good health in the EU. These are important measures of general population health and mean that with its partners the HSE is achieving success in helping people to maintain good health and access effective healthcare services when illness arises. Progress also continues with the reform and modernisation of services including work on the introduction of major trauma centres and trauma units, further development of clinical networks for specialist services, and the introduction of new community-based care delivery models.

Recent increases in the HSE's annual budget allocation have helped the HSE to make significant improvements in many areas and we are grateful for those increases. As a Board we are pleased with the improved financial control within the HSE. Financial control and predictability are a requirement for effective planning of operational capacity and future investment. I again thank colleagues for helping us make rapid progress in this area, progress which will pay back in stakeholder confidence and will set us up well to open discussions on future funding through a long-term multi-year settlement.

Whilst these and many other improvements should be welcomed we know that we have much more to do. The demand for health services is exceeding available capacity and unmet need is accumulating, often expressed in significant waiting lists in both hospitals and the community and through increased demand for emergency care. The past year was also challenging for the health service as a result of issues which arose from the audit process in CervicalCheck and the publication of the MacCraith report into the delays in issuing cervical screening human papillomavirus (HPV) retest results to a large cohort of women and their GPs. As a Board we are determined to increase service capacity to reduce waiting times. We are equally determined to avoid failures in services we provide which cause distress to those who are supposed to benefit from them and to the staff who administer them. Both groups deserve better.

With an increasing population who are living longer, it is crucial that the health services effectively plan for future healthcare needs. New ways of working and delivering services bring great opportunities and ensure that future healthcare in Ireland remains of the highest quality, with the patient placed at the heart of all we do. As part of the response to COVID-19, a range of significant and essential changes has been put in place by the HSE and this provides an opportunity to identify changes which should be retained in the future. Doing so will ensure that we capitalise on the gains that have been made during the crisis, minimising long-term impacts for patients and staff while maximising value for the taxpayer. The implementation of the long-term policy direction set out in *Sláintecare* will continue to be a key focus for us in 2020 and beyond.

Listening to what matters to our patients is fundamental in shaping the way we deliver services. During 2019, a number of areas were progressed to promote patient and service user involvement across our health service in order to hear the views of stakeholders who have day-to-day experiences of the health services and to gain an understanding of what they see as the priorities for the future. Service improvement is best achieved when the voice of the patient, the clinician and the service manager are simultaneously engaged in improving outcomes. We hope to see further progress in this area though the current year.

Ireland has many attributes on which to build a world-leading health system. In the Board's first year, we have been hugely impressed by the skill, commitment and expertise of the clinicians, support staff and managers of the HSE. This is also the case for the equally dedicated staff of our partner organisations with whom we share the challenges of providing high quality care under tight financial control. As a Board we see significant strengths in these attributes which will drive a high performing health and social care service of which we can all be rightly proud. Through innovation, service development, new ways of working and thinking we have seen much positive change and remain committed to further improving the health and experience of our patients.

As the Board, I and my colleagues are in a position of significant trust, privilege and responsibility in working with staff across the HSE in improving how the organisation is run, how it delivers services, and how it plans for the future provision of health and social care services. I am very optimistic for the years ahead and we will collectively strive to provide the health service that our population deserves.

Finally, I would like to thank sincerely all the Board members who served during the year for their commitment and valued contribution. I would also like to thank the Minister for Health, his officials, our Board Committees, and our CEO, Paul Reid, his management team and all colleagues. We have had an eventful first year. I look forward to continued collaboration and to working with the new Government in 2020. The year ahead promises to be a year of change and challenge and we look forward to both.

Ciarán Devane
Chairperson, Health Service Executive Board

Introduction from the Chief Executive Officer

It is my privilege as CEO to publish the 2019 Annual Report and Financial Statements for the HSE.

While we have seen many challenges in 2019, we are at this moment in the throes of defending our population against the COVID-19 global pandemic. Our services are facing unprecedented pressures which have necessitated the coming together of the whole of our health system; public, private and not-for-profit. Every service, every worker, and indeed every person and household has stepped up to the plate to support the national effort. Our health system has shown an agility and a resilience that many of us did not believe was possible. As CEO I hope to support our staff to continue to give the best of themselves, to be proud of their efforts and to be working for the HSE, and to sustain the confidence of the public, which has been so very important in sustaining all of us this far. Rest assured that I will be careful to ensure that the response of our staff, and of our partner organisations to this pandemic will be documented for the record in the 2020 Annual Report.

By the time we bring this pandemic under control many of us will have endured the virus or worse, the loss of family members and dear friends. I take this opportunity to express my sincere sympathies. I also want to assure the public that we are putting absolutely everything that we have into minimising the impact of this terrible disease.

This Annual Report concerns of course our activities in the preceding year. I came into office as CEO on 14 May 2019. In my first few months in this role, I spent a significant amount of time meeting with staff in various locations. During my visits I have witnessed many examples of staff who are innovating and working determinedly to overcome systemic obstacles, many of which were unintended, in the design of our national health service. They have done so by relying on strong personal and professional relationships which they have deployed for the benefit of patients. Our workforce is committed, and most have a strong vocation to public healthcare and to the public service. We therefore owe it to our staff – and to the public – to ensure that the health system is easy to understand, is rationally organised, and that our substantial funding is always spent wisely and on the right things.

I also met with a range of stakeholders, including those who have occasion to use our services intermittently or on a daily basis. It is clear to me that trust and mutual respect are the defining characteristics upon which the required relationships for the delivery of excellent healthcare must be built and sustained. Frontline staff achieve this primarily by doing their jobs competently and with care and compassion. At a corporate level we must enable and support this environment by eliminating systemic obstacles to care, and by ensuring that the interests of our health system are fully aligned with our purpose, with our core values, and with our best traditions of quality care. Any future structural changes to the HSE at corporate or service delivery level will be made with the singular purpose of converging the whole of our system around a high quality, integrated model of patient care.

Despite the crisis, I do not want to lose sight of the significant developments and progress made within our health services across many areas in 2019. It is only right that these should be recognised. The impact of all of this work can be seen in the service developments and improvements reflected throughout this Annual Report. The key priority for the HSE during 2019 was to maximise the provision of safe services to the people we serve, and to finally get a grip on the health budget. At year end the budget is under control. However, this will be an on-going challenge in the context of the ever-increasing level of demand for our services which is influenced by factors such as a growing population with an ageing demographic, advances in technology and clinical practice, as well as an on-going societal and economic change. The financial implications of COVID-19 will also be immense.

Míle Buíochas

Paul Reid

Paul Reid
Chief Executive Officer

Priorities in 2019

During 2019, the new Board of the HSE came into operation under the *Health Service Executive (Governance) Act 2019*. In conjunction with the Board I worked to ensure that the patient, service user and the public are at the core of our thinking and planning, that we value and support all healthcare staff, including those who work in not-for-profit, that we are structured in a way which supports frontline services, and that our financial and operational management is strengthened. I set out three immediate priorities for the organisation:

- The delivery of quality and safe services
- Transitioning to a new model of integrated care
- Strengthening the confidence and trust in the organisation.

Our changing population

There is increasing pressure placed on our services as a result of population growth, an increasing incidence of chronic diseases and an ageing population. Life expectancy is above the EU average with women living to, on average, 84 years and men to 80.4 years. The three most common chronic diseases in Ireland are cancer, cardiovascular disease and respiratory disease. Chronic disease increases with age. The population in 2019 grew by an estimated 3.8% since the 2016 Census. This was across all age groups with the most significant growth seen in the older age groups. The number of people aged 65 years and over has increased by 35.2% since 2009 (considerably higher than the EU average of 16.5%). It is projected that the number of those over 65 years will increase by a further 15% in 2021. This continuing growth is due mainly to medical innovations, enhanced treatments and improved lifestyles.

There are many positive trends visible within the health service: life expectancy is increasing, mortality rates are declining and survival rates from conditions such as heart disease, stroke and cancer are improving. The experience of patients receiving care is generally good, with 84% of patients having a good/very good inpatient experience as indicated by the National Patient Experience Survey. Progress has also been made in recent years in improving hospital productivity and efficiency, increasing proportion of appropriate procedures carried out as day case, and improving day of surgery admission rates. But there is still room for improvement, particularly in relation to the length of time patients are having to wait to access particular services.

The Organisation for Economic Co-operation and Development (OECD) report *Ireland: Country Health Profile 2019* provides an overview of health and the health system in Ireland. The OECD report highlighted that our health expenditure per capita is above the EU average; public health and healthcare in Ireland are comparatively effective; the use of both primary care and inpatient care is lower in Ireland than the EU average; Ireland has a lower number of doctors but a relatively high number of nurses; health workforce planning needs to be strengthened and more coherent; hospitalisation rates for ambulatory care sensitive conditions are around the EU average; long waiting times remain a substantial problem in Ireland; eHealth solutions will be an important element in the future service delivery model; more efficient use of hospital resources can be achieved; budget management remains an issue at all healthcare levels; far-reaching changes are required to make the Irish health system sustainable. What is evident from the OECD Report is that we have no choice but to pursue ambitious reform plans in order to make the best use of current resources. These areas are being addressed in our National Service Plan (NSP) for 2020 linked to *Sláintecare*.

Strengthening management capacity

In 2019, the former Directorate structure within the HSE was replaced with an Executive Management Team (EMT) in July which meets fortnightly. A Senior Leadership Team, comprising the EMT, National Directors, Hospital Group CEOs and Chief Officers of Community Healthcare Organisations (CHOs) has also been established and this group meets every second month.

Prior to the establishment of the HSE Board, the Department of Health (DoH) exercised direct oversight over the HSE's performance. However, the establishment of the Board necessitated a reconsideration of how the HSE and the DoH engage with one another around performance and related matters. With the direct involvement of the Performance and Delivery Committee of the Board, a new engagement model with the DoH has been agreed. This model recognises the DoH's role as vote holder and the accountability that comes with that responsibility, while at the same time recognising that the Board is now the HSE's governing body.

Since coming into office, I have come to appreciate just how essential it is that the HSE's corporate structure and its administration becomes more outward looking and that we fully commit ourselves to supporting the people who staff our hospitals and provide care in the community. A 'review of the centre' is currently underway. Its initial focus is on the current organisation, its functions, structures and ways of working. This will inform the future design, ensuring design robustness and consideration of all components, as well as informing the impact assessment required for implementation.

Reform

I committed to working to make *Sláintecare* a reality and it has been a key focus of our service planning for 2020. (We have deployed many of the *Sláintecare* principles in how we have organised our response to COVID-19). I have engaged extensively with the DoH and with the *Sláintecare* Programme Implementation Office (SPIO)

regarding the *Sláintecare Action Plan*. Arising from these engagements, it has been agreed that two large projects will be taken forward as a matter of priority, namely:

- The putting in place of national, regional, local health and social care delivery structures
- Improving capacity and access.

Supporting the early implementation of *Sláintecare*, a €20m *Sláintecare* Integration Fund was established in 2019 to test and scale how services can best be delivered. I have been working closely with the SPIO to support, monitor and evaluate the range of HSE projects and supports that have received funding.

Operational Performance

The NSP 2019 set out priorities and actions for the organisation by service area, together with targets against key performance indicators and expected levels of activity for 2019. It includes detailed financial and Human Resources (HR) data together with a schedule of intended capital projects for 2019. The Service Plan was supported by detailed business plans and operational plans identifying named responsible people for its delivery. The National Performance Oversight Group review performance against the NSP.

The NSP 2019 has over 125 priorities with 555 supporting actions across all areas of service delivery and enabling functions. 80% of those actions were on schedule to be delivered (26% completed; 54% on track to be completed to the timeline set out in the NSP), almost 20% delayed and 1% not progressed. Updates on many priorities and actions are included in this Annual Report. Those delayed or not progressed are mainly due to resourcing issues, capacity constraints, dependencies on external stakeholders or factors outside the direct control of the action owner. These however impact on our ability to meet our key performance indicator targets or planned activity levels. Included within the service delivery chapter of this Annual Report, is a high level overview on the key performance indicators and activity data in 2019 against 2018 across community healthcare and acute services. The full suite of data is included in Appendix 3.

During the year Professor Brian MacCraith conducted an independent and rapid review of delays in issuing cervical screening human papillomavirus (HPV) retest results to a large cohort of women and their GPs. Professor MacCraith was asked to examine the series of events within the CervicalCheck programme that occurred following the delays and this report was presented to me in August. While much work and many improvements have taken place in the CervicalCheck service, it is unacceptable that women should have to wait so long for important information about their health. The HSE accepted entirely the findings of the MacCraith Review and committed to a careful and expeditious implementation in full of each of the recommendations. The HSE wishes to reiterate its apology to all of the women impacted by the delays in issuing important information to them. A number of key actions are being progressed including strengthening the management, leadership and organisation of CervicalCheck; developing a culture of putting women first; establishing a clinical evaluation and assessment of the women impacted and establishing an audit of Quest's IT processes and interfaces.

Improving financial management

On my first day as CEO I committed myself to improving financial reporting and controls. This continues to be a difficult message to deliver, especially when it is clear that many services are under pressure. However, managing the balance between providing access to high quality care and remaining within budget, is a key aspect of the role of health managers.

During 2019, we continued our intensive focus on financial management and financial planning. Senior managers across the organisation were actively engaged regarding activity and expenditure and the related challenges of operating within available resources. Financial management meetings chaired jointly by myself and the Chief Financial Officer, are now a regular feature of our performance management processes and take place on a monthly basis. Senior budget holders give account of their financial performance against service plan objectives and give an informed view of predicted outturn by end of year. A new Integrated Financial Management System is being progressed. Myself and the EMT are working with the Board to ensure good governance, including rigorous and meaningful risk oversight, and assurance as to the appropriate use of public money.

Developing our Corporate Plan

We are developing a new vision for our health services which will support implementation of *Sláintecare* and address our key priorities and goals for the next number of years. An extensive Engagement and Consultation Programme with almost 12,000 external and internal stakeholders has now been completed, the findings of which will inform how we plan and deliver our services over the coming years.

Notwithstanding the considerable work undertaken to date, it has not been possible to conclude the Corporate Plan process by the intended timeline of end of March 2020, given the need for staff at all levels, from across the organisation, to focus on preparations for and responses to the COVID-19 emergency. The Corporate Plan will be finalised later in 2020.

Brexit

The United Kingdom (UK) left the EU on 31 January 2020 and has entered a transition period until 31 December 2020. The HSE had already put a comprehensive package of measures in place in 2019 to mitigate against the risk of a 'no-deal' Brexit. These preparations are continuing into 2020 and we will continue to work with the DoH and partner agencies to prepare for the end of the transition period and the new deadline date of end-December 2020.

Thank You

In conclusion, I would like to thank once again all staff working in the HSE, across community, hospital and national services. I would also like to acknowledge the support and commitment of my colleagues on the EMT and Senior Leadership Team.

I would like to pay tribute to the Board and to the Chairperson, the Board Committees, to the Minister for Health and to those working within the DoH. I am conscious that 2020 has and will yet prove to be an extremely difficult year; particularly for families who have lost loved ones due to COVID-19.

As CEO I am immensely proud of the innovation we have shown in response to the current crisis. Many of the measures we have taken as individuals and as an organisation clearly have the potential to transform the HSE permanently, and for the better.

Our Health Service

Our Corporate Plan

Under the *Health Act 2004* (as amended), the HSE is required to submit a Corporate Plan every three years, specifying the key objectives of the HSE for the period concerned. The last formal Corporate Plan developed was for the period 2015-2017. In 2018, in anticipation of the publication of *Sláintecare* and its strategic implications, it was agreed with the DoH to extend the 2015-2017 Corporate Plan by refreshing it to incorporate additional developments arising in 2018. Recognising the establishment of the new HSE Board and the appointment of a new CEO and other governance arrangements covered in legislation, another refresh was completed in 2019.

The development of a new Corporate Plan commenced in quarter three of 2019 under the guidance and direction of the HSE's EMT, the Performance and Delivery Committee of the Board and the Board itself. A Project Team was established and a detailed Project Plan and Consultation Plan were developed. It is intended that the Corporate Plan will be published later in 2020. It will have a five-year focus, be aligned with *Sláintecare* and will focus on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders.

Developing the Corporate Plan

A number of steps were taken to examine the evidence base, policy environment and views of key stakeholders in determining an initial set of corporate priorities for consultation. Initial insight and information gathering tasks provided an analysis of the health service from many perspectives. These tasks included:

1. Completion of four Rapid Reviews which focused on:
   i. Corporate Plans of relevant and comparable international health systems
   ii. Existing strategies of the Irish health system
   iii. Existing data relating to the views of citizens, staff and the people who use our services
   iv. Population health and wellbeing profile of people living in Ireland
2. A Strengths, Weaknesses, Opportunities and Threat (SWOT) analysis
3. A Political, Economic, Social, Technological, Environmental and Legal (PESTEL) analysis.

Our Consultation Process

A critical component of the process to develop the Corporate Plan is relevant and broad consultation with a wide range of stakeholders and interested parties ensuring the voices of as broad a range of stakeholders as possible are brought to bear on the content of the Corporate Plan. This has been done through the following channels:

- **Face-to-Face Consultation Meetings:** open and broad ranging meetings focused on individuals and groups with particular interest in the strategic priorities and goals of the HSE
- **Workshops:** involving both internal and external stakeholders
- **Community Panel:** a panel established by the HSE providing early stage feedback on the strengths and weaknesses of the health service
- **Written Submissions:** from key stakeholder organisations across all key sectors – unions, statutory, government, HSE funded agencies, community and voluntary groups and professional bodies
- **On-line Open Survey:** targeting both the public and staff
- **Omnibus Survey:** targeting a nationally representative sample of 1,000 people
- **Regional Listening Meetings:** targeting regional staff, community-based/support groups and members of the public.

Outputs from the each of the consultations will be analysed and key findings identified for consideration by the HSE Board in the preparation of the Corporate Plan.

Our Population

Over 4.9m people live in Ireland (Central Statistics Office (CSO), 2019). The population has increased by 64,500 from April 2018 to April 2019, following a similar increase in 2017/2018, and these are the largest annual increases since 2008.

The population in 2019 has grown by an estimated 3.8% since the 2016 Census. The population is growing across all regions and age groups, with the most significant growth seen in the older age groups. Assuming moderate changes in migration and fertility rates, the total population is projected to reach some 5.7m by 2039 with more than one in five people expected to be aged 65 years or over. Notwithstanding this growth in the older population, in 2016 a quarter of our population are children aged 0-17 years, which is high by EU comparisons.

Ageing population

The greatest change in population structure over the last 10 years is the growth in both the proportion and the number of people aged 65 years and over. The number of people aged 65 years and over has increased by 35.2% since 2009, which is considerably higher than the EU average of 16.5% over the same period. It is projected that the number of people aged 65 years and over will increase by a further 23,200 (14.9%) by 2021. Similarly, the number of adults aged 85 years and over will increase by some 3,600 (4.5%) by 2021. This continuing growth is due mainly to medical innovations, enhanced treatments and improved lifestyles.

Birth rates

There were 61,200 births in 2019, 184 more births when compared with the same period in 2018. Births and birth rate have reduced in recent years and are projected to continue to reduce in the next decade. The fertility rate has continued to decrease (1.75% in 2018) and is now at its lowest in the last decade; however, Ireland still has the third highest fertility rate in the EU behind France and Sweden.

Life expectancy and health of the population

Life expectancy in Ireland has increased by 3.1 years for males and by almost two years for females since 2007 and is now above the EU average with women living to, on average, 84 years and men to 80.4 years. The greatest gains in life expectancy have been achieved in the older age groups reflecting decreasing mortality rates from major diseases. However life expectancy is socially patterned and is lower among unskilled workers compared to professional workers. Studies have shown that certain groups have lower life expectancy such as Travellers and people who are homeless.

Greatest gains in **life expectancy** achieved in older age groups, reflecting decreasing mortality rates from major diseases

Mortality rates declined over past decade – mortality rates from circulatory system diseases decreased by 25.1%, respiratory death rates by 10.5% and cancer death rates by 10%

Suicide rates have fallen by 37.8% between 2009 and 2018 – However both self-harm presentations to hospital and suicide in the 15-19 age range are both above European norms

Overall, age-standardised mortality rates have declined over the past decade; mortality rates from circulatory system diseases decreased by 25.1% between 2009 and 2018 and respiratory death rates and cancer death rates have decreased by 10.5% and 10% respectively over the same period. Transport accident mortality rates have also fallen by 49.7% in the past decade.

Suicide rates have fallen by 37.8% between 2009 and 2018 and the rate in 2016 was 8.5 per 100,000, placing Ireland below the EU average for both men and women. However, both self-harm presentations to hospital and suicide in the 15-19 age cohort are above European norms.

The infant mortality rate in 2019 was 3.3 per 1,000 live births and remains low by EU comparisons. The average maternal age for all births registered in 2019 was 31.3 years, with teenage births reducing to 980 births in 2018 from 1,041 births in 2017 and 1,098 in 2016.

Lifestyle risk factors

In 2019, 14% of adults in Ireland smoked tobacco every day, down from 27% in 2002, and now slightly below the EU average. Nearly one third of adults reported regular heavy alcohol intake in 2014, a rate well above the EU average. The obesity rate increased to 18% in 2015, up from 15% in 2007, and is now higher than the EU average. *(Ireland: Country Health Profile 2019, State of Health in the EU)*.

Chronic disease

The three most common chronic diseases in Ireland are cancer, cardiovascular disease and respiratory disease. These diseases give rise to three quarters of deaths in Ireland. It is estimated that over 1.07m people over the age of 18 years currently have one or more chronic diseases.

As chronic disease increases with age, the highest prevalence is observed in the population aged 50 years and over. The number of people in this age cohort, living with one or more chronic disease, is estimated to increase by 40% from 2016 levels, to 1.1m in 2030.

In recent years age-adjusted cancer incidence in Ireland is slowly declining for males and is stable for women. Given population growth and ageing, if future populations have the same risk of being diagnosed with cancer as currently, the number of cancers (excluding non-melanoma skin cancer) would be expected to more than double in men and to almost double in women by 2045 (to 43,000 cases in total).

The burden of dementia is also projected to increase, from some 55,000 people in 2016 to over 150,000 people in 2046, almost a three-fold increase *(The Irish National Dementia Strategy 2014)*.

In recent years **age-adjusted cancer incidence** in Ireland is slowly declining for males and is stable for women – however the absolute number of cancer diagnoses is expected to approximately double to 43,000 by 2045 due to population growth and ageing

The **five year survival rate for female breast cancer** improved by 15% between 1994 and 2015

The most common **newly diagnosed cancers** in Ireland for the years 2013-2015 were for men: prostate, colorectal and lung and for women: breast, lung and colorectal. The next most common new cancer for both genders is melanoma

Marginalised groups

Ethnic and minority groups within our population include Travellers (30,987, CSO, 2016), asylum seekers (5,660 pending applications, Irish Refugee Council, 2018) and those who are homeless (6,696 adults and 3,752 children, Department of Housing Planning and Local Government, November 2019). The estimated Roma population is between 4,000 and 5,000.

Socially excluded groups have complex health needs and experience very poor health outcomes across a range of indicators such as chronic disease, morbidity, mortality and self-reported health. These populations require greater support across a range of healthcare areas.

These statistics and trends provide us with an understanding of the demographic change and the challenges we face which have implications for future planning and health service delivery.

The number of people aged 50 years and over, living with **one or more chronic disease**, is estimated to increase by 40% from 2016 levels, to 1.1m in 2030

The **burden of dementia** is projected to increase from some 55,000 people in 2016 to over 150,000 people in 2046, almost a three-fold increase

Governance and Our Organisation

Introduction

This Annual Report describes what was accomplished in 2019 to meet the priorities set out in our *National Service Plan 2019*. In meeting 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

This is the first Annual Report prepared by the HSE since the re-establishment of a non-executive external Board for the organisation under the *Health Service Executive (Governance) Act 2019* which commenced on 28 June 2019. During the period 1 January to 27 June the HSE Directorate was the governing body of the HSE under the *Health Service Executive (Governance) Act 2013*, with the Director General accountable to the Minister for Health.

Since 28 June, the Board is the governing body of the HSE and is accountable to the Minister for Health for the performance of its functions. The CEO is in turn accountable to and reports to the Board and is responsible for managing and controlling generally the administration and business of the HSE. The HSE exercises a wide range of statutory functions which may have significant implications both for individuals and for the public generally.

Under the *Health Service Executive (Governance) Act* of 2019, the Minister for Health can issue directions to the HSE on the implementation of Ministerial and government policies and objectives, and determine priorities to which the HSE must have regard in preparing its Service Plan. The HSE must comply with directions issued by the Minister for Health.

In line with the implementation of the recommendations of *Sláintecare* with regard to governance, the establishment of an independent Board was an important step in modernising and strengthening governance arrangements and sustaining reform.

Membership of the Board [as at 31 December 2019]

Mr Ciarán Devane – Chairperson

Appointed: 28 June 2019

Tenure: 5 years

Chief Executive of the British Council. Member of Board of NHS England from 2012-2015 and was also Chief Executive of the UK health charity, Macmillan Cancer Support.

Professor Deirdre Madden – Deputy Chairperson

Appointed: 28 June 2019

Tenure: 5 years

Professor of Law at University College Cork (UCC) specialising in healthcare law and ethics. Chaired the Commission on Patient Safety and Quality Assurance and has extensive experience of healthcare and professional regulation.

Mr Fergus Finlay

Appointed: 28 June 2019

Tenure: 5 years

Retired CEO of Barnardos. Former Government and political adviser. Chairperson of Dolphin House Regeneration Board and Member of the Charities Regulatory Authority. Lifelong disability activist. Author and columnist.

Mr Tim Hynes

Appointed: 28 June 2019
Tenure: 3 years

Group Chief Information Officer for Allied Irish Bank. Holds a Masters in Executive Leadership from Ulster University, qualified bank director, and Fellow of the Irish Computer Society.

Mr Brendan Lenihan

Appointed: 28 June 2019
Tenure: 5 years

Managing Director of Navigo Consulting and former President of the Institute of Chartered Accountants in Ireland. Non-executive Director of Bus Éireann. Chairperson of Good Shepherd Cork. Trustee and Chairperson of Audit and Risk Committee Pieta House until January 2020. Holds a Bachelor of Commerce degree from UCC, a Post Graduate Diploma in Professional Accounting from University College Dublin (UCD), a Fellow of Chartered Accountants Ireland. Holds a Professional Diploma in Corporate Governance from UCD Smurfit Business School and member of the Institute of Directors.

Dr Sarah McLoughlin

Appointed: 28 June 2019
Tenure: 5 years

Patient Advocate, Science and Communication Officer at Retina International and participates in patient, clinical and research initiatives in cross-disease areas in Ireland. Graduate of the first 'Patient Education Programme in Health Innovation' in Ireland by Irish Platform for Patient Organisations, Science and Industry.

Mr Mark Molloy

Appointed: 28 June 2019
Tenure: 3 years

Quantity Surveyor by profession. Following the avoidable death of his infant son in 2012, he has been at the forefront of striving for improvements in patient safety, outcomes and experiences across all spectrums of healthcare provision in Ireland.
Mark resigned from the HSE Board on the 7 January 2020.

Mr Aogán Ó Fearghail

Appointed: 28 June 2019
Tenure: 3 Years

School Placement Tutor with Dublin City University (DCU). Gaelic Athletic Association President from 2015 to 2018. Former School Principal. Holds a Bachelor in Education degree from St Patrick's/DCU, Diploma in Law and Education and a Masters in Education Management from Trinity College Dublin (TCD).

Professor Fergus O'Kelly

Appointed: 28 June 2019
Tenure: 5 Years

Retired Family Physician. Recognised as a leading figure in the development of Family Medicine in Ireland, working as a Trainer, then as Assistant Director of the TCD/HSE training programme, and as Director of the programme for 18 years. Past President of the Irish College of General Practitioners (ICGP) and member of the Governing Board of ICGP from 2014 to 2017. Founded the first Out of Hours GP co-op services in Ireland and was the recipient of the Fiona Bradley Award, recognising his commitment to serving Dublin's vulnerable and deprived communities.

Ms Fiona Ross
Appointed: 28 June 2019
Tenure: 5 years

Chairperson of Córas Iompair Éireann (CIÉ). Has served on several Boards in Ireland and the UK. Former Director/CEO of the National Library. Currently chairs Mental Health Ireland and lectures on governance at the Irish Management Institute.

Dr Yvonne Traynor
Appointed: 28 June 2019
Tenure: 3 years

Vice President of Regulatory and Scientific Affairs with Kerry Group. Chartered Director and held role of Chairperson of the Audit, Risk and Compliance Committee of the Irish Blood Transfusion Service. Holds a PhD in Chemistry from TCD, a Certified Diploma in Accounting and Finance and an MSc in Executive Leadership.

Role of the HSE Board

In accordance with the *Health Act 2004* (as amended) the Board has the following key functions:

1. It is the governing body of the Executive with authority, in the name of the Executive, to perform the functions of the Executive.
2. It is required to satisfy itself that appropriate systems, procedures and practices are in place:
   (i) to achieve the HSE's objectives
   (ii) for the internal performance and accountability in respect of the HSE's:
      (a) performance of its functions
      (b) achieving its objectives in accordance with the corporate plan
   (iii) to enable compliance with the policies (whether set out in codes, guidelines or other documents, or any combination thereof) of the Government or a Minister of the Government to the extent that those policies may affect or relate to the functions of the Executive.
3. It is required to establish and implement arrangements for the management of the performance of the CEO.

The Board is accountable to the Minister for the performance of its functions above and shall inform the Minister in writing of any matter that it considers requires the Minister's attention. Under the *Code of Practice for the Governance of State Bodies (2016)*, the Board is collectively responsible for leading and directing HSE activities within a framework of prudent and effective controls which enables risk to be assessed and managed. The Board is required to act on a fully informed and ethical basis, in good faith, with due diligence and care, and in the best interest of the State body, having due regard to its legal responsibilities and the objectives set by Government.

The Board is responsible for holding the CEO and senior management to account for the effective performance of their responsibilities. It is the responsibility of the CEO and his senior management team to ensure that the Board is provided with all the necessary information to enable it to perform its functions. The CEO must also provide assurance to the Board that the functions which it has delegated to him are being appropriately discharged.

Delegation of Functions

The legislation recognises that neither the Board nor the CEO could exercise all of these functions personally and provides for a formal system of delegation under sections 16C and 16H of the *Health Act 2004* (as amended). This Delegations Policy Framework sets out the framework and supporting policy guidelines that underpin good governance regarding the system of delegation of statutory functions throughout the HSE. This allows these functions to be undertaken on an operational basis through the Executive Management Team and Senior Leadership Team and their supporting structures within the organisation.

Committees

The Board has established four Committees in order to provide it with assistance and advice in relation to the performance of its functions. Three of the Board's Committees act in an advisory capacity and have no executive function. The Audit and Risk Committee has a number of specific functions, and those pertaining to audit have a legislative basis.

The *Health Service Executive (Governance) Act* 2019 provides for the establishment of an Audit Committee and any other Committees that the Board deem as necessary for the purpose of providing assistance and advice in relation to the performance of the Board's functions.

The Board's Committees are:

- Audit and Risk Committee
- People and Culture Committee
- Performance and Delivery Committee
- Safety and Quality Committee.

Functions of the Committees

Audit and Risk Committee

The Audit and Risk Committee is established and maintained in accordance with section 40H of the *Health Act 2004* (as amended) by section 23 of the *Health Service Executive (Governance) Act 2019*. The legislation recognises that the Audit Committee has a role to provide oversight and advice on risk management. Therefore, its title has been expanded to the 'Audit and Risk Committee' to reflect the full nature of its remit.

Legislation obliges membership of the Committee to comprise no fewer than three Board members and not fewer than four other persons who, in the opinion of the Board, have the relevant skills and experience to perform the functions of the committee, at least one of whom shall hold a professional qualification in accountancy or auditing.

Under current legislation the Committee is required to:

- Advise the Board and the CEO on financial matters relating to its function
- Report in writing at least once in every year to the Board and CEO on those matters and on the activities of the Committee in the previous year and provide a copy of that report to the Minister.

The functions of the Audit and Risk Committee include a range of financial, statutory, compliance and governance matters as set out in legislation.

People and Culture Committee

The role of the People and Culture Committee is to enhance the environment that supports and values the staff of the health service in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.

In pursuit of its role, the Committee will provide strategic oversight of and advice on matters to support the ambition of the People Strategy 2019-2024 to have the right people, with the right skills, in the right place and at the right time.

The Committee is not responsible for any executive functions and is not vested with any executive powers. In relation to its duties and functions, it fulfils an advisory and support role only.

Performance and Delivery Committee

The role of the Performance and Delivery Committee is to advise the Board on all matters relating to performance within the health service to ensure that such performance is optimised across all relevant domains of the agreed balanced scorecard to ensure better experience for patients and service users.

In pursuit of its role, the Committee provides strategic oversight of and advice on matters relating to planning for, developing and monitoring of relevant plans to ensure that they are delivering on the Board's objectives.

Attention is focused on the key areas of performance achievement, improvement and learning in the context of an appropriate accountability framework and an incremental approach to developing a comprehensive scorecard.

Safety and Quality Committee

Given the profile and nature of services provided by the HSE, the Board decided on the establishment of a specific Committee to focus on the clinical aspects of the provision of health and personal social care. Accordingly, it established a Safety and Quality Committee.

The scope of the Committee's authority extends to all aspects of safety and quality within the public health service. The role of the Committee is to provide strategic oversight of and advice on:

- The Patient and Service User Safety Framework
- The Quality Assurance Framework
- The Quality Improvement Framework of the HSE.

The Committee is not responsible for any executive functions and is not vested with any executive powers. In relation to its duties and functions, it fulfils an advisory and support role only. The Chairperson of the National Independent Review Panel reports to the Committee Chairperson.

Under the *Health Act 2004* (as amended), the HSE is required to develop a Code of Governance to set out the principles and practices associated with good governance. The current Code was issued in 2015 and during the year work commenced on a revised Code of Governance to be finalised in 2020. The Statement on Internal Control in Part II Financial Governance of this Annual Report reflects our compliance with the requirements of the *Code of Practice for the Governance of State Bodies (2016)*.

The *Health Service Executive (Governance) Act 2019* strengthens independent oversight and performance of the HSE. The establishment of the Board is an important step in improving governance arrangements and is a priority in the implementation of *Sláintecare*. The Chairperson and the Board are working closely with the CEO and EMT to ensure the organisation works effectively as well as responding efficiently and productively to a range of new governance requirements stemming from these new arrangements.

Membership of the Executive Management Team [as at 31 December 2019]

Mr Paul Reid

Chief Executive Officer

Paul Reid was appointed Chief Executive Officer of the HSE on 14 May 2019. He was CEO of Fingal County Council immediately prior to his appointment and, in previous roles has led large organisations in the private, not-for-profit, central and local government sectors. He has held senior executive roles previously in the Department of Public Expenditure and Reform, Trócaire and eir. He holds a Masters Degree in Business Administration from Trinity College Dublin and a BA in Human Resources and Industrial Relations from the National College of Ireland.

Ms Anne O'Connor

Chief Operations Officer

Anne O'Connor is the Chief Operations Officer of the HSE. She leads in excess of 100,000 staff members who deliver health services across community and hospital settings in Ireland. She has led health services in Ireland at local and national level. She is trained as and has worked as an Occupational Therapist.

Mr Stephen Mulvany

Chief Financial Officer

Stephen Mulvany is the Chief Financial Officer of the HSE with extensive experience in financial planning, operational planning and service delivery. He is a Chartered Accountant (FCCA) with a Post Graduate Diploma in Information Technology for Managers and in 2018 completed the MSc in Management Practice. He has also completed the Institute of Directors Certificate and Diploma in Company Direction.

Dr Colm Henry

Chief Clinical Officer

Dr Colm Henry is the Chief Clinical Officer (CCO) of the HSE with responsibility for ensuring that clinical leadership is represented at the most senior level of the HSE. Prior to his appointment as CCO, he was National Clinical Advisor and Group Lead for Acute Hospitals in the HSE and, before this, was the National Lead for the Clinical Director Programme in the HSE. He was appointed as consultant geriatrician to the Mercy University Hospital in Cork in 2002 and was the hospital's Clinical Director from 2009 to 2012.

Mr Dean Sullivan

Chief Strategy Officer

Dean Sullivan is the Chief Strategy Officer of the HSE, leading the HSE's strategy development, planning and reform process across the health and social care system. He has 30 years' experience in the public and private sectors, including senior roles in the Northern Ireland Health and Social Care Board and DoH, and with PA Consulting and Price Waterhouse. He is a qualified accountant (CIPFA) and has also completed the Institute of Directors Certificate and Diploma in Company Direction.

Ms Anne Marie Hoey

National Director, Human Resources

Anne Marie Hoey is the National Director of Human Resources for the HSE. She has over 30 years' experience in the Irish health service, holding a number of senior management roles, including leading a change programme across a number of units within the Primary Care Reimbursement Service. Her focus includes strategic and operational management, change management and people management.

Mr Fran Thompson

Chief Information Officer

Fran Thompson is Chief Information Officer of the HSE and CEO of eHealth Ireland enabling the digital transformation of Ireland's health service. With over 25 years' health ICT leadership experience, through both roles, he is particularly focussed on maximising digital transformation within the health sector.

Dr Paul Connors

National Director, Communications

Dr Paul Connors is National Director of Communications for the HSE. He leads a team of approximately 60 communications professionals who co-ordinate and manage a wide range of communications output for the organisation. He completed a primary degree in Business in University College, Galway. This was followed by a Masters in Communications from Dublin City University. He completed a PhD in Strategic Major Emergency Communications in 2009 and has also been called to the Bar.

Dr Geraldine Smith

National Director, Internal Audit

Dr Geraldine Smith is National Director of Internal Audit for the HSE. She also chairs the Audit Committee of a central government department. Her experience includes working as Assistant National Director of Internal Audit with the HSE, Director of Audit with the Eastern Regional Health Authority and Senior Auditor with the Office of the Comptroller and Auditor General. She is a Fellow of the Association of Chartered Certified Accountants and a Chartered Internal Auditor and has a PhD in Governance and a Masters in Public Management. She also has a Professional Diploma in Corporate Governance from UCD Smurfit Business School.

Mr John Kelly

Head of Corporate Affairs

John Kelly is Head of Corporate Affairs for the HSE. He is a qualified solicitor and has worked for one of the largest law firms in the country where he specialised in public administrative law, employment law, and healthcare law. Prior to training as a solicitor he worked as a senior healthcare manager.

Risk Management

Delivering quality and safe services for patients, service users and the public, is our overriding priority. Real and meaningful partnerships between patients and those working at all levels of the health service generate a shared vision for a compassionate health service, one that learns when things go wrong, responds accordingly and reduces harm to those who entrust their lives and care to us.

Risks to the delivery of healthcare will ultimately impact on patients and those who use our services and it is this that guides our overall approach to the management of risk described below.

1. Risk Management in the HSE

The HSE is the largest public sector organisation in Ireland accounting for approximately one-third of all public expenditure, employing one-third of the public sector workforce and with one-third of the population accessing its services each year. Effective risk management is an essential element of good corporate governance as it assists in determining priorities and setting objectives, analysing uncertainties within decision-making arrangements, clarifying accountabilities and demonstrating that the public interest is best served.

It is the policy of the HSE to manage risk on an integrated basis. This means it is inclusive of all risk whether to do with management or service delivery processes. It involves anticipating risks that threaten the achievement of objectives and putting in place actions that, as far as possible, reduce risks to an acceptable level.

2. Risk Management Roles and Responsibilities

Board

The Board has collective responsibility for leading and directing the HSE's activities including the oversight of the Integrated Risk Management Policy, the approval of the risk management framework and monitoring of its effectiveness.

Audit and Risk Committee and other Committees of the Board

The Audit and Risk Committee on behalf of the Board provides overall oversight and advice on the operation of the HSE's Risk Management Policy and related activities within the function of risk management. The Audit and Risk Committee works closely with other Board Committees in fulfilling this oversight function.

Executive Responsibilities

Whereas every staff member is responsible for identifying, notifying and managing risk within the context of their work, risk management is a line management responsibility. The HSE's Integrated Risk Management Policy outlines the roles and responsibilities for managing risk. The Policy and its associated processes apply throughout the HSE and HSE-funded agencies.

The Policy requires each national team to clearly outline the governance arrangements for risk management, including the process for the notification of risk and the escalation of actions to the next level in the accountability structure. National community and acute operations teams have arrangements in place to oversee how risk is managed and monitored across CHOs, Hospital Groups, and in the National Ambulance Service. Other national functions have arrangements in place to oversee how risk is managed and monitored within their areas of responsibility (e.g. Chief Financial Officer, National Human Resources, Chief Information Officer, Health Business Services (HBS), Internal Audit, National Screening Service, etc). For HSE funded services, requirements for managing and monitoring risk are set out in the relevant service agreements between the HSE and individual agencies.

3. Review of Organisational Approach to Risk Management

Changes in 2019 to the HSE's organisational structure at a corporate level together with the appointment of the HSE Board were key drivers in relation to the decision by the HSE to conduct a review of risk management. This decision also coincided with the publication of the *Scoping Inquiry into the CervicalCheck Screening Programme 2018* which recommended that *'the implementation of new governance arrangements for the HSE should include a substantial revision to the organisational approach to risk management and its reporting'*.

The review of the HSE's approach to risk management recognised that while significant progress had been achieved, challenges remained in implementing and embedding risk management in a manner that integrates both corporate and clinical governance across the health service. The review report and its recommendations were accepted by the HSE Board at its September 2019 meeting. The recommendations of the review included the need for the HSE to:

- Adopt an Enterprise Risk Management (ERM) approach
- Establish an ERM Programme
- Appoint a dedicated Chief Risk Officer.

The introduction of an ERM approach represents a significant change, and a properly resourced and structured change process will be required to ensure its success. The Board has ensured budget provision for the establishment of these new arrangements as part of the NSP 2020.

Implementation of the review recommendations has commenced with:

(i) A comprehensive review of the risks on the Corporate Risk Register by the CEO and EMT in October 2019 (see below),

and

(ii) The initiation of the process to recruit a Chief Risk Officer.

The implementation of the other recommendations set out in the review report will be progressed during 2020.

4. Corporate Risks

The Corporate Risk Register is a key organisational document that allows the Board and the EMT to review and assess the HSE's response to risk. As noted above, each of the risks on the Corporate Risk Register is assigned to one of the four committees of the Board. It is these committees, with the relevant members of the Executive, which scrutinise the risks and associated action plans. During 2019 the organisation took a number of actions to mitigate identified corporate risks. In October 2019 the CEO commenced a process with the EMT to undertake a comprehensive review of all the risks on the Corporate Risk Register to ensure that the Register identified all of the most significant risks facing the organisation, together with associated mitigating actions. For each risk, an assessment was made of both impact and likelihood to give an overall 'risk score'. This review process was substantially completed in 2019 and identified the following as the highest risks facing the organisation at that time:

Healthcare associated infections and antimicrobial resistance

What is the risk?	What drives the risk?	How are we managing the risk?
Healthcare associated infections (HCAIs) and antimicrobial resistance (AMR) can result in patients becoming sicker, placing additional demands on health service capacity in the case of AMR the longer term risks to the sustainability of healthcare services.	The ease with which micro-organisms spread in healthcare settings both hospital and community.	• Enhanced surveillance • Implementation of *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020* (iNAP) and 2019-2020 HSE Implementation Plan on Antimicrobial Resistance and Infection Control • National oversight of HCAI AMR Programme • Investment in additional infection prevention and control, surveillance and antimicrobial stewardship staff and communications • Increased screening for Carbapenemase-Producing Enterobacterales (CPE) enhanced surveillance.

Capacity and access demand

What is the risk?	What drives the risk?	How are we managing the risk?
Demographic pressures, high occupancy rates in acute hospital services and insufficient capacity across community and acute services can lead to a reduction in the quality of patient care and repeated failure to achieve standards of care.	Any sustained or exceptional level of demand for services, such as during the winter period can reduce the availability of services.	• Providing additional acute hospital beds and homecare services as part of the Winter Plan • Recruitment of additional staff in community and hospital settings • Strengthening chronic disease management in the community • Working with the National Treatment Purchase Fund (NTPF) to provide additional capacity for planned and unplanned care in acute hospitals.

Medical and clinical workforce

What is the risk?	What drives the risk?	How are we managing the risk?
Not having a sufficient number of critical staff in particular clinical staff, who have the required skills and professional qualifications, can impact on our ability to ensure safe and effective services.	A high reliance on agency staff and challenges recruiting and retaining medical, clinical and other critical workforce grades including the employment of consultants not on the specialist division register (SDR).	• Establishment of Workforce Planning Unit • Developing new models of care • Review of current recruitment process • Workforce planning strategy and draft strategy Demand for Medical Consultants and Specialists to 2028 • Additional HR support for key strategic workforce planning priorities • Clinical governance arrangements for non-SDR consultants.

Disability services		
What is the risk?	**What drives the risk?**	**How are we managing the risk?**
The way services for people with disabilities are currently organised and resourced can impact on our ability to ensure appropriate, safe and quality care.	Delays in moving to new models required to address increasing and changing need.	• Residential placement committees now operate in each CHO to triage, and manage waiting lists and new referrals based on risk • The single assessment of need process was introduced to enable the residential placement process operate more efficiently and transparently • Commencing the operation of Children's Disability Networks.

Capital infrastructure and critical equipment		
What is the risk?	**What drives the risk?**	**How are we managing the risk?**
Access to and the quality of health services is dependent on its built infrastructure and specialist equipment.	Inadequate built infrastructure and ageing critical clinical equipment, including ambulances.	• Available capital funding has been prioritised to address infrastructural and clinical risk • Planned preventive maintenance programmes are in place for all critical infrastructure and equipment.

Brexit		
What is the risk?	**What drives the risk?**	**How are we managing the risk?**
Brexit may result in threats to the continuity for critical goods and services which ultimately could have an impact on patients and service users.	Uncertainty in relation to the final agreement between the UK and the EU.	• HSE Brexit oversight group and steering group in place and meeting regularly • Risk assessments complete for each priority area and Brexit work plan in place • Service Provision Agreements signed with 21 UK Hospitals as a contingency measure for the current provision of services to Irish patients post Brexit • Additional warehouse storage capacity.

Other risks on the Corporate Risk Register are set out below:

- Current configuration of hospitals
- Cyber security
- Managing change including culture change
- Screening services
- Regulatory non-compliance
- Organisational reputation
- Policy and legislation development and implementation
- Safety, health and wellbeing of staff
- Individual performance management and accountability
- Information and Communication Technology (ICT) systems and infrastructure
- System of internal controls, including management and prioritisation of resource allocation
- Industrial action and business continuity
- Children's Hospital
- HSE-funded agencies
- COVID-19.

All of the HSE's corporate risks and associated actions will be subject to on-going monitoring and review during 2020.

5. COVID-19

In January 2020, the EMT added COVID-19 to the list of principal risks of the HSE as part of the risk management process and brought it to the attention of the Board. Mitigating actions were commenced at that time. On 11 March 2020, the World Health Organisation declared COVID-19 a pandemic and noted its alarming levels of spread and severity. The emergence of this pandemic and its material impact on the health system and on citizens underlines how quickly new risks emerge and existing risks change.

Notwithstanding the HSE's timely recognition and response to this risk, it also underlines for the EMT and the Board the importance of continuing to prioritise and seek to improve risk surveillance and risk management processes.

COVID-19 has had a huge impact on the HSE, the services we provide, our staff, and the populations we serve. It is inevitable that new risks will emerge and existing risks will change. We will ensure, both during and following the immediate crisis, a continued focus on the risks within the Corporate Risk Register and other emerging risks.

Our Workforce

We are committed to delivering on the ambition set out in *Sláintecare*, putting patients and service users at the centre of everything we do. Recognising the essential role of our workforce in meeting this, we are committed to delivering an exceptional employee experience that engages the talent and nurtures the leadership capability of all individuals and teams. In this regard, a new People Strategy was developed in 2019.

Staff Engagement

Staff engagement is and will continue to be an organisational priority as we progress to implement *Sláintecare* and address the public sector reform agenda. It is widely recognised that staff who are fully engaged at work are better able to give their best to patients and service users.

- *Engaging Health Staff Action Plan 2019-2021* was developed in response to the results of the 2018 Your Opinion Counts staff survey findings. The plan defines staff engagement and highlights the benefits for staff and patients of having an engaged workforce in the health service, emphasising that staff engagement is a core component in developing policies and strategies.
- As a response to feedback received from the staff survey Your Opinion Counts, an organisational wide Anti-Bullying Task Force has been established with the inaugural awareness day held in February. A number of initiatives are being rolled out across the organisation to assist those experiencing or witnessing bullying at work, including a helpline with dedicated support and a social media campaign supporting the theme *#cutitout*.
- The National Staff Engagement Forum continued throughout the year, providing valuable information and feedback for on-going service developments and initiatives. The unique structure of the forum, which is based on proportional representation of staff across the health services, is a key element to the success of the forum.
- A practical toolkit – Leadership Skills for Engaging Staff in Improving Quality was launched at an event hosted by the National Staff Engagement Forum. At the event, delegates had an opportunity to explore practical examples of successful engagement to improve operational performance, service user experience and improved outcomes.

