



Health Service Executive

Annual Report and Financial Statements 2010



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Our Organisation at a Glance

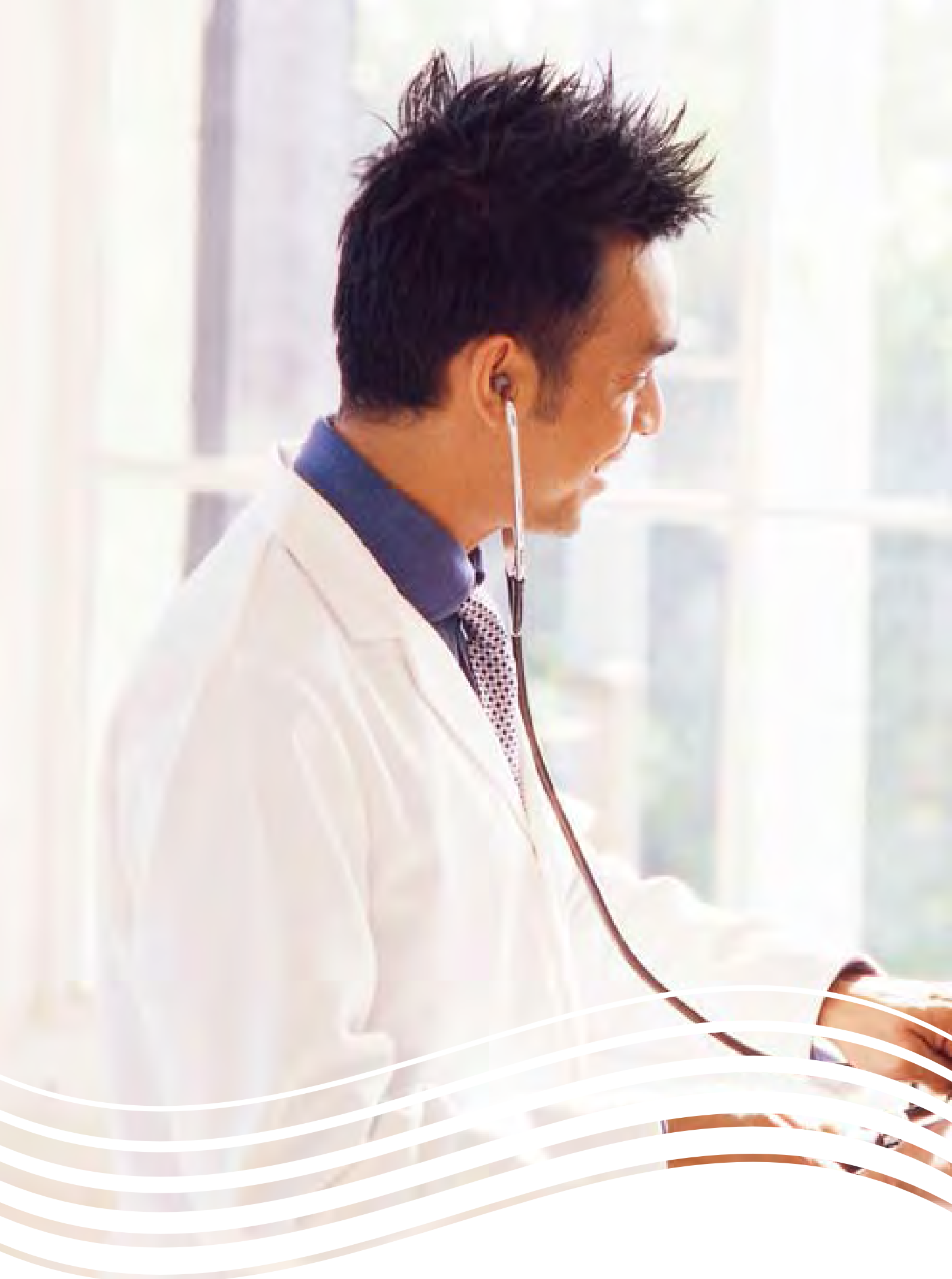
- Two out of every five people (1.6m) in Ireland have a medical card
- Over 17m prescriptions were dispensed for people with medical cards
- There were almost 900,000 visits to our GP out of hours services
- 3.8m payments were made for drug costs over €120 per month
- Our uptake rate for the influenza vaccine is not achieving our target of 75%
- 58,000 girls were offered the Human Papilloma Virus (HPV) vaccination in the 2010 / 2011 campaign
- Two out of every five people are still waiting longer than our target of six hours in Emergency Departments
- Referrals for elective surgery increased by 19% during 2010
- We will improve waiting times for people waiting for an outpatient appointment
- 7,402 adults waited more than six months for elective surgery and 2,618 children waited more than three months
- We delivered 74,418 babies in our hospitals
- There were 3.5m attendances in our Outpatients Departments, an increase of 6% over 2009
- Almost 10,000 people received a home care package
- Almost 3m personal assistance / home support hours were provided for people with disabilities
- Over 1.3m people received either inpatient or day case treatment, a 4% increase over 2009

- On average there was a 94% uptake on childhood vaccinations at 24 months but only 86% availed of the Meningococcal group C (MenC) vaccine
- 95% of women requiring an urgent referral to breast cancer services were seen within 2 weeks
- Over 1.1m people attended our Emergency Departments
- Over 3.6m acute hospital bed days were used during 2010, 2% less than 2009
- We met the 28 day target for urgent colonoscopy in 98% of cases
- All children in care should have a written care plan (90% had in 2010, against the 100% target). We will improve on our governance and accountability for children in our care
- Our average length of stay in hospital is 6.1 days. We will reduce this to our target of 5.6 days
- We will improve our rate of completion of disability assessments for children under 5 years of which only 21% are within timelines
- We will continue to be vigilant in regard to our governance and control processes
- Our average absenteeism rates are 4.7% against our target of 3.5%
- Mental health inpatient readmission rates fell by 8% in 2010
- Increased levels of service were delivered in 2010 with 4% less budget than 2009
- We will focus on suicide prevention services as rates continue to grow – up by 15% on 2007
- We will continue to listen to our patient advocates
- Over 11.68m home help hours were provided to over 54,000 people

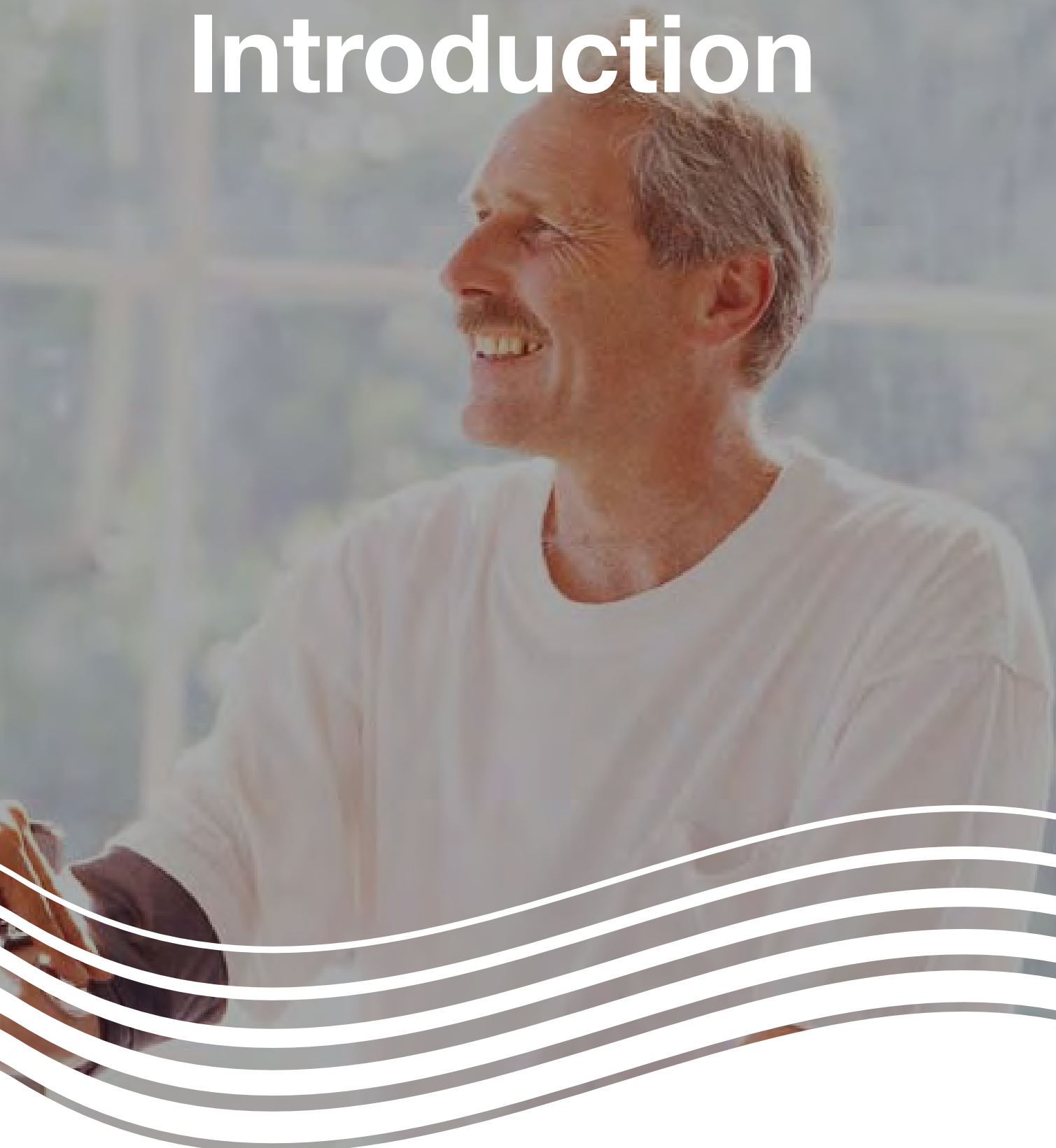


Contents

Introduction	5
Chairman's Statement	6
Board Membership	10
Introduction from the Chief Executive Officer	12
Senior Management Team	14
Setting the Scene	17
Our Organisation	18
Our People	21
Our Finances	26
Our Population	28
Listening to Users of our Services	30
Achieving Our Objectives - Services We Deliver	35
Our Objectives	36
Primary Care	37
Acute and Pre-Hospital Emergency Care	40
National Clinical Programmes	43
National Cancer Control Programme	44
Child Protection and Welfare Services	46
Services for Older People	48
Mental Health Services	50
Services for People with Disabilities	52
Achieving Our Objectives - Delivering Services in the Regions	55
Dublin North East	56
Dublin Mid-Leinster	58
South	60
West	62
Achieving Our Objectives - Supporting Operational Services	65
Appendices	71
Appendix 1: Organisational Structure	72
Appendix 2: Maps and Contact Details	73
Appendix 3: Capital Projects in 2010	75
Appendix 4: Performance Against Key National Service Plan Targets 2010	77
Appendix 5: Annual Energy Efficiency Report	78
Appendix 6: Payroll Summary	79
Financial Statements 2010	83



Introduction



Chairman's Statement



This is the sixth Annual Report of the HSE for the year 2010 and sets out progress against our annual National Service Plan and three year Corporate Plan.

The year 2010 was a very challenging year for the people of Ireland in terms of managing to live in a difficult economic environment. For our part, we had to manage increased demand from patients and clients for our services, coupled with a decreasing budget. We had to source further efficiencies from the entire system and this was a challenge that I am pleased to say we met, delivering more services than ever before while spending less money. Our programme for 2011, as set out in our National Service Plan, is even more challenging.

2010 Performance

During the year we delivered on, and in some cases exceeded, our commitments outlined in the National Service Plan 2010. This included achieving a balanced budget, the details of which are outlined in the Financial Statements on pages 83 - 150. Rigorous attention ensured that significant savings achieved in previous years were maintained. In order to break even, an additional €127 million savings were realised, 20% above target. To achieve these we introduced procurement initiatives and efficiencies. This included savings of €17.7m on contracts awarded for medical and pharmaceutical products.

In line with Government policy to reduce the numbers of people working in the public sector, our staff reduced by 1,781 whole time equivalents by the end of December 2010. This was achieved through natural attrition and was enhanced by the Voluntary Early Retirement and Voluntary Redundancy Schemes.

Capital allocation of €370.3m was spent during the year which resulted in significant infrastructural developments, most notably the opening of new and improved services such as Cork University Hospital's €85m Cardiac Renal Centre in October, the new Emergency Department, Coronary Care and High Dependency Unit at Our Lady of Lourdes' Hospital, Drogheda, and the Cystic Fibrosis Day Unit in Beaumont Hospital. The construction of a new Cystic Fibrosis Unit in St. Vincent's University Hospital commenced in November and is expected to take 18 months to complete. This new building will provide a dedicated CF Day Unit with 10 single day-treatment rooms and, in addition, 20 single en-suite inpatient rooms reflecting best practice in terms of infection control. In the community, a significant number of Primary Care Centres became operational right across the country, with several new Community Nursing Units commissioned, for example in Dungarvan and Dingle. In relation to developing care group services, Knockamann, a new residential development for clients with intellectual disabilities was opened in Portrane, Co. Dublin; Mooreville Mental Health Day Care service commenced in Rathdowney, Co. Laois; a purpose built €8.8m Child and Adolescent Mental Health facility was built in Galway; and a new four bed Palliative Care Unit opened in Athlone, Co. Westmeath. These and many, many more positive developments are highlighted throughout this report.

One area that continues to be of concern is for all children in the care of the State. Children are taken into care by the HSE in the child's best interest and for their safety and protection. Our system of management and governance in this area has and is being radically reformed. Apart from the money we spend on children's care and welfare, we spend in excess of €17m per year on legal fees in respect of these children. In a modern society, we know that this is unacceptable and, working with Government, we will bring about radical changes to child welfare and protection.

We know that people waiting in Emergency Departments is of major public concern. Over 1.1m individual presentations were made to 33 Emergency Departments during the year, with 30% of people requiring admission to hospital. Our performance in this area has proved challenging for us during 2010. Overall, 63% of people attending our EDs completed their visit within the 6 hour target time. Five hospitals were performing at lower than the national average and are being supported to improve their performance. An Emergency Department Improvement Programme is in place which focuses on improvements in bed management, clinical practice changes, implementation of integrated discharge planning and the development of community services to support admission avoidance and earlier discharge from hospital. Significant work was also undertaken to implement a system to record patient's total experience time in EDs and this will be implemented in 2011.

Promoting Health and Preventing Illness

A key challenge for the health service is to keep people healthy as well as preventing illness. During the year the long awaited vaccination against the Human Papilloma Virus to protect against cervical cancer was introduced, targeting school girls in 1st and 2nd year of secondary school, girls attending special schools and home-schooled girls reaching 12 years of age between September 2009 and August 2011. A new Pneumococcal vaccine was also added to the routine childhood immunisation programme, but we must redouble our efforts as uptake of vaccines in some instances are still too low.

We constantly strive to make sure that those who come into contact with our services do so in a safe environment. Healthcare associated infection control is an ongoing battle which we are at long last winning. MRSA rates have dropped by approximately 37% since 2007. In this, as in many other areas, our work with the Health Information and Quality Authority (HIQA) is important, and we value their input and advice.

Striving for Excellence

The commitment of our staff and the innovative and creative thinking behind many of the services, projects and developments is impressive. In November 2010, the HSE Achievement Awards that took place in Dublin recognised best practice and innovation of healthcare staff in the delivery of quality patient care. These awards have a very important role in motivating our staff to continually strive to provide the best possible service to the public. The award for overall best project was presented to Wexford General Hospital. Their project, a Site Infection Surveillance Service, is a proactive and innovative patient post-discharge surveillance system which has resulted in a sustained decrease in infection rates at the hospital. Congratulations to Wexford General Hospital and all the entrants on their achievements, of whom we are proud.

Increasing Efficiencies

A number of initiatives came to fruition during the year to make systems and processes simpler, and services more accessible for our patients and service users. These included launching the online applications for medical cards (www.medicalcard.ie) and also online birth, adoption, death, stillbirth and marriage certificates (www.certificates.ie). The use of information technology is essential for a modern health service and we need to continue on this path.

Managing Performance

The Board receives monthly Performance Reports on the functioning of the organisation. These reports include service activity, financial and human resource data and progress against the annual service plan. The Board also receives progress reports against our Corporate Plan. Through the three committees of Audit, Risk, and Remuneration and Organisation, detailed work is undertaken by Board members. I would like to thank Professor Niamh Brennan, Professor Ann Scott and Mr Pat Farrell for their significant contributions as Chairs of these committees.

As Board members, we are acutely aware of the challenging role in which the HSE finds itself. Our staff are often criticised when they do not perform to the standards people expect; this criticism can be harsh and sustained and sometimes, but not always, warranted. Yet they continue to perform and serve and often must rely on a quiet word for a job well done. We are aware that the organisation is evolving and must constantly challenge itself. The performance figures outlined in this report are proof of that. We must continue to monitor our own governance and improve on it. Our experience with the Skills Programme is a very tangible example for us of where vigilance must be applied at all levels.

Chairman's Statement (continued)

Acknowledgements

I would like to thank all the Board members who served during the year for their commitment and valued contribution. I would also like to thank the former Minister for Health and Children, Mary Harney, T.D. and the Department of Health and Children officials for their continued support in helping to develop a national and sustainable health service for Ireland. We also look forward to working with the new Government in 2011, particularly Minister for Health, Dr. James Reilly T.D., Ministers of State, Ms. Roisin Shortall T.D. with responsibility for Primary Care and Ms. Kathleen Lynch T.D. with responsibility for Disability, Equality, Mental Health and Older People. We welcome the innovative development in regard to children and the appointment of Ms. Frances Fitzgerald T.D. as the Minister for Children.

Professor Brendan Drumm stepped down as Chief Executive Officer at the end of August and was replaced by Mr. Cathal Magee. I would like to pay tribute to both these men in carrying out what is a very responsible role in difficult times. Mr. Liam Downey also stepped down as Chairman and Mr. P.J. Fitzpatrick also retired as a Board member. Mr. John Fitzgerald, Ms. Sylda Langford and Mr. Joe Lavelle were appointed to the Board in February, and Ms. Nuala Hunt was appointed to the Board in October. I would particularly like to thank Liam and acknowledge the fine contribution he made as Chairman.

Finally I would like to thank the users of the service and the staff who serve them. Ultimately it is a people service and while technology and science aid us in our endeavours, the people we serve must feel we care and that they are cared for. 2011 promises to be a year of change and challenge and we look forward to both.



Dr. Frank Dolphin

Chairman

Health Service Executive

Dr. Frank Dolphin, Chairman, HSE at the:



Tour of the Community Adolescent Mental Health Unit in Merlin Park Regional Hospital, Galway with Niamh McDonnell, Clinical Nurse Manager 2



Official opening of the Dungarvan Community Hospital, Waterford, talking to patient Cathy Murphy; also included are Paula French, Director of Nursing, Pat Healy, Regional Director of Operations, HSE South and Michael Murphy



Launch of the audit report of the Midland Diabetes Structured Care Programme by former Taoiseach, Brian Cowen with Dr. Velma Harkins, Lead GP on the Diabetes Programme, Dr. Gerard Crotty, Clinical Director, Midland Regional Hospital in Tullamore, Dr. Shu Hoashi, Endocrinologist, Midland Regional Hospital in Mullingar, Dr. Declan Scanlon, GP and Dr. David Weakliam, HSE Consultant in Public Health Medicine



Achievement Awards, marking the success of the Balance Matters for Older People Project in Dublin North Central with Antonia Martin, Dublin City Council, Mary Connolly, Tolka Area Partnership, Bernadette Rooney, Aine O'Riordan, Senior Physiotherapist, Dublin North Central, Manus Bree, Community Development Worker, (Ballymun Whitehall Area Partnership), Kemi Alonge and Titi Akindipe

Board Membership

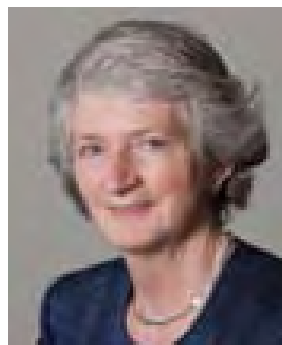
As at 31st December, 2010



Dr. Frank Dolphin



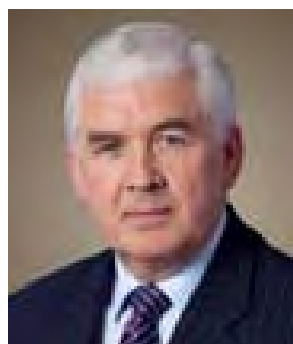
Mr. Pat Farrell



Ms. Sylva Langford



Mr. Joe Mooney



Mr. Cathal Magee



Mr. John Fitzgerald



Mr. Joe Lavelle



Dr. Dermot Power



Professor Niamh Brennan



Ms. Nuala Hunt



Mr. Eugene McCague



Professor P. Anne Scott

Dr. Frank Dolphin is the chairman of Rigney Dolphin Ltd, a business services company he founded in Waterford in 1990. He is a member of the board of Governors of Waterford Institute of Technology, a Fellow of the Marketing Institute and an Associate Fellow of the British Psychological Society. Previously, he was Chairman of the Children's University Hospital, a Governor of the Mater Hospital and President of Waterford Chamber of Commerce. Dr Dolphin worked as a clinical research psychologist at the Children's University Hospital and as consulting psychologist to St Joseph's Clonmel. He also lectured in psychology and consumer behaviour. Dr. Dolphin was appointed Chairman of the HSE in August 2010.

Mr. Cathal Magee, the Chief Executive Officer of the HSE, took up his appointment in early September 2010 succeeding Professor Brendan Drumm. He is a former Managing Director of Eircom's portfolio of retail businesses, and was also interim Chief Executive of the Group for six months to July 2009. Prior to joining Eircom, Mr. Magee worked for the National Australia Bank Group in the UK and Ireland. His early career was in the health service. He holds a first class honours degree in management from the Irish Management Institute and an MSc in Organisational Behaviour from Trinity College.

Professor Niamh Brennan, a chartered accountant and chartered director, is Michael MacCormac Professor of Management at University College Dublin. She is academic director of the Centre for Corporate Governance at University College Dublin. Professor Brennan chaired the Commission on Financial Management and Control Systems in the Health Service and chairs the Dublin Docklands Development Authority.

Mr. Pat Farrell is Chief Executive of the Irish Banking Federation, the principal representative body for banking and financial services in Ireland. Prior to this he held a number of senior executive appointments in the health care and financial services sectors. He serves as a Board member of Threshold and is a Trustee and Ireland Chairman of Sightsavers International. He is a member of the Department of An Taoiseach's International Financial Services Centre Group, Chairman of the Executive Steering Group of IFSC Ireland and a member of the Executive Committee of the European Banking Federation.

Mr. John Fitzgerald has spent most of his career working in local government, serving in several senior positions, including that of Dublin City Manager from 1996 until 2006. Currently, he is chairman of An Post, the Grangegorman Development Agency and of the two Regeneration Agencies set up in Limerick following his report to Government on problems of social exclusion in that city. He is also chairman of the National Transport Authority since its establishment in December 2009.

Ms. Nuala Hunt is a chartered accountant and tax consultant, with a Bachelor of Commerce from University College Cork. She has 20 years of business experience in financial planning, management, analysis, reporting and governance across a broad spectrum of industries in both the public and private sector. Past roles include audit manager with Arthur Andersen, and Company Secretary and Financial Controller with Paddy Power plc. She is a former Governor of the National Maternity Hospital and was a member of the Expert Group on the Resource Allocation and Financing in the Health Sector which reported in 2010.

Ms. Sylva Langford is the former Director General of the Office of the Minister for Children and Youth. She was an Assistant Secretary General in the Department of Justice and Law Reform for nine years. She has had extensive experience in policy and legislative work across a broad range of government areas. She is Chair of the Citizen's Information Board and Adjunct Professor in University College Dublin's College of Human Sciences. She has a professional background in social policy and social work and is a graduate of University College Cork and the London School of Economics.

Mr. Joe Lavelle was appointed to the Board of the HSE in February 2010. A graduate of National University Ireland Maynooth, he holds a BA in history and economics and is a member of the Institute of Chartered Accountants (Ireland). He has advised a broad mix of public and private sector organisations, and has over ten years advisory experience across audit, risk assessment, company law and corporate governance. He is currently a manager with Deloitte (Ireland).

Mr. Eugene McCague is a solicitor and chairman of Arthur Cox. He is a graduate of University College Dublin. He is a member of the Board of Cooperation Ireland, a former chairman of the governing body of the Dublin Institute of Technology and a former president of the Dublin Chamber of Commerce.

Mr. Joe Mooney is a retired senior official of the Department of Finance where he had extensive policy involvement in the health and social welfare areas. Previously, he worked on economic and taxation matters. He is a former member of the Pensions Board.

Dr. Dermot Power is a consultant in geriatric medicine at the Mater Hospital and Medical Director of St Mary's Hospital Phoenix Park. A graduate of medicine in University College Dublin, he is a Fellow of the Royal College of Physicians of Ireland. Among his qualifications, he also has a Diploma in Management for Medical Doctors jointly awarded by the Royal College of Surgeons in Ireland and Irish Management Institute. Dr Power is a member of the British Geriatrics Society, Irish Gerontological Society, Irish Medical Organisation and Royal Society of Medicine.

Professor P. Anne Scott is professor of nursing and deputy president / registrar of Dublin City University, and formerly held the post of head of the School of Nursing at Dublin City University. Previously, she held academic posts at the University of Stirling, Glasgow Caledonian University and the University of Glasgow. Professor Scott is a member of the Governing Authority of Dublin City University, and a former member of the Board of the Health Research Board and the Board of Governors of St. Vincent's Hospital, Fairview.

Introduction from the Chief Executive Officer

These are very challenging times for our health and personal social services. Throughout 2010 it was immensely challenging to operate within the funding and employment control constraints in a way that sought to minimise the impact on both the quality and range of services to patients and clients. Service provision was delivered against a background of a difficult financial position requiring us to engage in a relentless cost reduction programme pursued across all non-pay headings, maximising procurement opportunities and eliminating all discretionary spending. This Annual Report and Financial Statement 2010, sets out the operating performance of the HSE in 2010 across the range of health and social services provided in line with the National Service Plan 2010. As an introduction, a number of important themes are highlighted:

Increasing Demand

Demand for services continues to grow year on year and will outstrip services capacity within the current system. Our traditional models of care are now struggling to keep up as health care volumes continue to grow, creating an absolute necessity for reform and change. While many service and performance improvements were successfully undertaken in 2010 we continued to experience a number of persistent challenges that we are tackling on an ongoing basis:

- Poor access to outpatient and inpatient services.
- Waiting times and patient experience in Emergency Departments.
- Development of primary care and community based services.
- Need to integrate patient journeys between primary and secondary care.
- Need to develop safer and better quality of care.
- Need to transform and support our services in child protection.

National Clinical Programmes of Care

Change and innovation must start within our health care settings where services are provided to patients. Working in collaboration with the professional bodies and colleges representing doctors, nurses, health and social care professionals and general practitioners, in 2010 we initiated an ambitious plan to re-engineer the way we provide clinical care services in our health care system. It is designed to ensure a systematic approach to service provision improving access to, and delivery of, high quality, safe and efficient hospital services nationally. This will be enabled through the development and implementation of our national clinical programmes of care. A key success in 2010 was to align stakeholders to this shared vision and a way of collaborative problem-solving that builds trust between all those engaged in delivering and improving our health services.

Clinical Leadership

The leadership needed to change the performance of our hospitals and health system must come principally from doctors and other clinicians such as health and social care professionals working side by side with their managerial colleagues. In 2010, the emergence of a significant group of clinical leaders, clinical directors and national clinical programme leads of multidisciplinary teams represents a most positive change dynamic in our health system and is key to unlocking major performance improvement. Implementing our national standardised models of care through our clinical care programmes and clinical leadership teams is an absolute priority for us in 2011.

Child Care

2010 was a very difficult year for child care services in Ireland with the publication of a number of disturbing reports. These clearly indicated that we have to make significant changes to ensure that we meet our obligation to safeguard children. We must improve our governance and accountability for children in our care, improve our management of performance, transparency in our processes and systems. It is essential that this modernisation and improvement agenda is implemented so that children can have confidence in the services provided to them. This change agenda will review the distribution of resources, consider the relationship of children's services to the rest of society and set out the management arrangements that provide accountability and specific responsibility to every level of the organisation. A key decision in 2010 was to appoint a HSE National Director of Children and Family Social Services, taking up post in January 2011, to drive this very important and urgent agenda. In addition, the new Programme for Government has placed the children's agenda on their priorities, with the appointment of a Minister for Children which will give impetus to ensure that we all meet our obligation to safeguard children.

Culture

The HSE is an amalgamation of initially 17 different bodies and has absorbed a further eight additional bodies since its formation in 2005. Today, five years on, it still largely resembles a federation of former autonomous entities, rather than a coherent single integrated organisation model with a shared identity and mission. While many important changes and improvements have taken place, the necessary infrastructure in terms of organisation design, service information and enterprise systems, management capabilities and processes are not in place to support the effective integration and leadership of such a large and complex enterprise. Despite these limitations, many people work very hard to deliver in a very challenging operational environment.

A legacy administrative culture still prevails, reinforced in recent years through the highly centralised and rigid public service control. It is seriously out of line with the requirements, the demands and challenges of a dynamic 24/7 operating environment. Changing this environment will require major investment in reengineering virtually all components of this legacy infrastructure. The future opportunity, however, is to shift the system to a next generation technology-led, smart health care infrastructure in order to support health and personal social services over the next decade.

Financial Control

The HSE spends public funds on the provision of health and personal social services to the population of Ireland. All expenditure incurred by the HSE must meet stringent criteria in terms of accountability and transparency to fulfil our duties as a public body with responsibility for a revenue expenditure of €14.2 billion in 2010. Maintaining an effective system of internal control involves significant challenges in the HSE where financial and service information systems are multiple and fragmented. Financial processing is not fully automated and significant manual intervention is still required to facilitate the preparation of monthly management accounts, the Financial Statements and the Appropriation Account. In short, the financial and service information systems are not fit for purpose. The development and implementation of single enterprise-wide financial, procurement, human resources and patient information systems are a critical priority in the current organisation model.

Grants to outside agencies are governed by Section 38 and 39 of the Health Act 2004 and amounted to €3.6bn in 2010. This is a very significant level of public funding to outside agencies which must be underpinned by more formalised governance, control and audit protocols going forward.

Moving Forward

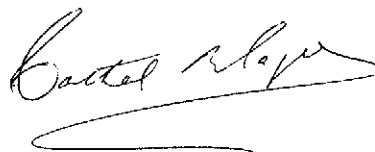
The Programme for Government sets out a new and radical agenda for reform of our health care system and structures with significant organisational change to the existing model.

The Department of Health and Children will publish its Statement of Strategy in response to the formation of the new Government. We look to this statement to chart the future strategic direction and roadmap for change to shape the development of our next Corporate Plan 2011 – 2014.

Thank You

I would like to thank all our staff and management throughout our services in the HSE and in all our funded agencies who despite the criticisms, constraints and limitations seek to continue to provide a high quality service to our patients and clients every day.

On behalf of the management team, I would like to thank the Chairman and members of our Board, and the Secretary General and his senior team and officers in the Department of Health and Children for their support during 2010. Ireland is now facing unprecedented economic, social and healthcare challenges. As with any period of crisis it is also a time of opportunity. We have a responsibility and an accountability to our public and to the taxpayer to deliver on the reform of our health system.



Cathal Magee
Chief Executive Officer

Health Service Executive

Senior Management Team

As at 31st December, 2010



Mr. Cathal Magee
Chief Executive Officer



Mr. Sean McGrath
National Director, Human Resources



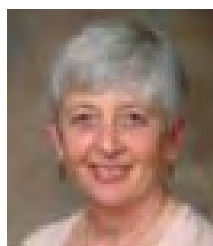
Ms. Jane Carolan
National Director, Corporate Planning and Corporate Performance



Ms. Laverne McGuinness
National Director, Integrated Services Directorate, Performance and Financial Management



Mr. Paul Connors
National Director, Communications



Dr. Susan O'Reilly
National Director, National Cancer Control Programme



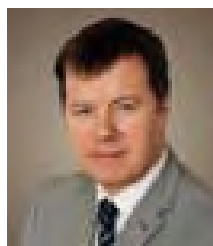
Mr. Michael Flynn
National Director, Internal Audit



Dr. Barry White
National Director, Quality and Clinical Care



Mr. Brian Gilroy
National Director, Commercial and Support Services; Integrated Services Directorate, Reconfiguration



Mr. Liam Woods
National Director, Finance



Mr. Dara Purcell
Secretary to the Board and Secretary to the Senior Management Team





A person in a white lab coat is writing on a clipboard in a clinical setting. In the background, a patient is lying in a bed. The scene is dimly lit, with a blueish tint. The text 'Setting the Scene' is overlaid in large white font.

Setting the Scene

Our Organisation

Introduction

This Annual Report describes progress against the HSE National Service Plan 2010 and sets out what we have achieved within the longer term agenda as stated in our second Corporate Plan, 2008 – 2011.

In line with our legislative requirements the Annual Report also reports progress against the HSE Capital Plan and provides detailed financial statements for the organisation.

Our Role and Structure

The Board of the HSE is the governing authority of the organisation and is accountable to the Minister for Health and Children. The CEO, with the support of his Management Team, is accountable to the Board.

The HSE organisational chart for 2010 can be seen on page 72.

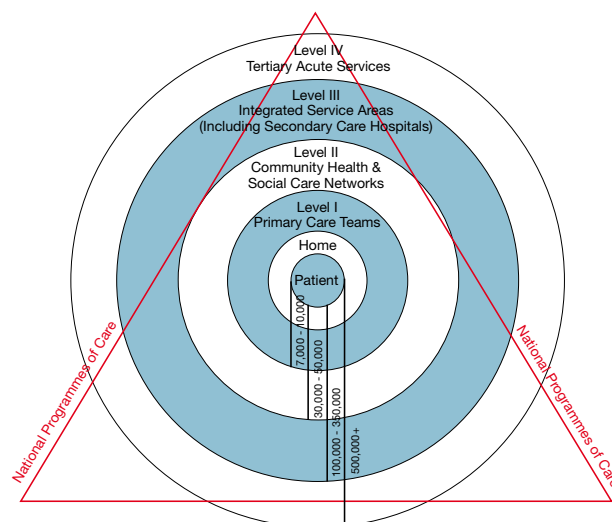
Over the year we concentrated on consolidating service delivery in the four regions: HSE West, HSE South, HSE Dublin Mid-Leinster and HSE Dublin North East, managed by Regional Directors of Operations. Under our model, care is managed by 17 HSE Areas - geographic areas where one person, an Area Manager, has responsibility for all hospital and community services within a defined catchment population. This ensures that decision making has been brought back to local areas, working within national standards and frameworks. The map on page 73 outlines the regions and areas.

New Service Delivery Model

The model of service delivery is based on all services, community and hospitals being linked to local populations with effective integration arrangements at all levels. Patients requiring a routine, straightforward level of care can be safely provided with treatment delivered at home or as close to home as possible. The minority of patients who require more complex or critical care will be safely managed in a designated acute centre where the relevant clinical expertise is concentrated so that consultant-led high quality care is available.

Evidence of developments to support this model can be found throughout this report.

Figure 1: Service Delivery Model



The Services We Provide

Services in the community include:

- Health promotion, prevention and protection services.
- Primary and community care services.
- Services for children and families.
- Services for older people.
- Services for persons with disabilities.
- Mental health services and suicide prevention.
- Palliative care services.
- Services for persons with chronic illness.
- Oral health.
- Social inclusion services.
- Civil registration services.

Services are also provided by independent contractors (e.g. general practitioners (GPs), pharmacists, optometrists, dentists), non-statutory, voluntary and community groups on behalf of the HSE.

In our hospitals:

- Acute services are delivered through 50 acute hospitals within four regions. Acute hospitals provide a comprehensive range of assessment, diagnosis, treatment and rehabilitation services on a regional, an extended regional (supra-regional) or national basis.
- More complex procedures are provided in supraregional centres, including neurosurgery, cardiac surgery, complex cancer treatments and radiation oncology.
- Designated national specialist services incorporate areas of care such as organ transplantation, spinal injuries, paediatric cardiac services and medical genetics.
- In addition to direct service provision, there are a number of arrangements in place with other service providers in Ireland for the delivery of specific services, e.g. renal dialysis and radiation oncology.

- Hospitals also play a key role in undergraduate and post graduate training, the education of medical and health service professionals and essential clinical and related research with universities.

We also provide pre-hospital emergency care services (ambulance and emergency response services).

Promoting Quality and Safety

A key priority for us is ensuring that the services we deliver are qualitative and patient outcome oriented. The provision of safe services is paramount. This is done by constantly seeking to identify opportunities to improve our existing services and by consciously building quality into all aspects of new services we plan.

Programmatic approach to developing and implementing clinical care programmes

Clinical care programmes introduce standard care pathways for specific conditions / diseases / specialities so that every patient can access the right treatment no matter where in the country they live.

Chronic diseases have been addressed in the initial cohort of programmes, as evidence shows that a handful of chronic conditions account for up to 70% of mortality. Chronic disease management programmes include stroke, acute coronary syndrome, heart failure, asthma, chronic obstructive pulmonary disease (COPD), diabetes, epilepsy and mental health.

When rationalising the establishment of other programmes, recognising that the first point of hospital contact mainly occurs in the Outpatient Department (OPD), programmes have been targeted at areas we know have longer waiting times to access. These include dermatology, neurology, rheumatology and orthopaedics. The focus is on standardising care and implementing proven solutions to save lives, preventing complications, removing waiting lists and saving money.

Significant improvements in these services will not only have a substantial impact on morbidity and mortality, but also free up resources for other areas. Implementation of these models will commence in 2011 and will ensure a systematic approach to service provision improving outcomes for patients.

Further information on these programmes can be found on page 43

Healthcare Associated Infection (HCAI)

We strive to assure patients who come into contact with our services that they will receive optimal care and that adverse events, such as infections, are prevented in so far as is possible. Unfortunately though, some people do acquire healthcare associated infections. We are striving to ensure these rates of infections are reduced.

MRSA bloodstream rates have dropped by about 37% since 2007. Antibiotic consumption rates, which had been increasing annually in both hospitals and general practice, have now decreased by 5%. In addition, the hand gel consumption rate is improving year on year and the number of infections from *Clostridium Difficile* (down approximately 50% over 18 months) have shown significant improvement. Since the launch of the HSE *Say No To Infection Strategy* in 2007, measurable progress has been made in reducing HCAI, making our hospitals and other healthcare facilities safer for patients.

Key drivers for this improvement have been the explicit responsibility assumed by managers, the increased contribution of clinicians from a much wider variety of specialities and a significant change in the culture of the organisation. HCAI will remain a major challenge for the foreseeable future, so we must ensure that these organisational drivers are intensified and that we continue to implement the specific measures aimed at preventing and controlling HCAI.

Patient Safety First

In September, the Minister for Health and Children announced the establishment of a new national framework to drive clinical effectiveness through which patients will be assured of the provision of high quality care based on established best practice. The Minister and other stakeholders, including the HSE, also signed the *Patient Safety First* declaration of commitment as part of the National Framework for Clinical Effectiveness.

Patient Safety First is an awareness raising initiative through which healthcare organisations declare their ongoing commitment to patient safety. Through participation in this initiative, those involved commit to play their part in improving the safety and quality of healthcare services. This commitment is intended to create the momentum for positive change towards patient safety.

The HSE is committed to the multi-agency approach being taken to ensure the provision of high quality care for all patients.

We will continue to focus on initiatives that can improve the safety and quality of health services in Ireland:

- A national directorate has been established with a particular focus on quality and patient safety.
- A system of risk registers has been established. Risk registers allow an organisation, or unit within an organisation, to identify risks (including risks to patients) and to strengthen its efforts to reduce these risks.
- Our system of managing incidents (including serious incidents) has been improved so we can learn from what has gone wrong and reduce the risk of recurrence.
- We have enhanced our system for the involvement of patients and other service users in the decision making processes of the organisation.

Our Organisation (continued)

The following programmes are in place, which will ensure that we deliver on our safety and quality agenda:

- **Clinical Audit:** auditing performance against agreed standards helps us to identify and address gaps in services. Guidelines for clinical audit are being produced for implementation across our organisation.
- **Clinical Effectiveness:** healthcare is complex with many treatment options available. We are committed to actively participating in the DoHC Committee on Clinical Effectiveness which will mandate guidelines for how patients are to be treated in the future.
- **Risk and Incident Management:** we have set up a national incident management team whose purpose is to ensure we investigate and learn from cases where a patient or service user is harmed or could have been harmed.
- **Quality, Clinical and Social Care Assurance:** is an internal independent audit service that audits compliance to policies, standards and guidelines in the clinical and social care services, and follows up on the implementation of recommendations. In the last quarter of 2010, eight audits were conducted.
- **Records:** errors in record keeping are a cause of patient harm. We revised our national standards in this area. We also launched a version for use in maternity hospitals for the first time.
- **Medication safety:** recent data confirms that, like other countries, errors in medication account for significant harm. We established a medication safety programme. We are working to standardise and improve practise in this area, and reduce the chances of wrong drug, wrong dose, or wrong route of administration occurring.
- We have supported HIQA in developing their standards for *Safer, Better Healthcare*, and have undertaken preparatory work for their implementation.

HSE Achievement Awards 2010

The HSE Achievement Awards recognise and celebrate outstanding work by health and social care staff and ultimately reward best practice and raise standards within the health sector.

The award for overall best project in the HSE Achievement Awards, the Derek Dockery Perpetual Award, was in respect of a Site Infection Surveillance Service presented to Wexford General Hospital.

The Site Infection Surveillance Service is a proactive and innovative patient post-discharge surveillance system which monitors surgical site infection rates and which has resulted in a sustained decrease in such infection rates at the hospital over the last three years. This project illustrated the dedication of staff in improving patient care, raising standards in healthcare and delivering a quality service and real benefits to patients.



The Wexford General Hospital project team with Ryan Tubridy. Pictured are (L-R) Patricia Hackett; Eithne O'Sullivan; Dr. Brian Carey; Ryan Tubridy; Lily Byrnes; Richard Dooley; Emer Ward and Colette O'Hare



The Future for Neurological Conditions in Ireland, an essential guide to neurological care in Ireland, was published in 2010.

Over 700,000 people are living with neurological conditions such as migraine, stroke, dementia, epilepsy, acquired brain injury, multiple sclerosis and Parkinson's disease. The report contributes to a greater understanding of the challenges facing neurological care in Ireland and calls for the prioritisation of a national programme for neurological care.

Clinical programmes which have been established on epilepsy, stroke and neurology will ensure that services in these areas are specifically targeted, improving patient outcomes and healthcare provision.

Our People

Introduction

As the largest employer in the State, our workforce is a very valuable resource. It is also a very complex and costly resource that requires us to constantly evaluate our work practices to ensure our staff provide high quality, safe services, at the appropriate level, with the appropriate skill mix and at the appropriate cost.

