Health Service Executive

Annual Report and Financial Statements 2017

Seirbhís Sláinte Níos Fearr á Forbairt | Building a Better Health Service

These data items will be presented as infographics in the designed version of this Annual Report

Our population changes from Census 2011 to Census 2016

- Over 170,000 increase in overall population
- Over 46,000 increase in the number of children aged 18 or younger
- Over 25,000 increase in the number of adults aged under 65 years
- Over 102,000 increase in the number of people aged 65 years or over
- Over 9,000 increase in the number of people aged 85 years or over
- Life expectancy has increased by 0.2 years for women and 0.9 years for men
- 535,475 non-Irish nationals are living in Ireland, a decrease of almost 9,000 people
- Almost 50,000 more people with dual Irish nationality
- Almost 100,000 more people now speak a language other than English or Irish at home

Corporate Plan 2015-2017

Some examples of our response to increasing health needs

- Over 15,000 more people (whole time equivalents (WTEs)) employed
- Over 25,000 more women (aged 50-64) had a mammogram through BreastCheck
- Over 23,000 more referrals to Community Intervention Teams
- 343 more people in receipt of opioid substitution treatment
- 450 fewer people on a waiting list to be seen by Child and Adolescent Mental Health Services
- Over 3,000 more people in receipt of a home care package
- Over 170,000 more personal assistant hours provided to people with a disability
- Over 7,000 fewer people had an inpatient procedure
- Almost 35,000 more people had a day case procedure
- Almost 97,000 more people attended an Emergency Department
- Over 28,000 more emergency ambulance calls answered
- Almost €100m increase in capital investment in healthcare infrastructure

Note:
Increase / decrease is based on end-year 2017 HSE performance data against end-year 2014 HSE performance data

Other key activity for 2017 can be seen on pages 38-40

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Statement from the Director General

Over the last few years we have seen significant change for our health services. In 2017 Sláintecare, the cross party Oireachtas Committee report on the Future of Healthcare, was published in May. We welcome the potential longer term stability that Sláintecare brings.

This long term strategy signals a new direction of travel in relation to eligibility, delivery and funding of health and social care in Ireland into the future. The cross-party support for its development and implementation presents a huge opportunity. If appropriately resourced and governed, it has the potential to transform the health and wellbeing of the population and how and where they access services.

We are working with Government to develop an implementation plan for Sláintecare.

In parallel and in shaping and supporting the building of a better health service, we are continuing on our journey of reform.

At the time of writing, recent events have brought the policy of Open Disclosure to the forefront, with Government now introducing legislation at the earliest opportunity. The HSE will work with Government and patients and staff interests to fully and effectively implement that legislation.

Corporate Plan 2015-2017

2017 was the last year of our Corporate Plan 2015-2017. This plan set out ambitious goals and targets for us to achieve in developing a first-rate service, available to people where and when they need it. Some highlights and achievements can be seen throughout this Annual Report. Our values of Care, Compassion, Trust and Learning are important to us. Values in Action is working with staff to bring these values into their everyday work.

The case for change and shifting the balance

Our case for change is a strong one. The system of delivery was designed for a time when we had a different demographic profile and the expectations around clinical governance and standards were not as they are today. Our current model does not enable those of us working in it to meet the growing needs of the population. This has contributed in no small way to many of the challenges we face today including emergency department overcrowding and gaining access to many of our services.

We are continuing to deliver services in an environment where the population is growing, the number of people seeking to access services is higher than ever before and where public expectations for quality services, understandably, continues to increase.

Over 4.7 million people live in Ireland, an increase of almost 170,000 people since 2011. Our population is set to grow by up to one million people in the next thirteen years. Modelling forecasts tell us that people aged over 65 will increase by nearly 110,000 in the next five years. While this is great news, a large proportion of this older age group now lives with two or more

chronic conditions, making many of them more vulnerable and frail.

Building a sustainable health service driven by quality and safety

A key focus in improving quality and safety is listening to the views and opinions of patients and service users and considering them in how services are planned and delivered.

Many health and social care systems around the world are under increasing pressure due to growing and ageing populations, increases in chronic disease, rising costs of specialist drugs and therapies, and slow funding recovery from the 2008 global financial crisis. Our health service is no different and so there is an onus on us to drive efficiencies, productivity and value from our existing funding bases – but those which are informed by national policy so that we do not lose sight of the need to deliver best health outcomes, while still improving people's experience of using our services. This will be a particular focus for us in 2018.

As part of reaching our aim to become a world class health service, we are on a journey of improvement and change, with strategic approaches being developed and prioritised to meet the needs of our patients and service users. Our National Patient Safety Programme is ensuring that national safety priorities and initiatives are being implemented across our health services.

As part of the development of *A Future Together – Building a Better GP and Primary Care Service,* MyGP survey was undertaken which has helped us deepen our understanding of patient priorities towards improving primary care and GP services. The development of a new, modernised GP contract is key to developing a more comprehensive and accessible primary care service.

The first ever National Patient Experience Survey was undertaken in May with patients from 40 hospitals across Ireland invited to participate. With over 13,700 respondents, it is the largest survey on patients' care in Ireland.

The results of this survey are very important and will influence the way we deliver our services. The survey told us that 79% of people said that their stay in hospital was good or very good. 83% who answered said that they had confidence and trust in the hospital staff that treated them. 82% said that they were treated with respect and dignity.

However we have more to do. 36% said that they were not involved in decisions about their care as much as they would have liked to be. 49% said that they could not always find a member of staff to talk to about their worries.

The Patient Narrative Project is also putting the service user / patient voice at the centre of the design and delivery of healthcare through hearing the stories of people who use our health services and using this information to inform how we design our services.

The Making Every Contact Count Framework was launched in 2017. The programme uses the opportunities that occur every day for every health professional to support patients to make a lifestyle change through a brief intervention and reduce the risk of chronic disease.

Progress continues to be made in areas such as, for example, the establishment of the National Women and Infants' Health Programme and implementation of the *National Maternity Strategy;* the *Healthy Ireland Framework*; *Connecting for Life - Ireland's National Strategy to Reduce Suicide*; the eHealth and electronic health records programme; the development of a long-awaited new architecture for ICT and logistics; implementation of the integrated care programmes.

We have taken considerable steps towards improvements in staff training and development initiatives since 2012 including the restoration of training budgets, the introduction of Staff Engagement Surveys and the Staff Forum, and the new Leadership Academy. These initiatives provide an excellent platform to further support all of our staff.

One of our priorities over the past number of years was putting forward a case to seek an increase in capital funding for the health services in order to progress key projects. The *National Development Plan 2018-2027 (Project Ireland 2040)* acknowledges the importance of these projects which include, for example 2,500 beds

across the system as part of the capacity review and other hospital and community supports.

As we now move towards implementation of *Sláintecare*, the next number of years will be critically important for our health services. Our values of Care, Compassion, Trust and Learning will continue to guide us in this journey, embedded by our staff every day in every healthcare setting.

This Annual Report highlights challenges ahead, services provided and examples of progress made in 2017 across a range of areas including health and wellbeing, primary care, mental health, disability services, older persons' services, pre-hospital emergency care and acute hospital care.

Thank you

I wish to thank all members of the Directorate and Leadership Team, the Community Healthcare Organisations (CHOs), Hospital Groups and particularly all their staff, who give so much on a day to day basis, for their dedication and commitment throughout the year.

John Connaghan

Director General
Health Service Executive

Our Health Service

Our Corporate Plan 2015-2017

The *Corporate Plan 2015-2017* sets out our aim to improve our health service over a three year period. Our aim is to develop a first-rate service, available to people where and when they need it. Our vision is to develop a healthier Ireland with a high quality health service valued by all. This vision is accompanied by a mission statement that outlines how this vision can be realised.

Underpinning our plan are the values: Care, Compassion, Trust and Learning. These values are critical to how decisions are made in delivering a health service that all can be proud of.

The plan sets out five goals, along with the actions required to achieve them. The actions associated with these goals are reflected in each of our annual National Service Plans for the period of our *Corporate Plan*.

Our Annual Reports show progress that is made in implementing these goals. Over the following pages, both achievements and challenges over the three year period are outlined.

Goal 1 Promote health and wellbeing as part of everything we do so that people will be healthier

Goal 2 Provide fair, equitable and timely access to quality, safe health services that people need

Goal 3 Foster a culture that is honest, compassionate, transparent and accountable

Goal 4 Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

Goal 5 Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

Our Corporate Plan

Our Corporate Plan sets out actions and targets to be achieved over the years 2015-2017. Some highlights and achievements from this period are set out below. Other details can be seen throughout sections of this Annual Report.

Goal 1

Promote health and wellbeing as part of everything we do so that people will be healthier

- ✓ Supporting implementation of the *National Physical Activity Plan for Ireland* and *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025* – a three year Healthy Eating and Active Living plan developed.
- ✓ *Making Every Contact Count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service* being implemented.
- ✓ 13,500 people received intensive smoking cessation support services, a 50% increase on 2015.
- ✓ *#littlethings* campaign launched – created in partnership with more than 20 organisations active in the mental health arena.
- ✓ Dementia: Understand Together campaign launched – driving awareness about dementia and supporting compassionate and inclusive communities for people with dementia and their carers.
- ✓ *National Sexual Health Strategy 2015-2020* implementation on schedule.
- ✓ Initiatives in place encouraging staff to look after their health and wellbeing include a partnership with Operation Transformation, calorie posting in staff canteens, a healthy vending policy and tobacco free campuses.
- ✓ Integrated care programmes being progressed.
- ✓ Screening programmes being maintained and extended, including the extension of BreastCheck to women aged 65-69 years.
- ✓ Person-centred, community-based services in place supporting independence and choice for older people and people with disabilities, with the number of people living in congregated settings almost halved (compared to the number reported in 2011).
- ✓ Primary childhood immunisation schedule expanded to include rotavirus and meningococcal B for all babies born on or after 1st October 2016.
- ✓ Numbers of methicillin-resistant staphylococcus aureus blood stream infections continue to decline.
- ✓ Direct GP access to ultrasound services in place in more primary care settings.

Goal 2

Provide fair, equitable and timely access to quality, safe health services that people need

- ✓ Free GP care rolled out for children aged under six years, work progressing on scoping requirements for children aged 6-11 years.
- ✓ Provision of minor surgery by accredited GPs piloted.
- ✓ New GP contract in development with a framework advanced on chronic disease management.
- ✓ 13 community intervention teams (CITs) in operation, an increase of six from 2015.
- ✓ Many new facilities opened including emergency department (ED) and ward blocks, improving access to and standard of care within hospital services.
- ✓ Access to hospital services improved and waiting lists reduced through expansion of services including all-island paediatric cardiology, surgery for scoliosis, increased bed capacity and National Treatment Purchase Fund (NTPF) initiatives.
- ✓ Outpatient reform programme progressing.
- ✓ *National Maternity Strategy 2016-2026* implementation plan developed and National

Women and Infants' Health Programme established.

- ✓ Implementation of *National Cancer Strategy 2017-2026* on-going.
- ✓ Access to mental health services for marginalised groups improving.
- ✓ New national forensic service approved and prison in-reach services expanded.
- ✓ Model of care to co-ordinate the delivery of intensive home care packages for people with dementia designed.
- ✓ Day service review underway ensuring a standardised model of service for older persons.
- ✓ *Time to Move on from Congregated Settings – A Strategy for Community Inclusion* being implemented.
- ✓ *Palliative Care Services Three Year Development Framework (2017-2019)* published and implementation commenced.
- ✓ *National Ambulance Service Vision 2020 Patient Centred Care 2016-2020* finalised and being implemented.
- ✓ Addiction clinical leads appointed.
- ✓ National hospital discharge protocol for homeless people agreed.
- ✓ Development of *National Traveller and Roma Inclusion Strategy 2017-2021* supported.
- ✓ Implementation of strategy on domestic, sexual and gender-based violence commenced.

Goal 3

Foster a culture that is honest, compassionate, transparent and accountable

- ✓ Values in Action, our social movement, is creating a culture in the health service that reflects our values of Care, Compassion, Trust and Learning, ensuring that these values are evident every day in what we do for the benefit of staff and users of our services.
- ✓ Patient experience surveys conducted for both primary care and acute services.
- ✓ Quality improvement programmes implemented enhancing the quality and person-centredness of services.
- ✓ Engagement with patients and service users, their families and carers progressing.
- ✓ Strengthening governance arrangements continuing and *Performance and Accountability Framework* updated.
- ✓ Open disclosure policy being implemented across health and social care services.
- ✓ Safeguarding and protection teams established and national database of safeguarding concerns being maintained.
- ✓ HSE reports and reports from regulators being monitored with recommendations being implemented and actioned.
- ✓ Clinical audit training provided to staff across all services.
- ✓ National guidelines and models of care being developed and implemented.
- ✓ Service improvement programmes in place in line with *National Standards for Safer Better Healthcare*.

Goal 4

Engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them

- ✓ *Health Services People Strategy 2015-2018* developed, recognising the vital role our workforce plays in delivering safer better healthcare.
- ✓ Number of recruitment, engagement and training initiatives in place, building a sustainable and responsive workforce.
- ✓ Employee relations / industrial relations committee established.
- ✓ New Leadership Development Programme and Leadership Academy Programmes in place.
- ✓ 130 online education / training programmes available on HSELand.
- ✓ Values in Action established with over 900 champions in place, mobilising staff to spread our nine behaviours as part of creating a culture that reflects our values.

- ✓ Alternative ways of working being developed including the transfer of tasks from non-consultant hospital doctors (NCHDs) to nurses and midwives, and initiatives to utilise digital technology.
- ✓ Brief intervention training in smoking cessation and alcohol and substance misuse being undertaken by front line staff.
- ✓ Pay and Numbers Strategy 2016 and 2017 developed and implemented.
- ✓ Staff survey carried out in 2016 with 19,288 respondents – a 15% response rate versus 7% in 2014. Next survey scheduled for 2018.

Manage resources in a way that delivers best health outcomes, improves people's experience of using the service and demonstrates value for money

- ✓ Key achievements reached in implementing activity based funding (ABF) models within hospital services – funding system changed for 38 hospitals.
- ✓ Community Costing Framework being developed, aligned with ABF principles.
- ✓ Evidence informed commissioning cycle and an operating model for the future national centre, in a commissioning / contracting model, developed.
- ✓ Implementation of new national integrated financial management and procurement system progressing.
- ✓ Significant service development and reform continuing in line with *Health Business Services Strategy 2014-2016*; *Health Business Services Strategy 2017-2019* developed.
- ✓ Major capital projects progressing, including:
  - New Children's Hospital
  - New National Maternity Hospital
  - Primary Care Centres
  - National Forensic Mental Health Service.
- ✓ Public Private Partnership model for developing community nursing units approved.
- ✓ *Value for Money and Policy Review of Disability Services in Ireland* being implemented through the Transforming Lives programme.
- ✓ Service arrangements and grant aid agreements completed and signed by service providers before end of February each year.
- ✓ eHealth Ireland being implemented supporting delivery of innovative, safe and high quality patient care based on patient and clinical benefit.
- ✓ Individual health identifier (IHI) register went live in 2017, currently providing IHI numbers for approximately 700 transactions daily.

Values in Action

Values in Action is about delivering better experiences to those who use our services, and creating better workplaces for our staff. Every day thousands staff across Ireland live our values of Care, Compassion, Trust and Learning. Sometimes this is very visible, sometimes it is less so. It is about building a culture that reflects our values, so that they are evident every day in every workplace.

The health service has made two decisions: to translate our values into specific behaviours, and to start a movement to make sure they are not just words, but become the core of our health service culture. Values in Action is led by staff from across the health service, from all grades and disciplines, working together to create a grassroots movement to spread the behaviours that reflect our values.

It is mobilising staff and empowering them to lead the changes that we need to truly build a better health service. This is not something that we have done before. It is a new approach to building the kind of health service we all want – from the inside out – making it a better place for staff, patients and service users. Values in Action has been underway in the UL Hospitals Group and the Mid West CHO since mid-2016. It is already showing very promising results. The Mid West champions have indicated that the impact of the nine behaviours is spreading.

Since last year:

- 79% of colleagues are aware of how they make other people feel, an increase of 10%.
- 62% of respondents think their colleagues keep their patients informed by explaining the now and the next when caring for them, an increase of 13%.
- Looking at creating more positive, supportive working environments, 82% feel valued and appreciated for the work they do – some or all of the time – compared to 51% last year, and 78% acknowledge the work of their colleagues compared to 59% last year.
- Eight in ten staff now use their name and their patients' names, up from five in ten.

There is a significant appetite amongst staff to support and lead this movement throughout the health service. It is now also underway within the national divisions, Dublin North City and County and with NCHDs.

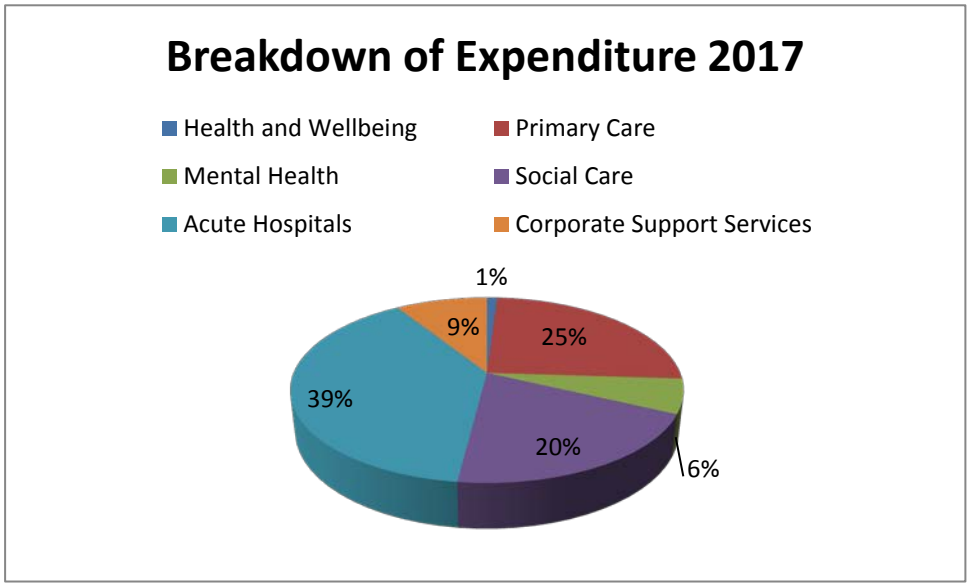
Our organisation structure is changing but the culture is changing too. Values in Action supports the change programme currently underway.