Training and Development

- The implementation of *People's Needs Defining Change – Health Services Change Guide* progressed with a particular focus on practice development. Three Change and Improvement Practice Programmes were held in Tullamore, Portrane and Sligo, where 70 participants from a wide range of services presented key challenges and used the Change Guide to inform their action plans.
- 291 blended management development programmes, including Coaching Skills for Managers, First Time Managers and People Management the Legal Framework, were delivered locally to nearly 5,000 multi-disciplinary staff.
- Other training and development highlights included:
  - 140 Team Development/Team Intervention programmes were delivered around the country, facilitating some 1,500 participants.
  - 619 one-to-one business coaching sessions were delivered internally to staff across the organisation.
  - Graduates on the 2018/2019 Gradlink programme completed their final continuous professional development module as part of the programme.
- HSELanD (the HSE's on-line learning portal) won two awards during the year:
  - The award for Best Use of Technology in People Management at the Chartered Institute for Personnel Development Ireland HR Awards. HSELanD received this award in recognition of its use of technology to drive a change in culture through learning.
  - HSELanD also won the Brandon Hall Group Excellence Bronze Award for the Best Unique or Innovative Learning and Development programme for An Introduction to Children First. 128,715 individual health service users have completed at least one learning programme on HSELanD during 2019.

Recruitment and Retention

- The Annual Medical Careers Day took place in October, a joint initiative between the HSE, the Forum of Postgraduate Medical Training Bodies and the Irish Medical Council. The event highlights the range of training and broad spectrum of career opportunities open to medical graduates in Ireland.
- A review of the existing Recruitment Model was carried out. Initial work has commenced on this model and is expected to be completed in 2020.
- A multi-stakeholder forum has been established to examine and develop recruitment and retention strategies for medical consultants.

Diversity, Equality and Inclusion

- A Diversity, Equality and Inclusion event for International Women's Day in March was held for 200 colleagues in the Royal College of Physicians, as well as eight Women in Leadership events throughout the country.
- A number of HSE staff joined the LGBTI+ Allies Network and proudly participated in the Dublin LGBTQ Pride Parade.
- Dr Steevens' Hospital participated in Culture Night, which commenced with the launch of the book The Patient is Paramount, comprised of entries for the HSE Nurses and Midwives Short Stories competition held earlier in the year. The remainder of the night's entertainment included singing, dancing and theatrics performed by the Dublin Theatre of the Deaf, Deaf Folk Dance Ireland and Dublin Deaf Choir together with, for one night only, the Culture Night Choir, a collaboration of several HSE staff members.

- To mark International Day for Persons with Disability, a special inaugural forum was hosted to engage staff of all ranks and abilities on how we can embrace, promote and embed principles of diversity, equality and inclusion for our colleagues with disabilities. The forum included a staff panel who spoke honestly and openly of their own disability, the challenges they face and their experience as a HSE employee with a disability. As part of our commitment to equality, diversity and cultural awareness, an introductory training module is being delivered on an on-going basis.

Employment Levels

The health service is the largest employer in the state with just under 120,000 whole time equivalents (WTEs) employed by the HSE and section 38 agencies, as at 31 December 2019. Since 2018, overall staffing levels have increased by 1.7% or 1,960 WTEs. All staff categories, except general support (-0.4%/38 WTEs) showed growth in 2019 compared with 2018. The largest growth was seen in nursing and midwifery (+561 WTEs) followed by patient and client care (+427 WTEs). Medical and dental staffing was the third highest staff category showing an increase, with an additional 390 WTEs, of which 154 WTEs were consultants.

Table 1: WTEs by staff category

Staff Category	WTE	WTE
	Dec 2018	Dec 2019
Medical and dental	10,467	10,857
Nursing and midwifery	37,644	38,205
Health and social care professionals	16,496	16,774
Management and administrative	18,504	18,846
General support	9,454	9,416
Patient and client care	25,292	25,719
Total health service	**117,857**	**119,817**

Data source: Health Service Personnel Census.

European Working Time Directive

A key focus for the health service continues to be improving compliance with the European Working Time Directive (EWTD) amongst Non-Consultant Hospital Doctors (NCHDs) and social care workers. As of end December 2019:

- Compliance with the 24-hour shift
  - 97.1% NCHDs, acute
  - 98.3% NCHDs, mental health
  - 80% disability services, social care workers.
- Compliance with the 48-hour average working week
  - 83.6% NCHDs, acute
  - 93.3% NCHDs, mental health
  - 88% disability services, social care workers.
- 98% received 11-hour daily rest breaks or equivalent compensatory rest
- 99% compliance with 30-minute breaks
- 99% compliance with weekly/fortnightly rest or equivalent compensatory rest.

Pay and Staffing Strategy

The 2019 Pay and Staffing Strategy reflected the key learning from 2018, and began with a central high-level affordability assessment of the level of staff, on an average cost per WTE basis, that the budget for 2019 could support. This approach, designed to enable more realistic and affordable forecasting, followed on from the WTE limits process implemented in late 2018. Key stakeholders and budget holders then operationalised the WTE limits taking account of service priorities and maintenance of existing services, while identifying the opportunities for optimisation and efficiencies.

Significant progress was made on aligning our workforce with the associated funding in 2019 with further key learning from this first full year of implementation being used to further strengthen and inform the process for 2020.

Finance

The total HSE expenditure in 2019 was €17.2bn for the delivery and contracting of health and personal social services.

Total capital expenditure in 2019 was €688 million (m) including €603m for capital projects and €85m for ICT capital projects. This included capital grants to voluntary agencies of €325m.

Payroll

The overall pay bill of the health service, excluding voluntary service providers and superannuation, increased by €364m (7.4%) in 2019 to a total of €5.3bn. Basic pay increased by €179m (4.9%) and other allowances increased by €61.1m (9.9%).

Governance Arrangements with the Non-Statutory Sector

The HSE provided funding of €4.7bn to non-statutory agencies to deliver health and personal social services:

- Acute voluntary hospitals €2.5bn (53%)
- Non-acute agencies €2.2bn (47%).

Over 2,300 agencies were funded, with over 5,500 separate funding arrangements in place. Eight agencies accounted for over 50% of the funding.

Work continued to enhance governance arrangements with section 38 and section 39 funded agencies. In particular:

- Governance documentation for 2019 was again made available to the operational system from the beginning of the previous November, with a substantial number of Service Arrangements and Grant Aid Agreements being completed and signed by agencies before the end of March.

- The Annual Compliance Statement process continued, which requires all section 38 and section 39 agencies (which are funded by more than €3m annually) to submit a statement annually to the HSE confirming their compliance with good governance practice in the previous year. The Annual Compliance Statement process covers approximately 93% of the funding released to section 38 and section 39 agencies. These statements were reviewed and matters requiring further clarification were addressed with the agencies concerned.
- The review of governance at Board and Executive level in section 38 agencies continued with a further six reviews finalised in 2019 and 28 reviews completed to date.
- Four pilot Contract Management Support Units (CMSUs) were established to assist service managers in managing and documenting all aspects of the relationship with section 38 and section 39 agencies. The CMSUs will allow greater oversight of the delivery of services by agencies in a manner that will give on-going assurance in relation to the significant amounts of funding involved.

Preparing for Brexit

A HSE Brexit planning group has been in place since 2017 and has worked closely with the DoH on a wide range of Brexit contingency planning and mitigating actions. The focus of the work has been on implications across the following key work-streams:

- Continuity of patient and client health services
- Cross-border and frontier arrangements, including Co-operation and Working Together (CAWT) programmes
- Emergency health services (including the NAS)
- Public health matters
- Environmental health services – food import control and expert certification
- Workforce issues and recognition of qualifications
- Continuity of supply of goods and services/procurement arrangements
- General Data Protection Regulation (GDPR) compliance
- Communications.

In 2019, the HSE worked closely with the DoH and other agencies on 'no deal' Brexit contingency planning as part of the whole of Government Brexit preparedness on a range of issues. This involved identifying, assessing and addressing the necessary contingency measures and actions required to maintain service continuity in the event of either an orderly or disorderly Brexit.

- Service provision agreements were signed with a number of UK hospitals including all transplant hospitals as a contingency measure to ensure the current provision of services to Irish patients' post Brexit remained in place.
- A Memorandum of Understanding was updated and signed between the National Ambulance Service and the Northern Ireland Ambulance Service.
- 100 additional environmental health service posts were recruited in order to meet statutory obligations associated with food import controls.
- Additional warehouse storage capacity was provided to facilitate improved stock management. Recruitment of extra staff for medicine compounding commenced to ensure greater resilience in these facilities.
- New equipment and staff were provided to the Public Analyst Laboratory to increase capacity.
- A detailed communications plan was developed and regular meetings took place with stakeholders, and with the DoH.

Listening to Our Service Users

In order to provide high quality care, it is essential that we continually engage with patients and service users to ensure their views, concerns and experiences are at the centre of service delivery. A number of areas were progressed during the year to promote patient and service user involvement across our health service.

While we have achieved good patient engagement at some levels within the organisation we also recognise that this is an evolving area of work. We need to ensure that it continues to grow right throughout the organisation as we move to implement *Sláintecare* so that people who use our services are partnered with every step of the way to ensure that they are at the heart of the planning, design, delivery, implementation and evaluation of services.

National Patient Experience Survey

The survey, which first launched in 2017, is part of a broader programme to help improve the quality and safety of healthcare services provided to patients in Ireland by trying to understand how patients interact with the healthcare system and how they experience this process. The 2019 survey contained a total of 61 questions on topics such as admission to hospital, care and treatment on the ward, trust in hospital staff, respect and dignity, and discharge from hospital.

- All patients discharged in May aged 16 years and over, who spent 24 hours or more in one of the 40 participating hospitals and had a postal address in the Republic of Ireland, were asked during the year to complete the National Patient Experience Survey, a nationwide survey asking people for feedback about their stay in hospital.
- In general, the findings were similar to those reported in 2018 with the exception of an improvement in the area of discharge of transfer. While the survey results were generally positive, a significant number of patients did not have a good experience. The sharing of these experiences helps identify areas where improvements are needed. A further analysis on findings can be seen on page [27] of this Annual Report.
- Over 12,300 people participated, a response rate of over 46%. Key findings included:
  - 84% of respondents said they were always treated with respect and dignity while in hospital
  - 96% of respondents said their room was clean or very clean
  - 86% of respondents said they were always given enough privacy when being examined or treated.

Engaging and Partnering with People who use our Service

Our aim is to build engagement with patients, service users, families and communities to make healthcare safer through the insights and experience of patients and service users themselves. We do this by creating and facilitating opportunities for partnering with the people who use our health services through group engagement, individual representation and membership of steering groups, working groups and committees.

- National Patient Forum
  - Discussion on the Assisted Decision-Making policy and legislation
  - Consultation on the development of the new Corporate Plan
  - Participation in a panel discussion at the State Claims Agency Patient Safety Conference.
- Patients for Patient Safety Ireland
  - Input into development of quality improvement training
  - Input into the *Patient Safety Strategy 2019-2024*
  - Feedback provided on the revised *Open Disclosure Policy*.
- National Patient Representative Panel
  - Attendance at *Sláintecare* workshop on integrated community services
  - Attendance at Infection Prevention Control Ireland National Conference
  - Consultation on National Clinical Guidelines including for intraoperative massive haemorrhage and for nutrition screening and use of oral nutrition support for adults.

The National Inpatient Experience Survey 2019 and What We Have Done – Listening, Responding and Improving Services

	What you told us	What we have done
Admission to Hospital	• The average patient rating for the admissions stage of care was 7.9 out of 10 • 82% of respondents said that they were always treated with respect and dignity on the ward • 30% of people said that they were admitted to a ward within the HSE's target of six hours, with 4% saying they waited 48 hours or more before being admitted to a ward.	• Supporting the use of microsystems in EDs which is designed to understand how every part of the patient's journey can be improved • The ED Taskforce has set out a range of time defined actions to reduce overcrowding including optimising capacity, develop internal capability and process improvement and improving leadership, governance planning and oversight.
Care on the Ward	• The average patient rating for care on the ward was 8.3 out of 10 • 96% of people said that their room was very clean or fairly clean • Most patients felt that staff did everything they could to help control their pain • Patients were less positive about hospital food with almost 28% saying it was poor or fair.	• To improve patient care on the ward, in particular, the availability of staff to listen to the patient's worries or fears, individual hospitals will promote patient advice and liaison services • The development of the HSE Food, Nutrition and Hydration Policy was launched and recommended nutritional screening and a patient-centred approach to delivery of services.
Examinations, Diagnosis and Treatment	• The average patient rating for examinations, diagnosis and treatment was 8.2 out of 10 • 86% of patients said that they were always given enough privacy when being examined or treated • Patients were less positive about communication with 39% saying they were not given, or were only to some extent given, enough time to discuss their care and treatment with their doctor.	• The National Healthcare Communication Programme was developed to improve communication of healthcare professionals. The programme is designed to enable staff to take a skilled, sensitive and person-centred approach to all conversations with patients and their families • The HSE has also developed on-line citizen health guides to provide easy to understand health information to patients.
Discharge or Transfer	• The average patient rating for discharge or transfer was 7 out of 10 • 71% of respondents said that staff completely explained the purpose of medicines they were to take at home • However, just 45% said that staff completely explained the potential side effects of medications.	• The HSE has established a national team to implement improvements for delayed discharges between hospital and community care • The HSE Code of Practice for Integrated Discharge Planning outlines the importance of providing patients with information about what to do after leaving the hospital, danger signs, who to contact and medication information.

- We established in 2019 a Cancer Patient Advisory Committee as part of the *National Cancer Strategy 2017-2026*. A selection process was undertaken by a group comprising representatives of the Irish Cancer Society, the HSE's National Cancer Control Programme, the DoH and a member of the former Cancer Patient Forum. The Committee comprises 15 members and its establishment is a significant advance in developing health services to meet the needs of patients.
- Engage: National Men's Health Training was developed in response to the growing demand from service providers for support to improve their engagement and interaction with men. The training content was based upon the partners' experience, evidence from academic and evaluation literature, and an extensive 24-month pilot phase.
- Nurses and midwives were encouraged during the year to collect patient stories, which were collected into a book The Patient is Paramount. Great stories can offer us valuable feedback about our patients' experiences of healthcare services, challenging us and enabling us to develop a deeper understanding of these experiences, encouraging problem solving, new learning and discovery.
- Service user input was an integral part of the process undertaken to develop a strategic framework for health and social care professions setting out a roadmap for them to deliver on *Sláintecare*. Service users were invited to be involved in all consultations.
- In October, 300 staff and 50 patients attended a series of masterclasses/briefings on Partnering with Patients.
- Work began in collaboration with the All Ireland Institute of Hospice and Palliative Care on the production of videos of personal experiences of palliative care across Ireland.

- Your Voice Matters is a project which captures the lived experiences of service users and their families by inviting them to describe a recent instance of engaging with health and social care service, focusing on what is most important to service users and allowing the opportunity to capture both positive and negative feedback. This information is then used to inform service improvements. To date 1,135 stories have been collected with the following key themes emerging:
  - The need for clear communication and information
  - The need for improved access to services.
- Through the experiences gathered from Your Voice Matters a number of service improvement initiatives have been undertaken including the launch of a chronic obstructive pulmonary disease (COPD) Peer Support Group in South Tipperary and COPD information leaflets and posters developed for use throughout the South East.
- Engagement has begun with the Independent Patient Advocacy Service established by the DoH. This new service will encourage patients to communicate with health services about any concerns.
- A National Consent Policy Steering Group was convened. Working groups have been established and have commenced a review of the policy and development of an e-learning programme.

Office of the Confidential Recipient

The Office of Confidential Recipient is a national service that receives concerns/complaints such as allegations of abuse, negligence, mistreatment or poor care practices in HSE or HSE funded residential care facilities in an independent capacity and, in good faith, from patients, service users, families, other concerned individuals and staff members. It has dealt with 896 formal concerns/complaints from across the country since its establishment in December 2014.

In 2019, the total number of formal concerns/complaints received by the Confidential Recipient was 155, a decrease of 51 on 2018. The type of concerns raised included funding, leading to inappropriate placement, and lack of services for people with disabilities.

Appeals Service

The National Appeals Service ensures that applicants for eligibility schemes (e.g. medical cards/GP visit cards, residential support services maintenance and accommodation contributions, Nursing Homes Support Scheme (NHSS)) are given their correct entitlement, and also provides governance to the HSE in relation to the correct application of legislation, regulations and guidelines. 2,184 cases were processed in 2019, of which 32% were allowed or partially allowed. The Appeals Service shares the learning from appeals, including feedback from appellants, with scheme managers and other relevant stakeholders.

Table 2: Appeals in 2019

Appeal Type	Received	Processed	Approved	Partially Approved	% Approved/ Partial Approvals
Medical/GP Visit Card (General Scheme)	1,160	1,225	338	122	38%
Medical/GP Visit Card (Over 70's Scheme)	172	169	39	3	25%
16 and 25 Year Old Medical Card/ GP Visit Card (* from 1 July 2019)	104	93	51	4	59%
Nursing Homes Support Scheme	493	507	55	60	23%
Common Summary Assessment Report	48	51	4	0	8%
Homecare Package	10	12	1	1	17%
Home Help	34	39	2	0	5%
Residential Support Services Maintenance and Accommodation Contribution	29	35	5	2	20%
Other	55	53	3	0	6%
Total	**2,105**	**2,184**	**498**	**192**	**32%**

Note: Appeals received are from 01.01.2019-31.12.2019. Those processed also relate to cases carried forward from 2018.

Compliments and Complaints

Health Service Executive

(Excluding voluntary hospitals and agencies)

Many compliments go unrecorded and work is on-going to encourage all staff to record compliments as they provide important information on the positive aspects of our service to assist in learning from what is working well. In 2019, there were 9,872 compliments recorded.

There were 5,938 formal complaints recorded in 2019 and examined by complaints officers under the *Health Act 2004* (as amended) and the *Disability Act 2005*, see Table 3. Of these, 719 were excluded from investigation under the Your Service Your Say complaints process or withdrawn. Of the remaining 5,219 complaints, 3,398 or 65% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

Voluntary Hospitals and Agencies

There were 17,139 compliments recorded in 2019. There were also 12,160 complaints recorded and examined *by* complaints officers. Of the total number of complaints received 11,757 were investigated. The other 403 were either excluded or withdrawn. Of those investigated, 9,760 or 83% were resolved by a complaints officer either informally or through formal investigation within 30 working days.

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

1,244 complaints were received in 2019 under Part 2 of the *Disability Act 2005* in relation to a child's *assessment* of need for disability services, an increase of 68%. 842 complaints were received under part 2 of the Disability Act, 68% were recorded as resolved within 30 working days. 12 complaints were recorded as received under Part 3 of the Act, relating to access to buildings and services for people with disabilities. These figures are included in Table 4.

Table 3: HSE Formal Complaints Received and % Dealt with Within 30 Working Days

	No. of complaints received	No. and % dealt with within 30 working days
2019	5,938*	3,398 (65%)*
2018	6,610*	3,695 (56%)*
2017	8,281	6,298 (76%)
2016	9,158	6,972 (76%)
2015	9,289	6,854 (74%)

Data source: HSE Quality Assurance and Verification.

* The introduction of the HSE's Complaints Management System and increased staff training have resulted in enhanced reporting on formal complaints. The number of complaints received now refers to those which are formally addressed by Complaints Officers only and no longer includes point of contact complaints, (which are reported separately) received by frontline services which have been immediately resolved. This is reflected in 2019 data above in respect of both complaints received and those dealt with within 30 working days. This figure includes 719 complaints received which were either excluded or subsequently withdrawn.

Table 4: Formal complaints received by category 2019

Category	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
	2018	2019	2018	2019
Access	2,267	2,595	3,114	3,299
Dignity and respect	684	599	1,653	2,154
Safe and effective care	2,154	1,927	4,026	4,012
Communication and information	1,413	993	3,724	3,605
Participation	56	3	164	199
Privacy	56	61	313	419
Improving health	89	69	141	239
Accountability	266	254	615	572
Clinical judgement	160	162	423	165
Vexatious complaints	9	3	128	173
Nursing homes/residential care for older people (65 and over)	33	2	10	20
Nursing homes/residential care (aged 64 and under)	12	0	84	22
Pre-school inspection services	0	0	16	65
Trust in care	1	1	68	98
Children first	0	2	67	31
Safeguarding vulnerable persons (new 2016)	1	4	267	312

Data Source: HSE Quality Assurance and Verification.

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

Learning from Feedback

Many people take the time to tell us about their experience of our services. This feedback, much of which is positive also includes complaints. Feedback, both positive and negative, can provide unique insights into the standards of care being provided to service users. Being in a position to capture this feedback and experience is therefore central to how we learn and improve the quality of our services.

In 2019, the HSE began publishing quarterly casebooks on complaints received from the public and how they are addressed. The complaints are anonymous and the purpose is to use it as a tool for learning and to facilitate the sharing of that learning. This is a positive step as it provides an opportunity to publicly demonstrate our commitment to learn from the feedback we receive.

The establishment of the new independent Patient Advocacy Service in November 2019 provides a free, confidential and independent national service to help users of public hospitals making or intending to make a formal complaint through the HSE complaint process Your Service Your Say. This new service will encourage patients to communicate with the health services first to resolve their complaint. It aims to build positive relationships with the health services so that good communication is nurtured, and issues can be resolved efficiently and learned from.

Complaints addressed by Complaints Officers in HSE statutory services are either formal complaints or unresolved complaints escalated from point-of-contact in a frontline service. During 2019, the HSE continued to support and empower staff to resolve complaints at point-of-contact through an interactive on-line module. 5,756 staff members have completed this module to date. An additional 5,161 complaints were recorded as addressed by frontline staff as they occurred at point-of-contact. These figures are not represented in Table 3.

Reform and Transformation

Sláintecare

The *Sláintecare Report (2017)* and *Sláintecare Implementation Strategy (2018)* signal a new direction for the delivery of health and social care services in Ireland. The implementation of *Sláintecare* has the potential to create a more sustainable, equitable, cost effective system that delivers better care and value for patient and services users. At its core, the strategy focuses on establishing and delivering programmes of work to provide care closer to home at every stage of a person's life, enabling our health service to be more responsive to patient and service user needs and to deliver better outcomes, with a strong focus on prevention and population health improvement.

A *Sláintecare Action Plan 2019* was developed by the DoH and outlined the key areas of focus for the first full year of *Sláintecare* implementation. It did this under four work-streams:

1. Service Redesign and Supporting Infrastructure
2. Safe Care, Co-ordinated Governance and Value for Money
3. Teams of the Future
4. Sharing Progress.

The vast majority of 2019 actions in the *Sláintecare Action Plan* have progressed in line with expectations and the 2020 Action Plan is in development. This will include a particular focus on two priority Joint HSE/DoH Action Programmes of Capacity and Access and Regional Health Areas.

Given the need to ensure *Sláintecare* becomes fully embedded in everything we do, five high level reform and transformation priorities were identified for 2019:

- Governance, leadership and corporate strategy
- Transitional funding to shift the balance of care
- Managing demand and continuing productivity improvement
- Delivering programmes of work aligned to the *Sláintecare Action Plan*
- Transformation support and enablement.

A summary of our progress against these priorities can be seen below with further detail available throughout this Annual Report.

Governance, Leadership and Corporate Strategy

Under the *Health Service Executive (Governance) Act 2019* the Board is the new governing body of the HSE and is accountable to the Minister for Health for the performance of the functions of the HSE. The CEO, appointed in April 2019, is accountable to the Board. As noted earlier in this Report, work progressed on the development of the new Corporate Plan, aligned to *Sláintecare* and focused on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders.

Transitional Funding to Shift the Balance of Care

The publication of the Government's *National Development Plan 2018-2027* has been a welcome development, creating a funding pipeline for capital developments that are aligned to *Sláintecare*. In addition, in 2019 *Sláintecare* integration funding of approximately €20m was awarded to 91 projects from HSE or HSE funded services. This is the first year of an annual initiative with selected projects being funded for a 12-month period. The objective of the integration fund is to test and then scale projects that are capable of achieving health or service improvements at a whole population level within the areas of chronic disease management and prevention, older persons' services, health promotion and moving more care to the community. Scaling or mainstreaming of projects is dependent upon successful delivery of project objectives and outcomes.

Managing Demand and Continuing Productivity Improvement

Through productivity and service redesign, we have the opportunity to improve the quality of services for patients and create capacity to respond better to rising demand. Several improvement initiatives commenced and continued in line with existing clinical programmes and international best practice in the area of scheduled and unscheduled care. Large scale service redesign programmes were progressed, including work on the designation of major trauma centres and trauma networks, the elective care delivery model, clinical networks for specialists services (including non-consultant led clinics), and urgent and emergency care networks. Nine learning sites in the CHOs were agreed, representing the commencement of a phased implementation of the community healthcare network model that will respond to, among other priorities, the needs of people with chronic disease and those with frailty in the community. Community Intervention Teams (CITs) were reviewed and re-focused to support the delivery of an increased volume of complex hospital avoidance and early discharge cases.

The Capacity and Access Joint Working Programme was jointly established by the HSE and DoH and work has commenced to deliver on the recommendations of the *Health Service Capacity Review 2018*. These recommendations form the starting point for developing our capacity across acute and community services while, in parallel, reducing bed demand and improving the health of the population.

Delivering Programmes of Work Aligned to the *Sláintecare Action Plan*

Work continued in 2019 to progress a number of programmes of work, including:

- Design and development of new health service structures
- Staff engagement
- Population profiling
- Development and implementation of eHealth initiatives

- Review of existing service design for chronic disease and access to radiology
- Future capacity expansion
- *Healthy Ireland* and health and wellbeing initiatives
- Strengthening clinical leadership.

In addition to the detail above, progress against many other 2019 priorities aligned with *Sláintecare* can be seen throughout this Annual Report.

Transformation Support and Enablement

A dedicated Strategic Transformation Office has been established within the HSE to lead, drive and actively support implementation of the reform programme. The office will also provide assurance to the Board, highlighting issues of concern and identifying corrective actions required. The office will also support and enable services to deliver strategic reforms at frontline service level where it will be best experienced by our communities, people who use our services and their families.

Research and Evidence

We are striving towards the vision of making the HSE a health system renowned for its culture of building and using knowledge for health and wellbeing.

- *Research Activity in the HSE and its Funded Organisations* was launched highlighting the significant level of research activity in the health service. The first ever *HSE Action Plan for Health Research 2019-2029* was also launched which provides a road map to build research capacity and culture in the health service in a way that delivers real patient impact.
- Implementation of the National Health Library and Knowledge service continued with significant reform to provide equitable access to knowledge resources and service provision to all HSE healthcare staff. The first milestones towards the development of an open access National eHealth Library were also successfully completed. BMJ Best Practice, a point of care tool especially useful for primary and community services will be available nationally to enable evidence-based practice across the service in 2020.

Clinical, Quality and Patient Safety

Our aim is to continually improve the quality of care we deliver, learning from patient experience to ensure the safety of all who use our services.

Clinical Leadership

- A review of the national clinical programmes was undertaken early in the year offering the opportunity to consolidate the programmes along themes that make sense to patients and service areas ensuring an integrated care approach to service design, in line with *Sláintecare*. A number of recommendations were made following the review and work continues to implement these. These recommendations include:
  - Establishment of a clinical forum
  - Alignment with principles of *Sláintecare*
  - Improved governance to connect, align and integrate clinical leadership
  - Appointment of a National Lead for Integrated Care
  - Merging of certain clinical programmes.
- National clinical programmes pilot and evaluate clinical designs that treat patients at the lowest level of complexity that is safe, timely, efficient and as close to home as possible. During the year, work continued to deliver care through this approach, including:
  - Completion of a COPD collaborative project which enabled care improvements in 18 participating hospitals
  - Commencement of a back pain pathway pilot
  - Commencement of a research project to develop a profile of Emergency Department (ED) attendees.
- A number of new models of care were launched to define best practice and put the patient at the centre of treatment, including:
  - Early Intervention in Psychosis Severe and Enduring Mental Illness and Complex Needs
  - Cystic Fibrosis
  - Paediatric Critical Care
  - COPD
  - Specialist Perinatal Mental Health Services
  - Eating Disorders.
- The *National Stroke Register Report 2018* was published. The report represents the largest data capture to date of Irish stroke trends, treatment and outcomes, processes of care and provision of therapy to patients. The report showed encouraging trends in mortality from stroke due to blood clotting (ischaemic stroke) which is at a historic low of 7.8%, down from 10.9% in 2015.
- The Clinical Director Development Programme continued to provide support to the clinical directorate, with the Executive Skills Programme commencing its third programme.
- A health and social care professions (HSCP) leadership study was completed *HSCP Leadership: An examination of context, impact, supports, challenges and areas for consideration*. It will inform plans to support and develop HSCP leadership in 2020.
- A strategic framework setting out a roadmap for HSCPs to deliver *Sláintecare* was substantially completed. It was informed by a comprehensive consultation involving service users, HSCP and other key stakeholders. The framework will be finalised early in 2020.

Enhancing Nursing and Midwifery Services

During 2019, the capacity and capability within nursing and midwifery was strengthened by developing and delivering a number of targeted programmes:

- 710 nurses/midwives were supported to undertake leadership training
- 4,000 staff accessed the Clinical Leadership Competency on-line resource
- 1,279 nurses and midwives now have authority to prescribe medicines
- 488 nurses and midwives registered as nurse and midwife referrers on HSE national database for nurse and midwife referrers of ionising radiation (x-ray)
- 465 nurses and midwives attended master classes in medicines management
- 2,010 nurses and midwives were sponsored to undertake postgraduate education programmes
- 3,438 continuing education programmes were provided to 40,339 nurses, midwives and healthcare assistants
- 30 health service employees were sponsored nationally to commence training as nurses/midwives
- 14 general and mental health nurses from around the country successfully completed the Return to Nursing Practice programme and are intending to re-join the nursing workforce
- 11 nurses/midwives completed the post-graduate diploma in nursing (Level 9) Sexual Assault Forensic Examination and were employed as Clinical Nurse Specialists nationally for adult and child and adolescent sexual assault treatment units
- An additional 935 healthcare professionals completed the National Frailty Education Programme and a further 12 Frailty Networks have been established across CHOs and acute hospitals
- The number of Registered Advanced Nurse Practitioners has increased to 412 and the number of Registered Advanced Midwife Practitioners has increased to 13.

In addition the Office of Nursing and Midwifery Services led on the development of a Health Passport for people with intellectual disabilities accessing healthcare settings. This was launched and disseminated nationally. It received *Sláintecare* project funding to support up scaling and further dissemination.

Antimicrobial Resistance (AMR) and Infection Control

Significant improvements have been made in relation to AMR and infection control across the health service, with some key highlights as follows:

- A single World Health Organisation technique for performing hand hygiene has been agreed as the method being performed and taught. Previously, there were two different methods in place which could cause confusion for staff moving between healthcare settings.
- A survey was undertaken to learn about existing surveillance activities for surgical site infection. Responses received indicated that 69% of respondents had local surveillance projects in place and strong interest was indicated in developing a national surveillance programme. Work continues in establishing standard protocols and developing tools for data collection and analysis.
- Campaigns were run to raise awareness amongst healthcare professionals and the general public including hse.ie/UndertheWeather, European Antibiotic Awareness Week, Hand Hygiene week and the winter campaign.
- The first Director of Nursing for Infection Control and Prevention for the HSE was appointed.
- A quality improvement project, working to improve antibiotic prescribing in the community, was planned and implemented with the Primary Care Reimbursement Service.
- In excess of 9,500 staff have received hand hygiene education from the train the trainer programme.
- A process was developed for rapid whole genome sequencing to track the spread of carbapenemase-producing enterobacterales (CPE) and other antibiotic resistant organisms.
- A number of guidelines were developed/supported including:
  - Balancing competing demands in relation to bed use related to infection prevention and control
  - Laboratory testing for CPE and the interpretation of clinical application of results
  - Prevention and control of CPE in patients on haemodialysis treatment
  - Infection control principles for buildings.
- CPE screening was rolled out in acute hospitals.
- A survey of hospital acquired infections and antimicrobial use in Irish hospitals in 2017 was published. The EU wide survey in which 60 Irish hospitals (46 public and 14 private) volunteered, provided a snapshot of hospital acquired infections and antibiotic use across participating hospitals on a single day and there were welcome improvements from the previous survey in 2012. All participating hospitals now have an infection prevention and control nurse and the number of single patient rooms has increased from 22% in 2012 to 28% in 2017. Additionally, a reduction was seen in hospital acquired infections from indwelling devices (intravenous drips and urinary catheters).

Patient Safety Strategy 2019-2024

Keeping patients and service users safe is the overriding priority for those working in the health service. National and international evidence however shows us that as many as one in eight patients suffer harm while using healthcare services, with up to 70% of this harm being preventable.

Many excellent patient safety initiatives have been implemented in recent years resulting in measureable improvements. The development of the strategy builds on this and is an important example of how real and meaningful partnerships between patients and those working at each level of the health service can generate a shared vision for a more compassionate health service, one that learns when things go wrong, responds accordingly and reduces harm to those who entrust their lives and care to us.

The strategy sets out six commitments:

- Empower and engage patients to improve patient safety
- Empower staff to improve patient safety
- Anticipate and respond to risks to patient safety
- Reduce common causes of harm
- Measure and learn to improve patient safety
- Provide effective leadership and governance to improve patient safety.

The *Patient Safety Strategy 2019-2024* is aligned closely with *Sláintecare*. A high level implementation plan and communication plan are in development and engagement has commenced with various stakeholders throughout the service. A consultation process is also being rolled out to seek input into how best to support services in the strategy's implementation.

Quality, Patient Safety and Learning

- The *Patient Safety (Notifiable Patient Safety Incidents) Bill 2019* was published which will legislate for a number of important patient safety measures. The legislation established a robust framework for mandatory open disclosure and includes a new process to designate patient safety incidents for which mandatory open disclosure must occur. A second purpose of the new legislation is to enable national learning and to support health service wide improvements so that harm to patients can be prevented. Further information on open disclosure can be seen in the Safeguarding and Protection section of this Annual Report.
- The HSE was awarded a global sepsis award for its significant efforts to increase sepsis awareness and raise the quality of sepsis prevention and management. The jury was particularly impressed by the improvement of recognition of sepsis, by all clinicians, in patients who are deteriorating due to an infection. Early detection and treatment of sepsis is crucial in reducing the mortality rate. Between 2011 and 2018, the number of cases reported in adults increased from 6,495 to 15,379 indicating increased recognition and reporting of sepsis. This was accompanied by a reduction in the mortality from 26.8% to 19.4% in the same time period.
- The Medication Safety programme delivered three phases of the Know Check Ask campaign, encouraging people to know their medicines and keep a list, check that they are using the right medicine the right way and ask their healthcare professional if they are unsure. All pharmacies, GPs, primary care and health centres received campaign posters, and pharmacies also received My Medicines Lists.
- To reduce avoidable falls and pressure ulcers, and increase the capacity of quality improvement knowledge and skills within the system, two concurrent quality improvement collaboratives took place in Cork and in Cavan, involving 26 multi-disciplinary teams and over 170 participants.
- Clinical audit skills training was delivered to 173 staff from acute and community services.
- Audits from the National Office of Clinical Audit are used to recognise areas of excellence and those requiring improvement, including identifying outliers in acute services. The audits also support policy development, service planning, best practice and reporting. In 2019:
  - The Stroke Register was transitioned to a National Clinical Audit of Stroke
  - The first national report for the Irish National Clinical Audit of Intensive Care Units was published
  - New quarterly dashboards for the Irish Hip Fracture Database were implemented.
- 138 facilitators have completed a training programme to date to support the roll-out of the culture of person-centeredness programme across acute hospitals, primary care services and disability services.
- The building of quality improvement capacity and capability across all services continued through designing, developing and delivering the following learning programmes:
  - Diploma in Leadership and Quality in Healthcare and the Diploma in Quality for Community Care
  - Foundation in Quality Improvement Programme.
- Quality improvement talktime webinars cover a wide range of topics and feature national and international speakers. There were over 21 webinars and on average 79 participants per webinar in 2019 and their regular broadcast continues to build a network of quality improvers in our health service.
- The *Final Report of the Evaluation of the Introduction of Schwartz Rounds in Ireland* was launched. The report highlighted that Schwartz Rounds benefit teamwork and support reductions in staff stress levels by offering a forum for staff to share experiences in a structured environment, irrespective of their role or status within the organisation. 27 services across the country are now introducing Schwartz Rounds and the numbers continue to grow.
- Significant work was undertaken with services to enable patient safety improvements in the following priority areas:
  - Falls/pressure ulcer collaboratives
  - Medication safety
  - Quality Improvement for Healthcare Boards
  - Deteriorating patient.

Safeguarding and Protection

Safeguarding

All vulnerable people have a right to be safe and to live a life free from harm and to have any concerns regarding abusive experiences addressed. Safeguarding is everyone's responsibility and through interagency collaboration and associated public awareness initiatives the HSE is committed to ensuring vulnerable people are safeguarded from abuse in all settings.

The *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures (HSE Adult Safeguarding Policy)* resulted in the setting up of Safeguarding and Protection Teams (SPTs) and the HSE National Safeguarding Office. This policy publicly declared a 'No Tolerance' approach to any form of abuse and for all services to promote a culture which supports this ethos.

- The focus of SPTs in each CHO is to co-ordinate consistent responses to concerns of abuse and neglect providing oversight and support to all service providers, including those funded by the HSE. There are now over 70 social work staff in SPTs supported by administrative staff.
- There are over 1,700 designated officers across the social care sector with lead safeguarding roles.
- An independent inter-sectoral National Safeguarding Committee has been developed now known as Safeguarding Ireland, which involves over 30 partners across public, voluntary and private sectors is working to promote and advance the rights of vulnerable adults at a national level. On-going awareness raising initiatives by Safeguarding Ireland help to promote greater public awareness about the existence of abuse of vulnerable adults and the need for legislative reforms to protect their human rights.
- A national adult safeguarding training programme was developed which includes an awareness programme for all and specific training for designated officers and training facilitators.
- Safeguarding Committees in each CHO aims to support the development of a culture which promotes the welfare of vulnerable adults and provide support and advice to the SPTs and senior management.

Further details on the HSE safeguarding service including reports are on hse.ie/safeguarding.

In 2019:

- The National Safeguarding Office Annual Report 2018 was published. It indicates that:
  - 11,780 safeguarding concerns were received, representing a 14% increase on 2017
  - For those aged 18 to 64 years of age, the most significant category of abuse alleged remains physical abuse at 50%, followed by psychological abuse at 31%
  - For those aged over 65 years, the most significant category of abuse alleged is psychological abuse at 33%, with physical abuse at 26% and financial abuse at 21%
  - Over the past three years, an extensive programme of awareness training has been implemented for over 55,000 staff. 1,743 designated officers with a lead role for screening and notifying cases of alleged abuse and neglect, who have undergone training are registered, 384 of whom were newly trained in 2018.
- A review of *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* which commenced in 2017 was completed. The revised policy will be implemented in three phases and the first preparatory phase will take place in 2020.

Public Awareness Campaign 2019

Public awareness campaigns, commissioned by Safeguarding Ireland have focused on the prevention of abuse, planning ahead and the need for greater conversations around abuse within society. The 2019 campaign which was launched in May found that:

- 10% of Irish adults have witnessed adult abuse in the past year and 81% have said that tougher laws would encourage them to take greater action to combat abuse
- 12% of those who witnessed abuse of a vulnerable adult in the past year did nothing at all, while 47% discussed it with the person being abused and 40% discussed it with a trusted person
- Just 15% sought professional advice and 3% reported what they witnessed to an authority such as the HSE or Gardaí.

The **hse.ie/safeguarding** page received more visitors during May than at any other point in the year illustrating that the public awareness campaign has a positive impact on social media traffic to sites associated with safeguarding.

National Independent Review Panel

The National Independent Review Panel (NIRP) was established in 2017 to undertake reviews of serious cases within disability services across the health service. The NIRP review the circumstances surrounding such cases and present reports to the HSE on its findings and recommendations relating to service improvement. In addition, the NIRP produces an annual report and aggregate analysis of the cases investigated, to ensure that the learning can be disseminated across health and social care services nationally. Updated operational guidelines were published in March, setting out the purpose and principles of the NIRP and providing clear guidance on the process to be followed for all reviews.

Open Disclosure

A revised *Open Disclosure Policy Communicating with Patients Following Patient Safety Incidents* was published and launched in 2019. Open disclosure means that patients and their relevant person(s), as appropriate, will be communicated with in an open, honest, timely and transparent manner if:

- Something goes wrong with patient care
- Patients experience harm as a result of their care
- We think that harm may have occurred as a result of patient care.

Under the revised policy, patients have a right to:

- Full knowledge about their care and treatment
- Be informed when things go wrong
- Meet with us to discuss what happened
- A sincere apology if we made an error while caring for them
- Be treated with compassion and empathy.

The National Open Disclosure policy, programme and training programme is co-ordinated via the National Open Disclosure Office which was established in May. To date over 45,000 staff have accessed open disclosure training with over 400 staff now trained as trainers across all care areas. The national office also supports the implementation of open disclosure legislation across all health and social care services.

An Open Disclosure Steering Group has been established. Its role is to oversee the progress of the Open Disclosure programme of work. In fulfilling this role, the National Open Disclosure Steering Committee will champion, advance, support and provide strategic advice on the on-going implementation of the National Open Disclosure Programme and policy. The Steering Group has developed a governance framework for monitoring and evaluating the policy and compliance with its application throughout the HSE.
The full policy is available on hse.ie.

Protected Disclosures

The HSE is committed to hearing from and responding to concerns raised by employees and workers. Arrangements for dealing with protected disclosures have been in place in the health service since 2009 under the provisions of the *Health Act 2004* (as amended) and since 2014 under the *Protected Disclosures Act 2014* which deals with arrangements for protected disclosures in both the public and private sectors.

The Protected Disclosures Unit processes disclosures received as well as providing support and guidance to disclosers and managers and providing information sessions on protected disclosures across the organisation. In 2019 2,105 protected disclosures were received*.

Assisted Decision-Making

To support the roll-out of the *Assisted Decision-Making (Capacity) Act 2015*, an implementation programme has been established in the HSE, with oversight by a National Steering Group, made up of staff, service users and expert advisors. Part of the purpose of this group is to draft Codes of Practice on the Act for Health and Social Care Professions and on advanced healthcare directives.

During the year, 49 information and briefing sessions on the Act were delivered to approximately 3,600 people across health and social care services. Three conferences were hosted in November on the Act and its implications, with over 550 people in attendance.

Children First applies to everyone

- A revised *HSE Child Protection and Welfare Policy* was published, aligning with the requirements outlined under the *Children First Act 2015* and the principles of the *Children First National Guidance for the Protection and Welfare of Children*.
- Over 50,000 staff across the HSE and HSE funded and contracted services completed the mandatory HSE programme An Introduction to Children First, bringing the total number trained to over 220,000 since 2016. A new training programme was developed and piloted in preparation for roll-out from 2020.

* Since publication of this Annual Report 2019 and typographical error made, the number of Protected Disclosures was amended from **2,105** to **57**.

Service
Delivery

Operational Performance

Introduction

Operational performance in 2019 was measured primarily on the basis of how we delivered against our NSP for 2019 which set out the type and volume of health and social care services to be provided by the HSE in 2019, in response to the funding made available and the level of staff to be deployed.

Included within the NSP 2019 are the priorities and actions for the organisation by service area, together with targets against key performance indicators and expected levels of activity. It includes detailed financial and HR data together with a schedule of intended capital projects for the year. NSP 2019 is supported by detailed business plans and operational plans, which identify the responsible people for each priority and action, together with key timelines against each action.

The HSE National Performance Oversight Group meets monthly and reviews performance against the NSP. In support of this performance review process, a suite of performance reports are produced and published on-line on a quarterly basis. A summary of HSE performance against the priorities, actions and targets in NSP 2019 is provided below.

Priorities and Actions

The NSP 2019 has over 125 priorities with 555 supporting actions across all areas of service delivery and enabling functions. The position on these actions is as follows:

- 441 actions (80%) are on schedule to be delivered. Of these:
  - 142 actions (26%) are completed
  - 299 actions (54%) are on track to be completed to the timeline set out in the NSP
- 109 actions (almost 20%) are delayed
- 5 actions (1%) have not progressed.

Updates on many priorities and actions are included in this Annual Report in the relevant service area sections. Priorities and actions that are delayed or have not progressed are mainly due to resourcing issues, capacity constraints, dependencies on external stakeholders or factors outside the direct control of the action owner. These will impact on our ability to meet our key performance indicator targets or planned activity levels. Any risks are being mitigated through further engagement with relevant stakeholders to resolve issues and where relevant are included in risk registers.

Key performance indicators and activity levels

A high level overview is provided below on the key performance indicators and activity data 2019 against 2018. The full suite of data can be seen in Appendix 3.

Community healthcare

- Primary care
  - Within primary care, access to occupational therapy (patients seen within 12 weeks), podiatry, ophthalmology, oral health and orthodontic services (those seen for assessment within 6 months) improved. Challenges remain however within the areas of speech and language therapy, audiology, dietetic and psychology services in addition to nursing caseloads.
- Mental health services
  - Difficulties were experienced in recruiting and retaining skilled staff across mental health services.
  - Particular challenges were experienced in delivering 7/7 Child and Adolescent Mental Health Services (CAMHS) due to the lack of consultants nationally and internationally. The number of CAMHS referrals seen continued to increase (3.2%). The number of admissions to child and adolescent acute inpatient units as a percentage of overall admissions of children to mental health acute inpatient units also increased (21.6%).
  - Waiting lists worsened slightly compared to 2018 but were slightly better than NSP 2019 targets.
  - While the number of psychiatry of later life referrals seen by mental health services increased (4.3%), those offered appointments within 12 weeks by psychiatry of later life community mental health teams (-1.6%) or offered an appointment and seen (-1.3%), worsened.
- Disability services
  - The requirements for services and supports within disability services, is greater than the resources available and while improvements are being made in many areas, other areas remain challenged.
  - Compliance with regulations following Health Information and Quality Authority (HIQA) inspections has improved (0.6%) as has our compliance with the percentage of child assessments completed (12.6%) within the timelines set out in the regulations (noting that the number of applications for assessment of need significantly increased in 2019). However, our overall compliance is poor (9.8%). The revised Standard Operating Procedure for Assessment of Need which is a critical enabler to improve assessment timelines will be implemented from January 2020. The allocation of new therapy posts is aligned to alleviating the backlog/delays in completing Assessments of Need.
  - More personal assistance hours are being provided (0.8%). However, the number of home support hours provided to people with a disability has reduced (-4.4%) as has our response to school leavers (-24.6%) and rehabilitation training graduates (-2.4%) in providing them with a placement.
  - The number of new emergency placements has reduced since 2018 (-39.4%) as has the numbers of people who have moved from congregated settings to community settings (-33.5%). This is due to a lack of transitional and on-going funding to support their transition; it is also due to the lack of availability of housing nationally and related works to ensure HIQA compliance.

- Older persons' services
  - The number of older people in receipt of home support at any time varies depending on the level of need of those in receipt of services. Despite the significant resource allocated to home support, demand for home support continues to exceed the level of service that can be funded.
  - Waiting lists for home support have become a feature of the service as resources have not kept pace with population growth or with the increasing dependency of the growing numbers of people aged over 80 years, within the over 65 years' cohort.
  - There was an increase in the number of home support hours provided in 2019 (2.1%); however the numbers in receipt of home support from intensive homecare packages decreased (-7.2%).
  - The National Transitional Care Scheme assists patients in acute hospitals who are ready for discharge but need nursing homecare or a period of convalescence up to a maximum of 4 weeks. The scheme funds these patients in private nursing homes which facilitates the timely discharge of patients from acute hospitals.
  - The number of people at any time supported through transitional care in alternative care settings decreased (-1.3%), however those funded under the NHSS increased (1.4%) as did the percentage of people with NHSS who are in receipt of ancillary state support (6.3%). Compliance with regulations following HIQA inspections worsened (10.2%).

Acute services

Our overall activity in acute hospitals increased in 2019 over 2018 reflecting the increasing demands being placed on our services – this demand continues to grow as the population expands and ages and as technological advances facilitate new interventions in disease management.

Winter planning is a core component of annual planning in the health service to ensure that the system is prepared for the additional external pressures associated with the winter period. The introduction of a Winter Oversight Group and nine focus site Winter Action Teams during the 2018/2019 winter period provided the system with a strong grip on service delivery during this challenging period, assisting in delivering sustainable improvement in unscheduled care performance across primary, community and acute services for the winter period. In preparing for the 2019/2020 winter, the *National HSE Winter Plan 2019-20* was published. An allocation of €26m was focused on supporting services through the provision of:

- €13m for NHSS to reduce period awaiting funding to four weeks until 31 December 2019
- €4.2m transitional care funding to support discharge from acute hospitals
- €2m for home support packages to support delayed transfers of care and community waiting lists
- €6.8m allocated to Winter Action Team initiatives, with funding distributed between the nine CHOs areas based on population.

A high level overview is provided below on the acute key performance indicators and activity data 2019 against 2018.