In the past two years we have been working on downsizing our workforce, driving efficiencies at every level in the system to deliver best practice for our patients and service users.

In doing so our aim is to achieve an organisational culture that is patient focused, empowers staff to realise their potential and have pride in the services they provide in a safe and healthy environment.

Employee Numbers

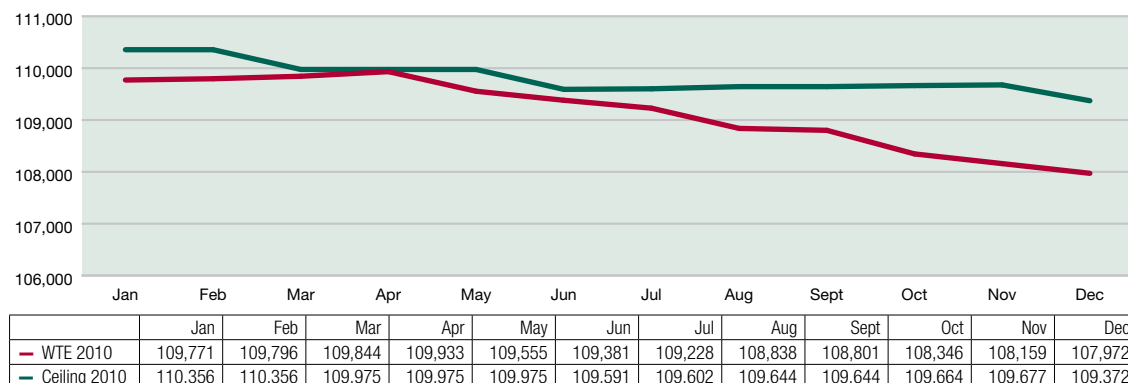
In line with government policy to reduce the numbers of people employed in the public service, the HSE was given a 2010 target of reducing permanent staff by 1,530 whole time equivalents (WTEs). At the end of 2010, we had 107,972 WTEs employed, a reduction of 1,781 on end of 2009 figures.

At the end of the year, the health sector was in full compliance with the government approved employment ceiling (1,400 WTE below ceiling) and created some capacity to address employment growth without breaching the overall approved employment ceiling going into 2011. Figure 2 shows the trend in employment levels in 2010 and ceiling compliance.

In 2010:

- 48% of staff are employed in primary and community services.
- 45% of staff work in acute hospitals.
- 3% work in national corporate services such as finance, procurement, HR, etc.
- The remaining 4% are in other service areas such as National Cancer Control Programme and pre-hospital care services.

Figure 2: WTE vs Ceiling 2010

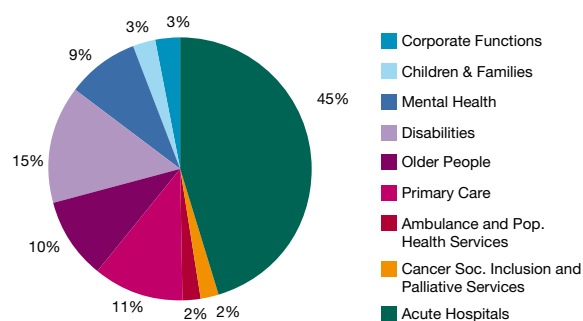


Data source: Health Service Personnel Census

Fast Facts 2010

- 107,972 WTEs are employed in the HSE (December 2010).
- Our staff numbers reduced by 1,781 WTEs (-1.6%).
- In addition, in January 2011, there will be a further reduction of 1,626 WTEs (VER / VRS).
- 36% of staff are employed in the voluntary sector.
- Social Worker appointments increased by 11.5%.
- We have reduced our management / administration staff by 6% since 2007.
- Absenteeism is running at 4.7% against a target of 3.5%.

Figure 3: WTEs by Care Group December 2010



Data source: Health Service Personnel Census

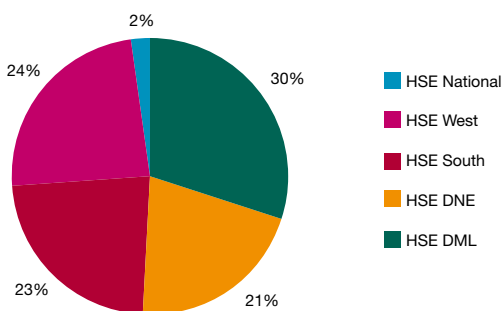
Our People (continued)

Table 1: Health Service Personnel Census December 2009 vs December 2010

Category	WTE Dec 09	% of Total	WTE Dec 10	% of Total	WTE change 2009-2010
Medical / Dental	8,083	7%	8,096	7.5%	+13
Nursing	37,466	34%	36,503	34%	-963
Health and Social Care Professionals	15,973	15%	16,355	15%	+383
Management / Administration	17,611	16%	17,301	16%	-309
General Support Staff (incl portering, maintenance, catering etc.)	11,906	11%	11,421	10.5%	-486
Other Patient and Client Care (incl Care Assistants, Therapy Aids, etc.)	18,714	17%	18,295	17%	-418
TOTAL	109,753	100%	107,972	100%	-1,781

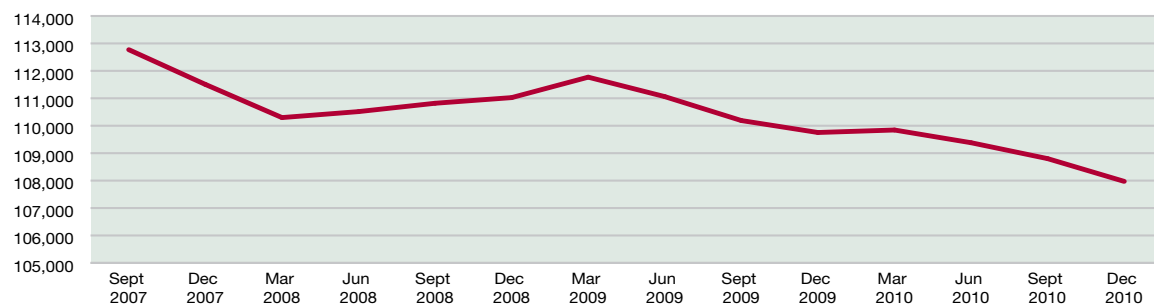
Data source: Health Service Personnel Census

Figure 4: % WTEs by Region December 2010



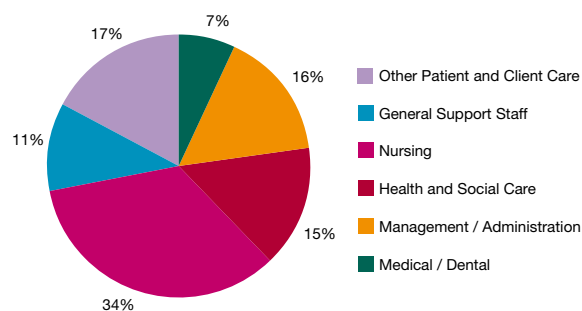
Data source: Health Service Personnel Census

Figure 7: WTE Trends 2007 - 2010



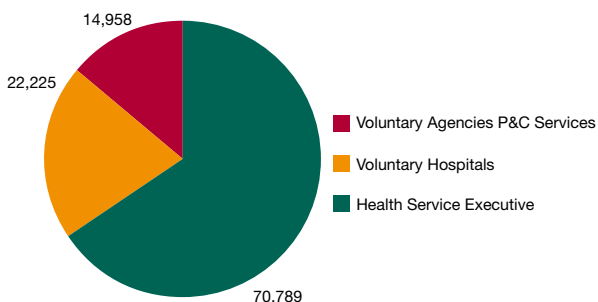
Data source: Health Service Personnel Census

Figure 5: % WTEs by Discipline December 2010



Data source: Health Service Personnel Census

Figure 6: % HSE and Other Providers 2010



Data source: Health Service Personnel Census

WTE Trends

In March 2009, the Government introduced a general moratorium on recruitment across the public sector. Figure 7 shows the trend prior to and post the moratorium's introduction. We continued to show a decreasing trend in WTE numbers throughout 2010.

Payroll Costs in 2010

The charts below show some of the key payroll data and changes in the HSE in 2010.

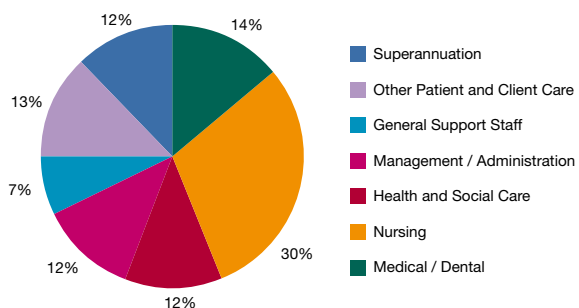
Table 2: HSE Payroll Data Changes 2010

Category	€000s
Medical / Dental	-64,675
Nursing	-132,926
Health & Social Care Professional	-3,835
Management / Administration	-39,041
General Support Staff	-59,284
Other Patient and Client Care	-19,943
Superannuation	+93,511
Total	-226,193

Data source: HSE Annual Financial Statements

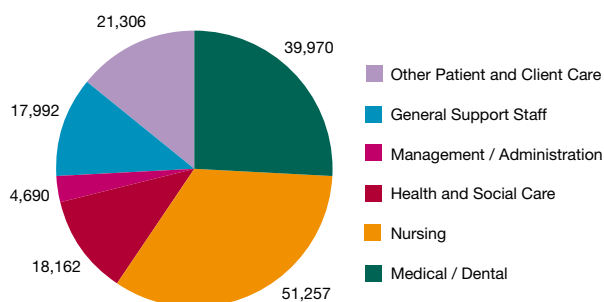
Note: The superannuation pay increase includes once off payments relating to the 2010 voluntary exit scheme of €73m.

Figure 8: HSE 2010 Pay Expenditure by Staff Category



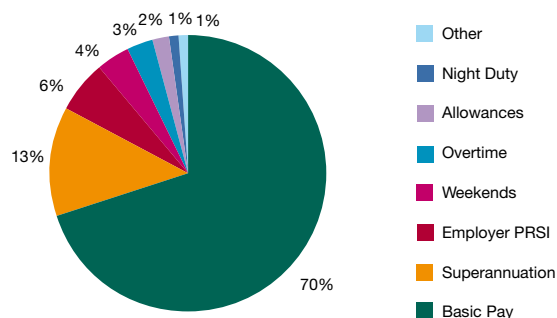
Data source: HSE Annual Financial Statements

Figure 9: 2010 Agency Staff by Category €000s



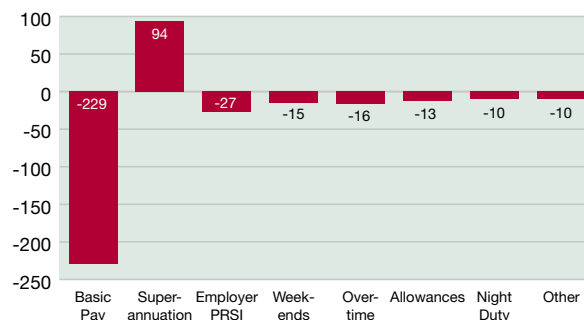
Data source: HSE Annual Financial Statements

Figure 10: Breakdown of Pay Costs in the HSE 2010



Data source: HSE Annual Financial Statements

Figure 11: HSE Pay Cost Change 2010 vs 2009 €m



Data source: HSE Annual Financial Statements

Staff Redundancy and Early Retirement Schemes

As part of the Government's policy to reduce public sector staffing, in late 2010 two exit schemes for the health sector were announced – a Voluntary Early Retirement Scheme and a Voluntary Redundancy Scheme. The schemes were open to employees in the 'Management and Administration' and the 'General Support Staff' categories. Managing these complex schemes within a very tight timeframe placed significant demands and workload on the organisation.

These schemes resulted in:

- 1,626 WTEs leaving the organisation.
- Management / administration numbers decreased by 309 WTEs or almost 2% in 2010.

Our People (continued)

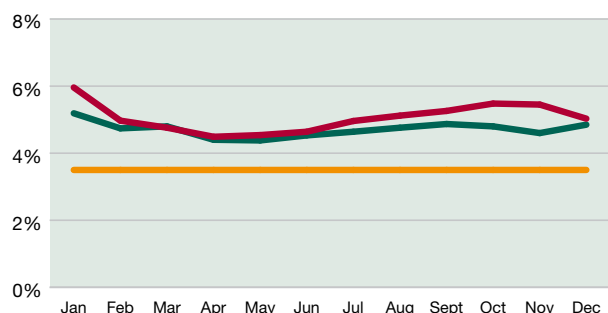
Absenteeism

Absenteeism continued to be a particular management focus during 2010, with an overall target set at below 3.5%.

During 2010, levels have been consistently below 5%, with an overall year end average of 4.7%. This is an 18.5% improvement since reporting began in 2008 when absenteeism was on average running at 6%.

There are still areas that require a renewed focus in 2011, particularly pre-hospital care services which averaged 6.5% during the year.

Figure 12: Absenteeism Performance Against Target 2009 - 2010



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec
2009	5.96%	4.97%	4.76%	4.49%	4.54%	4.64%	4.96%	5.12%	5.26%	5.48%	5.45%	5.03%
2010	5.19%	4.74%	4.80%	4.40%	4.38%	4.53%	4.64%	4.76%	4.87%	4.80%	4.60%	4.85%
Target	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%	3.50%

Data source: HSE Performance Reports

Public Service (Croke Park) Agreement

The Public Service Agreement commenced implementation in June 2010 with the aim of reforming and modernising the public sector and reducing the overall cost of delivering public services. One of the key principles of reducing costs is through the reduction in staff while still maintaining services to the greatest possible extent through the best use of all available resources. Progress has been made during the year on:

Redeployment: A *Health Service Redeployment Protocol* was finalised and published. The protocol identifies the variety of reasons driving the need for redeployment within the sector including reconfiguration or closure of services, organisational restructuring, and matching skills and competencies with specific organisational requirements.

Elimination of restrictive work practices: Work commenced in looking at changed work practices to maintain the level, quality and safety of services for patients while achieving increased efficiencies and significant savings.

Reorganisation of on-call working and implementation of extended day:

Work commenced on reviewing rostering arrangements to ascertain the service need for an extended working day / week. This will eliminate inefficiencies and the costs attached to out of hours working.

Revised nursing rostering arrangements:

An evaluation of existing e-rostering systems has been completed and planning for the introduction of e-rostering commenced. Software specification criteria, specific to the needs of the identified pilot site in Donegal have been developed. The pilot will facilitate development of an automated rostering system to ensure staff rostering is aligned to service acuity and demand to achieve the optimal match between staff levels, service activity levels and patient dependency level across the working day / week / year.

Laboratory modernisation:

We commenced a process of intensive engagement with the unions on implementing changes to work practices and service delivery arrangements in preparation for full national implementation of the modernisation of laboratory medicine services. These changes will see:

- The introduction of an extended working day, up to and including a 24 hour service over seven days liability where required.
- The introduction of a revised payment system for the provision of an out of hours, emergency pathology service.

Consultant Appointments

During the year, we worked with the Forum of Postgraduate Medical Training Bodies and a number of sub-groups to develop the role and support the work of Clinical Directors, and determine the basis for the next round of appointments. Highlights included:

- 179 consultant posts approved during the year - comprising 74 new posts and 105 replacement posts for a total 2,446 consultant posts. This represents an increase of 25% since 2004.
- These posts were considered and approved by the Consultant Applications Advisory Committee ensuring clinicians, medical training bodies, advocates of patient and other health sector interests are involved in the regulation of consultant posts.
- Formalised reporting arrangements for each consultant's public:private mix, related data and audit of same were agreed, in order to demonstrate compliance with targets.

Non-Consultant Hospital Doctors (NCHD) Contract 2010

A new NCHD Contract took effect from February 2010. This provides for five out of seven day working in place of Monday to Friday working, an extended working day, employment based on training status and centralisation of training funds rather than provision of a training grant. A separate agreement provides for changes to NCHD hours, rostering of up to 24 hours on-site on-call and provision for calculation of time spent training as non-working time.

Medical Education and Training

The HSE and the Irish College of General Practitioners agreed a major expansion of the number of GP training places, increased by 31% (from 120 to 157 annually).

In March, in line with recommendations in *Medical Education in Ireland, A New Direction, 2006*, a new agreement between the HSE and the six medical schools formalised arrangements in relation to the education and clinical placement of medical undergraduate and graduate entry students.

Two Regional Centres of Nurse Education (Blanchardstown and Tullamore) have now received HETAC Registration for a Special Purpose award at level 8.

HR Shared Services

Further progress during the year was achieved in three key services:

- National Recruitment Services (located in Manorhamilton) to be fully completed by 2011 with the transfer of all recruitment activity for NCHDs.
- National Pensions Management (located in Manorhamilton).
- National Personnel Administration (located in Dublin).

Performance Management

Work commenced during the year on the development of a Performance Management System at individual and team level, as committed to in the Public Service Agreement. We will engage with staff unions in 2011 on how best to implement and strengthen performance management practices in the organisation.

Workforce Planning

A guide to support managers in planning their workforce, a competency framework for those involved in workforce planning, and a minimum dataset for workforce planning were produced and are available on the HSE intranet.

A *Succession Management Strategy* was produced to support and prepare people for taking on senior roles. A focused approach to succession management is essential following the loss of key experience and service knowledge through the exit schemes. The preparatory work carried out in 2010 will make it possible to meet the re-prioritised needs for 2011 and beyond.

Leadership and Development

Initiatives during the year included:

- The First Time Managers Programme, designed for staff moving into their first management role, irrespective of grade or discipline, was rolled out.
- A total of 350 projects were submitted by health sector employees to the HSE Achievement Awards 2010.
- The HSE and Irish Aid developed and agreed a Memorandum of Understanding in support of *Better Health for the Developing World*. This will provide a collaborative approach to their programme of work to enhance Ireland's contribution to global health and development.
- www.hseland.ie is an online learning portal available to all healthcare professionals in Ireland which provides courses and learning resources for healthcare workers in both hospital and community health settings. Programmes such as Medication Management had 4,934 enrollees in 2010.

Community Welfare Services

Major planning was undertaken during the year to transfer Community Welfare Services and associated staff to the Department of Social Protection in readiness for January 2011. This was facilitated by an intensive series of discussions through the Labour Relations Commission.

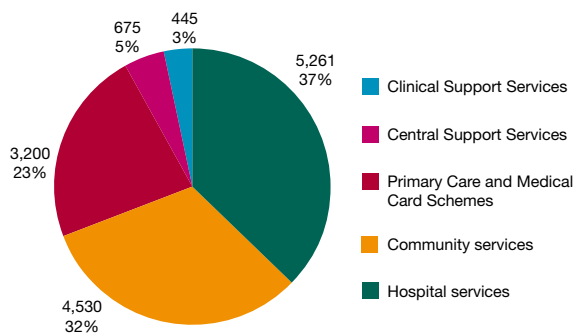
Our Finances

Introduction

The HSE delivered on its key financial performance objective in 2010 through the delivery of a balanced vote. In 2010, the HSE's revenue expenditure was €14.2bn for the delivery and contracting of health and personal social services. The main areas of expenditure are set out in figure 13. As can be seen, €5.2bn of this (37%) was spent on our hospital services, €4.5bn (32%) on community services, €3.2bn (23%) on primary care and medical card schemes and the remainder on either central or clinical support services.

A further €370m was spent on maintaining and developing the capital infrastructure of the health system.

Figure 13: Breakdown of Total Expenditure by Service €m and %



Data source: HSE Annual Financial Statements

Primary Care Reimbursement Service

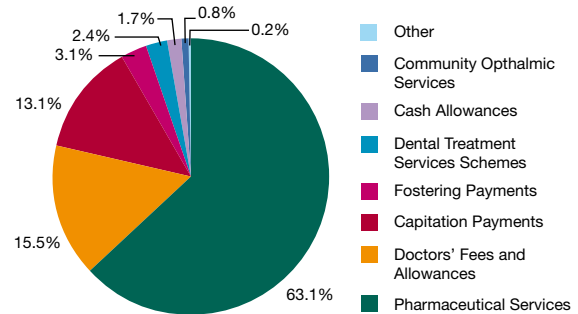
Over 64% (€2bn) of the €3.2bn spent in 2010 was on pharmaceutical services. After this, the largest expenditure items were doctors' fees and allowances and capitation payments at 15% (€496m) and 13% (€420m) respectively.

Table 3: Primary Care Reimbursement Service 2010 Expenditure by Category (€m)

Category	Expenditure (€m)
Pharmaceutical Services	2,020
Doctors' Fees and Allowances	496
Capitation Payments	420
Fostering Payments	100
Dental Treatment Services Schemes	76
Cash Allowances	55
Community Ophthalmic Services	27
Other	5

Data source: HSE Annual Financial Statements

Figure 14: Primary Care Reimbursement Service 2010 Expenditure by Category



Data source: HSE Annual Financial Statements

- While the number of Medical / GP Visit Cards was broadly in line with targeted activity, expenditure per card holder was less expensive than had been originally budgeted for at the beginning of 2010. Additionally the medical card centralisation project has progressed and is delivering a more standard approach to client registration with associated savings.
- The number of claims and items dispensed under the Long Term Illness and Drug Payment Schemes were less than targeted, resulting in a saving of €24m over the year.
- The Association of Pharmaceutical Manufacturers of Ireland agreement reduced the prices of some drug products with effect from October 2010 resulting in savings of €4m.
- The fifty cent prescription charge was effective from October 2010 (€4m).
- The range of treatments available under the Dental Treatment Services Scheme (DTSS) were prioritised in accordance with their clinical need. A number of other changes were also implemented. These arrangements, introduced on foot of the direction from Government in the budget and with the agreement of the DoHC, were designed to limit the treatments paid for under the DTSS and control expenditure under the scheme. This resulted in savings of €20m.
- Enhanced governance arrangements were implemented in relation to monitoring out of hours claims for GPs resulting in savings of €10m.

Procuring Goods and Services

Procuring is the sourcing, tendering, contracting and logistics management of goods, services and equipment for the organisation, to optimise efficiencies and achieve best value for money on the €4.4bn spent annually on products and services across the organisation in the delivery of patient care.

During 2010, procurement initiatives delivered the following price reductions, contributing significantly to the HSE cost management programme and delivery of breakeven in 2010:

- €4.5m of price reductions on contracts awarded for equipment, laboratory and diagnostic imaging of €97m (5%).
- €17.7m price reductions on contracts awarded in respect of medical and pharmaceutical spend of €165m (11%).
- €7.4m price reductions on contracts awarded on accommodation services, such as cleaning and catering, of €78m (9%).
- €4.7m price reductions on professional and office spend of €99m (5%).

In addition €1.89m of price reductions were achieved on non-stock purchases and €4.46m on recycling of aids and appliances.

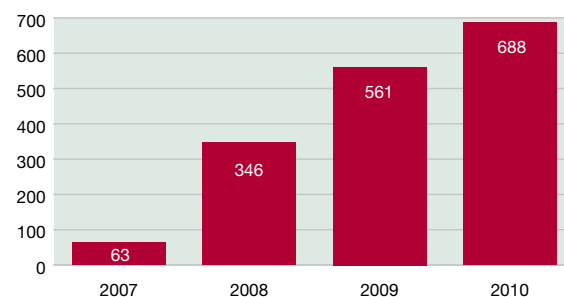
Reducing other costs in 2010

Considerable input from services and management was required to manage our financial resources in the most efficient and effective way possible during 2010 while maximising the level of service. Rigorous attention ensured that significant savings achieved in previous years were maintained and, in order to break even, an additional €106m reduction was required in 2010. Savings of €127m were achieved i.e. 20% beyond target. These economies represented reductions in budget allocations in the year which reflected maintenance and continuation of the type of cost management shown in previous years by our services and delivered in co-operation with other supporting programmes such as procurement, HR, etc.

We have been actively engaged in a broad programme to reduce our cost base, ensuring that the resources we use provide real value for money (VFM). A cost reduction target for the four year period 2007-2010 of the VFM programme was set at €500m. At the end of 2010, a cumulative total of €688m savings has been achieved in areas such as reduced medical and surgical costs, reduced support and administrative costs and reduced variable pay costs such as overtime and on-call.

There is also evidence of significant efficiencies achieved not just in the delivery of actual cost reductions through VFM, budget management and service reconfiguration initiatives, but also through the management of non-pay cost growth and the resulting cost avoidance. Services are being delivered more efficiently by not growing costs and between 2008 and 2010 this saving amounted to in excess of €1bn.

Figure 15: Cumulative VFM delivered 2007 – 2010 €m



Data source: HSE Annual Financial Statements

Strengthening Governance Arrangements with the Non-Statutory Sector

There are currently more than 2,600 agencies funded by the HSE annually with over 4,000 separate funding arrangements in place. The level of HSE funding to non-statutory agencies is in excess of €3.6bn, accounted for by funding to acute voluntary hospitals of approximately €2.4bn (67%) and to non-acute agencies of €1.2bn (33%). Nine agencies account for more than 50% of this funding and 82 agencies account for in excess of 90% of this funding. Funding to individual agencies can vary from €1,000 to €330m per annum.

A significant milestone was reached in 2010 with signed governance documentation in place covering more than 92% of the value of funding (€3.3bn) to the non-statutory sector recorded in the National Register. This accounted for more than a doubling of the value covered in 2009 with the acute hospital sector included for the first time.

National Financial and Procurement System

The HSE submitted the requested amended business case for the National Financial and Procurement System to the DoHC in June 2010. Due to the nature and scale of this project, and in accordance with Department of Finance Circular 02/9, this project is deemed subject to the standard peer review process for IT projects in the public sector. The peer review process has three stages: Business Case Review; Tender Evaluation Review and Contract Review.

The timeline associated with completion of each stage is outside the direct control of the HSE. However, the peer review process is estimated to take a year or longer. Following this review the HSE expects to go to tender for a single financial system to support the improvement of reporting, control and the development of a finance and procurement shared services organisation.

Our Population

Fast Facts 2010

- 4.47m people live in Ireland, an 8% increase since 2005.
- The number of people over the age of 65 is projected to increase from over 500,000 now, to over 1.3m in the next 30 years.
- Men should expect to live, on average, 76.8 years and women 81.6 years.
- Persons over the age of 65 account for almost 50% of all hospital bed usage although they represent just 11% of the population.
- Mortality from circulatory system diseases fell by almost 40% between 2000 and 2009 and cancer death rates reduced by 11%.
- Irish fertility rate increased at nearly double the EU rate maintaining Ireland's position at the top of the EU fertility table.
- 74,418 babies were born in 2010 of which 26% were delivered by caesarean.
- 90% of children received the MMR vaccine by their 2nd birthday.
- Obesity in both men and women has increased by 30% in the last decade.
- 18% of seven year old boys and 27% of seven year old girls are either overweight or obese.
- Whilst alcohol consumption shows signs of a gradual decline since about 2003, there has been little change in tobacco consumption.

Introduction

The number of people living in Ireland has been increasing over the last number of years and is now 4.47m (increased from 4.45m in April 2009). Since the establishment of the HSE in 2005, the overall population has increased by 8% with increases occurring in the 0-14 year age group (12%) and the 65 plus age group (11%).

Health of the Nation

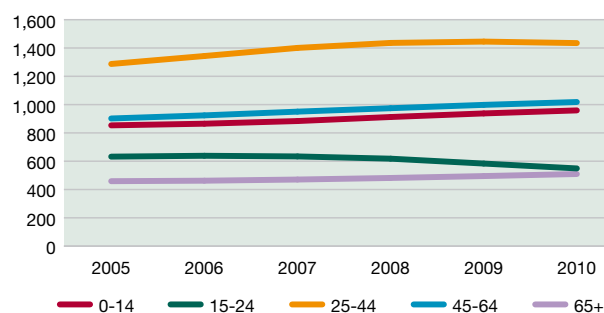
The **main causes of death** in Ireland are diseases of the circulatory system, followed by cancer, respiratory diseases, and injury and poisoning.

Key factors which determine the health and well-being of the population and subsequently the need for services include demography, the changing health and social status of the population, lifestyle factors, the level and management of chronic illness, changing health technology and changing legislation.

Life expectancy has increased considerably over the past few decades and an ageing population will have implications for the provision of most services.

Life expectancy for women in Ireland is 81.6 years, nearly five years more than that for men of 76.8 years (2006 data). Life expectancy for men is 0.7 years greater than the 2007 EU average, while for women it is just over half a year. Men are more likely to die at a younger age than women, with the difference in risk particularly high in the 15-24 year age group. This reflects higher death rates for young males due to suicide and motor vehicle accidents.

Figure 16: Population changes 2005 – 2010, by age group (in '000s)



Data source: Central Statistics Office

The highest **fertility rate** in the EU in 2008 was in Ireland. The average age at which women gave birth to their first child rose from 25 years in 1980 to 29 years in 2009. Ireland had 98 men per 100 women in the population in 2010. This masks differences in the age groups: at younger ages, there are more boys than girls (as more boys are born than girls), and at older ages, there are more women than men (as women live longer than men). For the 85 plus age group, there are 47 men per 100 women in Ireland.

Immigration was at its peak during the years 2005 to 2008. In 2006, it peaked at 60,300 for men while a year later, it peaked for women at 52,100. Since then, it has fallen very sharply to about 15,500 for both men and women in 2010.

In addition to our population increasing, it is also becoming increasingly diverse. Expectations and demands for services are increasing, and costs are rising. Despite the overall improvements in the health of the Irish population, rates of mortality and morbidity are consistently higher for lower socio-economic groups.

The health of the population cannot be improved by the action of the health services alone. A broader approach is required to deal with the determinants of health. So while the Irish population is healthier than it has ever been before, there is still potential to improve health status even further.

All Ireland Traveller Health Study

The health status of the general population in Ireland has never been better. However, there are groups, such as the Traveller population, whose health status is well below that of the general population. The *All Ireland Traveller Health Study* was published in 2010, the findings of which indicate that comprehensive approaches are required to address the health status of Travellers in Ireland.

Travellers rate their health in a positive manner, but in fact have substantially higher rates of ill-health affecting them on a day-to-day basis than is demonstrated in comparator populations. They have a higher burden of chronic disease, higher measures of risk factors such as smoking, high blood pressure, cholesterol and dietary consumption of fried foods. Fewer Travellers drink alcohol than the general population, but those who drink, drink more frequently. They have similar rates of injury to the comparator populations, but have higher rates of non-accidental injury. Breastfeeding rates are extremely low.

- Traveller male life expectancy in 2010 is 61.7 years, identical to what it was in 1987. There are marginal increases in life expectancies at later ages.
- This life expectancy in Traveller males is at a similar level to that of the general population in 1945-1947 when it was 60.5 years.
- Because life expectancy in the general population has increased, male Traveller deficit at birth has increased since 1987 by 5.2 years. A male Traveller now can expect to die 15.1 years before his general population counterpart.
- Traveller female life expectancy at birth has increased by 4.8 years from 65.3 years to 70.1 years. This is slightly greater than the increase in the general female population of 4.4 years.
- Traveller females now have a level of life expectancy experienced by the general population in 1960 to 1962 when it was 71.9 years.
- The mortality gap between Traveller and non-Traveller females has narrowed only slightly (by 0.4 years).

The findings of this study will provide a framework for policy development and practice in relation to Traveller health.



Cardiovascular Health

While we have made significant strides in improving cardiovascular health in Ireland, *Changing Cardiovascular Health*, a National Cardiovascular Health Policy 2010-2019 states that cardiovascular disease remains the most common cause of death in Ireland, currently accounting for one-third of all deaths and one in five premature deaths. That being said, age-standardised death rates from cardiovascular disease have decreased by two-thirds over the past 30 years. As mortality rates have reduced, demand on health services has intensified.

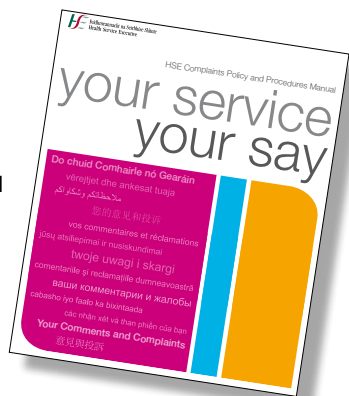
Without changes in prevalence and practice, hospital bed use can be expected to increase substantially over the next decade as the number of people aged over 65 in Ireland is predicted to increase by 41%. In primary care, prescriptions for cardiovascular medication have increased two to four-fold. At population level, the current lifestyle-related risk factor profile of the Irish population is a major concern: levels of smoking have not changed in the last 5 years, while levels of obesity and physical inactivity have increased. If these patterns continue, they threaten to reverse the declining trend in cardiovascular disease mortality of recent decades. There is thus considerable scope for improvement. This challenge is an intersectoral one – involving and being driven by those responsible for health and healthcare, but supported and enabled by sectors such as education, transport and agriculture.



Listening to Users of our Services

Introduction

Our organisation values the views of the people who use our services, their families and the public. We are committed to developing and implementing best practice models of customer care within the HSE and promoting service user involvement throughout the organisation through the concept of *Your Service Your Say*. This is our policy for the management of consumer feedback which provides a framework for dealing with comments, compliments and complaints.



A Patient Charter of Rights and Responsibilities *You and Your Health Service* was launched in 2010. This was jointly developed by the DoHC and the HSE and is based on nine values which encourage person centered care based on a partnership between healthcare providers and patients, families and carers.

In addition to encouraging feedback from patients and service users, we are involved in a number of other initiatives:

Service User Involvement

- Twelve training workshops to promote service user involvement in hospital and community services were delivered. These were well attended with 418 staff registering at the hospital workshops and 143 staff at the community workshops.
- A *National Inpatient Survey* with the Irish Society for Quality and Safety in Healthcare commenced. In 2010, 3,500 patients responded to this survey, the results of which will be published in 2011.

National Advocacy Programme Alliance

- The National Advocacy Programme Alliance (NAPA) for Older People won the all Ireland Inspirational Award and was a runner up in the Taoiseach's Public Service Excellence Awards.

- NAPA set up a website which offers patients and service users information to help them select a nursing home based on their individuals needs www.myhomefromhome.ie
- 152 Volunteer Advocates were trained to deliver representative advocacy services to over 1,500 older people in 57 nursing homes throughout the country and 'Personal Excellence' training was provided to staff in those nursing homes.

Implementation of Part 3 of the Disability Act 2005

- A complaints procedure was published on the implementation of Part 3 of the *Disability Act 2005*, which requires public bodies to make their services available to people with disabilities.

Open Disclosure / Mediation

- Two pilot sites for the roll out of *Open Disclosure Guidance* were identified. Open disclosure seeks to ensure an open, consistent approach to communicating with patients when things go wrong in healthcare.

Public Awareness

- A public awareness campaign to promote *Your Service Your Say* was launched in September. This campaign focused on refreshing public awareness of the policy, ensuring that all health facilities have well produced signage and material on display and ensuring that management and staff have comprehensive knowledge of their duties under the legislation.
- The Advocacy Unit commenced work on a joint initiative, chaired by the Office of the Ombudsman, to raise public awareness on how to make a complaint or raise an issue about health and social services. Service providers, regulators and advocacy groups are all represented on the group.

A number of documents were developed in 2010 in conjunction with relevant stakeholders, to support our work on service user involvement, including:

- *Best Practice Guidelines for the Establishment and Development of Service User Panels.*
- *Service User Involvement Methods Guidance Document.*
- *Community Participation in Primary Care Resource Guide 2010.*
- *Working with Children and Young People: a Quick Guide for Frontline Staff.*

Compliments

In 2010, 7,050 compliments were logged. We know that positive feedback is not always fully captured therefore, in 2011, the National Advocacy Unit will be looking at innovative ways to capture where patients and services users have a positive experience so that we may replicate what we are doing well.

Complaints - HSE

Information gained from managing complaints helps us to improve the quality of our services. In 2010, 8,434 complaints were recorded and managed by complaints officers. This is a 6% increase on the number of complaints recorded in 2009. Of this number, 6,489 complaints (77%) were responded to within 30 working days.

Table 4: Complaints by HSE Region

Geographical Area	No. of Complaints Received
Dublin Mid Leinster	3,826
Dublin North East	1,987
South	1,014
West	1,607
Total	8,434

Data source: HSE National Advocacy Unit

Table 5: Complaints received and % dealt with within 30 working days

	No. of Complaints Received	No. and % dealt with within 30 working days
2009	7,984	6,326 (79%)
2010	8,434	6,489 (77%)

Data source: HSE National Advocacy Unit

Table 6: Complaints received broken down by category

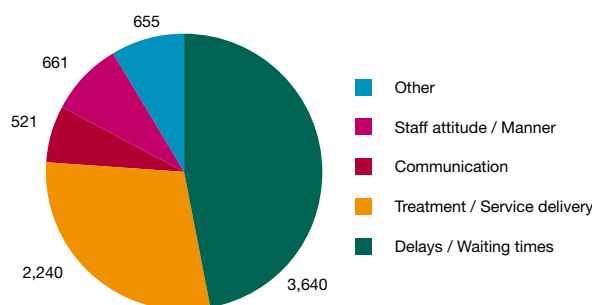
Category	2009	2010	% change	Difference
Delays / Waiting times	3,012	3,640	+21%	+628
Treatment / Service Delivery	2,588	2,240	-13%	-348
Staff attitude / Manner	635	661	+4%	+26
Communication	680	521	-23%	-159
Facilities / Buildings	377	419	+11%	+42
Other	360	655	+82%	+295
Cancellations	123	140	+14%	+17
Clinical Judgement	135	120	-11%	-15
Hospital Accommodation/Food	103	100	-3%	-3
Infection Control	51	95	+86%	+44
Pre-school	45	45	0%	0
Nursing Homes / Residential Care for Older People	67	34	-49%	-33
Trust in Care	26	22	-15%	-4
Vexatious Complaints	14	12	-14%	-2
Children First	2	9	+350%	+7

Data source: HSE National Advocacy Unit

Note: Some complaints raise multiple issues and therefore fall into a number of categories. Not all complaints are dealt with using the Your Service, Your Say Policy and Procedures. For certain types of complaints there are other policies which are followed, i.e. Trust in Care Policy and Children First.

The majority of complaints regarding HSE services received during the year were in relation to delays / waiting times 3,640 (47%), treatment / service delivery 2,240 (29%), communication 521 (7%) and staff attitude / manner 661 (9%).

Figure 17: Top 5 complaint categories



Data source: HSE National Advocacy Unit

It should be noted that information on complaints above relates to HSE directly-delivered services only.

Complaints – Voluntary Hospitals and Agencies

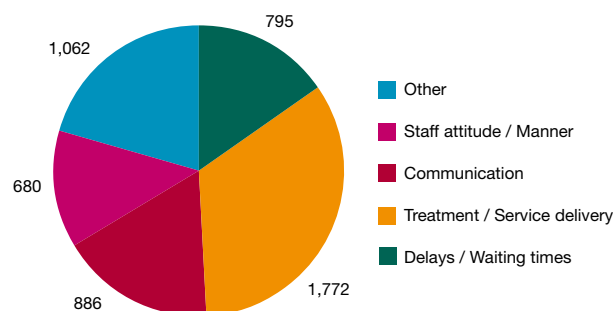
In accordance with the Health Act 2004, the HSE also collects information from the voluntary hospitals and agencies. In 2010, 6,181 complaints were recorded in voluntary hospitals and agencies, logged under 15 categories with 6,740 entries. In 2011, the National Advocacy Unit and the Area Managers will work with a number of voluntary hospitals to align the complaints categories used with the pillars of our service outlined in *A Patient Charter of Rights and Responsibilities-You and Your Health Service*.

Of the 6,181 complaints recorded, 4,860 of these (79%) were addressed within 30 working days and 1,700 complaints were dealt with informally.

Where reported, the top five categories used were: treatment / service delivery 1,772 (35%), other 1,062, (20%), communication 886 (17%), delays / waiting times 795 (15%) and staff attitude / manner 680 (13%).

Listening to Users of our Services (continued)

Figure 18: Top 5 complaint categories Voluntary Hospitals and Agencies 2010



Data source: HSE National Advocacy Unit

Reviews

In 2010, 98% of complainants were satisfied with the response they received from the complaints officers' local investigation. Two percent of complainants requested a review of their complaint from the National Advocacy Unit.

Table 7: Number of Reviews

	No. of Reviews
HSE	144
Non-HSE	41
HSE and non-HSE	7
Total	192

Data source: HSE National Advocacy Unit

Freedom of Information

The *Freedom of Information (FOI)* Act permits access to information held by the HSE and contracted public bodies, which is not routinely available through other sources. In 2010, there were 5,404 requests made under FOI legislation, an 11% increase over last year.

Parliamentary Questions

A total of 2,551 parliamentary questions were received following referral from the DoHC and dealt with during the year. This is a 19.5% decrease on the equivalent 2009 figures (3,168). The significant decrease is attributed to the civil / public service union industrial action which commenced in January 2010 and lasted until mid June 2010.

National Information Line

In 2010, 141,450 calls were made to the National HSE information line. This is a decrease of 16% on the same period last year.

Table 8: Calls received by National Information Line

	No. of Calls Received
2009	167,645
2010	141,450

How to Contact Us

There are several ways to contact the HSE. If you are looking for information on local services, Area Directories are available from either our website www.hse.ie or by ringing our National Information Line 1850 24 1850. The Information Line operates from 8.00am-8.00pm Monday to Saturday.

A sigma text-pad service is available where people with a hearing impairment can text their queries for a prompt response. Further contact details for individual hospitals and community services can be found in Appendix 2.

Our organisation values the views of people who use our services, their families and the public. This can be done in a number of ways:

- Email: yoursay@hse.ie
- Phone: Advocacy Unit on 045 880 400 or lo-call 890 424 555
- Or by completing feedback forms that can be found in all HSE locations.

**Callsave our
Information Line at
1850 241 850 or email
yoursay@hse.ie**







Achieving Our Objectives - Services We Deliver

Our Objectives

Consistent with our six objectives, in 2010 we continued to invest in the **Health and Wellbeing** of our population. Keeping people well involves preventing illness; supporting, encouraging and empowering people to pursue independent, healthy and fulfilling lifestyles to reduce the likelihood of illness. We will ensure that early diagnosis, treatment and care options are available, if required.

We are committed to developing **Sustainable Services**. This requires us to reconfigure our services to develop sustainable hospital and community services that provide the care people need now and in the future. By delivering the majority of care in the community, we will enable hospitals to focus on improving accessibility to deliver more efficient acute and planned care.

Trust and Confidence in our health services continues to be built by providing timely, well integrated, professional and accessible services. We will make it easier for people to access the right service, in the right place, at the right time.

It is critical that we address **Quality and Safety** issues for all our services. This is achieved by developing a transparent quality and safety culture and adapting our work practices, ensuring that continuous quality and safety improvement is integral to all that we do.

In maximising efficiencies and effectiveness in our systems and processes, **Operational Excellence** will be achieved using processes and systems that are efficient, easy for service users to access and understand, evidence based and deliver value for money.

Unlocking Our Potential requires us to invest in better work practices. We actively encourage all staff to achieve their full potential and deliver quality care. In partnership, we recognise and celebrate achievements and encourage staff to work responsibly, manage challenges and take pride in their contribution to the services they provide on behalf of the organisation.

This section outlines and summarises the year's developments against some of our key service delivery areas (care groups, programmes and functions) from a national perspective. Highlights from around the four regions are set out in the next chapter.