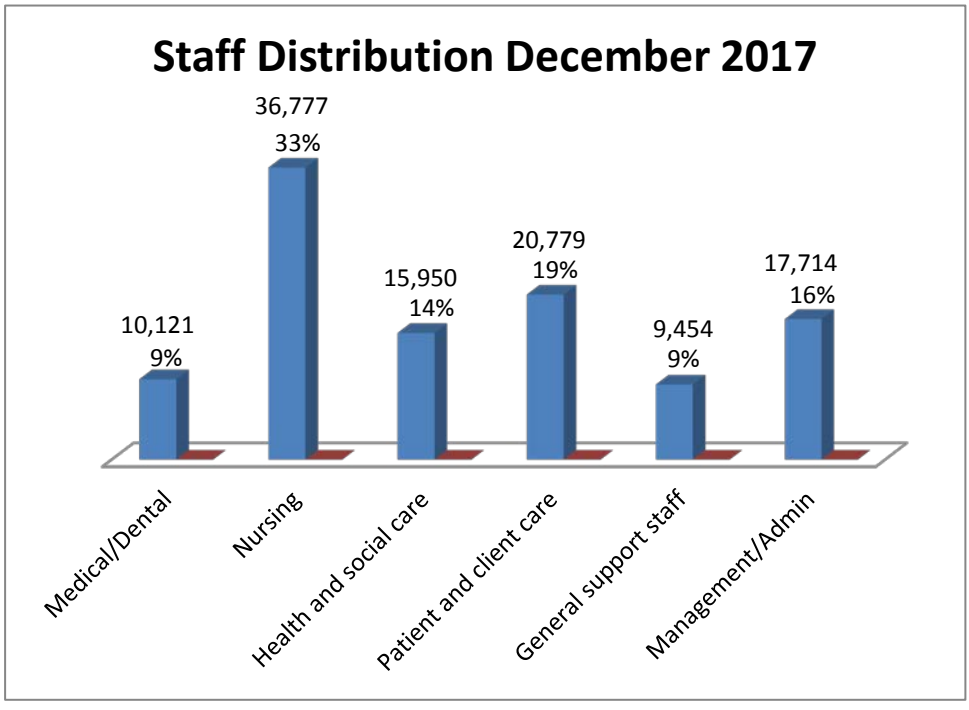
Find out more on *www.hse.ie/valuesinaction* or follow our progress on Twitter *@HSEvalues*.

Our Organisation

These data items will be presented as infographics in the designed version of this Annual Report

- €5.9bn gross expenditure on acute hospital services
- €3.8bn gross expenditure on primary care services including PCRS
- €3.1bn gross expenditure on social care services
- €0.8bn gross expenditure on mental health services
- 110,795 whole time equivalents (WTEs) employed
- 399 increase in medical / dental staff since 2016
- 942 increase in nursing staff since 2016
- 4.4% annual absence rate





Our Organisation

National HR launched a video inviting colleagues to become Flu Fighters and Be a Life Saver.

This Annual Report describes what was accomplished in 2017 to meet the goals set in our *Corporate Plan 2015-2017* and in our *National Service Plan 2017*. In meeting our legislative requirements under the *Health Act 2004* (as amended), this Annual Report also reports progress against our Capital Plans and provides detailed financial statements for the organisation.

Governance

Following the enactment of the *Health Service Executive (Governance) Act 2013*, the HSE Directorate was established as the governing body of the HSE. The *Health Service Executive (Governance) Act 2013* allows the Minister for Health to issue directions to the HSE on the implementation of Ministerial and government policies and objectives and to determine priorities to which the HSE must have regard in preparing its service plan. The HSE must comply with directives issued by the Minister for Health under this and the *Health Act 2004.*

The Directorate has collective responsibility as the governing body of the HSE and the authority to perform the functions of the Executive. It is accountable to the Minister for the performance of these functions. The Director General, as Chairman of the Directorate, accounts on behalf of the Directorate to the Minister and is responsible for managing and controlling generally the administration and business of the HSE. The HSE exercises a wide range of statutory functions which may have significant implications both for individuals and for the public generally. The legislation recognises that neither the Directorate nor the Director General could exercise all of these functions personally and provides for a formal system of delegation under

sections 16C and 16H of the *Health Act 2004* (as amended).

This Delegations Policy Framework sets out the framework and supporting policy guidelines that underpin good governance regarding the system of delegation of statutory functions throughout the HSE. This allows these functions to be undertaken on an operational basis through the Leadership Team and their supporting structures within the organisation.

To provide assistance and advice in relation to the performance of its functions, the Directorate has established a number of Committees including an Audit Committee and a Risk Committee, each of which comprises one appointed National Director and external nominees. These Directorate Committees act in an advisory capacity and have no executive function. For information on the role and operation of these committees, see the Governance Statement and Directorate Members' Report in the Annual Financial Statements of this report and also an organisation chart as at 31/12/17 in Appendix 2.

Under the *Health Act 2004*, the HSE is required to have in place a Code of Governance. The principles and practices associated with good governance continue to evolve and in 2015 the HSE updated its Code of Governance. The Statement on Internal Control reflects our compliance with the requirements of the *Code of Practice for the Governance of State Bodies 2016*. Arrangements for implementing and maintaining adherence of the Code of Governance are set out in this Annual Report.

Lynne Skrine, second from right, President British Dermatology Nursing Group, presents Sheila Ryan, Advanced Nurse Practitioner, Dermatology, UL Hospitals Group, with the Stone Award, with, from left, Dr Bart Ramsay, Aoife Walsh and Margaret Meeh.

Nursing Recruitment and Retention

The ratio of nursing jobs in Ireland to nurses looking for them is four to one and it is particularly difficult to fill specialist nursing roles.

To tackle this crisis, a number of measures were implemented to increase the nursing and midwifery workforce to more than 37,000 before the end of the year. This included offering all graduating nurses and midwives full-time contracts and improving educational opportunities and career pathways. A Bring Them Home package has also been implemented to recruit Irish nurses from abroad.

A pilot staffing project was launched in six hospital wards to help retain nurses and improve outcomes for patients. The project looked at safe nurse staffing and skill mix by matching the nursing resource available to the type and number of patients on the ward and to their particular needs. Plans are in place to extend the project to a further ten wards.

A Careers Day for Nurses and Midwives was also hosted. Employers from CHOs and Hospital Groups were on site to meet attendees and advise on nursing and midwifery career pathways. The event was aimed at newly qualified nurses, those wishing to move to the public sector, professionals wishing to return to practice, and nurses working abroad.

Our workforce

Our vision for healthcare, as set out in our *Corporate Plan 2015-2017,* is to put people at the heart of everything we do. The *Health Services People Strategy 2015-2018* recognises the vital role of staff at all levels in addressing the many challenges in delivering health services. Our commitment is to engage, develop and value our workforce to deliver the best possible care and services to the people who depend on them. A number of events were carried out as part of the roll-out of the strategy including:

- A national communication event entitled Our People Strategy – Review, Refresh and Refocus was held with particular emphasis on engaging health staff, workplace health and wellbeing and the human connection to patient care.
- The fourth Global Forum on Human Resources for Health, an open conference on health workforce issues, was held in Dublin. The theme of the forum was Building the Health Workforce of the Future with over 1,000 delegates in attendance from 90 countries.

Recruitment, training and development

Leadership Academy Programmes

Two leadership programmes, Leading Care I and Leading Care II, were launched:

- Leading Care I is a blended learning programme where participants engage with a virtual campus, attend residential workshops and work together in small groups called learning sets. Self-managed learning and peer assessment are key components of this programme.
- The Leading Care II programme leads to the award of an MSc in Leadership in Healthcare. It too is a blended learning programme which incorporates engagement with a virtual campus, attending residential workshops, participating in action learning sets and individual and group tutorials. There is a mix of clinical and non-clinical disciplines and professions participating and reaction to the residential workshop has been very positive.

Academic Track Initiative

A new Academic Track Initiative has been designed to give interns the opportunity to undertake a three month project in clinical research, medical education or healthcare leadership and management. The initiative will facilitate 24 interns during 2017-2018. Interns will gain real-life academic and management experience in addition to their clinical experience.

Scholarships for non-consultant hospital doctors

The availability of new scholarships has been announced for NCHDs who wish to pursue a Master's degree in Management and Leadership Skills. Funding will be available for up to 60% of the cost up to a maximum of €4,800 per year.

Plans for our future medical workforce

The National Doctors Training and Planning Unit is implementing a methodology to make projections on the need for medical professionals over the next ten years. This involves analysis of models of care, future trends in demographics, epidemiology, policy and staffing models. The remaining recommendations of the *Strategic Review of Medical Training and Career Structure* (MacCraith Report) also continue to be implemented, including the introduction of improved flexible working arrangements, new arrangements for job rotations and the introduction of an online national employment record.

Health and social care professionals education and development strategy

Other initiatives in place include a health and social care professionals (HSCP) education and development strategy. The strategy sets out the priorities and the planned outcomes required over the next four years in order to develop a HSCP workforce that meets the evolving needs of the Irish healthcare system.

Staff engagement

National Staff Engagement Forum

The National Staff Engagement Forum helps to create a space for conversations about what matters to staff, gives a sense of ownership and personal responsibility for engagement and

promotes staff engagement. Following publication of the results from the staff survey, Your Opinion Counts, approximately 77 customised reports issued providing results at divisional, CHO, hospital, voluntary agency and staff grouping level. Some of the key themes which emerged were improving internal communications, dignity at work awareness raising, preventative measures and supports, health and wellbeing initiatives, increasing our internal training and development capacity, and staff engagement.

Employment levels

The health service is the largest employer in the state with over 110,000 whole time equivalents (WTEs) (not including home helps) employed. Over 70,000 are employed directly by the HSE with the remaining 40,000 employed by voluntary hospitals and agencies. The public health workforce has increased by 14.4% (13,941 WTEs) since October 2013, a point at which numbers had decreased to 96,854 WTEs from a peak of 112,771 WTEs in September 2007. Since 2016, consultant numbers have increased by 3.5% with the number of nurses increased by 2.6% and therapists by 4.9%.

European Working Time Directive

A key focus for the health service continues to be improving compliance with the European Working Time Directive (EWTD) amongst NCHDs. As of end December 2017:

- 84% compliance with the 48 hour average working week (2% increase on December 2016)
- 98% did not work more than 24 hours on-site on call (1% increase on December 2016)
- 98% received 11 hour daily rest breaks or equivalent compensatory rest (no change from December 2016)
- 98% compliance with 30 minute breaks (1% decrease on December 2016)
- 99% compliance with weekly / fortnightly rest or equivalent compensatory rest (no change from December 2016).

Table 1: Staff grouping

Staff grouping	WTE Dec. 2016	WTE Dec. 2017
Consultant	2,862	2,971
NCHD	6,060	6,331
Medical (other)	801	820
Nurse manager	7,279	7,434
Nurse specialist	1,579	1,706
Staff nurse	24,768	25,315
Public health nurse	1,499	1,514
Nursing student	405	500
Nursing (other)	305	308
Therapist (occupational, physiotherapy, speech and language)	4,234	4,441
Health and social care professional (other)*	11,130	11,509
Management (Grade VIII and above)	1,445	1,610
Clerical and administrative (Grades III to VII)	15,322	16,105
Ambulance	1,640	1,745
Care staff	18,308	19,034
Support services	9,448	9,454
Total health service	107,085	110,795

Data source: Health Service Personnel Census

* Includes pharmacy, medical scientists, social workers, etc.

Pay and numbers strategy

The Pay and Numbers Strategy sets out the mechanism by which overall pay expenditure will continue to be monitored, managed and controlled. Development of the strategy continued during the year to ensure compliance with allocated pay budgets, while also ensuring that services are maintained to the maximum extent.

Finance

The total HSE expenditure in 2017 was €15.23 billion (bn) for the delivery and contracting of health and personal social services.

Total capital expenditure in 2017 was €454 million (m) including €399m for capital projects and €55m for ICT capital projects. This included capital grants to voluntary agencies of €112.6m. Further

information on capital and ICT infrastructure developments can be found on pages 88-91.

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

Payroll

The overall pay bill of the health service, excluding voluntary service providers and superannuation, increased by €217m (5%) in 2017 to a total of €4.7bn. Basic pay increased by €141m (4.3%) and other allowances increased by €33m (5.9%).

Governance arrangements with the non-statutory sector

The HSE provided funding of €4.007bn to non-statutory agencies to deliver health and personal social services:

- Acute voluntary hospitals €2.107bn (53%).
- Non-acute agencies €1.9bn (47%).

Over 2,350 agencies were funded, with over 4,500 separate funding arrangements in place. Nine agencies accounted for over 50.6% of the funding.

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

- Governance documentation for 2017 was again made available to the operational system from the beginning of the previous November, with the majority of Service Arrangements and Grant Aid Agreements being completed and signed by agencies before the end of February.
- Briefing sessions on the governance framework for both HSE staff and agency staff were held in all CHOs during November and December.
- The Annual Compliance Statement process continued, which requires all section 38 agencies to submit a statement annually to the HSE confirming their compliance with good governance practice in the previous year. During 2017, the Annual Compliance Statement process was extended to section 39 agencies which are funded by more than €3m annually. The Annual Compliance Statement process covers approximately 93% of the funding released to section 38 and section 39 agencies. These statements were reviewed and matters requiring further clarification were addressed with the agencies concerned.
- The review of governance at Board and Executive level in section 38 agencies made good progress with a further 15 reviews commencing in 2017 and six reviews completed.
- Chairpersons of all section 38 and section 39 agencies receiving funding over €150,000 were formally advised of matters which had arisen in HSE internal audits of various HSE funded agencies and requested to examine these matters in the context of their organisations.
- The Annual Financial Monitoring Return, which requires agencies to provide detailed financial information in addition to signed assurances around financial controls, was also introduced in 2017.

Our Population

Over 4.7m people live in Ireland (Census 2016), an increase of almost 170,000 people since 2011. The greatest change in this time period is in the number of people aged 65 years and over, which increased from 11% in 2011 to 13% in 2016.

Ireland's population is set to grow by up to one million people in the next 13 years. Each year, the population aged over 65 years increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over.

Over 344,000 births and 148,000 deaths have been registered since Census 2011, resulting in a natural increase in our population of over 196,000. A quarter of the population are children aged 0-17 years.

Ageing population

Similar to other European countries, Ireland is witnessing a rapid growth in its older population, primarily due to medical innovations, enhanced treatments and improved lifestyles. Many people are living longer in better health, however there is an increasing number of older people living longer with challenges such as chronic disease, social isolation, disabilities and cognitive loss.

The number of adults aged 65 years and over will increase by up to 21% by 2020. If the current trend continues, the number of adults aged 85 years and over is projected to increase by approximately 4% annually.

Birth rates

The number of live births has been falling year-on-year since 2009 and in 2016 the number of registered births was 63,397. Despite reductions in the number of births in recent years, the fertility rate in Ireland, at 1.82, remains the 2nd highest in the EU, behind France.

Life expectancy and health of the population

Life expectancy in Ireland has increased by almost two and a half years since 2005 and is now above the EU average, with women at just over 83 years and men at 79.3 years. The greatest gains in life expectancy have been achieved in the older age groups, reflecting significant reductions in major causes of death.

Age standardised mortality rates from diseases of the circulatory system, which remain the major cause of death (30% of all deaths), have declined over the last decade as has mortality across most principal causes of death. Diseases of the circulatory system fell by 28.4% between 2007 and 2016 and cancer mortality rates decreased by 9.9% over the same period.

Overall, mortality rates in Ireland were lower than the EU by 6.4%. Significantly however, rates of mortality from respiratory diseases remained higher in Ireland than the EU-28 average by 38.2%.

The distribution of causes of death varies for those aged 65 years and over and for those who die at age 64 years or under. For those aged 65 years and over, almost 57% of all mortality is attributable to circulatory system diseases and cancer. For those under the age of 64, deaths from injury and poisoning are more prevalent than for the older age groups, accounting for 15.7% of all deaths, compared with around 2% of deaths for those over the age of 65.

There have been improvements seen in survival rates from breast, cervical, colon and rectal cancer in the last 15 years. However, with the exception of rectal cancer, 5-year net survival rates are lower in Ireland than the average for OECD countries, where data is available.

Chronic disease

Approximately three quarters of deaths in Ireland are due to three chronic diseases – cancer, cardiovascular disease and respiratory diseases. From 2017 to 2022, it is estimated there will be more than a 17% increase in the number of adults aged 65 years and over with two or more chronic conditions.

Approximately 86% of people aged 65 years and over have one or more chronic diseases, and 65% of people aged 65 years and over live with multi-morbidity (two or more chronic conditions) *(The Irish Longitudinal Study on Ageing (TILDA), wave1, 2010)*.

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

Through monitoring the performance of the health system we will continue to plan so that resources available to health and social care are targeted towards providing care and support for those patients and clients most in need, and ensuring that these services are delivered efficiently and effectively, consistent with best available evidence.

Listening to our Service Users

We are actively ensuring that we listen to the views and opinions of patients and service users and consider them in how services are planned, delivered and improved. A number of areas were progressed during the year to promote patient and service user involvement across our health services.

What you told us

Building a Better GP and Primary Care Service

The MyGP survey was undertaken to help us deepen our understanding of patient priorities and improve primary care and GP services. Over 6,000 people responded, with very positive results including:

- 91% of patients indicated they were satisfied with their GP service.
- 61% reported satisfaction with access to their GP service.
- 77% were satisfied with the health information provided.
- 81% found staff to be suitably discreet.

This feedback, combined with the learning from other stakeholder engagements, formed the basis for the report *A Future Together – Building a Better GP and Primary Care Service* which will inform the development of a more person-centred primary care service.

National Patient Experience Survey

The first ever National Patient Experience Survey was undertaken in May with 26,635 patients from 40 hospitals across Ireland invited to participate. With a response rate of 51% (13,706 respondents), it is the largest survey on patients' care in Ireland. The results were launched in December. Overall:

- 79% of respondents described the admission to hospital phase as good or very good.
- However, 16% of respondents rated their experience as fair to poor.
- Of those whose admission to hospital was in an emergency, 50% rated their experience as very good compared to 65% of respondents whose stay in hospital was planned in advance.
- 83% who responded said they had confidence and trust in the hospital staff who treated them and 82% said they were treated with respect and dignity.
- 49% said they could not always find a member of staff to talk to about their worries or fears.
- 36% said that they were not involved in decisions about their care as much as they would have liked to be.

The survey underlines the fact that access remains the biggest challenge facing our health service. Measuring and analysing patients' experience is essential to realising what is working well and what needs to change.

In the HSE's response to the survey, *Listening, Responding and Improving*, a commitment was given to the implementation of a programme of work designed to improve patient experience across acute hospital services with an action plan and a reporting structure in place to provide assurance that we are making a real difference for patients across Ireland. Areas of focus include:

- Improving wait times and communication with patients in EDs.
- Ensuring that patients have the opportunity to talk to members of staff about their concerns.
- Promoting clinical communication among healthcare professionals.
- Improving written information on what to do after leaving hospital.
- Promoting and sustaining a culture of dignity and respect for patients.

Maternity care complaints

A review of maternity care complaints was published which examined patient complaints made concerning care experienced between 1975 and 2015. The review process has provided important learning for maternity services in Ireland. The information it has generated, insights into patient experiences, and findings it has made,

is assisting us in improving how we provide maternity care in Ireland.

Office of the Confidential Recipient

The Office of the Confidential Recipient is a national service, receiving concerns / complaints in an independent capacity, and has dealt with over 500 formal concerns / complaints from across the country since its establishment in December 2014.