- There was an increase in overall acute activity (inpatient and day case) (1.5%) but specifically day case treatment (2.8%).
- Inpatient discharges increased for those aged over 75 years for both inpatient (1.4%) and day case treatment (5.7%).
- The number of ED attendances (both new (2.2%) and return (12.1%)) increased.
- Waiting times for patients to be seen in ED and, as appropriate, admitted to hospital continues to be a significant challenge.
- Bed days lost due to delayed discharges increased (15.5%).
- The total number of people waiting for an inpatient or day case appointment fell in 2019, notwithstanding the impact of four strike days resulting in a loss of over 9,500 cases. The HSE and National Treatment Purchase Fund (NTPF) continue to focus on both the total number of people waiting and those people waiting the longest and will continue in 2020 to agree individual treatment plans for patients within the public system or externally where appropriate.
- Our outpatient waiting lists remain a significant challenge. The total number of people waiting for a first outpatient appointment increased during 2019. Again, the impact of the strike was significant, resulting in a loss of 45,000 outpatient appointments. A range of actions are being pursued to reduce outpatient waiting lists and waiting times. As indicated above, the HSE and NTPF continue to focus on both the total number of people waiting and those waiting the longest and will seek in 2020 to agree individual assessment and, as appropriate, associated treatment plans for patients within the public system or externally where appropriate.
- Our overall ED performance worsened in respect of people discharged or admitted within 6 or 9 hours of registration (-2.9% and -1.6% respectively) or those in ED more than 24 hours (including those aged over 75 years).
- ED patient experience time <24 hours in 2019 improved slightly (0.4%) despite significant increases in ED attendances in the later part of 2019.
- The number of people waiting 13 weeks or less for a routine colonoscopy reduced (-6.3%), and while the number of people waiting 4 weeks or less for an urgent colonoscopy also reduced (-17.4%), we did not meet our target level of performance. The HSE's Endoscopy Programme has identified the requirement for significant additional capacity across the system to support on-going achievement of targets. Progress is being made based on additional NTPF and HSE development funding being made available however without development of additional capacity achievement of the required targets will be challenging in the short term.
- While the number of new cases of CPE increased in 2019 (24.5%), the percentage of hospitals implementing the requirements for screening of patients with CPE guidelines increased (34.7%), as did the percentage of hospitals implementing the national policy on restricted antimicrobial agents (62.6%).
- There was an increase in 2019 in the percentage of acute stroke patients who received most of their treatment in an acute or combined stroke unit (3.8%) and there was also an increase in those patients with acute ischaemic stoke who received thrombolysis (30.9%).

Population Health and Wellbeing

Population health and wellbeing is about helping our whole population to stay healthy and well by focusing on prevention, protection and health promotion and improvement.

Supporting and improving the health of the population is a fundamental goal of developing a sustainable health service. *Sláintecare* recognises the importance of supporting people to look after and protect their own health and wellbeing. *Healthy Ireland*, the national strategy for improved health and wellbeing, is underpinned by a whole-system philosophy involving cross-government and cross-societal responsibility. The health system continues to play an important leadership role in driving a whole-system shift towards a culture in Ireland that places greater emphasis and value on prevention and keeping people well.

Health and Wellbeing

Implementing the *Healthy Ireland* Framework

- *Healthy Ireland* Implementation Plans were launched for the two remaining CHOs with implementation plans now in place for all nine CHOs. Implementation of *Healthy Ireland* plans continued in five of the seven Hospital Groups.
- *Men on the Move, A Community Based Physical Activity Programme for Adult Men in Ireland – Evaluation Report: Executive Summary* was published. The report highlights how the men who successfully engaged in a 12 week physical activity programme in eight Local Sports Partnerships (LSPs) reduced their weight and cardiovascular risk by 30% and improved their overall health and wellbeing. Work commenced on rolling out the programme across the national network of 29 LSPs.
- In partnership with Jigsaw, a number of workshops were delivered to 411 youth leaders and youth workers including:
  - 20 workshops *Introduction to Youth Mental Health*
  - 4 workshops *Minding your Wellbeing*.

Improving the health and wellbeing of the population

- Making Every Contact Count
  - Making Every Contact Count (MECC) is a flagship training programme designed to use the millions of day to day contacts that staff have with patients and service users to encourage and support healthy behaviour change. In 2019, 1,792 staff completed the e-Learning MECC training in brief intervention and 367 frontline staff completed the face to face MECC training in brief intervention.
- Self-Management Support
  - Work continued with the Higher Education Institutions to finalise the self-management support (SMS) curriculum, including its implementation.
- Healthy Eating and Active Living Programme
  - The HSE funded Community Cooking Programme Healthy Food Made Easy is a six week programme delivered in disadvantaged communities to support people to better understand nutrition and to learn cooking skills. 5,100 people attended community cooking programmes around the country.
  - The new *Food, Nutrition and Hydration Policy for Adult Patients in Acute Hospitals* was launched. A toolkit to support local implementation was also developed and is available on hse.ie. This new policy aims to ensure that all adult patients in acute hospitals receive a patient-centred food and nutrition service, from their admission to their discharge from hospital.
  - Delivery of the START campaign in partnership with Safefood continued, offering families a number of practical, achievable tips to help make healthier lifestyle changes. The campaign which is underpinned by *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025* and *Healthy Weight for Children (0-6 years) Framework* connected directly with families through the GAA semi-final in Croke Park and the National Ploughing Championships.
- Education Programme
  - Primary and post-primary school teachers are supported to create positive school environments, develop healthy eating policies, integrate physical activity into the school day and to introduce coping and resilience through social and emotional learning programmes. During 2019, 89 training courses were delivered to 1,599 primary and post primary teachers throughout the country.
  - A National Healthy Campus Charter and Framework was developed in partnership with the DoH and Higher Education Institutions.
- Alcohol Programme
  - *Know the Score: Substance Use Resource Materials for Senior Cycle SPHE* was developed as an evidence-based resource for teachers of students aged 15 to 18 years. It is designed to engage young people in exploring and considering a wide range of topics related to the risks associated with drugs and alcohol.
  - People were encouraged to look at their relationship with alcohol by taking the self-assessment test on askaboutalcohol.ie during awareness week on alcohol related harm. The self-assessment tool is designed to help people understand more about the impact their drinking is having on their lives. A total of 14,000 people used the tool between April 2017 and December 2019.

- Tobacco Free Ireland
  - Seven out of 10 smokers want to quit and four out of 10 make an attempt to quit every year. Behavioural support is proven to double a smoker's chance of quitting successfully and is a cost effective intervention. The percentage of smokers who used HSE QUIT services and who are not smoking at four week follow-up exceeded the national target of 45%.
  - Implementation of the national tobacco free campus policy progressed across all CHO and Hospital Group sites. A new bursary award was launched for hospital and community services in recognition of improved Tobacco Free Campus Policy implementation.
- Sexual health and wellbeing is an important part of overall health and wellbeing and is one of the key priorities under *Healthy Ireland*
  - The foundation programme in sexual health promotion was delivered in 10 locations nationally, supporting service providers who want to develop their confidence, skills and knowledge in the area of sexual health promotion and incorporate sexual health promotion into their work.
  - The Fast Track Cities is a global initiative that aims to boost HIV prevention, treatment and support initiatives, while reducing HIV related stigma.
  - Funding of €450,000 supported developments in community-based HIV testing and outreach services in Dublin, Cork, Limerick and Galway, as well as public campaigns on reducing stigma.
  - A phased introduction of a drug-based HIV prevention programme was implemented. The free provision of Pre-exposure Prophylaxis (PrEP) for people from at-risk populations was announced. The PrEP Programme involves the pre-emptive use of antiretroviral medication to prevent HIV infection, within a holistic service which includes regular monitoring and testing as well as advice and counselling on safer sex practices. The initial roll-out of this programme in public sexually transmitted infections clinics commenced.
  - The National Freephone Crisis Pregnancy Counselling telephone service My Options was launched and more on this can be seen on page [49] of this Annual Report.
  - Roll-out of the National Condom Distribution Service in third level settings commenced in November 2019 whereby third level colleges can now order free condom dispensers from the HSE, providing free condoms and sexual health information to students on campuses nationwide.
  - A new LGBT+ eLearning course was developed and launched in conjunction with LGBT Ireland. It is designed to help all staff develop an understanding of how making simple changes to everyday practice can provide enhanced service to the LGBT+ community.
- Nurture
  - The *Healthy Weight for Children (0-6 years) Framework* was published. As part of its implementation two on-line training modules for staff working with children and families were developed and launched.
  - The HSE's breastfeeding website was merged into mychild.ie, together with the Facebook pages to provide a single, expert site for advice and a richer range of supports regarding child health information for parents and parents to be. The merging of the sites has shown increased and very positive engagement on breastfeeding posts.

Protecting the population from threats to their health and wellbeing

- Immunisation
  - 42.2% of healthcare workers received seasonal flu vaccine during the 2018/2019 period in long-term care facilities. This is a substantial increase on 2018 uptake (33.1%). 53.2% of healthcare workers received the seasonal flu vaccine in acute hospitals, an increase on 2018 (44.8%).
  - The 2019/2020 schools human papillomavirus (HPV) vaccine programme was launched. The vaccine is now being given to all first year students in secondary schools, including for the first time, boys. As part of the campaign new and informative videos were developed. Over 60,000 information packs were delivered across the country in advance of the vaccination programme commencing in September. The uptake of the vaccine will be available later in 2020 as the programme is still on-going.
- Health Protection and Surveillance Centre
  - The Health Protection and Surveillance Centre protects our population from threats to their health and wellbeing through investigation, surveillance and management of infectious disease control. 644 infectious disease outbreaks were notified under the national infectious disease reporting schedule.

Environmental Health Service

- Responding to the impact of Brexit, capacity was increased to ensure official controls on food imports at ports and airports could be carried out and additional requests for food export certificates could be met. Further information in relation to preparing for Brexit can be seen on page [25] of this Annual Report.
- In general, compliance with the *Public Health (Tobacco) Act, 2002* was high. However, there were 124 prosecution cases in 2019 which resulted in convictions for tobacco related offences.
- The *Public Health (Sunbeds) Act 2014* is designed to protect young people and promote a more informed choice among adults in relation to the use of sunbeds. During the year, work continued on conducting inspections, test purchases and mystery shopper inspections.

- Work commenced on agreeing a new Food Safety Authority of Ireland and HSE Service Contract.
- Work continued with the DoH in preparing for the enforcement of significant provisions under the *Public Health (Alcohol) Act 2018* which will become operational in 2020.
- Engagement took place with the DoH and Irish Water in reviewing the current level of compliance with fluoridisation requirements.

National Screening Service

- BowelScreen
  - Targeted communication and promotion of the BowelScreen programme was undertaken to increase uptake of the programme amongst eligible men and women aged 60-69 years. Participation amongst men was still lower than women and focused campaigns targeting men were undertaken during the year, including promotion of the programme through men's sheds and at the Ploughing Championships.
- Diabetic RetinaScreen
  - The project to introduce digital surveillance screening was implemented and people are now being invited to attend digital surveillance screening nationally. This model will enhance the patient treatment pathway and support a more community based care model.
- BreastCheck
  - The age extension of the BreastCheck programme was further implemented with screening extended to the remaining women aged 67 years together with a portion of women aged 68 years.
  - Uptake remained high with a greater number of women attending for mammography screening than was targeted. However, challenges remain in ensuring all women are seen within the recommended timeframe, with 49% of women invited to screening in BreastCheck waiting longer than 24 months for their screening mammogram.
  - A report published by the National Cancer Registry Ireland indicated that the five-year survival rate for female breast cancer improved by 15% between 1994 and 2015. With improved screening, breast cancer is increasingly being diagnosed at an earlier stage, with the percentage of stage 1 cases increasing from 21% in 1994-1999 to 33% in 2008-2015.
- CervicalCheck
  - Since the programme started in 2008, more than 3m screening tests have been carried out and the rates of cervical cancer in Ireland have decreased by 7% year on year. Over 100,000 cases of abnormal cervical cells have been detected, many of which could have developed into cancer if not detected.
  - 234,000 smear tests in all settings were carried out in 2019 compared to 370,000 in 2018. The increase in 2018 was due to the demand for out-of-cycle screening tests during the CervicalCheck crisis.

    It should be noted that for coverage purposes, CervicalCheck reports only those tests carried out in a primary care setting and these equated to 206,315 in 2019 compared to 339,161 in 2018.
  - The successful contract negotiations with laboratories resulted in increased capacity, helping restore turnaround times to six weeks for women by August 2019. This was critical to the continuation of cervical screening in Ireland.
  - The HPV primary screening project was re-established and substantial work was undertaken to prepare for the introduction of HPV primary screening early in 2020.
  - Substantial investment was made in increasing resources including employing advisors in pathology and colposcopy. Additional resources were also brought into programme management, laboratory, support staff and quality assurance.
  - A significant team and associated planning process was put in place to support the Royal College of Obstetricians and Gynaecology (RCOG) review which was completed in December. This ensured that women received their RCOG reports in a timely and compassionate manner.
  - Supports continue to be provided to women impacted by the CervicalCheck audit through the Community Liaison Officer.

Implementation of the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018* (Scally Report)

Progress reports on the implementation of the recommendations of the *Scoping Inquiry into the CervicalCheck Screening Programme, 2018* (Scally Report) were published during the year demonstrating substantial progress. The HSE has responsibility for implementing 42 of the 58 recommendations and, since publication of the Scally Report, has completed 105 of the 116 actions against these recommendations. Many of the recommendations have implications across the whole health service and are not just related to the CervicalCheck programme.

- An organisation design project resulted in an improved governance structure and a significant number of new appointments in all programmes. These included clinical advisors, operations management and public health positions.
- The National Screening Service launched its first *Patient and Public Partnership Strategy 2019-2023* setting out how it will strengthen its partnership with patients and the public over the next four years, including ensuring that service users can influence decisions on the design, delivery and evaluation of services.
- Further work was undertaken to improve the quality assurance process across all programmes, including updating guidelines and strengthening quality assurance committees and resources.

Community Healthcare

Primary Care Services

Sláintecare sets out the need for a shift from provision of care from acute to community settings, supporting the prevention and management of chronic disease at a community level.

It positions Community Healthcare Networks (CHNs) as the fundamental unit of organisation for the delivery of services in the community. CHNs are geographically-based units delivering services to an average population of 50,000. There will be 96 CHNs with each CHO having between eight and 14 CHNs enabling a co-ordinated multi-disciplinary approach to care provision, providing better outcomes for people requiring services and supports both within and across networks.

- Nine CHN learning sites were agreed and nine Community Network Managers recruited. In addition, 65 staff members were recruited including therapists and nurses. Development of these sites will inform the future roll-out of the 96 CHNs.
- Building capacity in general practice
  - GPs play a central role in achieving the movement of care towards primary care services. Agreement on GP contractual reform was reached on a set of measures on the provision of new services including chronic disease management and haemochromatosis, involving GPs working closely with local multi-disciplinary CHN teams in the delivery of care, particularly benefitting those with complex health needs.
  - Modernisation measures include the areas of eHealth, medicines management and multi-disciplinary working. Key initiatives include the roll-out of electronic prescribing and the development of summary and shared care electronic patient records which will make healthcare safer and more efficient.
- The recruitment of 40 occupational therapists commenced with a focus on addressing patients waiting over 52 weeks.
- A number of quality improvement initiatives within community intervention teams (CITs) and Outpatient Parenteral Antimicrobial Therapy (OPAT) were implemented including the commencement of a haemochromatosis clinic in Tuam Primary Care Centre and a review of OPAT services.
- Through successful negotiations with the Department of Justice and Equality, the Atypical Working Scheme terms were amended which improve recruitment and retention of GPs with a particular emphasis on GP Out of Hours services. The Atypical Working Scheme allows people outside of the European Economic Area to do certain short-term contract work which is not covered by the *Employment Permits Act 2006*.
- The roll-out of the National Dental Record and Information system was completed. This is the HSE's first nationwide clinical information system. The system is live in 221 primary care locations across 26 counties and is accessible by all HSE dentists around the country.
- Hepatitis C
  - As part of the hepatitis C treatment programme, six new community treatment sites were developed and preparation is underway for two new acute sites. A new consultant was appointed to provide outreach and clinical governance in community and acute outreach services. Nursing services were also extended in three acute treatment sites.
  - A new proof of concept regarding community dispensing and prescribing by GPs commenced. Training and support sessions were provided to nine GPs and eight community pharmacists.

Primary care centres

Expanding community and primary care is at the heart of the *Sláintecare* vision. Developing modern, well equipped and accessible infrastructure is key to changing the way we deliver care. Primary care centres support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. 341 prioritised locations were identified during 2012 based on service need, existing facilities and level of deprivation.

- Of the 341 identified, 129 are operational at the end of 2019 with 74 in the process of development. Taken together this represents 203 or 60% of the original 341 locations identified. An overarching review of all primary care centres will be completed in 2020 including an update of the rankings of proposed locations and a determination of how further delivery is to be prioritised.
- A range of delivery models were also identified including development of centres through exchequer funded development (Capital Plan), Public Private Partnership Programme and through operational lease.

Improving health outcomes for the most vulnerable in society

- Addiction services
  - Additional funding of €2.28m over three years was provided to tackle drug and alcohol misuse in the community, supporting the 12 strategic health initiatives to address priorities set out in the National Drugs Strategy *Reducing Harm, Supporting Recovery, A health-led response to drug and alcohol use in Ireland 2017-2025*.
  - In collaboration with Tusla, the needs of children affected by parental problem alcohol and other drug use are being addressed. *Hidden Harm, Practice Guide* was published, setting out how to bridge the gap between adult and children's services in favour of a more family-focused approach that considers the needs of dependent children and other family members. An eLearning training programme was developed and commenced. The development of the hidden harm skills based practice training also commenced. A separate *Opening our Eyes to Hidden Harm* information leaflet was also developed to support staff to help those families being affected.

- Homeless services
  - Implementation of *Rebuilding Ireland, Action Plan for Housing and Homelessness* progressed through additional Housing First tenancies which have been established in Cork, Limerick, Galway, the South East region and Dublin. Enhancement of health supports has been established in these areas and the development of a health monitoring and evaluation framework commenced.
- Traveller, refugee, asylum seeker and Roma communities
  - Eight Traveller mental health co-ordinators were appointed to eight of the CHOs and the development of a joint stepped model of care across primary care and mental health services was progressed to support Travellers with mental health needs.
- The *HSE National Domestic, Sexual and Gender-Based Violence Training Resource Manual, Recognising and Responding to Victims of Domestic, Sexual and Gender-Based Violence in Vulnerable or At-Risk Communities* was launched in partnership with Sonas.
- A drug harm-reduction campaign aimed at young people attending Irish music festivals was launched to raise awareness of the risks associated with drug use and how to reduce the harms. The campaign involved the development of tailored resources for festivals including the setting up of information stalls at the events offering practical harm-reduction information, as well as advice on how to reduce the risks of drug use. Research was also undertaken in collaboration with Trinity College Dublin to investigate drug trends and harm reduction practices among Irish festival attendees.

Termination of Pregnancy Services

The *Health (Regulation of Termination of Pregnancy) Act 2018*, which was signed into law in 2018, broadens the circumstances in which termination of pregnancy may be legally permitted in Ireland and the service, which went live on 1 January 2019, is now provided in community and acute care services across the country. Additional funding of €12m was provided in 2019 to support services.

- A 24-hour free phone helpline and counselling service My Options was launched (1800 828 010) and provides free and confidential information and counselling to those experiencing an unplanned pregnancy. Since its commencement on 1 January, the helpline received 16,007 calls including 13,214 to the information and support line and 2,793 to the nursing line.
- A new website **myoptions.ie** was also launched and provides information about continued pregnancy supports and how to access termination of pregnancy services.
- A Clinical Lead for Termination of Pregnancy services was appointed in December. The Lead will chair a Clinical Advisory Forum which will have representatives from all key stakeholders. The forum will support the continued provision of a high-quality, safe service to women who require this service.
- 352 GPs are providing termination of pregnancy services.
- 10 of the 19 maternity hospitals are providing the full range of termination of pregnancy services and arrangements are underway for a phased increase to other maternity hospitals. All maternity hospitals are providing care for complications following a termination of pregnancy, diagnosis of a fatal foetal abnormality or situations where maternal health/life is at risk.
- All maternity hospitals are providing the ancillary services required for termination of pregnancy including anti D provision and scans.

Mental Health Services

Recovery focused services

- The *Model of Care for People with Severe and Enduring Mental Illness and Complex Needs* was launched. This is part of a range of initiatives developed to provide recovery focused care for service users including the establishment of two national specialised rehabilitation units and the creation of a national referral process.
- *A National Framework for Recovery in Mental Health 2018-2020* builds on the committed efforts of service users, family members, carers and service providers to develop a more recovery-oriented mental health service. The Framework outlines four key principles, including actions and measures that underpin a recovery oriented service. Each CHO has developed an implementation plan for the framework in their area.
- The Wellness Recovery Action Plan (WRAP) supports people to manage their wellness recovery and is recognised internationally as being one of the most popular self-management tools for maintaining mental health and wellness. A five day facilitator training day was held across a number of CHOs providing an opportunity for staff and service users to train together as WRAP facilitators.

Promoting positive mental health

- A new 24-hour free phone service (1800 111 888) which provides information on how to access services was launched. In partnership with National Ambulance Service this dedicated phone line will provide help to those experiencing mental ill health and their families to access information when they most need it. Since yourmentalhealth.ie was redeveloped and launched in 2018, the site has seen over 845,000 visits.
- Promoting simple and powerful day-to-day steps to protect our own mental health and support the people we care about continues on radio and social media. Updated information is available on yourmentalhealth.ie.
- In line with *National Youth Mental Health Task Force Report 2017*, a new text-based active listening service, Crisis Text Line, is being established for people who are feeling suicidal or facing a mental health crisis, and is recruiting 300 volunteers to provide support. It will be Ireland's first free 24-hour seven day week confidential text messaging service for people in crisis anytime, anywhere. This initiative is funded by the HSE and is aimed predominately at 16 to 34 year olds for whom messaging is their preferred method of engagement but is available to all ages. The service will connect people with a volunteer, working remotely who has been trained to listen, reassure and guide people in their moment of crisis. In 2019, 255 volunteers were trained. There were 3,300 engagements with service users, 79% of which were aged between 14 and 34 years. The quality rating from service users on these engagements reflects a 92% satisfaction rating.

Improving access to mental health services and improving service user flow

- Enhancement of primary care-based services
  - The Jigsaw network provides a range of early intervention services for young people aged 12 to 25 years experiencing mild to moderate mental health difficulties. The development of two new services in Co. Wicklow and Co. Tipperary is continuing, expanding youth mental services from 12 to 14 in 2020.
  - One new psychiatry of later life team was put in place, increasing the total to 32 teams nationally.
- Enhancing secondary mental health services
  - One new Child and Adolescent Mental Health Services (CAMHS) team was put in place in Cavan/ Monaghan, increasing the total to 71.

Engaging with service users, family members and carers

- 80 people, including services users, family members, supporters and service providers took part in a three and a half day skills based pilot programme. This initiative was a collaborative approach to support and build skills for mental health engagement and recovery forum training. Following success of the pilot, the programme was further rolled out across the country.
- *My Voice Matters* report was launched which includes the findings of two national surveys into people's experience of mental health services in the HSE. The research which was funded by the HSE included the experience of 1,188 service users and 786 family members, friends, carers and supporters, both positive and negative, with findings used to inform service improvements. Areas of satisfaction included care received from GPs while areas which require improvement include access to written recovery/care plans, therapeutic supports in acute settings and being treated with dignity and respect. A review of recovery/care plans commenced to support individual care planning including the training needs of staff and service users.
- Development of a stepped model of care is underway to establish clear mental healthcare pathways into and between primary care, addiction services and specialist mental health services for those who are homeless in Community Healthcare East, Dublin South, Kildare and West Wicklow Community Healthcare and Midlands Louth Meath Community Healthcare. This should ensure timely access and appropriate mental healthcare to meet their mental health needs.
- Significant progress was made in advancing the development of digital mental health supports, including piloting of initiatives to improve access to counselling on-line, establishment of a telephone-based YourMentalHealth information line and Crisis Text Line Ireland. Other initiatives include piloting internet-based cognitive behavioural therapy interventions and remote psychiatric consultations (tele-psychiatry).

Implementation of Clinical Programmes

- The model of care for the treatment of eating disorders in Ireland continued to be rolled out.
  - Eating disorder specialist community teams were developed in both adult services and CAMHS. The aim is for 16 teams to be established across the country and to date three teams are in place.
  - The PiLaR programme supports families affected by eating disorders. An independent evaluation of the programme, undertaken by University College Dublin (UCD) in collaboration with service users, clinicians, family members and friends confirms that the programme is a valued source of information and support to those supporting a person with an eating disorder. To date over 600 family members and friends have attended the free, four-week programme gaining information, education and support.

Suicide prevention

Connecting for Life, Ireland's National Strategy to Reduce Suicide 2015-2020 sets out a vision of an Ireland where fewer lives are lost through suicide and communities and individuals are empowered to improve their mental health and wellbeing. During 2019:

- The interim strategy review of *Connecting for Life* was completed.
- The *National Office for Suicide Prevention Annual Report 2018* was launched, highlighting developments related to the on-going implementation of *Connecting for Life*. A key focal point was the improved provision of free, evidence informed suicide and self-harm training in communities nationwide.
- *Connecting for Life National Education and Training Plan 2019-2020* was published and will build the capacity of government departments, non-governmental organisations (NGOs), community organisations, groups and individuals to identify and respond appropriately to people at risk of suicide and self-harm.
  - In partnership with the Irish Hospice Foundation, the first train-the-trainer programme in suicide postvention was held in May for staff who support those bereaved by suicide, to provide them with a greater understanding of the grieving process, demonstrating the value of empathy, compassion and humanity. Further workshops took place in June within the community
  - The report, *Improving Suicide Bereavement Supports in Ireland*, was finalised and it contains 21 actions for implementation.

Disability Services

Transforming Lives – reform programme to move towards community-based, person-centred models of care

- As part of the implementation of *Towards Personalised Budgets for People with a Disability in Ireland – Report of the Task Force on Personalised Budgets* a number of demonstration projects were progressed. The personalised budgets model will give people with disabilities more control in accessing health funded personal social services, giving them greater independence and choice in accessing services which best meet their individual needs. It is anticipated that 180 participants will participate in the project.

Time to move on from congregated settings – A Strategy for Community Inclusion

- Supporting people with disabilities to live well within their community and in an ordinary home that supports their choices and routine is in line with *Time to Move on from Congregated Settings – A Strategy for Community Inclusion*. In 2019, 103 people transitioned from institutional settings to residential homes with on-going support in their community.

Compliance with residential regulations of centres inspected by HIQA

- Work progressed with a number of designated residential centres to provide support in developing compliance plans for HIQA registration due for renewal during the year.

Engagement with service users

- A number of service user engagements with many disability service providers were held during the year and a Governance Review Group was established with service user representation.

New Directions – improving day services to enable people to have choice and options about how they live their lives and how they spend their time

- Additional new service development funding of €12m benefited 1,416 school leavers and those leaving rehabilitation training in 2019.
- A new e-learning resource for staff supporting people with a disability attending day services, was launched. It was developed with input from service users, family members, staff, mainstream community services and employers. The module which is available on HSELanD will support almost 6,000 staff in 1,000 day service locations across the county illustrating positive outcomes for people enabling access to mainstream services in the community, achieving employment and becoming valued team members.
- The national framework for person-centred planning focuses the delivery of services and supports on the person and how they want to live their life. The learning from these demonstration sites will be used to inform a process for the wider implementation of this framework for all adults with disabilities.

Services for children and young people ensuring one clear pathway of services

- 90 additional therapy posts were put in place to support assessment of need services.
- As part of the reconfiguration of 0-18s disability services into children's disability network teams the recruitment process for children's disability network managers was completed. This is enabling implementation of the network teams aligned with the planned 96 CHNs.

Respite support for those with disabilities and their families

- Respite care supports families to help reduce stress, providing stability. It also provides people with disabilities with opportunities for interaction with new people, widening their social circle. During 2019 additional facilities opened across the CHOs providing 12 new houses, one in each CHO and three in the greater Dublin area. During 2019, 12 new additional centre-based respite centres have opened to date, resulting in an additional 6,455 bed nights delivered to 763 people.

Neuro-Rehabilitation Strategy

- The *National Strategy and Policy for the provision of Neuro-Rehabilitation Services in Ireland from Theory to Action Implementation Framework 2019-2021* was launched. The aim is to improve patient outcomes by configuring neuro-rehabilitation services into population based managed clinical rehabilitation networks (MCRN). The pilot project in Community Healthcare East and Dublin South, Kildare and West Wicklow Community Healthcare will see the introduction of the first MCRN. To support this, policies, procedures and agreed care pathways were developed.

Implementing the Review of the Irish Health Services for Individuals with Autism Spectrum Disorders

- A person with a lived experience was selected to sit on the Autism Spectrum Disorder (ASD) Programme board. The board was established to lead the implementation of the *Review of the Irish Health Services for Individuals with Autism Spectrum Disorders*, enabling collaborative team work with participation of senior operational and clinical decision makers, independent professional and academic support and representation of people with lived experience of ASD.
- The ASD Service Improvement Programme has established two working groups and the following areas were progressed:
  - The identification of a standardised assessment/ pathway approach for use in all services dealing with the assessment of those with autism
  - Building awareness of the autistic community and the services and supports available.

Older Persons' Services

Providing the appropriate supports to those being discharged from acute hospitals, focusing on delayed discharges

- Home support services support older people in their choice of living within their own home and community. As part of winter planning, an additional 410,000 home support hours were provided to enhance service delivery during the winter months (including 550 home support packages).
- Additional funding of €2m was provided on a once-off basis in October to provide a further 1,100 home support packages to support 510 people leaving hospital and 600 home support packages to support the provision of community home supports.
- Through the transitional care scheme 11,094 people were supported to move from acute hospitals to private nursing homes while waiting for their NHSS application to be finalised or for a period of convalescence up to four weeks to support their return home.
- To support those leaving hospital and to continue their care and assessment for longer term needs in the most appropriate community setting, work has commenced on developing a discharge to assess protocol.

Statutory home support scheme and regulation

- A joint programme of work between the DoH and the HSE, for the design and development of a statutory home support scheme and regulation was established and work is being progressed along four work-streams:
  - A reformed model of service delivery
  - A sustainable funding model
  - A service commissioning model
  - Options for regulation of service providers.

Supporting implementation of the Integrated Care Programme for Older Persons

- A range of initiatives to progress the roll-out of the Integrated Care Programme for Older Persons was implemented. New models of integrated care continued to be embedded in the 13 existing pioneer sites nationally, including the development of redesigned care pathways.
- Through the provision of more targeted care planning to people with complex needs, a sample of data from a typical pioneer site hub indicates that:
  - 97% of people had high levels of complexity at point of referral
  - 78% are managing at home
  - 85% of those seen had a care plan developed and reviewed
  - 95% were seen for a period of four weeks or less and transferred to their primary care team.

Implementation of the *National Carers' Strategy*

- The roll-out of the carers' needs assessment module is being progressed.

Implementation of the interRAI Ireland System

- interRAI is a software supported information system which provides a comprehensive assessment of an individual's healthcare needs to support personalised care planning. Formerly the Single Assessment Tool project, which was piloted in Beaumont Hospital, University Hospital Galway and Tallaght University Hospital, implementation has expanded across hospital and community settings nationally so that care is provided in the most appropriate setting based on the person's identified needs.
- The procurement of a new software vendor for the assessment system was progressed and a successful vendor was awarded.
- interRAI assessments were conducted in over 30 acute and community locations across Ireland resulting in care needs assessment of over 6,000 older people.

Improving services and supports for people with dementia

Implementation of *The Irish National Dementia Strategy 2014* progressed with a focus on developing care pathways across all care settings, and implementing flexible and personalised approaches to care.

- *The Continuum of Care Report for People Living with Dementia In Ireland* was published in 2019. This report reviewed models of long-term care and provides recommendations to support the future development of both residential and home-based care for people with dementia.
- The final evaluation reports from the HSE/Genio-supported dementia specific initiatives which focused on personalised and flexible approaches to care were published. The learning from this programme will inform the review of homecare services and the delivery of home supports.
- Following the success of the Understand Together campaign at the Bloom Festival in 2018, Memories are Made of This was the 1950s themed show garden for 2019 which focused on reminiscence, highlighting the importance and value of what is remembered and not what is forgotten. There are now over 40 national partners and almost 300 community activation champions working to increase awareness on how everyone can play a role in making communities inclusive.
- The number of memory technology resource rooms in the community increased to 26, supporting people who are living at home by providing information and advice for those who may have concerns about themselves or a loved one with memory impairment or a diagnosis of dementia.
- As part of the Post Diagnostic Support Programme, guidance on psycho-education for people with dementia at the post-diagnostic stage was published.
- Roll-out of training and education in dementia continued with primary care teams, home support services, GPs and acute hospitals.

Palliative Care Services

Palliative care focuses on helping people of all ages to live well with an illness that is life-limiting and to achieve the best quality of life as their illness progresses.

Improving palliative care services for patients and families facing life-limiting illnesses

- Three new palliative care inpatient units were completed in Waterford, Mayo and Wicklow and are due to open in 2020.
- *Adult Palliative Care Services – Model of Care for Ireland* was launched which will provide a framework to support every person with a life-limiting or life threatening condition to access a level of palliative care appropriate to their needs in order to optimise quality of life. As part of its roll-out, the development of a new palliative care electronic referral form commenced which will streamline the referral process for GPs, while improving the quality and consistency of referral data received by hospitals.
- Ireland's second paediatric palliative medicine consultant was appointed to Children's Health Ireland.
- In partnership with primary care services, the Clinical Nurse Co-ordinators for Life Limiting Conditions lead the development of the new HSE National Patient – Held Folder for Children and Young People called My Story. The folder shares both clinical and personal information relevant to the patient with professionals in both the acute and community settings.

Pre-Hospital and Acute Hospital Services

Acute Hospital Services

Acute services play a key role in improving the health of the population by providing essential services including pre-hospital care, emergency care, urgent care, scheduled care, trauma care, surgery and critical care.

Improving quality of care and patient safety

- A survey of hospital acquired infections and antimicrobial use in Irish hospitals was published which demonstrated welcome improvements from the previous survey in 2012. Further information can be seen in the Clinical, Quality and Patient Safety section of this Annual Report.
- A new regulation came into operation in 2019 to help enhance patient safety by protecting the pharmaceutical supply chain from infiltration by falsified (or counterfeit) medicines. The European Commission's Delegated Regulation (EU) 2016/161 for Safety Features on Medicinal Products for Human Use is being implemented to ensure an end-to-end verification system is in place in acute hospitals.
- A number of national clinical guidelines were developed or updated including:
  - Clinical guidelines on sepsis management
  - Clinical guidelines on the national early warning score (NEWS)
  - Clinical guidelines on the appropriate prescribing of psychotropic medication for non-cognitive symptoms in people with dementia.

Improving access to scheduled (planned) and unscheduled (unplanned) care

- An additional 31,000 patients were seen in outpatient departments in collaboration with the NTPF. An additional 27,000 patients requiring inpatient or day case procedures were treated and an additional 6,400 scopes were completed.
- The level of delayed transfers of care remains a concern across our hospitals and impacts negatively on acute services' capacity to support unscheduled care demand. The focus on improving patient flow has continued and work is on-going with community services on an integrated approach to the challenge.
- In February, the *Model of Care for Otolaryngology Head and Neck Surgery: a model of care for Ireland* was launched. The model of care was developed to define best practice in otolaryngology (Ear, Nose and Throat) surgery in Irish hospitals.
- Acute hospitals continue to promote greater integration between smaller and larger sites to ensure the optimum and safest configuration to deliver high quality scheduled care services.
- Acute services continue to work with the national clinical programmes to progress the delivery of care pathway initiatives in three priority scheduled care specialist areas in line with *Sláintecare*.
- A core component of scheduled care redesign is the development of practitioner led clinic services which can safely deliver low acuity components of the service.
- Work is on-going through the national clinical programmes and with community services to develop diagnostic services with a particular focus on winter planning.
- An additional 75 beds were opened under the Winter Plan.
- Six high dependency beds and one intensive care unit bed were opened in the Mater Misericordiae University Hospital, along with the phased opening of seven transplant assessment beds.
- The Emergency Medicine Early Warning System (EMEWS) went live in Our Lady of Lourdes Hospital, Drogheda and the Mater Misericordiae University Hospital in December. Further sites are scheduled to commence in early 2020.

Developing and improving national specialist services

- Implementation of recommendations in relation to the *Department of Health Policy Review: Sexual Assault Treatment Units* continued.
- Acute services and the NTPF worked with designated sites to improve access to bariatric surgery and weight management services.
- All-Island Cardiology
  - An additional paediatric intensive care unit (PICU) bed opened in Children's Health Ireland (CHI) at Crumlin in October with the full complement of 25 additional PICU beds scheduled to be on stream by early 2020.

Improving integration between community and acute services to promote a modernised and streamlined service model in line with *Sláintecare*

- Work continued on the development of integrated service provision through outreach services, telemedicine, virtual clinics and cross-sector working.
- Work commenced on the development of scheduled care community based initiatives.

Improving patient and staff health and wellbeing

- Work continued in the acute hospitals on the on-going implementation of *Healthy Ireland* plans.
- Implementation of the MECC Framework continued as a key enabler in promoting life style behavioural change among service users.
- Engagement with SMS co-ordinators continued to support chronic disease prevention and SMS strategies.
- Staff were supported and encouraged to engage with initiatives and campaigns, including resilience training, to improve their own health and wellbeing in the hospital workplace.
- National communication campaigns were rolled out in hospitals, reinforcing positive health messages for both service users and staff.
- Tobacco Free Campuses were promoted in all acute hospital settings.

Improving performance management of operational services

- Work continued to embed the Consultant Contract Compliance Framework in 2019, and improvements were made in relation to the consistency of applications of the framework.

Supporting the development of eHealth capability

- Further progress was made on the development and implementation of key eHealth programmes including the delivery of an Integrated Patient Management System for CHI and the preparation of acute hospital IT systems for the population of the Individual Health Identifier (IHI).
- On-going eHealth projects were supported, such as the National Medical Laboratory Information System, the Acute Floor Information System, the National Integrated Medical Imaging System, and the Maternal and Newborn Clinical Management System.

Supporting the progress of policies and initiatives led by the Office of the Chief Nursing Officer

- The roll-out and implementation of the *Framework for Safe Nurse Staffing and Skill Mix in General and Specialist Medical and Surgical Care Settings in Adult Hospitals in Ireland 2018* continued and work commenced on phase two of the framework (in emergency care settings).

Trauma Strategy

Injury is a public health problem of enormous magnitude, whether measured by years of productive life lost, prolonged or permanent disability, or financial cost. Injuries place a significant burden on individuals, their families and the health service. Improvements in outcomes for patients can be achieved by providing patient-focused and planned trauma care.

A Trauma System for Ireland – Report of the Trauma Steering Group recommended the introduction of an inclusive trauma system for Ireland with one Major Trauma Centre to be based in Dublin servicing the Central Trauma Network, and another to be based in Cork University Hospital servicing the South Trauma Network. The trauma system will link the Major Trauma Centres, Trauma Units, local emergency hospitals and injury units into networks of trauma care that will also include pre-hospital care and rehabilitation.

A key action from the Trauma Strategy is to designate the Major Trauma Centre for the Central Trauma Network and this was progressed by developing a designation framework of service specifications, options and assessment criteria. The framework was the subject of a public consultation. The revised framework was used by an Independent Assessment Panel to review submissions from six Dublin hospitals identified as options for the Major Trauma Centre and Dublin Trauma Units. The panel will provide advice to the HSE in early 2020 on the hospitals to be designated as the Major Trauma Centre for the Central Trauma Network and Dublin Trauma Units and the HSE will make a recommendation to the Minister.

The appointment of a National Clinical Lead for Trauma Services in June, one of the immediate actions prioritised in the report, will provide an essential foundation for the implementation and oversight of the new trauma system.

Cancer Services

The key focus in progressing cancer services in 2019 was the continued implementation of the *National Cancer Strategy 2017-2026*. The strategy sets out four key priorities: reduce the cancer burden; provide optimal care; maximise patient involvement and quality of life; and enable and assure change.

Reducing the cancer burden

- The Irish Cancer Prevention Network was established by the National Cancer Control Programme (NCCP), Marie Keating Foundation, Irish Cancer Society and Breakthrough Cancer Research. The network encourages collaborative working with the aim of reducing cancer risk for the population.
- The NCCP contributed to the development of the *Skin Cancer Prevention Plan 2019-2022*, published in March 2019. The plan is aimed at tackling the most common type of cancer in Ireland. Over 11,000 cases of skin cancer are diagnosed each year and the number of cases is projected to more than double by 2045. The Plan focuses on the fact that most skin cancers could be prevented and has identified the priority groups as children, outdoor workers, those who participate in outdoor leisure activities and sunbed users.
- Establishment of an early detection Board progressed with three meetings held.

- An analysis of retrospective data for colorectal cancer patients diagnosed in ED was carried out to inform the development of a pilot project.
- Nutrition guidelines for cancer patients are in development.

Providing optimal care

- The newly constructed Radiation Oncology Unit in Cork University Hospital (CUH) was opened. CUH provides cancer care to approximately 2,000 patients every year and is the centre of excellence for cancer treatment for the south west region. It is the first public hospital in the country to use Surface Guided Radiation Treatment which improves speed and accuracy and reduces the need for immobilisation of patients during their treatment, improving the patient experience.
- A Clinical Lead has been appointed for the development of a children, adolescent and young adult (CAYA) service for Ireland. CAYA working groups have also been established, which will progress the areas of survivorship, palliative care, fertility, educational needs and shared care facilities.
- A model of care for a national cancer genetics programme is in development with good progress made on the development of family history services for patients with breast cancer. A national genomics lead has also been appointed.
- Work is on-going to develop rapid access clinics for all cancers. A haematuria clinic has been established for those with signs and symptoms of renal and bladder cancer.
- The surgical oncology centralisation project is underway with an implementation plan approved by the Minister for Health.
- National guidelines for oesophageal and for ovarian cancers were launched and protocols for multi-disciplinary teams have been established for skin, colorectal, lung and breast cancers.
- 2019 marked a significant point for the National Cancer Information System (NCIS) project with the first 'go live' occurring in St Luke's Hospital, Rathgar. University Hospital Galway became the second site to go live with the system in November 2019. NCIS allows for the recording of information about a patient's cancer case, diagnosis and treatment with cancer drugs, and supports the care of oncology and haemato-oncology patients across Ireland.

Maximising patient involvement and quality of life

- The National Cancer Survivorship Needs Assessment was launched. It provides data on the current situation for cancer survivors and services in Ireland and details actions to develop cancer survivorship care in the lifetime of the *National Cancer Strategy 2017-2026*.
- A Clinical Lead for Psycho-Oncology has been appointed, tasked with creating psychological support services nationally for cancer patients and their families.
- The first meeting of the Cancer Patient Advisory Committee was held. Further information on the committee can be seen on page [28] this Annual Report.
- A new Immunotherapy Patient Education Programme has been created by the cancer nurse specialist team at the Mater Misericordiae University Hospital. The programme educates patients on how immunotherapy works and supports them on their treatment journey, improving the overall treatment process.

Implementation Report on National Cancer Strategy 2017-2026

The first implementation report on the *National Cancer Strategy 2017-2026* was published, setting out the progress achieved on the 52 recommendations of the strategy.

The report found that significant progress has been made since the launch of the strategy, with key highlights including:

- Integration of cancer prevention into the messaging under *Healthy Ireland*
- Uptake rates for cancer screening
- Publication of a model of care for oral anti-cancer medications
- Progress being made by Working Groups on survivorship and psycho-oncology
- Ensuring appropriate staff are in place remains a challenge for the specialist cancer workforce. However, key appointments continue to be made to ensure better, safer services for our patients
- The pilot phase for the New Cancer Framework for Quality and Safety concluded during the year, with next steps including its national roll-out for lung cancer.

Additional information on other key highlights can be found further in this section.

Women and Children's Services

We are committed to the development of health services for women and children through the National Women and Infants' Health Programme (NWIHP) and the National Model of Care for Paediatric Healthcare Services. The focus of both is on strengthening services by bringing them together in an integrated way.

National Women and Infants' Health Programme

Ireland's first *National Maternity Strategy 2016-2026 – Creating a Better Future Together* was launched in 2016. The strategy sets out a blueprint to significantly improve the service provided to mothers and their babies, and its implementation is a key focus for the health service. During the year, work progressed to address the priorities of the strategy and examples of this can be seen below.

- A particular focus was assigned to the supported care pathway. This pathway, identified as the least developed across maternity services, is intended for pregnancies deemed to be normal-risk where care is primarily delivered by midwives working within a multi-disciplinary framework. A baseline review of maternity services was conducted and completed. This review found that 10% to 35% of women were now being managed within the supported care pathway during the antenatal period, across 16 maternity hospitals/units. The review also identified that women in the supported care pathway engage in a shared model of care with their GP. 15 of the 16 services had a community based presence of which 10 provided booking in clinics in the community.
- Each maternity network is at a different level of development. During 2019 advances were made across each but further work on their development is required. Currently, maternity networks also provide other services including termination of pregnancy, general gynaecology (including creating capacity for colposcopy clinics), and fertility services. Work is also underway to transition the home birth service into the maternity networks, further emphasising the important role the maternity networks play across primary and secondary care, as well as health and wellbeing.
- Fourteen maternity units/hospitals now provide women with a 20-week foetal anomaly scan, and a fifteenth site provides the scan but at a later stage in pregnancy. The remaining four units are working towards full provision as posts are filled and capacity grows on the ground.
- A national plan for ambulatory gynaecology was developed. The aim of the plan is to increase the capacity in the area of general gynaecology, with the objective of reducing waiting times for women, which is inclusive of patients with endometriosis. The plan aims to re-orient general gynaecology services to an ambulatory (see and treat) care model rather than the traditional care model of outpatient referral to day case/inpatient procedure.
- A Clinical Lead for Termination of Pregnancy services was appointed at the end of 2019. Further information can be seen on page [49] of this Annual Report.
- The Specialist Perinatal Mental Health Service has developed an app for healthcare staff to provide information on perinatal mental health and related services. The aim of the app is to provide information to support standardised quality evidence-based practice, across the health service, for women with mental health problems in the perinatal period.
- A plan was published on implementing the recommendations from *The Use of Uro-Gynaecological Mesh in Surgical Procedures* report from the Chief Medical Officer, DoH. As part of the implementation plan, a dedicated website has been developed to provide information and frequently asked questions regarding signs and symptoms of complications with uro-gynaecological implants.

Paediatric Model of Care

Continuing to oversee the new children's hospital development and development of paediatric services

- In January 2019, the three children's hospitals in Dublin and the Children's Hospital Group transitioned from four separate, independently governed entities into one new single organisation, CHI.
- The new Paediatric Outpatient and Urgent Care Centre at Connolly Hospital opened in July, providing a range of services. The Urgent Care Centre treats minor injuries or illnesses that require prompt treatment, but are not life threatening. The Paediatric Outpatient Department is expected to see up to 17,000 children a year, once fully operational and should contribute to significant reductions in waiting lists. In its first five months of opening the general paediatric waiting list fell by 38%. The Centre also contains a HSE Dental Unit and Child Sexual Abuse Assessment and Treatment Unit.
- The HSE continued to work with the DoH, CHI and the National Paediatric Hospital Development Board to progress the opening of the second Urgent Care Centre at Tallaght and the new Children's Hospital.
- Further development of the regional paediatric units in CUH, University Hospital Galway (UHG) and University Hospital Limerick (UHL) through the recruitment of additional paediatric consultants will aid the implementation of one of the key concepts of the National Model of Care for Paediatric Healthcare Services which is to provide care as close to the patient's home as is clinically appropriate.
- A €1.2m capital investment project saw the Cardiac Risk in the Young (CRY) Unit at CHI move to a larger purpose built outpatient facility in September. The treatment of CRY involves the comprehensive evaluation and treatment of those diagnosed with, or at risk from, inherited heart conditions that are a leading cause of sudden cardiac death in the young.
- Additional staff were recruited to support additional services in CHI including:
  - Rheumatology services
  - Haematology stem cell service
  - Outpatient antibiotic therapy
  - Neurosurgery services.
- Scoliosis services continued to be developed to reduce access waiting times for surgery.

National Ambulance Service

The National Ambulance Service (NAS) is the statutory pre-hospital emergency and intermediate care provider for the State. In the Dublin metropolitan area, ambulance services which are funded by the HSE are provided by the NAS and Dublin Fire Brigade. The NAS responds to emergency and urgent calls, transports intermediate care patients and undertakes adult, paediatric and neonatal retrievals.

Supporting the *Sláintecare Implementation Strategy*

- Work has continued to support and expand community first responder schemes with over 260 community first responder groups and over 4,000 community volunteers now in place throughout the country.
- The NAS Critical Care Retrieval Service held its inaugural symposium in June. The theme of the symposium was Connectivity in Critical Illness and there was excellent representation from all areas of the health service, the DoH and from the Northern Ireland Retrieval Service.
- The NAS in partnership with mental health services initiated a new YourMentalHealth information phone line in October to provide information on mental health supports and services across the country. Operating 24/7, the Freephone number is 1800 742 444 informing service users on the local supports and services available and how to access them. In preparation for the phone line going live, the NAS call takers received additional training from mental health professionals to assist them in signposting the most appropriate service.

Implementation of *A Trauma System for Ireland – Report of the Trauma Steering Group*

- A service level agreement was reached between the HSE and Irish Community Rapid Response to provide an aeromedical service from Rathcoole Aerodrome near Millstreet in Co. Cork. The service went live in July 2019.
- Trauma and orthopaedic bypass protocols were implemented from Portiuncula to Galway and from Naas to Tallaght.

Delivery of improved governance and patient safety

- Work on the implementation of the *NAS Fleet and Equipment Plan* continued. This included the procurement of new special purpose, specially adapted vehicles which allow the NAS to be winter ready. These vehicles are four-wheel drive and will assist in the delivery of pre-hospital care during adverse weather conditions.
- A NAS Business and Data Analysis team has been established to strengthen clinical governance. The team will support the analysis of clinical information assisting in understanding patient demographics, treatments provided, etc. in a more timely manner.
- The Emergency Motorcycle Response Unit was launched in Cork City. This unit provides a rapid response to serious and life threatening 112/999 calls and is able to manoeuvre more quickly through heavy traffic or difficult to access areas to stabilise the patient before ambulance arrival.