Primary Care

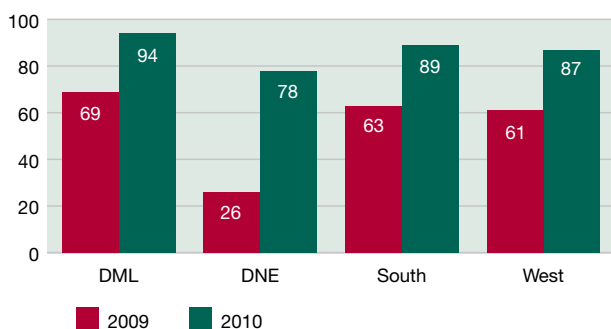
Introduction

Primary care services aim to support and promote the health and wellbeing of the population by making people's first point of contact with our health services easily accessible, integrated and locally based. Our objective is to ensure that people can easily access a broad spectrum of health and personal social services through their local Primary Care Team (PCT). PCTs provide an easy access point and either provide or arrange the vast majority of the health needs of the public whether this is GP services, psychological services, physiotherapy services, public health nurse services or all of these.

Primary Care Teams

- There are 348 PCTs in place holding clinical team meetings which is 89% against our 2010 target of 394. Clinical team meetings involve discussion by all relevant team members on the appropriate management of the more complex patient cases in the community.

Figure 19: Number of Primary Care Teams



Data source: HSE Performance Reports

- A *National Patient Satisfaction Survey* was completed which will assist in measuring the effectiveness of PCTs. In addition, a research project commenced involving primary care services, a PCT in Mallow and University College Cork. Work also commenced with the Department of General Practice in the national universities to develop a strategic primary care research agenda. This will contribute to best practice, will inform decision making regarding allocation of resources, and will support developments in the future.

Fast Facts 2010

- 348 Primary Care Teams in place providing services to almost 2.8m people.
- A further 31 Teams are holding multi-disciplinary clinical meetings among HSE staff without GPs participating currently.
- 2,615 staff are assigned to PCTs.
- Over 1,309 GPs are participating on PCTs.
- An additional 177 teams are in varying stages of development.
- 17,249 patients received orthodontic treatment.
- Over 899,000 contacts were made with GP out of hours services.

- In partnership with the Department of Community, Equality and Gaeltacht Affairs, a *Joint Community Participation in a Primary Care Initiative* took place. This was designed to support disadvantaged communities and local health service interests to work together and plan for participation of excluded communities and groups in local PCTs and networks. It has resulted in a wealth of innovative and creative approaches and outcomes to promote processes of community participation. A total of 19 projects participated in the initiatives and this learning will inform our policy commitment.
- Community Intervention Teams (CITs) provide a rapid response to patients from community services, where it is deemed medically suitable that their treatment of care can be provided in a home setting. These teams contribute to early discharge from hospital and admission avoidance. There are six CITs in Dublin North, Dublin South, Limerick, Clare, North Tipperary and Cork. Innovation funding of €1.5m was targeted at the expansion of services provided in 2010, and also towards the development of new CITs.

GP Out of Hour Services

- There were 899,189 contacts with GP out of hours services in 2010 which was 2% over our expected activity levels. Of these, 59% related to GP treatment centres, 31% were triage, 9% were home visits with 1% relating to other forms of intervention.
- A *National Review of GP Out Of Hours Services* was published. The report reviewed local arrangements in place to determine what works well for patients and to identify where greater value for money can be achieved. Implementation of review recommendations will commence in 2011.

Primary Care (continued)

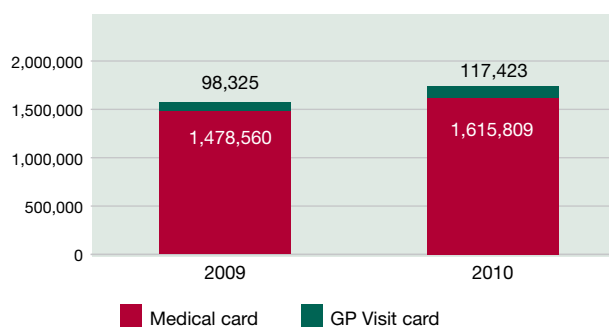
Medical and GP Visit Cards

In 2010, there was a continued focus on delivering efficiencies through the administrative centralisation of medical cards. Since January 2010, medical cards for people aged over 70 years have been centralised and significant progress has been made in streamlining the GP visit and medical card application process, most notably through the development of an online application service www.medicalcard.ie

Compared to 2009, there was a substantial increase in the number of new cards issued in 2010:

- An additional 137,249 medical cards were issued, bringing the total number of individuals in receipt of a medical card to 1,615,809 (an increase of 19%).
- The number of people covered by GP visit cards was 117,423 at the end of December 2010. This represents an increase of 19,098 (9%).

Figure 20: No. of Persons covered by Medical and GP Visit Cards



Data source: HSE Performance Reports

Promoting Health

- A Tobacco Control Framework was published which sets out a strategic plan to address tobacco issues over the next five years. It outlines national standards for service provision. Smoking kills up to 6,500 people in Ireland every year and it is estimated that related healthcare costs account for up to 15% of all annual healthcare costs here. The framework outlines our commitment to tackling the problem of tobacco-related harm within the population as a whole, and in particular within vulnerable groups such as children, adolescents and those at the margins of society. A *Tobacco Action Plan* has also been prepared.



Pictured at a 'Tobacco Free Society' conference were (L-R): Dr. Fenton Howell, Director Public Health; Martina Blake, Project Manager; Biddy O'Neill, Health Promotion Manager and Maurice Mulcahy, Environmental Health Officer

- A *National GP Exercise Referral Programme* has been developed to help physically inactive adults to develop an active lifestyle with the aid of specialist support. The concept was previously piloted in a number of areas and was developed using best practice from each of the pilot studies. Health professionals can recommend that patients ask their GP to refer them to the programme if they feel it will be of benefit to them. For further information on this programme and a list of leisure facilities offering the programme, visit www.gpexercisereferral.ie
- A breastfeeding initiative, which encourages discussion and debate on breastfeeding through the use of drama, won a health literacy award for the project '*Milk It, Much Ado About Nothing*'.



Ciarra O'Rourke, MSD Director of External Affairs; Sarah Mumford, HSE Senior Community Dietician and Chair of the Breastfeeding Steering Committee and Inez Bailey, Director of National Adult Literacy Agency

- A Policy on Vitamin D Supplementation was developed to support health professionals in advising parents / carers about the importance of Vitamin D supplementation. A public awareness campaign highlighting the policy to expectant and new mothers was also undertaken.

Annual HSE Community Games in Athlone

Over 200,000 young people from all over Ireland take part in the HSE Community Games qualifiers and finals every year, making it an essential part of the Irish summer.

Approximately 3,000 children participated in the final in a number of sporting activities including; Athletics Track and Field, Basketball, Rugby, Futsal, Hurling, Camogie and Rounders. They were supported by over 600 volunteers and organisers, as well as family members and friends, who came from all corners of the country to offer their support and encouragement to all of the children participating.



Competitors in the HSE Community Games 2010 Finals in Athlone Institute of Technology

Immunisation

- A new pneumococcal conjugate vaccine (PCV) was added to the routine childhood immunisation programme for children born after October 1st 2010. This vaccine provides additional protection to infants by protecting against 13 strains of the pneumococcal bacteria compared to 7 strains in the vaccine used to date. PCV has been very successful in reducing the level of disease in children under 2 years of age in Ireland. The introduction of this new vaccine provides extra protection for babies and young children who are most at risk.

- In 2010 the HSE commenced a nationwide Human Papilloma Virus (HPV) vaccination campaign. In the 2010-2011 academic year the vaccination programme targeted school girls in 1st and 2nd year in second level schools. In addition the programme targeted girls attending special schools and home schooled girls reaching 12 years of age during the period between 1st September 2009 and 31st August 2011.

The campaign began in 21 schools in May and the remainder in September. The 2010 / 2011 campaign has targeted 58,000 girls and the vaccine is free of charge.

All girls require three doses of HPV vaccine to be fully protected from HPV types which cause 70% of cervical cancers. By the end of 2010 most girls were offered two doses of HPV vaccine and will be offered their 3rd dose of vaccine in 2011. For more information on the HPV vaccine programme and on cervical cancer, visit www.hpv.ie or www.immunisation.ie

Seasonal Influenza Update

The seasonal influenza wave for the 2010 / 2011 season started during mid-December. Unlike the previous pandemic in 2009, adults under the age of 65 were more affected than in the previous pandemic H1N1 wave. GP out of hours services were particularly affected over the Christmas and New Year holiday period. Children were relatively less affected than during the pandemic wave, probably related to the vaccination programme undertaken during late 2009 and the early part of 2010 with pandemic H1N1 vaccine. A hundred and fourteen cases were hospitalised with influenza and 33 cases were admitted to intensive care (ICU). Unfortunately, some people died in Ireland as a result of the virus.

During December, seven general outbreaks of influenza were reported: four influenza-like illness outbreaks and three influenza A (H1N1 2009) outbreaks. One outbreak was in a maternity hospital, four in schools, one in a community setting and one other.

The pandemic influenza expert advisory committee revised the guidelines for diagnosis and management of patients with symptoms of influenza. These were circulated to all GPs and relevant hospital clinicians.

- 1.1m vaccines were administered by GPs and at mass vaccinations clinics during the 2009 / 2010 pandemic vaccination programme.
- 750,000 doses of seasonal influenza vaccine were distributed during the 2010 / 2011 seasonal influenza vaccination campaign. Training materials were produced and updated for health care professionals, and information materials were developed for the general public and media campaign in October 2010.

Acute and Pre-Hospital Emergency Care

Introduction

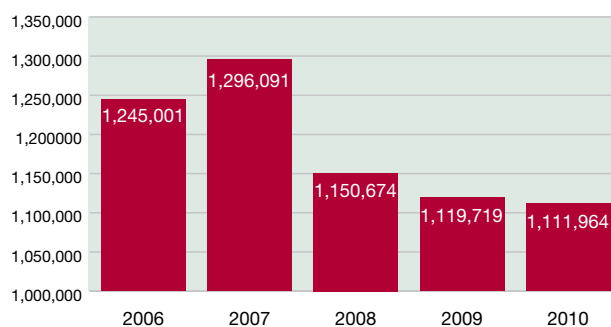
We provide a range of services including assessment, diagnosis, treatment and acute rehabilitation throughout our 50 acute hospitals. Many challenges faced our acute hospital services during 2010, reflected in year on year increased demand, higher activity levels and higher patient acuity. Our plan is to reduce dependency on inpatient hospital beds, continue to provide more treatment on a day case basis and ensure health care / treatment is delivered in alternative settings, where appropriate.

Activity Levels

Emergency Departments

- Over 1.1m individual presentations were made to 33 Emergency Departments (EDs) during 2010. Approximately 30% of people who presented were admitted to hospital as emergency admissions, 12% above our expected levels. Most hospitals reported increases against expected levels.
- ED performance has proved challenging for us during 2010 with unacceptable levels of patients experiencing very poor service, including long wait times and treatment in less than optimal settings (“trolley waits”).
- Overall, 63% of people attending our EDs completed their visit within the six hour target time. Five hospitals were performing at lower than the national average at the end of December and these hospitals are being supported to improve their performance.
- An Emergency Department Improvement Programme is in place which focuses on improvements in bed management, clinical practice changes, implementation of integrated discharge planning and the development of community services to support admission avoidance and earlier discharge from hospital.
- Significant work was undertaken to implement a system to record patients’ total experience time in EDs and this will be implemented in 2011.

Figure 21: Emergency Department Attendances 2006 - 2010



Data source: HSE Performance Reports

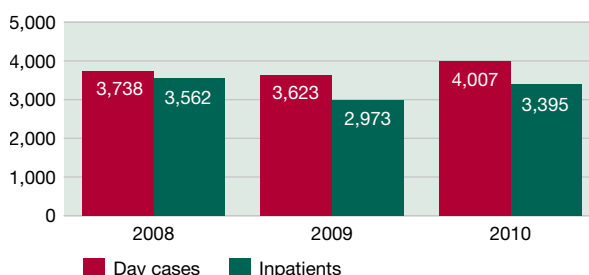
Fast Facts 2010

- Occupancy rates were similar to those in 2009 at 90%.
- Over 3.6m bed days were used with an average length of stay of 6.1 days.
- 50% of all elective inpatient procedures were conducted on day of admission.
- 77% of all inpatient stays were in respect of public patients.
- Demand for elective procedures has increased by 7,891 (19%) compared to 2009.
- There was an increase of 10% in adults waiting over six months for day case treatment since 2009, and an increase of 14% for inpatient treatment.
- There was a decrease of 19% in children waiting over three months for day case treatment since 2009, and a decrease of 11% for inpatient treatment.

Waiting lists

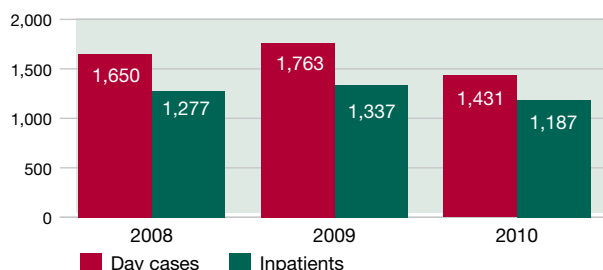
- Demand for elective procedures increased by 7,891 (19%) compared to 2009.
- There were 50,582 patients listed for elective procedures by end 2010. Of these, 20% or 10,020 are waiting longer than the targeted time which is three months for children and six months for adults. This is 2,618 children (51% of total referrals) and 7,402 adults (16% of total referrals).
- There has been an increase of 10% in adults waiting more than six months for day case treatment since 2009 and an increase of 14% in those waiting for inpatient treatment. This increase is less than the 19% increase in demand for the service.
- The number of children waiting more than six months for day case treatment has decreased by 19% since 2009 and decreased by 11% for children waiting more than six months for inpatient treatment.

Figure 22: Adults waiting > 6 months



Data source: HSE Performance Reports

Figure 23: Children waiting > 3 months



Data source: HSE Performance Reports

Table 9: Total numbers waiting > 6 months and > 12 months

Total Waiting > 6 months						
	2007	2008	2009	2010	% Var 2007 v 2010	% Var 2009 v 2010
Day Case	7,995	5,751	4,133	4,635	-42%	+12%
Elective Inpatient	5,643	4,457	3,336	3,991	-29%	+20%
Total Waiting > 12 months						
	2007	2008	2009	2010	% Var 2007 v 2010	% Var 2009 v 2010
Day Case	3,467	1,372	464	386	-89%	-17%
Elective Inpatient	2,455	1,217	437	697	-72%	+59%

Data source: HSE Performance Reports

Inpatient, day case and outpatient activity

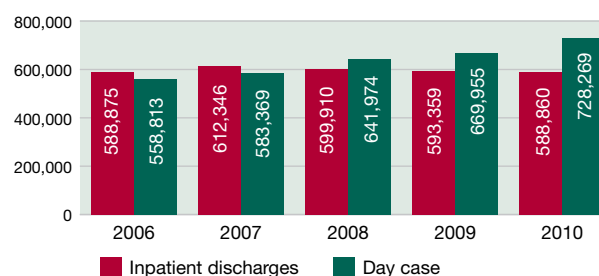
- Over 1,317,129 people received either inpatient or day case treatment in 2010, a 4% increase over that provided in 2009.
- Inpatient treatment was provided to over 588,000 patients, a decrease of 1% against our 2009 levels. This was less than our targeted decrease.
- Day case treatment was provided to almost 730,000 people, 58,000 more than the previous year. This is 6% over our 2010 target and 9% over the levels provided in 2009.
- Day of surgery admission rates increased in all regions and at the end of 2010 rates were 50% compared to 46% at the end 2009.
- The percentage of day case surgeries increased from 65% to 70%.
- Outpatient department (OPD) attendances have continued to increase year on year and in 2010 there were 3,577,007 attendances, an increase of almost 200,000.
- The number of new attendances to outpatients was in excess of 84,000 (9%) more than last year.

Fast Facts 2010

- Almost 730,000 day case treatments provided (increase of 9% over 2009).
- Over 588,000 patients received inpatient treatment (increase of almost 9% on our target).
- Over 3.5m attendances in our OPDs (increase of 6% over 2009). Of these, over 1m were new attendances.
- Over 1.1m attendances at EDs (decrease of 1% against 2009).
- 74,418 babies were born during 2010, 26% were delivered by caesarean.

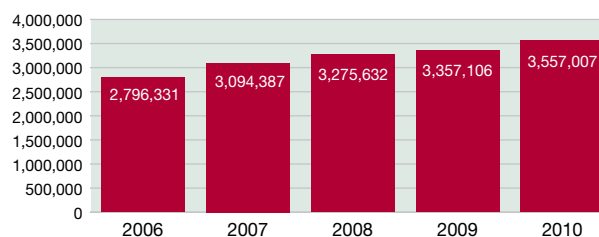
- Hospitals increased the number of new attendees within overall attendance numbers.
- Extensive consultation took place during 2010 to develop a new data set for data gathering, interpretation and reporting of OPD activity. This will enable better understanding and ultimately management of access to our consultant led outpatient departments. Safe recording, management and reporting of GP referrals is another key component of the programme.

Figure 24: Inpatient and Daycase Activity 2006 - 2010



Data source: HSE Performance Reports

Figure 25: Outpatient Attendances 2006 - 2010



Data source: HSE Performance Reports

Acute and Pre-Hospital Emergency Care (continued)

Table 10: Hospital Activity 2006 to 2010

	2006	2007	2008	2009	2010	% change 2006 - 2010	% change 2009 - 2010
Inpatient discharges	588,875	612,346	599,910	593,359	588,860	0%	-1%
Day case	558,813	583,369	641,974	669,955	728,269	+30%	+9%
Outpatient attendances	2,796,331	3,094,387	3,275,632	3,357,106	3,557,007	+27%	+6%
ED attendances	1,245,001	1,296,091	1,150,674	1,119,719	1,111,964	-11%	-1%
Births	62,740	69,998	74,000	74,602	74,418	+19%	0%

Data source: HSE Performance Reports

Colonoscopies

- 97.8% (446) of people waiting for an urgent colonoscopy at end 2010 were waiting less than 28 days.
- Work needs to continue on improving wait times for non-urgent colonoscopies.

Births

- There were 74,418 babies born during the year, 184 less than in 2009.
- 19,372 babies (26%) were delivered by caesarean which is a slight increase against 2009.

Pre-Hospital Emergency Care

The National Ambulance Service is one of the country's four blue light emergency services and provides pre-hospital emergency care services and ambulance services throughout the country. In recent years there has been a particular emphasis on supporting the reconfiguration of acute and primary care services.

The service is managed as a national service through a network of Area Offices, 10 Ambulance Control Centres and 94 Ambulance Stations. During 2010:

- A new National Director and Medical Director for the National Ambulance Service were recruited.
- An Advanced Medical Priority Dispatch System (AMPDS) was introduced in Ambulance Control Centres to support improved response times to life threatening emergencies. AMPDS provides a 'zero response time' to life threatening emergencies such as cardiac arrest by providing Dispatch Life Support over the telephone prior to the arrival of an emergency response.
- Preparatory work was undertaken to support the National Digital Radio Project and a project to deliver a single National Ambulance Control Centre.
- Seventy three paramedic post graduate interns and 34 advanced paramedic under graduate interns commenced at the National Ambulance Service College.
- A national *Education and Competency Assurance Plan* was developed and approved for implementation. It will ensure all paramedics and advanced paramedics receive appropriate post proficiency development and are prepared for the rollout of the Acute Coronary Syndrome Clinical Care Programme.

- Approximately 95% of all routine work is carried out by emergency ambulances and paramedic / advanced paramedic staff. The separation of Emergency Medical Services and Patient Transport Services is a key element of ambulance service reconfiguration and preparatory work was undertaken to enable this take place.
- A review was completed of the provision of patient transport services by taxi providers and a policy was prepared which focuses on the issues of equity, eligibility and affordability.
- The National Neonatal Transport Programme provided safe and effective transport and retrieval services to over 320 critically ill newborn babies.
- A new *Memorandum of Understanding* was developed in conjunction with the Northern Ireland Ambulance Service to enhance the cross border response to a major emergency, and also with the Irish Coast Guard to enhance the availability of air ambulance services already in place with the Irish Defence Forces.

In addition the National Ambulance Service purchased:

- Over 50 new defibrillator / monitors with 12 Lead ECG capacity.
- Ten new rapid response vehicles, three emergency motorcycles, three new vehicles and upgraded 55 ambulances.
- Three new specialised 4x4 rapid response vehicles to improve our emergency response capacity in difficult terrain and during severe weather events.

Table 11: No. of ambulance response calls 2007 - 2010

	2007	2008	2009	2010	% change 2007 v 2010
Emergency calls	208,039	210,785	205,444	207,726	-0.2%
Urgent calls	62,959	61,852	61,435	60,273	-4%
Non-urgent calls	209,421	186,680	265,186	259,455	+24%
Community transport	432,053	401,477	338,132	361,084	-16%

Data source: HSE Performance Reports

National Clinical Programmes

Introduction

We have commenced on a very ambitious plan to restructure the way we provide services in this country, enabled through implementation of our clinical programmes of care. These programmes have been established in response to a number of key drivers of change in the Irish health system in recent years including the need to:

- Develop safer and better quality care.
- Integrate patient journeys between primary and secondary care and within secondary care.
- Respond to a range of documented adverse events.
- Build trust between those who deliver services and those that manage services.
- Develop clinical leadership and management and clinician team working.

In response to these drivers a range of initiatives were developed and implementation commenced, including the primary care strategy, the cancer control programme, the cardiovascular strategy and the establishment of Clinical Directors.

However key issues persist:

- Suboptimal clinical governance (responsibility, authority and accountability not transparent or appropriately vested).
- Poor access to outpatient and inpatient services.
- Lack of standardisation in the management of chronic diseases and over reliance on secondary care and episodic management.
- Need to develop primary care and community services further.

Establishment of National Clinical Programmes

To assist in addressing these issues, national clinical programmes were initiated in 2010 jointly between the HSE and the professional bodies and colleges representing doctors, nurses, health and social care professionals and GPs. The programmes are based around a number of key principles:

- Clinically led with multidisciplinary teams including doctors, nurses, health and social care professionals and GPs.
- Following a structured programmatic approach from design to implementation.
- Patients are engaged in solution development.
- Seeking to nationalise existing local best practice.
- Ensuring local ownership and leadership.
- Seeking to align stakeholders to a shared vision and a way of collaborative problem solving that builds trust.

The shared vision has two aspects to it:

- (a) The design and implementation of **effective** integrated care pathways.
- (b) The embedding of clear accountability for the ongoing **safe** management and **continuous improvement** of these pathways.

Table 12: National Clinical Programmes and Programme Leads

National Clinical Programme	Programme Lead
Primary Care	Dr. Joe Clarke
Emergency Medicine	Dr. Una Geary
Acute Medicine	Prof. Gary Courtney and Prof. Shane O'Neill
Surgery	Prof. Frank Keane
Orthopaedics	Mr. Paddy Kenny and Mr. David Moore
Critical Care	Dr. Michael Power
Radiology	Dr. Risteárd O'Laoide
Care of the Elderly	Prof. Diarmuid O'Shea
Palliative Care	Dr. Karen Ryan
Obstetrics and Gynaecology	Prof. Michael Turner
Stroke	Dr. Joe Harbison and Prof. Peter Kelly
Acute Coronary Syndrome	Dr. Kieran Daly
Heart Failure	Prof. Ken McDonald
Diabetes	Prof. Dick Firth
Chronic Obstructive Pulmonary Disease	Dr. Tim McDonnell
Asthma	Dr. Pat Manning
Epilepsy	Dr. Colin Doherty
Dermatology	Prof. Louise Barnes
Neurology	Prof. Tim Lynch
Rheumatology	Prof. Oliver Fitzgerald
Renal	Dr. Liam Plant
Mental Health	Dr. Ian Daly
Rehabilitation	Dr. Áine Carroll
Healthcare Associated Infection	Dr. Fidelma Fitzpatrick
Outpatient Parenteral Antimicrobial Therapy / IV Therapy Programme	Prof. Colm Bergin
Medication Management	Dr. Helen Flint and Mr. Shaun Flanagan

Programme focus in 2010 included:

- Appointment of a lead and team by their respective professional bodies.
- Agreement on quality, access and cost improvement objectives for each programme.
- Identification of key issues and potential solutions.
- Validation of proposed solutions and completion of business cases.

The programmes' key success in 2010 was to develop a model for collaborative problem solving that builds trust between all those engaged in delivering and improving health services.

National Cancer Control Programme

Introduction

Consolidation of the National Cancer Control Programme (NCCP) continued during 2010. Based on international best practice and evidence, the aim of the programme is to transfer all major cancer treatments into four managed cancer networks, with eight cancer centres, ensuring regional self sufficiency of services in relation to the more common forms of cancer.

Significant progress was achieved in the following areas:

- Continued focus on reducing the number of hospitals managing rectal cancers with the aim of reducing the number to eight by 2011.
- Prostate rapid access clinics established in six of the eight centres.
- Dissemination of national guidelines and standards for prostate cancers to general practice.
- Lung rapid access clinics established in seven of the eight centres.
- Centralisation of all lung surgery into four cancer centres from September 2010 (St. James' and Mater Misericordiae University Hospitals in Dublin, Cork University Hospital and Galway University Hospital).
- Development of a single national programme for the management of brain tumours and other central nervous system tumours (operating on two sites – Cork University Hospital and Beaumont Hospital, Dublin).
- Single national surgical centre for pancreatic cancers established in St. Vincent's University Hospital, Dublin, with associated satellite at Cork University Hospital.
- National Cancer Screening Service (BreastCheck, CervicalCheck and planning for colorectal screening) transferred into NCCP in April 2010.
- An assessment of skin cancer services completed, with the prioritisation of three consultant posts.
- St. Luke's Hospital Board dissolved and transferred to NCCP as a directly managed hospital in August 2010.
- The completion of two purpose built units, each with four linear accelerators at St. James' and Beaumont Hospitals, with the recruitment of staff progressed.
- Second medical oncologist approved for Limerick, Sligo / Galway and Letterkenny to ensure provision of a minimum of two oncologists in units with inpatient oncology beds. Additional consultant posts also approved to support delivery of quality and equitable medical oncology (chemotherapy) services across regions (Mater / Cavan, Beaumont / Drogheda and Cork / Tralee).
- Breast cancer, prostate cancer and lung cancer referral guidelines made available for GP referral.

Fast Facts 2010

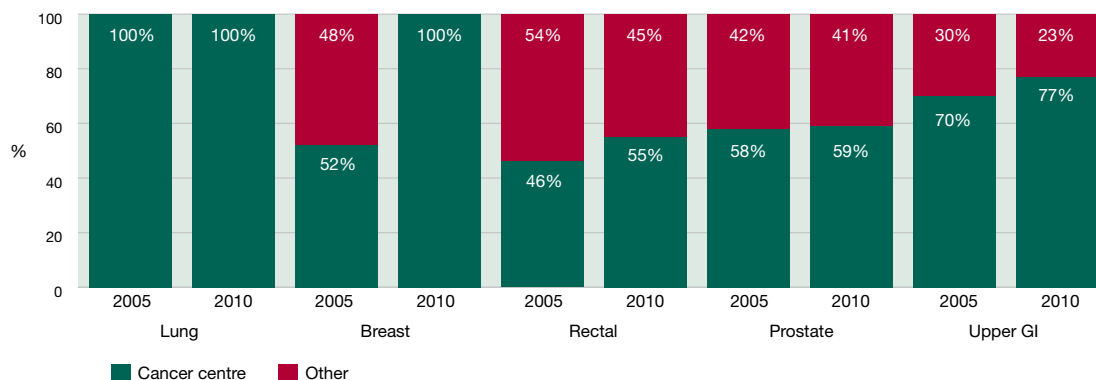
- **95% of women requiring an urgent referral to breast cancer services are seen within two weeks.**
- **98% of non urgent cases are seen within 12 weeks.**
- **All initial diagnostic and surgical breast cancers services now transferred into eight Cancer Centres.**
- **Single national surgical centre for pancreatic cancers established.**
- **Lung cancer surgery centralised into four Cancer Centres.**
- **BreastCheck and CervicalCheck transferred to NCCP.**

Evaluation of symptomatic breast cancer services

An inaugural NCCP Symptomatic Breast Services Forum was held in October 2010 in Dublin, which highlighted significant service improvements that had been made since 2007. The emphasis for 2010 and beyond is to build on the quality of the service through regular audit and rigorous quality and risk management.

A first full audit of symptomatic breast cancer services was conducted by the Health Information and Quality Authority (HIQA) and published at the start of the year. Having become the first such Irish health service to be independently audited by HIQA, the NCCP symptomatic breast service emerged positively from the process, with the independent body confirming that all the essential elements for a quality service were in place across the eight designated cancer centres (inclusive of the satellite unit at Letterkenny General Hospital). The challenge now is to continue to build on the work achieved, with each centre operating to a defined set of standards, targets and indicators against which they are measured, in order to improve survival rates of the disease. Ireland's five year survival rate of 81% is expected to steadily improve over the next ten years. All targets and standards are published. This Forum will be an annual event that will allow for greater standardisation, greater audit and greater examination of the services we provide.

Figure 26: Migration of primary cancer surgical procedures into Cancer Centres



Data source: HIPE, ESRI

Focus on Skin Cancer Prevention

- Skin cancers are highly preventable.
- There are two types – malignant melanoma and non-melanoma skin cancers.
- Non-melanoma skin cancer accounts for 92% of all skin cancers.
- Malignant melanoma can be life threatening, responsible for 67% of skin cancer deaths (approximately 100 annually).
- Malignant melanoma is the third most commonly diagnosed cancer in the 15 – 44 age group.
- By the year 2020, it is projected that there will be 1,250 new cases of malignant melanoma per year if trends continue.
- There are proven additional health risks associated with sunbeds.
- Effective primary interventions, particularly important for children and outdoor workers include:
 - Seek shade where possible during 11am and 3pm
 - Cover up and wear a hat that covers the head, preferably with a wide brim, and
 - Wear sunscreen with a minimum sun protection factor (SPF) of 15.



Child Protection and Welfare Services

Introduction

The HSE has a statutory duty under the Child Care Act, 1991, for the care and protection of children and their families. There are 1,056,947 children (0 - 18yrs) living in Ireland (CSO, 2007). A small minority of this population, and their families, require additional support to positively develop a child's health and welfare. This can result in some children requiring State governed care for a period of time. The appointment by the new Government of a Minister for Children in 2011 will give impetus to ensure that we all meet our obligation to safeguard children.

Protection and Welfare of Children

Annually, the HSE allocates approximately €550m to provide a very broad range of protection and support services to children and families. We acknowledge that while more improvements are needed, many of these services are delivered to a high standard by professional and dedicated staff.

In May 2010, the Ombudsman for Children published an investigation report on the implementation of *Children First: National Guidelines for the Protection and Welfare of Children*, which highlighted that many services were not yet being delivered in a standardised or consistent manner across the country and are not complying fully with the procedures set out in Children First. Continuous improvement can be the only agenda in caring for and protecting children. We have, therefore, embarked on an intensive programme of work to address these issues. The priority areas for reform include the introduction of uniform policies and procedures for social work practice which are required to deliver effective and accountable child care services, and the reorganisation of the way child protection services are delivered at local level to ensure more consistency of practice and standards across the country.

Children in Care

Our aim is to place children, in so far as possible, in a safe home environment with foster families and that, by 2013, no more than 5% of all children in care will be placed in residential care. At the end of December 2010, this was just over 7%.

At the end of 2010 there were 5,964 children in care, the majority of which (90%) were cared for by foster carers. There are many kinds of foster care (day, short-term, long-term, emergency, respite, high-support and relative) but all foster care is designed to meet the assessed needs of the child coming into care. This requires each child to have an individual care plan in order to identify the best possible family placement for him or her, conducted by an allocated social worker.

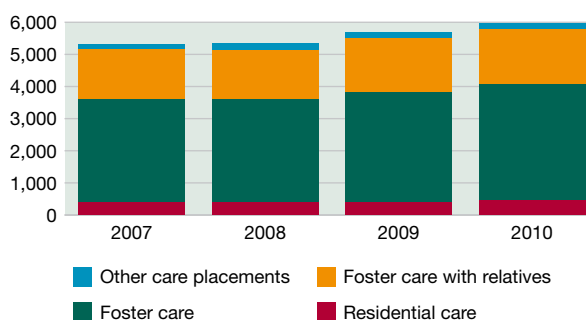
Fast Facts 2010

- There are 1,056,947 children (0 - 18yrs) in Ireland.
- 0.5% of this population are in the care of the State.
- 90% of this small percentage are being cared for by foster families.
- 440 children are in residential care.
- There are approximately 20,000 reports to social work service every year, resulting in 2,500 child protection concern cases requiring intervention.

We have been steadily working during the year to build on and develop children and family services:

- An additional 200 social workers for child protection and alternative care services were employed during the year, targeted at areas of greatest need.
- In 2009, almost 80% of approved foster carers had an allocated social worker, this increased to 93% in 2010, but is still short of our target of 100%.
- 90% of children in care had a written care plan in 2010 (against 100% target).

Figure 27: No. of children in care 2007 - 2010



	2007	2008	2009	2010
Total number of children in care	5,322	5,347	5,689	5,964
Residential care	400	375	394	440
Foster care	3,201	3,227	3,418	3,612
Foster care with relatives	1,557	1,539	1,698	1,742
Other care placements	164	206	179	170

Data source: HSE Performance Reports

Foster Parent Wins People of the Year Award

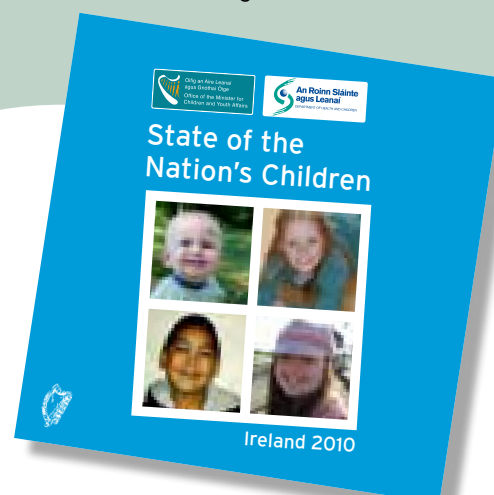


Pictured at the People of the Year Awards 2010, which were sponsored by QUINN-healthcare and organised by Rehab, was Rio Hogarty, winner of the Special Award for Inspiring Mum of the Year. The Awards were broadcast live on RTÉ television in September. Rio was honoured with the Award for her energy, generosity and tremendous sacrifice in providing love, encouragement and support, not only to her own two children, but to 140 foster children over the past 40 years. Rio has ensured that many children have been able to benefit from a safe and loving home environment and are in a position to fulfil their own dreams and ambitions.

Photo courtesy Corporate PR photography

- Management structures were reformed to ensure a transparent and accountable management system - a National Director of Children and Families to commence in January 2011.
- Progress on the National Child Care Information System with accompanying Standardised Business Processes (awaiting sanction by the Department of Finance).
- Service Level Agreements with all community and voluntary agencies that are funded and provide services to children and families. This requires them to develop and implement an operational plan based on the *Agenda for Children's Services*.
- HSE strategy to support the *Agenda for Children's Services* was completed in 2009. Implementation of the strategy in line with Task Force outputs was advanced during the year.
- An operational plan was developed on family support services incorporating an action plan to improve our engagement with children and young people.
- Finalising the *Investing in Parents and Children's Strategy* for publication in early 2011, which will clearly outline the targeting of prevention and early intervention services.
- Implementation of the *Strategic Review of Child Protection Services*.
- Further progress on developing a national out of hours social work crisis intervention service. This will be piloted in two areas of the country in 2011.
- Enhanced joint working arrangements between the HSE and An Garda Síochána identifying key areas including joint liaison structures to address deficits.
- Training needs of staff working with children and families are being identified and strategically planned through a National Steering Group representing the Health, Education and Justice sectors.

The *State of the Nation's Children, Ireland 2010* was launched in December by the Office of the Minister for Children and Youth Affairs, which published key indicators of child well-being.



Significant progress was also achieved in the following areas:

- An audit of resources targeted at children and families across the statutory and non-statutory sector was undertaken.
- Training programme developed in preparation of the launch of the revised *Children First 2010*.
- Development of a model for a national therapy team for children in care and detention, in conjunction with the Irish Youth Justice Service.
- A National aftercare policy to enhance services for young people leaving care was completed with the recruitment of 10 posts commenced.

Services for Older People

Introduction

The majority of our population remain independent into very old age. A minority (4.6%) of older people require long term residential care. Our aim is to maintain people in their own homes and communities for as long as possible, through the provision of home and community based supports such as the home help service, community intervention teams and home care packages as well as core services such as public health nursing and GP services. Where this is not possible, the HSE provides high quality residential care, adhering to National Quality Standards.

Community Supports

- A total of 11.68m home help hours were delivered in 2010 in order to maintain people at home for as long as possible, with a significant increase in the numbers of new people availing of home care packages during the year (up 71% against 2009 figures).
- Additional funding of €10m was provided in 2010 to support the increase in demand for home care packages.
- Implementation of the *National Standardised Operational Guidelines* for home care packages commenced in December, with a national procurement framework developed for the provision of home care services.

Residential Care

- €1.027bn was spent on the provision of residential long-term care to 21,698 people across both the public and private nursing home sectors in 2010.
- 2010 was the first full year's implementation of the Nursing Home Support Scheme (NHSS) (A Fair Deal) which was introduced in October 2009.
- An estimated 95% of applications were processed within four weeks of receiving all the information necessary to make a determination.

Fast Facts 2010

- €1.027bn was spent on the provision of residential long-term care to 21,698 people across both the public and private nursing home sectors in 2010.
- 2010 was the first full year's implementation of the Nursing Home Support Scheme (NHSS) (A Fair Deal) which was introduced in October 2009.
- An estimated 95% of applications were processed within four weeks of receiving all the information necessary to make a determination.
- During the year an ICT system was developed, with the Central Unit in Tullamore and three Nursing Home Support Offices going live in October. This system will be phased in across the remaining offices during 2011.
- Progress on developing a single assessment tool was also made, which will conclude in 2011.

- During the year an ICT system was developed, with the Central Unit in Tullamore and three Nursing Home Support offices going live in October. This system will be phased in across the remaining offices during 2011.
- Progress on developing a single assessment tool was also made, which will conclude in 2011.

Impact of National Quality Standards for Residential Care Settings for Older People in Ireland on the HSE Capital Programme

HIQA is responsible for the registration and inspection of all residential care services for older people. Services are required to meet certain standards which are set out in legislation, which include rules about the standard of accommodation as well as care. All services, including public, private and voluntary nursing homes, are subject to this independent registration and inspection. Services are only allowed to operate if they are registered by HIQA, and they are inspected regularly to ensure they maintain a high level of care.

Table 13: **Community Service Provision December 2010 (versus December 2009)**

Area	Home Help Hours		Home Help Clients		No in Receipt of HCP		New HCP Clients	
National	11,680,515	(-2%)	54,011	(0%)	9,941	(+11%)	5,326	(+71%)
DML	2,063,683	(-1%)	12,076	(-2%)	2,297	(+8%)	1,004	(+58%)
DNE	2,423,689	(+3%)	12,907	(0%)	3,087	(+4%)	1,303	(+80%)
South	3,860,460	(-6%)	15,115	(+2%)	2,424	(+23%)	1,669	(>100%)
West	3,332,684	(-3%)	13,913	(+2%)	2,133	(+13%)	1,350	(+14%)

Data source: HSE Performance Reports

HIQA inspect residential services and re-register each centre every three years. The inspections are a mixture of both announced and unannounced visits. These will happen by day and also in the evenings, at weekends and at night.

The registration and inspection process is completely independent and reports are published after every inspection on www.hiqa.ie. These inspection reports provide information to the residents themselves, their families and the general public about the standard of care in individual centres.

Under the Health Act, 2007, all new and replacement residential care facilities must be registered by HIQA. This registration process can only commence when buildings have been completed, fully equipped and the 'Person in Charge' has been identified. The minimum timescale for this registration process is approximately four to six months. This process impacts on the operational dates for new and replacement facilities being developed as part of the HSE Capital Plan. During 2010 it was envisaged that there would be 420 additional beds and 699 replacement beds under the capital programme. However, only 40 additional and 88 replacement beds became operational, with many projects complete and still awaiting registration by HIQA by the end of the year. The staffing of these units was also a contributory factor to the delays.

Preventing Elder Abuse

The HSE elder abuse service comprises a dedicated staffing structure throughout the country, national and regional oversight mechanisms, a research facility, awareness and training programmes and unified data collection.

At the end of the year, 29 out of 32 Elder Abuse Social Workers were in post and 2,110 referrals had been made to the service. Each referral may relate to more than one type of abuse as seen in Figure 28. In responding to referrals, 100% received a first response within four weeks.

A Review of the Elder Abuse Service was published in February 2010. The report makes recommendations around three main areas: strengthening existing institutional arrangements, accelerating progress on existing recommendations in *Protecting our Future* and addressing emerging areas of concern. During the year progress was made in implementing the recommendations in the report including the development of performance and activity indicators which will assist in monitoring and planning for the service into the future. An action plan was also developed, in conjunction with the DoHC, to implement the outstanding proposals in the report.

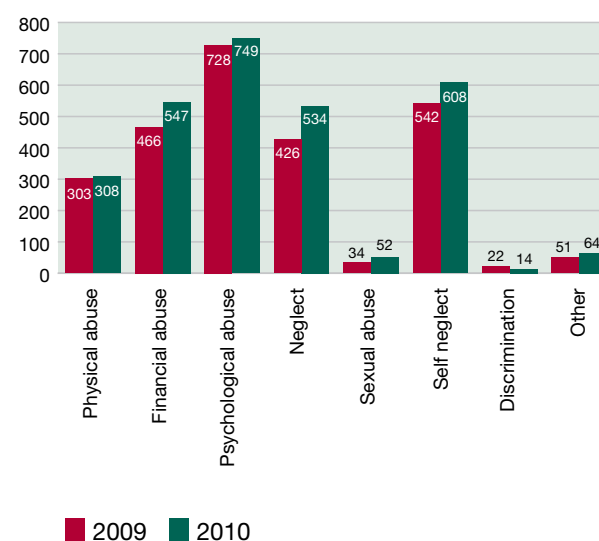
Other service developments included:

- Public awareness campaign in June to coincide with World Elder Abuse Day.
- Development of a DVD for use in community settings.



- A short film competition was launched in October, based on the theme 'Open Your Eyes', to raise awareness of the issue of elder abuse and to promote how people can access information and help.
- Exhibition at the Over 50's Show 2010 in Dublin.

Figure 28: Breakdown of Elder Abuse Referrals



Data source: Older People Services

Note: Some referrals fall under a number of categories

Mental Health Services

Introduction

Guided by the national mental health policy, *A Vision for Change, 2006*, during the year we continued to build on progress reconfiguring our services to a recovery focused, predominantly community based model.