In 2017, the total number of formal concerns / complaints received by the Confidential Recipient was 196, a slight reduction on 2016. The type of concerns raised include safeguarding, client placement / planning, access to equipment, level of staff to support client, financial charges, staff behaviour, and safety of care.

Further information and contact details for the Confidential Recipient can be found at *www.hse.ie.*

Working together

Patient Narrative Project

The Patient Narrative Project positions the patient / service user voice centrally in the design and delivery of healthcare through hearing the stories of people using our health services. In essence, the project wants to progress and instil the philosophy of 'patients as partners' in health.

Phase 1 of the Patient Narrative Project was launched and has delivered a service user-developed definition of integrated care. In summary, people want to be at the centre of all discussions and decisions about their healthcare, and for this healthcare to be built around them and their world. This is called 'person-centred co-ordinated care'.

Phase 2 of the Patient Narrative Project is Your Voice Matters. It is a survey that will provide a high volume of patient experience feedback on a continual basis in the form of statistical data, backed up with explanatory narrative in the words of patients and service users themselves. It allows patients to tell us how we are doing in the journey towards person-centred co-ordinated care – a framework that asks 'Are we there yet?' The benefit of Your Voice Matters is that it allows for a more detailed insight into patient and service user experience, helping us to understand how well we are delivering on what we have already been told our patients and service users want.

An analysis of the results of the pilot survey, which ran until October, is underway with results available in early 2018.

Partnering with Patients, Service Users and Families

Partnering with patients, service users and families in the planning, design and delivery of services brings unique patient insights and perspectives to deliberations and decisions, ensures that resources are utilised to meet the needs of patients and helps to build trust and confidence in the health service.

Proactive work continues to promote and facilitate such partnership, including:

- The National Patient Forum is made up of representatives from national advocacy groups, patients and carers. During the year the forum engaged with the HSE on a number of projects, including the eHealth programme, the Leadership Academy, integrated care, and transforming urgent and emergency care.
- Patients for Patient Safety Ireland comprises people who experienced serious harm or death of a loved one in the Irish healthcare system, as well as healthcare staff. The group is part of the global World Health Organisation (WHO) network and works collaboratively with the HSE to improve patient safety.
- A National Patient Representative Panel was established. Members of the panel are patients, service users, carers and family

Pictured at the mental health nursing conference were Liz Roche, Area Director, Nursing and Midwifery Planning and Development Unit and National Lead for Mental Health Nursing, Minister of State for Mental Health and Older People, Jim Daly TD, and Mary Wynne, Nursing and Midwifery Services Director.

members and representatives participate in focus groups, steering and working groups and provide an input into a wide range of programmes and projects.

- During the year, the HSE worked in partnership with the All Ireland Institute of Hospice and Palliative Care to capture the individual stories of patients, family members and carers who have used palliative care services.

Within mental health services

- *The National Framework for Recovery in Mental Health 2018-2020* was launched. This framework was co-produced with service users, family members, carers and experts by experience.
- Through implementation of *Partnership for Change - Report of the Mental Health Reference Group*, Area Leads for mental health engagement were appointed to each CHO and 20 peer support workers were appointed. Further information on these initiatives can be seen on page 52 of this Annual Report.

Workshops and conferences

A number of workshops and conferences were held during the year with a specific focus on the service user experience. These included:

- Patient narrative workshops to deliver the patient / service user perspective on what should be expected from person-centred, co-ordinated care in the Irish health service.
- A national mental health nursing conference on embedding recovery principles in psychiatric / mental health nursing practice. This collaborative event provided opportunities for families, service users and advocates to present personal stories and experiences to reduce stigma and promote mental health and wellbeing.
- A number of integrated care programme and national clinical care programme workshops, including workshops on older persons' services and diabetes care.

Other patient and service user feedback

Informing how we will improve our services

The comments below reflect some of the communication received from patients and service users in relation to their own experience of our health services. All feedback, both positive and negative, is used to actively progress improvements as part of building a safe, efficient, person-centred service.

Compliments and complaints

Health Service Executive

(Excluding voluntary hospitals and agencies)

The comments, compliments and complaints of service users allow our services to be continually improved.

In 2017, there were 6,090 compliments recorded. Work is on-going to encourage all staff to record compliments as they provide information on the positive aspects of our service to assist in learning from what is working well.

There were 8,281 complaints recorded and examined by complaints officers under the *Health Act 2004*, a decrease of 877 (9.5%) on the number recorded in 2016. Of the total number of complaints received, 6,298 or 76% were dealt with within 30 working days.

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

	No. of complaints received	No. and % dealt with within 30 working days
2017	8,281	6,298 (76%)
2016	9,158	6,972 (76%)
2015	9,289	6,854 (74%)
2014	8,375	5,704 (68%)
2013	6,823	4,651 (68%)

Data source: HSE Quality Assurance and Verification

Voluntary hospitals and agencies

In 2017, there were 13,214 compliments recorded, although many go unrecorded.

There were 11,356 complaints recorded and examined by complaints officers, a decrease of 1,453 (11.3%) on the number recorded in 2016. Of the total number of complaints received, 10,040 or 88% were dealt with within 30 working days.

Table 3: Complaints received by category 2017

	HSE (excluding voluntary hospitals and agencies)		Voluntary hospitals and agencies	
Category	2016	2017	2016	2017
Access	4,608	3,163	3,338	3,505
Dignity and respect	1,297	1,094	1,639	1,605
Safe and effective care	3,276	2,667	3,643	3,596
Communication and information	1,888	1,414	2,968	3,396
Participation	93	65	227	190
Privacy	192	123	246	218
Improving health	216	148	250	180
Accountability	391	353	441	555
Clinical judgement	302	191	270	261
Vexatious complaints	16	5	54	45
Nursing homes / residential care for older people (65 and over)	138	50	60	31
Nursing homes / residential care (aged 64 and under)	4	5	24	14
Pre-school inspection services	0	0	0	125
Trust in care	6	12	320	26
Children first	10	0	98	49
Safeguarding vulnerable persons (new 2016)	22	12	317	253

Data source: HSE Quality Assurance and Verification

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

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

744 complaints were received under Part 2 of the *Disability Act 2005* in relation to a child's assessment of need for disability services, a reduction of 34%. Fourteen complaints were received under Part 3 of the Act, access to buildings and services for people with disabilities.

Contact us with your queries and feedback

- Talk to any member of staff, service manager or complaints officer
- Email *yoursay@hse.ie*
- Infoline on 1850 24 1850
- Livechat on *www.hse.ie*
- Tweet us *@HSELive*
- Email *hselive@hse.ie*
- Further information can be found at *www.hse.ie.*

HSELive

HSELive is a multi-platform public information service that is available six days a week.

The service still includes a phone line, but is also available via email, Twitter and a live chat facility on the website.

The live chat facility has been trialled since late 2016 and in that time, over 27,000 people have used it, with the vast majority of these saying they were satisfied with the response they received.

HSELive offers a customer-focused and responsive service letting people know where to go and what to do in order to get the services they need for themselves and their families.

It can answer questions about health services, entitlements and how to access public health and social care services in your area.

Pictured above is Geraldine Charman, Team Leader with other staff members of HSELive.

Building a Better Health Service

As part of reaching our aim to become a world class health service available to people where and when they need it, the health service is on a journey of improvement and change, with strategic approaches being developed and prioritised to meet the needs of our patients and service users.

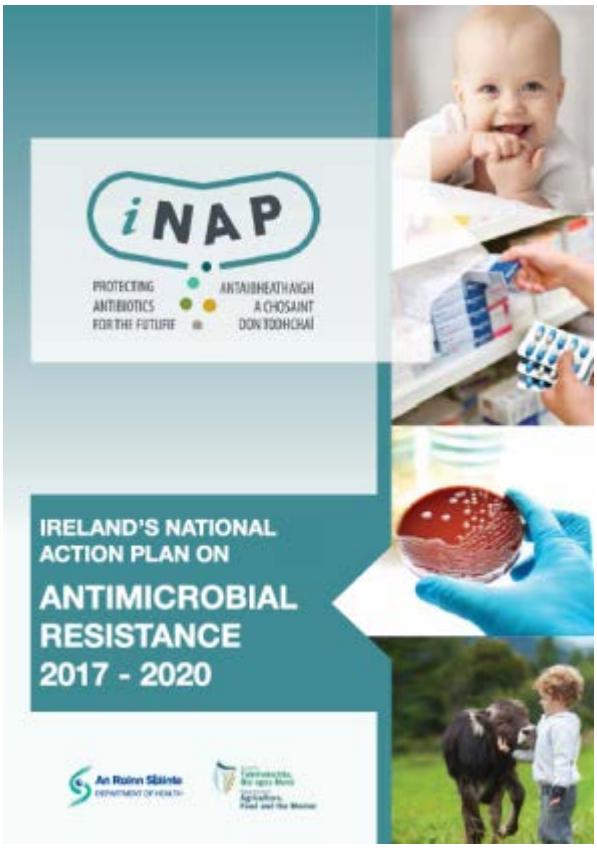
Improving the quality and safety of our services

A key focus in improving quality and safety is listening to the views and opinions of patients and service users and considering them in how services are planned and delivered. Details of this can be seen in the Listening to our Service Users section of this Annual Report.

A three-year National Patient Safety Programme has been established which, alongside the Framework for Improving Quality in our Health Service, is driving the implementation of national safety priorities and initiatives across all parts of the health system.

Targeting safety initiatives through clinical leadership

- The number of sepsis associated hospital deaths has fallen by 30% over the past five years. The decrease is due to better recognition and treatment in hospitals nationally. New educational and support tools have also been launched to further support clinicians in sepsis management.
- Phase 3 of the national Pressure Ulcers to Zero (PUTZ) campaign is being rolled out, with a 49% reduction in ward acquired pressure ulcers across the 23 participating teams.
- Many of the patients we care for every day have been, or will be, affected by anti-microbial resistance (AMR) and / or healthcare associated infection (HCAI). Following the launch of *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020*, a range of strategic objectives have been put in place including the establishment of a national CPE (carbapenemase producing enterobacteriaceae) response team to address the increasing threat of CPE in the health system.



- Hand hygiene is the single most effective measure that healthcare workers, patients and the public can undertake to prevent HCAIs. Hand hygiene compliance rates are at their highest ever levels (90.8%). Work is on-going with healthcare facilities to further improve compliance rates by implementing action plans including education, training and re-audit programmes.
- To promote safe, rational and cost effective medicines management three masterclasses were held, attended by nurses, midwives, doctors and pharmacists from all settings.
- Multi-disciplinary teams from 27 hospitals participated in a quality improvement collaborative. This resulted in 35,000 more patients getting the most appropriate blood clot prevention for them, building knowledge

and skills in blood clot prevention and quality improvement.

- To support safe decontamination practice, the National Decontamination Safety Programme published guidance on the transport of reusable medical devices, decontamination of ultrasound equipment and design and equipping of endoscope decontamination units.
- The Central Decontamination Unit team in Our Lady's Hospital (Navan), in collaboration with the national programme, became the first hospital to achieve external accreditation to ISO 13485 with the National Standards Authority of Ireland.
- New national standards for quality and safety in occupational health services were launched to promote consistency of service delivery throughout the country. The standards are grouped according to five themes – worker-centred care, safe and effective care, leadership and governance, workforce planning and the use of information – and can be seen at *www.hse.ie/workwell*.
- Healthcare audits provide assurance that services delivered meet statutory obligations in accordance with best practice. Four summary national healthcare audit reports were published, relating to key safety issues such as the communication of patient critical information and the detection of and response to rapid deterioration in patients.

Building capacity and capability to improve quality and safety within CHOs, Hospital Groups and the National Ambulance Service (NAS)

- Schwarz Rounds offer healthcare staff time and space to reflect on the impact of their work, gaining knowledge that will help in caring for patients. A new collaboration was announced between the HSE and the Point of Care Foundation to establish rounds in 30 sites through formal service level agreement.
- Keeping ourselves up-to-date on good practice and sharing learning are key to improving quality. A series of one hour webinars continued during the year,

Improvement is everyone's role and responsibility. We must find new and better ways of working together to deliver high quality care and services to patients, service users and their families. To assist in this, an improvement knowledge and skills guide was launched to support the on-going learning and professional development of all staff.

The guide is a self-assessment tool that helps staff to self-assess and identify areas for learning and development and is structured around the six drivers of the *Framework for Improving Quality in our Health Service*. The guide is accessible at *www.qualityimprovement.ie.*

structured to build a firm grounding in the essentials of quality improvement.

- New guidance was published to assist new and existing healthcare boards in using practices to drive safety, quality and a culture of person-centredness. *A Board's Role in Improving Quality and Safety* presents a practical guide by providing examples of leading practices, resources and recommended reading.
- Two groups of staff from a variety of disciplines undertook an accredited national programme to enhance cultures of person-centredness. The programme aims to develop facilitation skills and knowledge to lead on organisational culture change.
- The *HSE Best Practice Guidance for Mental Health Services* was launched and includes a self-assessment framework. This best practice guidance will support and guide further quality improvements within mental

health services (see also page 52 of this Annual Report).

- Work continued, in conjunction with disability services, to support residential disability services in improving the quality of services and performance against Health Information and Quality Authority (HIQA) standards.

Implementing national standards and policies

- The *National Standards for the Conduct of Reviews of Patient Safety Incidents* were launched, promoting a person-centred approach to the review of patient safety incidents, supporting and communicating with service users and their families during any review, and ensuring reviews are completed within clear timelines.
- Work continues on implementing the national open disclosure policy and guidelines.
- Risk management is the concern of everyone and is embedded both as part of normal day to day business and to inform the strategic and operational planning and performance cycle. The *HSE Integrated Risk Management Policy 2017* was published, setting out the policy and guidance by which the HSE manages risk.
- Our policy is that all safety incidents are identified, reported and investigated. A new Incident Management Framework is being launched, replacing the safety incident management policy (2014). The framework is designed to provide services with a practical and proportionate approach to the management of incidents. It seeks to place a particular emphasis on supporting the needs of service users, families and staff in the aftermath of an incident.

Providing care in a more integrated way

The national clinical and integrated care programmes have embarked on a long-term programme of work to clinically redesign the delivery of health and social care services to improve and standardise patient care across all healthcare settings.

- Models of care have been designed for rehabilitation medicine, rheumatic and musculoskeletal disorders, integrated care for type 2 diabetes and eating disorders.
- A number of guidelines, pathways, practice guides and clinical decision tools were developed, including:
  - Bereavement care following maternal death within a hospital setting
  - Antimicrobial safety in pregnancy and lactation
  - Antimicrobial prescribing
  - Minimum standards for acute surgical assessment units (ASAU) in Ireland
  - Use of parenteral nutrition in neonatal and paediatric units
  - Integrated care for spinal cord injury
  - Maternity sepsis support tool
  - National Quality Assurance and Improvement System (NQAIS) clinical database tool.

International Conference on Integrated Care

The 17th International Conference on Integrated Care was co-hosted by the HSE and the International Foundation of Integrated Care in May. This year's conference was unique in that, for the first time, it was awarded Patients Included Charter Status, having fulfilled all obligations around accessibility, patient involvement and virtual participation.

- The national clinical programmes also piloted or supported the establishment of a number of improvement initiatives, including:
  - Musculoskeletal physiotherapy triage delivered in 18 sites
  - Fracture clinics in three additional sites
  - ASAU pilots in two proof of concept sites
  - Over 200 clinicians trained to deliver behavioural family therapy support to families and individuals affected by psychosis
  - Dedicated rooms in place in almost half of EDs for the assessment of patients with mental health needs.
- Work is continuing to implement integrated care programmes (ICPs) for patient flow, older persons, prevention and management of chronic disease, and children:
  - ICP for Patient Flow has progressed a number of initiatives that aim to improve patient flow through improved discharge processes, application of operations management, best practice and quality improvement methodologies.
  - ICP for Older Persons implementation of the 10-step framework to integrate health and social care for older persons was progressed, with 12 sites nationally by the end of the year. Each site had, on average, 134 new referrals within a six month period and the integrated care team would typically have 961 direct contacts and 1,312 indirect contacts with these older people within this time. 78% of patients are seen in their own homes or within a community hospital setting.
  - A number of work streams are underway under the ICP for Prevention and Management of Chronic Disease with the approaches being tested in 24 sites across the country, supported by integrated care teams. New pathways for diagnosis and assessment are being piloted, including the virtual clinical consultation service for heart failure.
  - Work continued across a number of ICP for Children initiatives, including the piloting of consultant delivered services in University Hospital Waterford and the screening of infants at risk of developmental dysplasia of the hip. Hip ultrasound screening is now taking place in four hospitals, with an additional site due in early 2018. Integrated care pathways are in development for children with neuromuscular disorders and for infants with a permanent childhood hearing impairment, and a care pathway for hepatitis B in the perinatal period is complete. Work is also on-going with key stakeholders to design an implementation plan for the national model of care for paediatric healthcare services.

Developing nursing and midwifery services

- Education and support has been provided to increase to 990 the number of nurses and midwives registered as nurse prescribers, with 320 nurses and midwives now authorised to prescribe ionising radiation (x-ray).
- Quality care metrics, designed to measure the care provided by nurses and midwives using real time data, were finalised for the areas of public health and community nursing, mental health, intellectual disability, older persons, children, acute services and midwifery.
- 125 candidate advanced nurse practitioners are undertaking education programmes with targeted areas of practice being unscheduled care, rheumatology, respiratory and older persons.
- Implementation of the Caring Behaviours Assurance System for Ireland (CBAS-I) continued, with the programme delivered in Portiuncula University Hospital and commenced in University Maternity Hospital Limerick.
- The Framework for Staffing and Skill Mix for Nursing is being piloted in three sites (Beaumont Hospital, Our Lady of Lourdes Hospital and St. Columcille's Hospital), measuring patient outcomes, nurse staffing, nurse workload and the working environment.
- New national education programmes for nurses were developed and implemented in critical care nursing, anaesthetic recovery room nursing and unscheduled care nursing.

- Implementation of a National Frailty Education Programme for nurses and health professionals was supported with 107 frailty facilitators completing the Facilitator's Development Programme and 430 healthcare professionals completing a Fundamentals of Frailty Education Programme.

Health service improvement

The Programme for Health Service Improvement (PHSI) is supporting the building of a better health service for the population of Ireland. It is implementing a strategic and programmatic approach to delivering tangible, sustainable change and improvement across the health service as we evolve to adapt for the future. A number of major programmes are in place covering service design / improvement, service delivery and enabling services which have a robust governance and support structure in place. The programmes include:

- Implementation of the CHOs, Hospital Groups, NAS and enabling services
- Transformation of the national centre
- Quality assurance and quality improvement
- National clinical and integrated care programmes
- Primary care and PCRS improvement
- eHealth Ireland, including the electronic health record (EHR)
- Finance reform
- HR and communications improvement.

Programme management offices have been established in CHOs and Hospital Groups as well as in the national centre, NAS, and in a number of enabling functions to support and enable the sustainable implementation of these strategic and service priorities. A project management methodology and a training course have been developed, and a robust online management tracking and management tool is in place to actively support these programmes and provide reporting capability as required.

Improving access and improving the patient experience during the winter period

The aim of the Winter Initiative 2016-2017 was to identify and focus on specific measures designed to address the anticipated surge in health service activity in both hospitals and the community during the winter months.