Enabling Healthcare Delivery

Enabling Healthcare Delivery

Office of Chief Information Officer

- The Office of the Chief Information Officer delivers ICT services and support throughout the HSE, facilitating integration within and across community services, hospitals and other specialised care providers. In 2019, the ICT capital allocation was €85m. Some key projects were progressed which advanced implementation of *Sláintecare*.
- The Individual Health Identifier (IHI) enables the identification of patients and clients availing of health services and their health records and is critical for eHealth and Electronic Health Records (EHRs). The IHI is operated by the Health Identifier Service, which was formally established this year as part of *Sláintecare*.
  - The technical infrastructure supporting the IHI Register, originally populated in 2017 with 6.7m records, has been operational since 2017 and is providing IHI numbers for 8,000 electronic transactions per day. A programme of work was completed in 2019 to enhance and improve the IHI's record matching capability. To date IHI numbers have been created for 8m individuals in Ireland.
  - The provision of IHIs for the National Newborn and Maternity System is on track for delivery in Q2 of 2020. This is in addition to the on-going programme of work to roll-out the IHI to GP, hospital and national systems and other projects highlighted in this report.
- The National Cancer Information System went live. It allows for the recording of information about a patient's cancer case, diagnosis and treatment with cancer drugs across Ireland. Implementation began on a phased basis across the 26 Systemic Anti-Cancer Therapy (Chemotherapy) sites enabling a digital support for prescribing and administering chemotherapy.
- Primary care dental staff now have access to fully digitised dental treatment records for all of their patients following the completion of a nationwide roll-out of the HSE National Dental Record and Information System. The system is now live in 221 locations in 26 counties.
- Work is progressing on procurement of the national EHR system and the shared care record. As a first step the acute EHR business case was developed and work is progressing on the approval process with the relevant government departments. A new and innovative advanced eHealth system for haemophilia and inherited bleeding disorders was initiated. Developed in collaboration with the National Coagulation Centre in St. James's Hospital, CHI at Crumlin, CUH, UHG and the Irish Haemophilia Society, it was financed by the HSE as one of three innovative Lighthouse projects which aim to optimise the use of eHealth technologies in the Irish healthcare system.
- A foundational programme to guide staff through utilising the digital tools they already have access to and to build on their digital literacy skills was launched in conjunction with Health Business Services (HBS) and in collaboration with the Department of Communications, Climate Action and Environment. Its aims are to inspire and encourage staff to become confident on-line by working on existing digital platforms and services along with fostering valuable partnerships in supporting digital transformation.
- 4,500 devices (laptops, desktops) and 3,900 smartphones have been delivered to front line community-based staff, including public health nurses, physiotherapists, speech and language therapists, dental staff, dieticians etc. This was a national project and included all nine CHOs.
- Communications technology upgrades were undertaken to support existing and new community sites including 18 fixed telephony upgrades, 20 new builds and over 50 network connections.
- The Maternal and Newborn Clinical Management System Project is the design and implementation of an EHR for all women and babies in maternity and neonatology services in Ireland. This record allows patient information to be shared with relevant providers of care, in a standardised format, as and when required through the use of a technology enabled solution.
- The inaugural Digital Academy Forum was held in September 2019. These Forums will be held quarterly and are a place for sharing and shaping thought and practice on digital health issues, digital transformation and innovations across the health service by medical staff, academics, industry leaders, patients and citizens.

National Human Resources

Developing a new People Strategy

- The development process for the new People Strategy was completed following a comprehensive consultation process.
- Work continued to implement *People's Needs Defining Change – Health Services Change Guide* through a focus on communication and awareness, education and practice development, synergy at national level and change practice improvement within the delivery system. The Health Services Change Guide is the policy framework and agreed approach to change for the health service and is a key foundation for delivering the people and culture change required to implement *Sláintecare*, public sector reform and corporate priorities.
- A review of the existing Recruitment Model was carried out. Initial work has commenced on this model and is expected to be completed in 2020.
- The Health Service Leadership Academy delivered one cohort of each of the flagship leadership development programmes, Leading Care I, Leading Care II and Leading Care III. The Health Service Leadership Academy HSE won the national award for the best Learning and Development Strategy at the HR Leadership and Management Awards.
- An Action Plan was developed in response to the results of the 2018 staff survey findings. This document defines staff engagement, highlights the benefits for staff and patients of having an engaged workforce, and emphasises that staff engagement is a core component in developing policies and strategies.

- More than 1m eLearning programmes have been completed to date on the HSE's on-line learning and development portal, HSELanD. This milestone was reached following the roll-out of further mandatory national and local training programmes including: An Introduction to Children First, Hand Hygiene for Clinical Staff, Dignity at Work and a range of health and safety modules.
- The implementation of a single National Integrated Staff Records and Payroll (NiSRP) system is currently being rolled out nationally. The programme went live in the East and plans are at an advanced stage for implementation in the South East in May 2020.
- A National Steering Group, co-chaired by Quality Improvement and National HR, is in place to oversee the implementation of the Linking Service and Safety Strategy which addresses work related violence and aggression. A status update on this strategy is currently underway.
- The Healthy Workplace Framework will focus on the physical, psychosocial and personal health of staff in the workplace. Work commenced during the year on the development of a resource pack to provide information for managers and their staff on developing a healthy workplace including the supports/resources available to support implementation. The Healthy Workplace Framework is expected to be launched in 2020.
- Critical incident stress management training is on-going nationally with three training sessions, covering 32 newly trained staff, and 12 in-service supervision training days undertaken.

National Finance

- Significant support was provided to the operational system to improve financial management arrangements during 2019, including bringing forward the financial planning cycle (estimates/service planning and budgeting) for 2020 by a minimum of 4-6 weeks.
- The implementation of an Integrated Financial Management System (IFMS) for the public funded health and social care system (including all section 38 funded organisations and larger section 39 funded organisations) is proceeding as part of the Finance Reform Programme. This programme is one of the HSE's most important non-clinical priorities and is a key enabler for *Sláintecare* and the wider health service improvements it underpins. During the year, work continued on the process designs, chart of accounts and enterprise structure for the IFMS with procurement completed for an external systems implementation support partner. The preparations phase for the detailed national design and build stage commenced in December.
- The community costing framework project was completed and its outputs have fed into, amongst other things, the draft Activity Based Funding Implementation Plan 2020 to 2022 (incorporating community costing) which the HSE is seeking, with DoH support, to take forward via the Healthcare Pricing Office, in line with *Sláintecare*. It has also informed the reporting strategy that is included with the HSE Financial Management Framework that underpins the development and implementation of IFMS.

Health Business Services

- The National Integrated Staff Records and Payroll Programme (NiSRP) successfully implemented a SAP HR and payroll solution with self-service in the Eastern region. This was carried out in collaboration with the Office of the Chief Information Officer. The system went live in May 2019 and serves 18,000 staff.
- The roll-out of the HSE Payroll Stabilisation Project was completed in the West and South, migrating HSE employees and pensioners onto a new payroll software solution.
- The National Logistics Service was further expanded and now services approximately 80% of the statutory health environment.
- The Pension Improvement Programme is a multi-year project relating to pension services, with phase 1 of the programme focused on compliance with the Single Public Service Pension Scheme. HSE employees under the scheme (35,000) are now receiving yearly pension statements, with the first statement reflecting the period from 2013-2018.
- HBS collaborated with the University of Limerick to develop and deliver an accredited bespoke Public Procurement Supply Chain Excellence Certificate and Diploma programme.
- A Lean Strategy to deliver savings and efficiencies successfully implemented projects across a range of services, and will continue to embed a sustainable model of operational excellence to deliver job development and efficiency within the health system.

Capital Investment in Healthcare

The health service requires healthcare facilities that enhance wellness in patients and service users, empower staff and allow services to be delivered efficiently and effectively, aligned with the Government's *National Development Plan 2018-2027*. To ensure this, the five-year HSE Capital Plan is refreshed every year, taking into account works commenced, changing need, emerging strategies and budget available.

- HBS Estates launched a revised toolkit for delivery of capital projects. The toolkit describes in detail the established approvals protocol for the appraisal, initiation, management and administration of all capital projects. The implementation of the protocol should ensure consistency, quality and value for money across the healthcare estate and is available for all staff through HBS intranet.
- Work progressed on a number of key capital projects to create and sustain a physical environment that enhances wellness in patients and service users. These projects included:
  - National Rehabilitation Hospital
  - National Forensic Mental Health Service
  - Primary care centres
  - National Maternity Hospital
  - Social care residential programme housing.

National Communications

- In partnership with the Sláintecare Programme Implementation Office, work was undertaken on the HSE Digital Roadmap to transform the on-line user experience. Over 30 stand-alone websites, micro-sites and content collections have been integrated with the new hse.ie.
- The HSE digital team redesigned and migrated the content from 15 standalone HSE websites into the new public health service website. Sites that were integrated include:
  - breastcheck.ie
  - bowelscreen.ie
  - quit.ie
  - askaboutalcohol.ie.
- breastfeeding.ie was also integrated with over 200 new health guides on topics related to child health and pregnancy in collaboration with the Nurture Programme and clinicians across the health service.
- Work commenced on an on-line directory of services which will enable patients and service users to find the information they need about services in their area.
- The social media team (part of the digital team) provided strategic support, advice and training to a number of social media accounts across all the major social networks. Social media was used to inform, educate and help people with healthcare queries. The most recent addition to the suite of social media channels was the creation of an Instagram account for the HSE.
- HSELive received 182,000 contacts during the year, by email, phone and web chat. They provided information, support and signposting to enable people to navigate the health service and access the care that they need.
- The HSE Press Office provided 2,100 written responses to journalists' queries during 2019.
- Responding to feedback from the staff survey *Your Opinion Counts 2018*, an internal communications team was established to drive initiatives which would improve staff awareness of organisational objectives. These included the development of healthservice.ie/staff, a dedicated public staff website and monthly video updates from the CEO and senior leaders. Since the launch of these initiatives, there has been improved engagement through our website, reducing the need for HSE broadcast emails.
- A range of behaviour change and service information campaigns were planned and supported in 2019; highlights included the new My Options unplanned pregnancy service, the Dementia Understand Together Bloom Garden, and the launch of the HSE's mychild.ie support service and book for parents and parents-to-be.

Primary Care Reimbursement Service (PCRS)

- The *Primary Care Eligibility and Reimbursement Service Strategic Plan 2019-2021* was published in 2019 with six strategic goals and 26 high-level actions identified in line with the *Sláintecare* vision. Ensuring a high quality and responsive public service requires continually innovating and adapting the way we do business with our customers and stakeholders. This plan will drive these choices while enabling prioritisation of efforts.
- Reimbursement services were provided to over 7,000 contractors for the provision of health services to members of the public in their own community.
- Hospitals were centrally reimbursed under the National Drugs Management Scheme for a range of specified high cost medicines in the areas of oncology, neurology and hepatitis C.
- Since 1 June 2019, all Long-Term Illness applications were processed by the PCRS. An express on-line registration process was also made available to pharmacies for patients diagnosed with specific long-term illness, for example diabetes and epilepsy.
- Visitors to the hsepcrs.ie website now have access to a variety of reports on medical claims and payments which are updated on a monthly basis, along with up-to-date data on the wide range of primary care services supported by PCRS.
- The National Medical Card Unit, which assesses eligibility across a range of community healthcare schemes, was awarded ISO 9001 certification. The certification indicates demonstration by the unit of a commitment to quality and efficiency, with client satisfaction a core part of the business.
- The prices of patent-expired, non-exclusive, non-biologic medicines where first generic and biosimilar products become available continued to be reduced under the *Framework Agreement on the Supply and Pricing of Medicines 2016-2020*.
- Work commenced on clarifying roles and responsibilities for the centralisation of services regarding health entitlement under EU Regulations for citizens coming to Ireland from another European Union/European Economic Area (EU/EEA) State and for citizens going from Ireland to other EU/EEA States.
- Significant software development work took place to support the phased implementation of the European Commission's Electronic Exchange of Social Security Information (EESSI).
- The withdrawal agreement which facilitated the UK's exit from the EU has negated the immediate need for special arrangements for persons living in Northern Ireland. The final position will not be clear until the future relationship agreement has been agreed between the UK and the EU. Preparatory work undertaken will provide a basis for any arrangement should the need arise.

EU and North South Unit

- During 2019, engagement took place with:
  - Key stakeholders on the future of EU structural funds available for health and social care services along the border.
  - EU-funded Interreg projects as Lead partner in the areas of acute services, mental health services, population health and children's services. These projects are designed to support cross border co-operation in order to overcome issues that arise from the existence of a border.
  - Scottish Lead Partners in the areas of primary care and older people, and polypharmacy.

- Cross border and all-island projects such as the North West Cancer Centre, Primary Percutaneous Coronary Intervention and the Human Milk Bank.
- Key workstreams as Brexit project co-ordinator, including engagement with agencies along the border to map services of a cross border nature as part of on-going Brexit preparation. Additional work was also undertaken on GDPR as part of Brexit preparations. Further information on Brexit can be seen on page [25] of this Annual Report.

- In addition to North/South linkages, arrangements are also being taken forward by the HSE and DoH to develop linkages between Ireland and Scotland. In September 2019, the Minister for Health welcomed the Scottish Cabinet Secretary for Health and Sport and her officials to the DoH for a collaborative symposium which focused on priority areas to improve health in both countries. These areas were Public Health and Health Improvement; Patient Safety; Data and Digital; Patient Access and Flow; and Service and System Integration. Opportunities for collaboration with Scotland will continue to be progressed on these and other issues.

Emergency Management

- Emergency Management continued to work with services to advance preparedness for a Mass Casualty Incident (MCI). A Clinical Lead was appointed in order to work with the Emergency Management Services to continue to develop and promote MCI contingency planning across all sectors.
- Work continued during the year at both national and regional level with health services and on an inter-agency basis to ensure that appropriate emergency plans were developed, updated and tested as required.
- Severe weather planning guidance for HSE services was updated in October.
- Focus on the development and preparedness with regard to the Ebola virus disease continued throughout the year. Emergency Management chaired the High Consequences Infectious Diseases Group, the Repatriation Group and the Waste Management Group.
- Public consultation was facilitated in relation to Upper Tier Seveso sites, as required under the *Chemicals Act (Control of Major Accident Hazards Involving Dangerous Substances) Regulations 2015.*
- The development of a Business Continuity Management Policy and Framework was advanced. The working group was chaired by Emergency Management and was represented by most HSE service areas.
- Work continued with partners in the principle response agencies and cross government to develop new paradigms in the response to chemical, biological, radiological and nuclear threats. A working group has been established under the National Steering Group that will make recommendations to the Government Task Force on Emergency Planning for large crowd events.

Internal Audit

- The *Internal Audit Division Statement of Strategy 2019-2021* was developed, setting out a roadmap for the development of Internal Audit over the coming years.
- The Internal Audit Charter was reviewed and updated.
- Recommendations arising from the External Quality Assessment were implemented.
- 184 audit reports were issued including 35 reports in respect of HSE funded agencies and 20 reports in respect of TUSLA.
- Special investigations were undertaken in the areas of Income and Cash Handling, Recruitment and Appointment Processes, Maintenance, Time and Attendance, along with Travel and Subsistence.
- The implementation of audit recommendations, contained in internal audit reports issued in 2019 and prior years, was monitored and reported on.
- Advice and guidance on controls and processes, including ICT security and assurance, was provided to senior management.

Appendices

Appendix 1: Membership of the Senior Leadership Team as of 31 December 2019

- **Executive Management Team** (details of this membership can be found on page [18] of this Annual Report)
- **Mr Liam Woods** (National Director, Acute Operations)
- **Mr David Walsh** (National Director, Community Operations)
- **Mr John Hennessy** (National Director, Acute Strategy and Planning)
- **Mr Pat Healy** (National Director, Community Strategy and Planning)
- **Dr Stephanie O'Keeffe** (National Director, Strategic Planning and Transformation)
- **Mr John Swords** (National Director, Health Business Services)
- **Ms Fiona Bonas** (National Director, National Cancer Control Programme)
- **Mr Patrick Lynch** (National Director, Quality Assurance and Verification)
- **Dr Philip Crowley** (National Director, Quality Improvement)
- **Mr Damien McCallion** (National Director, Screening Services and CAWT)
- **Mr Joe Ryan** (National Director, National Services incl. VIP, GDPR)
- **Mr Shaun Flanagan** (Head of PCRS)
- **Mr Martin Dunne** (Head of National Ambulance Service)

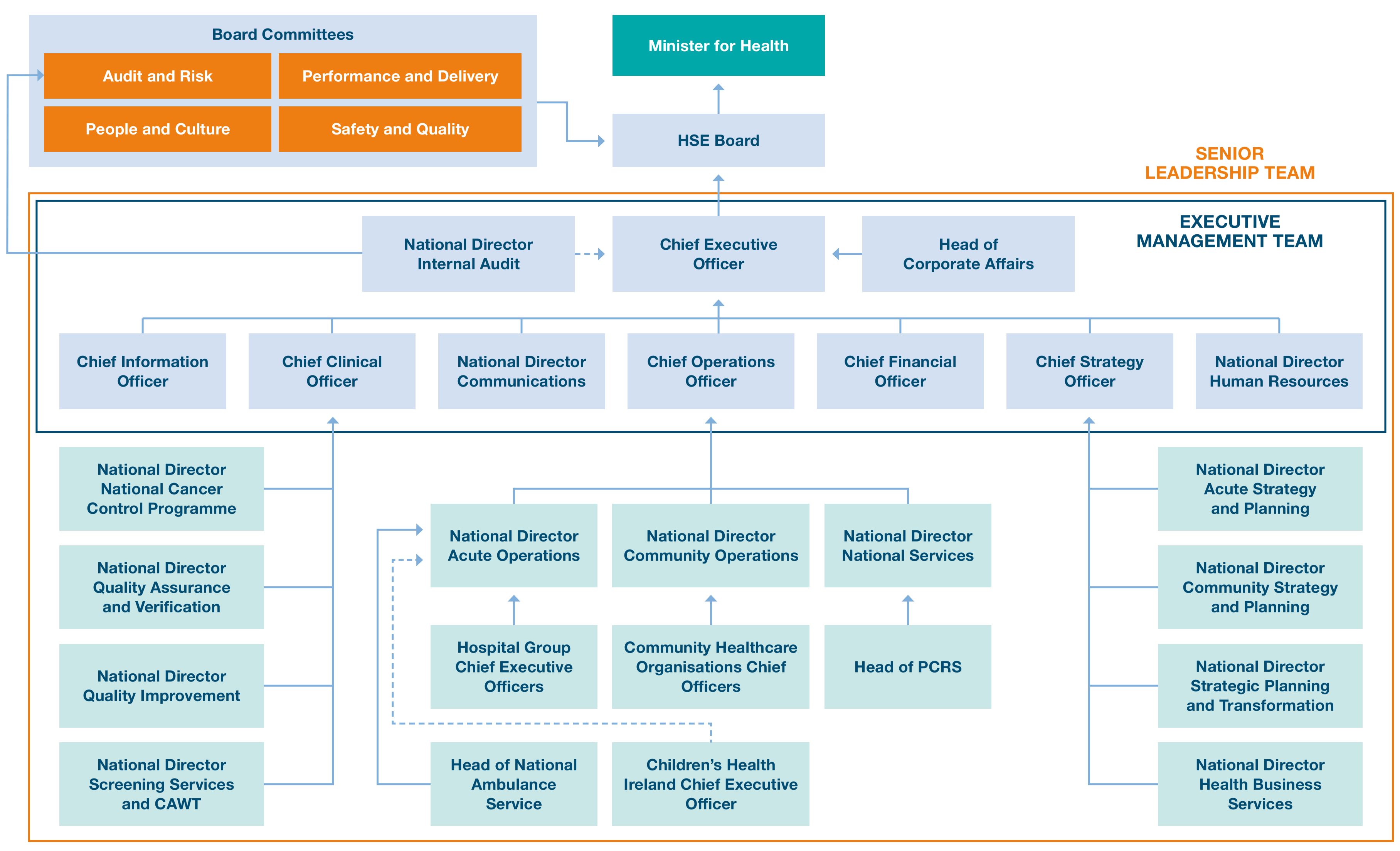
Community Healthcare Organisations Chief Officers

- **Mr John Hayes** (Donegal, Sligo Leitrim, Cavan Monaghan)
- **Mr Martin Greaney** (Community Healthcare West)
- **Ms Maria Bridgeman** (Mid West Community Healthcare)
- **Mr Ger Reaney** (Cork Kerry Community Healthcare)
- **Ms Kate Killeen White** (South East Community Healthcare)
- **Ms Martina Queally** (Community Healthcare East)
- **Ms Ann O'Shea** (Dublin South, Kildare and West Wicklow Community Healthcare)
- **Mr Pat Bennett** (Midlands Louth Community Healthcare)
- **Ms Mellany McLoone** (Dublin North City and County Community Healthcare)

Children's Hospital Ireland and Hospital Groups Chief Executive Officers

- **Ms Eilish Hardiman** (Children's Health Ireland)
- **Mr Ian Carter** (RCSI Hospital Group)
- **Mr Trevor O'Callaghan** (Dublin Midlands Hospital Group)
- **Professor Colette Cowan** (UL Hospitals Group)
- **Mr Gerry O'Dwyer** (South/South West Hospital Group)
- **Mr Tony Canavan** (Saolta University Health Care Group)
- **Professor Mary Day** (Ireland East Hospital Group)

Appendix 2: Organisational Structure as of 31 December 2019



Appendix 3: Performance against National Service Plan 2019 Key Performance Indicators and Volume Activity

Notes:

- Information included in this Annual Report is based on the latest data available at time of finalisation. However, recognising the impact of COVID-19 on its completion, where anomalies may subsequently arise on information or data, these will be rectified in subsequent HSE reports.
- Reported data position for 2018 and 2019 is based on the latest data available at time of development of this report and may not reflect end-of-year position (due to data being reported in arrears).

Appendix 3(a) National Performance Indicator Suite

	Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
System Wide	**Finance**				
	Net expenditure variance from plan (pay + non-pay – income)	Reported in Annual Financial Statements 2018	≤0.1%	Reported in Annual Financial Statements 2019	–
	Gross expenditure variance from plan (pay + non-pay)		≤0.1%		–
	Non-pay expenditure variance from plan		≤0.1%		–
	Capital				
	Capital expenditure versus expenditure profile	100.0%	100%	100.0%	0.0%
	Governance and Compliance				
	Procurement – expenditure (non-pay) under management	53.0%	25% increase	85.0%	18.8%
	Audit				
	% of internal audit recommendations implemented, against total no. of recommendations, within six months of report being received	71.0%	75%	73.0%	-2.7%
	% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	86.0%	95%	89.0%	-6.3%
	Service Arrangements/Annual Compliance Statement				
	% of number of service arrangements signed	92.6%	100%	86.0%	-14.0%
	% of the monetary value of service arrangements signed	95.0%	100%	88.3%	-11.7%
	% annual compliance statements signed	99.0%	100%	100.0%	0.0%
	Workforce				
	Attendance Management				
	% absence rates by staff category	4.6%	≤3.5%	4.7%	34.2%
	Pay and Staffing Strategy/Funded Workforce Plan				
	Pay expenditure variance from plan	Reported in Annual Financial Statements 2018	≤0.1%	Reported in Annual Financial Statements 2019	–
	WTE variance from plan	New PI NSP 2019	119,815*	119,817	0.0%
	EWTD				
	<24-hour shift (acute – NCHDs)	96.9%	95%	97.1%	2.2%
	<24-hour shift (mental health – NCHDs)	97.9%	95%	98.3%	3.5%
	<24-hour shift (disability services – social care workers)	81.0%**	95%	80.0%	-15.8%
	<48-hour working week (acute – NCHDs)	82.5%	95%	83.6%	-12.0%
	<48-hour working week (mental health – NCHDs)	90.9%	95%	93.3%	-1.8%
	<48-hour working week (disability services – social care workers)	88.0%**	90%	88.0%	-2.2%

System Wide

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Respect and Dignity				
% of staff who complete the HSELanD Respect and Dignity at Work module	New PI NSP 2019	60%	13.0%	-78.3%
Performance Achievement				
% of staff who have engaged with and completed a performance achievement meeting with his/her line manager	New PI NSP 2019	70%	Data not available***	–
Quality and Safety				
Service User Experience				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	56.0%	75%	65.0%	-13.3%
Serious Incidents				
% of serious incidents being notified within 24 hours of occurrence to the senior accountable officer	29.0%	80%	37.0%	-53.8%
% of serious incidents requiring review completed within 125 calendar days of occurrence of the incident	2.0%	80%	24.0%****	-70.0%
Incident Reporting				
% of reported incidents entered onto NIMS within 30 days of occurrence by CHO/Hospital Group/NAS	52.0%	90%	53.0%	-41.1%
Extreme and major incidents as a % of all incidents reported as occurring	0.62%	<1%	0.6%	-40.0%
% of claims received by State Claims Agency that were not reported previously as an incident	66.2%	<30%	65.4%	>100.0%

** Target NSP 2019 reflects an affordable limit (excluding nationally and DoH held service developments)*

*** Outturn 2018 revised following a data validation exercise*

**** Due to impact of COVID-19, this data is not available at this time*

***** Data is in respect of Jan-Oct 2019 with full year data being available May 2020*

Population Health and Wellbeing

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Tobacco				
% of smokers on cessation programmes who were quit at four weeks	48.2%	45%	48.3%	7.2%
Immunisations and Vaccines				
% of children aged 24 months who have received three doses of the 6 in 1 vaccine	94.3%	95%	93.4%	-1.7%
% of children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	92.2%	95%	91.0%	-4.3%
% of first year girls who have received two doses of HPV vaccine	59.4%	85%	70.1%	-17.6%
% of healthcare workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (acute hospitals)	44.8%	60%	53.2%	-11.3%
% of healthcare workers who have received seasonal Flu vaccine in the 2018-2019 influenza season (long-term care facilities in the community)	33.1%	60%	42.2%	-29.7%
% uptake in Flu vaccine for those aged 65 and older with a medical card or GP visit card	57.6%	75%	68.5%	-8.6%

National Screening Service

Indicators	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
National Screening Service				
BreastCheck				
% BreastCheck screening uptake rate	72.8%	70%	72.5%	3.6%
% of women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	88.8%	95%	91.7%	-3.5%
CervicalCheck				
% of eligible women with at least one satisfactory CervicalCheck screening in a five year period	79.3%	80%	79.1%	-1.2%
BowelScreen				
% of client uptake rate in the BowelScreen programme	39.9%	45%	42.5%*	-3.4%*
Diabetic RetinaScreen				
% Diabetic RetinaScreen uptake rate	61.8%	68%	66.6%	-2.1%

* *Data is in relation to January to September 2019 and the % variance is based on a trajectory target of 44% for Q3, 2019*

Community Healthcare

Indicators	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Primary Care Services				
Healthcare Associated Infections: Medication Management				
Consumption of antibiotics in community settings (defined daily doses per 1,000 population) per day based on wholesaler to community pharmacy sales – not prescription level data	24.2	<23.1	21.4	-7.3%
Nursing				
% of new patients accepted onto the nursing caseload and seen within 12 weeks	100.0%	100%	98.5%	-1.5%
Physiotherapy				
% of new patients seen for assessment within 12 weeks	80.4%	81%	78.6%	-2.9%
% on waiting list for assessment ≤52 weeks	94.3%	95%	92.0%	-3.1%
Occupational Therapy				
% of new service users seen for assessment within 12 weeks	64.9%	68%	68.2%	0.3%
% on waiting list for assessment ≤52 weeks	74.4%	85%	70.8%	-16.7%
Speech and Language Therapy				
% on waiting list for assessment ≤52 weeks	93.6%	100%	91.6%	-8.4%
% on waiting list for treatment ≤52 weeks	90.6%	100%	82.1%	-17.9%
Podiatry				
% on waiting list for treatment ≤12 weeks	29.5%	32%	33.7%	5.3%
% on waiting list for treatment ≤52 weeks	69.0%	77%	73.6%	-4.4%
Ophthalmology				
% on waiting list for treatment ≤12 weeks	25.7%	26%	27.8%	6.9%
% on waiting list for treatment ≤52 weeks	61.2%	66%	67.5%	2.3%

Community Healthcare

Indicators	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Audiology				
% on waiting list for treatment ≤12 weeks	35.6%	41%	29.0%	-29.0%
% on waiting list for treatment ≤52 weeks	86.3%	88%	83.6%	-5.0%
Dietetics				
% on waiting list for treatment ≤12 weeks	39.8%	37%	35.3%	-4.6%
% on waiting list for treatment ≤52 weeks	77.7%	79%	77.1%	-2.5%
Psychology				
% on waiting list for treatment ≤12 weeks	27.1%	36%	22.4%	-37.9%
% on waiting list for treatment ≤52 weeks	75.8%	81%	67.7%	-16.4%
Oral Health				
% of new patients who commenced treatment within three months of scheduled oral health assessment	90.0%	90%	91.9%	2.1%
Orthodontics				
% of patients seen for assessment within six months	29.1%	46%	31.2%	-32.2%
% of orthodontic patients (grades 4 and 5) on the treatment waiting list longer than four years	6.4%	<6%	11.6%	93.6%
Child Health				
% of children reaching 10 months within the reporting period who have had child development health screening on time or before reaching 10 months of age	93.0%	95%	92.1%	-3.0%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	97.3%	98%	98.7%	0.7%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	55.7%	58%	57.6%	-0.5%
% of babies breastfed exclusively at first PHN visit	40.4%	48%	39.6%	-17.5%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	40.2%	40%	42.3%	5.8%
% of babies breastfed exclusively at three month PHN visit	30.6%	30%	31.4%	4.6%
Social Inclusion Services				
Opioid Substitution				
Average waiting time from referral to assessment for opioid substitution treatment	6.4 days	4 days	2.9 days	-27.5%
Average waiting time from opioid substitution assessment to exit from waiting list or treatment commenced	24.9 days	28 days	29.2 days	4.3%
Homeless Services				
% of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	86.3%	87%	83.1%	-4.5%
Substance Misuse				
% of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	93.2%	100%	95.2%	-4.8%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	96.0%	100%	95.5%	-4.5%

Community Healthcare

Indicators	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Mental Health Services				
General Adult Community Mental Health Teams				
% of accepted referrals/re-referrals offered first appointment within 12 weeks by General Adult Community Mental Health Team	92.3%	90%	92.9%	3.2%
% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks by General Adult Community Mental Health Team	72.7%	75%	73.0%	-2.7%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	22.5%	<22%	22.2%	1.1%
Psychiatry of Later Life Community Mental Health Teams				
% of accepted referrals/re-referrals offered first appointment within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	97.7%	98%	96.1%	-2.0%
% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks by Psychiatry of Later Life Community Mental Health Teams	95.2%	95%	94.0%	-1.0%
% of new (including re-referred) Psychiatry of Later Life Psychiatry Team cases offered appointment and DNA in the current month	2.9%	<3%	2.3%	-23.3%
Child and Adolescent Mental Health Services				
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units	70.7%	75%	86.0%	14.7%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	93.7%	95%	96.0%	1.1%
% of accepted referrals/re-referrals offered first appointment within 12 weeks by Child and Adolescent Community Mental Health Teams	79.7%	78%	78.4%	0.5%
% of accepted referrals/re-referrals offered first appointment and seen within 12 weeks by Child and Adolescent Community Mental Health Teams	72.6%	72%	72.2%	0.2%
% of new (including re-referred) child/adolescent referrals offered appointment and DNA in the current month	9.7%	<10%	8.5%	-15.0%
% of accepted referrals/re-referrals seen within 12 months by Child and Adolescent Community Mental Health Teams excluding DNAs	95.6%	95%	95.8%	0.9%
% of urgent referrals to Child and Adolescent Mental Health Teams responded to within three working days	New PI NSP 2019	Reporting to commence in 2019	76.3%	–
Disability Services				
Safeguarding *(combined KPIs with Older Persons' Services)*				
% of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	98.1%	100%	96.2%	-3.8%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	99.7%	100%	98.8%	-1.2%

Community Healthcare

Indicators	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Quality				
% of compliance with regulations following HIQA inspection of disability residential services	88.9%	80%	89.4%	11.8%
Day Services including School Leavers				
% of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	93.1%	100%	92.8%	-7.2%
Disability Act Compliance				
% of child assessments completed within the timelines as provided for in the regulations	8.7%	100%	9.8%	-90.2%
Progressing Disability Services for Children and Young People (0-18s) Programme				
% of Children's Disability Network Teams established	0.0%	100%	0.0%	-100.0%
Older Persons' Services				
Safeguarding *(combined KPIs with Disability Services)*				
% of preliminary screenings for adults aged 65 years and over with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	98.1%	100%	96.2%	-3.8%
% of preliminary screenings for adults under 65 years with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan	99.7%	100%	98.8%	-1.2%
Residential Care				
% occupancy of short stay beds to commence Q3 2019	New PI NSP 2019	90%	84.1%	-6.5%
Quality				
% of compliance with regulations following HIQA inspection of HSE direct-provided Older Persons' Residential Services	84.0%	80%	75.4%	-5.8%
Intensive Homecare Packages (IHCPs)				
% of clients in receipt of an IHCP with a key worker assigned	95.2%	100%	100.0%	0.0%
Nursing Homes Support Scheme (NHSS)				
% of population over 65 years in NHSS funded beds (based on 2016 Census figures)	3.4%	≤3.5%	3.5%	0.0%
% of clients with NHSS who are in receipt of ancillary state support	14.4%	13.5%	15.3%	13.6%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks	88.7%	90%	91.3%	1.4%
Palliative Care Services				
Inpatient Palliative Care Services				
Access to specialist inpatient bed within seven days during the reporting year	98.1%	98%	98.1%	0.1%
% of patients triaged within one working day of referral (inpatient unit)	98.6%	90%	97.9%	8.8%
Community Palliative Care Services				
Access to specialist palliative care services in the community provided within seven days (normal place of residence)	86.7%	90%	85.9%	-4.5%
% of patients triaged within one working day of referral (community)	95.8%	95%	95.7%	0.7%

Acute Hospital Care

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Acute Hospital Services				
Outpatient attendances				
New: Return Ratio (excluding obstetrics, warfarin and haematology clinics)	1:2.5	1:2.3	1:2.6	13.0%
Activity Based Funding (MFTP) model				
HIPE Completeness – Prior month: % of cases entered into HIPE	94.0%	95%	89.0%	-6.3%
Inpatient, Day Case and Outpatient Waiting Times				
% of adults waiting <15 months for an elective procedure (inpatient)	84.3%	85%	86.0%	1.2%
% of adults waiting <15 months for an elective procedure (day case)	92.9%	95%	93.3%	-1.8%
% of children waiting <15 months for an elective procedure (inpatient)	89.8%	85%	91.9%	8.1%
% of children waiting <15 months for an elective procedure (day case)	83.9%	90%	85.4%	-5.1%
% of people waiting <52 weeks for first access to OPD services	70.4%	80%	68.9%	-13.8%
Colonoscopy/Gastrointestinal Service				
% of people waiting <13 weeks following a referral for routine colonoscopy or OGD	59.1%	70%	55.4%	-20.8%
No. of people waiting > four weeks for access to an urgent colonoscopy	253	0	209	>100.0%
Emergency Care and Patient Experience Time				
% of all attendees at ED who are discharged or admitted within six hours of registration	64.6%	75%	62.7%	-16.4%
% of all attendees at ED who are discharged or admitted within nine hours of registration	79.4%	99%	78.1%	-21.1%
% of ED patients who leave before completion of treatment	6.4%	<5%	6.6%	32.0%
% of all attendees at ED who are in ED <24 hours	96.5%	99%	96.1%	-2.9%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	42.4%	95%	40.6%	-57.3%
% of all attendees aged 75 years and over at ED who are discharged or admitted within nine hours of registration	60.7%	99%	58.7%	-40.7%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	91.5%	99%	90.2%	-8.9%
Length of Stay				
ALOS for all inpatient discharges excluding LOS over 30 days	4.7	≤4.8	4.8	0.0%
Medical				
Medical patient average length of stay	7.0	≤7.2	7.2	0.0%
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	61.9%	75%	61.9%	-17.5%
% of all medical admissions via AMAU	31.2%	45%	32.5%	-27.8%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	11.3%	≤11.1%	11.4%	2.7%

Acute Hospital Care

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Surgery				
Surgical patient average length of stay	5.5	≤5.5	5.5	0.0%
% of elective surgical inpatients who had principal procedure conducted on day of admission	74.2%	82%	75.2%	-8.3%
% day case rate for Elective Laparoscopic Cholecystectomy	45.4%	60%	43.6%	-27.3%
% hip fracture surgery carried out within 48 hours of initial assessment (Hip fracture database)	New PI NSP 2019	85%	76.4%	-10.1%
% of surgical re-admissions to the same hospital within 30 days of discharge	2.0%	≤3%	1.9%	-36.7%
Healthcare Associated Infections (HCAI)				
Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	1.0	<1/10,000 bed days used	1.0	-0.3%
Rate of new cases of hospital acquired C. difficile infection	2.1	<2/10,000 bed days used	2.6	29.3%
% of acute hospitals implementing the requirements for screening of patients with CPE guidelines	55.3%	100%	74.5%	-25.5%
% of acute hospitals implementing the national policy on restricted antimicrobial agents	34.0%	100%	55.3%	-44.7%
Medication Safety				
Rate of medication incidents as reported to NIMS per 1,000 beds	New PI NSP 2019	2.4 per 1,000 bed days	2.6	8.3%
National Early Warning System (NEWS)				
% of hospitals with implementation of NEWS in all clinical areas of acute hospitals (as per 2019 definition)	New PI NSP 2019	100%	27.1%	-72.9%
% of hospitals with implementation of PEWS (Paediatric Early Warning System)	51.7%	100%	55.6%	-44.4%
National Standards				
% of hospitals that have completed a self-assessment against all 53 essential elements of the National Standards for Safer, Better Healthcare	New PI NSP 2019	100%	26.2%	-73.8%
% of acute hospitals which have completed and published monthly hospital patient safety indicator report	68.5%	100%	67.0%	-33.0%
Stroke				
% acute stroke patients who spend all or some of their hospital stay in an acute or combined stroke unit	71.0%	90%	73.7%	-18.1%
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	9.4%	12%	12.3%	2.5%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	68.0%	90%	70.1%	-22.1%
Acute Coronary Syndrome				
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	94.6%	95%	92.2%	-2.9%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	64.1%	80%	64.9%	-18.9%

Acute Hospital Care

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
National Women and Infants Health Programme (NWIHP)				
Irish Maternity Early Warning System (IMEWS)				
% of maternity units/hospitals with full implementation of IMEWS (as per 2019 definition)	New PI NSP 2019	100%	52.6%	-47.4%
% of all hospitals with implementation of IMEWS (as per 2019 definition)	New PI NSP 2019	100%	16.3%	-83.7%
% maternity hospitals/units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team/Hospital Group/NWIHP meetings each month	100.0%	100%	89.5%	-10.5%
Cancer Services				
% of new patients attending rapid access breast, lung and prostate clinics within recommended timeframe	New PI NSP 2019	95%	71.7%	-24.5%
Symptomatic Breast Disease Services				
Non-urgent				
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	67.6%	95%	70.6%	-25.7%
Clinical Detection Rate – breast cancer				
% of new attendances to the rapid access clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	10.2%	>6%	9.3%	55.0%
Clinical Detection Rate – lung cancer				
% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of lung cancer	29.0%	>25%	35.9%	43.6%
Clinical Detection Rate – prostate cancer				
% of new attendances to the rapid access clinic that have a subsequent primary diagnosis of prostate cancer	34.7%	>30%	30.3%	1.0%
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)	82.3%	90%	84.3%	-6.3%

National Ambulance Service

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Clinical Outcome				
Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using Utstein comparator group calculation	46.0%	40%	43.6%	9.0%
Audit				
National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon – % medical priority dispatch system (MPDS) protocol compliance	93.6%	93%	92.9%	-0.1%

National Ambulance Service

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Emergency Response Times				
% of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	79.5%	80%	79.5%	-0.6%
% of ECHO calls which had a resource allocated within 90 seconds of call start	97.3%	95%	97.8%	2.9%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	57.4%	80%	55.6%	-30.5%
% of DELTA calls which have a resource allocated within 90 seconds of call start	87.7%	90%	88.7%	-1.4%
Intermediate Care Service				
% of all transfers provided through the intermediate care service	90.6%	90%	88.6%	-1.5%
Ambulance Turnaround				
% of ambulance turnaround delays escalated where ambulance crews were not cleared nationally (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process/flow path in the ambulance turnaround framework within:				
• 30 minutes	52.9%	95%	59.2%	-37.7%
• 60 minutes	97.1%		97.8%	2.9%

PCRS

Indicator	Reported Actual 2018	Target NSP 2019	Reported Actual 2019	% Variance from Target 2019
Medical Cards				
% of completed medical card/GP visit card applications processed within 15 days	99.8%	99%	99.8%	0.8%
% of medical card/GP visit card applications, assigned for medical officer review, processed within five days	97.8%	95%	98.5%	3.7%
% of medical card/GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	95.9%	96%	99.2%	3.3%

Appendix 3(b) Volume Activity 2019

Population Health and Wellbeing

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Environmental Health				
No. of initial tobacco sales to minors test purchase inspections carried out	390	384	391	1.8%
No. of test purchases carried out under the *Public Health (Sunbeds) Act 2014*	32	32	32	0.0%
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act 2014*	32	32	32	0.0%
No. of establishments receiving a planned inspection under the *Public Health (Sunbeds) Act 2014*	274	242*	242	0.0%
No. of official food control planned, and planned surveillance, inspections of food businesses	32,252	33,000	31,108	-5.7%
No. of inspections of e-cigarette and refill container manufacturers, importers, distributors and retailers under *E.U. (Manufacture, Presentation and Sale of Tobacco and Related Products) Regulations 2016*	38	40	40	0.0%
Tobacco				
No. of smokers who received face to face or telephone intensive cessation support from a cessation counsellor	10,608	11,500	7,198**	–
No. of smokers who are receiving on-line cessation support services	New PI NSP 2019	6,500***	6,779	4.3%
Chronic Disease Management				
No. of people who have completed a structured patient education programme for type 2 diabetes	3,259	4,190	3,580	-14.6%
Public Health				
No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	727	500	644	28.8%
Making Every Contact Count				
No. of frontline staff to complete the eLearning Making Every Contact Count training in brief intervention	397	1,425	1,792	25.8%
No. of frontline staff to complete the face to face module of Making Every Contact Count training in brief intervention	16	284	367	29.2%

** Expected Activity revised from 295 to 242 in May 2019*

*** Data is in relation to January to September 2019 and so an end of year variance is not appropriate for inclusion*

**** Expected Activity revised from 11,000 to 6,500 in May 2019*

National Screening Service

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
National Screening Service				
BreastCheck				
No. of women in the eligible population who have had a complete mammogram	170,583	185,000	170,957	-7.6%
CervicalCheck				
No. of unique women who have had one or more smear tests in a primary care setting	339,161	255,000	206,315	-19.1%

National Screening Service

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
BowelScreen				
No. of clients who have completed a satisfactory BowelScreen FIT test	105,416	125,000	122,724	-1.8%
Diabetic RetinaScreen				
No. of Diabetic RetinaScreen clients screened with final grading result	100,000	104,000	109,405	5.2%

Community Healthcare

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Primary Care Services				
Community Intervention Teams				
Total no. of CIT referrals	44,406	45,432	52,454	15.5%
Paediatric Homecare Packages				
Total no. of packages	377	457	471	3.1%
Health Amendment Act: **Services to people with State Acquired Hepatitis C**				
No. of *Health Amendment Act* card holders who were reviewed	101	340	71	-79.1%
GP Activity				
No. of contacts with GP Out of Hours Service	1,065,567	1,147,496	1,124,100	-2.0%
Nursing				
No. of patients seen	695,062	743,605	436,470	-41.3%
Therapies/Community Healthcare Network Services				
Total no. of patients seen	1,553,140	1,557,484	1,584,822	1.7%
Physiotherapy				
No. of patients seen	576,409	581,661	572,006	-1.7%
Occupational Therapy				
No. of patients seen	356,716	356,314	382,219	7.3%
Speech and Language Therapy				
No. of patients seen	276,343	279,803	273,639	-2.2%
Podiatry				
No. of patients seen	83,917	83,100	85,018	2.3%
Ophthalmology				
No. of patients seen	101,405	99,192	101,047	1.9%
Audiology				
No. of patients seen	51,573	52,548	55,526	5.7%
Dietetics				
No. of patients seen	64,402	63,382	70,428	11.1%

Community Healthcare

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Psychology				
No. of patients seen	42,375	41,484	44,939	8.3%
Orthodontics				
No. of patients seen for assessment within six months	1,463	2,406	1,859	-22.7%
GP Trainees				
No. of trainees	194	202	199	-1.5%
National Virus Reference Laboratory				
No. of tests	908,071	945,228	963,925	2.0%
Social Inclusion Services				
Opioid Substitution				
No. of clients in receipt of opioid substitution treatment (outside prisons)	9,848	10,063	9,974	-0.9%
Needle Exchange				
No. of unique individuals attending pharmacy needle exchange	1,779	1,650	2,113*	–
Homeless Services				
No. of service users admitted to homeless emergency accommodation hostels/facilities whose health needs have been assessed within two weeks of admission	1,252	1,126	1,299	15.4%
Traveller Health				
No. of people who received information on type 2 diabetes or participated in related initiatives	4,000	3,735	4,887	30.8%
No. of people who received information on cardiovascular health or participated in related initiatives	5,387	3,735	5,381	44.1%
Substance Misuse				
No. of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	4,219	4,884	2,906*	–
No. of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	315	340	236*	–
Mental Health Services				
General Adult Community Mental Health Teams				
No. of adult referrals seen by mental health services	27,124	28,716	27,056	-5.8%
No. of admissions to adult acute inpatient units	12,277	12,148	9,170*	–
Psychiatry of Later Life Community Mental Health Teams				
No. of Psychiatry of Later Life referrals seen by mental health services	8,553	8,896	8,921	0.3%
Child and Adolescent Mental Health Services				
No. of CAMHS referrals received by mental health services	18,650	18,128	18,831	3.9%
No. of CAMHS referrals seen by mental health services	10,796	10,833	11,139	2.8%

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Disability Services				
An agreed Standardised Assessment Tool will be developed through the 9 demonstration sites with testing of the tool commenced in one of the 9 sites in Q4 2019	New PI NSP 2019	1	1	0.0%
Residential Places				
No. of residential places for people with a disability	8,235	8,568	8,190	-4.4%
New Emergency Places Provided to People with a Disability				
No. of new emergency places provided to people with a disability	132	90	80	-11.1%
Congregated Settings				
Facilitate the movement of people from congregated to community settings	155	160	103	-35.6%
Day Services including School Leavers				
No. of people with a disability in receipt of work/ work-like activity services (ID/autism and physical and sensory disability)	2,364	2,513	1,782	-29.1%
No. of people (all disabilities) in receipt of rehabilitation training (RT)	2,269	2,282	2,214	-3.0%
No. of people with a disability in receipt of other day services (excl. RT and work/work-like activities) (adult) (ID/autism and physical and sensory disability)	17,551	22,272	16,245	-27.1%
Respite Services				
No. of day only respite sessions accessed by people with a disability	35,876	32,662	35,861	9.9%
No. of people with a disability in receipt of respite services (ID/autism and physical and sensory disability)	6,036	6,559	5,847	-10.9%
No. of overnights (with or without day respite) accessed by people with a disability	158,368	182,506	158,441	-13.2%
Personal Assistance (PA)				
No. of PA service hours delivered to adults with a physical and/or sensory disability	1,639,481	1.63m	1,652,030	1.4%
No. of adults with a physical and/or sensory disability in receipt of a PA service	2,553	2,535	2,522	-0.5%
Home Support Service				
No. of home support hours delivered to persons with a disability	3,176,796	3.08m	3,036,182	-1.4%
No. of people with a disability in receipt of home support services (ID/autism and physical and sensory disability)	7,491	8,094	6,725	-16.9%
***Disability Act* Compliance**				
No. of requests for assessment of need received for children	5,060	5,065	6,596	30.2%
Progressing Disability Services for Children and Young People (0-18s) Programme				
No. of Children's Disability Network Teams established	0	80	0	-100.0%

Appendix 3

Community Healthcare

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Older Persons' Services				
Single Assessment Tool (SAT)				
No. of people seeking service who have been assessed using the Single Assessment Tool (SAT) (commencing Q4)	New PI NSP 2019	300	888	>100.0%
Home Support				
No. of home support hours provided (excluding provision of hours from Intensive Homecare Packages (IHCPs))	17,130,453	17.9m	17,484,366	-2.3%
No. of people in receipt of home support (excluding provision from Intensive Homecare Packages (IHCPs)) – each person counted once only	53,016	53,182	51,345	-3.5%
Intensive Homecare Packages (IHCPs)				
Total no. of persons in receipt of an Intensive Homecare Package	250	235	188	-20.0%
No. of home support hours provided from Intensive Homecare Packages	406,047	360,000	376,665	4.6%
Transitional Care				
No. of persons at any given time being supported through transitional care in alternative care settings	991	1,160	978	-15.7%
No. of persons in acute hospitals approved for transitional care to move to alternative care settings	11,079	10,980	10,116	-7.9%
Nursing Homes Support Scheme (NHSS)				
No. of persons funded under NHSS in long-term residential care during the reporting month	23,305	23,042	23,629	2.5%
No. of NHSS beds in public long stay units	4,961	4,900	4,945	0.9%
Residential Care				
No. of short stay beds in public long stay units	1,946	1,850	1,867	0.9%
Palliative Care Services				
Inpatient Palliative Care Services				
No. accessing specialist inpatient beds within seven days (during the reporting year)	3,764	3,809	3,674	-3.5%
Community Palliative Care Services				
No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,461	3,405	3,484	2.3%
Children's Palliative Care Services				
No. of children in the care of the Clinical Nurse Co-ordinators for Children with Life Limiting Conditions (children's outreach nurse)	275	280	308	10.0%
No. of children in the care of the acute specialist paediatric palliative care team (during the reporting month)	35	97	36*	–

** Data is in relation to January to September 2019 and so an end of year variance is not appropriate for inclusion*

Acute Hospital Care

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Acute Hospital Services				
Discharge Activity				
Inpatient	641,959	637,173	636,550	-0.1%
Day case (includes dialysis)	1,073,916	1,069,702	1,104,495	3.3%
Total inpatient and day cases	**1,715,875**	**1,706,875**	**1,741,045**	**2.0%**
Emergency inpatient discharges	439,443	444,010	438,961	-1.1%
Elective inpatient discharges	91,808	85,660	91,371	6.8%
Maternity inpatient discharges	110,708	107,503	106,218	-1.2%
Inpatient discharges >75 years	124,774	124,094*	126,565	2.0%
Day case discharges >75 years	192,784	190,526	203,776	7.0%
Emergency Care				
New ED attendances	1,224,495	1,228,415	1,251,506	1.9%
Return ED attendances	99,236	99,570	111,252	11.7%
Injury unit attendances	93,997	96,518	99,222	2.8%
Other emergency presentations	49,918	50,633	44,456	-12.2%
Births				
Total no. of births	61,092	60,861	59,406	-2.4%
Outpatients				
No. of new and return outpatient attendances	3,337,048	3,339,859	3,354,919	0.4%
Delayed Discharges				
No. of bed days lost through delayed discharges	206,606	≤200,750	238,544	18.8%
No. of beds subject to delayed discharges	476	≤550	545	-0.9%
Healthcare Associated Infections (HCAI)				
No. of new cases of CPE	532	N/A	661	–

** Expected Activity 2019 revised from 124,197 to 124,094*

National Ambulance Service

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Total no. of AS1 and AS2 (emergency ambulance) calls	337,754	333,800	348,053	4.3%
Total no. of AS3 calls (inter-hospital transfers)	32,983	34,000	31,738	-6.7%
No. of intermediate care vehicle (ICV) transfer calls	29,875	32,000	28,122	-12.1%
No. of clinical status 1 ECHO calls activated	5,101	5,100	5,215	2.3%
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	4,877	4,940	4,965	0.5%
No. of clinical status 1 DELTA calls activated	140,249	141,000	145,136	2.9%
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	128,574	129,000	132,775	2.9%
Aeromedical Service – Hours (Department of Defence)	451	480	454	-5.4%
Irish Coast Guard – Calls (Department of Transport, Tourism and Sport)	121	200	109	-45.5%

Primary Care Reimbursement Service

Activity	Reported Actual 2018	Expected Activity 2019	Reported Actual 2019	% Variance from Target 2019
Medical Cards				
No. of persons covered by medical cards as at 31 December	1,565,049	1,541,667	1,544,374	0.2%
No. of persons covered by GP visit cards as at 31 December	503,329	528,079	524,494	-0.7%
Total	**2,068,378**	**2,069,746**	**2,068,868**	**0.0%**
General Medical Services Scheme				
Total no. of items prescribed	58,192,133	58,347,423	59,397,043	1.8%
No. of prescriptions	18,691,105	18,685,315	18,946,154	1.4%
Long-Term Illness Scheme				
Total no. of items prescribed	8,892,719	8,829,947	9,423,721	6.7%
No. of claims	2,525,456	2,506,941	2,690,489	7.3%
Drug Payment Scheme				
Total no. of items prescribed	7,585,690	7,544,139	7,864,176	4.2%
No. of claims	2,310,928	2,272,160	2,336,973	2.9%
Other Schemes				
No. of high tech drugs scheme claims	714,937	708,859	773,906	9.2%
No. of dental treatment services scheme treatments	1,113,777	1,185,985	1,049,293	-11.5%
No. of community ophthalmic services scheme treatments	793,540	793,256	775,146	-2.3%

Appendix 4: Capital Infrastructure

This appendix outlines capital projects that: 1) were completed in 2017/2018 and were operational in 2019; 2) due to be completed and operational in 2019; or 3) due to be completed in 2019 and will be operational in 2020. Costs as shown in NSP 2019 have been updated to reflect actual expenditure.