A number of measures were implemented aimed at improving service user health, independence and experience. At the same time, we continued to reconfigure services to deliver increased efficiencies.

Inpatient and Community Services

- Inpatient capacity was further reduced in line with our strategic direction to 1,227 beds. It is our intention to further reduce capacity to 900 beds by 2013.
- We closed the long stay mental health facilities in St. Conal's Hospital, Letterkenny with significant reductions in long stay facilities in Wexford, Waterford, Carlow, Kilkenny, South Tipperary and Kerry.
- Inpatient readmission rates continued to fall (65.5 per 100,000 population in 2009 to 60.2 in 2010), with a reduction in the length of stay year on year.
- The rate of involuntary admissions also decreased substantially, down 6% against 2009 figures.
- The Pine Unit, for new acute psychiatric admissions, opened in Connolly Hospital, Dublin in September, following the cessation of acute admissions to St. Brendan's Hospital.
- Education and training initiatives were developed to increase non-mental health professionals' capacity to manage mental health issues in primary care.

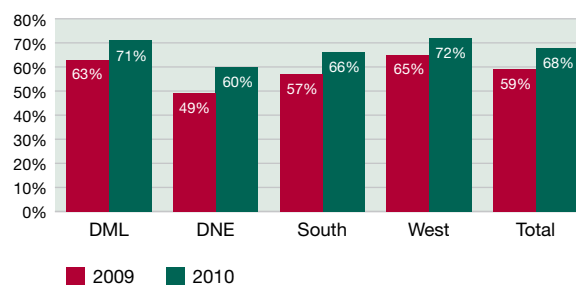
Child and Adolescent Mental Health Services

- There are 55 Child and Adolescent Mental Health teams (including two Day Hospital and three Paediatric Liaison Teams) established in the community. Progress on recruitment to these teams continued during the year (32 of 35 posts filled).
- 68% of children and adolescent new referrals were seen within three months against a target of 70%.
- A new adolescent 6 bedded unit in St Vincent's Hospital, Fairview (St. Josephs) opened in November.

Fast Facts 2010

- Inpatient readmission rates fell 8% against 2009 figures.
- Involuntary admissions fell by 6% compared to 2009.
- The number of inpatient beds reduced to 1,227.
- 120 Community Mental Health Teams are in place.
- We have 55 Child and Adolescent Mental Health Teams across the country.
- 68% of children and adolescent new referrals were seen within three months against a target of 70%.

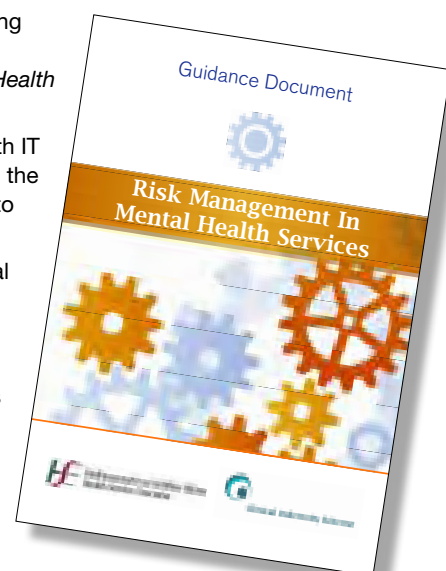
Figure 29: % offered first appointment by CAMHS within 3 months in 2009 and 2010



Data source: HSE Performance Reports

Significant progress was also achieved in the following areas:

- Developing and publishing guidelines on *Risk Management in Mental Health Services*.
- WISDOM (a mental health IT system) transferred from the Health Research Board to the HSE in June.
- Reconfiguring our clinical management including establishing Executive Clinical Directorates.
- Implementing processes and procedures to support the implementation of the *Mental Health Act*.



Suicide and Self Harm

Suicide rates are measured a year in arrears and rose by 15% in 2009 compared to 2007 (up 4% on 2008). The number of patients treated in EDs for deliberate self harm increased by 10% between 2007 and 2009 (up 3% on 2008). International research confirms that a rise in unemployment is closely correlated with a rise in suicide rates. A sustained multi-sectoral approach is necessary to address this important issue and we will continue to work with organisations outside of health to do so. This includes preparing mental health promotion materials, offering advice on how to respond to those expressing suicidal thoughts and providing additional awareness and skills training to staff in relevant organisations.

- The HSE's National Office for Suicide Prevention annual forum took place in Dublin in April 2010. The theme of this year's forum was 'Promoting Positive Mental Health and Reducing Stigma'.
- The HSE National Office for Suicide Prevention (NOSP) 2009 Annual Report was published.

Other national initiatives in brief include:

- An evaluation report on *Zippy's Friends*, a primary school programme to develop resilience among primary school students, was launched by the Minister of State with responsibility for Mental Health. Overall the evaluation findings show that the programme was successfully implemented in designated primary schools in the pilot area and led to a number of significant positive effects for pupils and teachers.
- A free booklet, *You Can Do It – But You Can't Do It Alone*, hopes to reduce the stigma associated with mental health issues and suicidal thoughts. It is aimed at young people (18 to 35 years old), and features testimony from young people who have been through difficult times and who have come out the other side. The overarching message is that it is important to recognise the warning signs, and to act upon them – because most people can and do recover from mental health issues.

Suicide Prevention Helpline 1800 742 745

This is a freephone helpline open daily, in the evening, from 6pm to 10pm for people who are feeling suicidal or, equally, for a family member or friend who is concerned about someone. People can ring the number and talk in complete confidence to someone who will listen and offer help and support.

- The Mental Health Hub on www.hseland.ie went live and hosts four e-learning modules to assist in the education and training of staff on the operation of the *Mental Health Act*.

World Leaders in Mental Health Meet in Ireland

In May, the International Initiative for Mental Health Leadership (IIMHL) took place with leaders visiting over forty sites throughout Ireland for two days of thematic exchange meetings, where Irish mental health leaders hosted their international peers in an active exchange of learning on specific topics. The initiative brings together national leaders from seven member countries (USA, Canada, England, Scotland, Australia, New Zealand and Ireland) to share innovation and to support each other in making practical changes. The meeting was jointly hosted by the DoHC, HSE, National Service User Executive and the Mental Health Commission.



International and Irish leaders in mental health pictured in Killarney, Co. Kerry during the IIMHL event



Services for People with Disabilities

Introduction

The ultimate aim of the HSE in supporting people with disabilities is to enable people to achieve their full potential and participate to the maximum level possible in community activities as equal citizens. There are approximately 65,000 users of the services that we and our non-statutory partners provide. The majority of specialist provision (80%) is delivered by these partners.

There were 26,066 people with an intellectual disability registered on the intellectual disability database and 29,749 people registered with the physical and sensory disability database, which is approximately the same as last year's published figures. In line with national policy and international best practice we are continuing to realign services to local communities rather than in institutional settings. Significant progress was achieved in the following areas:

- Additional funding of €19.5m was provided to meet growth in demand for residential places, day places and personal assistance home support hours.
- Capital infrastructure was progressed to support adult residential and day facilities with the commissioning of the Knockamann Resource Centre, Portrane, Co. Dublin. This is a crucial development in progressing national policy in effecting the transfer of clients with intellectual disabilities resident in psychiatric hospitals to more appropriate accommodation (St. Joseph's Intellectual Disability Service).
- Capital infrastructure was also progressed to support children's assessment services in HSE South.
- Risk assessments were completed in respect of all children inappropriately placed in adult services.

Significant emphasis was also placed on progressing a number of policy documents designed to guide the development of services in 2011 and beyond:

- *The Value for Money and Policy Review*
- *New Directions* (A review of adult day services)
- *Time to Move On* (Report of the working group on congregated settings)
- *The National Neuro-Rehabilitation Strategy*
- *Progressing Disability Services for Children and Young People* (The development of integrated, geographically based teams).

Fast Facts 2010

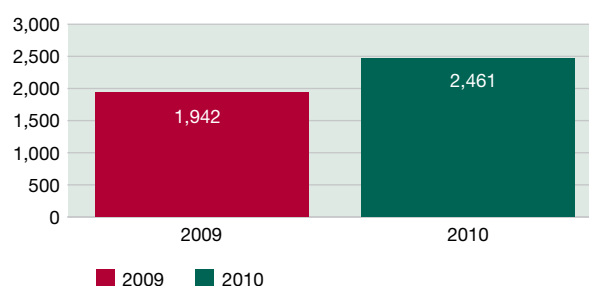
- Almost 3m personal assistance home support hours were provided.
- 2,628 people benefited from rehabilitation training.
- 3,100 assessment requests for children under 5 years were submitted (23% increase on 2009). 2,461 of which were completed in 2010 (27% increase on 2009)
- 510 were completed within the targeted timelines regulations (10% increase on 2009).

Disability Act, 2005

Compliance with statutory obligations under the *Disability Act, 2005* to provide assessment services within specific timelines continues to challenge us. While a greater number of assessments were completed within the specified timelines, the overall percentage remains low. Twenty one percent were being completed on time as compared to 24% at the end of 2009. However, requests for assessments have increased by 23% since the same period in 2009.

At the end of the year regional action plans to address low compliance were developed for implementation in 2011.

Figure 30: Number of Under-5 Assessment Reports Completed



2,461 assessment reports were completed under the Disability Act in 2010. This reflects an increase of 519 completed assessments (27%) on the same period in 2009.

Data source: HSE Performance Reports

Children's Services Centre – Jigginstown, Co. Kildare. Partnership in Action

This Enable Ireland operated, purpose-built, children's disability services centre was developed by a partnership consisting of Enable Ireland, the HSE and Naas Urban District Council. The centre provides services for children 0 to 18 years of age with a primary physical disability and their families living in Kildare / west Wicklow. The new facility includes a hydrotherapy pool and a gross motor / sensory integration facility.

The opportunity also arose during the year for the local integrated team of clinicians, working in partnership with HSE and local agencies, to operate from the premises alongside Enable Ireland's own services.



Jigginstown Children's Services Centre



Reception area at Jigginstown Children's Services Centre



Achieving Our Objectives - Delivering Services in the Regions

In 2010 our regional service and business plans focused on a programme of reconfiguration, making operational improvements and managing costs which enabled us to 'do more with less'. Through reorganising how we deliver our services, and by implementing a targeted range of value for money initiatives we have been able to deliver on a wide range of initiatives that benefit those who use our services. These have been delivered within our approved funding levels and employment ceilings.

During 2010 there were a number of regional events important in the delivery of quality health services to our patients and clients. Some of these are highlighted in this section.

HSE Dublin North East

Introduction

A significant number of capital projects, initiatives and events took place during 2010:

- Opening of the €24m four storey block at Our Lady of Lourdes' Hospital, Drogheda, which houses the new Emergency Department (ED), coronary care and high dependency unit.
- Opening of North East Regional Colposcopy Service at Louth County Hospital.
- Louth County Hospital was one of six hospital haematology laboratories to be awarded accreditation by the Irish National Accreditation Board.
- The Endoscopy Department in Connolly Hospital moved to the newly renovated Surgical Block.
- A Cystic Fibrosis Day Unit opened in Beaumont Hospital.
- Grangegorman Project was launched, to include state of the art mental health facilities.
- Official opening of Knockamann, a new residential development for clients with intellectual disabilities, in Portrane.
- An Acute Psychiatric Pine Ward opened at Connolly Hospital, Blanchardstown.
- 53 Primary Care Teams were established in 2010. In total, 79 PCTs have been established to date in this region. The remaining 38 PCTs will be developed in 2011.
- Meath Specialist Palliative Care Services and Táin Suite (Mental Health Day Service) relocated to the new Community Health Unit, Navan.
- HSE Achievement Awards – The DNE region had three projects recognised, including the runner up of the overall achievement award, Dublin North Central.
- A new policies and procedures manual was introduced for staff working in children's residential centres. A young person's version was also introduced.
- A Children's Services Committee was established in Co. Louth.

Improving Our Hospital Services

A new Emergency Department, approximately three times the size of the old ED, opened at Our Lady of Lourdes' Hospital, Drogheda in June 2010.

The new department offers better facilities for all patients in attendance. Adult patients are allocated to one of three distinct assessment and treatment areas: the Minor Injuries Department, the Major Treatment Department and the Resuscitation Area. There is a dedicated x-ray facility located in the ED, which allows for immediate access to diagnostics. The department also has a designated paediatric area so all paediatric patients presenting to the new department are assessed and treated in a child-friendly environment.

In September, the hospital announced the opening of a state of the art new Coronary Care Unit (CCU). The unit will allow for enhancement of cardiology services and will meet the increased demand created by the reorganisation of acute hospital services in the North East.

The CCU is central to the provision of high quality care to acutely ill cardiac patients suffering from conditions including myocardial infarction, acute coronary syndrome, arrhythmia and heart failure. Emergency cardiac procedures such as pacemaker insertion can also be performed in an x-ray equipped cardiac procedure room that is part of the unit.



New Emergency Department at Our Lady of Lourdes' Hospital, Drogheda

Supporting People's Mental Health

A major new infrastructure development project for Dublin's north inner city was launched. This new urban quarter will include state of the art mental health facilities, as well as a purpose-built campus for Dublin Institute of Technology and a variety of other public amenities.

St. Brendan's Hospital, which provides a service to approximately 60 residents, has been identified as one of the psychiatric hospitals in need of major redevelopment. The construction of a brand new 54 bed facility on the site will provide patients with an enhanced environment to assist their recovery journey.



Janet Malone, Mental Health Services; Michael Quirey, Estates Manager; former Taoiseach Brian Cowen; Deirdre Murphy, Area Manager; Sean Tone, Director of Nursing; Martin Rogan, Assistant National Director Mental Health and Cormac Walsh, Assistant Director of Nursing

The Grangegorman development will enable the HSE to improve access for patients and clients to high quality facilities and services. It is an important part of the positive changes occurring in mental health services across the country.

Improving Services for Older People

The 'Balance Matters for Older People' project, a collaboration between HSE physiotherapists and community groups, was the Achievement Award Overall Runner-Up and Dublin North East category winner.

The project aims to improve older people's balance and mobility, build their confidence and prevent falls.

One in three older people aged 65 years and over fall each year, which can result in serious injury and hospitalisation. Participants in the programme reported improved levels of balance, mobility and confidence.

Other recipients of awards included the 'Respiratory Passport' project for patients with COPD and the 'Men's Health and Wellbeing' project.



Aine O'Riordan, Senior Physiotherapist, Balance Matters for Older People Project

Caring for People with Palliative Needs

Meath specialist palliative care service transferred to Navan's new Community Health Unit in October as part of the phased opening of this unit.

The office is open from Monday to Friday between 9.30am and 5pm. Services at the weekend are provided by a clinical nurse specialist for patients who have already been referred and accepted for care by the Specialist Palliative Care Team. Patients with specialist palliative care needs are referred to the team by the patient's GP or Hospital Consultant.

Delivered by a multi-disciplinary team, the service provides advice on symptom management and psychosocial and spiritual support to patients, their families and carers, both during the patient's illness and into bereavement. Services are provided to patients and their families across Co. Meath in the home and across all care settings, including acute hospitals, units for older people and nursing homes.

Improving Services for Children and Young People

A new policies and procedures manual for use by staff members working in both statutory and non-statutory children's residential centres, and a young person's version of the manual *Your Guide to Living in Residential Care*, have been introduced in the Dublin North East region.

Your Guide was developed to inform young people in care about the different policies that are in place in residential centres, to help them understand when, how and why certain decisions are made about their care. The Irish Association of Young People in Care facilitated the development of this unique guide, which is written by young people in care and presented in a format that uses language that they can understand. The guide aims to provide young people with information to help them become more involved in the decisions that are made about their lives.





Introduction

A significant number of capital projects, initiatives and events took place during 2010:

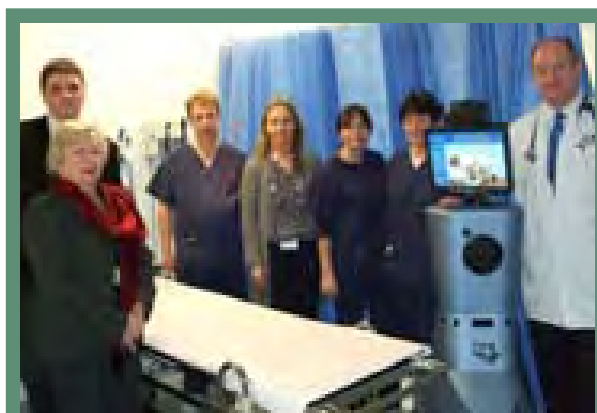
- Primary Care Centres became operational in:
 - Ballyogan, Leopardstown, Dublin
 - Moate, Co Westmeath
 - Kinnegad, Co. Westmeath, and
 - Newtownmountkennedy, Co. Wicklow.
- The stroke thrombolysis service went live in January with the first patient receiving the 'clotbusting' thrombolysis treatment at the Midland Regional Hospital, Mullingar.
- Opening of the Centre for Wellness by the Cluain Mhuire mental health service in Blackrock, Co Dublin.
- Opening of a four bed Palliative Care Unit in Athlone, Co. Westmeath.
- The first cohort of nurses who can prescribe Medical Ionising Radiation (X-Ray) graduated during the year.
- Disability services delivered 27 additional residential places and 116 new day places.
- An additional 52 Social Workers were appointed.
- The Triple P Parenting Programme, a parenting skills programme for parents of children aged seven and under, is available to families in Longford and Westmeath. This initiative is being delivered in partnership with the voluntary sector.
- A dedicated team was established to provide for the health and personal needs of victims of human trafficking. The service is managed from within the Dublin Mid-Leinster Area but has a national remit. The service works closely with the Department of Justice and Law Reform and accepts people as identified by the Garda National Immigration Bureau. This service was established on a cost neutral basis.
- A Clinical Director was appointed to the Dublin Paediatric Hospitals and a network management group has been established to ensure a consistent approach towards service delivery across the three paediatric sites. These initiatives will align services towards the new National Paediatric Hospital.
- Opening of Mooreville Mental Health Day Care Service, Rathdowney, Co. Laois.

Improving Our Hospital Services

Stroke Network Partnership

The Dublin Midlands Stroke Network Partnership assists co-ordinating and developing services for patients presenting with acute stroke or acute stroke symptoms at the Adelaide and Meath Hospital (incorporating the National Children's Hospital), Tallaght, Naas General Hospital and the Midland Regional Hospitals at Mullingar, Tullamore and Portlaoise. It delivers a comprehensive multidisciplinary rehabilitation service for all survivors of stroke throughout the region.

Part of the work to date has involved the implementation of a pilot telestroke service to facilitate out of hours stroke assessment, diagnosis and intervention. The telestroke service is consultant delivered via video consultation with the patient and attending doctors. The consultant can control a mobile robot with camera screen, to review and talk to the patient and the patient in turn can see the consultant on screen. The consultant can review images and discuss treatment options with the patient and attending doctor. GPs, ambulance services, EDs and the x-ray departments have all been involved in the delivery and smooth running of this service.



Pictured with the new technology RP-7 Telemedicine Robot are the team responsible for treating the first patient in Ireland via telemedicine (L-R): Anne Kelly, Director of Nursing; Dr. Jim Slattery, Radiologist; Dr. Richard Lynch, Consultant in ED Medicine; Yvonne Kane, Business Manager; Edel Shannon, shift lead ED; Caroline Carty, shift lead ED and Professor Sean Murphy, Stroke Physician

As part of the Stroke Network Partnership, a stroke thrombolysis service was also established in January. This service provides an out of hours assessment and 'clot-busting' service for patients presenting with stroke symptoms. Patients within the catchment of these hospitals now have access to a 24/7 thrombolysis service. The service is delivered by Consultants, Nurses, Radiologists and Emergency Medical Technicians (EMTs) working in partnership with colleagues from their own hospitals and with colleagues in other hospitals within the network.

Nurse Prescribing of X-Rays

The first graduates of the national education programme for nurse prescribing of Medical Ionising Radiation (x-ray) occurred during the year.

The introduction of this expanded practice for nurses is a significant initiative in the Irish health service and will have positive implications for service users in terms of convenience, cost-effectiveness, improved access to radiology services and simplification of the patient journey. Local implementation groups have been established in each health care institution where the initiative is proposed in order to ensure that the practice change is introduced within a multidisciplinary collaborative framework.

Anyone Can Eat Tube Weaning Programme

Staff at Our Lady's Hospital for Children, Crumlin developed a three week inpatient intensive programme to wean infants and children from tube feeding. Between 3 and 4 children are admitted to the programme which runs monthly. Previously, to avail of this type of programme, parents and their children had to travel abroad.

The programme consists of a safe and appropriate reduction in the number of tube feeds, combined with daily speech and language therapy, dietetics and psychological input. Due to this intense multidisciplinary nature, the programme has proved to be very effective. Along with improved nutritional wellbeing, the child's physical, social and communication skills all improve once tube weaned.



Staff and children enjoying a 'messy picnic' as part of the tube weaning programme

Supporting People's Mental Health

New Centre for Mental Health Day Services

A new centre for mental health day services was officially opened in August. Mooreville Mental Health Day Centre provides social activation programmes for approximately 50 clients of South Laois who attend the facility.

The clients of the service can avail of personal development, social interaction, group therapy, one-to-one supportive therapy, occupational therapy and ongoing education on mental health issues including medication. Support is being provided by occupational therapy staff, substance misuse therapists and psychologists. Other services are also supplied by voluntary groups.



Pictured at the opening of the centre were John Moloney former T.D.; Brian Gilroy, National Director, Commercial and Support Services; Mary Delaney, Community Services Manager; Sean Fleming T.D.; Cllr. Brendan Phelan; Liam O'Callaghan, Regional Manager and Rosarii Wall, Nurse Manager.

Community Mental Health Initiative Launched

In partnership with its voluntary partners, the HSE launched a community mental health initiative set to enhance the focus and coordination of how services are delivered across Laois, Offaly, Longford and Westmeath.

The primary objective is to foster awareness that mental health is everyone's concern and that the best way to promote positive mental health is through community response. The key groups in the community identified to benefit from specific programmes are secondary schools, community groups, the unemployed and workplace organisations.



Introduction

A significant number of capital projects, initiatives and events took place during 2010:

- Opening of the Cardiac Renal Unit in Cork University Hospital.
- The *Acute Hospital Reconfiguration Roadmap* for Cork and Kerry was launched.
- Official opening of Kelvin Court Project, a facility for clients with intellectual disabilities, in Carlow.
- An extension to Dunmanway Community Hospital, Co. Cork.
- Opening of new unit in Dungarvan Community Hospital, Co. Waterford.
- Wexford General Hospital Site Infection Surveillance Service received the award for overall best project at the HSE Achievement Awards.
- Opening of West Kerry Community Hospital.
- Opening of Cardiac Catheterisation laboratories in Waterford Regional Hospital.
- Health Action Zone Open Day in North Lee, Cork.
- Opening of new mental health day hospital in Gorey, Co. Wexford.
- Construction of new Emergency Department and additional medical treatment facilities at Waterford Regional Hospital commenced.
- Appointment of 54 additional Social Workers to the region.

Improving Our Hospital Services

Cork University Hospital's new €85m Cardiac Renal Centre was officially opened in October. The centre will see services centralised at CUH, ensuring patients have access on the one site to the combined expertise and skills of staff who care for people with cardiac and renal conditions. The development of the centre has been a consultative process throughout, involving staff and patient representatives from the Irish Heart Foundation and the Irish Kidney Association. The new unit represents the most significant service development in relation to cardiology, cardiothoracic surgery and renal medicine respectively in the region to date.



Former Taoiseach, Brian Cowen and Margaret O'Mahony, Clinical Nurse Manager 3 chat with John Murphy from Rossmore Co Cork, at the opening of Cork University Hospital's Cardiac Renal Unit

Supporting People with a Disability

The way in which a family is informed that their child has a disability is an important and sensitive task. The manner in which the news is communicated can influence the parents' levels of distress, their attachment with the child and their relationship with the professionals who are likely to be involved in supporting the child and family for years to come.

For the past two years, the *Informing Families* project has embraced the challenge to translate research into practice through a two-year pilot in the Cork region, across hospital, community and voluntary disability services. The purpose of the project was to gain knowledge to inform a national roll-out. A range of tools and materials were developed and can now be used anywhere in the country to ensure best practice is implemented in informing and supporting families of children with physical, sensory and intellectual disabilities.

In July the project was the recipient of a Taoiseach's Public Service Excellence Award. These biannual awards aim to showcase and celebrate public service projects that make a particular difference to the way people can avail of services.

Promoting People's Physical and Mental Health

The HSE South Mental Health Service in west Cork was voted the 'most improved service' over the past three years in a survey carried out by the National Service User

Executive. The survey was completed at the end of 2010. Individuals and families who had been in contact with mental health services across the country were asked about their experiences. Feedback about developments in the west Cork service was the most positive in the country.

The presentation was made as the HSE marked the fifth year of the *A Vision for Change* implementation which calls for services to work more closely with those who use these services when planning developments.



Pictured at the Most Improved Service presentation (L-R): Dick Page, service user; Dr. Iseult Twamley, Senior Clinical Psychologist; Teresa O'Mahony, carer; John Moloney, former Minister with responsibility for Mental Health and Disabilities; Dr. Pat Bracken, Clinical Director; Michael Bambrick, Director of Nursing and Priscilla Lynch, West Cork Mental Health Services

Health Action Zone Open Day

A number of projects aiming to improve the health and wellbeing of people living on the north side of Cork city were showcased at a Health Action Zone (HAZ) networking event in March 2010.

The community projects included:

- Walking Groups, to promote physical, social and mental health wellbeing.
- Heart and Lifestyle health checks, established as a way of engaging men, in particular, with the health services.
- ASIST programme, a two day suicide awareness course.
- Grow Your Own Food project.
- Cancer screening programme.

Community Health Workers develop and implement sustainable community health programmes in HAZ areas. This is done in partnership with local people, community and voluntary groups, and other service providers in the area. This partnership approach ensures local communities are involved in the design and delivery of services.



Bernard Twomey, Community Health Worker and Pat Healy, Regional Director of Operations, HSE South with members of the Health Action Zone's community gardening project at the Glen Resource Centre.

Improving Services for Older People

West Kerry Community Hospital

In October, residents of Dingle Community Hospital moved to their new home in the West Kerry Community Hospital. The new hospital, built at a cost of €16.4m, was designed to provide residential care in an enhanced environment for people in the region, as well as a wide range of community supports, including convalescent care, respite care, hospice care and direct GP admissions.

Also located on the campus of the new hospital is a mental health day care centre, a day care centre for older people, Southdoc facilities and an ambulance base for the Dingle area. The mental health day care centre will replace the existing, smaller mental health day care centre which was located in the old community hospital. The new day care centre for older people will complement the existing range of community based, day support services being provided throughout the peninsula by a range of voluntary organisations.



West Kerry Community Hospital

Dungarvan Community Hospital

A new 32 bed unit built at a cost of more than €10m opened in September replacing the existing St. Vincent's District Hospital. It provides GP access beds, convalescence, respite and palliative care. It also provides short-term accommodation for dependent, chronically-ill young patients.

The building incorporates facilities for the Caredoc / GP out of hours service for west Waterford, continuing care, a dementia specific facility and rehabilitation services. The HSE operates other community services on this campus including dental clinics, mental health services, social work, environmental health, public health nursing and administrative schemes. Radiology services and clinics linking to Waterford Regional Hospital are also provided. A full time ambulance station operates on the grounds which serves the west Waterford area.



Introduction

A significant number of capital projects, initiatives and events took place in 2010:

- Completion of the €8.8m purpose built Child and Adolescent Mental Health facility for the west.
- New endoscopy suite and operating theatres opened in Nenagh General Hospital.
- The extended oncology unit at Mayo General Hospital was opened.
- A regional podiatry service including the development of a training programme in conjunction with NUI Galway was established.
- Two new colposcopy units were opened in University College Hospital, Galway (UCHG) and Letterkenny General Hospital.
- An additional 26 Primary Care Teams were established in 2010.
- A new Special Care Baby Unit and Emergency Department opened in Portlinculla Hospital.
- Work began in the Mid West Regional Hospital on the new critical care unit for the mid west.
- An additional 40 additional Social Workers were appointed to the region.
- The opening of a Transitional Living Unit in Sligo for people with acquired brain injury.
- The Roscommon Intermediate Care services was a winner of the Taoiseach's Public Service Excellence Awards 2010.
- Minor surgical procedure clinics have commenced in the Primary Care Unit in Letterkenny, the aim of which is to free up capacity in the day services unit in Letterkenny General Hospital.
- Pre-hospital thrombolysis by advanced paramedics was introduced in the mid west area.
- Patient forums were launched for UCHG and Mid-Western Regional Hospital, Limerick.
- HSE West had three projects recognised in the National Achievement Awards including the Anaesthetic Department in UCHG; When Nature Calls - project from Roscommon community services; and the Galway partnership COPE.



Pictured in the Regional Anaesthetic Block Facility at Galway University Hospitals (L-R): Dr Su-Cheen Ng, Specialist Registrar; Dr Chris Maharaj, Consultant Anaesthetist; Dr John McDonnell and Consultant Anaesthetist.

Improving Our Hospital Services

Medical Assessment Unit in Galway

The Medical Assessment Unit (MAU) at University College Hospital Galway commenced a GP referral service. GPs now ring a specialist Consultant at the hospital in relation to a patient. They will receive advice and support in treating the patient or will be advised to send the patient directly to the MAU, bypassing the Emergency Department (ED). The purpose built MAU can accommodate 13 patients, with access for those requiring admission to a dedicated 8 bed medical admissions area. The MAU fast-tracks the assessment of patients presenting with acute medical problems. It allows patients to be discharged earlier, reduces the volume of medical admissions and shortens the length of time patients spend in hospital.

Colposcopy

A dedicated Colposcopy Unit for women requiring further investigation following a smear test opened at Letterkenny General Hospital. The clinic is staffed by a highly-trained team providing a quality-assured service, and patients are assured of more privacy and comfort in the dedicated unit. Since the introduction of the CervicalCheck programme, the service has expanded and the number of patients attending has doubled.



At the opening of the dedicated Colposcopy Unit at Letterkenny General Hospital are (L-R): Patricia Hirrell, Clinical Nurse Manager; Regina McCabe, Nurse Colposcopist; Tony O'Brien, Director of the National Cancer Screening Service; Dr. Eddie Boud, Consultant Obstetrician and Gynaecologist; Sean Murphy, General Manager, Letterkenny General Hospital and Evelyn Smith, Assistant Director of Nursing

Portiuncula Hospital

Facilities at Portiuncula Hospital, Ballinasloe were further developed with the opening of the refurbished ED and the upgrading of the Special Care Baby Unit. The €2.9m ED project increased the space available for the triage and assessment of patients and also includes dedicated paediatric bays, treatment bays, minor treatment space, plaster room, and isolation and resuscitation. The €1.1m upgrading and refurbishment of the Special Care Baby Unit along with the additional cots provided has improved the hospital's ability to provide care and treatment to newborns at the hospital. It provides two intensive care cots, four high dependency cots and four special care cots. In addition, there is a transitional area which accommodates infants and parents prior to discharge home.

Supporting People's Mental Health

A new Child and Adolescent Mental Health Services inpatient unit opened in Merlin Park University Hospital, Galway. The 20 bed unit provides a specialist inpatient facility to serve the HSE West area and strengthens the community based teams that are working across the region. The new unit has five main functions:

- Children's inpatient unit with six beds.
- Adolescent inpatient unit with 14 beds for teenagers including three beds for extremely sick young people.
- Therapies unit to facilitate the implementation of a range of interventions and treatment.
- Administration unit to house professional and support personnel.
- Special School (up to 18 years) – dependent on commitment from the Department of Education and Skills.



New child and adolescent mental health inpatient unit at Merlin Park University Hospital, Galway

Supporting Older People

A new clinic to provide podiatry care for people in Galway opened on the grounds of Merlin Park University Hospital in 2010. The new clinic is the only one of its kind in Ireland and offers podiatry services as well as providing clinical placements for students studying the BSc Programme in Podiatry at NUI Galway, the only podiatry degree course in the country. The clinic provides specialised services to clients throughout Ireland.

The podiatry clinic will maintain 7,000 clients at any one time with up to 25,000 appointments in a calendar year. International research has shown that podiatry care can improve and maintain the mobility of clients and prevent the requirement for more extensive health care.



The new Podiatry Clinic in Merlin Park Hospital

Improving Services for People with Physical and Sensory Disabilities

A Transitional Living Unit opened in Sligo for people with an acquired brain injury. The Acquired Brain Injury Service, a partnership between the HSE and Acquired Brain Injury Ireland (ABI Ireland) supports people with a brain injury to return to independent living. The Community Brain Injury Transitional Living Unit provides a diverse and innovative range of specialist rehabilitation services for people with an acquired brain injury to help them regain independence and re-learn everyday life skills often lost to them as a result of their injury.

Promoting Health

Fourteen Donegal primary schools were the first in Ireland to participate in an internationally acclaimed, award winning programme called 'Roots of Empathy'.

The programme involves a local parent and baby (two to four months old at the start of the school year) visiting a classroom nine times during the year. Children observe and learn to understand the perspective and emotional life of the baby and link this learning to their own lives. The instructor also facilitates 18 additional classroom sessions to complement the baby's visits. The students gain deeper insight into their own and others' emotions, and into the impact of their behaviour on others. Research has shown that this learning enables children to become much more socially and emotionally competent and much more likely to challenge cruelty and injustice.





Achieving Our Objectives - Supporting Operational Services

Supporting Operational Services

Introduction

Our support services are essential to the smooth running of the organisation, enabling it to fulfil all its functions as efficiently and effectively as possible.

In 2010 our cost reduction programme focused on all areas of the business but particularly sought value for money from these functions in order to protect front line operational services.

A number of significant actions commenced during the year to support and develop the infrastructural requirements of the organisation, including planning and commissioning of new capital projects, procuring goods and services, improving our communications, developing essential ICT capabilities and controlling costs. Some of these actions are highlighted in this section.

2010 Capital Plan

The HSE recorded capital income of €369.2m for the year ended 31 December 2010. This included €355m of exchequer funding, of which €28m was in respect of ICT projects. The total capital expenditure in 2010 was €370.3m. This included capital grants to voluntary agencies of €130.1m.

In developing the capital programme for the year, the main priorities were the procurement of individual projects, alignment of the 2010 Capital Plan with the 2010 National Service Plan, and management of the capital allocation within available resources.

The HSE's capital allocation included an additional allocation of up to €50m to be raised by the HSE from the sale of surplus assets, the proceeds to be invested in mental health services infrastructure. The value of sales agreed in 2010 was approximately €12m. However, due to the length of time required to complete the transactions and have the contracts signed and sealed, only €3.78m of these sales was realised in 2010. The outstanding payments will be invested in mental health services infrastructure in 2011.

The *Mental Health Investment Programme* was launched by the Government in March 2010. All of the projects in this programme are now being progressed and approximately €27m was expended on this programme in 2010. This programme will continue to be part funded from the sale of assets in 2011.

The Primary Care Strategy continued to be rolled with an additional 12 Primary Care Centres procured by lease agreement. Negotiations were approved in principle by the Board of the HSE at 210 locations. Thirteen lease agreements for Primary Care Centres, 23 agreements to lease and 82 letters of intent were signed. Each Primary Care Centre provides accommodation for one or more Primary Care Teams co-located with their GP complement.

A wide variety of capital projects progressed in 2010 including:

- Phase 1 Radiation Oncology facilities at Beaumont and St James's Hospitals were both completed. The Public Private Partnership phase of the National Project for Radiation Oncology (NPRO) project is at the Public Service Benchmark stage. The Public Sector Benchmark was submitted to the DoHC and further analysis has recently been supplied. The Centre for Management and Organisation Development (CMOD) is advising on the ICT element of the project.
- The design of the National Paediatric Hospital (NPH) progressed and a planning application prepared. This development now comes within the scope of the new Planning and Development (Amendment) Act 2010. The NPH Development Board has commenced the pre-consultation engagement process with An Bórd Pleanála, in accordance with the new regulations.
- Construction work continued on the Mater Misericordiae University Adult Hospital project and is on target to complete in early 2011.
- Cork University Hospital's new €85m Cardiac Renal Centre officially opened in October 2010.
- Construction commenced on the MWRH Limerick Critical Care Block. This project along with other developments at Nenagh Hospital (Endoscopy Unit, Theatre Replacement project) and Ennis Hospital (Endoscopy Unit and new 50 bed Ward Block) will facilitate the reconfiguration of services in the region.
- Construction also commenced on the St Vincent's Hospital Ward Block, the Waterford Regional Hospital Emergency Department, Kerry General Hospital Emergency Department and others.
- Primary Care Centres in deprived urban or small rural towns / isolated areas continue to be funded from the Exchequer and those being progressed include Inchicore (under construction), Ballyfermot (under construction), Glenties (under construction) and Chamber House, Tallaght (equipping and fit out).
- The construction of a replacement community hospital in Kenmare was advertised as a design build tender. A contractor has been appointed and a planning application lodged. Planning permission permitting, construction will commence mid 2011.
- Several Community Nursing Units were either under construction or completed, waiting commissioning. When fully complete, approximately 2,200 beds, both additional and replacement will have been delivered by this programme.

Additional information on Capital Projects can be found in Appendix 3.

Developing Our Information and Communication Technology

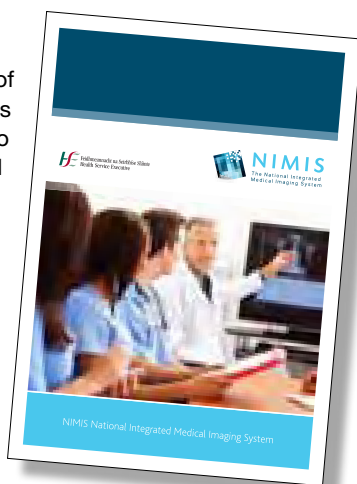
The HSE issued ICT capital payments in the sum of €6.85m for the year ended 31st December 2010. In total 55 projects were undertaken in 2010, 24 of which were completed and 31 will continue into 2011. Some of the projects were sanctioned late in 2010 and as a result will not incur significant expenditure until 2011.

National Integrated Patient Management System (Patient Administration & Order Communications)

Rollout continued on the patient administration module of the Integrated Patient Management System (iPMS). Work started on a multi campus design for the Mercy University and South Infirmity Victoria University hospitals in Cork, which may form the basis of a unitary design for rollout to all subsequent sites nationally. Work to deploy the patient administration system (PAS module) to other sites around the country can not progress until the unitary design is completed and tested. Work to implement the Order Communications and Results Reporting module of iPMS in Letterkenny General Hospital progressed during the year.

National Integrated Medical Imaging System (NIMIS) Project

NIMIS facilitates communication and ease of information across systems of imaging. It is intended to make Ireland's radiological services 'filmless' and enable secure and rapid movement of patient image data throughout the health service. For patients it means fewer repeat x-rays or scans, faster turn around for reports, rapid transfer of images between clinicians for consultation or remote referral, and security of patient data with controlled and audited access.



During 2010 agreement on the central system design was reached with commencement of the build process and system testing. Central hardware was delivered and installed in Data Centres with commencement of infrastructural upgrades in some sites. The first site is scheduled to go live in May 2011. By the end of 2011 it is planned to have 14 hospitals live on the system.

Clinical Systems

Implementation of clinical systems continued during 2010:

- Contracts were established for national solutions for nephrology, sterile instrument tracing and endoscopy systems for implementation in 2011.
- St. James' Hospitals implemented the Genito Urinary Medicine and Infectious Diseases Infection System.
- Further ICT capital investments in the National Cancer Control Programme.
- Leveraging a national procurement framework, deployments of ICU systems continued at AMNCH (Tallaght), Cork University, Sligo General and Our Lady's Children's Hospital, Crumlin.
- A number of smaller clinical systems were also implemented.

Pre Hospital Emergency Care

A number of ICT related initiatives were pursued to support pre-hospital emergency care and the reconfiguration of hospital and pre-hospital emergency services.

- Significant ICT capital investments were made in the emergency call answering services and integrated communications control system to support command and control centres.
- Implementation of a national digital radio system to eliminate communications 'black spots' and facilitate seamless communications across traditional geographical boundaries.

Corporate Systems

Progress during the year on corporate systems included:

- The Nursing Home Support Scheme (NHSS) (A Fair Deal) went live with basic functions in 2009. In 2010, most of the additional functionality was added with final enhancements planned for completion in 2011.
- There were upgrades to the financial systems in HSE West including the replacement of a legacy system no longer supported at Portiuncula Hospital.
- A national parliamentary affairs system for the HSE was developed.
- A number of intranet / internet based projects were also successfully delivered.

ICT Infrastructure

There was continued investment in ICT technical infrastructure in several hospitals throughout the country. The switchover of the National Health Network service to a lower cost provider also took place. A new local area network (LAN) was deployed at the national HSE data centre and new, single national solutions for anti virus and web content filtering were rolled out in the eastern region, with plans to roll out nationally through 2011.

Supporting Operational Services (continued)

www.certificates.ie

2010 Winner of the Taoiseach's Public Service Excellence Awards

Over 20,400 birth, adoption, death, stillbirth and marriage certificates were ordered from 70 different countries from www.certificates.ie in its first full year of operation. The website enables customers to purchase certificates online from anywhere in the world at any time offering a convenient and safe online service. While the service aims to process orders within five days, 63% were completed within two days and 89% were completed within 5 days.

Prior to the website's development, customers had to either attend in person, post a detailed application form and enclose a specific payment or apply by telephone using a credit/debit card during office hours. Now all customers have to do is visit www.certificates.ie to order the certificate of their choice for a search, retrieval and postage fee of €11. The online service has benefited both service users and staff as the public have the convenience and safety of online ordering.

www.medicalcard.ie

HSE has launched an online Medical Card / GP Visit card application service which will see a 15 day turnaround for medical card applications.

Using www.medicalcard.ie people can check online to see if they qualify for a Medical Card / GP Visit Card by following some simple steps.

Those who qualify based on their income, can prepare their application online, print the check list and submit it directly with the supporting documents.

Improving Our Communications

In 2010 we continued to develop a proactive, open and highly professional communications culture to meet the needs of our many and varied stakeholders including the public and those who use our services, our staff, the media and the political system.

It is vital that our stakeholders can access relevant and up to date information on the wide range of services and schemes provided by the HSE. In an organisation that is constantly changing and developing, we continually strive to provide new and relevant information in accessible and innovative ways.

In 2010 we continued to develop new ways of providing this information by:

- Developing and updating the information available on our website, www.hse.ie which received 14,171,963 page views.
- Using social media and networks to communicate health news and information to the public. www.twitter.com/hselive
- Expanding online video content to provide information in an accessible way. The HSE's YouTube Channel went live in November 2010 at www.youtube.com/hseireland featuring video content from services and related organisations.



Paddy Burke, PCRS, demonstrates the new website

- www.hse.ie became the sole online hub for all job vacancies in the HSE.
- A dedicated micro-site within www.hse.ie was developed to provide access to all parliamentary question responses for the political system.
- We doubled the size and content of *Health Matters* and produced 4 quarterly issues distributed to almost 100,000 people. A digital edition of the magazine was also developed.
- A new look home page was launched, with dedicated news sites for each of the four HSE regions. This site, saw a 33% rise in average monthly visitor traffic compared to 2009.
- A national media query system was developed to improve the functioning of all our Press Offices. Over 9,598 queries from national and regional media were responded to in 2010.