The plan contained a number of key measures both in terms of hospital avoidance and in safe and timely discharge, and was implemented following a robust planning process undertaken with all key stakeholders. While not all targets were met, a number of positive outcomes were achieved:

- The winter initiative provided for the expansion of CITs in Dublin North, Louth / Meath, Galway / Roscommon and South Tipperary.
- 997 additional home care packages were provided.
- 658 additional transitional care beds were available.
- Funding to discharge 18 complex discharges was provided and a total of 27 discharges were enabled.
- Delayed discharges were reduced to below 500.
- 113 additional acute beds were opened.
- 4,458 patients were supplied with aids and appliances to facilitate their safe and timely discharge.

As part of the Winter Initiative 2017-2018, measures identified included:

- Funding to increase acute bed capacity.
- Funding to support a number of complex discharges.
- An increase in home and transitional care funding to assist with efficient discharging from acute hospitals.
- Funding to support the Under the Weather influenza campaign.

Despite increases of almost 3% in ED attendances, and increases of almost 6% in ED attendances and admissions for persons aged 75 years and over, by year end reported 8am trolleys were reduced by 2.6% on the previous year.

Developing a performing and accountable health service

To build a better health service, we must review and assess how we are achieving against the objectives we set ourselves. Our focus is on improving the performance of our services and our accountability for those services.

Our primary responsibility is to the Minister for Health but the HSE also has a range of other accountability obligations to the Oireachtas and to its Regulators. Our *Performance and Accountability Framework 2017* makes explicit the responsibilities of managers in relation to the four equally important domains of the National Scorecard which are Access to services, the Quality and Safety of those services, doing this within the Financial Resources available and by effectively harnessing the efforts of the Workforce.

Implementation of the Performance and Accountability Framework focuses attention on the delivery of services relative to the anticipated level of performance and drives necessary improvements in performance which are warranted. The Framework also provides for the public reporting of services.

Safeguarding and Protection

Safeguarding vulnerable people

In 2014, the HSE published its safeguarding policy for older people and people with a disability who, as a result of physical or intellectual impairment, may be at risk of abuse. *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures* sets out a number of principles to promote the welfare of vulnerable people and safeguard them from abuse.

Safeguarding and Protection Teams, established in each of the nine CHOs since 2015, manage community referrals and safeguarding concerns within service settings. All safeguarding concerns are treated in confidence and, as much as possible, are handled in a way that respects the wishes of the person at risk. The service is focused on the client, aimed at the safety and wellbeing of the person at risk, while providing support to stop the abusive behaviour.

The National Safeguarding Committee was established to support the safeguarding agenda and is a multi-agency and inter-sectoral body working collaboratively with one common goal – to ensure that adults who may be vulnerable are safeguarded.

In 2016, the *National Safeguarding Committee Strategic Plan 2017-2021* was published, which will guide the work of the committee for the next five years. Reports from the National Safeguarding Committee are available on *www.safeguardingcommittee.ie.* The National Safeguarding Office oversees the implementation, monitoring, review and on-going evaluation of the safeguarding policy. The Office compiles data, undertakes analysis and publishes an annual data report. Further details on the HSE safeguarding service including reports are on *www.hse.ie/safeguarding*.

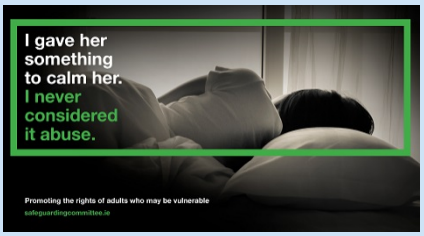
In 2017….

- A review commenced of the *Safeguarding Vulnerable Persons at Risk of Abuse – National Policy and Procedures*. The review involved widespread consultation with key stakeholders through formal submissions and focus groups. The outcome of the review is due to be finalised at the end of Quarter 2, 2018.
- Safeguarding data from each of the nine CHOs was published. This information, for 2016, represents the first year of data collection and shows that there was a total of 7,884 safeguarding concerns managed (4,749 relating to adults aged 18-64 years, 3,029 relating to adults over 65 years and, of these, 1,221 relating to adults over 80 years).
- Findings from a Red C nationwide public opinion survey in 2016 on attitudes and awareness of abuse of vulnerable persons were published. The survey sought to understand perceptions around and treatment of vulnerable adults in Ireland. The findings from the survey can be viewed on *www.safeguardingcommittee.ie* which resulted in the roll-out of a public awareness campaign.
- 21,000 staff in HSE and HSE funded agencies were trained in safeguarding.

Public awareness campaign …

The aim of the campaign was to encourage greater vigilance among the state, financial and nursing home sectors as well as among family members and carers to recognise and tackle abuse of vulnerable adults.

Its focus was on the subtle nature of abuse such as locking an older person in a room while out, over medicating a person to calm them or quietly taking money from an older person to cover care costs, all acts of abuse of people's liberties and rights.



Assisted Decision-Making

The *Assisted Decision-Making (Capacity) Act 2015* was enacted to put in place a modern legislative framework to support decision-making and to maximise a person's capacity to make decisions. While the Act has not fully commenced, the HSE is doing a number of things to prepare staff and services for its full commencement:

- A national steering group has been established made up of staff, service users and expert advisors to prepare guidance for what the Act will mean in day to day practice.
- A national consultation process took place.
- A training and education programme is being prepared and a website developed.

The Act is a reforming piece of legislation which abolishes the previous Wards of Court system. Essentially this means that those with difficulty making decisions about their finances, healthcare, living arrangements etc. will be helped, where possible, to make these decisions for themselves or where this is not possible, a representative will be appointed by the Circuit Court.

Assisted Decision-Making in Action

John sustained a traumatic brain injury and now lives in a residential service. It was decided to make him a Ward of Court. As a Ward of Court, John was unable to make financial or medical decisions and could not travel without the approval of the court. However once the *Assisted Decision-Making Act* commences, John will be discharged from Wardship. While he still may require support for certain decisions of a financial or medical nature, the new law will maximise his autonomy to make decisions and ensure his wishes are fully respected.

Children First

To ensure the safeguarding of children:

- *Children First National Guidance for the Protection and Welfare of Children 2017* was launched and is available on *www.childrenfirst.ie*
- A mandatory eLearning training programme was developed on *www.hseland.ie*. 83,000 staff, including those of funded and contracted agencies, have completed training.
- The Children First compliance checklist for funded and contracted agencies has been rolled out to all CHOs and Hospital Groups.
- The development of local Child Safeguarding Statements was progressed across CHOs and Hospital Groups.

National Independent Review Panel

The National Independent Review Panel was set up in 2017 to provide the HSE with a means to independently review cases where there appears to have been serious failings across the HSE and HSE funded services, for people with a disability. Its remit is to review the circumstances surrounding such cases, and present reports on its findings and recommendations. Following appointment of an independent Chair in late 2016, five panel members, responsible for investigating a range of serious incidents, were appointed during 2017.

Excellence in Delivering our Health Service

The annual Health Service Excellence Awards encourage and inspire people to develop better health services. It is a platform to recognise innovation and best practice, celebrate success and promote learning for the benefit of others. Over 300 projects from all over the country were entered into the 2017 Health Service Excellence Awards, with the award ceremony held at Farmleigh in Dublin's Phoenix Park. These projects highlight the commitment and dedication of our staff who are working every day to deliver better services with easier access and higher quality care for patients. Eleven innovative projects made it through to the final shortlist after a rigorous selection process.

Winners are being invited to present and share their learning nationwide in 2018 at Share the Learning Events being organised at CHO / Hospital Group level.

The projects of the finalists	
Award	**Winner**
Overall	**Innovative support co-ordination for older persons** – National Social Care / CHO 9, Dublin North City and County and ALONE
Popular Choice; Team Project	**Serum Eye Drop Programme** – Galway Blood and Tissue Establishment University Hospital Galway
HR Special	**Bronntanas Project** – CHO 2 Mayo / Tusla / Mayo County Council
Improving Our Children's Health	**Influenza Vaccination Campaign** – Children's University Hospital (Temple Street), Dublin
Supporting a Healthy Community	**Frail Intervention Therapy Team** – Beaumont Hospital, Dublin
Improving Patient Experience	**Promoting Food First model and managing hospital clinical nutrition products** – St. Mary's Hospital Phoenix Park, Dublin
Best Integration	**Acute Diabetic Foot Pathway: a multi-disciplinary approach** – St. Vincent's University Hospital, Dublin
Improving Efficiency and Value in Health Care	**Advancing the role of the pharmacy technician and delivering better value for money on hospital drug spend** – Connolly Hospital, Blanchardstown, Dublin
Excellence in Quality Care	**Nurse led PICC line insertion service for haematology and oncology patients** – University Hospital Waterford
Innovation in Service Delivery	**Nurse led asymptomatic screening clinic** – Gay Men's Health Service, Baggot Street Hospital, Dublin
Championing Diversity, Equality and Inclusion	**Siobhan O'Dea** – Gay Men's Health Service, Baggot Street Hospital, Dublin
Excellence in Patient Flow Management	**Trauma Assessment Clinic** – Midland Regional Hospital Tullamore

While we have focused on the Overall Award, Popular Choice Award and the HR Special Award on the next few pages, details of some of the other innovative projects can be seen throughout other sections of this Annual Report.

Overall Award

Innovative support co-ordination for older persons

This joint project between the HSE and ALONE, aims to keep older people living well at home for as long as possible. By co-ordinating and organising services for older people who might need some extra support to continue living at home or some practical help to return home from hospital, the two agencies to-date supported 489 older people in Dublin North City and County. Trained volunteers provide:

- A befriending and event service
- Benefit and entitlements activation
- Access to primary care services
- Applications and oversight of adaption grants
- End of life planning
- Budgeting.

The aim of the project is to:

- Reduce hospital admission and support older people being discharged to return home.
- Avoid nursing home admissions, for older people with lower support needs.
- Identify factors preventing an older person from living well at home and identify the practical, social resources and supports to address these factors.
- Link in with community and primary care supports.
- Co-ordinate multiple supports across state agencies and local community and private services.
- Apply for grants and aids for housing adaptions, and help with practical home modifications.
- Combat loneliness and isolation through befriending and advocacy services.

The programme creates a cost effective, scalable and transferable model by working with all services in the area to ensure older people get the support they need. The roll-out of assistive technology to produce needs-based outputs available in real time is also being trialled.

A management information system has been developed to enhance the measuring and reporting of data.

Popular Choice Award

Serum eye drop programme – the Galway Blood and Tissue Establishment at University Hospital Galway

Prior to 2011, all patients prescribed autologous serum eye drops (ASEs) in Ireland had their serum derived from a unit of autologous (donated from the patient themselves) blood shipped to Speke, Liverpool for processing. The product was then shipped back to Ireland and issued to the patient by the Irish Blood Transfusion Service.

The team carried out extensive research into the manufacture of the product in various sites worldwide and have dedicated years of service to obtaining the Good Manufacturing Practice (GMF) licence to produce autologous and allogenic (patient not suitable for donation so blood is obtained from the National Blood Centre) serum eye drops.

University Hospital Galway is now the only hospital in Ireland licenced to produce serum eye drops (SEs). As there is no other site in Ireland manufacturing this product, all aspects of the procedure from patient assessment to production have been devised entirely by Galway Blood and Tissue Establishment.

SEs are a serum-derived product used to treat a range of ocular surface disorders. 2017 has been the busiest year for SEs to date and this has to be attributed to the ASE team for delivering such an efficient programme.

There are many patients throughout the country whose lives have been drastically improved thanks to this treatment.

HR Special Award

Bronntanas – Support to parents experiencing difficulties at Christmas

The Bronntanas Project which is managed by Tusla staff in Co. Mayo, in collaboration with staff in the HSE and Mayo County Council supports parents in Mayo who are experiencing difficulties at Christmas by providing a gift for them to give to their children on Christmas morning.

Volunteers from around the county, recruited through a media campaign, along with volunteers from the HSE, TUSLA and Mayo County Council purchase a small Christmas gift for a specific child whose parents are unable to do so. The families are identified by community services or by their contact with the scheme co-ordinator. Their requests are coded and volunteers are given brief details of what gift to purchase and a central point to drop it off. Vouchers can also be given to parents to help towards the cost of a more expensive item. The scheme co-ordinator manages the distribution of the gifts.

The parents who use the scheme find the professional way in which the gifts are organised to be supportive and non-judgemental. The scheme, which came to fruition after a conversation between staff on a coffee break 15 years ago, has grown from strength to strength. Every year there is more demand for gifts. In 2015 they provided over 250 gifts for children in Mayo, in 2016 it rose to 350 and over 500 presents were given out in 2017, bringing a little Christmas magic to many homes in need.

Service Delivery

Healthcare activity in 2017…

These data items will be presented as infographics in the designed version of this Annual Report

Enabling better health and wellbeing

- 95% of children aged 24 months received 3 doses of the 6 in 1 vaccine
- 92% of children aged 24 months received the MMR vaccine
- 11,952 smokers received intensive cessation support
- 1,076 healthcare professionals trained in brief intervention smoking cessation
- 2,521 people completed a structured patient education programme for diabetes
- 164,187 women had a mammogram
- 96,239 people participated in Diabetic RetinaScreen
- 558 public health outbreaks managed

Responding to infectious diseases

- 927 cases of Verotoxigenic E.coli (VTEC)
- 321 cases of tuberculosis
- 77 cases of meningococcal disease
- 25 cases of measles

Supporting people in primary care, in the community and at home…….

- 38,207 referrals to community intervention teams
- 98% newborn babies visited by a PHN within 72 hours
- 20,652 patients received an ultrasound in primary care settings
- 508 paediatric homecare packages provided to support babies at home
- 318 people on average each month supported by specialist palliative day care services
- 487,510 people with GP visit cards
- 1,609,820 people with medical cards
- 1,065,230 contacts with GP Out-of-Hours
- 79 million items submitted as claims for payment
- €2.7bn paid in reimbursement fees

….*supporting those who are vulnerable*

- 9,804 patients in receipt of opioid substitution treatment (outside of prisons)
- 1,101 of people admitted to homeless emergency accommodation hostels had their health needs assessed within two weeks
- 4,699 members of the Traveller community received health information on type 2 diabetes and cardiovascular health

… supporting the achievement of optimal mental health

- 10,304 children / adolescents seen by child and adolescent mental health services (CAMHs)
- 226 admitted to CAMHs acute inpatient units
- 28,513 adults seen by mental health services
- 12,155 admitted to adult acute inpatient units
- 8,614 psychiatry of old age patients seen by mental health services
- 2.5 million page views for *www.yourmentalhealth.ie.*

… supporting people with disabilities

- 147 people transitioned from congregated settings
- 1.5 million personal assistant hours provided
- 2.8 million home support hours provided
- 158,296 respite overnights provided
- 16,290 people attended other day services
- 97% new school leavers provided with day care placement

… supporting older people

- 10.39 million home help hours provided to almost 47,000 people
- 19,807 people supported through home care packages
- 194 transitional care beds available each week
- 224 people availed of intensive home care packages
- 22,949 people supported under the Nursing Homes Support Scheme

Pre-hospital emergency care services

- 509 vehicles (including 267 emergency ambulances) available
- €14.53m fleet budget allocation
- 321,379 emergency ambulance calls answered
- 30,396 inter-hospital transfers undertaken
- 1,099 specialised unit transfers undertaken by children's ambulance 'Bumbleance', neonatal unit, National Paediatric Transport Programme and mobile intensive care service
- 89% patient transfer calls managed by the intermediate care service
- 653 aeromedical calls completed

Services provided within acute hospital settings

On a typical weekday…

- 1,742 inpatients discharged from hospital
- 254 elective inpatients discharged
- 1,185 emergency inpatients discharged
- 8 emergency hip fracture surgeries performed
- 11 elective laparoscopic cholecystectomies performed
- 4,342 people received day case treatment

- 13,389 people attended hospital outpatient departments
- 3,506 people attended an ED
- 2,758 people admitted or discharged from ED within 9 hours
- 1,804 patients received haemodialysis
- 250 patients received home therapy dialysis treatment
- 170 babies born
- 78 patients, triaged as urgent, presented to symptomatic breast clinics
- 14 patients presented to lung rapid access clinics
- 12 patients presented to prostate rapid access clinics

Health and Wellbeing

As part of the *Healthy Ireland* Operation Transformation Programme, the HSE organised a **Love Life – Love Walking staff** event in February to increase awareness of the importance of incorporating physical activity into their working day. Staff across our 2,594 work sites nationally walked to work or around their workplace as part of the initiative and shared their experience on social media.

Improving the health and wellbeing of the population is a cornerstone of the health reform programme. Implementation of *Healthy Ireland: A Framework for Improved Health and Wellbeing 2013-2025* is central to providing opportunities for everyone to enjoy physical and mental health and wellbeing to their full potential.

Promotion of health and wellbeing is delivered through national services including the screening service, environmental health, health promotion and improvement and public health.

Implementing *Healthy Ireland* Framework

- Implementation of *Healthy Ireland* plans is well underway in Saolta, UL, RCSI and Ireland East Hospital Groups. Dublin Midlands Hospital Group launched their implementation plan in October and work is well underway to ensure its implementation in 2018.
- Structures are being put in place to enable implementation of *Healthy Ireland* at CHO level. Implementation plans for six CHOs have been drafted with preparatory work underway to progress remaining CHO plans.
- A *Healthy Ireland* fund was established by the DoH under a national initiative to improve health and wellbeing. This new fund, which was allocated 'kick start' funding of €5m in 2017, aims to support partnership working to assist implementation of key national policies and plans under *Healthy Ireland* dealing with initiatives such as physical activity, obesity prevention and creating a tobacco-free society.
- The *Healthy Ireland* campaign is encouraging people to get active, eat well and mind their mental wellbeing across radio, digital, social and print media with the message 'small changes can make a big difference to your physical and mental health and wellbeing'. A range of information was provided to support this Government national initiative to promote health and wellbeing across the country.
- Making Every Contact Count (MECC):
  - Implementation of *Making Every Contact Count: A Health Behaviour Change Framework and Implementation Plan for Health Professionals in the Irish Health Service* is underway.
  - A national undergraduate curriculum on MECC in collaboration with all medical and nursing schools in the State has been completed.
  - Phase 1 blended learning course for all healthcare staff has been completed.
  - Towards ensuring that we are measuring our overall performance, two new MECC

performance indicators have been put in place for 2018.

- Self-management support (SMS) is the provision of education and supportive interventions, to increase patients' skills and confidence in managing their health problems. Two of the nine self-management support co-ordinators were appointed in December to promote and coordinate services. A further four will be appointed in early 2018.
- The first phase of the new *Healthy Ireland* Network was established and launched. It aims to mobilise various organisations across the country to support combined efforts to boost the national movement for health and wellbeing.
- *Healthy and Positive Ageing for All Research Strategy 2015-2019* was published to support and promote research that aims to improve people's lives as they age.
- The *Healthy Ireland* workplace framework was developed in partnership with the DoH. It can be adapted to any workplace setting and provides help in creating and sustaining healthy workplaces.
- Provision of targeted support to promote and generate momentum for the staff health and wellbeing agenda across all services continued. This focused on healthy workplaces, encouraging physical activity, reducing sedentary behaviour / work practices, addressing the physical workplace and its surroundings and promoting positive mental health and wellbeing.
- Planning and Research:
  - *Planning for Health: Trends and Priorities to Inform Service Planning 2017* was published.
  - A number of strategic plans and guidance were developed across a range of services including child health, dietetics, chronic disease, nutrition, healthy eating and sexual health.
  - A new research and development function was established, further developing health intelligence capability.