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Primary Care Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
Carrick on Shannon, Co. Leitrim	Primary Care Centre, by lease agreement	Q4 2019	Q2 2020	Q4 2019	Q3 2020	0	0	0.00	0.15	0	0
Community Healthcare West											
Ballyhaunis, Co. Mayo	Primary Care Centre, by lease agreement	Q4 2019	Q4 2020	Q4 2019	Q1 2021	0	0	0.00	0.08	0	0
Roscommon Town	Extension to Primary Care Centre, by lease agreement	Q1 2019	Q1 2020	Q1 2019	Q1 2020	0	0	0.11	0.15	0	0
Mid West Community Healthcare											
Castletroy, Limerick City	Primary Care Centre, by lease agreement	Q4 2018	Q2 2019	Q1 2019	Q3 2019	0	0	0.19	0.19	0	0
Kilmallock, Co. Limerick	Primary Care Centre, by lease agreement	Q3 2019	Q3 2019	Q3 2019	Q2 2020	0	0	0.08	0.08	0	0
Cork Kerry Community Healthcare											
Cork North City	New Primary Care Centre	Q2 2018	Q4 2018	Phased from Q3 2018	Phased from Q4 2018	0	0	1.52	19.26	0	0
Clonakilty, Co. Cork	Primary Care Centre, by lease agreement	Q4 2019	Q4 2019	Q4 2019	Q3 2020	0	0	0.01	0.15	0	0
Newmarket, Co. Cork	Primary Care Centre, by lease agreement	Q2 2019	Q1 2020	Q2 2019	Q3 2020	0	0	0.02	0.10	0	0
Castletownbere, Co. Cork	Primary Care Centre, by lease agreement	Q4 2019	Q2 2020	Q4 2019	Q1 2021	0	0	0.00	0.10	0	0
Carrigtwohill, Co. Cork	Primary Care Centre, by lease agreement	Q1 2019	Q1 2019	Q1 2019	Q3 2019	0	0	0.15	0.15	0	0
Bantry, Co. Cork	Primary Care Centre, by lease agreement	Q3 2019	Q1 2020	Q3 2019	Q4 2020	0	0	0.00	0.15	0	0
Tralee, Co. Kerry	Primary Care Centre, by lease agreement	Q2 2019	Q3 2019	Q2 2019	Q2 2020	0	0	0.70	0.80	0	0
Castleisland, Co. Kerry	Primary Care Centre, by lease agreement	Q3 2019	Q4 2020	Q3 2019	Q2 2021	0	0	0.00	0.10	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
South East Community Healthcare											
St. Dympna's Hospital, Co. Carlow	Fire damage restoration project, mental health and primary care accommodation (funded from insurance)	Q1 2019	Q1 2019	Q2 2019	Q2 2019	0	0	0.50	1.32	0	0
Community Healthcare East											
Royal Hospital, Donnybrook, Dublin 4	Primary Care Centre, by lease agreement (Interim solution)	Q3 2019	Q3 2019	Q4 2019	Has not yet commenced	0	0	1.32	1.44	0	0
Churchtown/Nutgrove, Dublin 14	Extension to Primary Care Centre, by lease agreement	Q2 2019	Q1 2020	Q2 2019	Q2 2020	0	0	0.01	0.10	0	0
Shankill, Dublin 18	Primary Care Centre, by lease agreement	Q4 2019	Q4 2019	Q4 2019	Q4 2019	0	0	0.19	0.20	0	0
Rathdrum, Co. Wicklow	Primary Care Centre, by lease agreement	Q4 2019	Q1 2021	Q4 2019	Has not yet commenced	0	0	0.00	0.15	0	0
Dublin South, Kildare and West Wicklow Community Healthcare											
Rialto, Dublin 8	Primary Care Centre, by lease agreement	Q2 2019	Q1 2020	Q3 2019	Q2 2020	0	0	0.00	0.50	0	0
Tallaght Springfield, Dublin 24	Extension to Primary Care Centre, by lease agreement	Q4 2019	Q4 2019	Q4 2019	Q1 2020	0	0	0.03	0.05	0	0
Midlands Louth Meath Community Healthcare											
St. Fintan's campus, Portlaoise, Co. Laois	Community Addiction Services Unit – new facility for counselling and support services	Q1 2019	Q4 2018	Q1 2019	Q4 2018	0	0	0.13	3.26	0	0
Dublin North City and County Community Healthcare											
Roselawn Health Centre, Blanchardstown, Dublin 15	Refurbishment of Roselawn Health Centre to complete provision of primary care services in the Corduff/ Blanchardstown network	Q4 2019	Q3 2020	Q1 2020	Q4 2020	0	0	0.06	1.95	0	0
Dublin North East Inner City (Summerhill), Dublin1	Primary Care Centre by PPP	Q4 2018	Q4 2018	Q1 2019	Q1 2019	0	0	0.00	0.00	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Mental Health Services											
Cork Kerry Community Healthcare											
University Hospital Kerry	Refurbishment and upgrade of the acute Mental Health Unit, phase 2.	Q1 2019	Q1 2019	Q1 2019	Q3 2019	0	15	1.28	2.26	0	0
Midlands Louth Meath Community Healthcare											
St. Loman's Mullingar, Co. Westmeath	Refurbishment of former Children and Family Unit to facilitate removal of mental health staff from the main building	Q1 2019	Q1 2019	Q1 2020	Q4 2019	0	0	0.39	1.60	0	0
Dublin North City and County Community Healthcare											
Stanhope Terrace, Dublin North Central	Refurbishment of Stanhope Terrace to provide accommodation for 10 people currently in the Weir Home	Q4 2019	Q3 2020	Q1 2020	Q4 2020	0	10	0.21	3.15	0	0
National Forensic Mental Health Service, Portrane, Co. Dublin	Phase 1. 100 replacement and 70 additional beds (to include 30 intensive care rehabilitation beds, 10 child and adolescent beds, 10 mental health intellectual disability beds and 20 medium secure beds)	Q4 2019	Q1/Q2 2020	Q1 2020	Phased 2020/2021	70	100	56.80	190.00	0	0
St. Ita's, Portrane, Co. Dublin	Upgrade ground floor, kitchen area	Q2 2019	Q3 2019	Q3 2019	Q3 2019	0	0	0.49	1.20	0	0
Disability Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
Cregg House and Cloonamahon, Co. Sligo	Six units at varying stages of purchase/ new build/refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2020	Phased delivery 2019	Phased delivery 2020	0	24	1.20	2.63	0	0
Community Healthcare West											
Brothers of Charity, Galway	One unit for purchase/refurbishment to meet housing requirements for four people transitioning from a congregated setting	Q3 2019	Q3 2020	Q3 2019	Q4 2020	0	4	0.00	0.95	0	0
Áras Attracta, Swinford, Co. Mayo	Three units at varying stages of purchase/ new build/refurbishment to meet housing requirements for 10 people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2020	Phased delivery 2019	Phased delivery 2021	0	10	1.09	1.60	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Mid West Community Healthcare											
Daughters of Charity, Co. Limerick Daughters of Charity, Roscrea, Co. Tipperary Brothers of Charity, Co. Limerick	Five units at varying stages of purchase/ new build/refurbishment to meet housing requirements for 20 people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2020	Phased delivery 2019	Phased delivery 2020	0	20	1.10	3.95	0	0
Cork Kerry Community Healthcare											
Cork City	Provision of a Children's Outreach Centre. Co-funded by HSE	Q3 2019	Q3 2019	Q4 2019	Q4 2019	0	0	1.00	6.50	0	0
Cluain Fhionnain, Co. Kerry St. Raphael's, Youghal, Co. Cork	Six units of purchase/refurbishment to meet housing requirements for 24 people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2020	Phased delivery 2019	Phased delivery 2020	0	24	0.30	3.00	0	0
South East Community Healthcare											
St. Patrick's Centre, Co. Kilkenny	One unit of purchase/refurbishment to meet housing requirements for four people transitioning from congregated settings	Q1 2019	Q2 2020	Q2 2019	Q3 2020	0	4	0.35	1.00	0	0
Community Healthcare East											
National Rehabilitation Hospital, Rochestown Avenue, Dún Laoghaire, Co. Dublin	Phase 1 redevelopment/replacement of existing facility in a phased development. Co-funded by NRH Trust	Q4 2019	Q1 2020	Q2 2020	Q2 2020	0	120	55.9	113.16	0	0
Dublin South, Kildare and West Wicklow Community Healthcare											
St. John of God, St. Raphael's Centre, Celbridge, Co. Kildare	One unit of purchase/refurbishment to meet housing requirements for four people transitioning from congregated settings	Q1 2019	Q1 2019	Q1 2019	Q2 2020	0	4	0.05	0.63	0	0
Midlands Louth Meath Community Healthcare											
Muiriosa, Delvin, Co. Westmeath	One unit of purchase/refurbishment to meet housing requirements for two people transitioning from congregated settings	Q1 2019	Q4 2019	Q1 2019	Q4 2019	0	2	0.23	0.59	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Dublin North City and County Community Healthcare											
Daughters of Charity, Rosalie, Portmarnock, Dublin 13	Two units of purchase/refurbishment to meet housing requirements for eight people transitioning from congregated settings	Phased delivery 2019	Phased delivery 2019	Phased delivery 2019	Phased delivery 2019/2020	0	8	0.06	1.16	0	0
Older Persons' Services											
Donegal, Sligo Leitrim, Cavan Monaghan											
Dungloe Community Hospital, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q4 2020	Q4 2019	Q1 2021	0	0	0.78	3.30	0	0
Carndonagh Community Hospital, Co. Donegal	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q1 2021	Q4 2019	Q2 2021	0	0	0.00	4.24	0	0
Cork Kerry Community Healthcare											
Caherciveen Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q2 2021	Q1 2020	Q2 2021	0	0	0.20	3.79	0	0
Listowel Community Hospital, Co. Kerry	Upgrade and refurbishment to achieve HIQA compliance	Q4 2019	Q2 2021	Q1 2020	Q2 2021	0	0	0.21	3.44	0	0
Dunmanway Community Hospital, Co. Cork	Upgrade and refurbishment to achieve HIQA compliance	Q3 2019	Q4 2019	Q4 2019	Q4 2019	0	0	0.85	1.36	0	0
South East Community Healthcare											
St. Patrick's Hospital, John's Hill, Waterford City	100 bed CNU to replace beds in St. Patrick's and St. Otteran's (to include 20 psychiatry of later life beds and 80 long stay elderly beds)	Q3 2019	Q1 2020	Q2 2020	Q3 2020	15	65	13.10	25.20	0	0
Palliative Care Unit (University Hospital Waterford)	Development of a new block to include palliative care unit, co-funded by Waterford Hospice * *Details of capital costs are included within University Hospital Waterford in the South/South West Hospital Group*	Q1 2019	Q2 2019	Q2 2019	Q2 2019	20	0	*	*	0	0

Community Healthcare

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Community Healthcare East											
Dalkey Community Nursing Unit, Co. Dublin	Upgrade and refurbishment to achieve HIQA compliance	Q3 2019	Q1 2020	Q4 2019	Q1 2020	0	46	1.64	2.58	0	0
Dublin South, Kildare and West Wicklow Community Healthcare											
Tymon North, Co. Dublin	New 100 bed Community Nursing Unit	Q2 2019	Q3 2019	Q3 2019	Q2 2020	50	50	6.72	23.68	0	0
Peamount Hospital, Newcastle, Co. Dublin	New 100 bed Community Nursing Unit. Co-funded by Peamount	Q3 2019	Q3 2019	Q4 2019	Q2 2020	51	49	8.5	26.58	0	0
Midlands Louth Meath Community Healthcare											
St. Joseph's Community Nursing Unit, Trim, Co. Meath	Upgrade and refurbishment to achieve HIQA compliance (including 12 bed dementia unit) and two respite specific beds in new build of dementia unit	Q1 2019	Q3 2019	Q1 2019	Q4 2019	0	14	2.13	7.51	0	0
Dublin North City and County Community Healthcare											
Seancara/Clarehaven Community Nursing Unit, Dublin 11	Upgrade, extension and refurbishment to achieve HIQA compliance. Phase 1 Clarehaven, phase 2 Seancara	Q4 2018	Phase 1 Q4 2019 Phase 2 Q1 2021	Q1 2019	Phase 1 Q4 2019 Phase 2 Q1 2021	0	0	3.84	7.53	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Acute Hospital Services											
Children's Health Ireland											
Connolly Hospital, Blanchardstown, Dublin 15	Paediatric Ambulatory and Urgent Care Centre	Q3 2019	Q3 2019	Q4 2019	Q3 2019	0	0	8.6	26.72	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Dublin Midlands Hospital Group											
Midland Regional Hospital, Portlaoise, Co. Laois	New hospital street extension	Q4 2019	Q4 2019	Q4 2019	Q4 2019	0	0	1.72	1.86	0	0
RCSI Hospital Group											
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	Phase 3: Fit-out and equipping of theatres	Q1 2019	Q4 2019	Q1 2019	Phased opening Q1-Q2 2020	0	0	2.00	12.78	0	0
Beaumont Hospital, Dublin 9	Provision of accommodation for the Cochlear Implant programme – refurbishment of existing St. Martins ward after decant to renal dialysis	Q1 2019	Q2 2019	Q1 2019	Q3 2019	0	0	0.00	1.64	0	0
Ireland East Hospital Group											
St. Vincent's University Hospital, Elm Park, Dublin	Provision of two cath labs through the Equipment Replacement Programme	Q4 2018	Q4 2018	Q3 2019	Q3 2019	0	0	0.10	2.85	0	0
Saolta University Health Care Group											
Letterkenny University Hospital, Co. Donegal	New Radiology Unit. Includes additional ultrasound and CT room plus a multipurpose interventional suite. Includes upgrade/refurbishment of underground duct. Part funded by Friends of LGH	Q2 2019	Q3 2019	Q3 2019	Q3 2019	0	0	5.83	13.24	0	0
Sligo University Hospital	Replacement of fluoroscopy room with a full Interventional Suite	Q3 2019	Q2 2020	Q4 2019	Q3 2020	0	0	0.51	3.02	0	0
Sligo University Hospital	Provision of a Diabetic Unit to facilitate the commencement of a paediatric insulin pump service	Q3 2019	Q4 2020	Q4 2019	Q1 2021	0	0	0.18	1.80	0	0
University Hospital Galway	Provision of a new IT Room for the hospital	Q3 2019	Phase 1 Q3 2019 Phase 2 Q3 2020	Phase 1 Q3 2019	Phase 1 Q3 2019 Phase 2 Q3 2020	0	0	0.15	1.22	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
University Hospital Galway	Replacement of two cardiac cath labs and enabling works for a third cath lab	Q4 2019	Phase 1 Q4 2019 Phase 2 on hold	Q1 2020	Phase 1 Q1 2020 Phase 2 on hold	0	0	1.23	5.20	0	0
South/South West Hospital Group											
Cork University Hospital	New Radiation Oncology Unit	Q1 2019	Q2 2019	Phased opening from Q4 2019	Phased opening from Q4 2019	0	0	13.94	49.28	0	0
Cork University Hospital	Blood Science Project – extension and refurbishment of existing pathology laboratory to facilitate management services tender	Q4 2019	Q1 2021	Q1 2020	Q2 2021	0	0	0.09	4.72	0	0
South Tipperary General Hospital	40 bed modular unit	Q4 2018	Q1 2020	Q2 2019	From Q1/ Q2 2020	40	0	8.03	11.05	0	0
University Hospital Waterford	Development of a new block to include replacement inpatient beds ** *This is a joint capital project between acute services and palliative care – see under Older Persons' Services for further details*	Q1 2019	Q2 2019	Q4 2019	Phased opening from Q4 2019	0	48	3.99**	31.37**	0	0
University Hospital Waterford	Replacement of fire alarm and emergency lighting systems	Q1 2019	Q3 2020	Q1 2019	Q3 2020	0	0	2.76	4.54	0	0
UL Hospitals Group											
Nenagh Hospital, Co. Tipperary	Ward Block extension and refurbishment programme, incl. 16 single rooms and 4 double rooms – part funded by the Friends of Nenagh Hospital	Q3 2019	Q2 2020	Q4 2019	Q3 2020	3	21	0.66	6.87	0	0
Ennis General Hospital, Co. Clare	Outpatients (off site solution)	Q3 2019	Q3 2020	Q4 2019	Q4 2020	0	0	0.00	0.60	0	0
University Hospital Limerick	AMAU and OPD reconfiguration	Q4 2019	Project on hold	Q4 2019	Project on hold	0	0	0.00	1.65	0	0

Pre-Hospital and Acute Hospital Services

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
National Ambulance Service											
Edenderry Ambulance Station, Co. Offaly	New ambulance station	Q1 2019	Q1 2019	Q1 2019	Q1 2019	0	0	0.08	2.19	0	0
St. Joseph's Community Hospital, Stranorlar, Co. Donegal	The provision of an ambulance restroom at St. Joseph's Hospital, Stranorlar	Q3 2019	Q4 2020	Q3 2019	Q1 2021	0	0	0.00	0.82	0	0

Corporate Services

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
St. Joseph's Hospital, Limerick	Refurbish existing vacant space for pension management	Q3 2019	Q1 2020	Q3 2019	Q1 2020	0	0	0.82	1.23	0	0

Additional Capital Initiatives Early Bed capacity opportunities – Acute Hospital Care

Facility	Project details	Planned Completion Date (as per NSP 2019)	Updated Completion Date	Planned Operational Date (as per NSP 2019)	Updated Operational Date	Additional Beds	Replacement Beds	Capital Cost €m		2019 Implications	
								2019	Total	WTE	Rev Costs €m
Winter Beds 2018/2019											
Multiple	Provision of 75 acute beds (detailed in Winter Plan)	Q1 2019	Q1 2019	Q2 2019	Q2 2019	75	0	1.17	1.17	0	0
Winter Beds 2019/2020											
Multiple	Provision of 202 beds of which 16 are critical care	Q4 2019	Delayed	Q1 2020	Delayed	202	0	7.43	7.43	0	0

Appendix 5: Annual Energy Efficiency Report

In response to legislation *SI 426 of 2014* (previously *SI 542 of 2009*), which requires public sector organisations to report annually, this appendix outlines the HSE's position on its energy use and actions taken to reduce consumption.

As one of the largest public sector energy users the health service must act as an exemplar of best practice in taking climate action, reducing emissions and the mitigation of the adverse health effects of climate change.

Key measures set out in the Climate Action Plan for the public sector include targets of 50% energy efficiency and 30% greenhouse gas emissions reduction by 2030. In addition, all public sector buildings, including healthcare buildings, must be upgraded to a B2 energy rating which will require an unprecedented major refurbishment programme.

A number of programmes of work have been established as part of the *Estates Energy Reduction Implementation Plan*.

Overview of Energy Usage in 2019

The National Health Sustainability Office is fully compliant with the requirements of *SI 426* and has verified all HSE meter points for 2019. This data is currently being validated by the Sustainable Energy Authority of Ireland (SEAI) and it is anticipated that this verified energy consumption data will be available from the SEAI in mid-2020.

The overview below is the verified energy usage in 2018 (excluding section 38 and section 39 agencies). The verified 2019 energy usage, when issued by SEAI, will be made available at hse.ie/sustainability.

- 227,200 MWh of electricity
- 596,826 MWh of fossil fuels
- 374 MWh of renewable fuels.

Actions undertaken in 2019

- HBS Estates Offices improved energy management practices and performance through the formation of Estates Energy Bureaux, which were established in partnership with the SEAI. This was developed as a scalable pilot initiative in the East Region and roll-out to the West and South Areas progressed in 2019. This included the implementation of energy awareness programmes and development of registers of opportunities for energy efficiency projects in order to progress grant funding for projects.
- Initial Energy Efficiency Projects which were identified on registers of opportunities were progressed.
- The requirement for an Energy Efficient Design Review is now included in the Scope of Services for design teams for new projects and major refurbishments. This ensures the design of new healthcare buildings maximise energy efficiency and are in compliance with energy standards.
- Continuation of the Optimising Power at Work Staff Energy Awareness Programme in partnership with the Office of Public Works (OPW), including the Big Switch Off Competition which aimed to empower hospital staff in eight acute hospitals to take control of the energy consumed in their workplace and to embed energy saving habits.
- A dedicated session on Energy Efficiency at the Health Sector Climate Action Seminar was attended by over 200 healthcare staff.

Actions planned for 2020

- Consolidate the works of the Estates led Energy Bureaux in all HSE regions and offices.
- Expand the Energy Bureaux to support section 38 and 39 voluntary organisations.
- Develop further the Optimising Power at Work Programme.

Engage with the Department of Public Expenditure and Reform to progress access to Climate Action Funding to support an on-going carbon emission reduction programme.

Financial Governance

Operating and Financial Overview 2019

Introduction

2019 was a year of continued challenges for the HSE driven by the complexities of on-going demand for services in our acute, community and social care services.

It was also a year that saw the welcomed re-establishment, on the 28 June 2019, of an external Board arising from the introduction of the *Health Service Executive (Governance) Act 2019*. Four committees have been established to help the Board in the performance of its functions. These committees are:

- Audit and Risk Committee
- People and Culture Committee
- Performance and Delivery Committee
- Safety and Quality Committee

The HSE is currently in the process of developing a new corporate plan, fully informed by *Sláintecare*, which will focus on providing a clear medium-term roadmap for staff, patients, service users and all stakeholders.

Strategic Context

The HSE is required to use the resources available to it to deliver the type and volume of services provided for in the national service plan while prioritising improving the health of the population through promoting wellness and the provision of safe health and social care services for the citizens of Ireland.

The environment in which the HSE operates is increasingly complex. There were over 4.9 million (m) people living in Ireland during 2019 representing a 3.8% increase since Census 2016 and 8.1% since 2010. According to the Economic Social Research Institute (ESRI), the population in Ireland will have increased by circa another 1.1m people by the end of 2030 therefore adding to the number of people requiring HSE services.

People in Ireland are also living longer and life expectancy in Ireland has increased by almost two and a half years since 2007. The increase in life expectancy in Ireland was consistently higher than the EU average over the past decade. These predicted changes in our population will have implications for how we fund and deliver increasingly complex care and services.

While the population is growing across age groups, the most significant increases are evident in the age group cohort of 65 years or over. The ESRI has predicted that by 2030 the share of the population aged 65 and over will have increased from 1 in 8 to 1 in 6 while the number of people aged over 85 is expected to double.

Although we are living longer with improved health, there is evidence that in the older age groups, people are presenting with complex health challenges such as cognitive loss and multiple chronic illnesses. The Irish Longitudinal Study on Ageing (TILDA) 2018 predicted that the number of people aged 50 and older living with one or more chronic disease will have increased by up to 40% since 2016 by 2030.

Lifestyle factors also contribute to the complexity of health provision in Ireland. This includes the impact of smoking, drug use, alcohol consumption and obesity. While the number of adults smoking in Ireland has decreased from 27% in 2002 to 14% in 2019, almost one third of Irish adults reported regular heavy alcohol intake and the obesity rates in Ireland has increased from 15% in 2007 to 18% by 2015.

The HSE is fully supportive of the need to make significant changes to the current models of health and social care and is committed to working with *Sláintecare* Programme and the Department of Health to deliver this change. This will involve a greater cross government and society focus on helping people to stay healthy, new and more integrated models of health and social care, including better integration with the voluntary sector, and greater involvement of citizens, patients and service users in the design and delivery of care. *Sláintecare* sets out the vision to deliver a transformation in the way care is organised, delivered and experienced in Ireland over the next 8 to 10 years, which aims to achieve more positive experiences and better outcomes for patients, service users and local communities.

Financial Overview

Significant efforts have been made during 2019 to improve the overall financial planning and financial management of the HSE which resulted in the delivery of a small surplus on our non-capital expenditure of €60.5m or 0.35% of total funding.

Income Analysis

The HSE received revenue funding from the DoH of €16.471bn for the provision of health and social care services. This included the allocation of once off net additional funding of €426m provided by way of a supplementary estimate for 2019. Of the supplementary estimate received €50m was available for acute services, €50m for disabilities, €157m for Primary Care Reimbursement Service (PCRS), €26m for Winter Plan, €51m for pay agreements, €9m for Brexit and €83m for areas such as State Claims Agency costs and which also covers demand led areas such as pensions and overseas treatment. Overall this represented an increase of circa €1.249 billion or an 8.2% increase over 2018.

Table 5: Analyses Overall HSE Income for 2019 and 2018

Income Stream	FY 2019 €'000	FY 2018 €'000	% Var
Department of Health Grant	16,471,023	15,221,624	8.2%
"First Charge"	(85,174)	(139,871)	-39.1%
Private Patient Income	408,249	406,079	0.5%
Superannuation Income from staff	374,122	419,502	-10.8%
Other Income	130,075	113,846	14.3%
Total Income per AFS	**17,298,295**	**16,021,179**	**8.0%**

Table 6: HSE Income Graph 2005 to 2019

While Table 6 shows that there has been an increase in HSE income and funding particularly in the years since 2016, this has to be looked at in the context of the percentage changes in public health expenditure by capita which has been reflected in Table 7.

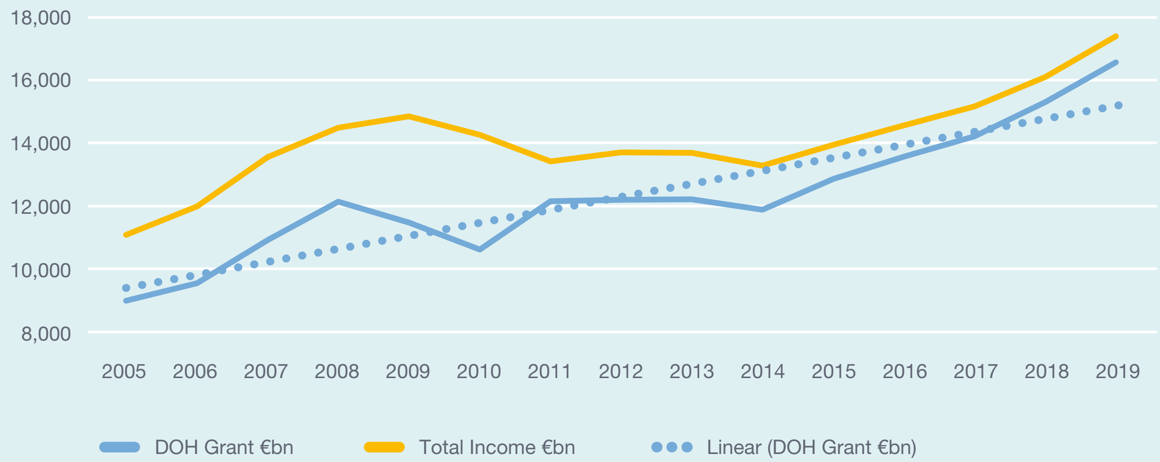


Table 7: Percentage Changes in Public Health Expenditure Per Capita, 2010 to 2018

Irish public health expenditure (capital and revenue) has been on the increase from a low of €13.4bn in 2013 to €17.9bn in 2019. However, the rate of increase for each person in Ireland is far slower than the average Organisation for Economic Co-Operation and Development (OECD) increase. In fact, between 2010 and 2018, the per person increase in public health expenditure was 17% in Ireland versus an average 25% across the 36 OECD countries.

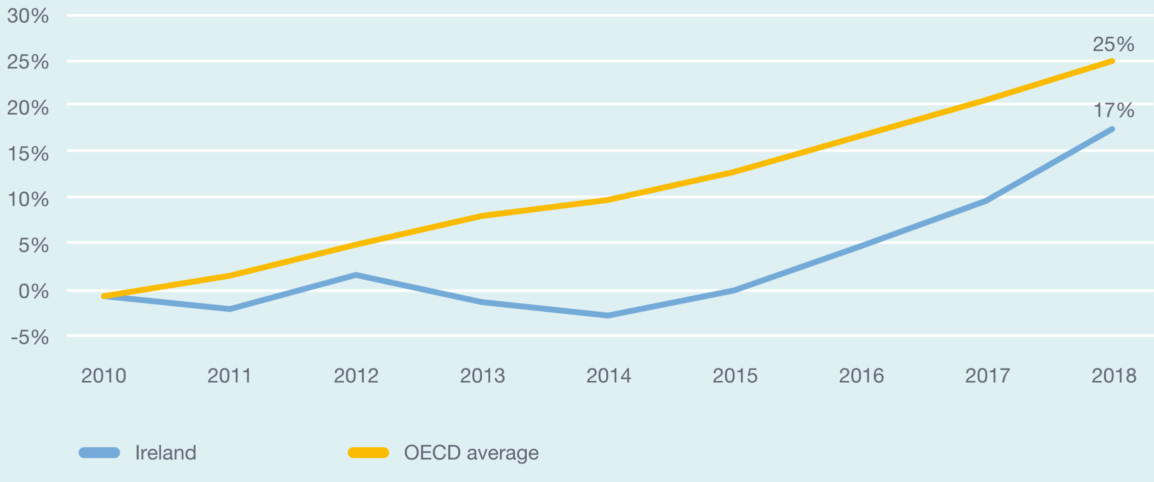


Table 8: HSE Expenditure per Service Area 2019 and 2018

Service Area	AFS 2019 €000	AFS 2018 €000	% Var	% of Total
Acute Hospitals	6,813,419	6,299,385	8%	40%
Primary Care	4,157,149	3,997,759	4%	24%
Social Care	3,441,315	3,264,017	5%	20%
Corporate Support Services	480,691	393,445	22%	3%
Mental Health	964,101	891,376	8%	6%
Health and Wellbeing	240,647	214,181	12%	1%
Other Demand Led	1,140,512	1,046,190	9%	7%
Total Expenditure	**17,237,833**	**16,106,353**	**7%**	**100%**

Expenditure and Outcome Analysis

At the end of 2019 the HSE delivered a modest surplus of income over expenditure of €60.5m or 0.35% of its overall income. This surplus arose primarily as a result of one off funding measures and savings that are not expected to be replicated in 2020.

The year remained challenging in operational services particularly in the area of acute hospital operations which reported a deficit in 2019 arising from greater than anticipated expenditure directly related to operational activity and demand for services. In general, the impact of additional supplementary funding and savings measures enabled other key service areas to report surpluses for 2019 which are not necessarily achievable in 2020.

The overall expenditure reported for 2019 is €17.238bn which is 7% higher than the expenditure in 2018. The table above analyses this expenditure by HSE service area. Primary care and social care together account for circa 44% of the expenditure whilst the provision of acute hospital and National Ambulance Services accounts for almost 40% of that spend.

The overall increased expenditure in 2019 of 7% or €1.1bn is mainly in respect of additional pay measures, payment of consultant settlements and increased expenditure in respect of demand led areas such as pensions and state claims agency.

A more detailed analysis per service area is provided later in this report.

Acute Hospitals Services

Acute services are provided for adults and children within six Hospital Groups, Children's Health Ireland and the National Ambulance Service (NAS). These services include scheduled care (planned care), unscheduled care (unplanned/emergency care), diagnostics, cancer treatment, maternity and children's services, as well as the pre-hospital emergency and intermediate care provided by NAS.

Acute hospitals continually work to improve access to healthcare, whilst striving to ensure that quality and patient safety issues, including the management of infection, are prioritised within allocated budgets. The six Hospital Groups provide the structure to deliver an integrated hospital network of acute care to the adult population in each geographic area. Children's Health Ireland provides paediatric services in the greater Dublin area and incorporates the National Paediatric Hospital Development Board which is responsible for overseeing the building of the new children's hospital.

Overall the acute hospitals services reported a deficit for 2019. Operational service pressures drove increased clinical non pay cost, particularly drugs and laboratory. Other non-pay cost pressures include cleaning and maintenance required in respect of increased infection control and compliance requirements. From an income perspective, the continued reduction in receipts from hospital private maintenance changes continues to be a challenge.

The volume of inpatient activity was marginally below the target set out in the NSP 2019 (0.1%), although overall complexity was slightly higher than planned (0.2%). Day case activity exceeded the targets set out in the NSP 2019, in terms of both activity volume and overall complexity (3.5% and 4.3% respectively). Outpatient activity was also ahead of NSP 2019 target (0.4%). The higher than expected operational costs experienced is significantly driven by this level of service delivery.

Social Care – Comprising Disability and Older Persons Services

The challenge in 2019 for the social care services was to continue to meet the rising demand for services as a result of an aging population with a longer life expectancy. The change in demographics in Ireland has meant that the health service has to adapt to the changing needs of its service users and patients including providing services for an increasing number of older people presenting with challenges such as disabilities, cognitive loss and chronic disease. Overall the service area reported a combined surplus which was partly driven by a first surplus from 2018 and one off savings in the year under review.

Older Persons Services

Managing the year on year growth in demand for community-based social services has been one of the key challenges for older persons' services in 2019. The largest increase in Ireland's population is in the age range of 65 and over, presenting a particular challenge for serving a growing, ageing and increasingly diverse population with more complex service needs. Older persons services provide a wide range of services including home supports, community supports, intermediate care (both residential and in the home), as well as short stay and long stay care when remaining at home is no longer feasible (Nursing Homes Support Scheme (NHSS)). Overall the surplus reported in the older persons services has arisen from one time savings and a brought forward first surplus from 2018.

Disability Services

Disability services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistant, home support, multi-disciplinary and other community supports. The costs of providing residential care to people with an intellectual disability, including the provision of emergency placements, where individual placements can cost up to €0.5m, continued to be a significant financial pressure for this service area in 2019. The cost is primarily driven by the clients need and the complexity of each individual case presenting. Another significant increased spend in 2019 related to the cost associated with home support hours compared to other years in order to mitigate high cost residential placements. Overall this service area reported a deficit in the year under review.

Mental Health Services

Specialist mental health services are provided in local community areas. These services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHS, general adult and psychiatry of later life services), mental health of intellectual disability, community residential and continuing care residential services. Sub-specialties include rehabilitation and recovery, eating disorders, liaison psychiatry and perinatal mental health. A National Forensic Mental Health Service is also provided, including inpatient and in-reach prison services with a new modern and fit for purpose facility, increasing capacity to 130 beds, opening in 2020.

Mental health services reported a minor deficit in 2019 arising from a high level of reliance on agency and overtime due to a difficulty in recruiting staff as well as an increasing level of high cost residential placements with external private providers. The level of expenditure on external high costs residential placements is growing year on year due to the increasing complexity of patient's needs, along with our own capacity and staffing constraints.

Primary Care Services

Core operational services within primary care, social inclusion and palliative care reported a surplus at the end of 2019, mostly attributable to once off time related savings relating to the delay or deferral of staff recruitment.

Primary care centres will support the strategic shift of care and services to primary care, ensuring better access to care, offering individuals and families a one stop shop to a broad range of primary care services in the community. Of the 341 prioritised locations identified in 2012, 129 are operational at the end of 2019 with 74 in the process of development. Whilst the opening of these primary cares centres over recent years have placed additional pressure on the primary care operational cost base, these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care.

Health and Wellbeing Services

Health and wellbeing services, including the National Screening Service and environmental health service, support our whole population to stay healthy and well by focusing on prevention, protection, health promotion and improvement, reducing health inequalities, and protecting people from threats to their health and wellbeing. The services within health and wellbeing support people and communities to protect and improve their health and wellbeing; turning research, evidence and knowledge into action; acting as the authority on health, wellbeing and policy development; building an intelligent health system and a healthier population. The overall surplus reported in this division in 2019 has arisen mainly from a brought forward first surplus from 2018.

Primary Care Reimbursement Scheme

The PCRS supports the delivery of a wide range of primary care services to the general public through primary care contractors like general practitioners (GPs), dentists, opticians or pharmacists for the free or reduced cost services they provide to the public across a range of community health schemes or arrangements. These schemes or arrangements form the infrastructure through which the Irish health system funds a significant proportion of primary care to the public. The schemes are operated by PCRS on the basis of legislation and/or government policy.

Finance-Related Initiatives

Finance Reform

The Finance Reform Programme continues to support the progression of the one of the key non-clinical strategic priorities of the HSE, namely to implement a single modern integrated financial management and procurement system (IFMS) across the Irish health service. This system, along with the standard national processes it will support, aims to change how Finance operates in the health service. It will enable our finance teams to better support our services in operating within their available resources while also enhancing their ability to deliver and demonstrate value for patients.

During 2019, work continued on the process designs, chart of accounts and enterprise structure in respect of the IFMS project. The HSE concluded the successful procurement of an external systems implementation support partner in 2019. Preparation for the national design and build stage commenced in December 2019.

Activity Based Funding

The HSE continued to progress the embedding of activity based funding (ABF) in 2019. This form of funding is in place to varying extents in a number of HSE service areas including Primary Care Reimbursement Service, NHSS and acute hospitals.

Additionally, as part of the *Sláintecare* plan, the HSE has prepared a 3 year ABF development plan which has been submitted to the DoH for its consideration and approval prior to publication.

Outlook for 2020

The HSE is very conscious of the overall service levels, and significant savings requirements, set out in the National Service Plan (NSP) 2020, which was adopted by the Board in November 2019, and approved by the Minister in December 2019.

Since the early part of 2020, the population of Ireland, and indeed the world, have been experiencing the impact of the current and on-going Coronavirus pandemic, or COVID-19 as it has been designated by the World Health Organisation (WHO).

The HSE has clearly flagged that it will not be possible to deliver on many of the savings measures set out in NSP 2020 due to the need to apply resources to the COVID-19 response as it continues to develop along with the requirement to maintain all existing capacity and open additional capacity as part of that response.

The HSE's Department of Public Health Officials who play a very significant role in supporting the HSE in the management of the on-going COVID-19 pandemic report to the Chief Clinical Officer (CCO) and their costs are reported in corporate support services.

The HSE acknowledges that the on-going COVID-19 measures have placed significant additional pressure on many of our staff, particularly our front line and clinical staff who are giving their all and who have our utmost respect and appreciation.

Governance Statement and Board Members' Report 2019

1. Governance

During 2019, there were two distinct governance arrangements in place within the HSE.

During the period 01 January to 27 June the Health Service Executive (HSE) Directorate was the governing body of the HSE under the *Health Service Executive (Governance) Act 2013*, with the Director General accountable to the Minister for Health.

Since 28 June the Board is the governing body of the HSE and is accountable to the Minister for Health for the performance of its functions. The Chief Executive Officer (CEO) is in turn accountable to the Board and is responsible for managing and controlling generally the administration and business of the HSE. The HSE exercises a wide range of statutory functions which may have significant implications both for individuals and for the public generally.

Under the *Health Service Executive (Governance) Act 2019*, the Minister for Health can issue directions to the HSE on the implementation of Ministerial and government policies and objectives and determine priorities to which the HSE must have regard in preparing its Service Plan. The HSE must comply with directions issued by the Minister for Health.

In line with the implementation of the recommendations of *Sláintecare* with regard to governance, the establishment of an independent Board was an important step in modernising and strengthening governance arrangements and sustaining reform.

2. Role of the HSE Board

Board Duties and Responsibilities

In accordance with the *Health Act 2004* (as amended) the Board has the following key functions:

- It is the governing body of the Executive with authority, in the name of the Executive, to perform the functions of the Executive
- It is required to satisfy itself that appropriate systems, procedures and practices are in place
  - (i) to achieve the HSE's objectives
  - (ii) for the internal performance and accountability in respect of the HSE's:
    - a. performance of its functions
    - b. achieving its objectives in accordance with the corporate plan
  - (iii) to enable compliance with the policies (whether set out in codes, guidelines or other documents, or any combination thereof) of the Government or a Minister of the Government to the extent that those policies may affect or relate to the functions of the Executive.
- It is required to establish and implement arrangements for the management of the performance of the Chief Executive Officer.

The Board is accountable to the Minister for the performance of its functions above and shall inform the Minister in writing of any matter that it considers requires the Minister's attention.

Under the *Code of Practice for the Governance of State Bodies (2016)*, the Board is collectively responsible for leading and directing HSE's activities within a framework of prudent and effective controls which enables risk to be assessed and managed.

The Board is required to act on a fully informed and ethical basis, in good faith, with due diligence and care, and in the best interest of the State body, having due regard to its legal responsibilities and the objectives set by Government.

The Board is responsible for holding the CEO and senior management to account for the effective performance of their responsibilities. It is the responsibility of the CEO and his senior management team to ensure that the Board is provided with all the necessary information to enable it to perform its functions. The CEO must also provide assurance to the Board that the functions which it has delegated to him are being appropriately discharged.

In line with the Code, the HSE Board does its job by executing its role in terms of:

- Providing Leadership – by having plans that are aligned with government objectives and policies and ensuring that there is best use of resources in achieving these plans
- Providing oversight to management
- Setting high ethical standards
- Compliance
- Collective responsibility
- Providing advice to the Minister.

On its establishment the Minister for Health set out the Board's key priorities as follows:

- Developing and implementing an effective Corporate Governance Framework, incorporating clinical governance, and a performance management and accountability system.
- Developing a plan for building public trust and confidence in the HSE and the wider health service.
- Ensuring the HSE's full support for and implementation of the Government's programme of health reform as set out in the *Sláintecare Implementation Strategy*.
- For 2019, exercising effective budgetary management, including improving the value achieved with existing resources and securing target saving, with the objective of delivering the National Service Plan within Budget.

2.1 Decision Making, Oversight and Control

The Board has established the following mechanisms to ensure that it exercises appropriate decision-making, oversight and control of the HSE's functions.

2.1.1 Delegation Policy Framework and Governance Arrangements

The HSE's Delegation Policy Framework and Governance Arrangements list the functions that have been delegated by the Board to the CEO, and by the CEO in turn to his Executive Management Team. Provision is also made in law for employees to whom functions have been delegated or sub-delegated to further sub-delegate those functions.

2.1.2 Reserved Functions

The Board has a formal schedule of matters specifically reserved to it for decision ***(reserved functions)*** to ensure that the direction and control of the HSE is firmly in its hands (some of the matters may require Ministerial approval). The reserved functions of the Board are listed in the Delegation Order issued to the CEO and include:

- The adoption of the HSE's Corporate Plan with appropriate objective, indicators and targets against which performance can be measured
- Reviewing and guiding strategic direction and major plans of action
- Risk management policies and procedures
- Approval of annual service plans and budgets
- Setting performance objectives
- Monitoring implementation, and evaluating the HSE's performance
- Overseeing major capital expenditure and investment decisions, and
- Approval of the HSE's annual accounts and annual reports.

2.1.3 Schedule of Attendance, Fees and Expenses

In accordance with Part 3A of the *Health Act 2004* (as inserted by Section 16K of the *Health Service Executive (Governance) Act 2013*), the Directorate were required to hold no fewer than one meeting in each of 11 months of the year. For the period 01 January – 27 June 2019, the HSE Directorate met on 10 occasions. See Table 10A.

In accordance with Schedule 2, paragraph 2A of the *Health Act 2004*, (as amended by Section 32(b) of the *Health Service Executive (Governance Act 2019)*, the Board are required to hold no fewer than one meeting in each of 11 months of that year. Since its establishment on the 28 June 2019, the HSE Board have met on nine occasions holding six monthly Board meetings and three additional meetings. The attendance at Board meetings is recorded in Table 10A. The Board meetings deal with the reserved functions and other key areas.

Table 9: Directorate – Attendance at meetings 01 January – 27 June 2019

Directorate	29/01/2019	05/02/2019	06/03/2019	13/03/2019	26/03/2019	30/04/2019	13/05/2019	25/05/2019	11/06/2019	25/06/2019	Number of meetings attended	Directorate Expenses
Anne O' Connor	✓	✓	✓	✓	✓	✓	–	✓	✓	–	8	€526.00
Dean Sullivan	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	10	€11,041.00
Colm Henry	✓	✓	✓	✓	✓	✓	✓	✓	✓	–	9	€5,101.00
Rosarii Mannion	✓	✓	✓	✓	–	✓	✓	✓	✓	✓	9	€4,555.00
Stephen Mulvany	✓	–	✓	✓	✓	✓	✓	✓	✓	✓	8	n/a
Liam Woods	–	✓	✓	✓	✓	✓	✓	–	–	–	6	€3,903.00
Paul Reid *(Appointed 14/05/2019)*	–	–	–	–	–	–	–	✓	✓	✓	3	€3,411.00

Table 10A: Board Members – Attendance at Board meetings 28 June – 31 December 2019

Board Member	28/06/2019	26/07/2019	27/09/2019	18/10/2019	01/11/2019	04/11/2019	29/11/2019	09/12/2019	13/12/2019	Number of meetings attended	Remuneration
Ciarán Devane *(Chairperson)*	✓	✓	✓	–	✓	✓	✓	✓	✓	8	€39,996
Deirdre Madden* *(Deputy Chairperson)*	✓	✓	✓	✓	✓	–	✓	✓	✓	8	n/a
Fergus Finlay	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	€7,500
Aogán Ó Fearghaíl	✓	✓	✓	✓	–	✓	✓	✓	✓	8	€7,500
Sarah McLoughlin	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	€7,500
Fiona Ross	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	€7,500
Mark Molloy	✓	✓	✓	–	–	✓	✓	–	–	5	€7,500
Fergus O'Kelly	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	€7,500
Brendan Lenihan	✓	✓	✓	✓	✓	✓	✓	✓	✓	9	€7,500
Yvonne Traynor	✓	✓	✓	–	✓	✓	✓	✓	✓	8	€7,500
Tim Hynes	✓	✓	✓	✓	✓	✓	✓	✓	–	8	€7,500

* Deirdre Madden does not receive a fee in respect of her membership of the HSE Board under the one person one salary rule. However an equivalent value is made to University College Cork in relation to backfilling her post.