- Media training was provided in-house to spokespeople from across all sections of the organisation.
- We participated in a range of TV series including RTE's *Operation Transformation* (which tackled the issues of obesity, health and wellbeing) and *From Here to Maternity*, which looked at what a day is like in Cork University Maternity Hospital.
- Public relations support was provided in-house for a wide range of health promotion and information campaigns.

Working with the services, we undertook integrated communications campaigns for several initiatives, for example H1N1 pandemic vaccinations, health promotion initiatives, launch of NIMIS, Achievement Awards, etc.

Planning and Measuring Our Performance

High quality planning, monitoring and measurement of services is a fundamental requirement of the HSE, ensuring effective governance and accountability within the health service and also allowing the organisation to evaluate its processes in order to learn, adapt, change and improve.

Under the Health Act 2004, the HSE regularly publishes its performance against a multitude of targets agreed with the DoHC. This includes targets contained in both the annual National Service Plan and also the three yearly Corporate Plan. During 2010 we:

- Published 12 monthly Performance Reports and Supplementary Reports on www.hse.ie
- Published two half yearly reports on progress on *HSE National Service Plan 2010* actions on www.hse.ie
- In April, we published the second report on the progress against longer term objectives and priorities in the *HSE Corporate Plan 2008 – 2011*. The final report against this three year plan has been published in tandem with this Annual Report and available on www.hse.ie

Other work included:

- Commencing work on developing the next Corporate Plan, to cover the years 2011 to 2014.
- Undertaking a major project to categorise and define every metric in the National Service Plan.
- Providing a staff guide to the role and function of the Corporate Planning and Corporate Performance Directorate.
- Progress on the design of an ICT project to support data reporting.

HealthStat

HealthStat is a system of operational performance monitoring which gathers data from hospitals and community services to measure their performance. The monthly results are published and can be viewed online on www.hse.ie

Each month, the information generated through HealthStat is discussed at a HealthStat Forum led by the HSE CEO. These meetings hold managers to account for the services for which they are responsible. HealthStat facilitates the sharing of best practice and focuses on performance development requirements in hospitals and community services. This process and the online publication of results encourage services to work for consistent performance improvement. HealthStat's measures are grouped into three areas:

- **Access** measures the waiting times that people experience for different services.
- **Integration** checks that services received are patient-centred.
- **Resources** assesses whether a hospital or community service is making best use of its human and financial resources.

For each hospital and community area, monthly performance is awarded a traffic light result. Green indicates good performance, amber means average with room for improvement and red specifies unsatisfactory, requiring attention. During 2010 a number of significant performance / developments were achieved, including:

- Five hospitals out of 29 achieving overall green performance: St. James' and St. Vincent's Hospitals in Dublin, Letterkenny General Hospital, Cavan General Hospital and Wexford General Hospital.
- Five community areas achieving overall green performance i.e. Cavan / Monaghan, Donegal, Kerry, Roscommon and Sligo / Leitrim.
- A significant number of hospitals / community areas achieving green in at least one of the three areas measured.
- Publication of overall hospital results in order of performance on www.hse.ie with community areas published for the first time.
- Key metrics added for measurement e.g. colonoscopy waiting time, compliance with consultant contract.
- Participation of paediatric hospitals at HealthStat Forum for the first time.
- Audit of data on selected metrics in some hospital sites.
- Weighting of hospital metrics introduced.
- Implementation of Hospital Awards Incentive Scheme to incentivise improved performance in key operational metrics.

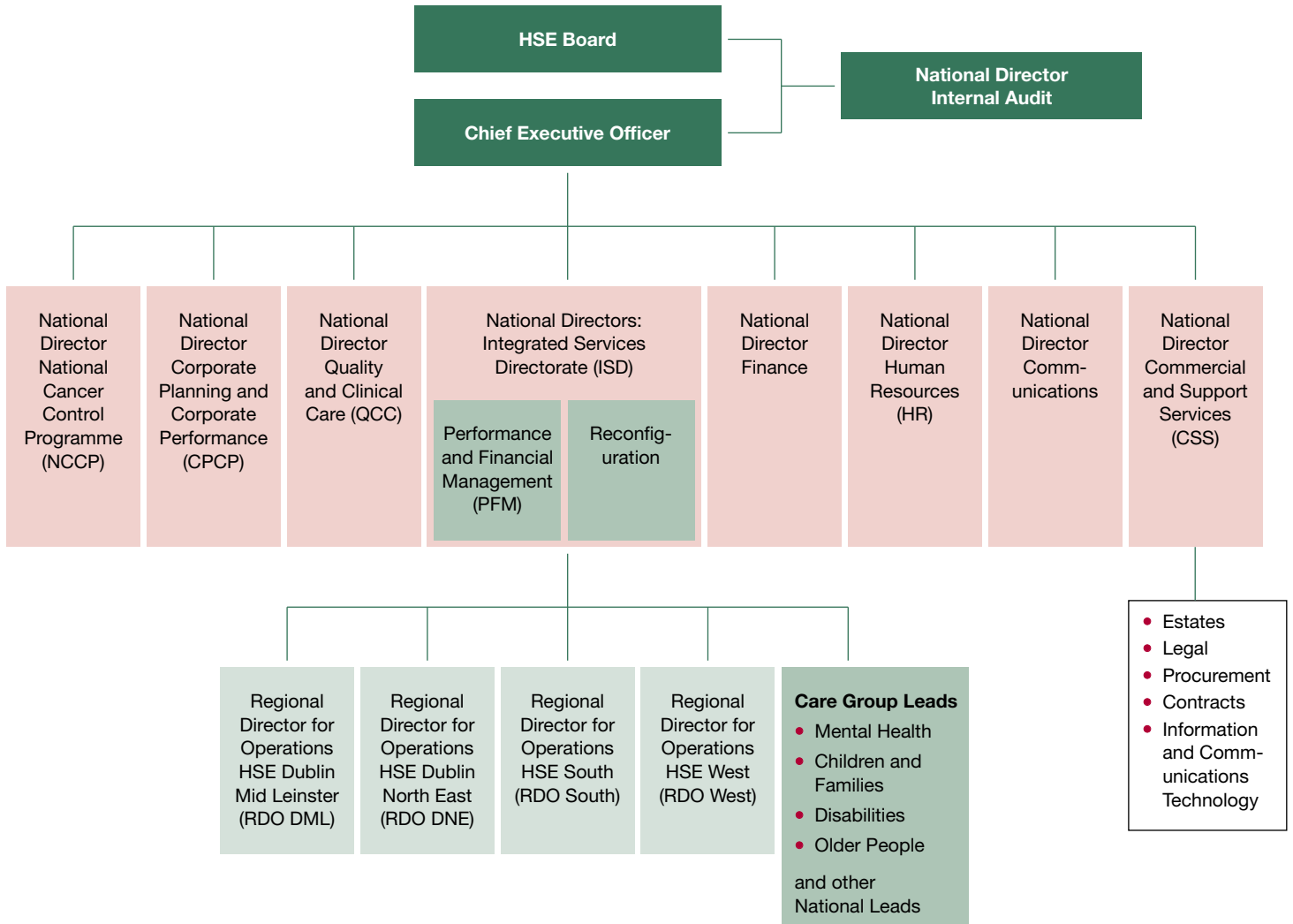


Appendices



Appendix 1: Organisational Structure

As at 31st December, 2010



Appendix 2: Maps and Contact Details

HSE West

Regional Director of Operations
(John Hennessey)
31/33 Catherine Street, Limerick
Tel: 061-483331
Email: rdo.west@hse.ie

HSE Areas

HSE Donegal
Area Manager (John Hayes)
Iona Office Block
Upper Main St., Ballyshannon
Co. Donegal
Tel: 071-9834000

HSE Sligo/Leitrim/West Cavan
Area Manager (Pat Dolan)
St. John's Hospital Campus
Ballytivan, Sligo
Tel: 071-9148816

HSE Mayo
Area Manager (Frank Murphy)
Westport Road, Castlebar
Co. Mayo
Tel: 094-9049065

HSE Galway/Roscommon
Area Manager (Vacant)
Address:
Tel:

HSE Mid West
Area Manager (Bernard Gloster)
31/33 Catherine Street, Limerick
Tel: 061-483556

HSE South

Regional Director of Operations
(Pat Healy)
Model Business Park
Model Farm Road, Cork
Tel: 021-4928500
Email: rdo.south@hse.ie

HSE Areas

HSE Kerry
Area Manager (Michael Fitzgerald)
Rathass
Tralee, Co. Kerry
Tel: 066-7184549

HSE Cork
Area Manager (Ger Reaney)
Model Business Park
Model Farm Road, Cork
Tel: 021-4928540

HSE Waterford/Wexford
Temporary Operations Manager
(Richie Dooley)
Lacken, Dublin Road, Kilkenny
Tel: 056-7784150

HSE Carlow/Kilkenny/South Tipperary
Temporary Operations Manager
(Anna Marie Lanigan)
Lacken, Dublin Road, Kilkenny
Tel: 056-7784210

HSE Area Management Structures



HSE Dublin North East

Regional Director of Operations
(Stephen Mulvany)
Swords Business Park
Swords, Co. Dublin
Tel: 01-8908759
Email: rdo.dne@hse.ie

HSE Areas

HSE Cavan/Monaghan
Area Manager (Leo Kinsella)
Rooskey, Monaghan
Co. Monaghan
Tel: 047-30460

HSE Louth/Meath
Area Manager (Dermot Monaghan)
Ardee Business Park
Hale Street, Ardee
Co. Louth
Tel: 041-6871500

HSE Dublin North
Area Manager (Pat Dunne)
Swords Business Park
Swords, Co. Dublin
Tel: 01-8131867

HSE Dublin City North
Area Manager (Anne O'Connor)
Ballymun Healthcare Facility
Ballymun Road, Dublin 9
Tel: 01-8467341

HSE Dublin Mid Leinster

Regional Director of Operations
(Gerry O'Dwyer)
Oak House, Millennium Park
Naas, Co. Kildare
Tel: 045-882597
Email: rdo.dml@hse.ie

HSE Areas

HSE Dublin South East/Wicklow
Area Manager (Martina Queally)
Vergemount Hall, Clonskeagh
Dublin 6
Tel: 01-2680506

HSE Dublin South Central
Area Manager (Gerry O'Neill)
Cherry Orchard
Dublin 10
Tel: 01-6206330

HSE Dublin South West/Kildare/West Wicklow
Area Manager (David Walsh)
Oak House, Millennium Park
Naas, Co. Kildare
Tel: 045-880419

HSE Midlands
Area Manager (Joseph Ruane)
Health Centre
Mullingar, Co. Westmeath
Tel: 044-9395111

Hospital Contact Details

HSE Dublin Mid Leinster - Hospitals

St. Vincent's Hospital, Elm Park Tel: 01 2774000
St. Michael's Hospital, Dun Laoghaire Tel: 01 2806901
St. Colmcille's Hospital, Loughlinstown Tel: 01 2825800
National Maternity Hospital, Holles St. Dublin
Tel: 01 6373100
St. Luke's Hospital, Rathgar Tel: 01 4065000
Royal Victoria Eye and Ear Hospital Tel: 01 6644600
St. James' Hospital Tel: 01 4103000
Adelaide and Meath Hospital Inc NCH Tel: 01 4142000
Naas General Hospital Tel: 045 897221
Coombe Women's Hospital Tel: 01 4085200
Our Lady's Children's Hospital, Crumlin Tel: 01 4096100
Midland Regional Hospital, Mullingar Tel: 044 9340221
Midland Regional Hospital, Tullamore Tel: 057 9321501
Midland Regional Hospital, Portlaoise Tel: 057 8621364

HSE South - Hospitals

Cork University Hospital Tel: 021 4546400
Mallow General Hospital Tel: 022 30300
Kerry General Hospital Tel: 066 718 4000
Bantry General Hospital Tel: 027 50133
Mercy University Hospital, Cork Tel: 021 4271971
South Infirmary Victoria University Hospital, Cork
Tel: 021 4926100
Waterford Regional Hospital Tel: 051 848000
St. Luke's General Hospital, Kilkenny Tel: 056 7785000
Wexford General Hospital Tel: 053 9153000
Lourdes Orthopaedic Hospital, Kilcreene
Tel: 056 7785500
South Tipperary General Hospital, Clonmel
Tel: 052 77000

HSE Dublin North East - Hospitals

Mater Misericordiae University Hospital Tel: 01 8032000
Beaumont Hospital, Dublin Tel: 01 8093000
Connolly Hospital, Blanchardstown Tel: 01 6465000
Cappagh National Orthopaedic Hospital Tel: 01 8341211
Children's University Hospital, Temple Street
Tel: 01 8784200
Rotunda Hospital, Dublin Tel: 01 8730700
Our Lady of Lourdes' Hospital, Drogheda
Tel: 041 9837601
Louth County Hospital, Dundalk Tel: 042 9334701
Cavan General Hospital Tel: 049 4376000
Monaghan General Hospital Tel: 047 81811
Our Lady's Hospital, Navan Tel: 046 9078500

HSE West - Hospitals

Merlin Park University Hospital, Galway Tel: 091 751131
University College Hospital Galway Tel: 091 524222
Mayo General Hospital Tel: 0940 21733
Roscommon County Hospital Tel: 09066 26200
Portiuncula Hospital, Ballinasloe Tel: 09096 48200
Sligo General Hospital Tel: 071 9171111
Letterkenny General Hospital Tel: 074 9125888
Regional Hospital, Dooradoyle Tel: 061 301111
Regional Orthopaedic Hospital, Croom Tel: 061 397276
Regional Maternity Hospital, Limerick Tel: 061 327455
Ennis General Hospital Tel: 065 6824464
Nenagh General Hospital Tel: 067 31491
St. John's Hospital, Limerick Tel: 061 462222

Appendix 3:

Acute and Non-Acute Capital Projects 2010

Acute Hospital and Pre-Hospital Care Capital Projects

PROJECT STAGE – PLANNING	PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2010	PROJECT STAGE – CONSTRUCTION COMPLETED
<p>Dublin Mid-Leinster</p> <ul style="list-style-type: none"> Dublin Maternity Hospital – Relocation projects St. James' Hospital – Haematology/Hepatology project St. James' Centre of Excellence for Successful Ageing project Adelaide and Meath Hospital incorporating National Children's Hospital – Paediatric Ambulatory and Urgent Care Unit 	<p>Dublin Mid-Leinster</p> <ul style="list-style-type: none"> National Maternity Hospital, Holles Street – Emergency Theatre St. James' Hospital – Electrical Distribution System upgrade Adelaide and Meath Hospital incorporating National Children's Hospital – Laboratory upgrade Our Lady's Children's Hospital Crumlin – Paediatric Intensive Care Unit project St. Vincent's Hospital – Phase 2 	<p>Dublin Mid-Leinster</p> <ul style="list-style-type: none"> St. James' Hospital – Radiation Oncology (Phase 1) Our Lady's Children's Hospital Crumlin – Stem Cell Laboratory
<p>Dublin North East</p> <ul style="list-style-type: none"> Rotunda – Maternity Reconfiguration North East Transformation projects 	<p>Dublin North East</p> <ul style="list-style-type: none"> Mater Adult Hospital development Mater Hospital – Water Distribution System upgrade Mater Hospital – Mortuary upgrade Our Lady of Lourdes' Hospital, Drogheda – Modular Mortuary Our Lady of Lourdes' Hospital, Drogheda – Intensive Care Unit extension Cappagh Hospital – Theatre project 	<p>Dublin North East</p> <ul style="list-style-type: none"> Beaumont Hospital – Radiation Oncology (Phase 1) Beaumont Hospital – Neurosurgery upgrade Beaumont Hospital – Cystic Fibrosis Unit Our Lady of Lourdes Hospital, Drogheda – Ward Block and Emergency Department Connolly Hospital, Blanchardstown – Surgical Block upgrade Mater Hospital – Fluoroscopy and Catheterisation Laboratory Mater Hospital – second CT Scanner
<p>South</p> <ul style="list-style-type: none"> Southern Acute Hospital Reconfiguration Project Acute Mental Health Unit, Cork University Hospital Development Control Plan, Cork University Hospital Development Control Plan Waterford Regional Hospital 	<p>South</p> <ul style="list-style-type: none"> Kerry General Hospital – Accident and Emergency Waterford Regional Hospital – Accident and Emergency Haemophilia Day Unit, Cork University Hospital 	<p>South</p> <ul style="list-style-type: none"> Cork University Hospital – Cardiac Renal project Cork University Hospital – Symptomatic Breast Unit Cork University Hospital – PET Scan
<p>West</p> <ul style="list-style-type: none"> Nenagh General Hospital – Theatre Project Thurles / Nenagh – Ambulance Bases Sligo General Hospital – Ward Block Ennis General Hospital – Ward Block (50 Bed) 	<p>West</p> <ul style="list-style-type: none"> Letterkenny General Hospital – Ward Block Accident and Emergency Mid-Western Regional Hospital, Limerick – Critical Care Block Ennis General Hospital – Endoscopy Unit University College Hospital, Galway – Upgrade of ventilation systems, fifth floor University College Hospital, Galway – Neonatal upgrade Manorhamilton Ambulance Base Mayo General Hospital – Oncology Day Ward Ballyshannon Ambulance Base 	<p>West</p> <ul style="list-style-type: none"> Mid-Western Regional Hospital, Limerick – Trauma Theatre Nenagh General Hospital – Endoscopy Unit
<p>Other</p> <ul style="list-style-type: none"> Quality and Clinical Care projects (Maternity and Epilepsy Programmes) National Paediatric Hospital National Ambulance Control Centre National Central Stores project 		<p>Other</p> <ul style="list-style-type: none"> National Integrated Medical Imaging Systems Project (NIMIS)

PROJECT STAGE – PLANNING	PROJECT STAGE – CONTINUATION OF CONSTRUCTION IN 2010	PROJECT STAGE – CONSTRUCTION COMPLETED
<p>Older Persons</p> <ul style="list-style-type: none"> • Kenmare Community Nursing Unit, Co. Kerry (40 bed) • Dungloe, Co. Donegal – Ward Upgrade • Borrisokane Day Centre, Tipperary • Western Alzheimer’s Residential Unit, Galway, (24 bed) 	<p>Older Persons</p> <ul style="list-style-type: none"> • St. Mary’s Mullingar, (50 bed) and 50 bed Mental Health Residential Unit • Loughrea Community Nursing Unit, Galway (100 bed) • Cookstown Way, Tallaght, Day Centre • Keel, Achill Day Centre, Mayo • Fermoy Community Hospital, Cork • Cashel Community Nursing Unit, (65 beds) • St. Patrick’s Hospital, Cashel (Phase 2) 	<p>Older Persons</p> <ul style="list-style-type: none"> • St. Vincent’s, Fairview Community Nursing Unit, (100 bed) • Navan Community Nursing Unit, (50 bed) • Riada House, Tullamore, (additional 20 bed unit) • Sacred Heart, Castlebar – refurbishment and upgrade • St. Vincent’s, Dungarvan, (30 bed) • Clonskeagh Community Nursing Unit, Dublin (100 bed) • Cork Community Nursing Units: (St. Mary’s, (50 bed); Ballincollig, (100 bed); Faranlee Road, (100 bed) • Swinford Community Nursing Unit, Mayo – Refurbishment • Inchicore Community Nursing Unit, Dublin (50 bed) • St. Joseph’s Raheny, Community Nursing Unit, (100 bed) • Incorporated Orthopaedic Hospital, Clontarf
<p>Primary Care</p> <ul style="list-style-type: none"> • Ballinamore Primary Care Centre and Managed Care Unit, Leitrim 	<p>Primary Care</p> <ul style="list-style-type: none"> • Inchicore Primary Care Centre • Ballyfermot Primary Care Centre • Chamber House, Tallaght • Glenties Health Centre, Donegal 34 <p>Primary Care Centres provided by lease agreement.</p>	<p>Primary Care</p> <ul style="list-style-type: none"> • 12 Primary Care Centres provided by lease agreement around the country.
<p>Mental Health</p> <ul style="list-style-type: none"> • Beaumont Acute Mental Health Unit, Dublin • Mid-Western Regional Hospital, Limerick – Acute Mental Health Unit • Louth Acute Mental Health Unit • St. Loman’s Mullingar Community Nursing Unit • Wexford Regional Unit • Grangegorman re-development, Dublin • St. Vincent’s, Fairview – Child and Adolescent Acute Inpatient Unit Extension, Dublin • Waterford Acute Mental Health Unit – refurbishment and extension • St. Ita’s Portrane, Dublin, Acute Inpatient Unit – refurbishment • Hostels – South Tipperary, Galway, Dublin and Wexford • Community Mental Health Centre, Rowanfield House, Donegal 	<p>Mental Health</p> <ul style="list-style-type: none"> • St. Mary’s, Mullingar, (50 bed) • Letterkenny Acute Mental Health Unit • St. John’s Enniscorthy Hostel, Wexford (Crisis beds) • Cherry Orchard Child and Adolescent Day Centre, Dublin • Ballyfermot Mental Health Primary Care • Inchicore Mental Health Primary Care • Clonmel Day Hospital, Residential Unit, (40 bed) • St. Joseph’s, Ennis, Gort Glas • Dublin Hostels – Clondalkin, Islandbridge, Ballyfermot • Grangegorman re-development – enabling works 	<p>Mental Health</p> <ul style="list-style-type: none"> • Ballinasloe Community Nursing Unit, Galway (50 bed) • St. Anne’s Child and Adolescent Acute Inpatient Unit, Galway, (20 bed) • Bessboro Child and Adolescent Acute Inpatient Unit, Cork (20 bed) • Gorey Mental Health Day Hospital, Wexford
<p>Disability</p> <ul style="list-style-type: none"> • Community Residential Units, Mullingar (Lough Sheever) • Havenview House Hostel, Wexford 	<p>Disability</p> <ul style="list-style-type: none"> • National Rehabilitation Hospital – Fire Safety Works • The Angle, Dungloe, Disability Day Centre 	<p>Disability</p> <ul style="list-style-type: none"> • St. Ita’s, Portrane – Bungalow Development • St. Raphael’s Residential Unit, Cork (30 bed replacement unit) • Central Remedial Clinic - Waterford • Cope Foundation, Cork (8 bed major challenging behaviour residential facility) • Millbrook Day Centre- Enniscorthy • Irish Wheelchair Association Respite Centre, Donamon, Roscommon • Irish Wheelchair Association Development, Belmullet • Clonbrusk Day Services Unit, Athlone
<p>Children and Families</p> <ul style="list-style-type: none"> • Special High Support and Secure Residential accommodation (national project) 	<p>Children and Families</p> <ul style="list-style-type: none"> • Upgrade of Ballydowd High Support Units 	<p>Children and Families</p> <ul style="list-style-type: none"> • Castlefield Residential Unit • Rath na n’Og Castleblaney, (Phase 2, Design)
	<p>Palliative Care</p> <ul style="list-style-type: none"> • Marymount Hospice Development, Cork 	<p>Palliative Care</p> <ul style="list-style-type: none"> • St. Brigid’s, Crooksling
	<p>Social Inclusion</p> <ul style="list-style-type: none"> • Addiction Centre Corporate House, Limerick • Knockmay Estate Portlaoise Community Centre 	<p>Social Inclusion</p> <ul style="list-style-type: none"> • Pearse Street Addiction Centre • Blanchardstown Women’s Refuge Centre

Appendix 4:

Activity Performance Against Key National Service Plan Targets 2010

Positive Performance
(within 5% of target or better)

Stable Performance
(within 5 - 10% of target)

Negative Performance
(more than 10% from target)

Rule set: Positive performance is judged on performance being equal or greater than the planned position e.g. more day cases are positive, less inpatient discharges are positive, more HCPs are positive, less children in care is positive. Negative performance is contrary to our strategic direction.

ACCESS	Key Performance Measure	Actual 2009	Target 2010	Actual 2010	Actual v Target	2010 v 2009
	% of patients waiting < 6 hours from registration to discharge in ED	88%	100%	63%	Negative	Negative
	Public patients as a % of all elective discharges	70%	80%	73%	Stable	Stable
	No. of patients discharged:					
	• Inpatient	595,022	540,993	588,860	Stable	Stable
	• Day case	675,611	689,310	728,269	Stable	Stable
	Elective waiting list - Inpatient					
	• % of adults waiting < 6 months	77%	100%	75%	Negative	Negative
	• % of children waiting < 3 months	44%	100%	46%	Negative	Negative
	Elective waiting list – Day case					
• % of adults waiting < 6 months	85%	100%	88%	Negative	Negative	
• % of children waiting < 3 month	41%	100%	52%	Negative	Negative	
CAMH: % of new cases offered an appointment < 3 months to first appointment	66%	70%	68%	Stable	Stable	
No. of PCTs holding clinical meetings	219	394	348	Negative	Negative	
% Fair Deal applications processed < 4 weeks	n/a	100%	95%	Stable	n/a	

QUALITY	Key Performance Measure	Actual 2009	Target 2010	Actual 2010	Actual v Target	2010 v 2009
	% of children in care who currently have a written care plan	81%	100%	90%	Stable	Stable
	% of children in care who have an allocated social worker	83%	100%	93%	Stable	Stable
	% childhood immunization (24 months)	94%	95%	94%	Stable	Stable
	MRSA bacteraemia notification rate per 1,000 bed days used	0.09	0.08	0.08	Stable	Stable
	Scheduled access to colonoscopy for urgent referral within 4 weeks	n/a	100%	98%	Stable	n/a
	% of cases compliant with HIQA standard 2 weeks for urgent referrals	95%	95%	95%	Stable	Stable
	Ambulance: % of emergency ambulance calls responded to within 14 minutes	59%	63%	56%	Negative	Stable

EFFICIENCY	Key Performance Measure	Actual 2009	Target 2010	Actual 2010	Actual v Target	2010 v 2009
	% of elective inpatient procedures conducted on day of admission	46%	75%	50%	Negative	Negative
	Mental Health: Inpatient readmission rates to acute MH units per 100,000 population	65.6	59.0	60.2	Stable	Stable
	Mental Health: No. of readmissions as a % of total admissions	72%	68%	62%	Stable	Stable
	Emergency Activity: No. of emergency admissions	366,960	330,298	369,031	Negative	Negative
	% day case surgeries as % day case plus inpatients for specified basket of procedures	64%	75%	70%	Stable	Stable
	ALOS for all inpatient discharges and deaths	6.2	5.6	6.1	Stable	Stable
Absenteeism	5.05%	3.5%	4.7%	Negative	Negative	

NB: Rounded to full decimal point unless significant

Note: n/a means 'not applicable'

Appendix 5:

Annual Energy Efficiency Report

Introduction

This appendix outlines the HSE's position on its energy use and actions taken to reduce consumption, in response to legislation (S.I. 542 of 2009), which requires public sector organisations to report annually.

Overview of Energy Usage in 2010

The HSE is one of the largest energy users in the country and as such, recognises its obligation to be at the forefront in introducing energy reducing initiatives. While energy intensive equipment is partially responsible for yearly energy increases, it is the base line use of light, heat and cooling that accounts for approximately 70% of energy use and it is here that savings must be made.

In 2010, the HSE consumed 1.26 TWh of energy, consisting of:

- 530.38 GWh of electricity
- 730.32 GWh of fossil fuels
- 8.0 GWh of renewable fuels.

Actions Undertaken in 2010

The HSE works closely with the Department of Communications, Energy and Natural Resources and the Sustainable Energy Authority of Ireland (SEAI), who: "Believe that the HSE is leading the way as an exemplar in Public Sector energy management, through its collaborative engagement with SEAI".

In 2010 the HSE undertook a range of initiatives to improve our energy performance including.

- The HSE became one of the first organisations to join the SEAI Public Sector Energy Partnership programme and SEAI has worked closely with the HSE to provide a range of direct supports to the Executive.
- A pilot assessment of the energy performance at twenty-five of the HSE's facilities identifying opportunities for energy savings.
- Roll out of the SEAI's Energy MAP training course to HSE personnel.
- Energy Efficiency Design Review for the National Paediatric Hospital.
- €1.2m of grant support for energy efficiency retrofit projects through the Supports for Exemplar Energy Efficiency Projects (SEEEP) Grants Programme.
- €1m of grant support for energy efficiency retrofit works through our Energy Efficiency Retrofit Fund (EERF) Grants Programme.
- St Joseph's Hospital, Dungarvan, Co Waterford biomass system came fully on stream.

Actions Planned for 2011

In 2011 the HSE intends to further improve our energy performance by undertaking a long term, strategic programme for energy reduction which will be rolled out nationally. The programme will pivot around the Energy Management Concession concept, which will deliver guaranteed energy savings through energy efficiencies year on year. This programme is based on the fundamental principle of driving energy efficiency by deploying energy management experts utilising cutting edge technology who will be contractually committed to delivering guaranteed energy savings.

The following main elements of the contract will include:

- The utilities management company will be contracted to deliver a strategic energy efficiency programme for the sites contracted.
- This programme will deliver contractually agreed energy savings without comprising the environmental conditions now enjoyed by patients and staff.
- The utilities management company will source, install and fund new plants or equipment deemed necessary to achieve the agreed levels of energy efficiency. HSE Estates will retain approval rights.
- The programme will identify and meet the requirements of national and international energy efficiency legislation.
- The appointee will contract a detailed Service Level Agreement including measurable Key Performance Indicators.

The Energy Management Concession will save in the region of 3.0 GWh for 2011.

Local initiatives will continue and should deliver 2.0 MWh for 2011.

Appendix 6:

Payroll Summary

The purpose of this appendix is to give an explanation of how our expenditure on pay is spread across our units of service delivery.

Hospital	Total Pay 2010 000s €	Total WTE Dec 2010	Outturn 2010			
			Inpatient Discharges	Outpatient Attendances	Day Cases	ED Attendances
Dublin/Mid Leinster Region						
Adelaide & Meath Hospital Inc NCH – Adults (Tallaght)	189,516	2,513	Adult 18,320 Paeds 6,314	Adult 219,749 Paeds 29,646	Adult 28,855 Paeds 3,551	Adult 42,735 Paeds 31,228
Coombe Women and Infants University Hospital	54,322	757	19,217	105,575	16,469	-
Longford/Westmeath Regional Hospital - Mullingar	51,553	766	19,107	77,338	7,024	31,875
Midland Regional Hospital - Portlaoise	42,974	597	13,082	50,959	4,688	41,825
Midland Regional Hospital - Tullamore	63,391	967	9,337	81,822	16,507	28,531
Naas General Hospital	46,253	697	8,160	41,938	3,814	25,650
National Maternity Hospital	52,644	732	19,557	91,569	3,190	-
Royal Victoria Eye and Ear	21,532	284	2,391	39,695	5,582	33,867
St. Columcilles Hospital	32,301	474	3,781	40,339	2,465	21,077
St. James Hospital	254,311	3,506	24,537	218,039	92,695	44,911
St. Lukes Hospital - Dublin	33,183	467	1,772	66,835	3,105	-
St. Michaels Hospital DLaoire	25,877	405	2,582	21,297	5,193	12,278
St. Vincents Hospital Elm Park	175,623	2,477	15,029	134,259	50,723	42,139
Our Ladys Children's Hospital Crumlin	111,230	1,636	10,245	77,398	16,274	31,633
Temple Street Childrens Hospital	70,871	984	7,617	59,394	5,260	42,040
Dublin/ North East Region						
Cavan General Hospital	57,261	748	15,266	60,051	8,742	26,770
Monaghan General Hospital	12,941	187	-	22,451	5,327	-
Louth County Hospital	21,501	303	2,431	27,068	6,021	7,621
Our Lady of Lourdes	100,524	1,388	20,837	107,455	8,357	49,726
Our Ladys Hospital - Navan	35,512	468	5,534	39,399	4,654	16,098
Beaumont Hospital	222,157	2,909	21,685	167,509	45,948	47,177
Cappagh Orthopaedic	21,964	302	2,474	8,129	8,779	-
Connolly Hospital - Blanchardstown	75,835	1,094	10,190	69,270	9,212	31,405
Mater Misericordiae Hospital	188,081	2,521	15,925	202,047	37,485	46,876
Rotunda Hospital	53,070	747	15,921	90,212	3,306	-
South Region						
Orthopaedic Hospital - Kilcreene	5,006	78	856	3,278	799	-
South Tipperary General Hospital	46,678	743	12,605	45,012	7,165	26,346
St Lukes Hospital - Kilkenny	50,900	837	14,675	47,173	11,032	30,773
Waterford Regional Hospital	112,040	1,756	23,455	147,329	18,971	49,425
Wexford General Hospital	50,934	845	15,017	53,780	7,485	33,215
Bantry General Hospital	15,768	239	2,467	10,527	1,473	4,838
Cork University Hospital	232,366	3,251	26,461	158,247	56,827	56,376
Cork University Maternity Hospital	13,852	69,911	6,140	-	-	-
Kerry General	63,119	958	14,135	56,454	8,637	30,580
Mallow General Hospital	16,055	248	4,102	11,171	2,461	11,329
Mercy Hospital	63,307	946	9,169	45,682	18,966	25,723
South Infirmary - Victoria Hospital	47,943	747	8,499	52,389	15,528	19,727
West Region						
Letterkenny General Hospital	88,176	1,379	19,679	84,560	15,950	31,303
Mayo General Hospital	64,807	980	16,620	58,338	15,106	31,706
Portiuncula Hospital Ballinasloe	44,784	656	10,942	41,520	7,818	18,298
Roscommon County Hospital	20,292	305	4,741	13,212	3,798	31,349
Sligo General Hospital	94,267	1,370	15,905	96,789	24,449	31,263
Galway University Hospitals	202,381	3,110	37,790	206,046	63,950	62,999
Ennis General Hospital	17,862	246	3,376	12,572	2,754	12,931
Nenagh General Hospital	16,233	241	2,651	8,238	3,380	12,578
Regional Hospital - Dooradoyle	118,081	1,856	23,945	129,754	20,832	59,973
Regional Maternity Hospital - Limerick	19,398	306	8,374	22,049	-	-
Regional Orthopaedic Hospital - Limerick	10,054	172	1,769	9,055	2,960	-
St. Johns Hospital - Limerick	20,636	292	4,258	13,206	6,927	17,261

Community Services	Total Pay 2010 000s €	Total WTE Dec 2010
Dublin/Mid Leinster Region		
Dublin South City	48,580	773
Dublin West	57,039	953
Dublin South-East	40,649	708
Dun Laoghaire	53,196	693
Kildare / West Wicklow	52,872	950
Wicklow	49,561	792
Dublin South-West	52,254	893
Laois / Offaly	96,290	1,549
Longford / Westmeath	103,489	1,657
Our Lady's Hospice & Care Services	29,670	504
Peamount Hospital (Newcastle)	24,512	417
Stewart's Hospital, (Palmerstown)	45,185	725
Leopardstown Park Hospital	13,012	207
Royal Hospital, Donnybrook, Dublin	16,194	282
Children's Sunshine Home	4,040	69
Drug Treatment Centre	6,838	100
Kare, Newbridge, Co Kildare	14,772	264
Dublin Dental Hospital	5,427	84
National Rehabilitation Hospital	24,430	378
St. John of God, Dublin	90,561	1,448
Sunbeam House Services	17,980	330
Cheeverstown House	22,014	374
Sisters of Charity (Laois / Offaly)	16,908	204
Dublin/ North East Region		
Cavan / Monaghan	74,402	1,244
Dublin North Central	55,099	1,260
Dublin North	93,889	1,535
Dublin North-West	106,857	1,652
Louth	63,959	1,086
Meath	50,476	989
Central Remedial Clinic	15,390	232
Incorporated Orthopaedic Hospital	8,665	166
St. Michael's House, Dublin	75,129	1,291
St. Vincent's, Fairview	13,960	223
Daughters of Charity, Dublin	64,244	988
PCRS	8,417	191
South Region		
Carlow / Kilkenny	78,652	1,228
Tipperary South	59,658	1,007
Cork North	58,019	841
Cork North Lee	79,018	1,140
Cork South Lee	83,231	1,231
Cork West	58,728	914
Kerry	76,881	1,086
Waterford	58,278	926
Wexford	66,878	1,006
Cork Dental Hospital	1,542	79
West Region		
Donegal	124,012	2,101
Galway	122,693	1,969
Roscommon	39,330	716
Mayo	87,849	1,458
Clare	54,590	985
Limerick	86,160	1,429
Tipperary North / Limerick East	40,981	712
Sligo / Leitrim	100,133	1,657

Other	Total Pay 2010 000s €
National Shared Service	17,188
Commercial and Support services	51,543
Communications	5,975
Corporate Planning and Corporate Performance	2,444
NCCP	18,558
Audit	2,981
Misc	4,561
QCC	977
Population Health	70,096
Finance	28,275
Human Resources	44,164
Corporate Services	2,514
Fair Deal	219
Pensions – all pensioners HSE	617,183
Ambulance	100,361
National Services	18,452

Note: The voluntary agencies are classed as non pay grants in the detailed Annual Financial Statements (AFS). Their pay costs have been presented in the table above for illustration purposes and are not fully inclusive of all agencies. Please see AFS for further detail.

Note: Pay data is sourced from internal management accounts and is un-audited.





Financial Statements 2010

Financial Statements

Operating and Financial Review	85
Board Members' Report	92
Statement of Board Members' Responsibilities in Respect of the Annual Financial Statements	95
Statement on Internal Financial Control	96
Report of the Comptroller and Auditor General for Presentation to the Houses of the Oireachtas	102
Financial Statements	103
Accounting Policies	107
Notes to the Financial Statements	111
Appendices	133

Operating and Financial Review

This operating and financial review outlines the key financial results for 2010, along with the principal drivers of the HSE's performance, both past and future.

Overview

The HSE delivered a balanced Vote in 2010. It is a statutory requirement of the Accounting Officer that no overspending of the Vote takes place. In practice, it is almost impossible to achieve an exact breakeven position on a gross Vote outturn of €14.478 billion and it is inevitable that, in accordance with prudent management, a small surplus will be returned to the Exchequer. The surplus to be surrendered, excluding savings of €150m arising from the lower than expected uptake of the exit schemes in 2010, amounted to €18.977m, (2009: €8.5m), or less than 0.17% (2009: 0.1%) of the total net Vote of the HSE.

The HSE reported a surplus in the income and expenditure account of €123.924m for 2010 (2009: €79.635m). A substantial element of this surplus is technical in nature and is attributable to the differences between the differing bases of accounting under accruals and Vote accounting rules. Income and Expenditure in the Annual Financial Statements is accounted for on the accruals basis, whereas the Vote is accounted for on a 'cash' accounting basis as required by Government Accounting rules. Net annual funding from the Exchequer as reported in both the Annual Financial Statements and Appropriation Accounts represents the HSE's net recourse to the Exchequer to fund payments made, as distinct from expenditure incurred in the reporting period. As a result, the balances on the income and expenditure accounts do not represent normal surpluses

or deficits, as they are largely attributable to the difference between accruals expenditure and cash-based funding.

Service delivery in hospitals was ahead of the National Service Plan 2010 targets, with inpatient discharges being 8.8% above the 2010 target. The number of day cases provided showed a 9% (or 58,314 people) increase compared to 2009, with out-patient attendances increased by nearly 200,000 to 3.5 million, of which 1 million were new attendances. In terms of headcount, the HSE is now 1,400 whole-time equivalents (WTE) below the year end employment ceiling of 109,372 WTE set by Government, following continuous reduction in the numbers employed during 2010. The HSE also achieved savings of €127m against a target of €106m set at the start of the year.

A supplementary estimate of €595m was voted by Dáil Éireann on 2 December 2010 to provide funding for the estimated cost of exit schemes (€250m) and the shortfall in health levy receipts (€422m). Savings of €42m and additional receipts of €35m from the UK Department of Health were offset against the additional allocations to bring the net requirement to €595m.

The €250m included in the supplementary estimate for exit schemes was allocated to the HSE for the purposes of funding the retirement and redundancy of HSE management and administration staff and support staff in 2010. Expenditure of €100m relating to these exit schemes was incurred in 2010 comprising €73m for staff directly employed by the HSE and €27m for staff employed by HSE-funded health agencies. As a result, a technical surplus of €150m versus allocated budget has been recorded. This surplus funding was returned to the Exchequer.

Table 14: Budget by Operating Unit 2010

	€'000	%
Dublin / Mid Leinster Region	2,906,354	22.22
Primary Care Reimbursement Service (PCRS)	2,780,409	21.26
West Region	2,094,360	16.01
Dublin / North East Region	2,027,935	15.51
South Region	2,012,009	15.39
Corporate Services and Pensions	434,074	3.32
Population Health / Quality in Clinical Care	217,339	1.66
Nursing Home Support Scheme 2009/2010 Incremental Funding	214,000	1.64
National Ambulance Service	139,904	1.07
Clinical Indemnity Scheme & Insurance	84,300	0.64
Care Group / Other Services	62,174	0.48
National Cancer Control Programme	56,723	0.43
Held Funds	28,854	0.22
Health Repayment Scheme	20,000	0.15
Budget excl Voluntary Early Retirement / Voluntary Redundancy Scheme	13,078,435	100.0
Voluntary Early Retirement / Voluntary Redundancy Scheme	250,000	
Income	1,039,204	
Total	14,367,639	

Operating and Financial Review (continued)

Table 15: **Key Financial Information 2010 – Vote Accounting**

	Estimate	2010 Vote Outturn	Under / (Over)
	€'000	€'000	€'000
Gross Revenue Expenditure	14,359,639	14,119,081	240,558
Gross Capital Expenditure	431,792	358,840	72,952
Total Gross Vote Expenditure	14,791,431	14,477,921	313,510
Revenue and Capital Receipts Collected by the HSE	1,148,006	998,954	149,052
Other Revenue Receipts	2,512,844	2,520,581	(7,737)
Other Capital Receipts	7,000	3,782	3,218
Total Appropriations in Aid	3,667,850	3,523,317	144,533
Net Total Expenditure	11,123,581	10,954,604	168,977

Table 16: **Key Financial Information 2010-2009 – Accruals Basis**

	2010 €'000	2009 €'000	Change €'000
Income	14,201,193	14,774,636	(573,443)
Net Operating Surplus	123,924	79,635	44,289
Revenue Expenditure			
Pay and Pensions	5,144,801	5,370,994	(226,193)
Non-Pay (HSE only)	5,285,387	5,372,357	(86,970)
Grants to Outside Agencies	3,647,081	3,951,650	(304,569)
Capital Expenditure	370,366	414,109	(43,743)
Capital Commitments	907,316	1,055,724	(148,408)
Net Surplus on Vote to be Surrendered to the Exchequer	168,977	8,542	160,435

Key Financial Performance Messages

- The HSE delivered a balanced Vote in 2010 with a small surplus to be returned to the Exchequer.
- Hospital services incurred a final 2010 deficit against budget of €78.3m. 60% of this deficit or €47.8m arose in Western hospitals. The cost base of the Western hospitals was considerably reduced in 2010 and this reduction will benefit the hospitals coming into 2011.
- The HSE had a Vote shortfall on income generated via Appropriations-in-Aid in 2010. The Appropriations-in-Aid targets are set as part of the Government estimates process and have been historically higher than the actual outturns. The HSE has made proposals in relation to this issue. In the 4 HSE regions, patient billing is not reaching the Government targets and this is an aspect of hospitals' deficits.
- Services within the Community recorded a small operating surplus of €1.1m overall due primarily to substantial savings being achieved in the non-acute services in the Western region in 2010.