A range of Healthy Ireland initiatives can be seen throughout all sections of this Annual Report.

Reducing chronic disease and improving the health and wellbeing of the population

- Tobacco free Ireland:
  - Findings from the *Healthy Ireland Survey 2017* indicated that 47% of all who have smoked in the past 12 months have made an attempt to quit.
  - The new TV advert and campaign, I will Survive, was launched in April. The campaign focused on the fact that in Ireland there are now more quitters than smokers. This pro-quitting message aims to lessen the fear that surrounds quitting and showcases a community of ex-smokers that people will be more likely to engage with. The campaign won four awards, including two in the prestigious international category. The New York State Department of Health, Bureau of Tobacco Control are airing this award winning TV advert from January 2018 across the State of New York.
  - The HSE Tobacco Free Ireland Programme participated in the HIQA health technology assessment, examining effective smoking cessation interventions. Work is progressing to develop national clinical guidelines for the identification, diagnosis and treatment of tobacco addiction.
  - Eight Tobacco Free Campus workshops were delivered across a range of CHOs. The purpose of the workshops was to engage local managers in implementation of the policy, to build supportive local networks, identify models of good practice and local implementation challenges, and to support and direct future developments.
- An integrated model of care for the prevention and management of chronic disease was developed, together with the blueprint for requirements for the GP contract for the development of an integrated care pathway.
- The national SMS framework and implementation plan for chronic conditions, chronic obstructive pulmonary disease (COPD), asthma, diabetes and cardiovascular disease, *Living Well with a*

Chronic Condition: Framework for Self-Management Support, was developed. This is being implemented through the self-management support co-ordinators who are being appointed in each CHO.

- A clinical lead for obesity was appointed to progress implementation of *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016-2025*.
- As part of the implementation of the *National Sexual Health Strategy 2015-2020,* the human papilloma virus (HPV) vaccine was extended to high risk groups including men aged between 16 and 26 years who have sex with men.
- Work commenced on developing a revised model to support the implementation of the WHO / UNICEF Ten Steps to Successful Breastfeeding which is the basis of the Baby Friendly Health Initiative in Ireland.
- Work continued to support and promote the uptake of BreastCheck, CervicalCheck, BowelScreen and Diabetic RetinaScreen amongst relevant populations in collaboration with the National Screening Service.

Protecting the population from threats to their health and wellbeing

- The influenza vaccine campaign was launched in November with a strong emphasis on increasing uptake rates among healthcare workers. Flu vaccine guidelines were updated, including advice for those living with cancer.
- *Ireland's National Action Plan on Antimicrobial Resistance 2017-2020* was published. A HCAI / AMR response team was established to work with all CHOs and Hospital Groups to progress AMR stewardship programmes and infection control procedures. A national clinical lead was appointed to streamline and integrate HCAI / AMR related activity across the HSE. The *www.hse.ie/hcai* website was also developed including information resource packs, training programmes and links to international sites.
- As a public health response to the CPE / CRE (carbapenemase producing enterobacteriaceae / carbapenem-resistant enterobacteriaceae) superbug, a national public health emergency team was convened by Minister for Health, Simon Harris TD, to provide advice, guidance, support and direction on the surveillance and management of CPE at national level and in line with Ireland's *National Action Plan on Antimicrobial Resistance 2017-2020*.
- The *Environmental Health Service Review 2016* was published, providing an insight for both internal and external stakeholders on the breadth of the role of this service, setting out the broad range of activities undertaken.
- While compliance with the *Public Health (Tobacco) Act 2002* was high, there were ten prosecution cases in 2017 which resulted in convictions for tobacco related offences.
- 33,162 official food control surveillance inspections of food businesses were carried out. Of those planned, and planned surveillance inspections, 20.7% had either an unsatisfactory, unsatisfactory significant, or unsatisfactory serious outcome. There were 2,818 food related complaints received – 501 food complaints and 2,317 food business complaints.
- Year three of the Public Health Sunbeds Inspection Programme was completed with 32 establishments having a test purchase inspection during the year.
- To ensure compliance with *Fluoridation of Water Supplies Regulations 2007* and the statutory range of concentration of fluoride in public drinking water supplies, 2,460 drinking samples were taken.

Behaviour change campaigns 2017

The HSE committed itself to promoting the correct, evidence-based information around the HPV vaccine, supporting parents to make an informed decision. The 2017 / 2018 schools HPV vaccine programme was supplemented by a news, social media and marketing campaign, themed *#protectourfuture*, and supported by a wide group of partner organisations and public figures. Ireland as a result is the first country in the world to reverse a downward trend in HPV vaccine uptake.

Pictured at the launch: Louise Dukes, Eva Kelly, Katie O'Connor, Sarah Robinson and Robyn Hendrick with Minister for Health, Simon Harris TD.

The new *www.askaboutalcohol.ie* website was launched, providing dedicated information about alcohol risk to enable people to make healthier choices about consumption. It offers support and guidance to those who want to cut back on their drinking and has a service finder to help connect people to support and services.

The Dementia: Understand Together initiative, led by the HSE in partnership with the Alzheimer Society of Ireland and Genio, launched a new TV, radio and online advertising campaign. The launch of the campaign coincided with the official unveiling of the new website *www.understandtogether.ie* for people who want to find out more about dementia.

Pictured at the launch: Maureen O'Hara and Paddy Butler.

A new five-year public health awareness campaign START was launched in collaboration with *safe*food to set families on the path to a healthier future. The campaign, which is underpinned by *A Healthy Weight for Ireland: Obesity Policy and Action Plan 2016 – 2025*, was developed with the input of parents, health professionals and community leaders. It acknowledges that the solutions to tackling overweight and obesity are multiple and that every sector has a role to play in this major health issue.

Pictured at the launch: Minister for Health, Simon Harris TD, and Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD, with Jack and Hannah Galvin.

The Making Every Contact Count (MECC) programme aims to capitalise on the opportunities that occur every day for every health professional to support patients through a brief intervention to make a lifestyle change and reduce the risk of chronic disease. The MECC framework which was launched during the year includes a model for health behaviour change and a three-year implementation plan.

Pictured at the launch: Dr Stephanie O'Keeffe, National Director, Health and Wellbeing, Dr Orlaith O'Reilly, National Clinical Advisor and Programme Lead and Dr Áine Carroll, National Director, Clinical Programmes.

Community Healthcare

Community healthcare includes the broad range of services that are provided outside of the acute hospital system. This includes health and wellbeing, primary care and mental health services, and services for people with disabilities and older people.

Primary Care

Working towards enabling a decisive shift towards stronger and more integrated primary care services, reducing the need for admission to hospital, while ensuring improvements to the quality, safety, access and responsiveness of these services.

Services include primary care teams (PCTs), community healthcare network services, general practice, social inclusion, palliative care services and schemes reimbursement.

Mental Health

Supporting people in achieving optimal mental health and allowing participation in life to the fullest extent possible. Successfully treating within a primary care setting, with less than 10% being referred to specialist community based mental health services.

Specialist mental health services include acute inpatient services, day hospitals, outpatient clinics, community-based mental health teams (CAMHs, general adult and psychiatry of later life), mental health of intellectual disability, community residential and continuing care residential services.

People with Disabilities

Transforming lives and enabling people with disabilities to achieve their full potential, as independently as possible, living ordinary lives in ordinary places.

Services are provided to those with physical, sensory, intellectual disability and autism in day, respite and residential settings. Services include personal assistant, home support and other community supports.

Older People

Empowering and maximising the potential of older people, their families and local communities so that people can live independently in their own homes and communities as far as possible. Improving the quality of life for those with more complex health and social care needs by shifting the delivery of care away from acute hospitals towards community-based, planned and co-ordinated care.

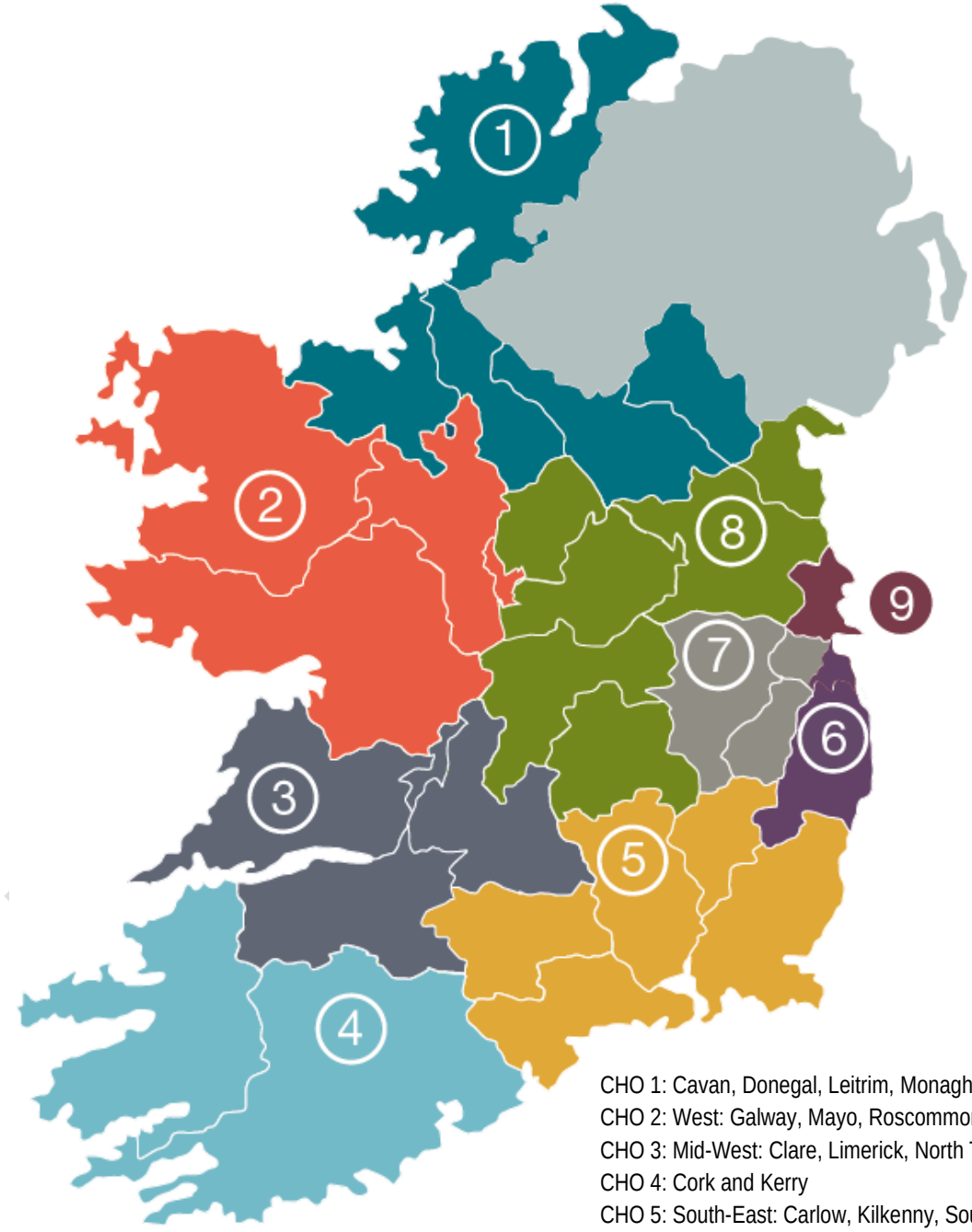
Services include home supports, short-stay and long-stay residential care, transitional care and day care.

These services are delivered through the HSE and its funded agencies to people in local communities, as close as possible to their homes through nine Community Healthcare Organisations (CHOs).

A Chief Officer leads a local management team in each CHO, focusing on all of the specialist services in their area. This arrangement aims to make it easier for people to access local services, improve management and accountability and allow stronger local decision-making.

Nine Community Healthcare Organisations…

Serving the population of over 4.7 million people – subdivided into 96 networks so that care and services are delivered on a population basis



CHO 1: Cavan, Donegal, Leitrim, Monaghan, Sligo
CHO 2: West: Galway, Mayo, Roscommon
CHO 3: Mid-West: Clare, Limerick, North Tipperary
CHO 4: Cork and Kerry
CHO 5: South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford
CHO 6: Dublin South East, Dun Laoghaire, Wicklow
CHO 7: Dublin South, Kildare, West Wicklow
CHO 8: Midlands, Louth, Meath
CHO 9: Dublin North City and County

Progressing our Priorities...

Primary Care

Improving the quality, safety, access and responsiveness of services to support a decisive shift to primary care

- Referrals to community intervention teams (CITs) increased by 38% in 2017 with 38,207 referrals being managed. An audit of services has commenced and quality improvements have been implemented.
- The primary care ultrasound initiative which provides direct access for GPs to ultrasound was further strengthened, reducing the need for referrals to outpatient departments. 20,652 ultrasounds were provided along the west coast from Donegal to Cork.
- Thirteen primary care centres completed construction, of which ten became operational.
- The first national *Primary Care Eye Services Review Group Report* was published which estimates that 60% of existing outpatient activity could be moved to the community, allowing hospital services to focus on patients who require more specialist diagnostics or treatments. Implementation of recommendations has commenced including the school vision screening service.
- With the support of €4m funding, implementation of service improvement initiatives enabled the reduction of waiting times for speech and language therapy services across CHOs. 81 of the 83 speech and language therapy posts were filled and an additional 45,985 appointments were provided.

Hepatitis C

- A new national clinical guideline for hepatitis C screening was published. This aims to reduce the overall health and economic impact of hepatitis C infection.
- A clinical lead for the national hepatitis C treatment programme was appointed.
- Improved commercial terms regarding the cost of drugs used in treating hepatitis C infection resulted in 48% more patients receiving treatment.
- Two pilot treatment programmes commenced in the HSE addiction service setting.

Improving health outcomes for the most vulnerable in society

Addiction services

- At year end 9,804 patients were in receipt of opioid substitution treatment outside of prisons. This included 4,242 patients treated by 362

Building a Better GP and Primary Care Service

A Future Together – Building a Better GP and Primary Care Service was launched. It supports the need to shift to a patient-centred primary care service that meets the needs of our growing and changing population, reducing the reliance on hospital care.

The report presents a summary of the findings following extensive stakeholder engagement including *MyGPsurvey.* More on this survey can be seen on page 19.

GPs in the community with 700 pharmacies catering for 6,891 patients.

- Individual rehabilitation pathways were created to meet the needs of those affected by drug misuse in line with the *National Drugs Rehabilitation Framework*. Of the people who commenced treatment 63% of those aged over 18 had an assigned key worker and 74% had a written care plan, while 84% of those aged under 18 years had an assigned key worker and 85% had a written care plan.
- Screening and brief intervention training for alcohol and substance misuse (SAOR) training was delivered to 1,239 staff, 59% over what was planned. This was enabled through the SAOR Train the Trainer Programme.
- The procurement process to develop a medically supervised injecting centre in Dublin City Centre was progressed. The *Misuse of Drugs (Supervised Injecting Facilities) Bill 2017* was published in February which enables the issuing of a licence to operate Ireland's first supervised injecting facility.
- Training in the administration and provision of naloxone was provided to 86 staff, homeless services and voluntary providers and train the trainer for facilitator trainers for the programme was provided to 14 people. 1,039 naloxone products were provided to services, a two-fold increase on 2016.

Homeless services

- In line with *Rebuilding Ireland, Action Plan for Housing and Homelessness,* our focus is to improve health outcomes for those experiencing or at risk of homelessness, particularly those with addiction and mental health needs. With the support of additional funding a number of areas were progressed including:
  - Expansion of access to a key worker, case management, GP and nursing services through the homeless action teams in each CHO.
  - Development of targets, outcomes and quality standards with section 39 service providers to support enhanced monitoring and evaluation of existing service arrangements.
  - Establishment of an oversight committee to finalise the discharge protocol for homeless persons in acute hospitals and mental health facilities in line with the *National Hospital Discharge Protocol for Homelessness (Guidance Framework)*. Pilot activities commenced in CHOs 2, 5, 6, 7 and 9, and staff were recruited in St. James's Hospital and the Mater Misericordiae University Hospital to progress hospital discharges.
  - In-reach specialty primary care and mental health services were provided to homeless accommodation.

Traveller, refugee, asylum seeker and Roma communities

- The *National Traveller and Roma Inclusion Strategy 2017-2021* was launched. This is a cross-departmental initiative to improve the lives of Traveller and Roma communities in Ireland.
- In partnership with Sonas Domestic Violence Charity, a domestic, sexual and gender-based violence train the trainer programme was developed and delivered.
- A mobile health screening unit, operated by Safetynet, was rolled out as an innovative means of providing health screening and basic primary care to refugees, as well as to other marginalised groups.
- Training on intercultural awareness and practice was undertaken by staff working with marginalised groups across all CHOs.

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

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

- A 15-bed specialist inpatient unit opened in University Hospital Kerry.
- The new *Palliative Care Services Three Year Development Framework (2017-2019)*, informing the development of adult palliative care services, was launched. Its aim is to ensure a seamless care pathway across

Medical card eligibility has been extended to support the care of children under 16 years who are affected by a health condition or disability and where a domiciliary care allowance is payable. More than 9,500 additional children received medical card eligibility from 1st June.

Pictured: Ann Marie Hoey, Assistant National Director, Primary Care Reimbursement and Eligibility and John Hennessy, National Director Primary Care.

inpatient, home care, nursing home, acute hospital and day care services.

- Following an evaluation of the Children's Palliative Care Programme in 2016, work is progressing to recruit a national co-ordinator for children's palliative care and also a children's clinical nurse co-ordinator for children with life-limiting conditions for Kerry.
- National Clinical Effectiveness Committee (NCEC) guidelines were developed on the management of cancer pain and the management of constipation in palliative care patients.
- Eleven projects were completed under the design and dignity grant scheme. These projects improve the hospital environment for palliative care patients, their families and staff.

Delivering primary care schemes through the primary care reimbursement service

- The new national medical card online application service went live. This new streamlined service provides great benefits for people in terms of turnaround times, convenience and security.
- For those aged over 70 years, prescription charges were reduced to €2 per item and the monthly cap was reduced to €20.
- As part of the implementation of policy and value for money projects for community demand-led schemes a number of initiatives were progressed, including development of a nutrition support online tool kit which is available on *www.hse.ie*.