Table 10B: Board Members Travel and Subsistence

Board Member	Travel and Subsistence
Ciarán Devane *(Chairperson)*	€3,090.06
Deirdre Madden *(Deputy Chairperson)*	€2,569.69
Fergus Finlay	n/a
Aogán Ó Fearghaíl	€2,136.46
Sarah McLoughlin	€985.58
Fiona Ross	n/a
Mark Molloy	€1,647.20
Fergus O'Kelly	n/a
Brendan Lenihan	€2,268.00
Yvonne Traynor	€278.12
Tim Hynes	n/a

2.1.4 Executive Management

The Board is responsible for holding the CEO and Senior Management to account for the effective performance of their responsibilities. It is the responsibility of the CEO and his Senior Management Team to ensure that the Board is provided with all the necessary information to enable it to perform its functions. The CEO must also provide assurance to the Board that the functions which it has delegated to him are being appropriately discharged.

Committees

The *Health Service Executive (Governance) Act 2019* provides for the establishment of an Audit Committee and any other Committees that the Board deem as necessary for the purpose of providing assistance and advice in relation to the performance of the Board's functions.

The previous Audit Committee and Risk Committees of the HSE which had been established in 2014 in accordance with the provisions of the 2013 Act were stood down and an Audit and Risk Committee, was established on 26 July 2019 in accordance with the provisions of the 2019 Act.

Along with the establishment of an Audit and Risk Committee, the Board has established three other Committees to provide more detailed oversight of specific areas as defined in the respective Committee's terms of reference. Terms of reference for the Board Committees are published on the HSE's website https://www.hse.ie/eng/about/who/board-members/committees-of-the-board/ and are subject to periodic review.

These Committees are:

- People and Culture Committee
- Performance and Delivery Committee
- Safety and Quality Committee.

Each of these Committees operates under an agreed Chairperson who is a Board member and membership is made up of no fewer than three Board members and no fewer than four independent external personnel. All Committee members have the relevant skills and experience to perform the functions of the relevant Committee. Each external member has a letter of appointment and a specific term of office.

Committees are entitled to request the attendance of any HSE manager/staff member to attend and present at a meeting of the Committee and this provision is used regularly by the Committees. Where the Committee is not satisfied with the detail contained in verbal or written updates by managers, it reserves the right to seek further information and additional attendance before the Committee if deemed necessary.

Each Committee Chairperson provides an update at each Board meeting on the work of their Committee since the previous Board meeting. Copies of the approved minutes of Committee meetings are circulated to each Board member on a regular basis. A detailed Action Log is maintained for each Committee to record and track actions arising from meetings of the Committee and these are reviewed at each meeting to ensure appropriate actions are being progressed.

While the Audit and Risk Committee provide oversight and advice with regards to the overall operation of Risk Management, each Committee reviews relevant risk within their area of responsibility to ensure that there is appropriate and effective managing of risk.

Oversight of the HSE's Corporate Risks has been allocated to the Committees as follows:

Audit and Risk Committee

- Capital infrastructure and critical equipment
- Cyber security
- Organisational reputation
- ICT systems and Infrastructure
- System of internal controls including management and prioritisation of resource allocation
- Children's Hospital
- HSE Funded agencies
- Brexit.

People and Culture Committee

- Medical and clinical workforce
- Managing change including culture change
- Safety, health and wellbeing of staff
- Individual Performance management and accountability
- Industrial action and Business Continuity.

Performance and Delivery

- Capacity and access demand
- Disability services
- Policy and legislation development and implementation.

Safety and Quality Committee

- Current configuration of hospitals
- Healthcare Associated Infection and Antimicrobial Resistance
- Screening services
- Regulatory non-compliance
- COVID-19.

In order to prepare the agenda for forthcoming meetings and to follow up on outstanding actions, Committee members meet for a period in the absence of members of HSE management. The Committee takes comfort and assurance from and works in concert with the work of other Board Committees, each of which has a specific remit as documented in their own terms of reference. Liaison between the four Committees of the Board is provided through regular engagement between the Committee Chairpersons, sharing of minutes and with a joint meeting of the Audit and Risk and Safety and Quality Committees taking place early in 2020 to consider issues of mutual significance.

External members of Committees are entitled to fees, and these are sanctioned by the DoH and DPER. Fees are paid to the majority of external members apart from those who are already public servants. There is a set rate for each meeting they attend up to a maximum amount each year and this is processed through payroll.

For the period 01 January – 27 June, the following applied:

- Risk Committee Chairperson – Rate per meeting €402.39 to a maximum of €2,414 per annum
- The fee sanctioned by the DoH and DPER for the Chairperson of the Statutory Audit Committee is the rate for the Chairperson of a category 4 non-commercial state body which is €8,978 per annum.

All other members – Rate per attendance at meeting is €285 to a maximum of €1,710 per annum.

Audit and Risk Committee

The Audit and Risk Committee is established and maintained in accordance with *Section 40H of the Health Act 2004* as amended by *Section 23 of the Health Service Executive (Governance) Act 2019*. The legislation also recognises that the Audit Committee has a role to provide oversight and advice on risk management. Therefore, its title has been expanded to the 'Audit and Risk Committee' to reflect the full nature of its remit.

Legislation obliges membership of the Committee to comprise no fewer than three Board members and not fewer than four other persons who, in the opinion of the Board, have the relevant skills and experience to perform the functions of the committee, at least one of whom shall hold a professional qualification in accountancy or auditing.

Under current legislation the Committee is required to:

- Advise the Board and the CEO on financial matters relating to its function
- Report in writing at least once in every year to the Board and CEO on those matters and on the activities of the Committee in the previous year and provide a copy of that report to the Minister.

The functions of the Audit and Risk Committee include a range of financial, statutory, compliance and governance matters as set out in legislation.

In support of its statutory remit, the Committee has established terms of reference approved by the Board. These provide for the Committee's role to extend to the following areas:

- Advising the Board and the CEO on financial matters and carrying out related reporting activities, including compliance reporting to the Board and the Minister for Health as required
- Reviewing the appropriateness of HSE's accounting policies, annual financial statements, annual report and required corporate governance assurances and any matters and advice relating to making a satisfactory recommendation of same to the Board
- Providing oversight to the operation of HSE internal controls and, in particular, advising on the appropriateness, effectiveness and efficiency of the HSE's procedures relating to public procurement and the acquisition, holding and disposal of assets
- Providing oversight and advice in relation to the HSE Internal Audit function
- Providing oversight and advice with regard to the operation of the HSE Risk Management framework and related activities within the function of risk management
- Providing oversight and advice relating to anti-fraud policies, oversight of the operation of protected disclosure policies and processes, and arrangements for special investigations
- Reviewing the arrangements for, and results of, internal and external audits and management's response to the recommendations and points arising from same
- Any other roles and responsibilities devolved to the Committee by the HSE Board.

The CEO is required to ensure that the Audit and Risk Committee is provided with all the Executive's audit reports, audit plans and monthly reports on expenditure, and if he has reason to suspect that any material misappropriation of the Executive's money, or any fraudulent conversion or misapplication of the Executive's property, may have taken place, report that matter to the Audit and Risk Committee as soon as practicable.

In addition, the CEO provides to the Audit and Risk Committee information on any financial matter or procedure necessary for the performance of its functions by the committee when requested to do so by the Audit and Risk Committee and where such information relates to:

a. Any contract that the Executive proposes to enter into involving expenditure of an amount in excess of a threshold specified by the committee, and
b. Any legal proceedings taken or threatened against the Executive that may give rise to potential financial liability.

In order to provide for the maximum continuity between the two Committees, the Chairperson of the previous Committee remained in place until the end of December 2019. In addition, another member of the previous Audit Committee was joined by two members of the old Risk Committee on the new Audit and Risk Committee as well as one additional external member.

The Audit and Risk Committee has agreed a detailed workplan to cover 2020 which seeks to address in a systematic and comprehensive manner the key roles and responsibilities of the committee. In preparing its initial workplan for 2019 and subsequently for 2020, the Committee took account of the workplans of both the previous Audit Committee and the previous Risk Committee where relevant and incorporated elements into new workplans.

The CEO has assigned the following members of the HSE Senior Management Team to attend meetings of the Audit and Risk Committee. The Chief Financial Officer, the National Director of Internal Audit and the National Director of Quality Assurance and Verification.

Table 11: Audit Committee Membership, Attendance and Remuneration

Audit Committee Member 2019	11/02/2019	11/03/2019	15/04/2019	10/06/2019	Fee Paid for Period 01 January – 30 June 2019
Tom O' Higgins *(Chairperson)*	✓	✓	✓	✓	€4,489
Patricia Barker	✓	–	✓	–	€570
Richard George	✓	✓	✓	✓	€1,140
Ann Markey	✓	✓	✓	✓	n/a
Stephen McGovern	✓	✓	✓	✓	€1,140
Liam Woods *(internal)*	✓	–	✓	–	n/a
Anne O' Connor *(internal)*	–	–	–	✓	n/a

Table 12: Risk Committee Membership, Attendance and Remuneration

Risk Committee Member 2019	25/01/2019	08/03/2019	29/04/2019	Fee Paid for Period 01 January – 30 June 2019
Sheila Ryan *(Chairperson)*	✓	✓	✓	€1,207.17
Colm Campbell	✓	✓	✓	€855
Laverne Mc Guinness	✓	✓	✓	€855
Pat Kirwan	✓	✓	✓	One Person One Salary rules
Peter Lachman	–	✓	–	One Person One Salary rules
Anne Carrigy	✓	✓	–	Received €570 for Risk Committee membership up until 08 April 2019
Bernie O'Reilly	✓	✓	✓	€855
Colm Henry (internal)	✓	✓	–	n/a
Margaret Murphy	–	✓	✓	€570

Table 13A: Audit and Risk Committee Membership, Attendance and Remuneration

Audit and Risk Committee Member 2019	27/08/2019	08/10/2019	13/09/2019	16/10/2019	04/11/2019	09/12/2019	Fee Paid for Period 01 July – 31 December 2019
Tom O Higgins *(Chairperson)*	✓	✓	✓	✓	✓	✓	€4,489
Brendan Lenihan *(Vice Chairperson)*	✓	✓	✓	✓	✓	✓	Board Member
Fiona Ross	✓	✓	✓	✓	✓	✓	Board Member
Fergus Finlay	✓	–	✓	✓	✓	✓	Board Member
Tim Hynes	✓	✓	–	–	✓	–	Board Member
Ann Markey	✓	✓	✓	✓	✓	✓	€1,710
Colm Campbell	✓	–	✓	–	✓	✓	€855
Pat Kirwan	✓	✓	✓	–	✓	✓	One Person One Salary rules
Martin Pitt	–	–	–	–	✓	✓	

Table 13B: Audit and Risk Committee Relevant Competency and Experience

Audit and Risk Committee Member 2019	Relevant Competency and Experience
Tom O Higgins *(Chairperson)*	Chartered Accountant; Former PWC Partner; Former President of Chartered Accountants Ireland; Professional Independent Non Exec Director.
Brendan Lenihan *(Vice Chairperson)*	Chartered Accountant; Former President of Chartered Accountants Ireland; Professional Independent Non Exec Director; former financial executive and now consultant.
Fiona Ross	Chairperson, CIÉ Group; Former Director CEO National Library of Ireland; Professional Independent Non Exec Director.
Fergus Finlay	Former CEO of Barnardos; Former political adviser; columnist; Member of the Charities Regulatory Authority.
Tim Hynes	Chief Information Officer AIB plc.
Anne Markey	Chartered Accountant; Professional Independent Non Exec Director; former financial executive and now consultant.
Colm Campbell	Retired Assistant Chief of Staff Irish Defence Forces with responsibility for Risk Management.
Pat Kirwan	Deputy Director – State Claims Agency, with special responsibility for risk and operations.
Martin Pitt	Chartered Accountant; former PWC Partner; Professional Independent Non Exec Director; Chairperson of Advisory Board of Northern Ireland Audit Office.

People and Culture Committee

The role of the People and Culture Committee is to enhance the environment that supports and values the staff of the health service in order to engage the talent and nurture the leadership capability of individuals and teams working together to drive the desired culture throughout the health service to deliver safer better healthcare.

In pursuit of its role, the Committee will provide strategic oversight of and advice on matters to support the ambition of the People Strategy to have the right people, with the right skills, in the right place and at the right time.

It will focus its attention on the key areas of: Leadership, Culture, Talent and Capability.

The Committee is not responsible for any executive functions and is not vested with any executive powers. In relation to its duties and functions, it fulfils an advisory and support role only.

The Committee is authorised by the Board of the HSE to use its oversight role to:

- Oversee the development of a person-centred open and learning culture that is caring and compassionate, which nurtures talent and inspires innovation and excellence
- Monitor the implementation of the HSE's people mandate with a focus on improved governance with effective performance and accountability
- Assure the Board that these arrangements are robust and effective and support the delivery of its objectives
- Review risks relating to its people mandate and advise on management mechanisms and actions to improve these
- Seek any information or explanations that it requires from any employee of the HSE or agency totally or partially funded by the HSE
- Obtain independent legal or professional advice procured in accordance with the HSE's procurement policy
- Seek the attendance of persons with relevant experience and expertise at the People and Culture Committee meeting as necessary
- Report on and escalate any matter it deems relevant to be brought to the attention of the Board.

A detailed workplan focused on these areas has been adopted by the People and Culture Committee covering key roles and responsibilities of the committee to ensure that all areas within its remit and terms of reference receive the appropriate focus. The committee took account of the implementation plan developed for the People Strategy.

The CEO has assigned the following members of the HSE Senior Management Team to attend meetings of the People and Culture Committee: Anne Marie Hoey, National Director of Human Resources, Dr Philip Crowley, National Director of Quality Improvement and Dr Paul Connors, National Director of Communications.

Table 14: People and Culture Committee Membership, Attendance and Remuneration

People and Culture Committee 2019	16/08/2019	04/10/2019	27/11/2019	Fee Paid for Period 01 July – 31 December 2019
Yvonne Traynor *(Chairperson)*	✓	✓	✓	Board Member
Aogán O'Fearghail	✓	✓	✓	Board Member
Mark Molloy	✓	✓	–	Board Member
Sarah Mc Loughlin	–	✓	✓	Board Member
Bernie O' Reilly	✓	✓	✓	€855

Performance and Delivery Committee

The role of the Performance and Delivery Committee is to advise the Board on all matters relating to performance within the health service to ensure that such performance is optimised across all relevant domains of the agreed balanced-scorecard to ensure better experience for patients and service users.

In pursuit of its role, the Committee provides strategic oversight of and advice on matters relating to planning for, developing and monitoring of relevant plans to ensure that they are delivering on the Board's objectives.

Attention is focused on the key areas of performance achievement, improvement and learning in the context of an appropriate accountability framework and an incremental approach to developing a comprehensive scorecard.

The Committee is authorised by the Board of the HSE to use its oversight role in relation to:

- All aspects of performance and delivery within the health service
- Progress in relation to delivery of the Board's objectives
- Development of strategic and annual service plans
- Assuring the Board that these plans are comprehensive, robust and appropriately reflect the priorities of the Minister and of the Board
- Performance against such plans
- Use of technology to improve performance and to report on performance achievement
- Review high-level risks relating to performance delivery
- Seek any information or explanations that it requires from any employee of the HSE or agency totally or partially funded by the HSE
- Obtain independent legal or professional advice procured in accordance with the HSE's procurement policy
- Seek the attendance of persons with relevant experience and expertise at the Performance and Delivery Committee meeting as necessary
- Receiving reports on the identification of risks to staff safety and overseeing development plans to anticipate and respond to such risk with the aim of creating and maintaining a safe working environment and reducing adverse events
- Report on and escalate any matter it deems relevant to be brought to the attention of the Board.

A detailed workplan has been adopted by the Performance and Delivery Committee covering key roles and responsibilities of the committee to ensure that all areas within its remit and terms of reference receive the appropriate focus.

The CEO has assigned the following members of the HSE Senior Management Team to attend meetings of the Performance and Delivery Committee: Anne O'Connor, Chief Operations Officer, Dean Sullivan, Chief Strategy and Planning Officer, Stephen Mulvany, Chief Financial Officer.

Table 15: Performance and Delivery Membership, Attendance and Remuneration

Performance and Delivery Committee 2019	27/08/2019	04/10/2019	09/10/2019	12/11/2019	22/11/2019	Fee Paid for Period 01 July – 31 December 2019
Tim Hynes *(Chairperson)*	✓	✓	✓	✓	✓	Board Member
Brendan Lenihan	✓	✓	✓	✓	✓	Board Member
Fergus Finlay	✓	✓	✓	✓	✓	Board Member
Sarah Mc Loughlin	✓	✓	✓	✓	✓	Board Member
Louis Flynn	–	✓	✓	✓	✓	One Person One Salary rules
Regina Moran	–	✓	✓	–	✓	€855

Safety and Quality Committee

Given the profile and nature of services provided by the HSE, the Board decided on the establishment of a specific Committee to focus on the clinical aspects of the provision of health and personal social care. Accordingly, it established a Safety and Quality Committee.

The scope of the Committee's authority extends to all aspects of safety and quality within the public health service. The role of the Committee is to provide strategic oversight of and advice on:

- the Patient and Service User Safety Framework
- the Quality Assurance Framework
- the Quality Improvement Framework of the HSE.

The Committee is not responsible for any executive functions and is not vested with any executive powers. In relation to its duties and functions, it fulfils an advisory and support role only. The Chairperson of the National Independent Review Panel reports to the Committee Chairperson.

The Committee has established terms of reference approved by the Board. These provide for the Committee's role to extend to the following areas:

- Overseeing the development and implementation of National Programmes and Strategies relevant to the safety and quality agenda of the HSE
- Overseeing the development of a national suite of tested key safety and quality performance indicators and measuring and monitoring safety improvements against them
- Scrutinising quality and safety assurance in areas such as but not limited to: regulatory reports, incident reports, health care audit reports, clinical complaints and risk
- Monitoring the implementation of new safety practices and ensuring that appropriate systems and programmes are in place to support staff in implementing and nurturing a culture of safety and quality improvement
- Receiving reports on the identification of risks to both patient and service user safety and overseeing development plans to anticipate and respond to such risk with the aim of creating and maintaining safe systems of care and reducing adverse events
- Reviewing the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks, by receiving regular reports from the relevant National Director
- Reviewing and endorsing the National Service Plan and related annual work programmes of the relevant National Director service areas as they relate to safety and quality and advising the Board on the adequate resourcing and appropriate positioning of these functions within the HSE
- Overseeing the implementation of good practice to ensure that lessons learnt from incidents, reviews, reports, complaints, claims and other channels are acted upon in a timely manner underpinned by effective communication
- Providing assurance that appropriate systems are in place to ensure compliance with all statutory obligations imposed on the HSE relating to patient and service user safety and quality matters
- Championing the establishment of collaborative working relationships across the health service between professions to improve the safety and quality of care.

A detailed workplan has been adopted by the Safety and Quality Committee covering key roles and responsibilities of the committee to ensure that all areas within its remit and terms of reference receive the appropriate focus. The committee took account of the workplan of the previous Risk Committee during its deliberations and incorporated all relevant elements into new workplan.

The CEO has assigned the following members of the HSE Senior Management Team to attend meetings of the Safety and Quality Committee: Dr Colm Henry, Chief Clinical Officer, Patrick Lynch, National Director of Quality Assurance and Verification and Dr Philip Crowley, National Director of Quality Improvement.

Table 16: Safety and Quality Membership, Attendance and Remuneration

Safety and Quality Committee Member 2019	22/08/2019	26/09/2019	23/10/2019	21/11/2019	12/12/2019	Fee Paid for Period 01 July – 31 December 2019
Deirdre Madden *(Chairperson)*	✓	✓	✓	✓	✓	Board Member
Mark Molloy	✓	✓	✓	✓	–	Board Member
Fergus O' Kelly	✓	–	✓	✓	–	Board Member
Yvonne Traynor	✓	✓	–	✓	✓	Board Member
Margaret Murphy	✓	–	–	–	–	€285
Cathal O Keeffe	✓	✓	✓	✓	✓	One Person One Salary rules
Anne Carrigy	–	✓	✓	✓	✓	€855
Chris Luke	–	–	✓	✓	✓	€855

Support to the Board and Committees

The Secretary of the HSE Board acts as Secretary to the Committees and additional administrative support is provided through the Office of the Board.

Disclosures Required by the *Code of Practice for the Governance of State Bodies (2016)*

The Board is responsible for ensuring that the HSE has complied with the requirements of the *Code of Practice for the Governance of State Bodies* ('the Code'), as published by the Department of Public Expenditure and Reform in August 2016.

The following disclosures are required by the Code.

Employee Short-Term Benefits

Employee short-term benefits in excess of €60,000 are set out in note 7 of the Annual Financial Statements.

Consultancy Costs*

Consultancy costs include costs of external expert analysis and advice to management which contributes to decision making or policy direction. It excludes outsourced 'business as usual' functions.

Table 17: Consultancy Costs

Consultancy Costs	2019 €'000	2018 €'000
Legal Advice	**220**	5,038
Tax and Financial advisory	**-11**	348
Public Relations/Marketing	**227**	575
Human Resources and Pensions	**400**	896
Strategic Planning and Business Improvement	**6,414**	8,658
IT Consultancy	**2,829**	2,352
Other	**15,712**	23,529
Total Consultancy Costs	**25,791**	41,396
Total consultancy costs further analysed as follows:		
Consultancy costs capitalised	**–**	–
Consultancy costs charged to Income and Expenditure and Retained Revenue Reserves	**25,791**	41,396
Total Consultancy Costs	**25,791**	41,396

* Included in Note 8 Non Pay Expenditure, Office and Administration Expenses, Legal and Professional Fees.

Legal Costs and Settlements*

Table 18 below provides a breakdown of amounts recognised as expenditure in 2019 in relation to legal costs, settlements and conciliation and arbitration proceedings relating to contracts with third parties. This does not include expenditure incurred in relation to general legal advice received by the HSE which is disclosed in Consultancy costs shown above in Table 17.

Table 18: Legal Costs and Settlements

Legal Costs and Settlements	2019 €'000	2018 €'000
Legal fees – legal proceedings	**17,920**	15,789
Conciliation and arbitration payments	**97**	91
Settlements	**1,616**	2,833
Total	**19,633**	18,713

* Included in Note 8 Non Pay Expenditure, Office and Administration Expenses, Legal and Professional Fees.

There are no costs in relation to on-going matters involving other State bodies.

The number of cases covered by the above legal costs amounted to 1,964 in 2019 (2018: 1,671).

Additional legal costs and settlements were paid by the HSE's Insurance Company. The legal costs associated with claims processed by the State Claims Agency under the terms of the Clinical and General Indemnity Schemes are disclosed in Note 11 of the Annual Financial Statements.

Travel and Subsistence Expenditure*

Table 19 below provides a breakdown of travel and subsistence as follows:

Table 19: Travel and Subsistence Expenditure

Travel and Subsistence Expenditure	2019 €'000	2018 €'000
Travel and subsistence expenditure is categorised as follows:		
Domestic		
– Directorate	**21**	31
– Employees	**72,553**	67,719
International		
– Directorate	**4**	8
– Employees	**789**	904
Total	**73,367**	68,662

* Included in Note 8 Non Pay Expenditure, Office and Administration Expenses, Legal and Professional Fees.

Hospitality Expenditure*

The aggregate total expenditure incurred in relation to hospitality was €Nil. All entertainment type expenses disclosed in the financial statements relate to Client/Patient clinical programmes and are disclosed under Miscellaneous/Recreation.

* Included in Note 8 Non Pay Expenditure, Office and Administration Expenses, Legal and Professional Fees.

Statement of Compliance

The HSE has complied with the requirements of the *Code of Practice for the Governance of State Bodies, 2016* and has put in place procedures to ensure compliance with the Code

Signed on behalf of the HSE Board

Ciarán Devane
Chairperson

13 May 2020

Statement on Internal Control

This Statement on Internal Control represents the position for the year ended 31 December 2019. It sets out the Health Service Executive's approach to, and responsibility for, Risk Management, Internal Controls and Governance.

1. Responsibility for the System of Internal Control

On behalf of the Health Service Executive (HSE) I acknowledge the Board's responsibility for ensuring that an effective system of internal control is maintained and operated. This statement has been prepared in accordance with the requirement set out in the Department of Public Expenditure and Reform's (DPER's) *Code of Practice for the Governance of State Bodies (2016)*.

The *Health Act 2004* as amended by *the Health Service Executive (Governance) Act 2019* made provision for the establishment of a board (the "Board"), which is the HSE's governing body, with authority, in the name of the HSE, to perform its functions. The Board is accountable to the Minister for Health for the performance of its functions. The amended 2004 Act also provides for a Chief Executive Officer (CEO) who is accountable to the Board. The Board must satisfy itself that appropriate systems of internal control are in place.

The Board is required to review the controls and procedures adopted by the HSE in order to provide itself with reasonable assurance that they are adequate to secure compliance by the HSE with its statutory and governance obligations. The Board is also responsible for strengthening governance, oversight and performance. The Board members have sufficient experience and expertise relating to matters connected with the functions of the HSE to enable them to make a substantial contribution to the effective and efficient performance of those functions. The amended 2004 Act also provides for the establishment of an Audit and Risk Committee and such other committees or sub-committees that the Board deem necessary to assist it in the performance of its functions.

The Board has established four committees to provide more detailed oversight of specific areas as defined in the respective committee's terms of reference. These committees are:

- the Audit and Risk Committee
- the Performance and Delivery Committee
- the Safety and Quality Committee
- the People and Culture Committee.

Terms of reference for the Board Committees are published on the HSE's website, and are subject to periodic review.

2. Purpose of the System of Internal Control

The system of internal control is designed to manage and reduce risk rather than to eliminate risk and as such the review of the system of internal control is designed to provide reasonable but not absolute assurance of effectiveness. The system of internal control seeks to ensure that assets are safeguarded, transactions are authorised and properly recorded and that material errors and irregularities are either prevented or detected in a timely manner.

The system of internal control is also designed to ensure appropriate protocols and policies are in place and operating effectively in the context of clinical and patient safety.

The system of internal control, which accords with guidance issued by DPER, has been in place in the HSE for the year ended 31 December 2019, and up to the date of approval of the financial statements, except for the control issues outlined below.

3. Capacity to Handle Risk

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

The Audit and Risk Committee, was established on 26 July 2019 in accordance with the provisions of the 2019 Act. This Audit and Risk Committee replaced the previous Audit Committee and Risk Committee which were previously established in 2014 in accordance with the provisions of the *Health Service (Governance) Act 2013*. The membership of the Audit and Risk Committee consists of an independent external Chairperson, three other external members and four members of the Board. All members have the relevant skills and experience to perform the functions of the Committee including highly experienced and qualified finance professionals.

Among its responsibilities the Audit and Risk Committee is required:

- to advise the Board and the CEO on financial matters relating to their respective functions and a number of compliance matters related to same
- to provide advice to the Board and the CEO on the regularity and propriety of transactions recorded in the accounts and on the effectiveness of the system of internal control operated by the HSE
- to provide oversight and advice with regard to the operation of the HSE Risk Management framework and related activities
- to provide oversight and advice in relation to the HSE Internal Audit Function.

The Audit and Risk Committee operates under an agreed Charter which sets out in detail the role, duties and authority of the Committee. The Audit and Risk Committee is required to meet at least four times annually. In 2019 the Audit and Risk Committee met on six occasions since its appointment in June. The previous Audit Committee met on four occasions and the previous Risk Committee met on three occasions with a joint meeting of the Audit and Risk Committees on one further occasion.

The HSE has an Internal Audit function with appropriately trained personnel operating in accordance with a written charter approved by the Audit and Risk Committee.

The National Director of Internal Audit reports to the Audit and Risk Committee and to the CEO and is a member of the HSE Executive Management Team (EMT). The work programme of Internal Audit is agreed and monitored by the Audit and Risk Committee.

The HSE's Internal Audit function is responsible for ensuring that a comprehensive programme of audit work is carried out continually throughout the HSE. The purpose of this work is to provide assurance that controls and procedures are operated in accordance with best practise and with the appropriate regulations and to make recommendations for the improvement of such controls and procedures. The scope of the Internal Audit function covers all systems and activities throughout the HSE including bodies funded by the HSE.

During 2019 Internal Audit completed a substantial body of work as part of its annual risk based work plan, issuing 164 audit reports, containing 1,159 recommendations, in relation to HSE and its funded agencies. Particular focus was placed on auditing funded agencies as well as ICT audits. The findings of these reports were considered by the HSE Audit and Risk Committee and EMT.

Based on the work of Internal Audit and the results of the individual internal audit engagements, the 2019 Annual Report of the National Director of Internal Audit provided an overall audit opinion that limited assurance can be provided in respect of governance, risk management and financial control processes.

The Internal Audit opinion is based on the following three possible ratings and their definitions:

Type of Overall Opinion Rating	Definition
1. Adequate	Overall there is an adequate system of governance, risk management and control.
2. Limited	There are weaknesses within the governance, risk management and control framework which need to be addressed.
3. Unsatisfactory	The system of governance, risk management and control has substantial weaknesses that need to be addressed urgently.

The HSE has developed an integrated risk management policy which clearly defines the roles and responsibilities for all levels of staff in relation to risk (financial and non-financial). The policy is communicated across all levels of staff. The HSE is committed to ensuring that risk management is seen as the concern of everyone, is embedded as part of normal day to day business and informs the strategic and operational planning and performance cycle.

Management at all levels of the HSE are responsible to the CEO for the implementation and maintenance of appropriate and effective internal control in respect of their respective functions and organisations. This embedding of responsibility for the system of internal control is designed to ensure not only that the HSE is capable of detecting and responding to control issues should they arise, with appropriate escalation protocols, but also that a culture of accountability and responsibility pertains throughout the whole organisation.

Informed by the *Scoping Inquiry into the CervicalCheck Screening Programme (Scally Report)* the EMT commissioned a Risk Management Working Team to prepare proposals in relation to risk management in the HSE.

This working group was comprised of key senior HSE management representing all National service areas, Community Healthcare Organisations (CHOs) and Hospital Groups. It was sponsored by the National Director, Quality Assurance and Verification and was supported by external risk management experts.

This review was completed in 2019 and the review report and recommendations were accepted by the Board in September 2019.

The recommendations of the Review include the need for the HSE to:

- Adopt an Enterprise Risk Management (ERM) approach
- Establish an ERM Programme
- Appoint a dedicated Chief Risk Officer.

Implementation of the recommendations of this working group will be progressed in 2020.

The HSE has an established Healthcare Audit function which forms a key part of Quality Assurance and Verification. The Healthcare Audit Team consists of appropriately trained personnel. The purpose of this team is to provide assurance that controls and procedures related to the delivery of healthcare are operated in accordance with best practise and with the appropriate regulations and to make recommendations for the improvement of such controls and procedures. The scope of the Healthcare Audit Team covers all systems and activities throughout the HSE including bodies funded by the HSE.

The work programme of healthcare audit is agreed with the Safety and Quality Committee (previously the Risk Committee). During 2019, the healthcare audit team completed 56 audits and the findings which were considered by the HSE Safety and Quality Committee.

The annual work programme of Internal Audit is co-ordinated with the work programme of the healthcare audit function and in 2020 this will be further developed to involve joint audits.

The HSE Performance and Delivery Committee has been set up to provide the Board with advice on all matters relating to performance within the health service to ensure that such performance is optimised across the relevant domains of the agreed balanced-scorecard to ensure better experience for patients and service users.

The HSE Safety and Quality Committee provide advice to the Board in relation to Patient Safety and Quality issues.

The HSE People and Culture Committee provide advice to the Board on all matters relating to staff and workforce planning.

All HSE Committees meet regularly in line with their specific charters and fulfil an additional monitoring role on behalf of the Board.

4. Risk and Control Framework

Management of risk is an integral part of good governance. The HSE has developed an Integrated Risk Management policy which has been guided by the principles of risk management outlined in ISO 31000 (ISO 31000 is an internationally recognised standard informed by experts in the area of risk management). This policy, and its guidance documentation, has been updated and communicated to all relevant staff. The Quality and Patient Safety leads in service areas facilitate and support staff in the application of this policy.

The HSE's risk management policy involves proactively identifying risks that threaten the achievement of objectives and putting in place actions to reduce these to an acceptable level. The policy sets out the risk management processes in place and details the roles and responsibilities of staff in relation to risk. Risk management is the responsibility of all managers and staff at all levels within the HSE.

The CEO is responsible for leading and directing the HSE's activities, including the development of the risk management policy. The HSE's risk management framework is approved by the Audit and Risk Committee and by the Board.

The Audit and Risk Committee on behalf of the Board provide oversight and advice on the operation of the HSE's Risk Management Framework.

Risk registers are in place at key levels in the organisation. These identify the key risks facing the HSE. Risks on these registers have been assessed and evaluated according to their significance. At an organisational level the Corporate Risk Register is subject to monitoring and updating on a quarterly basis. The risk registers set out the existing controls, the risk rating and any additional controls required to mitigate each risk, and assigns both persons and timescales for completion of these. An aspect of the quarterly monitoring process is to monitor the completion of additional controls required and to re-evaluate the risk based on this.

At the end of 2019 the EMT undertook a major revision of the Corporate Risk Register. This was approved in February 2020.

The responsibility for the management of claims from clinical and operational incidents under the Clinical Indemnity Scheme (CIS) and General Indemnity Scheme (GIS) has been delegated to the State Claims Agency (SCA) under the *National Treasury Management (Amendment) Act 2000*. The SCA also provides specialist advice, including risk management advice, to the HSE which is supported by the electronic National Incident Management Reporting System (NIMS).

The HSE has in place an internal control framework which is monitored to ensure that there is an effective culture of internal control. The HSE's Code of Governance is set out on hse.ie and includes the following:

(At the time of writing the Code of Governance is being updated to take account of the HSE's current governance arrangements arising from the appointment of the Board in June 2019).

- The Code of Governance reflects the current behavioural standards, policies and procedures to be applied within and by the HSE, and the agencies it funds, to provide services on its behalf
- The Performance and Accountability Framework describes in detail the means by which managers in the health service, including those in CHOs and Hospital Groups will be held to account for performance in relation to service provision, quality and patient safety, finance and workforce
- 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
- The HSE's National Financial Regulations form an integral part of the system of internal control and have been designed to be consistent with statutory requirements and to also ensure compliance with public sector guidelines issued by DPER
- The HSE has in place a devolved annual budgetary system and each year the Minister for Health formally approves the annual National Service Plan. Defined accountability limits are set which are closely monitored by the National Performance Oversight Group (NPOG) on behalf of the CEO
- The HSE has in place a wide range of written policies, procedures, protocols and guidelines in relation to operational and financial controls
- The HSE carries out an annual comprehensive review of the system of internal control, details of which are covered in a later section of this report
- There are systems and controls aimed at ensuring the security of the information and communication technology systems within the HSE. This is an area of high priority for the HSE given the challenges of managing multiple systems across the entire HSE. There are on-going developments to improve security and to ensure that the HSE has the appropriate level of resources and skills to protect the integrity of its systems to ensure that data and information is protected.

Additionally an annual Controls Assurance Statement (CAS) must be completed by all senior management at Grade VIII and above. This statement requires management to confirm that they are aware of and comply with the key controls and the code of governance in place within the HSE.

5. Procurement

The HSE has procedures and policies in place to ensure compliance with current procurement rules and guidelines. 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 HSE's National Financial Regulations.

Matters arising regarding controls over procurement are highlighted under heading 8 Internal Control Issues.

6. On-going Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies and are communicated to those responsible for taking corrective action and to the Board and senior management. I confirm that the following on-going monitoring systems are in place:

- Key risks and related controls have been identified and there is a process in place to monitor the operation of these controls
- Reporting arrangements have been established at all levels where responsibility for financial management has been assigned
- There are regular reviews by senior management of periodic and annual performance and financial reports indicating HSE performance against budgets/forecasts
- There are regular reviews by the Department of Health of the HSE's performance in terms of budget and service plans as well as including other key non-financial reporting such as workforce planning
- The CEO and EMT meet as part of normal business at least twice monthly
- There are monthly Board meetings which are attended by the CEO and members of the EMT
- All Committees of the Board meet regularly to review areas that fall under their specific remit and to provide advice and feedback to the Board

The National Performance Oversight Group (NPOG) has responsibility as part of the overall accountability process to oversee performance against the National Service Plan.

NPOG members meet on a monthly basis to review performance against the National Service Plan. A monthly report on performance is prepared for the CEO which includes details of any serious performance issues requiring formal escalation.

The CEO provides a performance update to the Board on a monthly basis which includes the relevant outputs from the NPOG.

Additionally as referenced in section 3 the Board has appointed appropriate committees to provide advice to the Board in the implementation of its functions.

The work of Internal Audit forms an important part of the monitoring of the internal control system within the HSE. The annual work plan of Internal Audit is informed by analysis of the key risks to which the HSE is exposed and is approved by the Audit and Risk Committee. The National Director of Internal Audit attends all Audit and Risk Committee meetings and has regular one to one meetings with the Chairperson of the Audit and Risk Committee as well as the CEO.

Monitoring and review of the effectiveness of the HSE's internal controls is also informed by the work of the Comptroller and Auditor General (C&AG). Comments and recommendations made by the C&AG in his management letters, audit certificates or annual reports, are reviewed by the Board, EMT and the Audit and Risk Committee, and actions are taken to implement recommendations.

7. Review of the Effectiveness of the System of Internal Control

I confirm that the HSE has procedures to monitor the effectiveness of its risk management and control procedures. The HSE's monitoring and review of the effectiveness of the system of internal control is informed by the work of the internal and external auditors, the Audit and Risk Committee and senior management within HSE responsible for the development and maintenance of the internal control framework.

I confirm that the HSE conducted an annual review of the effectiveness of the Internal Controls for 2019 which took into consideration:

- Audit and Risk Committee minutes/reports
- Findings, recommendations and Audit Opinions from internal audit reports
- Annual Report of the National Director of Internal Audit
- Findings arising from the Internal Control Questionnaire
- Status of the recommendations of previous years' reports on the Review of the Effectiveness of the System of Internal Control
- Recommendations from management letters of the C&AG
- The 2019 audit programme of the C&AG and in particular, the audit risks identified therein
- Reports of the Committee of Public Accounts
- Board and EMT minutes
- Minutes of steering group/working group/implementation groups etc.
- External reviews undertaken by the HSE to assist in identifying financial control issues and implementing revised policies and business processes
- HSE Corporate Risk Register quarterly review process
- Findings arising from the compliance monitoring arrangements with Section 38 and Section 39 agencies
- Feedback from the HSE's Healthcare Audit function.

Annually the HSE requires all relevant senior staff at Grade VIII (or equivalent) and above to complete an internal control questionnaire (ICQ) which is designed to provide essential feedback in respect of key control and risk areas. This allows the HSE to monitor the effectiveness of key controls and to direct remediation activity where required.

The HSE has engaged an independent audit firm through a competitive process who have conducted a review of circa 6.5% of ICQ participants to validate the integrity of the responses.

The report on the review of the system of internal control will be considered by the Audit and Risk Committee, the CEO and EMT and by the Board of the HSE.

The results of the review indicate there is evidence that:

- The HSE has adopted a suite of internal 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
- Instances of non-compliance which may expose the HSE to material risk have been identified during this review process. However, there is evidence that in general there is a programme of activity or plans in development to improve the controls environment
- Awareness of the requirement for internal controls and accountability has increased during 2019 with a continued increase in the number of staff who completed the ICQ survey increasing significantly by a further 9%. Analysis indicates that most managers have a very high understanding and awareness of their responsibility in respect to internal controls. While this analysis indicates that most managers are reporting strong levels of compliance with internal controls there is still evidence of some continued lack of uniform consistency of responses in 2019 which indicates that further efforts are required in 2020 to improve understanding and compliance with internal controls.
- There is a growing awareness and understanding of the need for accountability and responsibility by HSE managers to ensure a strong system of internal control. However there is still evidence of a lack of understanding of the relevant core guidelines and policies across the organisation. Additional focus such as management and staff training sessions will be a key part of control improvement plans for 2020.
- Limited and not absolute assurance can be placed on the current system of internal control to mitigate and/or manage key inherent risks to which financial activities are exposed. Instances of non-compliance observed reduce the level of assurance that can be provided. Improvements in these areas will continue to receive significant focus from the HSE in the short to medium term.

The control weaknesses observed in the review are set out in section 8 Internal Control Issue's along with management action that is being taken to address these issues.

8. Internal Control Issues

i. Integrated Financial Management and Procurement System (IFMS)

The HSE does not have a single financial and procurement system. The absence of such a system in the HSE presents additional challenges to the effective operation of the system of internal financial control. 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 absence of a single national system requires that significant work is undertaken manually to ensure that the local finance systems and the National Finance Reporting Solution are synchronised and reconciled. This approach is becoming increasingly challenging in the light of changes to organisational structure and the ageing of the systems.

A key element of the Finance Reform Programme is the implementation of a single national integrated financial management and procurement system, or IFMS, based on a set of agreed national standard finance and procurement processes, a single National Chart of Accounts and National Enterprise Structure and a new National Shared Services Model.

A significant enabler of the IFMS project is the development of a Financial Management Framework which defines the process, governance and controls required to demonstrate effective financial management practice across the health system. The Framework is a living document which has most recently been approved by the Finance Reform Programme (FRP) Steering Committee in June 2019. Development of the framework and associated strategies will continue as the programme progresses.

Following a properly procured public tender process SAP was selected as the software platform for IFMS in June 2017.

The procurement process for a System Integrator (SI) to support the HSE with the detailed design, build and testing of the system within SAP was concluded in September 2019 and accordingly the Board approved the appointment of the SI in December 2019. The detailed design, build and test of the national system will be carried out during 2020 with deployment across the health system commencing in 2021.

It is anticipated that the IFMS programme will have successfully been rolled out to 80% of the public health system by the end of quarter 2 2024 with roll-out prioritised by areas of significant expenditure.

ii. Compliance with Procurement Rules

The HSE incurs expenditure of approximately €2.7bn annually in relation to goods and services subject to procurement regulations that are set out in detail in the HSE's National Financial Regulations and underpinned by EU Directive 2014/24 and Public Procurement Guidelines for Goods and Services. In line with the revised code of practice for the governance of state bodies, and the public procurement policy framework, the HSE is required to ensure that all contracts that are for a value of €25k or above, are secured competitively in line with public procurement requirements and to report the levels of non-compliance identified.

The findings of the review of the internal control system indicates that compliance with procurement regulations remains an issue for the HSE, in particular in relation to lack of compliance with:

- Requirements to procure and source from valid contracts already in place
- Requirements for market testing, tendering and utilising competitive processes
- Requirements to report non-compliance as per DPER code and circulars.

Furthermore, the review has also identified that there is a lack of awareness of various procurement supports such as HBSPASS which is the HSE's procurement contract information site which it is expected that all budget holders should be aware of and should utilise when procuring goods and services on the behalf of the HSE.

These 2019 control issues were identified by the on-going audits carried out by the HSE's own Internal Audit function as well as by the results of the ICQ and controls assurance process.

The HSE cannot provide a definitive rate of procurement non-compliance. However the HSE expects to be in a position to provide this in respect of 2020. The HSE procurement team tasked with providing this analysis is currently re-deployed to on-going COVID-19 priority work-streams. Management and Internal Audit's monitoring of non-compliance indicates that compliance with procurement regulations remains an issue for the HSE.

The HSE is continuing to progress a programme of reform of its procurement function to improve compliance with public procurement regulations and to increase the usage of contracts awarded by the HSE and the Office of Government Procurement (OGP).

In the context of the HSE's current procurement systems and lack of IFMS it is acknowledged that it will take a number of years to fully address procurement compliance issues.

The HSE has continued to progress a number of initiatives in 2019, organised around three key themes:

Sourcing

Health Business Service (HBS) Procurement have developed a rolling 3-year sourcing plan for the HSE which has the explicit aim of putting in place contracts for all procurable goods and services required by the HSE.

Currently compliant contract coverage of spend under management is at €1.2bn which is approximately 44% of the level of procurable spend in 2019. HSE Procurement have estimated based on the current pipeline of activity that this figure is expected to increase to €1.7bn or 63% of procurable spend by the end of 2020.

Supporting Infrastructure

- Assignment of responsibility for overseeing and managing related IT developments to an Assistant National Director in HBS Procurement.
- Enhanced stock control through on going roll-out of the National Distribution Centre (NDC) and roll out of Point of Use System (POS) stock management system in the CHOs and Hospital Groups.
- Continuing development of the Pricing and Assisted Sourcing System (PASS) which will continue to assist HSE staff by improving access and visibility of current contracts.

Compliance

- Finalisation of a three-year Compliance Improvement Plan 2017-2020 in Q4 2016, which addresses identified non-compliance issues. Currently, a compliance improvement programme is being implemented in a systematic manner across selected CHOs and Hospital Groups working in conjunction with HBS Procurement.
- Development of an online procurement compliance report which provides detail of non-compliance to Service areas. This report is currently in use but is not yet fully populated for the entire HSE area. Once fully developed this report will be used to both identify non-compliance and as a benchmark monitoring tool as part of the Compliance Improvement Plan roll-out.
- Development of a digital Corporate Procurement Planning (CPP) toolset which will be available to each CHO and Hospital Group. This online tool is expected to provide bespoke analysis and information such as procurement activity, expenditure which is greater than €25K, compliance levels and savings.

Additionally the IFMS project will include state of the art procurement functionality. Key procurement business processes have been mapped and these will be used to assist in the design of improved lean business processes. This will result in improved compliance but will take a number of years to progress.

iii. Governance of Grants to Outside Agencies

In 2019, circa €4.7 billion of the HSE's total expenditure related to grants to outside agencies. The legal framework under which the HSE provides grant funding to agencies is set out in the *Health Act 2004*. Annually the HSE funds in excess of 2,000 agencies, ranging from the large voluntary hospitals in receipt of over €300m to small community based agencies in receipt of €500.

The HSE's governance framework is consistent with the management and accountability arrangements for grants from Exchequer funding as set out in the instruction issued by DPER in September 2014, with one sanctioned exception in respect of prefunding arrangements.

Due to the specific nature of the funding arrangements with the S38 and S39 agencies, the HSE must continue to ensure timely funding particularly in respect of contractual pay and staffing costs which account for up to 80% of expenditure.

Before entering into any funding arrangement the HSE determines the maximum amount of funding that it proposes to make available along with the level of service to be provided for that funding. For the larger agencies, cash is disbursed by the HSE's Treasury unit based on agreed cash profiles.

The system of internal control operating in individual funded agencies is subject to review on a sample basis by Internal Audit.

The requirement to submit financial reports and staffing returns and to hold monitoring meetings is dependent on the size of the agency.

During 2019, there were weaknesses identified by the HSE's annual internal control review, via the Controls Assurance Review process, and Internal Audit reports particularly in the application of processes relating to monitoring and oversight of some agencies. The HSE has two types of contractual agreements with these agencies that are, in the main, tailored to reflect the level of funding in place.

- Service Arrangement (SA), health agencies in receipt of funding in excess of €250,000
- Grant Aid Agreement (GA), health agencies in receipt of funding of less than €250,000.

External and internal audits have found that:

- Monitoring meetings may not have been conducted at the frequency required in accordance with the HSE guidelines
- There was a lack of evidence of the review of required financial performance data, such as management accounts and activity data
- Contractual agreements relating to the provision of funding include a requirement for grantees to have appropriate risk management and governance arrangements in place and to comply with public procurement guidelines and public sector pay policy. Audits and Annual Compliance Statement (ACS) submissions indicate some gaps in governance arrangements, compliance in some incidents with legacy issues regarding public sector pay policy and, in particular, procurement remains an issue.

The steps being taken by the HSE in recent years to address the weaknesses identified are set out below. These initiatives have enabled the HSE, to a reasonable extent, to be satisfied that there are appropriate governance structures and procedures in place with these agencies.

- At the end of 2019, 91% (2018: 95%) of funding was covered by a completed SA/GA. Reports in this regard are circulated on a monthly basis to the service areas, CHOs and the Hospital Groups for their necessary attention.
- Briefing sessions on the Governance Framework for both HSE and agency staff were held in all CHOs in November and December 2019. These briefing sessions focused on the key fundamentals of the Governance Framework and in particular the requirement to have SAs and GAs completed by the end of February 2020.
- Annual Compliance Statements are required from all S38 agencies (circa 74% of total funding) and S39 agencies in receipt of over €3 million (circa 14% of total funding). These agencies self-certify annually in respect of the governance procedures in place at Board and Executive level within their own organisation. The ACS process informs the HSE of any gaps in compliance which then allows the HSE to ensure that required improvements are considered.
- Annual Financial Monitoring Returns (AFMR) and Annual Financial Statements (AFS) are required to be received, recorded and reviewed by the CHO and HG staff. The Service Provider Governance (SPG) online system was further developed to enable the recording of the AFMRs and AFS reviews. Reports are produced from the SPG system and circulated to the CHOs and Hospital Groups. This allows for the timely monitoring of the receipt and review of the AFS and AFMR.
- The HSE is establishing Contract Management Support Units (CMSUs) in each of the nine CHOs. The CMSUs will be a key resource within the CHOs in terms of enhancing the level of management and oversight in respect of S38 and S39 agencies funded by the CHOs. Four pilot sites are currently being put in place in CHOs 4, 6, 7 and 9. In addition CHOs 3, 5 and 8 are in the very early stages of design and development of their CMSUs. Currently an implementation group is working with representatives from these CHOs to develop appropriate CMSU processes. Among the key responsibilities for the CMSU will be to ensure that:
  - AFS and AFMR of the relevant agencies are received and reviewed
  - Key documentation such as Business plans, Chairpersons' statements, Management accounts, evidence of Monitoring Review Meetings along with other key activity data are received and reviewed as required.

The HSE's Compliance Unit will continue to act in an advisory and support role during the implementation of this initiative.

- In 2016, the HSE commenced an External Review of Governance at Board and Executive level in certain S38 agencies. Currently 28 of these reviews have been completed and the remaining two are nearing completion. Chairpersons of the Boards of each of these agencies have received either a final report or a draft report to consider. Each review contains management responses with regard to recommendations set out in the reviews and a follow up process has been established in this regard. The follow up process requires the HSE to

engage with the Chairpersons of the relevant Boards of the agencies to receive an update on progress plans with a further quarterly follow up process with the Agencies and the senior management staff in the CHOs and Hospital Groups.