- Expenditure on medical cards and other drugs schemes was €76m less than budgeted in 2010. The usage profile of new medical card recipients was less expensive than the budgeted profile. There was also significant surplus on the Drug Payment Scheme.

Value for Money (VfM) and Cost Growth Management 2007-2010 and Beyond

When the broad VfM programme was established mid-year 2007, there was a €500m cost reduction target set for the four year period 2007-2010. Cost reduction against target in this period was €688m.

In addition to the requirement to maintain 2007 to 2009 VfM in 2010 of over €550m, and to at least sustain the rate of spend in 2009 which delivered breakeven, the 2010 budget allocation also required a further reduction in allocation for VfM non-pay cost efficiencies of €106m.

Table 17: VfM Savings 2010 – Targeted v Achieved

	Savings Targeted €m	Savings Achieved €m
Medical and Surgical Supplies	10.30	18.52
Grants to Outside Agencies	10.00	10.00
Insurance	10.00	10.00
Drug Cost Management	9.30	9.31
Energy Management and Costs	9.70	4.11
Office Expenses, Rent and Rates	7.80	0.00
Maintenance	6.50	6.43
Legal	5.00	3.26
Patient Transport	4.30	0.44
Catering	4.20	7.48
Laboratory	4.00	0.00
Travel and Subsistence	3.50	5.20
Professional Services (reduced rates and usage)	2.40	2.42
Child Care Placements	3.10	3.08
Agency Fees and Costs	1.40	1.40
Computer Costs	2.60	0.88
Cleaning and Washing	2.50	3.64
Blood and Blood Products	2.30	9.40
Security (improved management of costs)	1.50	1.50
X-ray / Imaging	0.80	3.15
Medical Gases	0.80	1.90
Banking Costs	0.60	2.20
Improved Income Collection in Non-acute Facilities	0.50	0.50
Education and Training	0.30	17.43
Furniture and Crockery	0.20	1.96
Bedding and Clothing	0.10	2.16
Other Miscellaneous Non-pay Reductions	2.30	0.27
	106.00	126.64

These economies represented reductions in budget allocations reflecting maintenance and continuation of the type of cost management shown in previous years by our services and delivered in co-operation with other supporting programmes such as Procurement and HR.

These further economies were challenging not only because of the requirement to maintain VfM from previous years and to continue to manage cost growth, but also, and very significantly, in the context of managing areas of increasing spend and delivering on our broader service reconfiguration and improvement priorities. These reductions should be considered therefore alongside the detailed service and performance improvements since 2009 outlined in the monthly Performance Reports.

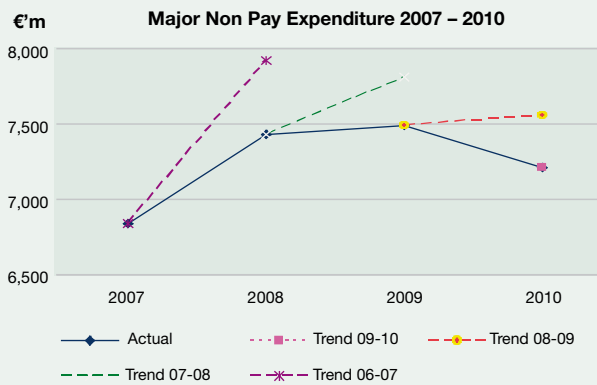
These improvements in 2010 against 2009 performance include the significantly reduced waiting times for day case and inpatient treatment, increased outpatient attendances of 6%, a 23% increase in requests for disability assessments, a 12% increase in the number of children in care with an allocated social worker, and 8% reduction in readmission rates for Mental Health patients. These cost reductions have also been achieved in an environment responding to pandemic demands requiring 1.1 million vaccines to be administered, increasing numbers of Medical Cards and GP Cards of 19% and 9% respectively, while also delivering on the required reductions in staffing levels.

Operating and Financial Review (continued)

There is financial evidence of significant efficiencies being achieved by services and managers in the last three years in not just the delivery of actual cost reductions through the VfM and other budget management and service reconfiguration initiatives, but also through the management of non-pay cost growth and the resulting cost avoidance.

The table below shows the trend in major non-pay expenditure headings from 2007-2010.

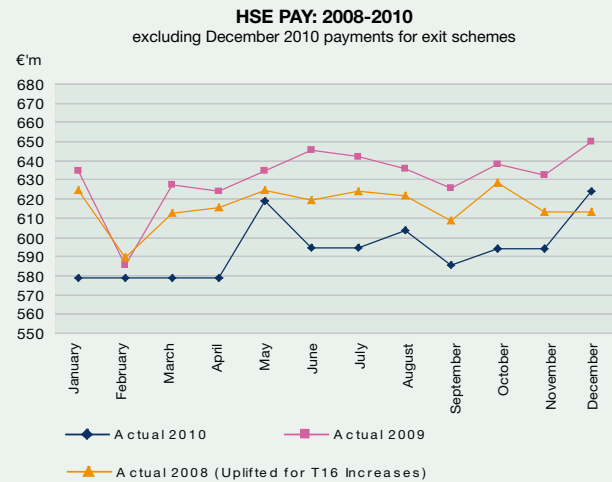
Figure 31: Major Non Pay Expenditure 2007 – 2010



Although there were no pay adjustments for VfM in 2010, included for information is a chart showing the pay trend against the previous years, where 2008 pay has been uplifted for the full year effect of pay and Consultant Contract awards in 2008 and 2009. The figures in the graph below include HSE pay, plus pay costs of the voluntary hospitals and large community service providers in the Eastern Region.

There was an approximate 6% reduction overall in pay allocation in 2010 and the YTD comparison is showing a €351m reduction in spend i.e. 5%, however, this increases to a €450m reduction or 6.5% when superannuation is excluded. There is considerable performance in management of variable pay such as a 12% reduction in on call costs and a 10% reduction in overtime costs.

Figure 32: Pay Expenditure 2008-2010 of HSE, voluntary hospitals and large voluntary community service providers



VfM 2011

In addition to the requirement to maintain 2007-2010 VfM in 2011 of the above €688m, and to at least sustain the rate of spend in 2010 which delivered breakeven, the overall 2011 budget allocation requires a specific reduction for non-service impacting cost reductions of €200m beyond the other PCRS and moratorium reductions. See Table 18.

Table 18: VfM Savings Targets 2011

VfM Savings Target 2011	€m
PAY	
Overtime	11.60
Locum/Agency	10.06
Other - Nights, Allowances, Weekends	9.10
On Call Pay	5.00
Nursing (excl. Overtime) - Basic	3.11
Basic (excluding reductions below)	2.02
Management/Admin - Basic	0.71
NON PAY	
Medical & Nursing Training & Education	2.70
Procurement and Locally-Led Non Service Impacting Reductions	
Medical & Surgical Supplies, Contracts and Equipment	24.70
Drugs and Medicines	20.98
Laboratory Consumables	9.50
Blood and Blood Products	2.02
X-Ray Consumables	1.61
Medical Gases	1.30
Cleaning and Washing Products and Contracts	3.13
Grants to Outside Agencies	3.44
Catering Products and Contracts	3.08
Energy	1.53
Patient Transport Contracts	0.83
Bedding and Clothing	1.02
Vehicle Running Costs	0.18
Office Stationary, Printing, Equipment etc	4.91
Telephony	2.50
Insurance	1.00
ICT Equipment	2.02
Legal	5.00
Review of Rent/Lease Renewals etc.	5.00
Logistics and Inventory Management	
Stock Management (Non Pharmacy)	8.20
Point of Use Demand Management	0.80
Stock Management (Pharmacy)	6.00
Aids and Appliances Recycling	5.00
Manage Discretionary Spend	
Furniture & Crockery	11.00
Vehicles Purchased	0.68
Maintenance	30.50
Total	200.23

Operating and Financial Review (continued)

The range of reductions agreed for 2011 outlined in the table above reflect the outcome of a process where the HSE has focused on maximising the financial impact of nationally led programmes and processes to ensure the least impact on levels of service in meeting our financial breakeven requirements. These include the management and delivery of our Procurement, Logistics, Estates and Education & Training activities, as well as a national approach to managing discretionary expenditure under relevant headings. Procurement and Category Management includes savings of €78m within the relevant headings to reflect the significant focus being given to maximising our market management and supplier engagement towards accelerating the planned multi-year procurement and contracts management programme. Specific service-led initiatives are also included where moving to a more appropriate model of care will also lead to reduced costs without impacting on the level of service.

Cost Reduction – Community Drugs Schemes

A cost reduction programme is in place for 2011 to enable the maintenance of service levels on a reduced 2011 allocation. Action is progressing through cost reductions in Community (demand led) Drugs Schemes of €424m.

Additionally the HSE has to achieve reductions of €90m associated with the moratorium on recruitment. As set out in the Service Plan the HSE is assuming that any shortfall on savings related to the Exit Schemes will be funded. Budgets across the HSE have been reduced in line with these targeted cost reductions. Reporting and performance management mechanisms have been put in place to track cost reductions against planned targets and any over delivery can be utilised as contingency should any area fall behind planned levels.

Voluntary Early Retirement (VER) Scheme and a Voluntary Redundancy Scheme (VRS)

As part of Government policy to reduce public sector staffing, two exit schemes for the health sector were announced in November 2010; a Voluntary Early Retirement (VER) Scheme and a Voluntary Redundancy Scheme (VRS). The VER and VRS Schemes were open to employees in the 'Management and Administration' and the 'General Support Staff' categories. In total in 2010, 1,626 WTEs left the organisation under the schemes, which was a lower than expected uptake. There was an overall reduction of 2% (309 WTEs) in the management / administration category (resulting in a reduction of 20% in the number of senior managers employed). The impact of the schemes is being closely monitored to ensure that there are no significant gaps. The risks associated with the impact of the VER/ VRS have been identified at both corporate and regional levels. At corporate level support staff were reassigned to

identified priority roles. Existing staff were also requested to take on extra responsibilities and functions in addition to their existing tasks. At regional level an analysis of gaps within administration structures was undertaken and staff are currently being reassigned to priority posts. Risks have been identified and are being monitored through the Regional Directors of Operations' Risk Register. Even though all reasonable steps are being taken to ensure continuity of service, there may be instances where managers will need to decide that lower priority administrative duties will have a slower response rate or will not be carried out.

State Indemnity and the Clinical Indemnity Scheme

On 1 January 2010 the management of HSE non-clinical personal injury and third party property damage claims was delegated to the State Claims Agency (SCA) under the National Treasury Management Agency (State Authority) Order 2009. Negligent acts or omissions of servants and/or agents of the HSE that result in personal injury or third party property damage which were previously conventionally insured under liability insurance policies are now covered under State indemnity. In 2010 this resulted in insurance premium savings of €17.4m.

The Clinical Indemnity Scheme (CIS) was established in 2002 to rationalise pre-existing medical indemnity arrangements by transferring to the State responsibility for managing clinical negligence claims and associated risks. Under the scheme, which is managed by the SCA, the State assumes full responsibility for the indemnification and management of all clinical negligence claims, including those which are birth-related. The State Indemnity and CIS schemes are funded on a pay-as-you-go basis. Since July 2009 payments in respect of compensation and costs made by the SCA are reimbursed to it by the HSE. Prior to that date the payments were made directly to the SCA by the Department of Health & Children. Therefore, 2010 was the first full year that payments to the SCA are included in the HSE accounts. Payments in respect of State Indemnity and CIS claims in 2010 were €79.283m for the full year, with payments from July to December 2009 amounting to €14.851m.

Service Level Arrangements

Significant progress was made in 2010 with Service Arrangements and Grant Agreements in place for 92% of the total funding provided by the HSE to the non statutory sector. Progress in the Disability sector was delayed by the industrial action in the first half of the year.

Business Environment and Implications for 2011

The Programme for Government 2011-2016 published on 6 March 2011 sets out Government policy in relation to Health Service Reform. Some of these reforms include:

- The Minister for Health and the Department of Health & Children will be responsible for policy and spending.
- A system of Universal Health Insurance (UHI) will be introduced by 2016.
- The HSE will cease to exist as its functions are given to other bodies during this process of reform.
- The HSE hospital purchasing arm will merge with the National Treatment Purchase Fund to become a new purchaser of public patient care during this period of transition.
- HSE hospitals will become autonomous providers of care.

The HSE is committed to working with Government and with the Minister for Health and Children towards the implementation of Health Service Reform.

The National Service Plan is an operational plan for 2011. An immediate priority in the first months of the year will be the preparation of a new three year HSE Corporate Plan for the period 2011-2014. This will be based on the funding outlook published by Government in the *National Recovery Plan 2011-2014*.

Conclusion

These are very challenging times in our health and personal social services and in 2011 it will be an immense challenge to operate within the funding and employment constraints in a way that minimises the impact on the quality and range of services to patients and clients. The service plan can only be delivered through the collective efforts of the health and social care professionals from all care disciplines and services. With the funding and employment constraints, including the impact of the recent exit schemes on management and administrative resources, our services are now more than ever dependent on our people to continue to make the extra effort for our patients and clients through the leadership, commitment and goodwill of our staff in our health and social care services.

Board Members' Report

The Board of the Health Service Executive (HSE)

The HSE Board is the governing authority of the State's largest organisation and is accountable to the Minister for Health and Children. The HSE had a revenue expenditure of just over €14.2 billion in 2010, with nearly 108,000 whole time equivalent staff delivering services throughout the country (approximately one third of whom work for related service delivery agencies).

The Board has responsibility for the performance of the functions of the HSE as prescribed under sections 7 and 12 of the Health Act 2004. This involves a wide range of significant functions and duties including responsibility for reviewing, approving and monitoring the progress of the HSE Corporate, Service and Capital Plans. The Board also approves significant expenditure as well as ensuring that financial controls and systems of risk management in place are robust and accountable. In addition, board members provide a value-added input to HSE strategy, act as a catalyst for change and challenge, advise and support the CEO and management.

Members

The Board consists of 12 members, of which the Chairman and 10 ordinary members are non executive members appointed by the Minister for Health and Children, in accordance with Section 11 of the Health Act 2004. The Chief Executive Officer (CEO) of the HSE is an ex officio member of the Board.

The Board members, as of 31st December 2010, are listed on pages 10-11.

Committees of the Board

The Health Act 2004 provides for the establishment by the Board of committees to provide assistance and advice to the Board in relation to the performance of its functions. The Board determines the membership and terms of reference of each committee.

The Board currently has three standing committees; the Audit Committee, the Remuneration and Organisation Committee and the Risk Committee.

Audit Committee

The Audit Committee comprised Professor Niamh Brennan (Chairman), Mr. PJ Fitzpatrick, Mr. Joe Mooney and Ms. Sylva Langford in 2010.

The Committee reports to the Board on all aspects of financial reporting and accounting policy, with particular emphasis on the effectiveness of the HSE's system of internal financial control. The Finance Director and the

National Director of Internal Audit attend meetings of the Committee, while the Chief Executive and other members of the executive management team attend when necessary. The external auditors attend as required and have direct access to the Committee Chairman at all times. The Committee meets with the HSE's external auditors to plan and review results of the annual audit of the HSE's annual financial statements. The Committee receives quarterly reports from the Head of Internal Audit and reports from management on other aspects of financial control, financial risk management and value for money from time to time.

Remuneration and Organisation Committee

The Remuneration and Organisation Committee comprised Mr. Pat Farrell (Chairman), Mr. John Fitzgerald, Mr. P.J. Fitzpatrick, Mr. Liam Downey and Ms. Nuala Hunt in 2010.

The Remuneration and Organisation Committee operates under agreed terms of reference and is responsible for making recommendations to the Board on remuneration and organisational matters in the HSE.

Risk Committee

The Executive's Risk Committee comprised Professor Anne Scott (Chairman), Mr. Eugene McCague, Mr. P.J. Fitzpatrick, Mr. Joe Mooney, Ms. Sylva Langford, Mr. Joe Lavelle and Dr. Dermot Power in 2010. Mr. Bill Bergin acts as an external specialist member of the Committee. All members are appointed by the Board.

The Risk Committee operates under agreed Terms of Reference and focuses principally on assisting the board in fulfilling its duties by providing an independent and objective review of non-financial risks. The Committee received management presentations, reviewed risk management procedures, and monitored the development and implementation of the integrated risk management framework as agreed by the HSE Board. At the request of the Committee, management presented their processes for risk identification, operation of risk registers and establishment of mitigating control factors. The Committee also considered internal audit reports concerning the effectiveness of non-financial internal controls and HIQA reports including the implementation of HIQA recommendations. Regular updates were also received from the Serious Incidence Management Team.

During the year, the Chairperson of the Risk Committee initiated a review of the operation of the Risk Committee, concerning the role of the Committee and its general conduct including interaction with the Executive risk management function. Implementation of a number of recommendations from that report has been initiated, while the Committee will oversee further risk management development initiatives throughout 2011 and future periods.

To date the HSE risk management function has been established and is developing as the HSE, as an organisation, evolves towards maturity. Some initiatives will take longer than one financial period to complete. As a result, the process of establishing a common unified risk management function throughout the organisation remains as an ongoing process. However, interim procedures have been established, by HSE management, to ensure that the responsibility is discharged in relation to risk management and governance throughout the organisation.

Full liaison between the Audit and Risk Committees of the Board is essential to the proper functioning of these two inter-related Board committees. Liaison is facilitated by common membership between these two committees and joint meetings are held quarterly to strengthen this liaison role.

Support to the Committees

Support to the Board and its committees is provided by the Secretary to the Board, Mr. Dara Purcell. National Directors and other senior staff attend and report as required to the Board Committees.

Meetings of the Board and its Committees

In accordance with Schedule 2 of the Health Act 2004, the Board is required to hold no fewer than one meeting in each of 11 months of the year. In 2010 the Board met on 15 occasions, holding 11 monthly board meetings and 4 additional Board meetings. The Audit Committee met on 10 occasions; the Remuneration and Organisation Committee met on 6 occasions and the Risk Committee met on 6 occasions.

The attendance at Board meetings and its Committees is set out in the tables below.

Table 19: Attendance at Meetings of the Board

Member	Scheduled Monthly Board Meetings		Additional meetings of the Board	
	Meetings	Attendance	Meetings	Attendance
N. Brennan ²	10	9	4	4
F. Dolphin ⁶	4	4	1	1
L. Downey ³	7	7	3	3
B. Drumm ³	7	7	3	3
P. Farrell	11	8	4	2
J. Fitzgerald ¹	10	10	4	3
P.J. Fitzpatrick ⁴	6	6	3	3
N. Hunt ⁵	3	3	1	0
S. Langford ¹	10	10	4	3
J. Lavelle ¹	10	9	4	4
C. Magee ⁷	4	4	1	1
E. McCague	11	8	4	3
J. Mooney	11	11	4	4
D. Power ³	10	10	4	4
A. Scott	11	10	4	2

- 1 J. Fitzgerald, S. Langford and J. Lavelle appointed to the Board by the Minister for Health and Children on 8th February 2010
- 2 N. Brennan and D. Power reappointed to the Board by the Minister for Health and Children on 8th February 2010
- 3 L. Downey and B. Drumm term of office completed on 15th August 2010
- 4 PJ Fitzpatrick resigned from the Board July 2010
- 5 N. Hunt appointed to the Board by the Minister for Health and Children on 11th October 2010
- 6 F. Dolphin was appointed as Chairman of the Board by the Minister for Health and Children on 15th August 2010
- 7 C. Magee was appointed by the Board as Chief Executive Officer on 1st September 2010 and became an ex-officio member of the Board

Board Members' Report (continued)

Table 20: Attendance at Meetings of Board Committees

Member	Audit		Remuneration and Organisation		Risk	
	Meetings	Attendance	Meetings	Attendance	Meetings	Attendance
N. Brennan	9	9				
L. Downey			2	2		
P. Farrell			6	6		
J. Fitzgerald			5	4		
P.J. Fitzpatrick	7	6	1	1	2	2
N. Hunt			3	3		
S. Langford	8	7			3	3
J. Lavelle					4	4
E. McCague					6	6
J. Mooney	10	10			6	6
D. Power					4	3
A. Scott					6	6

Code of Governance

The HSE's Framework for Corporate and Financial Governance was drafted to meet the requirements of the Health Act 2004 and best practice requirements for public sector organisations in relation to corporate governance. Following approval by the Board, the receipt of Ministerial approval and discussion with the trade unions, the governance suite of documents was published on the HSE's website in 2009.

Representatives of each Directorate have specific responsibility for implementation of framework documents ensuring that the framework requirements are embedded in the organisation. Some documents specify responsibilities for more than one directorate in relation to implementation.

The Minister, when approving the framework, specified that there will be a requirement to conduct a full review of the Framework within three years of publication.

The Governance Framework Implementation Team was established in 2010 to undertake this review, which is now almost complete. It is chaired by a member of the Senior Management Team and monitored by the Audit Committee.

The Framework for the Corporate and Financial Governance has been comprehensively reviewed to ensure that it is consistent with the revised Code of Practice for the Governance of State Bodies (published November 2009), emerging legislation, the National Standards for Safer Better Health Care and HSE organisational structural changes.

A number of changes have been made including the inclusion of a new Part III which outlines the HSE assurance framework. This describes the four levels of assurance

within the HSE and for the employee explains the linkages between what is required of them, now clearly outlined for them in Part II of the framework, and the various methods used within the HSE to provide assurance on compliance.

A webpage is being developed which will allow access to the Framework and the supporting Policies, Procedures and Guidelines. Each national director is undertaking to ensure that their teams have full knowledge of their responsibilities now clearly outlined in the Part II of the framework and that it is against this that all compliance is benchmarked.

Compliance with the Governance Framework is subject to audit by Internal Audit Directorate.

Internal Audit

Internal Audit is one of the key elements of the HSE's corporate governance framework. It is an independent and objective appraisal function established to provide assurance to the Board and to the Chief Executive Officer, as Accounting Officer, on the adequacy and degree of adherence to HSE's procedures and processes and to ensure that principles of efficiency, effectiveness, quality, probity and value for money are achieved.

The National Director of Internal Audit reports directly to the Chairperson of the Audit Committee and has a close working relationship with the CEO and is a member of the HSE management team.

The national director meets with the Audit Committee on a regular basis to report on Internal Audit's assessments and recommendations to improve HSE's system of internal control and governance.

Statement of Board Members' Responsibilities in Respect of the Annual Financial Statements

The members of the Board are responsible for preparing the annual financial statements in accordance with applicable law.

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

In preparing the annual financial statements, Board members are required to:

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

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

Signed on behalf of the HSE



Dr Frank Dolphin
Chairman

19 May 2011

Statement on Internal Financial Control

Responsibility for the System of Internal Financial Control

The Health Service Executive (HSE) was established by ministerial order on 1 January 2005 in accordance with the provisions of the Health Act 2004. The HSE must comply with directives issued by the Minister for Health and Children under the Act.

The Board of the HSE is the governing body with authority to perform the functions of the HSE. The Board may delegate some of its functions to the Chief Executive Officer (CEO). The Board may establish committees to provide assistance and advice to it in relation to the performance of its functions. The Board has established a number of Committees including an Audit Committee and a Risk Committee which comprise both Board members and external nominees.

The Board has responsibility for major strategic development and expenditure decisions. Responsibility for operational issues is devolved, subject to limits of authority, to executive management.

The CEO's functions include implementation of Board policy, oversight and management of performance, management of effective control systems and reporting on performance, as required. The CEO is the Accounting Officer for the HSE. He must also supply the Board with such information (including financial information) relating to the performance of his functions as CEO as the Board may require.

The Board together with the CEO have overall responsibility for the HSE's system of internal financial control and for reviewing its effectiveness. Management at all levels of the HSE is responsible for the implementation and maintenance of internal controls over their respective functions. This embedding of the system of internal control is designed to ensure that the HSE is capable of responding to business risks and that significant control issues, should they arise, are escalated promptly to appropriate levels of management. A system of internal control is designed to reduce rather than eliminate risk. Such a system can provide only reasonable and not absolute assurance that assets are safeguarded, transactions are authorised and properly recorded and that material errors or irregularities are either prevented or would be detected in a timely manner.

Basis for Statement

I as Chairman of the Board make this statement in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, 2009. In making this Statement on Internal Financial Control the Board has relied on the Statement made by the CEO as Accounting Officer in the 2010 Appropriation Account.

Financial Control Environment

The HSE spends public funds on the provision of health and personal social services to the population of Ireland. The duties relating to expenditure incurred by the HSE are stringent in terms of accountability and transparency in order to fulfil our responsibility for a budget of some €14.4bn in 2010. These duties are set out in the Health Act 2004 and in the Public Financial Procedures of the Department of Finance. Maintaining the system of internal financial controls is a continuous process and the system and its effectiveness are kept under continuous review. Development, maintenance and monitoring of this system of internal control involves additional challenges in the HSE, where devolved financial systems are multiple and fragmented. Some incremental consolidation and standardisation of financial processing systems has been undertaken to meet management and statutory reporting requirements. Financial processing is not fully automated and significant manual intervention is still required to facilitate the preparation of timely monthly management reports, the Annual Financial Statements and the Appropriation Account. The financial systems are not fit-for-purpose in that they are designed to produce accrual accounts rather than a Vote-based Appropriation Account. The financial systems are not capable of providing the level of detailed analysis of Vote expenditure which is required by Government Accounting rules.

The HSE has submitted various proposals in the last number of years to the Department of Health and Children seeking approval for investment in a single financial system. A detailed business case for a National Financial and Procurement System was submitted to the Department of Health and Children in June 2010. Due to the nature and scale of this project, and in accordance with Department of Finance protocols, this project is deemed subject to the standard peer review process for ICT projects in the public sector. The peer review process has three stages: Business Case Review; Tender Evaluation Review; Contract Review. The peer review group have now been selected and the Business Case Review stage has commenced with the HSE. The timeline associated with completion of each stage is outside the direct control of the HSE. Peer review process is estimated to take 12 months or longer.

The service and capital plan was adopted by the Board in January 2010 and approved by the Minister for Health and Children within the statutory timeframe. During 2010 monitoring and evaluation of performance and budgets against service plan objectives was carried out.

The following is a description of the key processes which are in place across the HSE to provide effective internal financial control:

- There is a framework of administrative procedures and regular management reporting in place including segregation of duties, a system of delegation and accountability and a system for the authorisation of expenditure. The HSE is working to develop a stronger evidence base of compliance with standards and procedures which will focus on simplicity of presentation of and communication to staff.
- The HSE's National Financial Regulations form an integral part of the system of internal control and have been prepared to reflect current best practice. Particular attention has been given to ensure that the Financial Regulations are consistent with statutory requirements, Department of Finance circulars and public sector guidelines. Compliance with National Financial Regulations is mandatory throughout the organisation. The development and maintenance of the HSE's suite of National Financial Regulations is a dynamic and continuous process, with new regulations and updates to existing regulations issued periodically in response to new or emerging requirements. While policies and regulations are nationally standardised, internal processes are largely systems-driven, and variations in process remain unavoidable until such time as the HSE has implemented a single organisation-wide financial system.
- The HSE has a comprehensive planning, performance monitoring and management framework. The HSE Performance Monitoring Control Committee, chaired by the National Director of Finance, continued in its role of reviewing and validating organisational performance in the key areas of finance, human resource management and the achievement of targets identified in the National Service Plan. The control assurance work undertaken in 2010 suggests the need for investment in ensuring clarity of roles, focus on sanctions for poor performance and the need to understand and integrate the clinical and managerial governance arrangements.
- The HSE is dependent upon a sector wide holistic approach to risk assessment so that issues and key dependencies to mitigating risk can be considered in their full effect.
- The monthly Performance Report provides an integrated analysis of key performance data from Finance, HR, Acute and Primary & Community Services and is published monthly on the HSE website, www.hse.ie. The activity data reported is based on the Performance Activity and Key Performance Indicators outlined in the National Service Plan. A Supplementary Report is also produced each month which provides more detailed data on the metrics covered in the Performance Report. Biannual reports were also published on the website to show progress against specific actions as set out in the National Service Plan and regular progress reports are provided against an agreed set of performance indicators and measures. In addition to the monthly and biannual performance reports, specific service programmes, e.g. Integrated Services Project, Reconfiguration and Clinical Programmes, provided regular progress reports.
- In accordance with the provisions of the Health Act 2004, the Board published the Corporate Plan 2008 – 2011 in 2008, which set out the HSE's priorities and direction for the three year period. The HSE is now in the process of preparing its next three-year Corporate Plan. The National Service Plan for 2010 was also prepared and submitted to the Minister for Health and Children for approval in January 2010.
- HealthStat is a comprehensive databank of performance information from Irish public health services. It currently provides detailed monthly results from 29 teaching, regional and general hospitals and 32 Local Health Offices (LHOs) responsible for providing health and social care services in the community. The results are published online on www.hse.ie. During 2010 the HSE modified services to achieve closer working between hospital and community services. HealthStat is accommodating these changes by reporting a joint view on the performance of hospitals and LHOs at a regional level in order to support the new integrated structures. Each month, the information generated through HealthStat is reviewed at a HealthStat Forum meeting, led by the HSE CEO and attended by the Regional Directors of Integrated Services, the hospital CEOs and Clinical Directors and the Local Health Office managers. The aim of HealthStat and the HealthStat Forum is to share best practice and address problem areas in specific hospitals or LHOs in a positive way. The Forum discusses suggestions for improvement in individual hospitals or LHOs and identifies systemic performance issues that need a national approach. The HealthStat Forum and the online publication of results encourage hospitals and LHOs to work for consistent performance improvement.
- A devolved budgetary system was in place with senior managers charged with responsibility to operate within defined accountability limits and to account for significant budgetary variances to the CEO.
- A detailed standardised appraisal process is conducted for all capital projects budgeted in excess of €0.5m. The process involves presenting a project brief to the National Director of Commercial and Support Services setting out service need in the context of capital priorities as expressed in the Corporate and Service Plans and the Health Strategy. A cost-benefit analysis of all proposed major capital projects is carried out. Those which are budgeted in excess of €30m are subject to a detailed cost benefit analysis carried out in accordance

Statement on Internal Financial Control (continued)

with Department of Finance 2005 Guidelines for the Appraisal and Management of Capital Expenditure Proposals in the Public Sector as amended by the Value for Money circular of January 2006. Board reviews of the capital programme take place on a regular basis.

- The HSE has an Internal Audit function with appropriately trained personnel which operates in accordance with a written charter/terms of reference which the Board has approved. Work of the National Director of Internal Audit and his team is informed by analysis of the financial risks to which the HSE is exposed. Annual Internal Audit plans, approved by the Audit Committee, are based on this analysis. These plans aim to cover the key controls on a rolling basis over a reasonable period. The Internal Audit function is reviewed periodically by the Audit Committee, which reports to the Board. Procedures are in place to ensure that the reports of the Internal Audit function are followed up. The National Director of Internal Audit reports to the Board of the HSE through the Chairman of the Audit Committee and has a close working relationship with the CEO and is a member of the HSE management team. Any instances of fraud or other irregularities identified through management review or audit are addressed by management and where appropriate an Garda Síochána are notified. The HSE intends to commence an external review of Internal Audit in 2011 in accordance with standards issued by the Institute of Internal Auditors for all internal audit functions.
 - An Audit Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises three Board members. The Chairman of the Audit Committee reports to the Board on all significant issues considered by the Committee. The Committee operates under agreed Terms of Reference and met on ten occasions in 2010. The National Director of Finance and the National Director of Internal Audit attend meetings of the Committee, while the CEO and other members of the executive management team attend when necessary. The external auditors attend as required and have direct access to the Committee Chairman at all times. In accordance with best practice, the Committee met with the National Director of Internal Audit and with the external auditors in the absence of management.
 - A Risk Committee chaired by a Board member other than the Chairman of the Board is in place. It comprises six Board members and an external specialist nominee. The Committee reports directly to the Board. The Risk Committee of the HSE operates under agreed Terms of Reference and focuses principally on assisting the Board in fulfilling its duties by providing an independent and objective review of non-financial risks. The Risk Committee met on six occasions in 2010. Full liaison between the Audit and Risk Committees of the Board is essential to the proper functioning of these two inter-related Board committees. Liaison is facilitated by common membership between these two committees and joint meetings are held quarterly to strengthen this liaison role.
 - Risk Management principles underpin all areas of governance within the HSE. An integrated approach to risk management is utilised, incorporating both clinical and non-clinical risk. Each service/function is obliged to identify, assess and manage risk relevant to their area; the risk register is the principle tool to enable communication of this risk information. Where risks are identified that have significant potential to impact on the overall objectives of the HSE they are recorded on the Corporate Risk Register. The corporate register is a mechanism to provide assurance (evidence) to the Board that risk is being identified, assessed and managed and that a range of control measures and action plans are in place at any time to enable mitigation of the risks identified. Regular reports on the status of the corporate risks are submitted to the Risk Committee. During the year the Chairman of the Risk Committee commissioned an external review of the operation of the Risk Committee, concerning the role of the Committee and its general conduct including interaction with the executive risk management function. Implementation of a number of recommendations from that report has commenced, while the Committee will oversee further risk management development initiatives throughout 2011 and future periods.
- The HSE has recently appointed a Director of Risk, Quality and Clinical Care with a specific role around improvement. Financially the impact of clinical and operational incidents is reflected in cases settled through the State Claims Agency and insurers. The HSE is focusing on the examination and effective management of quality with a view to reducing these incidents. The risk management processes in the HSE, while being developed, are still relatively immature. In addition, further guidance is being developed to promote a common understanding of the risk appetite of the HSE as required by the Code of Practice for the Governance of State Bodies.
- A revised National Incident Management and Serious Incident Management process has been agreed and implementation is underway.
 - During 2010, three health entities; the Crisis Pregnancy Agency, St Luke's Hospital and the National Cancer Screening Service Board were dissolved under legislation and were subsumed into the HSE. All assets and liabilities of these entities, along with staff, were transferred to the HSE at the dissolution date. In accordance with HSE policy, formal due diligence examinations covering finance, HR, legal, insurance and

governance aspects were carried out by the HSE as part of the process of subsuming these entities.

- Monitoring and review of the effectiveness of the system of internal financial control is informed by the work of the Internal Audit function, the Audit Committee and the Managers in the HSE with responsibility for the development and maintenance of the financial control framework. Comments and recommendations made by the Comptroller and Auditor General in his management letters or other reports, such as reports of the Committee of Public Accounts are of the utmost importance and monitoring and review of their implementation is overseen by the Audit Committee.
- The HSE's Code of Governance was launched in 2008 following Ministerial approval and is published on www.hse.ie. A review of the Code of Governance was commenced in 2010 including an update of all organisational financial and operational control procedures. These include a wide range of written policies, procedures, guidelines and standards applicable to all HSE employees and are essential to ensure that organisational governance in the HSE is robust and effective. A one-stop online repository of all control procedures will be available for staff in 2011.
- The HSE has put in place procedures designed to ensure compliance with all pay and travel circulars issued by the Department of Finance. Any exceptions identified are addressed and are reported on an annual basis to the Minister, in accordance with the Code of Practice for the Governance of State Bodies.
- As part of the HSE's annual review of the effectiveness of the system of internal controls, all staff at Grade VIII (or equivalent) level and above are required to complete a Controls Assurance Statement, attesting to the existence and operation of controls which are in place in their area of responsibility. The level of compliance by managers in completing Controls Assurance Statements has been audited on a sample basis by Internal Audit in 2011, with the audit findings pointing to further requirements for improvement.
- Grants to outside agencies are governed by Sections 38 and 39 of the Health Act, 2004. Standardised Service Arrangement and Grant Agreement documentation was agreed between the HSE and its funded agencies in 2009. At 31 December 2010, the HSE had signed agreements in place covering 92% of the value of funding paid by the HSE to outside agencies. There are a number of agencies however, particularly in the physical and sensory disability sector, which have not yet signed documentation in respect of grant funding of approximately €190m. This is a very significant level of public funding not covered by formal governance documentation. The HSE cannot continue to fund

organisations who will not sign up to formal Service Arrangements. A deadline of the end of Q1 2011 has been set for the signing of Service Arrangements by the agencies concerned. The HSE reserves the right to withhold or reduce the funding of agencies who have not signed Service Arrangements by the deadline, until such time as these formal agreements are signed. The signing of outstanding Service Arrangements is actively monitored by each Regional Director of Operations, reporting to the National Director for Integrated Services. The HSE is developing its contracting process to seek a positive assurance relating to the control environment of each funded body.

- Procedures for property acquisitions and disposals by the HSE comply with the legal obligations set out in sections 78 and 79 of the Health Act 1947, as amended by the Health Act 2004. The National Director of Commercial and Support Services has authority to approve proposed property transactions up to a limit of €2 million exclusive of VAT, once recommended for approval by the Property Committee. Transactions in excess of this amount must be approved by the CEO, once recommended for approval by the Property Committee and endorsed by the National Director of Commercial and Support Services. Transactions in excess of €2m once approved by the CEO must then be submitted to the HSE Board for final approval.

Detailed examinations carried out in 2009 and 2010 by HSE Internal Audit and by the Comptroller and Auditor General into the SKILL training programme and the Health Services National Partnership Forum (HSNPF) are a matter of public record and have been examined by the Committee of Public Accounts in October and December 2010. Audits of SKILL and HSNPF identified significant failures in governance arrangements pertaining to both, particularly in relation to the operating model – existing as satellite entities outside the mainstream management control of the HSE. Systemic failures were exposed in terms of non adherence to financial, procurement and travel regulations of the HSE. Both programmes have now been subsumed into the HR Directorate of the HSE, ensuring that appropriate governance and oversight arrangements are now in place. The HSE has also taken the appropriate steps required to ensure comprehensive compliance with its regulations in relation to payments, travel and procurement and to address in full the recommendations of Internal Audit and the Comptroller and Auditor General and to ensure that these failures do not recur.

An external ICT Risk Assessment was commissioned by the HSE to inform the HSE ICT Audit Plan 2010-2012. The Risk Assessment was conducted by Mazars and sought to identify the risks that lay within the ICT environment of the HSE. The assessment endeavoured to establish a rating of the maturity of controls in place across the organisation in order to mitigate ICT risk. It concluded that these controls

Statement on Internal Financial Control (continued)

are at a relatively immature stage in their development, i.e. on a 0-5 maturity scale, the HSE ICT Risk Control Environment is at a rating of 1 = Initial. This is defined as meaning that the organisation has recognised that risks exist and need to be addressed, but that there are few standard controls in place and fully documented, that employees are not fully aware of their responsibilities for control activities and that the operating effectiveness is not evaluated on a regular basis (outside of audit). This reflects the fact that the ICT Directorate is made up of eight former health board ICT departments with eight separate networks and very diverse systems and processes. The assessment identified a small number of ICT sub-processes that demonstrate a more advanced level of control maturity, e.g. the ICT Project Management Methodology, however these are very much “islands of excellence”. In summary, eleven risk areas were identified, with ICT Governance, Data Protection and ICT Security accorded high risk ratings. ICT Strategy and Planning was given a medium to high rating. The remaining seven risk areas were assessed as medium risk. These ratings have and will continue to inform Internal Audit plans and Internal Audit resource has been targeted at the assessment of the controls which are in place to mitigate the risks identified, based on these ratings.

Revenue Audits found underpayments of PAYE/PRSI, VAT, Relevant Contracts Tax and Professional Services Withholding Tax, giving rise to tax, interest and penalty settlements with Revenue totalling €3.35m in 2010.

As part of a co-operative compliance programme with Revenue, a number of self reviews are performed by the HSE during the year to assess tax compliance. In 2010 a self review identified an erroneous underpayment of VAT which was the subject of a voluntary disclosure to Revenue in accordance with the Code of Practice for Revenue Audit. The HSE is committed to exemplary compliance with taxation laws. Where areas of non-compliance are detected, either in the course of Revenue audit or arising from self review exercises, immediate steps are taken to settle the liability with Revenue and ensure that the necessary action is taken to eliminate the scope for such errors.

During 2010 internal audits of a number of consultancies were undertaken. These audits revealed that vendors were paid €3.2m (over a number of years) in respect of services for which no competitive procurement processes were conducted. This constituted a breach of established regulations and additional controls have been introduced for the approval and monitoring of consultancy expenditure during 2010.

The HSE has undertaken a number of strategic reviews in areas such as the more effective provision of clinical and other client services focused upon improving quality and driving value. The implementation of these reviews, for example in acute medicine and surgery will improve the efficiency and effectiveness of the health service.

Additionally, the HSE has developed proposals for a revised national logistics and procurement strategy. The implementation of these reviews will lead to increasingly effective use of healthcare resources and support the elimination of waste within the health system.

Review of the Effectiveness of the System of Internal Control

The controls assurance process of the HSE is directed at enabling the CEO as Accounting Officer and the Board and Chairman of the HSE to deliver upon their requirement to satisfy themselves and represent to the Minister for Health and Children and Oireachtas that there is appropriate effective control within the HSE.

During 2010 a formal Review of the System of Internal Control in the Health Service Executive was completed by the Finance Directorate, the results of which have informed this Statement on the System of Internal Financial Control. The review was carried out by finance managers with specific expertise in the areas of finance, audit and control. Annual reviews of the system of internal control use an established template which has been further developed in carrying out this review in 2010. An improved level of management awareness and understanding of the review process has been observed year on year. The methodology of the review involved reference to:

- Controls Assurance Statements completed by all senior managers from National Director level to Grade VIII (or equivalent) level. This had regard to the material risks that could affect the HSE, the methods of managing those risks, the controls that are in place to contain them and the procedures to monitor them;
- Results and findings of structured bilateral interviews with a cross section sample of approximately 100 managers and heads of service and their responses to an internal controls questionnaire completed during each interview;
- Internal Audit reports;
- Reports and management letters of the Comptroller and Auditor General;
- The 2010 audit programme of the Comptroller and Auditor General for the HSE and in particular, the audit risk identified therein;
- Assessment of the progress against the implementation of recommendations contained in previous Internal Audit reports and reports of the Comptroller and Auditor General as presented quarterly to the Audit Committee;
- Periodic status reports to the Audit Committee.

The report of the Review of the System of Internal Control in the Health Service Executive was circulated to senior management in March 2011. In summary, notwithstanding the significant breaches which were identified by management and are being addressed as set out above, the control environment, control and risk management processes and assurance arrangements are improving but are still not totally effective. There are a number of areas where specific action is recommended to increase effectiveness and consolidate on the improvements which have been put in place since the previous report.

In making this assessment regard must be had to the relative immaturity of the HSE as an organisation and the cultures of the various organisations incorporated within the HSE. The HSE is an amalgamation of 17 different bodies initially and has absorbed 8 additional bodies since its formation. The HSE remains dependent upon the legacy systems of these entities pending the implementation of a single enterprise wide financial, procurement and HR system. There have been a number of significant breaches of the control environment of the HSE which are referenced in this statement. These breaches point to the need for continued emphasis on and development of the control environment and a focus on the need to drive a single organisation wide culture of compliance. The HSE also needs to focus on building management capacity and capability in key areas including Finance, Procurement, ICT and line management.