Mental Health

Promoting positive mental health

- The *National Framework for Recovery in Mental Health 2018-2020* which was co-produced with service users, family members and carers, was launched. It will act as a baseline from which services can increase their recovery orientation over the next two years.
- *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020* is our roadmap to promoting positive mental health.
  - *Connecting for Life* plans were developed for six CHOs and work is well advanced in developing plans for the remaining CHOs. More on this can be seen within the CHO sections of this Annual Report.
  - A standardised bereavement training programme was developed for those working with people bereaved by suicide. It will be rolled out in 2018.
  - As part of the implementation of the national training plan for suicide reduction, a train the trainers guide was developed for the suicide prevention awareness training programme. 12,308 participants completed suicide prevention training across the CHOs.

The Green Ribbon campaign which is funded by the HSE has come to symbolise mental health awareness. The campaign is led by See Change ambassadors and the 2017 campaign saw 500,000 green ribbons distributed across the country to spark a national conversation about mental health and challenging the stigma of mental health problems. Reducing stigma is an important part of our national strategy *Connecting for Life – Ireland's National Strategy to Reduce Suicide 2015-2020.*

Pictured: Members of mental health services promoting the Green Ribbon campaign including Theresa Heller, HR Lead; Liam Hennessy, Head of Service User, Family Member and Carer Engagement; Jim Ryan, Head of Operations; Gerry Raleigh, Former Director, National Office for Suicide Prevention; Sinead Reynolds, Senior Manager, Office of the National Director; JP Nolan, Head of Quality and Service User Safety; Anne O'Connor, National Director and Dr Margot Wrigley, Consultant Psychiatrist and Clinical Programme Group Lead

- The *National Youth Mental Health Taskforce Report 2017* was published. Its recommendations, when implemented, will enhance co-ordination and standardisation of training nationally and support additional prevention and early intervention initiatives for children and young people.
- Promoting simple and powerful day-to-day steps to protect our own mental health and support the people we care about is the focus of the *#littlethings* campaign. A national youth co-ordinator was funded in addition to one for each CHO. The campaign now has 70,000 followers on Facebook and 10,000 followers on twitter. By the end of 2017 *www.yourmentalhealth.ie* had over 800,000 visitors and over 2.5 million page views.

Improving access to mental health services and improving service user flow

- Enhancement of primary care based services:
  - Dublin Jigsaw site was established with Cork and Limerick sites at advanced stages of development. A review of the Jigsaw service is due to be completed and published in early 2018.

Implementation of Clinical Programmes

- A draft model of care for eating disorders was completed and a four year implementation plan was developed to allow for phased recruitment and training of dedicated eating disorder teams.
- The assessment and management of self-harm in ED clinical programme was established in a further three EDs bringing the total national number to 24.
- A national review of the self-harm national clinical programme was published.
- Following a training needs assessment for the clinical programme for attention deficit hyperactivity disorder in children and adults, a training package is being designed.
- A clinical lead has been appointed to the clinical programme for dual diagnosis and a national working group established to develop a model of care.
- Recruitment of individual placement support workers for the early intervention in psychosis clinical programme was advanced.

  - 20 psychologists and 120 assistant psychologist posts have been accepted and are being contracted which will increase access to counselling services in primary care for those aged under 18 years.
  - One new psychiatry of later life team was put in place, increasing the total to 30 teams nationally.
- Improvements within child and adolescent mental health service (CAMHs):
  - A review group was established to evaluate and assess the CAMHs standard operating procedure. The group includes service users and family members.
  - Three new CAMHs teams were put in place, increasing the total to 69 teams nationally.
- *Specialist Perinatal Mental Health Services, Model of Care for Ireland* was launched. It supports the mental health actions being implemented by the National Women and Infants' Health Programme.
- Traveller co-ordinator posts for each CHO were advertised and a steering group established to develop a joint stepped model of care across mental health and primary care for Travellers with mental health needs.
- Over 2,000 development posts have been approved in the period from 2013 to 2017 with over 300 WTE posts approved across a range of services / disciplines under the Programme for Government funding 2017.

Engaging with service users, family members and carers

- The *HSE Best Practice Guidance for Mental Health Services* was launched and a train the trainer programme commenced to support its roll-out across the country.
- Area leads for mental health engagement were appointed to each CHO and will be responsible for setting up local and area forums to represent the views of service users and their families.
- 20 peer support workers were appointed to progress implementation of Advancing Recovery in Ireland across all CHOs, an initiative which brings recovery principles into the heart of how we work collaboratively.

Disability Services

Time to move on from congregated settings – supporting the move from institutional to community settings

- Work continued in relation to the implementation of *Time to Move on from Congregated Setting – A Strategy for Community Inclusion*. 147 people transitioned from institutional settings to appropriate accommodation in the community. The strategy identified over 4,000 people in congregated settings and this has now been reduced to below 2,371.
- Implementation of recommendations from the *Independent Report of the Áras Attracta (McCoy) Review Group* were advanced to support the move to community living. Eight people transitioned from Áras Attracta to the community during the year.

Transforming lives...

Transforming Lives Progress Report 2016 was published and highlights examples of where people with a disability are supported to live more fulfilling and inclusive lives in their communities. Personal stories show us the real impact that reform is having on the lives of people with disabilities, supporting them to bring about positive changes in their lives.

Pictured: Kayleigh McKevitt, a service user who shared her story.

Personal stories...

"...I wanted a home of my own back in my home town near my family and friends...

...I love being back home and having more independence, and I can make the choices to do the things I want to do every day...

...my dreams and goals have come true...

...my life has changed beyond my dreams...

...I am confident independent and enjoying my life to the full..."

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

- Work progressed on the development of a standardised assessment tool in disability services to better inform and guide person-centred care planning. Training for assessment officers regarding its implementation has commenced.
- Implementation of the *Comprehensive Employment Strategy for People with Disabilities 2015-2024* was progressed. Action 5.1 relates to the development of an effective co-ordinated policy approach to assist individuals with disabilities, to obtain and retain employment having due regard to implementation of *New Directions*. This report has been submitted to the Minister of State with special responsibility for Disabilities, for his consideration. Work also progressed to develop key messages to reinforce the positive potential of people with disabilities in the context of their ability for employment.
- To support the development of an equitable, standardised model of care for people with autism spectrum disorder (ASD), a review of the level of supports and services available to people with ASD was undertaken, inviting service users, parents, staff and advocacy groups to contribute. The review is now finalised and has been submitted to the DoH for consideration.

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

- Implementation groups were established in each CHO to progress delivery on *New Directions.*
- Additional day services and rehabilitation training was provided, benefiting 901 young school leavers.
- A self-assessment tool and quality improvement plans were developed to address any service gaps, and this was piloted in 18 sites.

Services for children and young people – ensuring one clear pathway to services

- Reconfiguration of 0-18s disability services into children's disability network teams is progressing. The appointment of children's disability network managers, a critical enabler to facilitate the continued roll-out of this programme, will be further progressed in 2018.
- *www.informingfamilies.ie* developed by parents and professionals, was launched and has become a powerful support tool for both staff who must inform families of their child's disability, and parents dealing with life-altering news and coming to terms with their child's extra needs.

- The first national conference for progressing disability services for children and young people was held in Limerick. It brought together more than 300 parents and staff to share learning and good practice in the provision of disability services for children and young people and was an opportunity to explore innovative ideas and celebrate achievements to date. Over 500 delegates also joined the conference via Webinar.

Service improvement teams – building capability and analysis

- Service improvement teams are ensuring that resources are used to best effect within services and that sustainable models of care are implemented. Work continued on linking activity and outputs, costs, quality and outcomes. The work already commenced in 2016 on a comparative analysis of 45 organisations (both section 38 and section 39) continued.

HIQA compliance

- To further embed standards for effective and person-centered care in CHOs, including the strengthening of governance, Quality and Safety Committees were established and quality and safety staff were appointed.
- There were 27,317 disability services compliance outcomes inspected at end 2017 (HSE provided and HSE funded). Sustained improvements in relation to compliance continued from 34% in 2014 to 80% in 2017.

Older Persons' Services

Providing the appropriate supports following an acute hospital episode focusing on delayed discharges

- The Winter Initiative Programme continued to provide enhanced services through additional transitional care beds and additional home care packages. This specific provision together with mainstream home care, residential care and transitional care supported discharges from our acute hospitals and assisted others to remain in their own homes. Further detail on this can be seen on page 29.

Enhancing home care services

- Work continued to improve home care services received by older people. This included arranging for approved levels of home care to be delivered by a single provider selected by the person themselves from a pre-approved list.
- Preparatory work commenced towards moving to a single funding system for home care services. This system will provide a more streamlined service, simpler and easier for people to use with an enhanced level of care, improving the availability, accessibility and experience of services by older people, their families and carers. As part of the Home Support Scheme, with agreement of the DoH, funding for the home help service and the home care package scheme are being brought together from 2018 so that home support for older people will operate as a single funded service. A pilot commenced in CHO 3 to test that the approach being pursued is one which will meet the needs of service users.

Improving services and supports for people with dementia

- Implementation of the *Irish National Dementia Strategy* progressed.
- Plans were finalised with each CHO for new memory Technology Libraries to become operational in 2018
- A new Dementia: Understand Together campaign was rolled out to raise awareness and reduce stigma. More on the campaign can be seen on page 44.
- A new website *www.understandtogether.ie* was also developed in conjunction with the Alzheimer Society of Ireland. The website provides information on dementia and services available around the country.

Supporting implementation of the Integrated Care Programme for Older People

- Work continued with the integrated care programme for older people to support the transfer of learning from pioneer sites established in 2016 to 12 demonstrator sites. This included undertaking mapping exercises, population planning and processing performance data collection. Service user engagement is underway in partnership with the Age Friendly Cities and Counties Programme (aligned with other HSE initiatives). This will inform service improvement for local integrated care services.
- A workshop on Cultivating Patient Leadership was attended by 120 delegates, raising awareness both of the need for Age Friendly Councils and the opportunities that are there to get involved in integrated care.

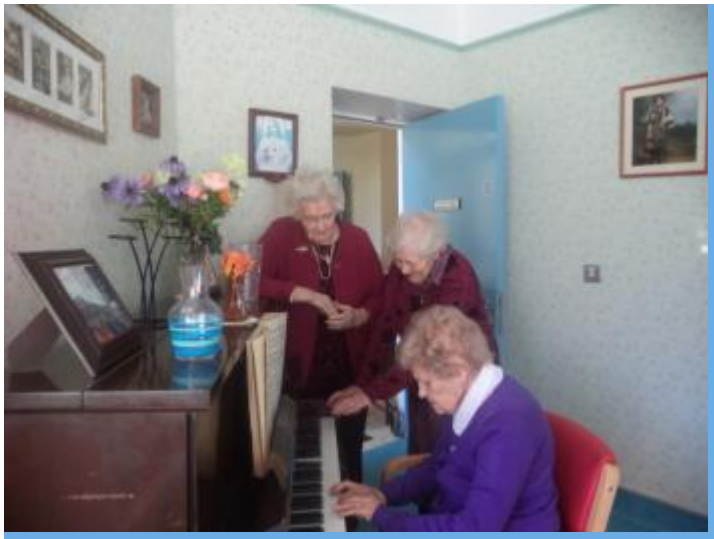
Providing high quality residential care including implementation of the review of the Nursing Homes Support Scheme (NHSS)

- Access to clear information and guidance in relation to the NHSS is vital to those requiring care and to their families. Online supports were further revised to facilitate smooth navigation through the various steps involved in the process and are available on *www.hse.ie.*
- Implementation of *Your Guide to the National Standards for Residential Care Settings for Older People in Ireland 2016* was further facilitated by the appointment of a service improvement team leader in late 2016. The service improvement team has supported the local managers of residential services in the implementation of a range of measures which form part of the national standards for residential care through site visits including:
  - Supporting directors of nursing and leadership in community hospitals and residential settings to implement a best practice model.
  - Reviewing nursing management structures to strengthen governance arrangements in public residential care facilities.

Rolling out the Single Assessment Tool (SAT)

The specially designed software information system SAT facilitates the gathering of information for older people through one assessment process, on behalf of the older person who applies for support under the Home Care Package Scheme or the NHSS.

- Work is being progressed on the roll-out of SAT across all CHOs to enable staff to better assess and plan older persons' care.
- An international pilot of the carer needs assessment tool was completed. The carer needs assessment development working group undertook a literature review of



Pictured: Nessa Banks, Bridget Smallhorne (playing piano) and Teresa Doyle

The 1950s styled Quiet Room at Navan Road Community Unit, Dublin

The idea of this space is that it evokes memories and sparks conversations. Classic furniture and various props in the room help residents tap more easily into memories from their past. It is a space to relax, listen to music, have morning / afternoon tea and reminisce in. This room provides a relaxing place for relatives to talk to and be with their loved one.

The room enables more personal relationships to be created between staff and residents and is an interactive space. The objects in the room stimulate memories enabling staff to get to know the residents in a more meaningful way.

available carer needs assessments. The final family carer needs assessment form was assessed in a pre-piloting scoping exercise both in Ireland and in Belgium, to assess the acceptability of the assessment for carers.

- The assessment form is now available for use internationally in any country using interRAI assessment systems. In Ireland it is planned to pilot the carer needs assessment in a CHO, across all care groups to test its suitability for implementation.

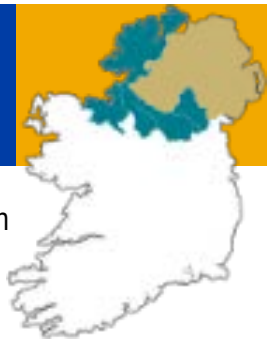
Community Healthcare Organisations

Delivery of community healthcare services through the nine CHOs is part of a significant reform programme which aims to increase access, quality and integration of care to people in local communities.

Many service improvements took place within our CHOs during the year and a flavour of these is included over the following pages.

Cavan, Donegal, Leitrim, Monaghan, Sligo
Community Healthcare Organisation 1

Population: 391,281



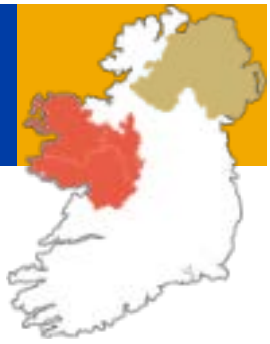
- A one day conference entitled Fighting the Flu Together was hosted in April. This was a unique, first national conference that provided an invaluable opportunity to hear what is happening in relation to flu protection campaigns and initiatives across Ireland and the UK.
- A showcase of 14 self-management support (SMS) programmes, operating in Co. Donegal for people with long-term health conditions, was held in Letterkenny. The event was hosted by the HSE SMS service in Co. Donegal to:
  - Ensure more service users are connected with appropriate and timely supports
  - Foster links between the community and voluntary sectors and the HSE
  - Provide information about access and referral pathways to these programmes
  - Promote integration across all sectors involved in caring for people with long-term health conditions.
- *Connecting for Life Suicide Prevention Action Plans 2017-2020* were launched for
  - Sligo and Leitrim
  - Cavan and Monaghan.
- Three new suicide prevention resources were launched as part of Donegal's *Connecting for Life, Donegal Action Plan 2015-2020.*
- Media briefings on suicide and murder suicide were held in Donegal and Cavan.
- The Community Inclusion Hub in Letterkenny was officially opened, part of the Donegal community inclusion training services which has transitioned from a community workshop model to a person-centred approach to day service provision for people with disabilities. It serves as a meeting point for services users, allowing them to participate in and contribute to community life and to access local services and facilities.
- Following extensive refurbishment, the Virginia Community Health Centre, Cavan and St. Mary's Residential Care Centre, Monaghan were officially opened in September.
- A €900,000 upgrade of x-ray equipment was provided in four Donegal community hospitals – Donegal Town, Killybegs, Dungloe and Carndonagh. Facilities will be upgraded with modern digital x-ray equipment and will be linked with Letterkenny and Sligo University Hospitals.
- Eighteen managers completed an eight-day Leadership Development programme over a period of eight months. This programme is a vehicle for managers to build a better health service for the communities they serve and the colleagues they work with.

In the spirit of promoting the benefits of sport for people with disabilities, a Come and Try – Sports Ability Day was organised in partnership with Sligo Sports and Recreation, the Irish Wheelchair Association and Leitrim Sports. The event was attended by approximately 30 participants including children and adults who enjoyed exploring how to make their sport or club more accessible.

Pictured: Callum Woods and Leah Duggan participating at the Come and Try – Sports Ability Day.

West: Galway, Mayo, Roscommon
Community Healthcare Organisation 2

Population: 453,109

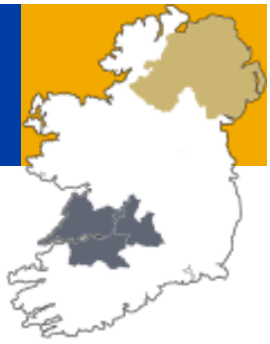


- A staff flu vaccine campaign, Get a Vaccine, Give a Vaccine, was launched in partnership with UNICEF. For every flu vaccine given to staff, ten polio vaccines were donated to UNICEF.
- As part of Ireland's Operation Transformation Programme, the Love Life, Love Walking Day was held on 14th February. Approximately 300 staff participated in lunchtime walking events.
- The Tobacco Free Campus initiative progressed across all residential centres for mental health and older persons' services.
- Mountbellew Primary Care Centre, Co. Galway was officially opened in October. Services include an oncology service for patients who are undergoing acute systemic cancer therapy.
- Castlebar Primary Care Centre was opened in November. The centre boasts an x-ray department among other facilities and serves a population of approximately 26,800 people.
- *Traveller Health Unit Strategic Plan 2017-2020* for Galway, Mayo and Roscommon was launched.
- The Eden programme is an educational programme that provides a safe space for those in need, who have attempted suicide or have had suicidal thoughts. Two programmes with 12 participants in each were delivered over 26 weeks by the counselling services.
- *Connecting for Life Galway, Mayo and Roscommon Suicide Prevention Action Plan 2017-2020* was launched in December.
- As part of *Moving on from Congregated Settings,* two community houses were opened to facilitate residents moving from Áras Attracta, Co. Mayo.
- As part of the Autism Spectrum Disorder waiting list initiative, 24 children commenced the Model Me (Social Skills) programme in the National University of Ireland, Galway.
- Following refurbishment, ten additional long-stay beds at Ballinasloe Community Nursing Unit opened.
- Implementation groups were established to roll out the single assessment tool for older persons' services.
- The Bronntanas Project won the National HR Award in the 2017 Health Service Excellence Awards. Further details of this can be seen on page 35 of this Annual Report.

Turning of the sod for a 14-bed inpatient hospice facility in Castlebar, Co. Mayo, by former US Vice President Joe Biden, with board members and staff of Mayo Roscommon Hospice.