- A procurement process for a rolling review programme has commenced. This rolling review programme is expected to include a number of S39 as well as the S38 agencies. These reviews would expect to draw from and build upon the work being completed in the current external review process. A five year cycle is envisaged with eight agencies being reviewed annually.
- Some of the larger S38 and S39 agencies have themselves used the outputs of the Annual Compliance Statement, Annual Financial Monitoring Return and the external reviews, to implement their own initiatives to enhance their Governance at Board level. Specifically this has had some positive impacts in key areas such as:
  - Development of internal audit function
  - Rotation of Boards
  - Board Committee Structure
  - Development of Codes of Conduct.
- In relation to the weaknesses identified in the area of procurement regarding S38 and S39 agencies, HBS continues to work with and provide on-going support to these agencies. All agencies receiving annual funding in excess of €150k have been provided with online access to the HBS Pricing and Assisted Sourcing System (PASS). This provides access for these agencies to the HBS/OGP contracts and Framework Agreements. A Corporate Procurement Plan Guidance for Health Agencies has been communicated along with training by HBS Procurement.
- On-going review of audit findings relating to the governance of grants to outside agencies is a priority for the HSE and there are established processes in place for following up on internal audit as well as external audit findings (local management and national management letters).

iv. Information Communication Technology (ICT)

The Office of the Chief Information Officer (OoCIO) delivers and manages a full range of ICT services throughout the HSE and in part of the voluntary acute sector. The HSE have a base of over 50,000 users using approximately 1,817 applications and over 1,000 networked sites. In addition, the OoCIO provide a range of national applications to the acute voluntary sector and indirectly supports their user base. There are approximately 266 ICT projects currently being progressed, of which about 50 are large multi-annual programmes or projects. The OoCIO currently has 318 staff, a revenue budget of €51.26m and a capital budget of €85m.

Internal audits have identified weaknesses in the area of security controls across parts of the domain including application password protocols and the management of secure access. Weaknesses have been acknowledged in some of the areas audited in disaster recovery protocols, particularly in relation to older and legacy systems. The OoCIO is committed to improving controls in respect of cyber security.

The OoCIO has a number of programmes underway to manage these weaknesses across our large domain. These include Windows 7 refresh programme, the single sign-on programme, other key infrastructure upgrades, and the upgrading of application software which will, over time, provide a means for the following:

- Single logon to domains and applications which ensures that all staff have unique and safe access to the domains and applications
- Single email platform to improve cross regional communication and collaboration
- Upgraded infrastructure with modern security features
- Upgraded applications and database technology.

Migration to a single digital identity for staff has commenced and will continue to be rolled out during 2020/2021 across CHOs, Hospital Groups and HBS, as well as central functions.

The OoCIO also has plans to improve resourcing to ensure that staff with the right blend of technology skills, are situated where needed most.

A formal review of ICT policies was launched in January 2020 by the CIO, as part of normal operations within OoCIO this will be complete during Q3 of 2020. Following this review and the likely updating of some policies, OoCIO management intends to conduct a compliance exercise to assess and baseline the level of compliance with these policies. This compliance assessment will inform what further actions then need to be taken.

OoCIO management has initiated an Infrastructure Migration Programme which will migrate selected disaster recovery environments to the cloud. The initial stages of this programme will in turn inform a cloud services procurement to be commenced later this year. That procurement will include provision for disaster recoveries for all systems.

Further, the Internal Audit function in collaboration with external specialist ICT audit support will continue to conduct targeted audits on a risk management basis.

v. Risk Management

As detailed in section 3 the HSE recognises the importance of a strong Risk Management Framework. The recommendations of the Risk Management Review were approved by the Board in September 2019. Implementation of these recommendations will be progressed during 2020.

The HSE acknowledges that the current and on-going COVID-19 pandemic poses a risk that the management actions identified in this section could be delayed due to the prioritisation of COVID-19 measures. The HSE's priority at this time is to safeguard the people of Ireland that it serves and to reduce the spread of COVID-19. However, the HSE considers that the system of internal control is also a priority.

9. Conclusion

The report on the Review of Effectiveness of the System of Internal Control in the HSE has been considered by the HSE's Audit and Risk Committee who have provided advice on same on behalf of the Board.

The HSE is an organisation undergoing significant change as well as facing a significant challenge in terms of its response to the current COVID-19 pandemic emergency facing the country. The HSE's control systems still rely on the legacy financial systems of the former health bodies it replaced. These legacy systems will be replaced on a phased basis with a single national integrated financial and procurement system as detailed earlier in section 8.

The review of the system of internal control indicates that there are limitations and weaknesses observed in the HSE's system of internal controls. However where these weaknesses have been observed there is some evidence of mitigation and/or management action plans that have been undertaken to reduce the risk exposure, sufficient to support the adoption of the Annual Financial Statements. However, these weaknesses taken in conjunction with the overall 2019 limited audit opinion issued by the National Director of Internal Audit mean that the review can only provide limited assurance in respect of the system of internal control.

The HSE acknowledges that there is a requirement to improve overall levels of compliance with the system of internal control, and this is receiving senior management attention, however, it is encouraging to note that the 2019 review indicates a continued growing awareness of the importance of improved accountability and responsibility at all levels of HSE staff, and stronger engagement with the controls assurance process for 2019.

The Board acknowledges that it has overall responsibility for the system of internal control within the HSE and will continue to monitor and support further development of controls. Progress will be reassessed in the 2020 Review of the Effectiveness of the System of Internal Control.

Ciarán Devane
Chairperson

13 May 2020

Comptroller and Auditor General Report

For presentation to the Houses of the Oireachtas

Health Service Executive

Opinion on the financial statements

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2019 as required under the provisions of *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, including a summary of significant accounting policies.

In my opinion, the financial statements

- properly present the state of the Health Service Executive's affairs at 31 December 2019 and its income and expenditure for 2019
- have been properly prepared in accordance with the accounting standards specified by the Minister for Health as set out in the basis of preparation section of the accounting policies.

Basis of the opinion

I conducted my audit of the financial statements in accordance with the International Standards on Auditing (ISAs) as promulgated by the International Organisation of Supreme Audit Institutions. My responsibilities under those standards are described in the appendix to this report. I am independent of the Health Service Executive and have fulfilled my other ethical responsibilities in accordance with the standards.

I believe that the audit evidence I have obtained is sufficient and appropriate to provide a basis for my opinion.

Report on information other than the financial statements, and on other matters

The Health Service Executive has presented certain other information together with the financial statements. This comprises the annual report including the governance statement and Board members' report, and the statement on internal control. My responsibilities to report in relation to such information, and on certain other matters upon which I report by exception, are described in the appendix to this report.

Procurement non-compliance

The statement on internal control discloses that compliance with procurement regulations remains an issue for the Health Service Executive, but that it is not yet in a position to quantify the value of its expenditure on goods and services where the procedures employed did not comply with procurement guidelines.

The statement on internal control sets out the steps being taken by the Health Service Executive to address its non-compliance with procurement rules, but it acknowledges that it will take a number of years to fully address procurement compliance issues.

Seamus McCarthy

Seamus McCarthy
Comptroller and Auditor General

14 May 2020

Appendix to the report

Responsibilities of Board members

The members are responsible for

- the preparation of financial statements in the form prescribed under *Section 36 of the Health Act 2004* and accounting standards specified by the Minister for Health
- ensuring the regularity of transactions
- assessing whether the use of the going concern basis of accounting is appropriate, and
- such internal control as they determine is necessary to enable the preparation of financial statements that are free from material misstatement, whether due to fraud or error.

Responsibilities of the Comptroller and Auditor General

I am required under *Section 36 of the Health Act 2004* to audit the financial statements of the Health Service Executive and to report thereon to the Houses of the Oireachtas.

My objective in carrying out the audit is to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement due to fraud or error. Reasonable assurance is a high level of assurance, but is not a guarantee that an audit conducted in accordance with the ISAs will always detect a material misstatement when it exists. Misstatements can arise from fraud or error and are considered material if, individually or in the aggregate, they could reasonably be expected to influence the economic decisions of users taken on the basis of these financial statements.

As part of an audit in accordance with the ISAs, I exercise professional judgment and maintain professional scepticism throughout the audit. In doing so,

- I identify and assess the risks of material misstatement of the financial statements whether due to fraud or error; design and perform audit procedures responsive to those risks; and obtain audit evidence that is sufficient and appropriate to provide a basis for my opinion. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control.
- I obtain an understanding of internal control relevant to the audit in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the internal controls.
- I evaluate the appropriateness of accounting policies used and the reasonableness of accounting estimates and related disclosures.
- I conclude on the appropriateness of the use of the going concern basis of accounting and, based on the audit evidence obtained, on whether a material uncertainty exists related to events or conditions that may cast significant doubt on the Health Service Executive's ability to continue as a going concern. If I conclude that a material uncertainty exists, I am required to draw attention in my report to the related disclosures in the financial statements or, if such disclosures are inadequate, to modify my opinion. My conclusions are based on the audit evidence obtained up to the date of my report. However, future events or conditions may cause the Health Service Executive to cease to continue as a going concern.

I communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and significant audit findings, including any significant deficiencies in internal control that I identify during my audit.

Information other than the financial statements

My opinion on the financial statements does not cover the other information presented with those statements, and I do not express any form of assurance conclusion thereon.

In connection with my audit of the financial statements, I am required under the ISAs to read the other information presented and, in doing so, consider whether thwe other information is materially inconsistent with the financial statements or with knowledge obtained during the audit, or if it otherwise appears to be materially misstated. If, based on the work I have performed, I conclude that there is a material misstatement of this other information, I am required to report that fact.

Reporting on other matters

My audit is conducted by reference to the special considerations which attach to State bodies in receipt of substantial funding from the State in relation to their management and operation. I report if I identify material matters relating to the manner in which public business has been conducted.

I seek to obtain evidence about the regularity of financial transactions in the course of audit. I report if I identify any material instance where public money has not been applied for the purposes intended or where transactions did not conform to the authorities governing them.

I also report by exception if, in my opinion,

- I have not received all the information and explanations I required for my audit, or
- the accounting records were not sufficient to permit the financial statements to be readily and properly audited, or
- the financial statements are not in agreement with the accounting records.

Statement of Revenue Income and Expenditure

For the year ended 31 December 2019

	Notes	2019 €'000	2018 €'000
Income			
Department of Health Revenue Grant	3(a)	**16,471,023**	15,221,624
Deficit on Revenue Income and Expenditure brought forward	3(b)	**(85,174)**	(139,871)
		16,385,849	15,081,753
Patient Income	4	**408,249**	406,079
Other Income	5	**504,197**	533,347
		17,298,295	16,021,179
Expenditure			
Pay and Pensions			
Clinical	6 & 7	**3,842,649**	3,530,941
Non Clinical	6 & 7	**1,268,349**	1,230,996
Other Client/Patient Services	6 & 7	**895,811**	860,838
		6,006,809	5,622,775
Non Pay			
Clinical	8	**1,186,858**	1,098,509
Patient Transport and Ambulance Services	8	**74,724**	69,522
Primary Care and Medical Card Schemes	8	**3,285,665**	3,176,042
Other Client/Patient Services	8	**6,919**	6,169
Grants to Outside Agencies	8	**4,699,339**	4,283,454
Housekeeping	8	**269,512**	259,042
Office and Administration Expenses	8	**618,248**	609,943
Other Operating Expenses	8	**12,219**	12,176
Long Stay Charges Repaid to Patients	9	**1**	193
Hepatitis C Insurance Scheme	10	**641**	484
Payments to State Claims Agency	11	**390,939**	318,690
Nursing Home Support Scheme (Fair Deal) – Private Nursing Home only	12	**685,959**	649,354
		11,231,024	10,483,578
Total Expenditure		**17,237,833**	16,106,353
Net Operating Surplus/(Deficit) for the Year		**60,462**	(85,174)

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.

Ciarán Devane
Chairperson

13 May 2020

Paul Reid
Chief Executive Officer

13 May 2020

Statement of Capital Income and Expenditure

For the year ended 31 December 2019

	Notes	2019 €'000	2018 €'000
Income			
Department of Health Capital Grant	*3(a)*	**678,113**	500,771
Surplus on Capital Income and Expenditure brought forward	*3(b)*	**16,356**	8,322
		694,469	509,093
Revenue Funding Applied to Capital Projects		**1,665**	1,607
Application of Proceeds of Disposals		**2,979**	4,199
Government Departments and Other Sources	*13(c)*	**3,764**	29,514
		702,877	544,413
Expenditure			
Capital Expenditure on HSE Capital Projects	*13(b)*	**362,682**	347,756
Capital Grants to Outside Agencies (Appendix 1)	*13(b)*	**324,967**	180,301
		687,649	528,057
Net Capital Surplus for the Year		**15,228**	16,356

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.

Ciarán Devane
Chairperson
13 May 2020

Paul Reid
Chief Executive Officer
13 May 2020

Statement of Changes in Reserves

For the year ended 31 December 2019

	Notes	Revenue Reserves €'000	Capital Reserves €'000	Capitalisation Account €'000	Total €'000
Balance at 1 January 2018		(1,269,501)	(130,072)	4,989,085	3,589,512
Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004*, as amended	*3(b)*	139,871	(8,322)		131,549
Net (Deficit)/Surplus for the year		(85,174)	16,356		(68,818)
Proceeds of Disposal Account – reserves movement	*14*		(593)		(593)
Additions to Property, Plant and Equipment in the year	*13(a)*			305,257	305,257
State Investment in PPP Service Concession Arrangements				15,118	15,118
Less: Net book value of Property, Plant and Equipment disposed in year				(10,674)	(10,674)
Less: Depreciation charge in year	*15*			(181,774)	(181,774)
Balance at 31 December 2018		**(1,214,804)**	**(122,631)**	**5,117,012**	**3,779,577**
Balance at 1 January 2019		(1,214,804)	(122,631)	5,117,012	3,779,577
Transfer of Deficit/(Surplus) in accordance with *Section 33(3) of the Health Act 2004*, as amended	*3(b)*	85,174	(16,356)		68,818
Net Surplus for the year		60,462	15,228		75,690
Proceeds of Disposal Account – reserves movement	*14*		0		0
Additions to Property, Plant and Equipment in the year	*13(a)*			333,735	333,735
State Investment in PPP Service Concession Arrangements				5,424	5,424
Less: Net book value of Property, Plant and Equipment disposed in year				(8,268)	(8,268)
Less: Depreciation charge in year	*15*			(195,572)	(195,572)
Balance at 31 December 2019		**(1,069,168)**	**(123,759)**	**5,252,331**	**4,059,404**

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.

Ciarán Devane
Chairperson
13 May 2020

Paul Reid
Chief Executive Officer
13 May 2020

Statement of Financial Position

As at 31 December 2019

	Notes	2019 €'000	2018 €'000
Fixed Assets			
Property, Plant and Equipment	*15*	**5,404,501**	5,274,606
Financial Assets		**360**	2
Total Fixed Assets		**5,404,861**	5,274,608
Current Assets			
Inventories	*16*	**170,162**	164,196
Trade and Other Receivables	*17*	**451,204**	410,853
Cash	*21*	**353,605**	114,128
Creditors (amounts falling due within one year)	*18*	**(2,096,590)**	(1,962,936)
Net Current Liabilities		**(1,121,619)**	(1,273,759)
Creditors (amounts falling due after more than one year)	*19*	**(174,031)**	(179,385)
Deferred Income	*20*	**(49,807)**	(41,887)
Net Assets		**4,059,404**	3,779,577
Capitalisation Account		**5,252,331**	5,117,012
Capital Reserves		**(123,759)**	(122,631)
Revenue Reserves		**(1,069,168)**	(1,214,804)
Capital and Reserves		**4,059,404**	3,779,577

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.

Ciarán Devane
Chairperson

13 May 2020

Paul Reid
Chief Executive Officer

13 May 2020

Statement of Cash Flows

For the year ended 31 December 2019

	Notes	2019 €'000	2018 €'000
Net Cash Inflow from Operating Activities	*21*	**297,542**	76,392
Cash Flow from Investing Activities			
Interest paid on finance leases		**(935)**	(993)
Donation of Shares		**(358)**	0
Capital expenditure funded from Capital Allocation – capitalised	*13(b)*	**(274,331)**	(261,051)
Capital expenditure funded from Capital Allocation – not capitalised	*13(b)*	**(413,317)**	(267,006)
State Investment in PPP Service Concession Arrangements – Movement		**5,424**	15,118
Payments from revenue re: acquisition of property, plant and equipment (net of trade-ins)	*13(a)*	**(59,404)**	(44,207)
Revenue funding applied to Capital		**1,665**	1,607
Receipts from sale of property, plant and equipment (excluding trade-ins)	*14*	**2,979**	3,607
Net Cash Outflow from Investing Activities		**(738,277)**	(552,925)
Cash Flow from Financing Activities			
Capital Grant received		**678,113**	500,771
Capital receipts from other sources	*13(c)*	**3,764**	29,514
Payment of capital element of finance lease and loan repayments from Revenue funding		**(1,665)**	(1,607)
Net Cash Inflow from Financing Activities		**680,212**	528,678
Increase in cash and cash equivalents in the year		**239,477**	52,145
Cash and cash equivalents at the beginning of the year		**114,128**	61,983
Cash and cash equivalents at the end of the year		**353,605**	114,128

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.

Ciarán Devane
Chairperson

13 May 2020

Paul Reid
Chief Executive Officer

13 May 2020

Notes to the Financial Statements

Note 1 Accounting Policies

Statement of Compliance and Basis of Preparation

The financial statements have been prepared on an accruals basis, in accordance with the historical cost convention. Under *Section 36(3) of the Health Act 2004*, the Minister specifies the accounting standards to be followed by the HSE. The HSE has adopted Irish and UK Generally Accepted Accounting Principles (GAAP), 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 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 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. Capital expenditure in relation to assets other than those purchased by way of service concession arrangement are recognised in the Statement of Capital Income and Expenditure as incurred. Under FRS 102, such expenditure is capitalised and charged to income and expenditure over the life of the asset.
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.
4. Claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf, are accounted for on a 'pay as-you go' basis. This does not comply with FRS 102 '*Section 21 – Provisions and Contingencies*'. Details of the amount recognised in the Statement of Revenue Income and Expenditure in 2018, together with the actuarially estimated future liability attaching to this scheme at 31 December 2019, are set out in Note 11.
5. The Consultant Contract (2008) settlement was agreed between the State and medical consultants in June 2018 and provides for the payment of retrospective remuneration in 2019 and 2020 to eligible consultants, subject to compliance with the terms of the legal agreement. The estimated liability arising from the settlement has not been recognised in 2018. This is not compliant with FRS 102 Section 21 – Provisions and Contingencies, which requires the recognition of the liability due at the year-end date. Recognition of this remuneration will be matched with future funding allocated on a 'receipts and payments' basis in 2019 and 2020. Further detail on this matter is set out in Note 26.

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

Going Concern

The HSE is working with the Department of Health to implement the Sláintecare Plan and the proposed reform of the HSE central functions along with the introduction of new regional structures for the delivery of health and social services in Ireland. These programmes for Government are committed to the HSE, in its present form and it is assumed that all existing HSE activities will therefore continue. The Financial Statements for 2019 continue to be prepared on the going concern basis.

Income Recognition

Department of Health Revenue and Capital Grant

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.

Section 33(1) of Health Act 2004, as amended 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. The final Letter of Determination in relation to 2019 was received on 23 December 2019.

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 33(3) of the Health Act 2004, as amended, requires the HSE to manage and deliver services in a manner that is in accordance with an approved Service Plan and within the determination notified by the Minister. The Act provides for any deficits to be charged to income and expenditure in the next financial year and, subject to the approval of the Minister with the consent of the Department of Public Expenditure and Reform, for surpluses to be credited to income and expenditure in the next financial year.

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 when received.

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 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

Operating 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.

Finance Leases – 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. 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.

Assets purchased by way of finance lease are stated at initial recognition at an amount equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments at inception of the lease. At initial recognition, a finance lease liability is also recognised at an amount equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments.

In addition to the normal 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 calculated using the effective interest rate method and 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 generally accepted accounting principles, is a consequence of the exceptions to generally accepted accounting principles specified by the Minister.

Property, Plant and Equipment and Capitalisation Account

Valuation – Property, Plant and Equipment comprise Land, Buildings, Work in Progress, Equipment and Motor Vehicles.

- The carrying values of assets taken over from predecessor bodies by the HSE were included in the opening balance sheet on establishment day, 1 January 2005, at their original cost/valuation. The related aggregate depreciation account balance was also included in the opening Statement of Financial Position. On establishment of the HSE, land of predecessor bodies was included at valuation based on rates per hectare/square metre supplied by the Department of Health and Children following consultation with the Valuation Office. These valuations were last updated in 2002. The HSE continues to value land taken over from predecessor bodies using these rates. It should be noted that lands owned by the HSE are held for the provision of health and personal social services.
- Property plant and equipment additions since 1 January 2005 are stated at historic cost less accumulated depreciation.

Capital Expenditure Recognition – 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.

Capitalisation Policy – 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 13(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 13(a) to the accounts.

Primary Care Centres acquired under Public Private Partnership (PPP) service concession arrangements are capitalised and accounted for using the finance lease liability model.

The value of the Primary Care Centre asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease. Future minimum lease payments are calculated from the unitary charge payments set out in the contract, to be made directly by the HSE. The property elements of the unitary charge plus any reliably measured capital element of operational payments are used as the basis of the future minimum lease payments.

PPP service concession arrangements are accounted for in the HSE's accounts using the Capital Investment Approach. This provides for the accumulation of capital value reflecting the State's equity in PPP property assets. Using this approach the PPP capital commitment is recognised in the Capitalisation (Reserve) Account at an amount equal to the related finance lease liability. Over the life of the concession, the reduction in the outstanding finance lease liability is amortised annually through the Statement of Capital Income and Expenditure with the corresponding entry to the Capitalisation (Reserve) Account.

Depreciation – In accordance with the accounting standards specified by the Minister for Health, 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.

Assets are not depreciated where they have been acquired or are managed under PPP service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned. Other fixed assets, where subject to depreciation, are depreciated for a full year in the year of acquisition.

Residual value represents the estimated amount which would currently be obtained from disposal of an asset, after deducting estimated costs of disposal, if the asset were already of an age and in the condition expected at the end of its useful life.

Depreciation on all other property, plant and equipment 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.

The Letter of Sanction for Capital provides for an allowance to re-invest proceeds of sale of fixed assets.

Public Private Partnerships Service Concession Agreements

The HSE has entered into a public private partnership (PPP) or service concession agreement with a private sector entity to design, build, finance and maintain infrastructure assets for a specified period of time (concession period). This is a single PPP contract for the delivery of fourteen Primary Care Centres (PCC).

The HSE controls or regulates what services the operator must provide using the PCC infrastructure assets, to whom, and at what price; and the HSE controls the residual interest in the assets at the end of the term of the concession period.

The HSE makes payments over the life of the concession for the construction, financing, operating, maintenance and renewal of the PCC infrastructure assets and the delivery of services that are the subject of the concession.

The contract entered into is on an availability basis and is for a 25-year service period from the date of service commencement for each PCC, it is payable by way of an annual unitary charge. The unitary charge is subject to deductions for periods when the assets are unavailable for use.

Service charge elements of the unitary charge payments are expensed in the Statement of Capital Income and Expenditure. Obligations to make payments of an operational nature are disclosed in Note 22 to the financial statements.

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 6);

(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 8 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.

The *Public Service (Single Scheme and Other Provisions) Act 2012* introduced the new Single Public Service Pension Scheme ("Single Scheme") which commenced with effect from 1 January 2013. All new staff members to the Health Service Executive, who are new entrants to the Public Sector, on or after 1 January 2013 are members of the Single Scheme. Single Scheme member contributions are paid over to the Department of Public Expenditure and Reform.

Additional Superannuation Contribution (ASC)

ASC was introduced and operative from 1 January 2019 and replaces the Pension Related Deduction (PRD). Whereas PRD was a temporary emergency measure, ASC is a permanent contribution in respect of pension. Details of the amounts collected in respect of the ASC are set out in Note 5(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. 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.

Primary Care Centres: Valuation, Depreciation, Residual Values and Future Minimum Lease Payments

Primary Care Centres (PCC) purchased by way of Public Private Partnership (PPP) service concession arrangements are capitalised and accounted for using the finance lease liability model.

The value of the PCC asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at amounts equal to the present value of the minimum lease payments.

Assets acquired under service concession agreements are, under specific contractual obligations in those agreements, handed back to the HSE at the end of the concession term with useful lives equivalent to that of the asset when originally commissioned. Performance of the 'hand back' provisions is guaranteed by significant financial retentions and penalties provided for in the concession agreements. As a result of these provisions the HSE does not charge depreciation on these assets.

Future minimum lease payments are calculated from the unitary charge payments set out in the construction contract financial model, to be made directly by HSE. The property elements of the unitary charge plus any reliably measured capital element of operational payments as used at the basis of the future minimum lease payments. In line with FRS 102, the effective interest rate is used to discount the future construction related liabilities arising from concession agreements. The HSE selected a discount rate of 3.32% after consultation with the National Development Finance Agency (NDFA), on the basis that it reflects an appropriate rate for long-term infrastructure assets.

The HSE have reviewed the asset lives and associated residual values of the Primary Care Centres and have concluded that the asset lives and residual values are appropriate.

Note 2 Operating Surplus

	2019 €'000	2018 €'000
Net operating surplus for the year is arrived at after charging:		
Audit fees	**594**	540
Remuneration – Director General/CEO*	**337**	351

* The CEO (14 May 2019 to 31 December 2019) received total remuneration of €264,314 comprising basic pay €224,359, allowances €30,288 and benefit in kind (company car) €9,667.

The CEO is not a member of the HSE pension scheme and no employer pension contributions are made by the HSE on the behalf of the CEO. As a consequence, the CEO receives an equivalent allowance.

The interim Director General (1 January 2019 to 13 May 2019) received total payments of €72,987 in this capacity.

	2019 €	2018 €
Directorate members' expenses*		
Tony O'Brien *(resigned 11 May 2018)*	**0**	3,990
Stephen Mulvany	**0**	275
Dr. Philip Crowley *(resigned 31 January 2018)*	**0**	1,222
John Connaghan *(resigned 31 December 2018)*	**0**	4,493
Dean Sullivan	**11,041**	8,671
Rosarii Mannion	**4,555**	6,419
Anne O'Connor *(appointed 11 June 2018)*	**526**	361
Liam Woods *(appointed 01 January 2019, resigned 13 May 2019)*	**3,903**	0
Dr Colm Henry *(appointed 16 October 2018)*	**5,101**	7,705
	25,126	33,136

* Directorate members' expenses are from 1 January to 27 June 2019.

Prior to the establishment of the Board, and in accordance with the Health Service Executive (Governance) Act 2013, the governing body of the HSE was the Directorate which comprised of senior executives appointed by the Minister for Health who were persons employed as HSE National Directors or no less senior grade. In accordance with Government pay policy, public servants that 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 were paid to members of the Directorate. The Chief Executive Officer was appointed on the 28 June 2019 and had previously held the position of Director General of the Directorate since 14 May 2019. His total expenses for 2019 amounted to €3,411.

	2019 €'000	2018 €'000
Board members' expenses*		
Ciarán Devane	**3,090**	0
Professor Deirdre Madden	**2,570**	0
Fergus Finlay	**0**	0
Fiona Ross	**0**	0
Mark Molloy *(resigned 7 January 2020)*	**1,647**	0
Dr Yvonne Traynor	**278**	0
Tim Hynes	**0**	0
Aogán Ó Fearghaíl	**2,136**	0
Dr Sarah McLoughlin	**986**	0
Brendan Lenihan	**2,268**	0
Professor Fergus O'Kelly	**0**	0
	12,975	0

* Board members' expenses for 2019 are shown from the date of appointment.

The Board of the HSE was established on 28 June 2019 as governing body of the HSE in accordance with the Health Service Executive (Governance) Act 2019. The Act provides for a Chief Executive Officer who is accountable to the Board but is not a Board member. Fees are paid to Board members.

Note 3 Department of Health Revenue and Capital Grant

3(a) Department of Health Revenue and Capital Grant

	2019 €'000	2018 €'000
Net Revenue Funding allocated to HSE	**17,149,136**	15,722,395
Less: Capital Funding	**(678,113)**	(500,771)
Department of Health Revenue Grant	**16,471,023**	15,221,624

The table below provides further analysis of Department of Health funding received.

	2019 €'000	2018 €'000
Revenue Grant – Funding allocation from the Department of Health	**16,471,023**	15,221,624
Less: Remittances from Department of Health between 1 January and 31 December	**(16,471,894)**	(15,220,753)
Revenue Grant balance due from Department of Health (up to Approved Allocation) carried forward	**54,861**	53,990
Revenue Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	**53,990**	54,861
Capital Grant – Funding allocation from the Department of Health	**678,113**	500,771
Less: Remittances from Department of Health between 1 January and 31 December	**(678,113)**	(500,771)
Capital Grant balance due from Department of Health (up to Approved Allocation) carried forward	**46**	46
Balance forward utilised during the year	**0**	0
Capital Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	**46**	46
Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December (Note 17)	**54,036**	54,907

3(b) Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004*, as amended

As outlined in the accounting policies, *Section 33(3) of the Health Act 2004*, as amended, requires that deficits arising in the preceding year must be charged to the Statement of Income and Expenditure in the current year. Accordingly, the HSE has charged the revenue operating deficit of €85.17 million at 31 December 2018 to the Statement of Revenue Income and Expenditure in 2019 and credited the capital operating surplus of €16.36 million at 31 December 2018 to the Statement of Capital Income and Expenditure in 2019.

Note 4 Patient Income

	2019 €'000	2018 €'000
Private Charges	**276,052**	278,246
Inpatient Charges	**23,439**	22,688
Emergency Department Charges	**13,608**	12,521
Road Traffic Accident Charges	**5,902**	6,051
Long Stay Charges	**81,269**	81,300
EU Income – E111 Claims	**7,979**	5,273
	408,249	406,079

Note 5 Other Income

(a) Other Income

	2019 €'000	2018 €'000
Superannuation Income	**158,099**	156,379
Additional Superannuation Contributions (ASC) deductions from HSE own staff	**139,517**	181,164
Additional Superannuation Contributions (ASC) deductions from service providers	**76,506**	81,959
Other Payroll Deductions	**7,775**	7,207
Secondment Recoupments of Pay	**18,527**	17,032
Agency/Services – provided to Local Authorities and other organisations	**7,761**	7,324
Canteen Receipts	**11,930**	12,474
Certificates and Registration Income	**11,647**	11,730
Parking	**12,109**	11,844
Refunds	**12,530**	12,268
Rental Income	**4,463**	4,369
Donations	**2,750**	2,800
Legal Costs Recovered	**701**	185
Income from other Agencies (See Note 5(b) analysis below)	**25,609**	13,403
Miscellaneous Income	**14,273**	13,209
	504,197	533,347

(b) Income from Other Agencies*

	2019 €'000	2018 €'000
Department of Foreign Affairs & Trade – Irish Aid: programme for overseas development	**152**	133
Friends of St. Luke's Rathgar	**390**	211
Department of Arts, Heritage, Regional and Gaeltacht Affairs – Helicopter Services	**183**	151
Department of Children and Youth Affairs – Young Peoples Facilities and Services	**0**	1,113
Clinical Trials Ireland – Clinical Research Trials	**1,035**	925
EU Income – various projects	**2,908**	1,676
Genio Trust	**4,226**	2,038
Education and Training Boards/Solas	**1,372**	1,455
The Atlantic Philanthropies – Single Assessment Tool for the Elderly	**0**	64
The Atlantic Philanthropies – National Dementia Strategy	**380**	2,213
Department of Children & Youth Affairs/TUSLA – Galway Teen Parents Support Programme	**39**	239
Katherine Howard Foundation – Nurture	**1,792**	1,029
National Treatment Purchase Fund	**10,499**	1,937
Friends of Wexford General Hospital	**44**	174
Nursing and Midwifery Board of Ireland	**107**	37
Department of Justice – Irish Refugee Programme	**257**	8
Friends of Letterkenny University Hospital – Donation of X-Ray Imaging Machine	**1,406**	0
Enterprise Ireland	**100**	0
NEIC Development Grant	**719**	0
	25,609	13,403

* Only income from agencies in excess of €100,000 in either year are shown. Income from Other Agencies that did not exceed €100,000 in either year is shown at Note 5(a) under Miscellaneous Income. Accordingly, the 2018 comparatives above have been re-stated where appropriate.

Note 6 Pay and Pensions Expenditure

	2019 €'000	2018 €'000
Clinical HSE Staff		
Medical/Dental	**944,291**	761,285
Nursing	**1,622,268**	1,540,872
Health and Social Care Professional	**612,590**	587,079
Superannuation	**460,254**	447,380
	3,639,403	3,336,616
Clinical Agency Staff		
Medical/Dental	**95,427**	94,194
Nursing	**79,958**	76,902
Health and Social Care Professional	**27,861**	23,229
	203,246	194,325
Non Clinical HSE Staff		
Management/Administration	**684,370**	654,336
General Support Staff	**331,607**	336,526
Superannuation	**181,186**	177,077
	1,197,163	1,167,939
Non Clinical Agency Staff		
Management/Administration	**30,010**	24,301
General Support Staff	**41,176**	38,756
	71,186	63,057
Other Client/Patient Services HSE Staff		
Other Patient and Client Care	**714,760**	684,421
Superannuation	**106,036**	103,050
	820,796	787,471
Other Client/Patient Services Agency Staff		
Other Patient and Client Care	**75,015**	73,367
	75,015	73,367
Total Pay Expenditure	**6,006,809**	5,622,775

Note 6 Summary Analysis of Pay Costs

	Clinical	Non Clinical	Other Client/Patient Services	Total	Total
	2019 €'000	2019 €'000	2019 €'000	2019 €'000	2018 €'000
Basic Pay	2,405,532	874,799	523,543	3,803,874	3,624,693
Allowances	90,096	10,095	24,547	124,738	107,359
Overtime	146,861	13,526	27,365	187,752	179,886
Night duty	56,255	4,836	15,464	76,555	72,856
Weekends	110,499	24,454	55,948	190,901	181,040
On-Call	55,195	2,037	333	57,565	53,850
Arrears*	36,703	1,647	1,080	39,430	(47,121)
Wages and Salaries	2,901,141	931,394	648,280	4,480,815	4,172,563
Employer PRSI	278,008	84,583	66,480	429,071	391,956
Superannuation**	460,254	181,186	106,036	747,476	727,508
Total HSE Pay	3,639,403	1,197,163	820,796	5,657,362	5,292,027
Agency Pay	203,246	71,186	75,015	349,447	330,748
Total Pay	3,842,649	1,268,349	895,811	6,006,809	5,622,775

* Note that the HSE has reversed a legacy provision of €68m relating to the ongoing consultants liability in its 2018 accounts, see 'Arrears'. This has resulted in a one off benefit in the year which will not be replicated, see Note 26.

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 8 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 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 2019 was €747m (2018: €728m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €112m (2018: €128m).

	2019 €'000	2018 €'000
****Analysis of Superannuation**		
Ongoing superannuation payments to pensioners	**635,560**	599,250
Once-off lump sums and gratuity payments	**111,916**	128,258
	747,476	727,508

Termination Benefits

	2019 €'000	2018 €'000
Termination benefits charged to Statement of Revenue Income and Expenditure	**282**	461
	282	461

The termination benefits above relate to settlements with seven staff during 2019 (2018: five staff).

In addition to the payments outlined above, one staff member was granted added years on termination. The value of enhanced pension arrangements was €nil.

Legal costs of €274,759 (2018: €28,380) were also incurred in relation to concluding the termination agreements.

Note 7 Employment

The number of employees at 31 December by Area of Operation was as follows (in whole time equivalents (WTEs)):**

	2019	2018*
Acute Services	**33,917**	33,351
Mental Health	**9,513**	9,446
Primary Care	**9,923**	10,250
Disability and Older Persons' Services	**16,428**	16,439
Health and Wellbeing	**573**	576
Ambulance Services	**1,933**	1,887
Corporate and HBS	**4,618**	4,421
Total HSE employees	**76,905**	76,370
Voluntary Sector – Acute Services	**26,230**	25,228
Voluntary Sector – Non Acute Services	**16,682**	16,258
Sub-total Section 38 Sector employees* **	**42,912**	41,486
Total Health Sector Employees (including Home Helps)****	**119,817**	117,856

Source: Health Service Personnel Census.

* 2018 figures are restated to reflect current methodology and organisational mappings.

** All figures are calculated to 2 decimals and expressed as whole-time equivalents (WTE) under a methodology as set out by the Department of Health.

*** Health Sector staffing figures relate to direct employment levels as returned through the Health Service Personnel Census (HSPC) for the public health sector (HSE & Section 38 Voluntary Hospitals & Agencies).

**** Directly employed home help staff are included in reported WTE w.e.f. 2019 and historical figures have been restated to reflect this methodology change. Pre-registration Student Nurses on clinical placement are recorded at 50 percent actual WTE in line with WRC agreement.

Additional Analysis – Department of Expenditure and Reform Circular 13/2014 requirement

The number of HSE employees whose total employee benefits (including basic pay, allowances, overtime, night duty, weekends, on-call, arrears and excluding employer PRSI, employer pension costs) for the reporting period fell within each band of €10,000 from €60,000 upwards are as follows:

	2019	2018
Pay Band (Number of Staff)		
€60,001 to €70,000	**8,613**	8,028
€70,001 to €80,000	**3,497**	3,368
€80,001 to €90,000	**2,206**	1,839
€90,001 to €100,000	**981**	1,011
€100,001 to €110,000	**581**	485
€110,001 to €120,000	**428**	363
€120,001 to €130,000	**162**	179
€130,001 to €140,000	**138**	152
€140,001 to €150,000	**129**	142
€150,001 to €160,000	**166**	190
€160,001 to €170,000	**171**	168
€170,001 to €180,000	**131**	275
€180,001 to €190,000	**124**	247
€190,001 to €200,000	**103**	237
€200,001 to €210,000	**78**	117
€210,001 to €220,000	**85**	74
€220,001 to €230,000	**87**	72
€230,001 to €240,000	**88**	40
€240,001 to €250,000	**128**	24
€250,001 to €260,000	**101**	19
€260,001 to €270,000	**136**	13
€270,001 to €280,000	**78**	7
€280,001 to €290,000	**65**	7
€290,001 to €300,000	**48**	4
€300,001 to €310,000	**38**	4
€310,001 to €320,000	**24**	0
€320,001 to €330,000	**20**	2
€330,001 to €340,000	**18**	2
€340,001 to €350,000	**1**	0
€350,001 to €360,000	**7**	0
€360,001 to €370,000	**3**	0
€370,001 to €380,000	**8**	2
€380,001 to €390,000	**1**	0
€390,001 to €400,000	**4**	2
€400,001 to €410,000	**1**	0
€410,001 to €420,000	**1**	0
€420,001 to €430,000	**1**	1
€430,001 to €440,000	**0**	1
€440,001 to €450,000	**1**	0
€450,001 to €460,000	**5**	0
€500,001 to €510,000	**1**	0
€570,001 to €580,000	**1**	0
€610,001 to €620,000	**0**	1
Total HSE employees in excess of €60,001	**18,459**	17,076

* The HSE does not have an integrated payroll system and this disclosure which is required by DPER circular 13/2014 has therefore been prepared from multiple payroll systems across HSE areas.

Note 8 Non Pay Expenditure

	2019 €'000	2018 €'000
Clinical		
Drugs and Medicines (excl. demand led schemes)	**326,693**	303,458
Less Rebate from Pharmaceutical Manufacturers*	**(9,190)**	(10,402)
Net Cost Drugs and Medicines (excl. demand led schemes)	**317,503**	293,056
Blood/Blood Products	**30,687**	31,041
Medical Gases	**12,420**	11,197
Medical/Surgical Supplies	**314,053**	301,840
Other Medical Equipment	**166,202**	141,444
X-Ray/Imaging	**37,671**	34,163
Laboratory	**141,806**	128,621
Professional Services (e.g. therapy costs, radiology etc.)	**104,268**	99,131
Education and Training	**62,248**	58,016
	1,186,858	1,098,509
Patient Transport and Ambulance Services		
Patient Transport	**57,534**	53,473
Vehicles Running Costs	**17,190**	16,049
	74,724	69,522
Primary Care and Medical Card Schemes		
Pharmaceutical Services	**2,406,513**	2,329,147
Less Rebate from Pharmaceutical Manufacturers*	**(182,841)**	(135,459)
Less Prescription Levy Charges	**(85,334)**	(93,550)
Net Cost Pharmaceutical Services	**2,138,338**	2,100,138
Doctors' Fees and Allowances	**616,772**	572,660
Pension Payments to Former District Medical Officers/Dependents	**2,081**	2,238
Dental Treatment Services Scheme	**55,584**	58,768
Community Ophthalmic Services Scheme	**29,262**	29,864
Cash Allowances (Blind Welfare, Mobility, etc.)	**30,629**	31,311
Capitation Payments:		
Treatment Abroad Schemes and Related Expenditure	**54,441**	47,250
Intellectual/Physical Disabilities, Psychiatry, Therapeutic Services etc.	**251,246**	225,384
Elderly and Non-Fair Deal Nursing Home Payments	**71,099**	78,451
Rehabilitative and Vocational Training	**21,362**	22,461
Respite Beds	**14,851**	7,517
	3,285,665	3,176,042
Other Client/Patient Services		
Professional Services e.g. care assistants, childcare contracted services, etc.	**5,686**	4,989
Education and Training	**1,233**	1,180
	6,919	6,169

	2019 €'000	2018 €'000
Grants to Outside Agencies		
Revenue Grants to Outside Agencies (Appendix 1)	**4,699,339**	4,283,454
	4,699,339	4,283,454
Housekeeping		
Catering	**65,167**	63,366
Heat, Power and Light	**65,770**	68,709
Cleaning and Washing	**108,225**	99,500
Furniture, Crockery and Hardware	**15,692**	13,921
Bedding and Clothing	**14,658**	13,546
	269,512	259,042
Office and Administration Expenses		
Maintenance	**120,600**	113,910
Finance Costs	**3,137**	3,122
Prompt Payment Interest and Compensation	**420**	632
Insurance	**6,349**	6,138
Audit	**594**	540
Legal and Professional Fees	**73,410**	88,083
Bad and Doubtful Debts	**29,171**	22,448
Education and Training	**14,224**	22,183
Travel and Subsistence	**73,367**	68,662
Vehicle Costs	**2,357**	4,373
Office Expenses	**147,549**	144,206
Rent and Rates	**71,527**	68,894
Computers and Systems Maintenance	**75,543**	66,752
	618,248	609,943
Other Operating Expenses		
Licences	**893**	957
Sundry Expenses	**7,720**	7,421
Burial Expenses	**149**	98
Recreation (Residential Units)	**1,032**	1,042
Materials for Workshops	**353**	299
Meals on Wheels Subsidisation	**1,368**	1,286
Ex Gratia Payments to Patients**	**62**	336
Refunds	**642**	737
	12,219	12,176

* In respect of 2016 IPHA Agreement and special arrangements for specific drugs and medicines.

** This relates to CervicalCheck payments.

Note 9 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 €2m was set aside in 2019 for this purpose. The majority of this funding refers to a provision for payments that will arise as a result of follow-on claims and offer acceptances.

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 2019, 20,300 claims were paid. As at December 2019, there were no outstanding claims being processed to offer stage under the scheme. €0.5m has been provided in the HSE's 2020 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2019 is €485.82m.

In 2019, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2019 €'000	2018 €'000
Pay	**96**	118
Non Pay		
Repayments to Patients	**1**	193
Payments to Third Party Scheme Administrator	**0**	0
	1	193
Legal and Professional Fees	**0**	0
Office Expenses*	**37**	15
Total Non Pay	**38**	208
Total	**134**	326

* All expenditure in relation to the Health (Repayment Scheme) Act 2006 is included in HSE expenditure.

Note 10 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 covers 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 2019 was €11m.

In 2019, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2019 €'000	2018 €'000
Pay	**89**	88
Non Pay		
Payments of premium loadings	**511**	462
Payments of benefits underwritten by HSE	**130**	22
	641	484
Office Expenses*	**15**	3
Total Non Pay	**656**	487
Total**	**745**	575

* All expenditure in relation to the Hepatitis C Compensation Tribunal (Amendment) Act 2006 is included in HSE expenditure.

** These costs are included in the Hepatitis C Insurance Scheme Special Account. Other Hepatitis C Costs are included in the Hepatitis C Special Account and the Hepatitis C Reparation Account.

Note 11 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. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plaintiff legal costs and defence costs such as fees payable to counsel, consultants etc. In 2019, the charge to the Statement of Revenue Income and Expenditure was €390.94m (2018: €318.69m). 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.

The estimated liability is revised on a regular basis in light of any new information received for example past trends in settlement amounts and legal costs. At 31 December 2019, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €3,302m (2018 €2,792m). Of this €3,302m, approximately €2,722m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. Active claims are those that have been notified to the State Claims Agency through legal process and that have not yet concluded as at the reporting date.

Note 12 Long-Term Residential Care (incorporating Nursing Homes Support Scheme/Fair Deal)

The Nursing Homes Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Homes 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% per annum of the value of the assets they own, subject to a maximum period of three years in respect of their principal private residence, towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both registered public and private nursing homes covered under the scheme.

Costs of Long-Term Residential Care (Nursing Homes Support Scheme/Fair Deal)

	2019 €'000	2018 €'000
Private Nursing Homes	**648,761**	610,991
Section 39 Agencies	**21,265**	18,271
Private Nursing Homes Contract Beds and Subvention Payments	**15,933**	20,092
Total Payments to Private Nursing Homes including Section 39 Agencies	**685,959**	649,354
Gross NHSS Cost of Public Nursing Homes*	**359,725**	354,675
Payments to Section 38 Agencies	**26,793**	26,082
Nursing Home Fixed and Other Unit Costs	**26,567**	23,122
Total Long-Term Residential Care	**1,099,044**	1,053,233

* Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure.

Patient contributions

NHSS recipient contributions for those patients in public homes amounted to €63.07m (2018: €61.14m) and are included in the HSE Financial Statements – Revenue Income & Expenditure Account.

NHSS recipient contributions for those patients in voluntary centres (S38 Organisations) amounted to €6.86m (2018: €6.67m), and is retained by those centres and does not constitute income for the HSE.

Additional Income

Under Section 27 of the Nursing Homes Support Scheme Act 2009, a Schedule of Assets must be submitted to the HSE in respect of a deceased person who received financial support under the Scheme. This is checked to identify and calculate any overpayment of financial support that is repayable to the HSE pursuant to Section 42 of the Act. The HSE collected income of €7.61m during 2019 (2018 : €6.58m) in respect of non-declared income and assets of Fair Deal clients.

Contract beds and Subvention beds

In 2019, payments of €15.9m (2018: €20.1m) 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 commenced in 2009.

Expenditure within public facilities

Within the public homes in 2019 there was an additional €26.57m (2018: €23.12m) 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.

Cost of Public Nursing Homes

In 2019, the cost of public nursing homes amounted to €359.73m (2018 €354.67m), these costs are gross and the client contribution element amounted to €63.07m (2018 €61.13m). The contributions are recognised as income in Long Stay Charges in Statement of Income and Expenditure.

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 a person paying their assessed contribution for care from their own resources, a person 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 following the occurrence of a relevant event e.g. sale of the asset or death of the person. 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 2019 for recoupment from the commencement of the Nursing Homes Support Scheme (where a relevant and non-relevant event has occurred) was €160.74m, representing 7,483 client loans. As at 31 December 2019 the Revenue Commissioners are collecting €160.12m, representing 7,497 clients. The difference accounts for clients where their Nursing Home loan is not due for repayment such as the Further Deferral option, as mentioned above, and also clients who wish to make a voluntary repayment prior to a relevant event occurring. The Revenue Commissioners have confirmed that they had received €113.28m of loan repayments paid in full, representing 5,699 client loans.

The total amount of Nursing Home Loan payments made under the Nursing Homes Support Scheme that are outstanding (i.e. where a repayable amount has not been notified to Revenue for collection – a relevant event has not occurred), as at 31 December 2019 is €140.01m. This amount does not include an adjustment for CPI as a relevant event has not yet occurred.

Ancillary State Support details at 31 December are as follows:

	2019 €'000	2019 Number of loans	2018 €'000	2018 Number of loans
Advised by HSE to Revenue for recoupment	**160,123**	**7,497**	123,525	6,170
Confirmed by Revenue as being paid*	**(113,281)**	**(5,699)**	(86,829)	(4,668)
Subtotal	**46,842**	**1,798**	36,696	1,502
Not yet advised to Revenue for recoupment	**140,014**	**5,034**	115,945	4,518
Total Ancillary State Support outstanding	**186,856**	**6,832**	152,641	6,020

* Amounts confirmed by Revenue does not include part payments and only includes loans fully repaid.

Note 13 Capital Expenditure

(a) Additions to Fixed Assets

	2019 €'000	2018 €'000
Additions to Property, Plant and Equipment (Note 15) Land and Buildings – Service Concession*	**0**	0
Additions to Property, Plant and Equipment (Note 15) Land and Buildings – Other	**214,377**	232,906
Additions to Property, Plant and Equipment (Note 15) Other than Land and Buildings	**119,358**	72,352
	333,735	305,258
Funded from Department of Health Capital Grant	**274,331**	261,051
Funded from Department of Health Revenue Grant	**59,404**	44,207
Capitalised – Investment in PPP Service Concession Arrangements*	**0**	0
	333,735	305,258

(b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure

	2019 €'000	2018 €'000
Expenditure on HSE's own assets (Capitalised)	**274,331**	261,051
Expenditure on HSE projects not resulting in property, plant and equipment additions**	**82,927**	71,587
Capitalised Interest – PPP Service Concession Arrangements*	**5,424**	15,118
Total expenditure on HSE Projects charged to capital***	**362,682**	347,756
Capital grants to outside agencies (Appendix 1)**	**324,967**	180,301
Total Capital Expenditure per Statement of Capital Income and Expenditure	**687,649**	528,057

* Relates to Primary Care Centre assets acquired under Public Private Partnership (PPP) service concession arrangements.