Structured plans for the implementation of the recommendations of the Review of the System of Internal Control in the Health Service Executive are prepared by management. The implementation of these recommendations by management will be monitored by the Audit Committee during the year and will be reassessed in the 2011 review of the system of internal controls.

This Statement on Internal Financial Control represents the position in place in the HSE in the year ended 31 December 2010.

Signed on behalf of the HSE



Dr Frank Dolphin
Chairman

19 May 2011

Report of the Comptroller and Auditor General for Presentation to the Houses of the Oireachtas

I have audited the financial statements of the Health Service Executive for the year ended 31 December 2010 under Section 36 of the Health Act 2004.

The financial statements, which have been prepared under the accounting policies set out therein, comprise the Accounting Policies, the Revenue Income and Expenditure Account, the Capital Income and Expenditure Account, the Balance Sheet, the Cash Flow Statement and the related notes. The financial reporting framework that has been applied in their preparation is applicable law an accounting standards specified by the Minister for Health and Children.

Responsibilities of the Board

The Board is responsible for the preparation of the financial statements, for ensuring that they give a true and fair view of the state of the Health Service Executive's affairs and of its income and expenditure, and for ensuring the regularity of transactions.

Responsibilities of the Comptroller and Auditor General

My responsibility is to audit the financial statements in accordance with applicable law.

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

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

The Health Services Executive also produces an Appropriation Account for transactions reflected in the account to which this report relates. I will report separately on that account and any matters arising out of my audit that I consider merit reporting will be outlined in my Annual Report on the Public Services for 2010.

Scope of Audit of the Financial Statements

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

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

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

In addition, I read all the financial and non-financial information in the annual report to identify material inconsistencies with the audited financial statements. If I become aware of any apparent material misstatements or inconsistencies I consider the implications for my report.

Without qualifying my opinion, I draw attention to the basis of accounting in the Accounting Policies which explains how the accounting standards specified by the Minister for Health and Children differ from Generally Accepted Accounting Practice in Ireland.

Opinion on the Financial Statements

In my opinion, the financial statements, which have been properly prepared in accordance with the accounting standards specified by the Minister for Health and Children, give a true and fair view of the state of the Health Service Executive's affairs at 31 December 2010 and of its income and expenditure for the year then ended.

In my opinion, proper books of account have been kept by the Health Service Executive. The financial statements are in agreement with the books of account.

Matter on which I Report by Exception

I report by exception if

- I have not received all the information and explanations required for my audit, or
- my audit noted any material instance where moneys have not been applied for the purposes intended or where the transactions did not conform to the authorities governing them, or
- the information given in the Health Service Executive Annual Report for the year for which the financial statement are prepared is not consistent with the financial statements, or
- the Statement on Internal Financial Control does not reflect the Health Service Executive compliance with the Code of Practice for the Governance of State Bodies, or
- I find there are other material matters relating to the manner in which public business has been conducted.

I have nothing to report in regards to the other matters upon which reporting is by exception.



John Buckley
Comptroller and Auditor General

19 May 2011

Revenue Income and Expenditure Account

For Year Ended 31 December 2010

	Notes	2010 €'000	2009 €'000
Income			
Exchequer Revenue Grant	3	10,599,546	11,448,149
Receipts from certain excise duties on tobacco products		167,605	167,605
Health Contributions		2,017,657	1,755,753
Income from services provided under EU regulations		320,000	286,580
Recovery of costs from Social Insurance Fund		12,982	13,500
Patient Income	4	320,241	341,315
Other Income	5	760,825	757,929
Dormant Accounts		2,337	3,805
		14,201,193	14,774,636
Expenditure			
Pay and Pensions			
Clinical	6 & 7	3,270,752	3,421,201
Non Clinical	6 & 7	1,144,641	1,213,870
Other Client / Patient Services	6 & 7	729,408	735,923
		5,144,801	5,370,994
Non Pay			
Clinical	8	904,442	1,000,879
Patient Transport and Ambulance Services	8	56,662	55,744
Primary Care and Medical Card Schemes	8	3,199,538	3,427,513
Other Client / Patient Services	8	75,639	61,009
Grants to Outside Agencies	8	3,647,081	3,951,650
Housekeeping (catering, crockery, linen, etc.)	8	227,190	237,443
Office and Administration Expenses	8	415,783	440,566
Long Stay Charges Repaid to Patients	8	20,962	76,623
Hepatitis C Insurance Scheme	8	560	978
Other Operating Expenses	8	44,543	46,147
Payments to State Claims Agency under the Clinical Indemnity Scheme	8	79,283	14,851
Nursing Home Support Scheme (Fair Deal)	8	260,785	10,604
		8,932,468	9,324,007
Net Operating Surplus for the Year		123,924	79,635
Balance at 1 January		(1,078,081)	(1,157,716)
Balance at 31 December		(954,157)	(1,078,081)

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

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 103-106.



Dr. Frank Dolphin
Chairman



Cathal Magee
Chief Executive Officer

Capital Income and Expenditure Account

For Year Ended 31 December 2010

	Notes	2010 €'000	2009 €'000
Income			
Exchequer Capital Funding		355,058	429,897
EU Funding		536	35
Revenue Funding Applied to Capital Projects		417	582
Dormant Accounts		3,782	5,000
Application of Proceeds of Disposals		3,586	0
Government Departments and Other Sources	19(c)	5,838	9,491
		369,217	445,005
Expenditure			
Capital Grants to Outside Agencies (Appendix 2)	19(b)	130,164	123,965
Capital Expenditure on HSE Capital Projects	19(b)	240,202	290,144
		370,366	414,109
Net Capital (Deficit)/Surplus for the Year		(1,149)	30,896
Balance at 1 January		(205,716)	(236,612)
Balance at 31 December		(206,865)	(205,716)

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

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 103-106.



Dr. Frank Dolphin
Chairman



Cathal Magee
Chief Executive Officer

Balance Sheet

As at 31 December 2010

	Notes	2010 €'000	2009 €'000
Fixed Assets			
Tangible Fixed Assets			
Land and Buildings	9	4,957,521	4,808,729
Other Tangible Fixed Assets	10	317,142	334,645
Investments			
Financial Assets	11	3	3
Total Fixed Assets		5,274,666	5,143,377
Current Assets			
Stocks	12	128,087	146,607
Debtors	13	237,771	216,922
Paymaster General and Exchequer Balance	14	87,691	139,254
Cash at Bank or in Hand		21,451	12,845
Current Liabilities			
Creditors	15	(1,562,061)	(1,736,632)
Net Current Liabilities		(1,087,061)	(1,221,004)
Creditors (amounts falling due after more than one year)	16	(68,847)	(59,054)
Deferred income	17	(6,253)	(3,575)
Total Assets		4,112,505	3,859,744
Capitalisation Account	18(a)	5,274,663	5,143,374
Capital Reserves	18(b)	(206,865)	(205,716)
Revenue Reserves	18(c)	(955,293)	(1,077,914)
Capital and Reserves		4,112,505	3,859,744

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 103-106.



Dr. Frank Dolphin
Chairman



Cathal Magee
Chief Executive Officer

Cash Flow Statement

For Year Ended 31 December 2010

	Notes	2010 €'000	2009 €'000
Net Cash Inflow / (Outflow) from Operating Activities	20	(17,083)	60,050
Net Cash Inflow / (Outflow) from Returns on Investments and Servicing of Finance			
Interest paid on loans and overdrafts		(8)	(54)
Interest paid on finance leases		(1,434)	(1,511)
Interest received		24	395
Net Cash Outflow from Returns on Investments and Servicing of Finance		(1,418)	(1,170)
Capital Expenditure			
Capital expenditure - capitalised		(206,392)	(270,955)
Capital expenditure - not capitalised		(163,974)	(143,154)
Payments from revenue re: acquisition of fixed assets (net of trade-ins)		(22,791)	(19,303)
Revenue funding applied to Capital		417	582
Receipts from sale of fixed assets (excluding trade-ins)		3,516	379
Amounts refunded to the Exchequer		(0)	(309)
Net Cash Outflow from Capital Expenditure		(389,224)	(432,760)
Net Cash Outflow before Financing		(407,725)	(373,880)
Financing			
Capital grant received		355,058	429,897
Capital receipts from other sources		10,156	14,525
Payment of capital element of finance lease and loan repayments		(446)	(779)
Net Cash Inflow from Financing		364,768	443,643
Net Cash Flow		(42,957)	69,763
Increase in cash in hand and bank balances in the year	21	(42,957)	69,763

The primary financial statements of the HSE comprise the Revenue Income and Expenditure Account, Capital Income and Expenditure Account, Balance Sheet and Cash Flow Statement on pages 103-106.



Dr. Frank Dolphin
Chairman



Cathal Magee
Chief Executive Officer

Accounting Policies

Basis of Accounting

The financial statements have been prepared on an accruals basis, in accordance with the historical cost convention. Under the Health Act 2004, the Minister for Health and Children specifies the accounting standards to be followed by the HSE. The HSE has adopted Generally Accepted Accounting Principles (GAAP) in accordance with the accounting standards issued by the Accounting Standards Board subject to the following exceptions specified by the Minister:

1. Depreciation is not charged to the Revenue Income and Expenditure Account, rather it is charged to a reserve account: the Capitalisation Account. Reserve accounting is not permitted under Generally Accepted Accounting Principles (GAAP). Under those principles, depreciation must be charged in the Revenue Income and Expenditure Account.
2. Grants received from the State to fund the purchase of fixed assets are recorded in a Capital Income and Expenditure Account. Under Generally Accepted Accounting Principles (GAAP), capital grants are recorded as deferred income and amortised over the useful life of the related fixed asset, in order to match the accounting treatment of the grant against the related depreciation charge on the fixed asset.
3. Pensions are accounted for on a pay-as-you go basis, and the provisions of FRS 17 Retirement Benefits are not applied.
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, and the accruals basis of accounting required by FRS 18 Accounting Policies is not applied. Details of the estimated liability attaching to this scheme are set out in Note 29 to the financial statements.

Basis of Preparation

In accordance with FRS 2 Accounting for Subsidiary Undertakings, the results of wholly owned HSE subsidiaries have not been consolidated in the annual financial statements on the basis that they are not material. Details of staff numbers employed by HSE subsidiaries are included in Note 7 to the financial statements. An exercise was undertaken in the period to analyse pay costs in greater detail by separately disclosing expenditure on each category of agency staff for clinical, non-clinical and other client/patient services under the heading of pay costs. Agency expenditure was previously disclosed under the non-pay classification.

To facilitate year on year comparison, prior year expenditure has been reanalysed between these categories, consistent with 2010 classifications. It should be noted that the total for prior year revenue expenditure remains unchanged and the reanalysis has no effect on the financial results in current or prior reporting periods.

Legislation enacted in the Health (Miscellaneous Provisions) Acts 2009 and 2010, provided for the dissolution of the Crisis Pregnancy Agency, The National Cancer Screening Services Board and St Luke's Hospital and the transfer of their functions to the HSE. In accordance with the legislation, the assets, liabilities and reserves of these three entities were taken into the HSE's balance sheet at net book value on the following dates:

- Crisis Pregnancy Agency: 1 January 2010
- National Cancer Screening Service Board: 1 April 2010
- St Luke's Hospital: 1 August 2010

In accordance with HSE policy, formal due diligence examinations covering finance, HR, legal, insurance and governance aspects were carried out by the HSE as part of the process of subsuming these entities.

The Nursing Homes Support Scheme (A Fair Deal)

The Nursing Homes Support Bill was enacted on 1 July 2009 and the Nursing Homes Support Scheme commenced on 27 October 2009.

The scheme provides eligible people with financial support towards the cost of their long term residential care and involves a co-payment arrangement between the person and the State. The scheme applies to people accessing long term residential care from 27 October 2009 onwards and replaces the Subvention Scheme which has been in existence since 1993.

Payments received from eligible people are accounted for as long stay charges within patient income. Payments made to private long term residential care facilities are accounted for in non-pay expenditure (Note 8).

The scheme provides that in certain circumstances a portion of the amount payable may be deferred and collected at a point in the future by Revenue. Charges so deferred are not accounted for in the financial statements of the HSE.

Accounting Policies (continued)

Income Recognition

- (i) The HSE is funded mainly by monies voted annually by Dáil Éireann in respect of administration, capital and non-capital services. The amount recognised as income in respect of voted monies represents the net recourse to the Exchequer to fund payments made during the year. Income in respect of administration and non-capital services is accounted for in the Revenue Income and Expenditure Account. Income in respect of capital services is accounted for in the Capital Income and Expenditure Account. Revenue funding applied to meet the repayment of monies borrowed by predecessor agencies and which were used to fund capital expenditure is accounted for in the Capital Income and Expenditure under the heading Revenue Funding Applied to Capital Projects.
- (ii) Patient and service income is recognised at the time service is provided.
- (iii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting on page 109).
- (iv) Income from all other sources is recognised on a receipts basis.
- (v) The amount of income, other than Exchequer grant, which the HSE is entitled to apply in meeting its expenditure is limited to the amount voted to it as “Appropriations-in-Aid” in the annual estimate. Other income received in the year in excess of this amount must be surrendered to the Exchequer. Other income is shown net of this surrender.

Capital Income and Expenditure Account

A Capital Income and Expenditure Account is maintained in accordance with the accounting standards laid down by the Minister for Health and Children. Exchequer Capital Funding is the net recourse to the Exchequer to fund payments made during the year in respect of expenditure charged against the Capital Services subheads in the HSE's Vote. Capital funding is provided in the HSE's Vote for construction/purchase of major assets, capital maintenance and miscellaneous capital expenditure not capitalised on the balance sheet. In addition, capital funding is provided in the HSE's Vote for payment of capital grants to outside agencies. An analysis of capital expenditure by these categories is provided in Note 19 to the financial statements.

Balance on Income and Expenditure Accounts

Most of the income in both the Revenue and Capital Income and Expenditure Accounts is Exchequer Grant which is provided to meet liabilities maturing during the year as opposed to expenditure incurred during the year. A significant part of the remaining income is accounted for on a receipts basis. However, expenditure is recorded on an accruals basis. As a result, the balances on the income and expenditure accounts do not represent normal operating surpluses or deficits, as they are largely attributable to the difference between accruals expenditure and cash-based funding.

Grants to Outside Agencies

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

Leases

Rentals payable under operating leases are dealt with in the financial statements as they fall due. The HSE is not permitted to enter into finance lease obligations under the Department of Finance's Public Financial Procedures. However, where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life.

In addition to the normal GAAP treatment for assets acquired under finance leases, the cost of the asset is charged to the Capital Income and Expenditure Account and the Capitalisation (Reserve) Account is credited with an equivalent amount. The outstanding capital element of the leasing obligation is included in creditors. Interest is charged to the income and expenditure account over the period of the lease.

Capital Grants

Capital grant funding is recorded in the Capital Income and Expenditure Account. 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 Revenue Income and Expenditure Account 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.

Tangible Fixed Assets and Capitalisation Account

Tangible fixed assets comprise Land, Buildings, Work in Progress, Equipment and Motor Vehicles. Tangible fixed asset additions since 1 January 2005 are stated at historic cost less accumulated depreciation. The carrying values of tangible fixed assets taken over from predecessor bodies by the HSE are 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 balance sheet.

In accordance with the accounting standards prescribed by the Minister, expenditure on fixed asset additions is charged to the Revenue Income and Expenditure Account or the Capital Income and Expenditure Account, depending on whether the asset is funded by capital or revenue funding.

All capital funded asset purchases are capitalised, irrespective of cost. 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. A breakdown of asset additions by funding source is provided in Note 19 (a) to the Accounts. Depreciation is not charged to the income and expenditure account over the useful life of the asset. Instead, a balance sheet reserve account, the Capitalisation Account, is the reciprocal entry to the fixed asset account. Depreciation is charged to the Fixed Assets and Capitalisation Accounts over the useful economic life of the asset.

Depreciation is calculated to write-off the original cost / valuation of each tangible fixed 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 a fixed asset, both the fixed assets 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 Note 18 to the accounts.

Proceeds on disposals of fixed assets are considered as Exchequer Extra Receipts under the Department of Finance's Public Financial Procedures. The HSE is not entitled to retain these sales proceeds for its own use and must surrender them to the Exchequer.

Stocks

Stocks 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 stock.

Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any amount which is considered doubtful. General provision is made for patient debts which are outstanding for more than one year.

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 State on a pay-as-you-go basis for this purpose. The Vote from the State in respect of pensions is included in income. Pension payments under the schemes are charged to the income and expenditure account when paid. Contributions from employees who are members of the schemes are credited to the income and expenditure account when received.

In previous years, no provision was made in respect of accrued pension benefits payable in future years under the pension scheme. This continues to be the treatment adopted by the HSE following the accounting specifications of the Minister.

Under the Financial Emergency Measures in the Public Interest Act 2009, a pension levy was introduced for all staff who are members of a public service pension scheme, including staff of certain HSE-funded service providers. The deduction of the levy took effect from 1 March 2009. Pension levy collected by service providers as well as pension levy deducted from HSE staff is accounted for as income by the HSE.

Accounting Policies (continued)

Details of amount deducted in respect of the pension levy are set out in Note 5(a) to the Financial Statements.

Voluntary Early Retirement and Voluntary Redundancy Schemes

The Government announced in November 2010 that it had provided up to €400m for two targeted incentivised exit schemes for management, administrative and support staff in the health services. These schemes were designed to achieve a permanent reduction in the numbers employed in these grades of the health services from January 2011 and help to maintain essential frontline services. In total 2,025 employees (1,626 whole time equivalents) from HSE and other voluntary health service providers funded by the HSE availed of the schemes. The entire cost of the scheme totalled €100m, of which €73m directly related to staff employed by the HSE. The balance of €27m related to staff employed by voluntary health service providers funded by the HSE. Scheme costs relating to the HSE employees are accounted for in 2010 under superannuation, within the pay classification (see Note 7). Scheme costs relating to the voluntary health service providers' employees are accounted for in 2010 under grants to outside agencies within the non-pay classification (see Note 8 and Appendix 1).

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 balance sheet. The HSE acts as trustee of the funds. Patients' Private Property accounts are independently audited each year. The audits of these accounts are either completed or in the process of completion for the year ended 31 December 2010.

Notes to the Financial Statements

Note 1 Segmental Analysis by Area of Operation

	ISD Hospital Services 2010 €'000	ISD Community Services 2010 €'000	Support Services 2010 €'000	Total 2010 €'000	Total 2009 €'000
Expenditure					
Pay and Pensions					
Clinical	1,453,332	1,430,823	386,597	3,270,752	3,421,201
Non Clinical	369,334	464,491	310,816	1,144,641	1,213,870
Other Client / Patient Services	191,542	465,598	72,268	729,408	735,923
	2,014,208	2,360,912	769,681	5,144,801	5,370,994
Non Pay					
Clinical	557,388	260,052	87,002	904,442	1,000,879
Patient Transport and Ambulance Services	38,329	18,090	243	56,662	55,744
Primary Care and Medical Card Schemes	31,437	3,157,553	10,548	3,199,538	3,427,513
Other Client / Patient Services	477	69,604	5,558	75,639	61,009
Grants to Outside Agencies	2,433,810	1,206,002	7,269	3,647,081	3,951,650
Housekeeping	102,222	119,826	5,142	227,190	237,443
Office & Administrative Expenses	101,912	208,923	104,948	415,783	440,566
Long Stay Charges Repaid to Patients	0	0	20,962	20,962	76,623
Hepatitis C Insurance Scheme	0	0	560	560	978
Other Operating Expenses	13,081	25,386	6,076	44,543	46,147
Payments to State Claims Agency under the Clinical Indemnity Scheme	0	0	79,283	79,283	14,851
Nursing Home Support Scheme (A Fair Deal)	0	260,785	0	260,785	10,604
	3,278,656	5,326,221	327,591	8,932,468	9,324,007
Gross expenditure for the year	5,292,864	7,687,133	1,097,272	14,077,269	14,695,001
Total Income (not analysed by area of operation)				14,201,193	14,774,636
Net Operating Surplus for the Year				123,924	79,635
Balance at 1 January				(1,078,081)	(1,157,716)
Balance at 31 December				(954,157)	(1,078,081)

In October 2009, the HSE's operational structure of National Hospitals Office, Primary Community and Continuing Care and Shared Services, which existed since the establishment of the HSE, was replaced with a single Integrated Services Directorate (ISD). The ISD has responsibility for the delivery, configuration, performance and financial management of all health and personal social services. Operational and certain support services have been organised within four regions; Dublin Mid Leinster, Dublin North East, South and West.

Notes to the Financial Statements (continued)

Note 2 Net Operating Surplus

	2010 €'000	2009 €'000
Net operating surplus for the year is arrived at after charging:		
Audit fees	559	559
Executive board member's remuneration	420	334
Non-executive board members' remuneration	162	188

Executive board members remuneration comprises the following elements:

	Incoming CEO €'000	Outgoing CEO €'000	Total 2010 €'000	2009 €'000
Chief Executive Officer's (CEO) basic pay*	97	265	362	379
Superannuation scheme payments	27	17	44	33
Car allowance	4	10	14	15
Performance related award accrued for	0	0	0	(93)
	128	292	420	334

*Included in 2010 basic pay for the outgoing CEO is a figure of €51,238 in lieu of annual leave which could not be taken during the five-year term.

	2010 €	2009 €
Board members' expenses were paid as follows:		
Liam Downey	1,524	3,566
Professor Brendan Drumm*	3,457	2,665
PJ Fitzpatrick	3,635	2,103
John Fitzgerald	88	0
Anne Scott	116	0
	8,820	8,334

*Professor Drumm's expenses were incurred in his capacity as CEO. He did not incur expenses in his capacity as a board member.

Note 3 Exchequer Revenue Grant

	2010 €'000	2009 €'000
Net Estimate voted to HSE (HSE Vote 40)	11,123,581	11,886,588
Less net Surplus to be surrendered (Note 22)	(168,977)	(8,542)
Net recourse to Exchequer	10,954,604	11,878,046
Less: Capital services funding from the State (HSE Vote 40)	(355,058)	(429,897)
Exchequer Revenue Grant	10,599,546	11,448,149

Note 4 Patient Income

	2010 €'000	2009 €'000
Private Charges	187,061	195,227
Inpatient Charges	32,091	36,084
Emergency Department Charges	11,054	13,272
Road Traffic Accident Charges	6,949	8,926
Long Stay Charges	83,086	87,806
	320,241	341,315

Note 5 Other Income

	2010 €'000	2009 €'000
(a) Other Income		
Superannuation Income	203,278	220,411
Other Payroll Deductions	10,232	9,956
Pension levy deductions from HSE own staff	250,875	218,254
Pension levy deductions from service providers	112,652	113,730
Agency/Services	9,609	10,778
Canteen Receipts	13,941	14,959
Income from other Agencies (See Note 5(b) analysis below)	32,910	56,935
Miscellaneous Income (See Note 5(c) analysis below)	127,328	112,906
	760,825	757,929
(b) Income from Other Agencies		
National Council for Professional Development of Nursing & Midwifery	1,399	2,236
Department of Community Rural & Gaeltacht Affairs	24,773	26,739
Department of the Environment	92	3,500
Health Research Board	1,474	1,436
National Cancer Screening Service Board	5,172	22,644
Department of Social, Community & Family Affairs (Humanitarian Assistance Scheme - Flood Relief)	0	380
	32,910	56,935
(c) Miscellaneous Income		
Rebate from Pharmaceutical Manufacturers	41,457	22,953
Prescription Levy Income	6,605	0
Certificates and Registration Income (Births, Deaths and Marriages)	8,440	8,507
Parking	11,084	11,279
Other Miscellaneous Income	59,742	70,167
	127,328	112,906

Notes to the Financial Statements (continued)

Note 6 Pay and Pensions Expenditure

	2010 €'000	2009 €'000
Clinical HSE Staff		
Medical / Dental	698,522	789,208
Nursing	1,491,497	1,631,562
Health & Social Care Professional (formerly Paramedical)	592,160	605,058
Superannuation	379,184	328,197
	3,161,363	3,354,025
Clinical Agency Staff		
Medical / Dental	39,970	13,959
Nursing	51,257	44,118
Health & Social Care Professional (formerly Paramedical)	18,162	9,099
	109,389	67,176
Non Clinical HSE Staff		
Management / Administration	599,328	634,146
General Support Staff	362,782	433,877
Superannuation	159,849	130,753
	1,121,959	1,198,776
Non Clinical Agency Staff		
Management / Administration	4,690	8,913
General Support Staff	17,992	6,181
	22,682	15,094
Other Client / Patient Services HSE Staff		
Other Patient & Client Care	629,572	644,760
Superannuation	78,530	65,102
	708,102	709,862
Other Client / Patient Services Agency Staff		
Other Patient & Client Care	21,306	26,061
	21,306	26,061
Total Pay Expenditure	5,144,801	5,370,994

Note 7 Employment

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

	2010	2009
Acute Hospital Services	27,560	28,345
National Cancer Control Programme	296	11
Ambulance Services	1,494	1,465
Primary and Community Services	37,391	37,802
Population Health	1,060	1,082
Corporate (including National Shared Services)	2,988	3,108
Total HSE employees	70,789	71,813
Voluntary Sector - Hospital Services	22,225	22,674
Voluntary Sector - Primary and Community Services	14,958	15,266
Total Voluntary Sector employees	37,183	37,940
Total Employees	107,972	109,753

Employment numbers as shown above are calculated in accordance with a methodology agreed with the Department of Health and Children for the purpose of monitoring compliance with the employment ceiling laid down by the Department as encompassed by the Employment Control Framework.

In addition to the employees taken into account for the purposes of the employment ceiling, there are also 25 WTEs (2009: 256 WTEs) employed in a non-consolidated HSE subsidiary undertaking (see Note 27). With the exception of Tolco Ltd, all subsidiaries have either been subsumed into the HSE or are now operating independently of the HSE. There were 4,234 WTEs employed by the HSE as "home helps" at the end of 2010 (2009: 4,607) who have not been included in the WTE calculation.

Employment costs charged to the Revenue Income and Expenditure account:

	2010 €'000	2009 €'000
Wages and Salaries	4,215,464	4,507,841
Social Welfare Costs	311,773	339,101
Pension Costs	617,564	524,052
	5,144,801	5,370,994

Following a Government decision, on 1 November 2010, the HSE introduced two new schemes aimed at effecting a reduction in staffing numbers in the Health Service. They include a Voluntary Early Retirement Scheme targeted at staff aged over 50 years of age, and a Voluntary Severance Scheme targeted at management, administrative and support staff grades.

Consequently the total cost of lump sums has increased significantly year on year and includes a sum of €37m for 2010 VRS exit schemes and €36m for 2010 VER exit schemes.

Notes to the Financial Statements (continued)

Note 7 Employment

Summary Analysis of Pay Costs

	Clinical	Non Clinical	Other Client / Patient Services	Total	Total
	2010	2010	2010	2010	2009
	€'000	€'000	€'000	€'000	€'000
Basic Pay	2,235,627	835,686	503,232	3,574,545	3,803,109
Allowances	86,754	20,767	16,488	124,009	137,215
Overtime	140,077	17,879	19,123	177,079	192,834
Night duty	55,768	6,790	10,496	73,054	82,739
Weekends	116,751	28,358	44,686	189,795	205,020
On-Call	53,163	1,394	796	55,353	62,403
Arrears	12,212	5,626	3,791	21,629	24,521
Employer PRSI	191,216	68,291	52,266	311,773	339,101
Superannuation	379,184	159,850	78,530	617,564	524,052
	3,270,752	1,144,641	729,408	5,144,801	5,370,994

HSE 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. Pay costs of the HSE do not include costs for Tolco Ltd, a HSE subsidiary undertaking which is not consolidated on the basis that it is not material.

Note 8 Non Pay Expenditure

	2010 €'000	2009 €'000
Clinical		
Drugs & Medicines (excl. demand led schemes)	253,713	284,797
Blood/Blood Products	34,939	38,068
Medical Gases	8,458	10,041
Medical/Surgical Supplies	230,460	244,993
Other Medical Equipment	84,461	92,306
X-Ray/Imaging	28,186	31,874
Laboratory	105,575	99,980
Professional Services	81,383	76,610
Education & Training	77,267	122,210
	904,442	1,000,879
Patient Transport and Ambulance Services		
Patient Transport	45,514	46,277
Vehicles Running Costs	11,148	9,467
	56,662	55,744
Primary Care and Medical Card Schemes		
Doctors' Fees & Allowances	495,781	489,862
Payments to Former District Medical Officers/Dependents	5,135	5,539
Pharmaceutical Services	2,020,274	2,060,971
Dental Treatment Services Scheme	76,101	86,611
Community Ophthalmic Services Scheme	26,891	23,653
Cash Allowances (Blind Welfare, Domiciliary Care, etc)*	54,986	146,629
Fostering Payments	100,066	95,409
Capitation Payments	420,304	518,839
	3,199,538	3,427,513
Other Client / Patient Services		
Professional Services	67,378	46,630
Education & Training	8,261	14,379
	75,639	61,009
Grants to Outside Agencies		
Revenue Grants to Outside Agencies (Appendix 1)	3,623,329	3,911,214
Grants funded from other Government Departments/State Agencies (Appendix 1)	23,752	40,436
	3,647,081	3,951,650

Notes to the Financial Statements (continued)

Note 8 Non Pay Expenditure (continued)

	2010 €'000	2009 €'000
Housekeeping		
Catering	64,100	68,328
Heat, Power & Light	60,111	62,217
Cleaning & Washing	81,204	82,019
Furniture, Crockery & Hardware	8,474	9,753
Bedding & Clothing	13,301	15,126
	227,190	237,443
Office and Administration Expenses		
Maintenance	67,817	66,735
Bank Loan & Finance Leases	446	582
Bank Interest	8	54
Prompt Payment Interest	279	434
Lease Interest	1,434	1,511
Bank Charges	666	1,187
Insurance	7,384	24,766
Audit	559	559
Legal & Professional Fees	64,026	66,972
Bad & Doubtful Debts	7,377	13,603
Education & Training	9,036	8,124
Travel & Subsistence	57,112	61,564
Vehicle Costs	707	1,152
Office Expenses/Rent & Rates	161,812	158,220
Computers & Systems Maintenance	37,120	35,103
	415,783	440,566
Long Stay Repayments Scheme		
Long Stay Charges Repaid to Patients (see Note 31)	19,193	73,139
Non-Pay Costs of Administering the Repayments Scheme	1,769	3,484
	20,962	76,623
Hepatitis C Insurance Scheme		
Insurance Premium Loadings and Claims (see Note 32)	558	955
Non-Pay Costs of Administering the Insurance Scheme	2	23
	560	978
Other Operating Expenses		
Miscellaneous (Appendix 3)	44,543	46,147
	44,543	46,147
Payments to State Claims Agency under the Clinical Indemnity Scheme		
Awards paid in settlement of claims	79,283	14,851
	79,283	14,851
Nursing Home Support Scheme (Fair Deal)**		
Nursing Home Support Scheme (A Fair Deal)	260,785	10,604
	260,785	10,604

*Reduction in Cash Allowances largely as a result of the payment of domiciliary care allowances by the Dept of Social Protection in Ireland from September 2009.

**Fair Deal expenditure is reported in the AFS in the pay and non pay analysis headings. New expenditures are reflected in the Nursing Homes Support Scheme heading in Note 8 of the AFS. The total provision in 2010 for Long Term Residential Care was €979m in the Estimate.

Note 9 Tangible Fixed Assets Land and Buildings

	Land €'000	Buildings* €'000	Work in Progress €'000	Total 2010 €'000
Cost / Valuation				
At 1 January 2010	2,025,623	2,851,916	525,451	5,402,990
Additions	6,817	88,117	155,104	250,038
Transfers from Work in Progress	0	278,959	(278,959)	0
Disposals	(3,747)	(1,034)	(4,976)	(9,757)
At 31 December 2010	2,028,693	3,217,958	396,620	5,643,271
Depreciation				
Accumulated Depreciation at 1 January 2010	0	594,261	0	594,261
Charge for the Year	0	91,815	0	91,815
Disposals	0	(326)	0	(326)
At 31 December 2010	0	685,750	0	685,750
Net Book Values				
At 1 January 2010	2,025,623	2,257,655	525,451	4,808,729
At 31 December 2010	2,028,693	2,532,208	396,620	4,957,521

*The net book value of fixed assets above includes €38.5m (2009: €40.4m) in respect of buildings held under finance leases; the depreciation charged for the year above includes €2m (2009: €1.9m) on those buildings.

Note 10 Tangible Fixed Assets Other than Land and Buildings

	Motor Vehicles €'000	Equipment €'000	Work in Progress €'000	Total 2010 €'000
Cost / Valuation				
At 1 January 2010	95,154	1,109,470	753	1,205,377
Additions	2,712	83,474	2,442	88,628
Transfers from Work in Progress	695	0	(695)	0
Disposals	(4,972)	(45,133)	0	(50,105)
At 31 December 2010	93,589	1,147,811	2,500	1,243,900
Depreciation				
Accumulated Depreciation at 1 January 2010	74,284	796,448	0	870,732
Charge for the Year	9,168	94,084	0	103,252
Disposals	(4,845)	(42,381)	0	(47,226)
At 31 December 2010	78,607	848,151	0	926,758
Net Book Values				
At 1 January 2010	20,870	313,022	753	334,645
At 31 December 2010	14,982	299,660	2,500	317,142

Notes to the Financial Statements (continued)

Note 11 Investments

	2010 €'000	2009 €'000
Unquoted Shares	3	3
	3	3

Note 12 Stocks

	2010 €'000	2009 €'000
Medical, Dental and Surgical Supplies	34,050	40,035
Laboratory Supplies	6,478	7,027
Pharmacy Supplies	19,361	20,577
High Tech Pharmacy Stocks	30,926	32,526
Pharmacy Dispensing Stocks	2,001	2,455
Blood and Blood Products	1,408	1,271
Vaccine Stocks	21,655	30,153
Household Services	9,217	9,086
Stationery and Office Supplies	2,387	2,909
Sundries	604	568
	128,087	146,607

Note 13 Debtors

	2010 €'000	2009 €'000
Patient Debtors	96,539	94,034
Prepayments and Accrued Income	18,475	18,984
Other Debtors	122,757	103,904
	237,771	216,922

Note 14 Paymaster General and Exchequer Balance

	2010 €'000	2009 €'000
Paymaster General Bank Account	105,668	181,677
Net Liability to the Exchequer	(17,977)	(42,423)
Paymaster General and Exchequer Balance	87,691	139,254

Note 15 Creditors

	2010	2009
	€'000	€'000
Finance Leases	1,684	1,741
Non Pay Creditors - Revenue	138,513	145,845
Non Pay Creditors - Capital	26,157	8,324
Accruals for Non Pay -Revenue	652,147	669,221
Accruals Non Pay -Voluntary Hospitals & Outside Agencies	253,718	327,244
Accruals Non Pay - Capital	26,763	40,839
Accruals Pay	309,603	330,472
Income Tax and Social Welfare	133,414	141,539
Lottery Grants Payable*	686	918
VHI Advance**	187	50,000
Sundry Creditors	19,189	20,489
	1,562,061	1,736,632

*The HSE administers the disbursement of National Lottery grants for local programmes under the National Lottery's Health and Welfare Funded Schemes.

**The HSE negotiated the introduction of improved payment arrangements with VHI in Q4 2009 which included a once-off advance payment on account of €50m for a period of six months. VHI have deducted the €50m from future claims received from the HSE, and by early 2011 the €50m has been recovered in full by VHI.

Note 16 Creditors (amounts falling due after more than one year)

(a) Finance lease obligations	Land and Buildings	Other	Total	Total
	2010	2010	2010	2009
	€'000	€'000	€'000	€'000
After one but within five years	3,675	0	3,675	3,274
After five years	34,951	0	34,951	36,034
	38,626	0	38,626	39,308

Notes to the Financial Statements (continued)

Note 16 Creditors (amounts falling due after more than one year) (continued)

(b) Liability to the Exchequer in respect of Exchequer Extra Receipts

Proceeds of disposal of fixed assets are considered as Exchequer Extra Receipts (EERs) under the Department of Finance's Public Financial Procedures. The HSE is not entitled to retain these sales proceeds for its own use and must surrender them to the Exchequer except in the case of proceeds used for Mental Health and other projects as sanctioned.

	2010	2009
	€'000	€'000
Gross Proceeds of all disposals in year	3,546	422
Less: Net expenses incurred on disposals	(30)	(43)
Net proceeds of disposal	3,516	379
Less refunded to the Exchequer	0	(309)
Less Application of Proceeds	(3,586)	0
At 1 January	19,478	19,408
Balance at 31 December	19,408	19,478
Liability to the Exchequer Sale Proceeds - Other Sales	1,651	268
Liability to the Exchequer -Statutory Rebate Claim	9,162	0
Total Creditors (amounts falling due after more than one year)	68,847	59,054

Note 17 Deferred Income

Deferred income comprises (i) unspent income of €6.185m arising from funding, donations and bequests where the purposes to which money may be applied has been specified but the related expenditure has not been incurred and (ii) income of €0.067m from sales of land which have not been concluded.

Note 18 Capital and Reserves

(a) Capitalisation Account

	2010	2009
	€'000	€'000
At 1 January	5,143,374	5,015,594
Additions to fixed assets in the year	338,666	288,960
Less: Net book value of fixed assets disposed in year	(12,310)	(1,063)
Less: Depreciation charge in year	(195,067)	(160,117)
Balance at 31 December	5,274,663	5,143,374

(b) Capital Reserves

At 1 January	(205,716)	(236,612)
Net Operating (Deficit)/Surplus for the year	(1,149)	30,896
Balance at 31 December	(206,865)	(205,716)

Note 18 Capital and Reserves (continued)

(c) Revenue Reserves

	2010 €'000	2009 €'000
At 1 January	(1,077,914)	(1,157,716)
Revenue Reserves from Post Graduate Medical and Dental Board	0	167
Revenue Reserves Eastern Community Works (see Note 27)	371	0
Revenue Reserves EVE Holdings Ltd. (see Note 27)	974	0
Revenue Reserves from Bradóg Trust (see Note 27)	(445)	0
Revenue Reserves from Crisis Pregnancy Agency	0	0
Revenue Reserves Aontacht Phobail Teoranta (see Note 27)	105	0
Revenue Reserves from St Luke's Hospital	94	0
Revenue Reserves from National Cancer Screening Service Board	(2,402)	0
Net Operating Surplus for the year	123,924	79,635
Balance at 31 December	(955,293)	(1,077,914)

(d) Reconciliation of Movement on Reserves

	2010 €'000	2009 €'000
Closing Creditors at 31 December	1,630,908	1,795,686
Less Opening Creditors at 1 January	1,795,686	1,804,365
	(164,778)	(8,679)
Less Increase/(Decrease) in Current Assets	(40,628)	101,824
(Increase)/Decrease in Deferred Income	(2,678)	195
	(121,472)	(110,698)
Net Operating Surplus	(123,924)	(79,635)
Revenue Reserves from subsumed agencies	1,303	(167)
Net Capital (Surplus)/Deficit	1,149	(30,896)
	(121,472)	(110,698)

Note 18(d) above illustrates the reconciliation between the Movement in Reserves ((surplus)/deficit for the year) and the changes to Assets and Liabilities on the Balance Sheet.

Notes to the Financial Statements (continued)

Note 19 Capital Expenditure

(a) Additions to Fixed Assets

	2010 €'000	2009 €'000
Additions to Fixed Assets (Note 9) Land and Buildings	250,038	245,774
Additions to Fixed Assets (Note 10) Other than Land and Buildings	88,628	44,484
	338,666	290,258
Transferred from subsumed agencies	109,483	0
Funded from Capital	206,392	270,955
Funded from Revenue	22,791	19,303
	338,666	290,258

(b) Analysis of expenditure charged to Capital Income and Expenditure Account

	2010 €'000	2009 €'000
Expenditure on HSE's own assets (Capitalised)	206,392	270,955
Expenditure on HSE projects not resulting in Fixed Asset additions	33,810	19,189
Total expenditure on HSE Projects charged to capital	240,202	290,144
Capital grants to outside agencies (Appendix 2)	130,164	123,965
Total Capital Expenditure per Capital Income & Expenditure Account	370,366	414,109

(c) Analysis of Income from Government Departments and Other Sources

	2010 €'000	2009 €'000
Department of Community, Rural & Gaeltacht Affairs	1,500	3,386
National Cancer Screening Service Board	0	2,330
Friends of Wexford General - new cancer day care unit	0	845
Central Remedial Clinic - CRC at Waterford Regional Hospital	1,394	606
Employment Response - employment initiatives for persons with a disability	205	255
Friends of Fermoy Community Hospital - extension & modernisation	0	246
Sustainable Energy Ireland (SEI) - energy savings in acute hospitals	610	203
Friends of St Luke's Hospital	683	0
The Stroke Unit Limerick	486	0
Department of Education	305	0
Other Miscellaneous Income	655	1,620
	5,838	9,491

Note 20 Net Cash Inflow / (Outflow) from Operating Activities

	2010 €'000	2009 €'000
Revenue Reserves at 31 December	(954,157)	(1,078,081)
Opening Revenue Reserves at 1 January	(1,078,081)	(1,157,716)
Surplus for the current year	123,924	79,635
Revenue Reserves from Subsumed Agencies	(1,303)	167
	122,621	79,802
Capital element of lease payments charged to revenue	446	779
Less Interest and dividend income	(24)	(395)
Purchase of equipment charged to Revenue Income and Expenditure	22,791	19,303
All interest charged to Revenue Income and Expenditure	1,442	1,565
(Increase) / Decrease in Stock	18,520	(26,693)
(Increase) / Decrease in Debtors	(20,849)	(5,368)
Increase / (Decrease) in Creditors	(174,571)	(8,135)
Increase/Decrease in Creditors (falling due after more than one year)	9,863	(613)
Increase / (Decrease) in Deferred Income	2,678	(195)
(Increase) / Decrease in Investments	0	0
Net Cash Inflow / (Outflow) from Operating Activities	(17,083)	60,050

Note 21 Reconciliation of Net Cash Flow to Movement in Net Funds

	2010 €'000	2009 €'000
Change in net funds resulting from cash flows		
Net funds at 1 January	152,099	82,336
Movement in net funds for the year from cash flow statement	(42,957)	69,763
Net funds at 31 December	109,142	152,099

Notes to the Financial Statements (continued)

Note 22 Vote Accounting

(a) Exchequer disbursements during the year are based on annual amounts voted by Dáil Eireann. Any part of the amount voted which has not been expended by 31 December in accordance with Government accounting rules must be surrendered to the Exchequer.

It is a statutory requirement of the Accounting Officer of the HSE that no overspending of the Vote takes place. In practice it is almost impossible to achieve an actual outturn which matches the exact Vote amount. As a result, it is inevitable that this prudent approach will result in small surpluses. The surplus to be surrendered, excluding savings of €150m arising from the lower than expected uptake of the Exit Schemes in 2010, amounts to €18.977m, which represents 0.17% of the net Vote of the HSE.