Mid-West: Clare, Limerick, North Tipperary
Community Healthcare Organisation 3

Population: 384,998

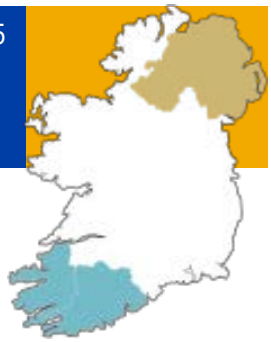


- A joint Flu Campaign was launched in conjunction with UL Hospitals Group, which increased the uptake of the vaccine among healthcare workers.
- Healthy Limerick was launched. Limerick City and County Council has become a member of the national Healthy City and Counties Network, an initiative under *Healthy Ireland*, working in partnership with local stakeholders to improve health and wellbeing for all.
- The Happy Heart Healthy Eating Award was won by the catering manager, St. Camillus Hospital in Limerick. This award encourages workplaces to play a key part in offering healthier food choices.
- Community intervention teams provided services for over 5,000 referrals of which over 3,000 referrals resulted in hospital avoidance.
- Six additional speech and language therapy posts were provided to enable the reduction of waiting times for speech and language therapy services.
- *Connecting for Life Mid West Suicide Prevention Action Plan 2017-2020* was launched.
- As part of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion,* seven people moved from St. Vincent's Centre in Lisnagry, Co. Limerick to live in the community.
- In line with *New Directions*, our national policy to provide personal support services for adults with disabilities, all school leavers and those leaving rehabilitation training were accommodated.
- Brian Boru Suite, Raheen Community Nursing Unit was officially opened. The €1.6m upgrade of residential facilities is designed to enhance the quality of care and accommodation for older people and includes 25 beds, 15 of them long-term and ten short-stay beds.
- Sycamore Suite, Ennistymon Community Nursing Unit was officially opened. The suite was designed in consultation with residents at a cost of €1.7m. The new build provides a modern purpose built environment that is bright, spacious, homely and welcoming.
- A pilot home care project commenced which facilitates greater choice for people accessing home care.
- A local implementation group was established to support the introduction of the single assessment tool for older persons' services.
- A new Safeguarding Committee for Vulnerable Adults was established.
- As part of the Values in Action project, Values in Action Champions brought Fleadh Cheoil na hÉireann indoors to St. Joseph's Hospital, Ennis by hosting a lunchtime concert for patients and their families.

Former Minister of State for Mental Health and Older People, Helen McEntee TD, with Bridget Dooley, at the official opening of the Brian Boru Suite, Raheen Community Nursing Unit.

Cork and Kerry
Community Healthcare Organisation 4

Population: 690,575

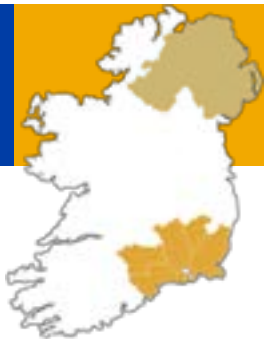


- Extensive consultation took place on the development of a *Healthy Ireland* Implementation Plan for Cork and Kerry. Staff participated in many health and wellbeing initiatives including clocking up millions of steps as part of the steps challenge and 400 staff attended a health and wellbeing day in Farran Woods. A monthly health and wellbeing newsletter is circulated and calorie posting was introduced in many sites.
- Building work was completed on a new primary care centre at St. Mary's Campus, Gurranabraher, the largest primary care centre in the country.
- A 15-bed specialist palliative inpatient unit opened in Tralee following collaboration between the HSE and the Kerry Hospice Foundation.
- The community work department launched its fifth series of the booklet *Lighting the Way East Cork*, a valuable resource for families and friends of people bereaved by suicide.
- Deer Lodge, a €13m mental health recovery unit, opened in Killarney. It is a modern and accessible 40-bed facility and care is provided with the aim of ensuring that residents have maximum involvement in their own recovery process and can move towards more independent living.
- *Connecting for Life Kerry Suicide Prevention Action Plan 2017-2020* was launched.
- *Connecting for Life Cork Suicide and Self-Harm Prevention Action Plan 2017 – 2020* was launched.
- As part of *Time to Move on from Congregated Settings*, eight people from Chluain Fhionnan in Killarney and 16 people from St. Raphael's in Youghal moved into houses in their respective communities.
- Fourteen transitional care beds opened in Clonakilty to allow for patients to be cared for during the transition period post their discharge from Cork University Hospital, helping to assist patient flow from the hospital.
- The inaugural Cork and Kerry community hospitals nursing conference was held in Killarney and attended by 120 nurses, as well as representatives from University College Cork, University of Limerick and Institute of Technology, Tralee.
- A comprehensive directory of services for older people across Cork City and County was developed.

Finbarr O'Leary in his new home in Youghal with Yvonne Dalton, clinical nurse manager and Kim Twohig, registered nurse, intellectual disabilities.

South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford
Community Healthcare Organisation 5

Population: 510,333



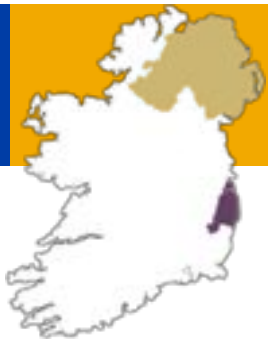
- As part of the *Healthy Ireland* Physical Activity Challenge, staff participated in lunchtime walking initiatives and 21 staff members in Waterford took part in the 10,000 steps a day over four weeks challenge.
- A patient information leaflet, for use by Primary Care Teams in the Waterford area, was launched. The leaflet details the wide range of services on offer through primary care and how to access them.
- An information booklet for GPs working with transgender people was launched. It outlines treatment options, transgender specific assessment and care, a summary of services for children and adolescents and other resources. It was issued to approximately 300 GPs.
- The Recovery College South East, Kilkenny was formally launched. The concept of a Recovery College is to empower people with mental health difficulties and provide connection, hope, identity, meaning and empowerment through recovery focused education. Participants can enrol in workshops to help them manage their own personal recovery journey from mental health and addiction challenges using a co-developed and co-delivered educational framework. An open door policy is in place, giving all an opportunity to access mental health wellness and recovery education.
- *Connecting for Life Action Plans 2017-2020* were launched for:
  - South Tipperary
  - Waterford
  - Carlow.
- Full construction began in October of a new 100-bed residential care centre at St. Patrick's Hospital in Waterford.
- *Carlow Age Friendly Strategy 2017-2022* was launched. It was developed collaboratively and in consultation with older people in Carlow and is aimed at improving the health and quality of life of older people in the county.
- The community speech and language therapy service in South Tipperary was highly commended at the National Adult Literacy Agency Plain English Awards for its speech and language therapy assessment information leaflet for parents / carers.

A disability awareness training resource pack, Let's Able, Not Label, was launched for first year students in Tipperary Town.

Pictured: Anne Bradshaw, Tipperary Gold Star / HSE; Joanne O' Riordan, Disability Rights Activist; Carol Moore, Disability Services Manager, HSE / South Tipperary Primary Care Services and Fiona Crotty, Tipperary County Council.

Dublin South East, Dun Laoghaire, Wicklow
Community Healthcare Organisation 6

Population: 393,239



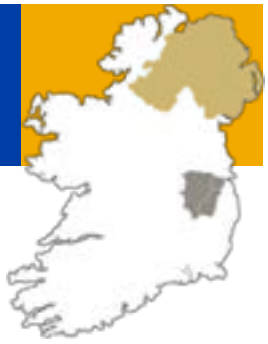
- A number of *Healthy Ireland* staff engagement and consultation sessions took place to inform development of the *Healthy Ireland* Implementation Plan.
- The sixth edition of the nutrition reference pack (0-12 months) was published. The pack was developed by the dietetics team to support staff who work with infants and their families to promote reliable and evidence based nutrition messages.
- A six week X-Pert education programme for adults with type 2 diabetes was delivered by community dieticians to 250 clients.
- A primary care led Fun with Food programme was developed for children, with limited food selection and anxiety when presented with new foods, using sensory and desensitisation techniques. Parents are taught how to introduce these techniques into everyday life.
- Implementation of a service improvement programme by the physiotherapy service, Arklow resulted in the reduction of waiting times for initial assessment from 32 weeks to four weeks.
- The at-risk foot protection service in East Wicklow redesigned its model of care for clients with diabetic foot ulcer. This resulted in reduced waiting times for provision of orthoses to clients with non-complex at-risk foot problems from 52 weeks to nine weeks, increasing patient satisfaction and improving outcomes for clients.
- *Connecting for Life Dublin South East, Dun Laoghaire and East Wicklow Reducing Suicide Together Action Plan 2015-2020* was launched.
- The physiotherapy department, in conjunction with Dun Laoghaire-Rathdown County Council led a six week Learn to Cycle programme for children with disabilities, aimed at teaching them how to cycle independently and safely.
- The CHO became an Advancing Recovery Ireland site, bringing together service users, families and community supports to work on making our mental health services more recovery focused.
- A dedicated HSE physiotherapy musculoskeletal service for staff absent due to injury was established.
- In the Health Service Excellence Awards the Gay Men's Health Service won the Innovation in Service Delivery Award with its service manager winning the Championing Diversity, Equality and Inclusion Award.
- The European Kate Granger Award for Compassionate Care was won by one of the general managers, older persons' services for pioneering work in dementia care.

To mark national breastfeeding week, the public health nursing department held two public events to celebrate having the highest breastfeeding rates in Ireland.

Pictured: Laura Campbell with baby James, and Rowena Duffy with baby Isabella at the breastfeeding celebration day at the Radisson Hotel Stillorgan.

Dublin South, Kildare, West Wicklow
Community Healthcare Organisation 7

Population: 697,644



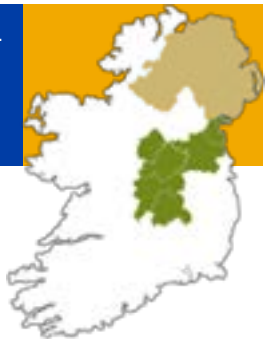
- Four staff *Healthy Ireland* engagement sessions were held to support development of the *Healthy Ireland* implementation plan. Staff participated in many *Healthy Ireland* initiatives during the year such as Love Life, Love Walking day in February and the staff Step to Health Challenge.
- A steering group was established to oversee the chronic disease management programme and teams for respiratory and diabetes commenced in Tallaght.
- New primary care centres opened in Blessington, Co. Wicklow and Celbridge, Co. Kildare.
- With the support of additional funding in 2017, 14 new speech and language therapists were recruited, reducing waiting times for access to services.
- A new national mobile health screening service commenced and provided services to the arriving refugee population in Monasterevin. A new in-reach GP service has also commenced and access was provided to psychology and trauma support services.
- The speech and language therapy team established a new initiative called the Communication Café in Inchicore. The project provides opportunities for social interaction for those who have acquired communication difficulties through aphasia after stroke or primary progressive aphasia, in a friendly and supportive environment. It also provides peer support for family, friends and carers.
- Safetynet, the GP in-reach service was further expanded to emergency accommodation centres.
- Five mental health teams were trained in the self-assessment process in line with *HSE Best Practice Guidance for Mental Health Services.*
- An area lead for mental health engagement was appointed to ensure the views and experiences of service users and their supporters are at the heart of planning and delivery of mental health services.
- *Connecting for Life* suicide action plans are at an advanced stage of development for Dublin South, Kildare and West Wicklow.
- A HCAI team was established and implementation of the train the trainer hand hygiene programme commenced.

A New Directions learning event was held in St. Michael's House, where service providers demonstrated how services are being re-organised to provide enhanced day support programmes for adults with disabilities.

Pictured: Luca Melocco Mulville, James McWalter, Mikey Humphreys, Peter Carmody and Ailis Colgan.

Midlands, Louth, Meath
Community Healthcare Organisation 8

Population: 619,281

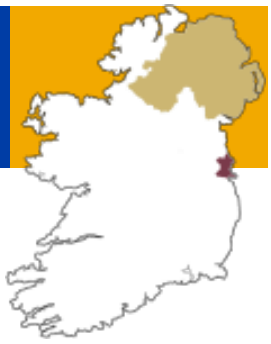


- A self-management support co-ordinator for chronic conditions took up post. Self-management support helps people to develop the knowledge, confidence and skills needed to make optimal decisions in managing their chronic condition(s), such as COPD, asthma, diabetes and cardiovascular disease.
- There was an increase in the uptake of the flu vaccination among staff. For every flu vaccine given to staff, ten polio vaccines were donated to UNICEF.
- Through INvolve!, mental health service engagement and involvement, service users of mental health services in Louth / Meath area participated in a ten week programme with a focus on skill development including leadership and facilitation. An event was held to showcase the success of the programme and the community and voluntary mental health supports in the area. It was attended by services users, family members, carers / supporters and staff and highlighted the importance of increasing the involvement and engagement of people with lived experience in mental health related organisations.
- *Connecting for Life* suicide action plan is at an advanced stage of development for Midlands, Louth and Meath.
- The x-ray department at Clonbrusk primary care centre, Athlone won the Medray / IIRRT 2017 Department of the Year award. It is the first radiology department to be located within a primary care centre where patients can avail of x-rays and scans locally without the need for attendance at hospital emergency departments.
- As part of *Time to Move on from Congregated Settings – A Strategy for Community Inclusion*, 16 people were transferred from St. John of God's, Drumcar, Co. Louth and two people moved from Muirosa to the community.
- Refurbishment works were undertaken at Riada House which is a 29-bed unit in Tullamore, Co. Offaly. It is expected that refurbishments will be completed in February 2018.

Six *Healthy Ireland* staff engagement sessions were attended by 345 staff. These provided an opportunity for staff to get to know more about *Healthy Ireland* and to share ideas on how to improve the health and wellbeing of both staff and service users.

Dublin North City and County
Community Healthcare Organisation 9

Population: 621,405



- There was an increase in the uptake of the flu vaccination by staff, resulting in the national target being exceeded.
- Corduff primary care centre was officially opened. This new modern centre hosts a range of services including paediatric occupational therapy, physiotherapy, dental, public health nursing, GP and CAMH services.
- Balbriggan primary care centre also opened providing a full range of primary care and mental health services including CAMHs.
- A diabetes patient structured education programme, a pulmonary rehabilitation programme and diabetes and respiratory integrated care programmes are being delivered in the community in conjunction with Connolly, Beaumont and the Mater Misericordiae University Hospitals.
- Thirteen speech and language therapists were appointed supporting the reduction of waiting times for children under 18 years.
- An area lead for mental health engagement was appointed, ensuring the views and experiences of service users and their supporters are at the heart of planning and delivery of mental health services.
- A Jigsaw site was established in Dublin City centre. Jigsaw is a network of projects, working with communities to better support young people's mental health and wellbeing. During the year, 573 young people were seen and 1,266 sessions completed.
- *Connecting for life Suicide Action Plan 2017-2020* is in development for Dublin North City and County.
- Two suicide resource officers are now in post and a cross-sectoral *Connecting for Life* steering group was established.
- Twelve people were transitioned from congregated settings to community living.
- Physiotherapy services in Ballymun participated in the Balance Matters project in conjunction with health promotion services and Dublin City Sport and Wellbeing Partnership. This facilitates targeted, sustainable exercise interventions among older adults who have fallen, are at risk of falling or have a fear of falling.
- The single assessment tool was rolled out across the North Dublin area for older persons' services.
- The Innovative Support Co-ordination for Older Persons project won the overall award in this year's Health Service Excellence Awards. Further details on this can be seen on page 34 of this Annual Report.
- The Food Project, St. Mary's Hospital, Phoenix Park won the Improving Patient Experience Award at the Health Service Excellence Awards.

Can You Hear Me Now is a voice and support group set up by the speech and language therapy service for people living with Parkinson's disease. Approximately 12 people meet on two occasions each month to receive education and guidance on living well with Parkinson's disease. The initiative has also been extended to Ballymun Civic Centre.

Pictured: Patricia O'Connor and Ruth Talbot, Speech and Language Therapist.

Pre-Hospital and Acute Hospital Care

Pre-Hospital and Acute Hospital Care refers to the broad range of services, including pre-hospital emergency care, that is provided within the acute hospital system.

Pre-Hospital Emergency Care

Providing professional and compassionate clinical care and transport to patients, in partnership with the wider health service.

Acute Hospital Care

Providing safe and effective patient-centred care to the population, through seven Hospital Groups and forty-eight acute hospitals.

National Women and Infants' Health Programme

Leading the management, organisation and delivery of maternity, benign gynaecology and neonatal services.

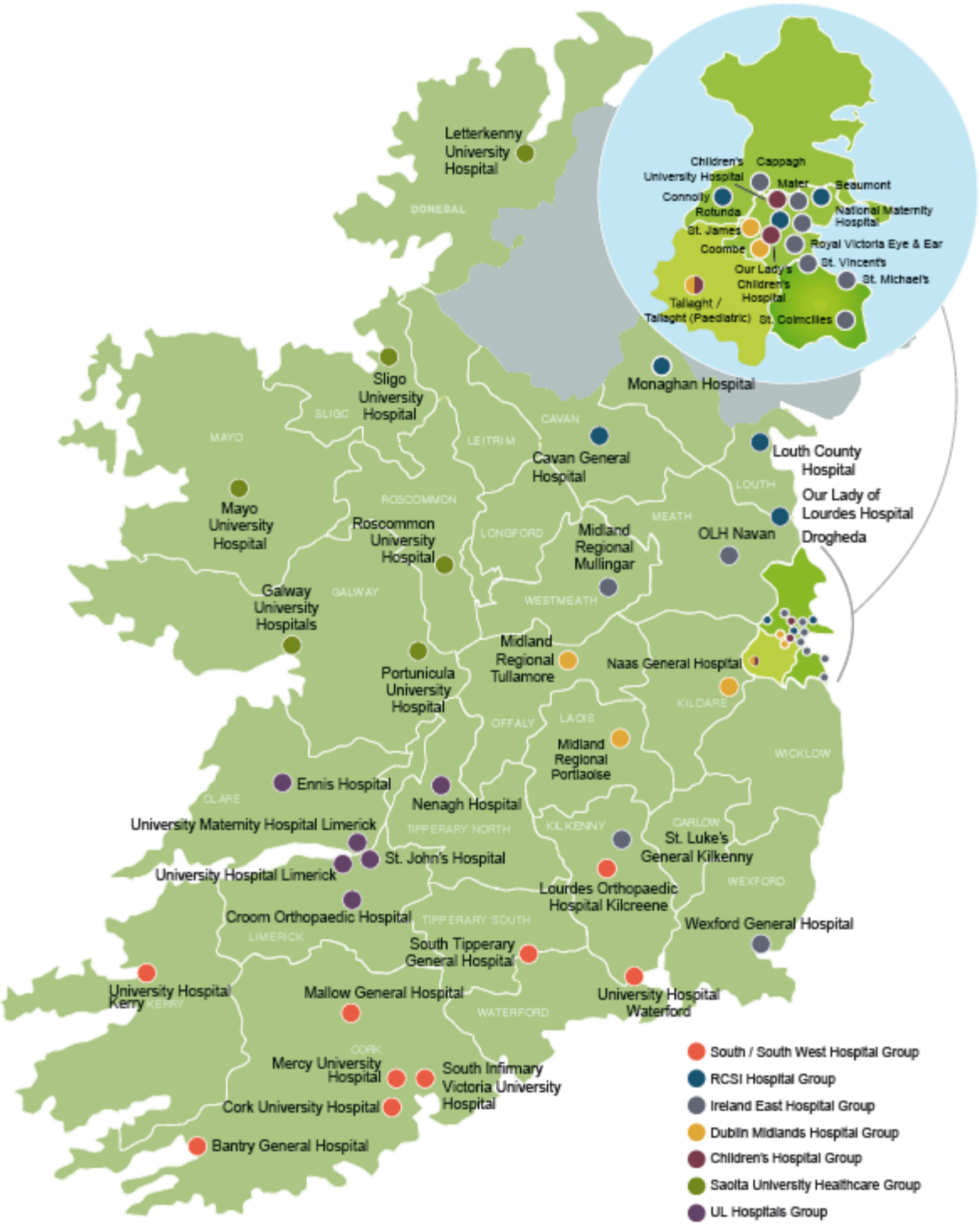
Cancer Services

Leading the development and provision of cancer care from prevention, early diagnosis and treatment, to appropriate follow-up and support in both the acute hospital and community settings.