** Total capital expenditure not capitalised amounts to €413.31m (2018: €267.01m).

*** 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.

(c) Analysis of Capital Income from Other Sources

Income from Government Departments and Other Sources in respect of Capital Projects:

	2019 €'000	2018 €'000
Sustainable Energy Authority of Ireland (SEAI) – Energy savings in acute hospitals	**1,396**	408
Waterford Hospice Movement Ltd – Waterford Hospital Palliative Care Unit	**400**	4,000
Insurance Proceeds – St. Dympna's Hospital, fire damage	**194**	807
Ballymote CNU – Donation	**116**	0
Insurance Proceeds – Letterkenny General Hospital, flood damage	**0**	10,051
Department of Education – Children's Hospital School	**0**	3,100
NUI Galway – Sligo Regional Hospital Medical Academy	**0**	1,664
University of Limerick – Clinical Education & Research Centre Project Contribution	**0**	1,347
NUI Galway – Letterkenny General Hospital Medical Education and Training Unit	**0**	978
Aontacht Phobail Teoranta – due to HSE on liquidation of subsidiary holding	**0**	718
Letterkenny Hospital Association Ltd – Contribution towards Mental Health Unit.	**0**	760
Irish Hospice Foundation – Design and Dignity grant	**0**	580
Friends of Mid West Regional Hospital – Nenagh Ward Upgrade	**0**	300
Charitable Contribution towards Community Nursing Unit, Tuam, Co. Galway	**0**	250
Friends of Bandon Community Hospital – Day Room Extension to the Hospital	**0**	230
University College Cork – CUH Paediatric Projects	**0**	59
Other Miscellaneous Income	**1,658**	4,262
Total Capital Income from Other Sources	**3,764**	29,514

Note 14 Proceeds of Disposal of Fixed Asset Account

	2019 €'000	2018 €'000
Gross Proceeds of all Disposals in year	**2,992**	3,721
Less: Net Expenses Incurred on Disposals	**(13)**	(114)
Net Proceeds of Disposal	**2,979**	3,607
Less Application of Proceeds	**(2,979)**	(4,200)
Movement in the year	**(0)**	(593)
At 1 January	**38**	631
Balance at 31 December	**38**	38

The Multi-Annual Delegated Capital sanction 2019-2022 was issued in December 2019 by the Department of Public Expenditure and Reform.

Note 15 Property, Plant and Equipment

	Land*	Buildings**	Work in Progress (L&B)	Motor Vehicles	Equipment	Work in Progress (P&E)	Total 2019
	€'000	€'000	€'000	€'000	€'000	€'000	€'000
Cost/Valuation							
At 1 January 2019	1,677,679	4,470,891	322,727	91,970	1,486,070	5,898	8,055,235
Additions	1,623	41,899	170,855	5,401	94,850	19,107	333,735
Transfers from Work in Progress	0	88,673	(88,673)	4,433	1,776	(6,209)	0
Disposals	(2,149)	(1,240)	(3,259)	(7,274)	(26,195)	(3)	(40,120)
At 31 December 2019	1,677,153	4,600,223	401,650	94,530	1,556,501	18,793	8,348,850
Depreciation							
Accumulated Depreciation at 1 January 2019	0	1,417,176	0	68,392	1,295,061	0	2,780,629
Charge for the Year	0	108,731	0	11,127	75,714	0	195,572
Disposals	0	(516)	0	(7,030)	(24,306)	0	(31,852)
At 31 December 2019	0	1,525,390	0	72,489	1,346,470	0	2,944,349
Net Book Values							
At 1 January 2019	1,677,679	3,053,715	322,727	23,578	191,009	5,898	5,274,606
At 31 December 2019	1,677,153	3,074,833	401,650	22,041	210,031	18,793	5,404,501

The current carrying value of land amounting to €1.67bn held by the HSE at 31 December 2019 is based on the 2002 Department of Health Valuation rates.

Building assets held under Finance Leases/Service Concession Arrangements

	Finance Lease 2019 €'000	Finance Lease 2018 €'000	Service Concession* 2019 €'000	Service Concession* 2018 €'000	Total 2019 €'000	Total 2018 €'000
Cost	**45,824**	45,824	**165,217**	165,217	**211,041**	211,041
Accumulated Depreciation at 1 January	**(23,485)**	(21,623)	**0**	0	**(23,485)**	(21,623)
Depreciation charged for the year	**(1,862)**	(1,862)	**0**	0	**(1,862)**	(1,862)
Net Book Values at 31 December	**20,477**	22,339	**165,217**	165,217	**185,694**	187,556

*/** Relates to Primary Care Centre (PCC) assets acquired under Public Private Partnership (PPP) service concession arrangements. The ten PCC sites included within Work in Progress (Land and Buildings) at a value of €137m in 2017 were transferred to Buildings during 2018. All fourteen PCC sites have reached service commencement.

PCC Assets are not depreciated where they have been acquired or are managed under service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned.

During 2019 the National Paediatric Hospital Development Board completed the building of an outpatient and urgent care centre on the campus of Connolly Hospital. This has been recorded as a fixed asset addition in 2019.

Note 16 Inventories

	2019 €'000	2018 €'000
Medical, Dental and Surgical Supplies	**41,020**	37,398
Laboratory Supplies	**6,645**	6,345
Pharmacy Supplies	**25,398**	22,366
High Tech Pharmacy Inventories	**48,893**	56,867
Pharmacy Dispensing Inventories	**541**	589
Blood and Blood Products	**1,262**	1,133
Vaccine Inventories	**33,639**	30,066
Household Services	**7,436**	6,569
Stationery and Office Supplies	**2,195**	1,874
Sundries	**3,133**	989
	170,162	164,196

Note 17 Trade and Other Receivables

	2019 €'000	2018 €'000
Receivables: Patient Debtors – Private Facilities in Public Hospitals*	**95,357**	97,759
Receivables: Patient Debtors – Public Inpatient Charges	**6,234**	6,174
Receivables: Patient Debtors – Long Stay Charges	**10,280**	10,745
Prepayments and Accrued Income	**31,657**	31,443
Department of Health (DoH)	**54,036**	54,907
Pharmaceutical Manufacturers	**100,441**	61,789
Payroll Technical Adjustment	**16,494**	18,592
Additional Superannuation Contributions (ASC) Deductions from Staff	**7,745**	8,670
Statutory Redundancy Claim	**0**	2,200
Local Authorities	**664**	519
Payroll Advances	**626**	844
Voluntary Hospitals – National Medical Device Service Contracts	**41**	2,085
Voluntary Hospitals – Grant Funding Advances	**75,648**	73,558
Sundry Receivables	**51,981**	41,568
	451,204	410,853

* Private Healthcare Insurance Income.

In line with the HSE's accounting policy the HSE recognises patient income due from private health insurance companies at the time the service is provided. During 2017 some insurance companies commenced deductions from claims made by the HSE relating to the time period between the date of admission and the date the Private Insurance Patient form was signed by the patient. The HSE has disputed these deductions through a legal process and it is expected that this dispute will be heard by the Courts sometime at the end of 2020 present COVID-19 environment allowing. In line with the HSE's accounting policy a bad and doubtful debt provision is created in relation to debts outstanding for more than one year.

Note 18 Creditors (amounts falling due within one year)

	2019 €'000	2018 €'000
Finance Leases	**2,734**	2,675
Service Concession Liability	**3,874**	5,667
Payables – Revenue	**165,967**	140,702
Payables – Capital	**12,472**	8,520
Accruals Non Pay – Revenue	**761,386**	731,113
Accruals Non Pay – Capital	**7,861**	5,436
Accruals – Grants to Voluntary Hospitals and Outside Agencies	**402,740**	397,073
Accruals Pay	**557,545**	501,974
Taxes and Social Welfare	**157,144**	148,489
Department of Public Expenditure and Reform – Single Public Service Pension Scheme	**3,579**	2,916
Lottery Grants Payable*	**815**	1,390
Sundry Payables	**20,473**	16,981
	2,096,590	1,962,936

* 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 19 Creditors (amounts falling due after more than one year)

	2019 €'000	2018 €'000
Finance Leases	**25,735**	27,458
Service Concession Liability	**148,296**	151,927
Total Finance Lease obligations	**174,031**	179,385

Note 20 Deferred Income

Deferred Income comprises the following:

	2019 €'000	2018 €'000
Donations and bequests*	**17,215**	15,616
Grant Funding from the State and other bodies	**27,711**	21,895
Funding from specific capital projects	**92**	154
General	**4,789**	4,222
Balance at 31 December	**49,807**	41,887

* 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 21 Net Cash Inflow from Operating Activities

	2019 €'000	2018 €'000
Surplus/(Deficit) for the current year	**60,462**	(85,174)
Capital element of lease payments charged to revenue	**1,665**	1,607
Purchase of equipment charged to Statement of Revenue Income and Expenditure	**59,404**	44,207
Finance Costs charged to Statement of Revenue Income and Expenditure	**935**	993
Decrease in Inventories	**(5,966)**	(6,568)
(Increase) in Trade and Other Receivables	**(40,352)**	(57,678)
Increase in Creditors (falling due within one year)	**133,654**	55,596
Revenue Reserves – transfer of Deficit in accordance with *Section 33(3) of the Health Act, 2004*, as amended	**85,174**	139,871
(Decrease) in Creditors (falling due in more than one year)	**(5,354)**	(5,292)
Increase/(Decrease) in Deferred Income	**7,920**	(11,170)
Net Cash Inflow from Operating Activities	**297,542**	76,392

Note 22 Commitments

Capital Commitments

	2019 €'000	2018 €'000
Future Property, Plant and Equipment purchase commitments:		
Within one year	**814,776**	690,401
After one but within five years	**1,451,120**	1,496,800
After five years	**0**	0
	2,265,896	2,187,201
Contracted for, but not provided for, in the financial statements	**1,333,877**	1,398,339
Included in the Capital Plan but not contracted for	**932,019**	788,862
	2,265,896	2,187,201

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 2019 for which budgets have yet to be approved and are therefore estimated.

Operating Lease Commitments

	2019 €'000	2018 €'000
Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)		
Land and Buildings	**54,166**	50,450
Motor Vehicles	**374**	146
Equipment	**716**	801
	55,256	51,397

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:

	Land and Buildings	Other	Total	Total
	2019 €'000	2019 €'000	2019 €'000	2018 €'000
Within one year	50,282	489	50,771	44,999
In the second to fifth years inclusive	182,631	452	183,083	163,679
In over five years	499,183	3	499,186	483,275
	732,096	944	733,040	691,953

Public Private Partnership Forward Commitments

	2019 €'000	2018 €'000
Nominal Amount:		
Service Concession Arrangement – Primary Care Centres (14 sites bundle)	**196,231**	201,551

These commitments incorporate facilities management services, operational, and lifecycle costs, for the remaining life of the agreement. They are not discounted to present value.

Finance Lease Commitments

The future minimum lease payments at 31 December are as follows:

	Finance Lease 2019 €'000	Finance Lease 2018 €'000	Service Concession* 2019 €'000	Service Concession* 2018 €'000
Not later than one year	**3,600**	3,600	**8,891**	10,832
Later than one year but not later than five years	**11,520**	10,960	**44,620**	35,139
Later than five years	**18,630**	21,790	**167,267**	185,397
Total Gross Payments	**33,750**	36,350	**220,778**	231,368
Less: Finance Charges	**(5,281)**	(6,217)	**(68,608)**	(73,774)
Carrying Amount of Liability	**28,469**	30,133	**152,170**	157,594
Classified as:				
– Creditors (amounts falling due within one year)	**2,734**	2,675	**3,874**	5,667
– Creditors (amounts falling due after more than one year)	**25,735**	27,458	**148,296**	151,927

* The value of the PCC asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at an amount of €165.2m which is equal to the present value of the minimum lease payments. In line with FRS 102, the effective interest rate is used to discount the future construction related liabilities arising from concession agreements. The carrying amount of the liability at 31 December 2019 is €152.2m.

Note 23 Property

The HSE estate comprises 2,525 properties.

	2019 Number of Properties	2018 Number of Properties
Title to the properties can be analysed as follows:		
Freehold	**1,587**	1,583
Leasehold	**938**	916
Total Properties	**2,525**	2,499
Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	**2,438**	2,420
Health Business Services and Support (including medical card processing etc.)	**87**	79
Total Properties	**2,525**	2,499

The 2018 figure has been revised as two properties had been classified as additional properties in error. These were two new buildings completed in 2018 on existing HSE properties.

During the year there were 57 property additions to the healthcare estate and 31 properties were removed through both disposals and lease terminations. The net result is an increase of 26 healthcare properties during 2019. The total number of properties in the HSE healthcare estate at the end of 2019 has been impacted by a combination of routine estate management activities as well as the requirements of specific key healthcare strategies to deliver ongoing rollout of primary care centres and relocation of disability services to community settings.

Note 24 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2018 with external specialist tax assistance which was completed in 2019. The self-review was conducted on an agreed risk based assessment across all tax heads for which the HSE needs to account. The liability to taxes identified in the course of the self-review for 2018 was set out by means of a Self-Correction disclosure and payment (including interest) of €3,128,034 was made to the Revenue Commissioners in September 2019. The amount represents 0.18% of the overall tax paid by the HSE for that year. The HSE has a dedicated in house tax team resourced by tax professionals developing a strong relationship with Revenue and with access to external advisors where necessary. The HSE remains committed to exemplary tax compliance.

Note 25 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.

Patient Private Property Retained Interest

Prior to 2005, interest income earned on patients' private funds was retained by the former Health Boards and used to partially defray the costs incurred in administering approximately 19,000 Patients' Private Property Accounts. This action was based on previous legal advice. Subsequent legal advice taken by the HSE indicated that the Patients' Private Property Accounts operated under an implied trustee relationship with the patients and, as such, the HSE was obliged to remit interest earned to those patients.

The lack of available historic private patient property records limits the ability of the HSE to estimate the full potential liability and therefore a partial liability only has been provided for in the HSE's financial statements. The HSE has set up a Steering Group to actively manage this issue to a satisfactory resolution.

Clinical Indemnity Scheme

Details of the contingent liability in respect of the Clinical Indemnity Scheme are set out in Note 11.

Note 26 Consultants' Settlement

In June 2018, a settlement was agreed between the State and Medical Consultants arising from an alleged breach of contract in relation to the non-implementation of the 2008 Consultants contract. The settlement specifies that 40% of the retrospective remuneration should be paid in 2019 and the balance in 2020. The HSE's estimate of the liability at 31 December 2018 was €198 million. The total cost of the legal settlement is now estimated at €186m at 31 December 2019. The amount paid in 2019 was €85m (Clinical Pay). The estimated remaining liability due is 2020 is €101m.

Note 27 Post Balance Sheet Events

The unprecedented outbreak of the COVID-19 Pandemic presents significant global challenges and uncertainties in all sectors, but in particular on the Health Sector. The HSE is tasked with the provision of health and personal social services for the citizens of Ireland and is therefore significantly impacted by the COVID-19 outbreak.

The HSE and its staff are playing a major role in the response to the COVID-19 outbreak and is actively taking steps to limit the spread of the outbreak and to ensure resources are available such that appropriate Hospital and Community services are in place to look after those whose health has become impacted by the virus.

There are increased pressures on services and resourcing which have resulted in the requirement for additional funding in 2020 to continue to react and manage the current outbreak. The HSE has received contingency funding from the Department of Health as reflected in "Ireland's National Action Plan Response to COVID-19" issued March 2020. This commitment to additional funding means that the HSE considers that it is still appropriate to apply the going concern concept. There is no impact on the financial statements of the HSE for 2019.

HSE management are fully aware of the potential additional risks due to the disruption of the normal activities of the HSE. While it is not possible to determine all the likely impacts financial or otherwise due to the evolving nature of the pandemic, the HSE continues to monitor the situation and plan accordingly.

Note 28 Related Party Transactions

In the normal course of business, the Health Service Executive 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 Health Service Executive adopts procedures in accordance with the Department of Public Expenditure and Reform'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 Directorate members and the HSE during the year. During 2019, a member of staff on secondment to the HSE from a funded body served as a member of the Directorate. No other member of the Directorate held an interest with any related parties.

From June 28 2019, a number of interests were noted by board members. It was deemed that none of the interests disclosed have a material commercial and/or financial impact on the HSE. It was also noted that no investments in unlisted companies, partnerships and other forms of business, major shareholdings and beneficial interests were disclosed. No board members disclosed gifts or hospitality offered by external bodies in the last twelve months. No board members noted any contractual relationship with the HSE and no board members noted any other conflicts not covered elsewhere.

Key Management Personnel

All Board members, in addition to the HSE's Executive Management Team including the Chief Executive Officer, are considered to be key management of the HSE. Overall remuneration in relation to serving key management personnel, including those that were appointed and resigned during the year, is €1.7m (2018: €1.1m). The Board members are in receipt of fees and other than as disclosed in Note 2 all other key management's remuneration comprise of basic pay only. With the exception of the CEO, the other appointed members of the Executive Management Team are members of the HSE pension scheme (and the Voluntary Hospital Superannuation Scheme in the case of the seconded member), and their pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

Note 29 Approval of Financial Statements

The financial statements were approved by the Board on the 13 May 2020.

Appendix 1

Revenue Grants and Capital Grants**

Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Total Grants under €100,000 (1,623 Grants)	**34,334**	**0**	**34,334**	**32,647**
Grants €100,000 or more each				
A Ghra Homecare Services Ltd	1,364		1,364	1,721
Ability West Ltd	27,579		27,579	26,557
Abode Hostel and Day Centre	1,027		1,027	1,026
ACCORD	17		17	108
ACET Ireland	463		463	320
Acquired Brain Injury Ireland (formerly Peter Bradley Foundation)	11,500		11,500	11,114
Active Connections CLG	136		136	0
Active Retirement Ireland	335		335	356
Addiction Response Crumlin (ARC)	922		922	920
Aftercare Recovery Group	105		105	121
AGC Healthcare	380		380	171
Age Action Ireland	454		454	441
Age and Opportunity	545		545	595
AIDS Help West	256		256	261
Aiseanna Tacaíochta	2,103		2,103	1,699
Aiséirí	721		721	475
Aislinn Centre, Kilkenny	1,130		1,130	1,226
Alcohol Action Ireland	220		220	212
All About Healthcare T/A The Care Team	1,199		1,199	1,060
All in Care	7,690		7,690	8,713
All Ireland Institute of Hospice & Palliative Care (AIIHPC)	59		59	204
Alliance	295		295	227
ALONE	729		729	709
Alpha One Foundation	120		120	320
Alzheimer Society of Ireland	11,020		11,020	10,846
An Saol Foundation	500		500	500
Ana Liffey Drug Project	1,236		1,236	1,427
Anchor Treatment Centre	196		196	336
ANEW Support Service	353		353	462
Ann's Home Care	1,315		1,315	0

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Anne Sullivan Foundation for Deaf/Blind	750		750	109
Applewood Homecare Ltd	2,020		2,020	1,786
Arabella Counselling, t/a Here2Help	188		188	191
Áras Mhuire Day Care Centre (North Tipperary Community Services)	309		309	297
ARC Cancer Support Centre	184		184	187
Ard Aoibhinn Centre	4,604		4,604	4,340
Ardee Day Care Centre	291		291	288
Arklow South Wicklow Home Help Service	59		59	103
Arlington Novas Ireland	3,456		3,456	3,369
Arthritis Ireland	228		228	200
Asperger Syndrome Association of Ireland (ASPIRE)	273		273	278
Associated Charities Trust	110		110	187
Association for the Healing of Institutional Abuse (AHIA) (Previously known as the Aislinn Centre, Dublin)	230		230	228
Association of Parents and Friends of The Mentally Handicapped	1,409		1,409	1,367
Asthma Society of Ireland	33		33	212
Athlone Community Services Council Ltd	275		275	265
Autism Initiatives Group	4,981		4,981	5,309
Aware	481		481	484
Ballinasloe Social Services	112		112	154
Ballincollig Senior Citizens Club Ltd	446		446	361
Ballyfermot Advanced Project Ltd	398		398	398
Ballyfermot Chapelizod Partnership	93		93	133
Ballyfermot Local Drug and Alcohol Task Force CLG	125		125	145
Ballyfermot Star Ltd	370		370	370
Ballymun Local Drugs Task Force	286		286	295
Ballymun Regional Youth Resource (BYRY)	146		146	243
Ballymun Youth Action Project (YAP)	678		678	646
Ballyphehane and Togher Community Resource Centre	340		340	290
Barnardos	972		972	946
Barretstown Camp	151		151	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	1,825		1,825	1,078
Be Independent Home Care	3,712		3,712	3,121

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Beaufort Day Care Centre	234		234	230
Beaumont Hospital	359,314	4,243	363,557	334,833
Behaviour Detectives Ltd, Kilkenny	223		223	169
Belong to Youth Services Ltd	241		241	233
Bergerie Trust	345		345	290
Best Home Care Services	538		538	134
Blakestown and Mountview Youth Initiative (BMYI)	481		481	484
Blanchardstown and Inner City Home Helps	2,425		2,425	3,253
Blanchardstown Local Drugs Task Force	545		545	567
Blanchardstown Youth Service	162		162	221
Bloomfield Health Services	151		151	384
Bluebird Care	29,459		29,459	24,975
Bodywhys The Eating Disorder Association of Ireland	445		445	325
Bon Secours Sisters	272		272	471
Bray Community Addiction Team	693		693	706
Bray Home Help/Care Service Company Limited by Guarantee	1,036		1,036	1,040
Bray Lakers Social and Recreational Club Ltd	200		200	137
Bray Travellers Group	113		113	133
Brindley Healthcare	1,542		1,542	71
Brothers of Charity Services Ireland	217,871	386	218,257	204,171
Cabra Resource Centre	220		220	217
Cairde	610		610	624
Cairdeas Centre Carlow	533		533	521
Camphill Communities of Ireland	9,495		9,495	1,753
Cancer Care West	600		600	600
Cancer Trials Ireland	100		100	0
Cappagh National Orthopaedic Hospital	39,506	702	40,208	37,822
Care About You	2,265		2,265	1,693
Care at Home Services Ltd	2,026		2,026	1,864
Care For Me Ltd	1,742		1,742	1,737
Care of the Aged, West Kerry	110		110	110
CareBright	4,562		4,562	4,658
Caredoc GP Co-operative	9,915		9,915	9,084
Caremark Ireland	9,992		9,992	10,217
Careworld	720		720	717

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Caring and Sharing Association (CASA)	0		0	102
Caritas Convalescent Centre	1,837		1,837	1,841
Carlow Day Care Centre (Askea Community Services)	97		97	102
Carlow Social Services	220		220	271
Carlow/Kilkenny Home Care Team	218		218	218
Carnew Community Care Centre	152		152	143
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	11,790		11,790	11,291
Carrigoran Nursing Home – Day Care Centre	130		130	102
Casadh	180		180	215
Casla Home Care Ltd	680		680	634
Castle Homecare	1,235		1,235	1,423
Catholic Institute for Deaf People (CIDP)	4,619		4,619	4,174
CDA Trust Ltd (Cavan Drug Awareness)	214		214	221
Central Remedial Clinic	17,718	118	17,836	18,348
Centres for Independent Living (CIL)	12,525		12,525	11,409
Charleville Care Project Ltd	214		214	170
Cheeverstown House Ltd	28,145		28,145	26,706
Cheshire Ireland	29,574		29,574	26,689
Children's Health Ireland	358,777	3,125	361,902	277,778
Childrens Sunshine Home	4,036		4,036	3,830
ChildVision (St Joseph's School For The Visually Impaired)	4,440		4,440	4,331
Chime	4,505		4,505	4,572
Chrysalis Community Drug Project	438		438	275
Cill Dara Ar Aghaid	268		268	215
Circle of Friends Cancer Support Centre	0	150	150	0
Clann Mór	1,871		1,871	1,597
Clannad Care	1,143		1,143	1,429
Clarecare Ltd Incorporating Clare Social Service Council	7,367		7,367	6,838
Clarecastle Daycare Centre	394		394	394
Claregalway and District Day Care Centre	0		0	375
Clareville Court Day Centre	176		176	166
Clondalkin Addiction Support Programme (CASP)	852		852	862
Clondalkin Drugs Task Force	223		223	233
Clondalkin Tus Nua Ltd	501		501	440
Clonmany Mental Health Association	340		340	322

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Clontarf Home Help	3,172		3,172	3,835
Cluain Training & Enterprise Ctr	750		750	385
CLUB 91 (Formerly Chez Nous Service), Sligo	0		0	125
Co-Action West Cork	8,716		8,716	7,813
Cobh General Hospital	399		399	406
Comfort Keepers Ltd	21,847		21,847	23,424
Communicare Healthcare Ltd	5,439		5,439	4,354
Community Creations Ltd	1,127		1,127	321
Community Games	2		2	100
Community Response, Dublin	397		397	340
Community Substance Misuse Team Limerick	417		417	417
CONNECT – The National Adult Counselling Service (NOVA HELPLINE)	361		361	361
Contact Care	1,663		1,663	1,705
Coolmine Therapeutic Community Ltd	1,999		1,999	1,696
Coombe Women's Hospital	70,979	1,574	72,553	64,677
COPE Foundation	58,871		58,871	56,266
COPE Galway	1,762		1,762	1,718
Cork Association for Autism	7,754		7,754	6,108
Cork Foyer Project	294		294	302
Cork Mental Health Association	150		150	150
Cork Social and Health Education Project (CSHEP)	794		794	798
Cork University Dental School and Hospital	2,798		2,798	2,117
County Sligo Leader Partnership Company	248		248	159
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	6,951		6,951	5,479
CPL Healthcare	1,667		1,667	1,983
Crescent Homecare Ltd	200		200	14
CROI (West of Ireland Cardiology Foundation)	468		468	486
Crosscare	2,826		2,826	2,701
Crumlin Home Care Service Limited	3,306		3,306	3,530
Cuan Mhuire	2,028		2,028	2,399
Cumann na Daoine	103		103	107
Curam Clainne Ltd	93		93	103
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	237		237	192

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Dara Residential Services	1,931		1,931	1,933
Darndale Belcamp Drug Awareness	243		243	250
Daughters of Charity	121,675	19	121,694	118,467
Dawn Court Day Care Centre Ltd	118		118	93
Delta Centre Carlow	4,005		4,005	3,834
Depaul Ireland	1,941		1,941	1,793
Diabetes Federation of Ireland	268		268	426
Dignity 4 Patients	100		100	100
Disability & Home Support Services Wexford	146		146	0
Disability Federation of Ireland (DFI)	1,239		1,239	1,520
Dóchas	102		102	105
Dolmen Clubhouse Ltd	123		123	124
Donegal Homecare Limited	610		610	0
Donnycarney and Beaumont Home Help Services Ltd	1,454		1,454	1,526
Donnycarney Youth Project Ltd	410		410	410
Donnycarney/Beaumont Local Care	115		115	96
Donore Community Development	178		178	178
Down Syndrome Ireland	163		163	179
Drogheda Community Services	119		119	116
Drogheda Homeless Aid Association	167		167	104
Dromcollogher and District Respite Care Centre	525		525	548
Drumcondra Home Help	1,240		1,240	1,271
Drumkeerin Care Of The Elderly	228		228	175
Drumlin House	174		174	164
Dublin 12 Local Drug and Alcohol Task Force CLG	132		132	126
Dublin AIDS Alliance (DAA) Ltd	477		477	548
Dublin Dental Hospital	7,694	160	7,854	6,226
Dublin North East Drugs Task Force	506		506	317
Dublin Region Homeless Executive	579		579	430
Dublin West Homehelp	4,688		4,688	5,166
Dun Laoghaire Home Help	972		972	1,032
Dun Laoghaire Rathdown Community Addiction Team	417		417	417
Dun Laoghaire Rathdown Local Drugs Task Force	109		109	124
Dun Laoghaire Rathdown Outreach Project	252		252	255
Dundalk Outcomers	123		123	83

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Edward Worth Library	165		165	165
Empowerment Plus	172		172	70
Enable Ireland	44,710	1,000	45,710	42,049
Engaging Dementia	116		116	0
Environmental Protection Agency	104		104	65
Epilepsy Ireland	763		763	774
Errigal Truagh Special Needs Parents and Friends Ltd	312		312	244
Extern Ireland	1,085		1,085	649
Familibase	296		296	296
Family Carers Ireland	8,565		8,565	8,982
Fatima Groups United	116		116	116
Ferns Diocesan Youth Services (FDYS)	447		447	346
Festina Lente Foundation	539		539	459
Fettercairn Drug Rehabilitation Project	109		109	95
Fighting Blindness Ireland	111		111	113
Fingal Home Care	4,605		4,605	4,724
Finglas Addiction Support Team	556		556	521
Finglas Cabra Local Drugs and Alcohol Task Force	170		170	177
Finglas Home Help/Care Organisation	2,972		2,972	3,030
First Employment Services	116		116	0
First Fortnight Ltd	155		155	155
Focus Ireland	1,792		1,792	1,716
Fold Ireland	3,861		3,861	3,813
Foróige	266		266	320
Forum The North West Connemara Rural Project	395		395	243
Fusion CPL Ltd	111		111	111
Gaelic Athletic Association	150		150	140
Galway Hospice Foundation	5,401		5,401	4,975
Gateway Community Care	1,401		1,401	3
Gay Health Network	378		378	319
Genio Trust	702		702	3,586
Gheel Autism Services Ltd	6,217		6,217	7,499
Good Morning Inishowen	51		51	129
Good Shepherd Sisters	1,202		1,202	1,132
Graiguenamanagh Elderly Association	200		200	225

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Grantstown Daycare Centre	106		106	104
Greystones Home Help Service Company Limited by Guarantee	1,644		1,644	1,941
GROW	1,305		1,305	1,247
Guardian Ad Litem and Rehabilitation Office (GALRO)	4,956		4,956	4,493
HADD Family Support Group	233		233	163
Hail Housing Association for Integrated Living	464		464	645
Hands On Peer Education (HOPE)	149		149	145
Headway the National Association for Acquired Brain Injury	2,787		2,787	2,599
Health Research Board Ireland (HRB)	303		303	0
Heritage Homecare Ltd	2,443		2,443	1,633
Hesed House	241		241	241
Holy Angels Carlow, Special Needs Day Care Centre	677		677	616
Holy Family School	111		111	111
Holy Ghost Hospital	350		350	1,130
Home and Away Care	563		563	32
Home Care Plus	1,706		1,706	1,016
Home Instead Senior Care	55,451		55,451	49,058
Homecare & Health Services (Ireland) Limited	103		103	0
Homecare Independent Living Ltd	3,797		3,797	3,766
Homecare Solutions Ltd	863		863	1,002
Hope House	285		285	269
IADP Inter-Agency Drugs Project UISCE	150		150	120
Immigrant Counselling and Psychotherapy (ICAP)	254		254	262
Inchicore Community Drugs Team	529		529	549
Inclusion Ireland	633		633	774
Incorporated Orthopaedic Hospital of Ireland	12,213		12,213	10,979
Inis Care	773		773	93
Inspire Ireland Foundation Ltd	0		0	119
Inspire Wellbeing	177		177	545
International Organisation for Migration Screening	300		300	0
Íontas Arts & Community Resource Centre, Castleblanyey	167		167	188
Irish Advocacy Network	794		794	781
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	928		928	904
Irish Cancer Society	753		753	672
Irish College of General Practitioners	477		477	379

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Irish College of Opthalmogists	0		0	206
Irish Family Planning Association (IFPA)	1,315		1,315	1,210
Irish Guide Dogs for the Blind	830		830	822
Irish Haemophilia Society (IHS)	623		623	575
Irish Heart Foundation	293		293	311
Irish Hospice Foundation	329		329	249
Irish Kidney Association (IKA)	454		454	362
Irish Motor Neurone Disease Association	218		218	264
Irish Prison Service	256		256	256
Irish Society for Autism	4		4	3,082
Irish Society for the Prevention of Cruelty to Children (ISPCC)	343		343	351
Irish Wheelchair Association (IWA)	42,832		42,832	40,101
Jack and Jill Childrens Foundation	1,129		1,129	1,038
Jigsaw (also known as Headstrong)	10,749		10,749	8,046
Jobstown Assisting Drug Dependency Project (JAAD Project)	348		348	278
K Doc (GP Out of Hours Service)	2,334		2,334	1,969
KARE Plan Ltd	7,525		7,525	6,895
Kare Plus Ireland	847		847	17
KARE Social Services, Raheny	0		0	125
KARE, Newbridge	20,786		20,786	19,906
Kerry Parents and Friends Association	11,800		11,800	10,746
Kilbarrack Coast Community Programme Ltd (KCCP)	458		458	456
Kildare and West Wicklow Community Addiction Team Ltd	300		300	368
Kildare Youth Services (KYS)	386		386	371
Killinarden (KARP)	150		150	150
Kilmaley Voluntary Housing Association	267		267	270
Kiltoghert Womens Group	284		284	0
Kingsriver Community	642		642	338
L'Arche Ireland	3,775		3,775	3,511
Leap Ireland	100		100	100
Leitrim Association of People with Disabilities (LAPWD)	550		550	522
Leitrim Development Company	432		432	413
Leopardstown Park Hospital	14,019	948	14,967	14,156
Letterkenny Women's Centre	195		195	203
Liberties and Rialto Home Help	1,372		1,372	1,526

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Lifetime Care	517		517	731
Lifford Clonleigh Resource Centre	200		200	90
Limerick Social Services Council	294		294	322
Limerick Youth Service Community Training Centre	205		205	245
LINC	126		126	147
Link (Galway) Ltd	160		160	168
Liscarne Court Senior Citizens	115		115	115
Little Angels Hostel Letterkenny	365		365	415
Lochrann Ireland Ltd	133		133	133
Longford Community Resources Ltd	216		216	207
Longford Social Services Committee	155		155	144
Lorcan O' Toole Day Care Centre	118		118	98
Lotamore Family Centre	48		48	136
Lourdes Day Care Centre	226		226	254
Macroom Senior Citizens Housing Development Sullane Haven Ltd	127		127	124
Mahon Community Creche	178		178	173
Marian Court Welfare Home Clonmel	128		128	128
Mater Misericordiae University Hospital Ltd	327,210	2,841	330,051	288,923
Matt Talbot Adolescent Services	1,275		1,275	1,173
McGann Family Home Care Services	109		109	187
Meath County Council	175		175	175
Meath Partnership	481		481	472
Mental Health Associations (MHAs)	1,122		1,122	414
Mental Health Ireland	2,233		2,233	2,207
Mental Health Reform	362		362	339
Merchant's Quay Ireland (MQI)	3,727		3,727	3,454
Mercy University Hospital, Cork	100,417	1,233	101,650	89,005
Mid-West Regional Drugs Task Force	473		473	472
MIDOC	1,081		1,081	1,070
Migraine Association of Ireland	132		132	140
Milford Care Centre	11,861		11,861	11,727
MOJO	58		58	137
Moorehaven Centre Tipperary Ltd	2,451		2,451	1,701
Mount Cara House	346		346	347
Mount Carmel Home, Callan, Co Kilkenny	99		99	395

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Mounttown Neighbourhood Youth Project	133		133	133
Mowlam Healthcare	1,467		1,467	323
MS Ireland – Multiple Sclerosis Society of Ireland	2,621		2,621	2,695
Muintir na Tire Ltd	86		86	128
Mulhuddart/Corduff Community Drugs Team	324		324	324
Multiple Sclerosis North West Therapy Centre Ltd	233		233	223
Muscular Dystrophy Ireland	1,180		1,180	1,172
Mymind Ltd	258		258	171
Nasc (The Irish Immigrant Support Centre)	90		90	115
National Association of Housing for the Visually Impaired Ltd	1,037	30	1,067	820
National Childhood Network (NCN)	125		125	145
National Council for the Blind of Ireland (NCBI)	6,553		6,553	6,374
National Federation of Voluntary Bodies in Ireland	240		240	351
National Maternity Hospital	67,831	400	68,231	60,002
National Nutrition Surveillance Centre UCD	93		93	192
National Paediatric Hospital	0	201,423	201,423	107,856
National Rehabilitation Hospital	33,394	56,342	89,736	69,967
National Suicide Research Foundation (NSRF)	1,127		1,127	998
National Youth Council of Ireland	151		151	179
Nazareth House, Mallow	1,812		1,812	1,745
Nazareth House, Sligo	2,572		2,572	2,309
Neart Le Cheile	488		488	488
Newport Social Services, Day Care Centre	265		265	270
No Name Youth Club Ltd	130		130	135
North Doc Medical Services	3,938		3,938	356
North Dublin Inner City Homecare and Home Help Services	1,890		1,890	1,026
North Tipperary Disability Support Services Ltd	747		747	684
North Tipperary Leader Partnership	222		222	222
North West Alcohol Forum	408		408	572
North West Parents and Friends Association	2,454		2,454	2,401
North West Regional Drugs Task Force	122		122	39
Northside Community Health Initiative (NICHE)	626		626	653
Northside Homecare Services Ltd	4,474		4,474	4,035
Northside Partnership	162		162	169
Northstar Family Support Project	160		160	175

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Northwest Hospice	1,174		1,174	1,166
Nua Healthcare Services	4,417		4,417	3,601
Nurse on Call – Homecare Package	3,955		3,955	4,113
O'Connell Court Residential and Day Care	293		293	273
Offaly Local Development Company	128		128	114
Offaly Travellers Movement	280		280	232
One Family	405		405	405
One In Four	678		678	595
Open Door Day Centre	376		376	379
Order of Malta	518		518	500
Ossory Youth Services	76		76	101
Our Lady's Hospice & Care Services (Sisters of Charity)	31,455		31,455	31,325
Outhouse Ltd	187		187	195
Patient Focus	0		0	108
Pavee Point Traveller and Roma Centre	1,449		1,449	1,419
Peacehaven Trust	861		861	810
Peamount Hospital	30,600	8,594	39,194	35,609
Peter McVerry Trust (previously known as The Arrupe Society)	2,300		2,300	1,782
PHC Care Management Ltd	3,649		3,649	3,475
Pieta House	2,158		2,158	2,007
Pioneer Homecare Ltd	2,384		2,384	236
Positive Futures	3,184		3,184	357
Post Polio Support Group (PPSG)	363		363	363
Prague House	151		151	315
Praxis Care Group	5,475		5,475	5,905
Prosper Group	12,162		12,162	11,363
Purple House Cancer Support	176		176	127
R K Respite Services Ltd	414		414	0
RADE (Recovery through Art Drama and Education)	119		119	106
Radius Housing Association	158		158	0
RAH Home Care Ltd T/a Right At Home	3,250		3,250	2,596
Regional and Local Drugs Task Forces	3,882		3,882	4,376
Rehab Group	65,408	176	65,584	55,459
Resilience Ireland (Resilience Healthcare Ltd)	5,848		5,848	3,716
Respond! Housing Association	765		765	738

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Rialto Community Development	122		122	121
Rialto Community Drugs Team	422		422	422
Rialto Partnership Company	749		749	693
Right of Place Second Chance Group	200		200	160
Ringsend and District Response to Drugs	403		403	397
Roscommon Home Services Co-op	3,859		3,859	4,200
Roscommon Partnership Company Ltd	182		182	134
Roscommon Support Group Ltd	1,662		1,662	1,581
Rosedale Residential Home	96		96	410
Rotunda Hospital	67,906	1,224	69,130	62,416
Royal College of Physicians	2,235		2,235	1,659
Royal College of Surgeons in Ireland	4,218		4,218	2,992
Royal Hospital Donnybrook	20,745	42	20,787	19,595
Royal Victoria Eye and Ear Hospital	30,890	431	31,321	28,777
Ruhama Women's Project	220		220	230
Rutland Centre	142		142	0
S H A R E	208		208	208
Safeguarding Ireland	246		246	200
Safetynet Primary Care	779		779	584
Sage Advocacy	1,641		1,641	1,358
Salesian Youth Enterprises Ltd	477		477	457
Salvation Army	1,650		1,650	1,650
Samaritans	688		688	661
Sandra Cooneys Homecare	2,552		2,552	2,206
Sandymount Home Help	323		323	359
Sankalpa	251		251	237
Saoirse Addiction Treatment Center	130		130	124
SAOL Project	361		361	340
Schizophrenia Ireland Lucia Foundation	91		91	128
SCJMS/Muiriosa Foundation	62,221		62,221	57,535
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	872		872	688
Servisource Recruitment	6,683		6,683	5,185
Shalamar Finiskilin Housing Association	255		255	243
Shankhill Old Folks Association	151		151	132

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Shannondoc Ltd (GP Out Of Hours Service)	5,030		5,030	4,784
SHINE	1,768		1,768	1,715
Simon Communities of Ireland	9,610		9,610	9,005
Simplicitas Ltd	186		186	72
Sisters of Charity	4,764	452	5,216	6,602
Sisters of Charity St Mary's Centre for the Blind and Visually Impaired	3,183		3,183	3,175
Sisters of Mercy	293		293	402
Skibereen Community and Family Resource Centre	89		89	135
Slí Eile Support Services Ltd	346		346	805
Sligo Family Centre	143		143	128
Sligo Social Services Council Ltd	323		323	419
Snug Community Counselling	149		149	168
Society of St Vincent De Paul (SVDP)	4,103		4,103	4,177
Sophia Housing Association	846		846	908
Sora Healthcare T/A Irish Homecare	11,723		11,723	11,747
SOS (Kilkenny) Ltd Special Occupation Scheme	12,386		12,386	171
South Doc GP Co-operative	8,302		8,302	8,480
South Infirmary Victoria University Hospital	63,933	814	64,747	57,394
South West Mayo Development Company	282		282	262
Southern Gay Health Project	117		117	101
Southside Partnership	122		122	120
Spinal Injuries Ireland	312	86	398	379
Spiritan Asylum Services Initiative (SPIRASI)	403		403	385
St Aengus Community Action Group	141		141	143
St Aidan's Services	5,410		5,410	4,869
St Andrew's Resource Centre	602		602	575
St Bridget's Day Care Centre	117		117	117
St Carthage's House Lismore	182		182	505
St Catherine's Association Ltd	5,969		5,969	7,181
St Christopher's Services, Longford	10,247		10,247	9,516
St Colman's Care Centre	185		185	155
St Cronan's Association	1,282		1,282	1,155
St Dominic's Community Response Project	399		399	536
St Fiacc's House, Graiguecullen	326		326	401

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
St Francis Hospice	12,442		12,442	11,024
St Gabriel's School and Centre	2,228		2,228	1,900
St Hilda's Services For The Mentally Handicapped, Athlone	5,684		5,684	5,313
St James' Hospital	411,596	4,401	415,997	386,220
St James' Hospital, Jonathan Swift Hostels	4,933		4,933	4,927
St John Bosco Youth Centre	0		0	104
St John of God Hospitaller Services	166,316		166,316	157,305
St John's Hospital	23,989	263	24,252	21,997
St Joseph's Foundation	20,383		20,383	18,970
St Joseph's Home For The Elderly	414		414	472
St Joseph's Home, Kilmoganny, Co Kilkenny	162		162	313
St Kevin's Home Help Service	368		368	375
St Laurence O' Toole SSC	887		887	1,061
St Lazarians House, Bagenalstown	231		231	337
St Luke's Home	1,306		1,306	1,046
St Michael's Day Care Centre	188		188	175
St Michael's Hospital, Dun Laoghaire	31,365	50	31,415	29,184
St Michael's House	94,271		94,271	90,494
St Monica's Community Development Committee	401		401	391
St Monica's Nursing Home	199		199	124
St Nicholas Special School	0		0	110
St Patrick's Centre, Kilkenny (Sisters of Charity)	18,245		18,245	16,923
St Patrick's Hospital/Marymount	483		483	336
St Patrick's Special School	182		182	174
St Patrick's Wellington Road	10,478		10,478	9,147
St Vincent's Hospital Fairview	15,654		15,654	15,145
St Vincent's University Hospital, Elm Park	292,631	21,985	314,616	265,031
St Margaret's Donnybrook (IRL-IASD)	1,705		1,705	0
St Paul's Child and Family Care Centre	2,469		2,469	3,093
Star Project Ballymun Ltd	331		331	306
Stella Maris Facility	147		147	147
Stewart's Care Ltd	53,806		53,806	53,380
Stillorgan Home Help	507		507	542
Suicide or Survive (SOS)	323		323	273
Sunbeam House Services	28,702		28,702	27,232

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Support 4 U Ltd	671		671	575
Tabor House, Navan	158		158	158
Tabor Lodge	944		944	799
Talbot Group	611		611	690
Talbot Grove Treatment Centre	86		86	167
Tallaght Home Help	1,974		1,974	1,915
Tallaght Rehabilitation Project	208		208	201
Tallaght Travellers Youth Service	131		131	124
Tallaght University Hospital	249,838	11,755	261,593	253,875
Tearmann Eanna Teo	407		407	365
Tee Care Home Help Services Limited	194		194	0
Teen Challenge Ireland Ltd	277		277	277
Templemore Day Care Centre	173		173	159
Terenure Home Care Service Ltd	1,450		1,450	1,468
The Arklow Home Help Service Company Limited by Guarantee	2,336		2,336	2,262
The Avalon Centre, Sligo	320		320	261
The Beeches Residential Home	130		130	131
The Birches Alzheimer Day Centre	327		327	308
The Collective Sensory Group	125		125	0
The College of Anaesthetists of Ireland	80		80	123
The Eating Disorder Centre Cork	126		126	136
The Irish Forum for Global Health (IFGH)	110		110	110
The Irish Men's Sheds Association (IMSA)	324		324	327
The Killarney Asylum Seekers Initiative (KASI)	102		102	89
The Mens Development Network	143		143	161
The Nightingale Placement Agency (TNPA)	1,210		1,210	628
The North Inner City Drugs and Alcohol Task Force	266		266	0
The Oasis Centre	164		164	164
The Office of Public Works (OPW)	3,055		3,055	0
The Paddy McGrath Housing Project (formerly Aids Fund Housing)	364		364	364
The Sexual Health Centre	293		293	314
The Sunflower Clinic	400		400	0
The TCP Group	1,365		1,365	1,412
Thurles Community Social Services	207		207	210
Thurles Lions Trust Housing Association Ltd	79		79	122

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
Tiglin Challenge Limited	103		103	84
Tinteán Housing Association Ltd	200		200	184
Tipperary Association for Special Needs	130		130	130
Tipperary Hospice Movement	220		220	220
Tolka River Project	281		281	283
Tralee International Resource Centre	75		75	108
Tralee Womens Forum	120		120	146
Transfusion Positive	143		143	81
Transgender Equality Network Ireland	311		311	294
Traveller Groups and Organisations	4,191		4,191	4,764
Traveller Support Group Galway	678		678	0
Travellers Education & Development Association, Tuam	210		210	0
Treoir	382		382	374
Tribli Limited, t/a Exchange House National Travellers Service	909		909	905
Trinity College Dublin	232		232	230
Trinity Community Care	3,537		3,537	3,774
TTM Healthcare Ltd	191		191	422
Tullow Day Care Centre	166		166	164
Turas Counselling Services Ltd	389		389	359
Turn2Me	364		364	165
Turners Cross Social Services Ltd	157		157	202
TUSLA Child & Family Agency	78		78	148
University College Cork	0		0	102
University College Dublin	308		308	32
University of Limerick	901		901	920
Valentia Community Hospital	219		219	304
Victoria Healthcare Organisation Ltd	936		936	740
Village Counselling Service	135		135	135
Walkinstown Association For Handicapped People Ltd	4,222		4,222	4,067
Walkinstown Greenhills Resource Centre	241		241	233
Waterford and South Tipperary Community Youth Service	525		525	1,365
Waterford Association for the Mentally Handicapped	4,029		4,029	3,465
Waterford Community Childcare	188		188	183
Waterford Hospice Movement	276		276	169
Well Woman Clinics	665		665	547

Name of Agency	Revenue Grants 2019 €000	Capital Grants 2019 €000	Total Grants* 2019 €000	Total Grants* 2018 €000
West Cork Carers Support Group Ltd	148		148	156
West Limerick Resources Ltd	172		172	153
West Of Ireland Alzheimer Foundation	2,034		2,034	1,891
Westcare Homecare Ltd	475		475	137
Westdoc (GP Out Of Hours Service)	2,757		2,757	2,418
Western Care Association	37,628		37,628	36,040
Western Region Drugs Task Force	255		255	280
Western Traveller and Intercultural Development Association	0		0	208
Westgate Foundation	95		95	103
Westmeath Community Development Ltd	227		227	252
Wexford Homecare Service	202		202	202
Wexford Local Development	132		132	125
White Oaks Addiction Treatment Centre	149		149	0
White Oaks Housing Association Ltd	255		255	379
Wicklow Community Services Company Limited by Guarantee	1,744		1,744	1,816
Wicklow Hospice Foundation	0		0	1,250
Willow Health Care Ltd	869		869	26
Windmill Therapeutic Training Unit	884		884	701
Young Social Innovators Ltd	100		100	100
Youth For Peace Ltd	139		139	139
Youth Work Ireland	226		226	242
Total Grants to Outside Agencies (see Note 8 for Revenue; see Note 13 for Capital)	**4,699,339**	**324,967**	**5,024,306**	**4,463,755**

* Additional payments, not shown above, 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 2018 comparatives above have been re–stated where appropriate.

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