(b) Summary Appropriation Account, prepared under Government Accounting rules:

	Estimate 2010 €'000	Outturn 2010 €'000	Estimate 2009 €'000	Outturn 2009 €'000
HSE Vote 40 Gross Expenditure	14,791,431	14,477,921	15,180,851	15,103,550
Appropriations-in-Aid	3,667,850	3,523,317	3,294,263	3,225,504
Net Vote Expenditure	11,123,581	10,954,604	11,886,588	11,878,046

	2010 €'000	2009 €'000
Surplus to be Surrendered	168,977	8,542

(c) Analysis of Surrender

	2010 €'000	2009 €'000
Surplus Appropriations-in-Aid	0	0
Net surplus to be surrendered	168,977	8,542

Note 22 Vote Accounting

(d) For information purposes see below Note 3 extract from HSE's 2010 Appropriation Account:

	2010 €'000	2009 €'000
Statement of Assets and Liabilities as at 31 December 2010		
Capital Assets	5,274,663	5,143,374
Financial Assets	3	3
	5,274,666	5,143,377
Current Assets		
Bank and cash	21,451	12,845
PMG Balance	105,668	181,677
Stocks	128,087	146,607
Debtors and Prepayments	169,996	143,248
Other debit balances	67,775	73,674
Total Current Assets	492,977	558,051
Less Current Liabilities		
Creditors	164,670	154,169
Accrued expenses	1,289,321	1,415,744
Deferred Income	6,253	3,575
Other credit balances	176,917	225,773
Net Liability to the Exchequer	17,977	42,423
Total Current Liabilities	1,655,138	1,841,684
Net Current Assets	(1,162,161)	(1,283,633)
Net Assets	4,112,505	3,859,744
Net Liability to the Exchequer		
at 31 December	€000	€000
Surplus appropriations to be surrendered	168,977	8,542
Exchequer grant undrawn	(151,000)	33,881
Net liability to the Exchequer	17,977	42,423
Represented by:		
Debtors		
Net Paymaster General Position and Cash	127,119	194,522
Debit Balances: Suspense	67,775	73,674
	194,894	268,196
Creditors		
Due to State	(133,414)	(141,539)
Credit Balances: Special Income & Expenditure	(11,849)	(13,446)
Credit Balances: Suspense	(31,654)	(70,788)
	(176,917)	(225,773)
Net Current Liabilities	17,977	42,423

Notes to the Financial Statements (continued)

Note 23 Pensions

Eligible staff employed in the HSE are members of a variety of defined benefit superannuation schemes.

Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to the income and expenditure account in the year in which they become payable. In accordance with a directive from the Minister for Health and Children, no provision is made in the financial statements in respect of future pension benefits. Superannuation contributions from employees who are members of these schemes are credited to the income and expenditure account when received. To date, no formal actuarial valuations of the HSE's pension liabilities have been carried out.

Note 24 Capital Commitments

	2010	2009
	€'000	€'000
Future tangible fixed assets purchase commitments:		
Within one year	353,174	367,366
After one but within five years	543,272	688,358
After five years	10,870	0
	907,316	1,055,724
Contracted for but not provided in the financial statements	223,862	335,197
Included in the Capital Plan but not contracted for	683,454	720,527
	907,316	1,055,724

The HSE has a multi-annual capital investment plan which prioritises expenditure on capital projects in line with strategic objectives 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 2010 for which budgets have yet to be approved. The Capital Plan has identified capital commitments of €712.41m for the period 2010 to 2013. Additional non contractual commitments of €178.06m in respect of the National Paediatric Hospital and projects to support the National Plan for Radiation Oncology have been identified for the period 2014 to 2015 and beyond.

Note 25 Property

The HSE estate comprises 3,714 properties.

Title to the properties can be analysed as follows:	Number of Properties
Freehold	2,395
Leasehold	1,319
Total Properties	<u>3,714</u>
Primary utilisation of the properties can be analysed as follows:	
Delivery of health and personal social services	3,582
Administration and Support Services (including medical card processing, etc)	132
Total Properties	<u>3,714</u>

Note 26 Operating Leases

Operating lease rentals (charged to income and expenditure account)

	2010	2009
	€'000	€'000
Land and buildings	32,531	32,790
Motor Vehicles	68	52
Equipment	37	67
	32,636	32,909

The HSE has the following annual lease commitments under operating leases which expire:

	Land and Buildings	Other	Total	Total
	2010	2010	2010	2009
	€'000	€'000	€'000	€'000
Within one year	7,503	38	7,541	6,510
In the second to fifth years inclusive	9,748	68	9,816	9,151
In over five years	15,216	0	15,216	17,367
	32,467	106	32,573	33,028

Note 27 Subsidiary Undertakings

Tolco Limited - set up in 1975 for the purposes of providing services to the then Eastern Health Board. These services included residential care and training facilities for persons with special needs.

A project is underway to subsume Tolco Limited into the HSE in 2011. It has not been consolidated in the financial statements on the basis that it is not material.

On 31 December 2010, Eastern Community Works Limited, Eve Holdings Limited and Aontacht Phobail Teroanta were subsumed into the HSE. Bradóg Trust Limited was also subsumed into the HSE. Abbey Wreaths Limited, Dolmen Clubhouse Limited, Dolmen Rainbows Limited and St Helena's Childcare Centre Limited (formerly the Paddocks Development Project Limited) now operate independently of the HSE.

Note 28 Taxation

The HSE has been granted an exemption in accordance with the provisions of Section 207 (as applied to companies by Section 76), Section 609 (Capital Gains Tax) and Section 266 (Deposit Interest Retention Tax) of the Taxes Consolidation Act, 1997. This exemption which applies to Income Tax / Corporation Tax, Capital Gains Tax and Deposit Interest Retention Tax, extends to the income and property of the HSE. The exemption is subject to review by the Revenue Commissioners and, if conditions as specified are not met, the exemption may be withdrawn from the date originally granted.

Notes to the Financial Statements (continued)

Note 29 Insurance

Up to 31 December 2009 the HSE was insured against employers liability and public liability risks up to an indemnity limit, under both retro-rated and flat-rated bases. Under the retro-rated basis, the final premium is not determined until the end of the coverage period and is based on the HSE's loss experience for that same period. The retro-rated adjustment payable by the HSE is subject to maximum and minimum limits. At 31 December 2010 it was not possible to accurately quantify the liability, if any, which may arise as a result of future retro-rating. The maximum liabilities for retro-rated claims still outstanding, based on agreed levels of each insurable risk is €4,699 and €2,983,081 for employers liability and public liability respectively. All insurance premiums from 1 January 2001 have been paid on a flat basis only and no retro-rating applies to cover from this date forward.

State Claims Agency

Since 1 July 2009 the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010 the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. At 31 December 2010, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €854m. In accordance with the directions of the Minister for Health and Children, no provision has been made for this liability in the financial statements.

Note 30 Contingent Liabilities - Actions by Pharmacists

Pharmacists have lodged a claim with the HSE for loss of retail mark up on products dispensed under the terms of the over 70 medical card, products which would otherwise have been subject to higher margin where full eligibility did not exist. The claim is in the amount of €100m, over and above the amount of €30 million currently paid per annum. The Irish Pharmaceutical Union have indicated that they will engage in non-binding mediation but may pursue the HSE through the courts if they are dissatisfied with the outcome. The financial effects of this contingent liability have not been provided in the financial statements.

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 public and employer liability, fire and specific all risk claims. In most cases such insurance would be sufficient to cover all costs, but this cannot be certain. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Note 31 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 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

Under the provisions of the Act, the HSE appointed an external third party to act as Scheme Administrator. A special account is set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €80m was set aside in 2010 by way of a supplementary estimate for this purpose. The best estimate of the total cost of repayments, at the inception of the Scheme based on the terms as set out in the Act was up to €1bn. Repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

Note 31 The Health (Repayment Scheme) Act, 2006 (continued)

The Scheme closed to new applicants on the 31 December 2007 and 14,000 claims have been received in respect of living patients and 26,000 claims in respect of estates. The Scheme is now estimated to cost in the region of €465m. The Scheme received some applications relating to patients in private nursing homes which were turned down on the basis that they were not contemplated within the scope of the Scheme. Proceedings have been instituted in 306 cases, involving patients who spent time in private nursing home facilities. None of the cases have yet proceeded to a hearing. In addition, the HSE with the Department of Health and Children has lodged an appeal to the High Court in respect of determinations by the Appeals Officer granting eligibility to clients of certain disability services. Consequently, it is considered inappropriate to attempt to estimate any potential future liability arising from these actions or to detail the uncertainties attaching thereto since to do so might prejudice the outcome of court proceedings.

In 2010, the following expenditure has been charged to the Revenue Income and Expenditure Account in respect of the Repayments Scheme:

	2010 €'000	2009 €'000
Pay	971	1,357
Repayments to Patients (see Note 8)	19,193	73,139
Payments to Third Party Scheme Administrator	1,190	2,811
Advertising	0	0
Legal and Professional Fees	508	562
Office Expenses	71	111
	21,933	77,980

Note 32 The Hepatitis C Compensation Tribunal (Amendment) Act, 2006

The Hepatitis C Compensation Tribunal (Amendment) Act 2006 established a statutory scheme to address insurance difficulties experienced by persons infected with Hepatitis C and HIV through the administration within the State of blood and blood products. This scheme addresses the problems faced by these persons due to their inability to purchase mortgage protection and life assurance policies as a result of contaminated blood products being administered to them. The scheme will cover the insurance risk for the 1,700 or more people entitled to avail of assurance products, regardless of any other medical conditions these people may have, once they pay the standard premium that an uninfected person of the same age and gender would pay. The life assurance element of the scheme was launched by the HSE in September 2007. A further element, providing for travel insurance cover, was introduced in March 2009. The overall cost over the lifetime of the scheme is estimated at €90m.

In 2010, the following expenditure has been charged to the Revenue Income and Expenditure Account in respect of the Insurance Scheme:

	2010 €'000	2009 €'000
Pay	131	135
Payments of premium loadings	347	377
Payments of benefits underwritten by HSE	211	578
Advertising	0	2
Legal and Professional Fees	0	20
Office Expenses	2	1
	691	1,113

Notes to the Financial Statements (continued)

Note 33 Health Services National Partnership Forum (HSNPF)

With effect from 1 January 2010, the payroll costs of the HSNPF staff were charged to the HSE. From September 2010, the processing of HSNPF financial transactions was transferred to the HSE. At that time all HSNPF bank accounts were closed and the balances in the accounts remitted to the HSE. The HSNPF was fully subsumed with all assets and liabilities transferred to the HSE's primary financial processing system on 1 January 2011.

In 2010, the following has been charged to the Revenue Income and Expenditure Account in respect of HSNPF:

	2010
	€'000
Pay and Pensions	1761
Grants to Outside Agencies	342
National Projects	326
Office Expenses and Administration	101
Other Income (refund from Unions)	(255)
	2,275

The HSNPF incurred expenditure of €0.3m in 2010.

Note 34 Post Balance Sheet Events

No circumstances have arisen or events occurred, between the balance sheet date and the date of approval of the financial statements by the Board, which would require adjustment or disclosure in the financial statements.

Note 35 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 HSE Board members are employed or otherwise interested. The Health Service Executive adopts procedures in accordance with the Department of Finance's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Board members. These procedures have been adhered to by the Board members and the HSE during the year. During 2010 an agency in which a Board member declared an interest was approved a grant of €81,318. The Board member concerned did not receive any documentation on the transaction nor did the member participate in or attend any Board discussion relating to this matter. A Board member has declared an interest in a company and another Board member has declared an interest in a partnership, both of which trade from time to time with the HSE on terms which are negotiated on an arm's length basis.

Note 36 Approval of Financial Statements

The financial statements were approved by the Board on 19 May 2011.

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Analysis of Grants to Outside Agencies in Note 8

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Total Grants Under €100,000 (2,538 Grants)	48,047	5,548	53,595
Ability West Ltd	20,935		20,935
Abode Hostel and Day Centre	1,018		1,018
Active Retirement Ireland	315		315
Acquired Brain Injury Ireland (Formerly Peter Bradley Foundation)	8,609		8,609
Adapt Kerry Ltd	213		213
Adapt House Women's Refuge Centre, Limerick	663		663
Addiction Response Crumlin (ARC)	317	737	1,054
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	204,979		204,979
Adoption Authority of Ireland	897		897
Adult Victims of Past Abuse (AVPA) Service	367		367
Aftercare Recovery Group	123		123
Age Action Ireland	563		563
Age and Opportunity	621		621
AIDS Fund Housing Project (Centenary House)	408		408
AIDS Help West	240		240
Aiseiri	199		199
Aishling Group	249		249
Aislinn Centre	448		448
Alcohol Action Ireland	142		142
ALJEFF Treatment Centre Ltd	266	480	746
All Communicarers Ltd	481		481
All In Care	4,484		4,484
Alliance	183		183
Alpha One Foundation	152		152
Alzheimer Society of Ireland	9,349		9,349
Amber Kilkenny Women's Outreach	451		451
AMEN	149		149
Ana Liffey Children's Project	110		110
Ana Liffey Drug Project	671	478	1,149
Anchor Treatment Centre	284		284
Anne Sullivan Foundation for Deaf/Blind	1,207		1,207
Aoibhneas Foundation Ltd	957		957
Aontacht Phobail Teoranta	2,462		2,462
Aosóg	216		216

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Aras Mhuire Day Care Centre (North Tipperary Community Services)	308		308
ARC Cancer Support Centre	206		206
Ard Aoibhinn Centre	3,129		3,129
Ardee Day Care Centre	340		340
Arlington Novas Ireland	2,825	79	2,904
Arranmore Social Services	202		202
Arrupe Society	419		419
Arthritis Ireland	200		200
Asperger Syndrome Association of Ireland (ASPIRE)	353		353
Associated Charities Trust	178		178
Athlone Community Services Council Ltd	839		839
Autism Alliance UK	3,287		3,287
Autism West Ltd	587		587
Aware	194		194
Baile Mhuire Recuperative Unit for the Elderly	301		301
Balcurris Boys Home Ltd	642		642
Ballinasloe Social Services	142		142
Ballincollig Senior Citizens Club Ltd	390		390
Ballyboden Children's Centre	158		158
Ballyfermot Advanced Project Ltd	0	531	531
Ballyfermot Home Help	2,549		2,549
Ballyfermot Star Ltd	83	325	408
Ballymun Day Nursery	376		376
Ballymun Youth Action Project (YAP)	637	51	688
Ballyowen Meadows Childrens Residential Centre	881		881
Barnardos	8,759	299	9,058
Barretstown	193		193
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	367		367
Base Youth Centre	224		224
Bawnogue Youth and Family Support Group (BYFSG)	127	266	393
Beaufort Day Care Centre	185		185
Beaumont Hospital	264,082		264,082
Before 5 Nursery and Family Centre	146		146
Belgrave Nursing	147		147
Belong to Youth Services Ltd	164		164
Belvedere Social Service	606		606
Bernard Van Leer Foundation	107		107
Bessboro Project Group Ltd	132		132

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Blakestown and Mountview Youth Initiative (BMYI)	574	65	639
Blanchardstown and Inner City Home Helps	3,425		3,425
Blanchardstown Youth Service	128	67	195
Bluebell Development Project Ltd	0	125	125
Bluebird Care	439		439
Bodywhys The Eating Disorders Association of Ireland	292		292
Bon Secours Sisters	2,332		2,332
Bonnybrook Day Nursery	252		252
Brainwave - Irish Epilepsy Association	825		825
Bray Area Partnership	47	75	122
Bray Community Addiction Team	0	802	802
Bray Lakers Social and Recreational Club Ltd	152		152
Bray Travellers Group	0	109	109
Bray Women's Refuge	662		662
Brothers of Charity Services Ireland	165,474		165,474
Bushy Park Treatment Centre	54	58	112
Cabra Resource Centre	183	81	264
Cairde	417		417
Cairdeas Centre Carlow	273		273
Camphill Communities of Ireland	1,132		1,132
Cancer Care West	750		750
Cappagh National Orthopaedic Hospital	27,752		27,752
Capuchians	111		111
Cara Housing Association	222		222
Care for the Elderly at Home Ltd	329		329
Care Of The Aged, West Kerry	109		109
Caredoc GP Co-operative	7,515		7,515
Careline	124		124
Caremark Ireland	1,220		1,220
Carers Association Ltd	4,178		4,178
Careworld	380		380
CARI Foundation	268		268
Caring and Sharing Association (CASA)	205		205
Caring For Carers Ireland	961		961
Caritas	2,144		2,144
Carlow Day Care Centre (Askea Community Services)	124		124
Carlow Regional Youth Service	204		204
Carlow Women's Aid	141		141
Carlow/Kilkenny Home Care Team	235		235

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Carmichael Centre for Voluntary Groups	251		251
Carnew Community Care Centre	147		147
Carrickmacross Parent and Friends Association	556		556
Casadh	0	204	204
Cavan Centre	313		313
Cavan County Childcare Committee	224		224
CDA Trust Ltd (Cavan Drug Awareness)	10	187	197
CD's Helping Hands	352		352
Central Remedial Clinic	17,308		17,308
Centres for Independent Living (CIL)	10,503		10,503
Charleville Care Project Ltd	105		105
Cheeverstown House Ltd	23,591		23,591
Cheshire Foundation Ireland	22,782	43	22,825
Childrens Sunshine Home	3,997		3,997
Chrysalis Community Drug Project	0	280	280
Cill Dara Ar Aghaidh	0	296	296
City of Dublin Vocational Education Committee	56	60	116
Clann Mór	797		797
Clare Immigrant Support Centre	145		145
Clare Youth Services	110		110
Clarecare Ltd Incorporating Clare Social Service Council	6,561		6,561
Clarecastle Daycare Centre	440		440
Clarehaven Women and Children Refuge Centre	528		528
Clareville Court Day Centre	180		180
CLASP (Community of Lough Arrow Social Project)	119		119
Clondalkin Addiction Support Programme (CASP)	608	308	916
Clones Branch of the Mentally Handicapped	364		364
Clontarf Home Help	2,677		2,677
CLR Home Help	2,266		2,266
Cluainin Voluntary Housing Association	100		100
CLUB 91 (Formerly Chez Nous Service)	151		151
Co-Action West Cork	6,247		6,247
Cobh Family Resource Centre	106		106
Cobh General Hospital	1,869		1,869
Comfort Keepers Ltd	3,103		3,103
Community Awareness of Drugs (CAD)	78	88	166
Community Creations Ltd	132		132
Community Games	243		243
Community Home Maker and Family Support Service	442		442

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Community Nursing Unit North West	620		620
Community Response, Dublin	246	177	423
Console (living with suicide)	248		248
Contact Care	645		645
Convent House Daycare and Resource Centre Ltd	109		109
Coolmine Therapeutic Community Ltd	871	886	1,757
Coolock/Harmonstown/Artane Drugs Awareness Group	0	171	171
Coombe Women's Hospital	52,692	14	52,706
COPE Foundation	46,111		46,111
COPE Galway	2,333		2,333
Cork Association for Autism	3,238		3,238
Cork Family Planning Clinic	282		282
Cork Foyer Project	300		300
Cork Social and Health Education Project (CSHEP)	380		380
Cork University Dental School and Hospital	2,178		2,178
Cottage Home Child and Family Services	1,560		1,560
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	3,983		3,983
County Wexford Partnership Ltd	104		104
County Wicklow Community Addiction	0	304	304
CPL Healthcare	720		720
Criticare Services	246		246
Croí	485		485
Crosscare	5,527		5,527
Crumlin Home Help	3,073		3,073
Cuan Mhuire	1,182		1,182
Cuan Saor Women's Refuge and Support Service	448		448
Cuanlee Ltd	212		212
Cumas Teo	267	169	436
Cunamh	113		113
Cura	911		911
Dara Residential Services	1,843		1,843
Darndale Belcamp Child Care	413		413
Darndale Belcamp Drug Awareness	197	71	268
Daughters of Charity	34,750		34,750
Daughters of Charity Family Centres	335	213	548
Daughters of Charity of St Vincent de Paul	63,759		63,759
Day Activation Unit for Children and Windmill Therapeutic Training Unit	474		474
Day Care Services, Newport Social Service	255		255

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Deansrath Family Resource Centre	289		289
Delta Centre Carlow	2,839		2,839
Dental Health Foundation Ireland	204		204
Depaul Trust	1,836		1,836
Diabetes Federation of Ireland	274		274
Disability Federation of Ireland (DFI)	2,540		2,540
Dóchas	469	72	541
Dolmen Clubhouse Ltd	130		130
Domestic Violence Advocacy Service	314		314
Don Bosco Teenage Care Housing Association	1,738		1,738
Donegal Women's Refuge Group (DDVS)	451		451
Donegal Youth Services	122		122
Donnycarney Youth Project Ltd	310	70	380
Donnycarney/Beaumont Home Help	1,465		1,465
Donnycarney/Beaumont Local Care	117		117
Donore Community Development	25	224	249
Doras Buí	153		153
Down Syndrome Ireland	184		184
Drogheda Community Services	122		122
Drogheda Homeless Aid Association	177		177
Drogheda Women's Refuge	520		520
Dromcollogher and District Respite Care Centre	383		383
Drug Treatment Centre Board	9,025		9,025
Drumcondra Home Help	1,118		1,118
Drumkeerin Care of the Elderly	106		106
Drumlin House Training Centre	226		226
Dublin AIDS Alliance (DAA) Ltd	434	78	512
Dublin City Council Homeless Agency	861	146	1,007
Dublin City University	270		270
Dublin Dental Hospital	7,147		7,147
Dun Laoghaire Home Help	897		897
Dun Laoghaire Rathdown Community Addiction Team	0	519	519
Dun Laoghaire Rathdown Outreach Project	195	79	274
Eastern Community Works Ltd	5,493	753	6,246
Eastern Vocational Enterprises Ltd (EVE)	7,528		7,528
Edenmore Day Nursery	312		312
Edward Worth Library	210		210
Empowerment Plus	436		436
Enable Ireland	37,630		37,630

Name of Agency	Grants Funded by other Government Departments/ State Agencies		Total Grants 2010 €000's
	Revenue Grants 2010 €000's	2010 €000's	
Errigal Truagh Special needs Parents and Friends Ltd	240		240
Extern Ireland	5,454		5,454
Extra Care for the Elderly	466		466
Familiscope	93	77	170
Family Life Centre Boyle	107		107
Father McGrath Multimedia Centre (Family Resource Centre)	143		143
Fatima Home, Tralee	390		390
Ferns Diocesan Youth Services	183		183
Festina Lente Foundation	343		343
Fighting Blindness Ireland	120		120
Fingal Home Help Services Ltd	8,294		8,294
Finglas Addiction Support Team	0	435	435
First Step	307		307
Five Rivers	384		384
Focus Ireland	3,977		3,977
Fold Ireland	1,747		1,747
Foróige	3,333	29	3,362
Friedreich's Ataxia Society in Ireland	121		121
Galway City and County Childcare Strategy Group	155		155
Galway Hospice Foundation	3,611		3,611
Gay HIV strategies	100		100
Genio (The Person Centre)	3,000		3,000
Gheel Autism Services Ltd	5,264		5,264
Good Shepherd Sisters	2,602		2,602
Gorey Youth Needs Group	105		105
Graiguenamanagh Elderly Association	114		114
Greater Blanchardstown Response to Drugs	95	60	155
GROW	1,352		1,352
Guardian Ad Litem and Rehabilitation Office (GALRO)	1,194		1,194
Hail Housing Association for Integrated Living	325		325
Hands On Peer Education (HOPE)	0	117	117
Headway the National Association for Acquired Brain Injury	2,354		2,354
Health Services National Partnership Forum (HSNPF)	204		204
Holy Angels Carlow, Special Needs Day Care Centre	788		788
Holy Family School	174		174
Holy Ghost Hospital	169		169
Home Again (Formerly Los Angeles Society)	1,605		1,605
Home Care Plus	100		100
Home Help Services Ballymun	1,713		1,713

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Home Instead Senior Care	5,105		5,105
Home Youth Liaison Service	570		570
HomeCare North East Bay Ltd	1,222		1,222
Homeless Girls Society Ltd	760		760
Homestart Family Support Services	105		105
Housing Aid for the Elderly Scheme	5	741	746
Howth Peninsula Drugs Awareness	0	105	105
IADP Inter-Agency Drugs Project UISCE	0	103	103
Iar Ros Teicneolaíocht	160		160
ILAM (Institute of Leisure and Amenity Management)	106		106
Immigrant Counselling and Psychotherapy (ICAP)	393		393
Inchicore Community Drugs Team	284	129	413
Inchicore Home Help	1,452		1,452
Inclusion Ireland	453		453
Incorporated Orthopaedic Hospital of Ireland	7,863		7,863
Inishowen Women's Outreach	103		103
Irish Advocacy Network	854		854
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	1,069		1,069
Irish Association of Young People in Care (IAYPIC)	388		388
Irish Blood Transfusion Services Board (IBTS)	142		142
Irish Cancer Society	449		449
Irish Family Planning Association (IFPA)	1,348		1,348
Irish Foster Care Association (IFCA)	444		444
Irish Guide Dogs for the Blind	830		830
Irish Haemophilia Society (IHS)	592		592
Irish Hard of Hearing Association (IHHA)	4,805		4,805
Irish Heart Foundation	279		279
Irish Homecare Services	1,901		1,901
Irish Hospice Foundation	428		428
Irish Kidney Association (IKA)	198		198
Irish Motor Neurone Disease Association	249		249
Irish Osteoporosis Society	210		210
Irish Patients Association	117		117
Irish Pre-School Playgrounds Association (IPPA)	223		223
Irish Prison Service	298		298
Irish Society for Autism	3,861		3,861
Irish Society for the Prevention of Cruelty to Children (ISPCC)	527	208	735
Irish Sports Council	146		146
Irish Sudden Infant Death Association (ISIDA)	281		281

Name of Agency	Grants Funded by other Government		Total Grants 2010 €000's
	Revenue Grants 2010 €000's	Departments/ State Agencies 2010 €000's	
	Irish Travellers Movement (ITM)	6,358	
Irish Wheelchair Association (IWA)	36,981		36,981
Jack and Jill Childrens Foundation	608		608
Jobstown Assisting Drug Dependency Project (JAAD Project)	218	72	290
K Doc (GP Out of Hours Service)	1,813		1,813
KARE	16,916		16,916
KASMHA (Kilkenny Association for Severely Mentally Handicapped Adults)	1,085		1,085
Kerry Diocesan Youth Service	327		327
Kerry Parents and Friends Association	8,233		8,233
Kilbarrack Coast Community Programme Ltd (KCCP)	303	46	349
Kilbarrack/Foxfield Day Centre	153		153
Kildare and West Wicklow Community Addiction Team Ltd	0	404	404
Kildare Youth Services (KYS)	1,027		1,027
Kilkenny Community Action Network (KCAN)	159		159
Killinarden (KARP)	160	14	174
Kilmaley Voluntary Housing Association	171		171
Kilnamanagh Family Recreation Centre	128		128
Kingsriver Community	168		168
L&B Home Respite Services Ltd	121		121
L'Arche Ireland	2,721		2,721
Leitrim Association of People with Disabilities (LAPWD)	565		565
Leitrim Integrated Development Company	155		155
Leopardstown Park Hospital	13,405		13,405
Letterkenny Women's Centre	216		216
Letterkenny Youth and Family Service	111		111
Liberties and Rialto Home Help	1,090		1,090
Life Pregnancy Care Service	436		436
Lifestart Foundation	1,445	153	1,598
Limerick Social Services Council	1,151		1,151
Limerick Youth Service Community Training Centre	367	115	482
Link (Galway) Ltd	160		160
Liscarne Court Senior Citizens	133		133
Little Angels Hostel Letterkenny	139		139
Lochrann Ireland Ltd	143		143
Longford Community Resources Ltd	113		113
Longford Social Services Committee	197		197
Longford Women's Centre	127		127
Lorcan O' Toole Day Care Centre	103		103
Loughboy Child Care Project	192		192

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Lourdes Day Care Centre	404		404
Mahon Family Resource Centre	222		222
Marian Court Welfare Home Clonmel	147		147
Marian Day Nursery and Family Centre	184		184
Marino Institute of Education	130		130
Marino/Fairview Home Help	688		688
Martin Hospital	116		116
Mater Misericordiae University Hospital Ltd	245,332		245,332
Matt Talbot Adolescent Services	1,371		1,371
Mayo Women's Support Services	472		472
Mead Village Day Care Centre	247		247
Meath Partnership	0	340	340
Meath Women's Aid Housing Association Ltd	291		291
Mental Health Associations (MHA's)	1,452		1,452
Mental Health Commission	112		112
Merchant's Quay Ireland (MQI)	1,968	68	2,036
Mercy Family Centre Ltd	434	46	480
Mercy University Hospital, Cork	66,367		66,367
MIDWAY - Meath Intellectual Disability Work Advocacy You Ltd	1,074		1,074
Migraine Association of Ireland	163		163
Milford Care Centre	11,170		11,170
Millennium Carving Ltd	279		279
Miss Carr's Housing Association Ltd	334		334
Moatview Day Nursery	141		141
Molyneaux House for the Blind	906		906
Moorehaven Centre Tipperary Ltd	1,241		1,241
Mount Cara House	110		110
Mounttown Neighbourhood Youth Project	195	20	215
Mountview/Blakestown Community Drugs Team	306	77	383
Moyross Community	24	140	164
MS Ireland - Multiple Sclerosis Society of Ireland	2,829		2,829
Muintir na Tire Ltd	131		131
Mulhuddart/Corduff Community Drugs Team	291	83	374
Multiple Sclerosis North West Therapy Centre Ltd	220		220
Muscular Dystrophy Ireland	1,251		1,251
National Association of Housing for the Visually Impaired Ltd	481		481
National Council for Blind of Ireland (NCBI)	7,087		7,087
National Federation of Voluntary Bodies in Ireland	560		560
National Maternity Hospital	50,420	6	50,426

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
National Network of Women's Refugees and Support Services, Athlone	418		418
National Office of Victims of Abuse (NOVA)	852		852
National Rehabilitation Hospital	26,804		26,804
National Service Users Executive	191		191
National Suicide Research Foundation (NSRF)	863		863
National University of Ireland, Galway (NUIG)	436		436
National Youth Council of Ireland	105		105
Nazareth House	4,096		4,096
New Beginnings Childcare and Residential Service	768		768
New Ross Community Hospital	285		285
Newbury House Family Centre, Mayfield, Cork	141		141
Nightingale TLC	253		253
No Name Youth Club Ltd	165		165
North and West Connemara Rural Project	117		117
North Dublin Inner City Homecare & Home Help Services	2,204		2,204
North Tipperary Community and Voluntary Association (CAVA)	429		429
North Tipperary Disability	483		483
North Tipperary Leader Partnership	460		460
North West Parents and Friends Association	2,016		2,016
Northside Community Health Initiative (NICHE)	303		303
Northside Homecare Services Ltd	1,149		1,149
Northside Inter-Agency Project (NIAP)	210	148	358
Northwest Hospice	1,050		1,050
Northwest Inner City Training & Development	46	110	156
Nua Healthcare Services	318		318
Oasis Counselling Service	0	177	177
O'Connell Court Residential and Day Care	142		142
Offaly Local Development Company	128		128
Offaly Women in Crisis	115		115
One Family	417		417
One in Four	580		580
Open Door Day Centre	404		404
Open Heart House	297		297
Order of Malta	507		507
Ossory Youth Services	137		137
Our Lady's Children's Hospital, Crumlin	133,534		133,534
Our Lady's Hospice, Harold's Cross	30,976		30,976
Our Lady's Nursery Ballymun Ltd	505		505
Outhouse Ltd	215		215

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Outreach Project Network - OASIS Project	585		585
Oznam House	170		170
Pact	202		202
Parents First Cork Ltd	141		141
Partnership Care West	213		213
Pastoral	100		100
Patient Focus	216		216
Paul Partnership Limerick	199		199
Peacehaven Trust	727		727
Peamount Hospital	26,645		26,645
PHC Care Management Ltd	427		427
Phoenix Community Resource Centre	147		147
Pieta House	131		131
Pobal	2,337		2,337
Positive Action	586		586
Post Polio Support Group (PPSG)	400		400
Prague House	122		122
Praxis Care Group	2,617		2,617
Presentation Sisters	431		431
Private Home Care	139		139
Prosper Fingal Ltd	6,536		6,536
Rape Crisis Network Ireland (RCNI)	4,613		4,613
Rathmines Home Help	524		524
RCCN (Rural Community Care Network) Caring Ltd	338		338
Red Ribbon Project	289		289
Redwood Extended Care Facility	143		143
Regional & Local Drugs Task Forces	959	1,956	2,915
Rehab Group	42,677		42,677
Renewal Women's Residence	100		100
Respond! Housing Association	1,139		1,139
Rialto Community Development	126		126
Rialto Community Drugs Team	262	153	415
Rialto Community Network	154		154
Ringsend and District Response to Drugs	266	49	315
Roscommon Home Services	177		177
Roscommon Support Group Ltd	760		760
Rotunda Hospital	51,441		51,441
Rowlagh Day Nursery	189		189
Royal Hospital Donnybrook	20,901		20,901

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Royal Victoria Eye and Ear Hospital	23,427		23,427
Ruhama Women's Project	137	102	239
Runway Homecare	622		622
Rural Community Network Ltd	2,283		2,283
SHARE	155		155
Sacred Heart of Jesus and Mary Sisters	1,128		1,128
Saint Aidan's Services	3,895		3,895
Salesian Youth Enterprises Ltd	373		373
Salvation Army	3,793		3,793
Samaritans	274		274
Sandra Cooneys Homecare	368		368
Sandymount Home Help	409		409
Saoirse Housing Association Ltd	794		794
SAOL Project	297	64	361
Schizophrenia Ireland Lucia Foundation	1,585		1,585
Servisource Recruitment	530		530
Sevenoaks Nursery	208		208
Shalamar Finiskilin Housing Association	216		216
Shannondoc Ltd (GP Out Of Hours Service)	4,741		4,741
Shanty Educational Project Ltd	712	82	794
Simon Communities of Ireland	7,417	42	7,459
Sisters of Bon Sauveur	9,277		9,277
Sisters of Charity	16,568		16,568
Sisters of Charity of Jesus and Mary, Moore Abbey	42,268		42,268
Sisters of Charity St Marys Centre for the Blind and Visually Impaired	4,880		4,880
Sisters of La Sagesse Services	17,028		17,028
Sisters of Mercy	511		511
Sisters of the Sacred Hearts of Jesus and Mary	14,237		14,237
Slí Eile Support Services Ltd	215		215
Sligo County Child Care Committee	157		157
Sligo Family Centre	101		101
Sligo Social Services Council Ltd	1,055		1,055
Smyly's Trust Services	1,940		1,940
Snug Community Counselling	1	158	159
Society of St Vincent De Paul (SVDP)	3,257		3,257
Sonas Housing Association	1,182		1,182
Sophia Housing Association	942		942
South Doc GP Co-operative (Out of Hours GP Service)	8,036		8,036
South Dublin Senior Citizens Club	121		121

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
South Infirmary Victoria University Hospital	49,576		49,576
South Meath Alcohol and Substance Misuse Response	0	118	118
Southside Outreach Team Autistic Children	130		130
Special Olympics Ireland	129		129
Spinal Injuries Ireland	353		353
Spiritan Asylum Services Initiative (SPIRASI)	477		477
Springboard Projects	2,225		2,225
St Joseph's Foundation	12,011		12,011
St Aengus Community Action Group	158		158
St Andrew's Resource Centre	387	47	434
St Anne's Day Nursery Ltd	221		221
St Anne's Youth Centre Ltd	474		474
St Bridgets Day Care Centre	125		125
St Carthage's House Lismore	131		131
St Catherine's Association Ltd	6,706		6,706
St Christopher's Services, Longford	7,781		7,781
St Cronan's Association	846		846
St Dominic's Community Response Project	182	38	220
St Fiacc's House, Graiguecullen	348		348
St Francis Hospice	7,233		7,233
St Gabriel's School and Centre	1,904		1,904
St Helena's Family Resource Centre	336		336
St Hilda's Services for the Mentally Handicapped, Athlone	4,213		4,213
St James' Hospital	351,541	15	351,556
St James Unit for the Elderly	711		711
St John Bosco Youth Centre	117	57	174
St John of God Hospitaller Services	140,402		140,402
St Johns Hospital	20,345		20,345
St Joseph's School for the Deaf	1,975		1,975
St Joseph's School for the Visually Impaired	4,368		4,368
St Kevin's Home Help Service	320		320
St Laurence O' Toole SSC	1,102		1,102
St Lazarians House, Bagenalstown	250		250
St Luke's and St Anne's Hospital	21,320	2	21,322
St Luke's Home	6,491		6,491
St Lukes Hospital (UK)	215		215
St Michael's Hospital, Dun Laoghaire	31,023	4	31,027
St Michael's House	78,131		78,131
St Michael's Day Care Centre	152		152

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/ State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
St Monica's Community Development Committee	352	74	426
St Monica's Nursing Home	3,098		3,098
St Mura's Adoption Society	102		102
St Patricks Special School	165		165
St Patrick's Wellington Road	10,646		10,646
St Vincent's Hospital Fairview	15,144		15,144
St Vincent's Trust, St Mary's Day Nursery	279		279
St Vincent's University Hospital, Elm Park	227,219	20	227,239
Star Project Ballymun Ltd	162	50	212
Stella Maris Facility	162		162
Stewart's Hospital	46,605		46,605
Stillorgan Home Help	601		601
Streetline	676		676
Sunbeam House Services	20,468		20,468
Tabor House Trust Ltd	123	80	203
Tabor Lodge	240		240
Tabor Society	714		714
Tallaght Home Help	1,495		1,495
Tallaght Partnership	0	271	271
Teach Mhuire Day Care Centre	154		154
Teach Tearmann Domestic Violence Service	725		725
Teen Challenge Ireland Ltd	19	186	205
Temple Street Children's University Hospital	82,604		82,604
Templemore Community Social Services	216		216
Terenure Home Care Service Ltd	960		960
The Sexual Health Centre	109		109
The Sexual Violence Centre	233		233
Thurles Community Social Services	348		348
Tipperary Association for Special Needs	132		132
Tipperary Hospice Movement	238		238
Tir na Nóg Day Nursery	175		175
Togher Pre School and Family Centre	208		208
Tolka River Project	0	147	147
Transfusion Positive	325		325
Treoir	511		511
Trim Community Childcare	100		100
Tullow Day Care Centre	183		183
Turners Cross Social Services Ltd	173		173
Union of Our Lady of Charity	167		167

Appendix 1 Revenue Grants and Grants Funded by Other Government Departments/State Agencies

Name of Agency	Revenue Grants	Grants Funded by other Government Departments/State Agencies	Total Grants
	2010 €000's	2010 €000's	2010 €000's
Unit 1, 2, 6, 7, St Stephen's Hospital	4,445		4,445
Valentia Community Hospital	809		809
Vincentian Housing Partnership	304		304
Vita House Family Centre, Roscommon	163		163
Walkinstown Association for Handicapped People Ltd	4,297		4,297
Walkinstown Greenhills Resource Centre	0	254	254
Wallaroo Pre-School	106		106
Waterford Association for the Mentally Handicapped	2,105		2,105
Waterford Community Based Drug Initiative	163		163
Waterford Hospice Movement	218		218
Welfare Home Callan/Kilmoganny	222		222
Well Woman Clinics	590		590
Wellsprings	691		691
West Cork Carers Support Group Ltd	125		125
West Limerick Resources Ltd	107		107
West of Ireland Alzheimer Foundation	879		879
Westdoc (GP Out Of Hours Service)	964		964
Western Care Association	29,260		29,260
Westmeath Community Development Ltd	247		247
Wexford Homecare Service	218		218
Wexford Women's Refuge	349		349
White Oaks Housing Association Ltd	276		276
Wicklow Community Care Home Help Services	5,467		5,467
Wicklow Rural Partnership Ltd.	343		343
Women's Aid	758		758
Womens Aid Dundalk Ltd	492		492
Young Men's Christian Association (YMCA)	445		445
Youth Action Programmes	685		685
Youth Advocacy Programme	2,651		2,651
Youth For Peace Ltd	175		175
Youth Work Ireland	159		159
Total Grants to Outside Agencies (see Note 8)	3,623,329	23,752	3,647,081

Appendix 2 Analysis of Capital Grants to Outside Agencies

(Capital Income and Expenditure Account)

Name of Agency	Capital Grants
	2010 €000's
Total Grants under €100,000 (34 Grants)	1,135
Adelaide and Meath Hospital, Dublin Incorporating the National Children's Hospital	2,343
Beaumont Hospital	7,982
Bloomfield Care Centre Ltd	592
Cappagh National Orthopaedic Hospital	5,017
Coombe Women's Hospital	3,303
Curaheen Hospital	10,606
Delta Centre Carlow	168
Enable Ireland	828
Farranfore Medical Centre	499
Fold Ireland	996
Incorporated Orthopaedic Hospital of Ireland	878
Institute of Technology Tralee	194
Irish Wheelchair Association (IWA)	450
KARE	259
Local Drugs Task Forces (LDTFs)	101
Mater and Children's Hospital Development Ltd	50,706
Mater Misericordiae University Hospital Ltd	7,074
Mercy University Hospital, Cork	385
National Maternity Hospital	1,631
National Paediatric Hospital	9,819
National Rehabilitation Hospital	378
Our Lady's Children's Hospital, Crumlin	8,128
Our Lady's Hospice, Harold's Cross	782
Pobal	3,782
Rotunda Hospital	632
Royal Victoria Eye and Ear Hospital	301
Sonas Housing Association	441
St James' Hospital	2,102
St John of God Hospitaller Services	2,149
St Johns Hospital	299
St Michael's Hospital, Dun Laoghaire	150
St Vincent's University Hospital, Elm Park	2,424
Temple Street Children's University Hospital	3,234
University College Cork	396
Total Capital Grants to Outside Agencies (Note 19(b))	130,164

Appendix 3 Miscellaneous (Analysis of Miscellaneous Expenditure in Note 8)

	2010	2009
	€'000	€'000
Maintenance Farm and Grounds	2,154	2,253
Security	19,090	18,452
Fluoridation	2,290	2,252
Memberships	105	89
Licences	646	370
Subscriptions	618	616
Sundry Expenses	10,171	11,486
Burial Expenses	147	152
Secondment Charges	2,553	2,566
Recreation (Residential Units)	1,210	964
Materials for Workshops	2,549	2,713
Home Adaptations	1,036	1,922
Meals on Wheels Subsidisation	1,619	1,675
Refunds	355	637
Total Miscellaneous Expenditure (see Note 8)	44,543	46,147



Feidhmeannacht na Seirbhíse Sláinte
Health Service Executive

Oak House
Limetree Avenue
Millennium Park
Naas
Co. Kildare

Telephone: 045 880400
www.hse.ie

Dr Steevens' Hospital
Steevens' Lane
Dublin 8

Telephone: 01 6352000
www.hse.ie

May 2011

ISBN-10 1-874218-89-7

ISBN-13 978-1-874218-89-0

© 2011 HSE