Acute hospital services are provided to patients by the 48 acute hospitals via seven Hospital Groups, each led by a Chief Executive Officer and their respective management teams. This governance structure facilitates improved access to quality services supported by robust management and accountability arrangements at all levels of the service.

Delivering Hospital Services through Hospital Groups

Our seven Hospital Groups provide the structure to deliver an integrated hospital network of acute care.



Progressing our Priorities...

Pre-Hospital Emergency Care

The National Ambulance Service (NAS) is the statutory provider for the State of pre-hospital emergency and intermediate care, working in conjunction with the Dublin Fire Brigade, the Irish Air Corps, the Irish Coast Guard and, in the border areas, with the Northern Ireland Ambulance Service.

Improving operational performance and outcomes for patients

- To further improve response times and expand the intermediate care service (ICS), which supports Hospital Groups in inter-hospital transfers, additional staff were trained, including:
  - 87 paramedics completed their post-graduate training and were deployed to operational bases, while 95 student paramedics commenced their training programme.
  - 52 new intermediate care operatives completed their training programme and were deployed.
- Response times are steadily improving with 83% of ECHO calls (life-threatening cardiac or respiratory arrest) and 61% of DELTA calls (other life-threatening illness or injury) responded to within 18 minutes and 59 seconds.

European Restart a Heart Week took place in October to create awareness that everyone can and should become familiar with cardiopulmonary resuscitation (CPR). If someone suffers a cardiac arrest, their chances of survival double if it happens in front of a bystander who immediately rings 112 / 999 and starts CPR before an ambulance's arrival. Throughout the week, hundreds of HSE staff around the country took part in CPR familiarisation sessions where they could listen to a simulated 112 / 999 call, follow the instructions of a paramedic and practise CPR, with the assistance of volunteers from the National Ambulance Service, resuscitation training officers and community first responders.

- Work continued, as part of the National Transport Medicine Programme to develop patient retrieval services in support of clinical networks and in line with national policy.
- Recruitment campaigns are underway to progress the implementation of the Road Safety Authority Emergency Services Driving Standards and the development of an emergency management function.

Providing a flexible, safe, responsive and effective service to meet planned alternative models of patient care and improving the health needs of the population

- The number of community first responder schemes has increased to 168 (from 145 in 2016) and three Community Engagement Officers have been appointed to focus on targeted areas.
- Progression of the alternative care pathway, Hear and Treat, is on-going, through the appointment and training of an initial cohort of staff and development of the necessary infrastructure including a computer aided dispatch (CAD) system.
- Community-based education and training programmes were progressed within the development of community first responder schemes and the work of the Out of Hospital Cardiac Arrest Steering Group.
- The *National Ambulance Service Review of Organisational Design* was finalised as part of the process to commence implementation of the NAS Operating Model.

Improving quality of care and patient safety through enhancing clinical competencies and governance arrangements

- Roll-out of the electronic patient care record (ePCR) commenced, allowing a more complete picture of each individual patient's acute episode to be provided to the receiving ED, and plans for the next phase of roll-out are on target.
- New key performance indicators and a framework for their implementation were developed, with planned pilot testing to commence in 2018.

Seven year old Sophie Doyle received a certificate of bravery after ringing 999 to tell them that her mother, Janet, had gone into anaphylactic shock. Speaking after the incident, Janet Doyle said she was amazed at the service, and how the ambulance and dispatch team worked together to get her safely to hospital, while also keeping Sophie calm.

Pictured: Sophie receiving her certificate from call taker Aoife at the National Emergency Operations Centre in Tallaght.

Deploying the most appropriate resources safely, quickly and efficiently

- To ensure that the NAS fleet and equipment are cost effective, maintained to a high standard and capable of meeting future models of service delivery, a fleet and equipment plan has been implemented with monthly status reports provided.
- The NAS was announced as the winner in the Public Service category of the Sustainable Energy Authority of Ireland's (SEAI) Energy Awards 2017. This award was delivered in recognition of the NAS commitment to reducing its carbon footprint, and the sustainable energy options that are now available in the NAS fleet including 50 of the new vehicles being equipped with solar panels.

Acute Hospital Care

Acute hospitals provide a wide range of services including inpatient, day case, outpatient, emergency, diagnostic, maternity and cancer services. In 2017, the demand for services continued to increase in line with a growing and ageing population and the focus remained on providing quality safe services to service users.

Key priorities in 2017 were delivering care safely and efficiently, improving access to urgent and planned care and improving the patient experience.

Delivering quality care through our Hospital Groups

- To build quality and patient safety capacity across hospitals, an analysis of resources is on-going and the roll-out of phase 2 of the National Incident Management System (NIMS) continues in acute hospitals.
- The Hospital Groups continued to embed robust managerial and clinical governance structures, including the appointment of Boards of Directors and the development of group strategic plans and group structures, to support quality and patient safety.
- Monitoring commenced of the rate of falls incidents and medication errors classified as major or extreme.
- Hospital patient safety indicator reports have been developed and are being published.

Monitoring and controlling healthcare associated infections

- To improve the monitoring and control of HCAIs, new performance indicators were agreed for Staph. Aureus and C. Difficile infections, which provide earlier information on infections, and a performance assurance process has been established.
- Information on the incidence and screening of CPE is being collated and associated policies are being developed in conjunction with the national public health emergency team. Further information in relation to HCAIs can be seen on pages 25 and 43 of this Annual Report.

The National Patient Experience Survey, the first of its kind in Ireland and a joint initiative between HIQA, the HSE and DoH, took place in May. 26,635 patients from 40 acute hospitals were invited to participate, and the survey had a response rate of 51%. While 79% of respondents rated their hospital experience as good or very good, 16% rated their experience as fair to poor, with patients admitted to hospital in an emergency giving lower ratings of overall experience of care than those patients whose stay in hospital was planned in advance.

Key concerns for patients related to their experience of ED, care on the ward, communication and information and the discharge process. Findings from the survey will be used to shape future healthcare policy and improve outcomes for patients. See *www.patientexperience.ie* for more information. Further information in relation to the survey can be seen on page 19 of this Annual Report.

Pictured at the launch of the survey were: Phelim Quinn, CEO, HIQA; Minister for Health Simon Harris TD; and Tony O'Brien, former Director General, HSE.

Increasing critical care capacity

- Critical care capacity was increased in Cork University Hospital through the opening of two intensive care unit beds.

Improving inpatient flow

- Under the Patient Flow programme, several projects commenced in Galway University Hospitals and University of Limerick Hospital, including:
  - Effecting improvements in emergency surgical flow
  - Improving bed turnaround times and reducing delay in ED transfers
  - Improving discharge planning and increasing early morning discharges.

Improving patient experience times in EDs

- Meeting the demand for unscheduled care remained challenging with a sustained increase in ED attendances. Approximately 30,000 more people attended our EDs compared with the previous year, including an additional 8,800 patients over the age of 75.
- Work continued on the ED taskforce plan recommendations in relation to patient experience time, to address the on-going pressures experienced in EDs and in particular to reduce waiting times for patients over 75 years.
- Despite the increased demand, the number of patients waiting more than 24 hours in EDs reduced by approximately 1,400 patients of whom 800 were aged over 75 years.
- 113 additional beds had been provided in our hospitals by the end of the 2016 / 2017 winter initiative, with a further 74 acute beds in place by year end as part of the 2017 / 2018 initiative. Further information can be seen on page 29 of this Annual Report.
- Work continued on developing integrated care teams for older people in conjunction with the CHOs. Further information in relation to this can be seen on page 28 of this Annual Report.

Some of our Activity in 2017

- 1,708,059 patients were discharged from hospital – 635,663 inpatient and 1,072,396 day case – an increase of 21,900 compared to 2016.
- 1,416,449 emergency presentations to acute hospitals (increase of 4%).
- 3,307,079 outpatient attendances (decrease of 0.4%).
- 1,279,712 ED attendances (increase of 3%).
- 87% of adults were waiting less than 15 months for an inpatient procedure and 93% for a day care procedure (89% and 86% respectively for children) by the end of the year.
- 72% of patients were waiting less than 52 weeks for an OPD appointment by the end of the year.
- 68 patients were waiting more than four weeks for an urgent colonoscopy by year end and 58% of patients were waiting less than 13 weeks for a routine endoscopy.
- 81% of patients were admitted or discharged within nine hours of registration at ED and 66% were admitted or discharged within six hours.

Improving access to urgent and planned care

- To improve hospital capacity, a number of new and replacement units opened during the year, including a 75-bed replacement ward block in University Hospital Galway and a new ED in University Hospital Limerick. Phase 2 of the acute medical assessment unit (AMAU) in Midland Regional Hospital Portlaoise also progressed during 2017.
- Work continued with the NTPF to implement waiting list initiatives, reduce waiting times and provide treatment to those patients waiting longest. 38,991 patients were identified where a 15 month waiting period would be exceeded if no action was taken and, of these, 31,600 were removed from the waiting list.
- The scoliosis waiting list update and service development plan was developed which aimed to ensure that no scoliosis patient who required surgery would be waiting more than four months for surgery, where clinically appropriate, by the end of the year. This initiative resulted in an increase in capacity at

Our Lady's Children's Hospital (Crumlin), Children's University Hospital (Temple Street), Cappagh National Orthopaedic Hospital and the Mater Misericordiae University Hospital, and the option of surgical treatment in specialist centres in the UK, Germany and France. Development continues of a sustained, contemporary, values-based and patient-centred approach to service delivery in scoliosis and orthopaedic services.

- Following a national GI endoscopy demand and capacity review process, a number of initiatives were progressed including development of an action plan to improve access, establishment of a working group to improve co-ordination and communication across services, and appointment of endoscopy clinical leads to lead on service improvement at group level.
- The Outpatient Services Performance Improvement Programme (OSPIP) continues to be implemented. Work has commenced on referral pathways for seven specialties and the design of the urology prototype pathway has been completed.
- Recruitment is being progressed, in line with the recommendations of the *Independent Clinical Review of provision of a Second Catheterisation Laboratory at University Hospital Waterford* (Herity Report), to provide additional weekly planned cardiac catheterisation laboratory sessions. A mobile cardiac catheterisation laboratory is in place in the interim.
- Both the National Rare Diseases Office and the National Clinical Programme for Rare Diseases are working with healthcare providers to encourage them to sign up to be listed on Orphanet (a pan-European database of expertise in the area of rare disease). By the end of the year a total of 51 centres of expertise in Ireland were validated and listed on Orphanet.
- Guidelines have been developed for the prescribing of two multiple sclerosis drugs, Infliximab and Lemtrada.
- Additional nurses were appointed in Beaumont and St. Colmcille's Hospitals to optimise nursing levels in accordance with patient dependency, as part of the pilot of the *Framework for General and Specialist Medical and Surgical Care in Acute Hospitals*.
- A number of initiatives were progressed during the year in relation to paediatric care including:
  - Recruitment of additional paediatric consultants to support the Waterford paediatric project.
  - The capital project for the new children's hospital including outpatients and urgent care centres at Tallaght and Connolly Hospitals.
  - The Children's Hospital Integration Programme which will integrate the three children's hospitals in advance of the new children's hospital opening.
  - Expansion of the all-island paediatric cardiology service to provide urgent cardiothoracic surgery and emergency surgery for children from Northern Ireland. Cardiac catheterisation activity has also increased with children from Northern Ireland accessing this service in less than 12 weeks.
  - Implementation of the screening programme for infants at risk of developmental dysplasia of the hip is taking place in three Hospital Groups (South / South West, RCSI and Saolta) and national standards have been developed and communicated.

Organ Donation and Transplantation

Organ Donation and Transplant Ireland (ODTI) continued to raise awareness of the importance of organ donation nationally.

In 2017, 311 organ transplants including five pancreatic transplants were completed and there were a total of 150 donations from living and deceased donors.

National Women and Infants' Health Programme

The National Women and Infants' Health Programme (NWIHP) was established in January.

Implementing the *National Maternity Strategy 2016-2026*

- An implementation plan for the *National Maternity Strategy 2016-2026*, including actions to address inequities in the availability of anomaly scanning, was launched, focusing on the four key themes of the strategy:
  - Adopting a health and wellbeing approach to ensure that babies get the best start in life so that mothers and families are supported and empowered to improve their own health and wellbeing.
  - Providing access to safe, high quality, nationally consistent, women-centred maternity care.
  - Recognising pregnancy as a normal physiological process and facilitating a woman's choice insofar as it is safe to do so.
  - Ensuring maternity services are appropriately resourced, underpinned by strong and effective leadership, management and governance arrangements, and delivered by a skilled and competent workforce in partnership with women.
- Maternity networks are established or are being established in six hospital groups, with directors of midwifery appointed to most maternity hospitals.

- To improve clinical management, communication and effective planning of care, the maternal and newborn clinical management system (MN CMS) went live in a further two sites this year. (Phase 1 of implementation of the system includes Cork University Maternity Hospital, University Hospital Kerry, the National Maternity Hospital and Rotunda Hospital).
- Planning for the relocation of the National Maternity Hospital, Dublin is well advanced and planning work continues on the relocation of University Maternity Hospital Limerick and the other Dublin maternity hospitals.
- The appointment of bereavement specialists for all maternity units is progressing as part of a range of improvement actions based on the *National Standards for Bereavement Care following Pregnancy Loss and Perinatal Death*.

Cancer Services

During the year, the new *National Cancer Strategy 2017-2026* was published by the DoH. Implementation of its recommendations will help to address some of the deficits in cancer services nationally.

Implementing the *National Cancer Strategy 2017-2026*

- Two new linear accelerators known as Linacs were opened at St. Luke's Hospital, part of the St. Luke's Radiation Oncology Network (SLRON). The new Linacs will each treat an average of 30 patients per day, increasing capacity for cancer treatment within SLRON and, ultimately, survival rates for cancer patients. Additionally, cross-border collaboration continued at the North West cancer centre at Altnagelvin as part of the national programme for radiation oncology.
- Work is on-going with the DoH and other stakeholders on:
  - Supporting integrated care between GPs and clinical colleagues to enhance cancer prevention and early detection.
  - Continuing the centralisation of cancer surgery.

- Initiatives are underway in each of the eight cancer centres, driving process improvement and efficiency and enhancements to the rare specialist cancer patient pathways.
- To optimise the safe delivery of systemic cancer treatment, including ePrescribing and eAdministration of chemotherapy, the design and configuration of a medical oncology clinical information system (MOCIS) was completed (see also page 89 of this Annual Report).

National Cancer Strategy 2017-2026

In July, Minister for Health, Simon Harris TD launched the *National Cancer Strategy 2017-2026*. The strategy sets out four goals:

- Reduce the cancer burden.
- Provide optimal care.
- Maximise patient involvement and quality of life.
- Enable and assure change.

Key recommendations in the strategy include:

- Development of a cancer prevention function.
- Expansion of BowelScreen through appropriate endoscopy capacity.
- Enhancement of care pathways between primary and secondary care for specific cancers.
- Development of referral criteria to ensure GPs have direct access to cancer diagnostics.
- Appointment of national leads for cancer molecular diagnostics, geriatric oncology and cancer nursing.
- Designation of an age appropriate facility for adolescents and young adults with cancer within the new children's hospital.
- Development of palliative care services within the cancer centres.
- A clearly defined framework in place for cancer patient safety and quality.
- Cancer consultants and advanced nurse practitioners to have protected time to pursue research interests.
- Development, publishing and monitoring of a programme of national quality healthcare indicators for cancer care.

Performance improvement

- A report from the National Cancer Registry indicated rates of cancer have fallen, and more people are surviving the disease with overall 5-year cancer survival now standing at 61.1%, up from 44.2% in 1998.
- Under phase II of the rapid access clinic review (breast, prostate and lung), implementation of the service recommendations commenced mid-year in the Hospital Groups / cancer centres. Significant improvement across the services was seen by the end of the year with 78% of the recommendations reported as having been completed.
- While challenges remain in meeting performance targets, achievements were seen in a number of areas:
  - 75% of urgent symptomatic breast cancer patients were seen within two weeks.
  - 83% of lung cancer patients were seen or were offered an appointment within 10 working days.
  - 62% of prostate cancer patients were seen or were offered an appointment within 20 working days.
  - 76% of patients undergoing radical radiotherapy treatment commenced treatment within 15 days.
  - Screening programmes for breast, cervical and bowel cancer continued and, for breast cancer, the programme was extended.

Hospital Groups

Delivery of acute services through the seven Hospital Groups is part of a significant reform programme which aims to improve the quality and efficiency of care to patients.

Many service improvements took place within our Hospital Groups during the year and a flavour of these is included over the following pages.

Children's Hospital Group

Children's University Hospital (Temple Street) – National Children's Hospital (Tallaght) – Our Lady's Children's Hospital (Crumlin)

Academic partners: University College Dublin – Royal College of Surgeons Ireland – Trinity College Dublin – Dublin City University – National University of Ireland Galway – University College Cork – University of Limerick

Families and children attending Children's University Hospital (Temple Street) can now escape from the hospital to a nearby garden retreat. The privately established garden is adjacent to a six-family facility called Hugh's House, which is providing long-term accommodation for parents of children attending the hospital.

Pictured: Jack Harmes (9) from Castleknock, Dublin with Ade Stack, mother of Hugh Curley in whose memory the house and garden have been created. (Photographer: Andres Poveda)

- A significant milestone was reached in the development of the new children's hospital with the announcement that the investment required to award the construction contracts had been approved by Government. This was followed by the casting of the foundation stone by former Taoiseach, Enda Kenny TD and members of the Youth Advisory Council (current and former users of children's hospital services). The children and the Taoiseach embedded their hands into a mould which will be cast in cement and incorporated into the new hospital.
- Progress continued on the implementation of the Children's Hospital Programme, a significant investment and change management programme, in partnership with the DoH. The programme's aims are to:
  - Progress the transition to a new single legal entity during 2018.
  - Mobilise the required ICT projects.
  - Continue to act as client for the capital project to build the new children's hospital and two paediatric outpatient and urgent care centres.
- Children's University Hospital (Temple Street) received the Improving Our Children's Health Award at the Health Service Excellence Awards for its influenza vaccination campaign. A number of innovative activities took place among hospital staff resulting in the hospital achieving the highest uptake rate of the vaccination in the health service.
- Children's University Hospital (Temple Street) developed a website *www.sportsinjuries.ie* to provide advice on first aid for children's sports injuries. As a website, this free resource is quickly accessible via a smartphone, providing assistance in recognising potentially serious injuries and taking the appropriate steps.
- Our Lady's Children's Hospital (Crumlin) celebrated Universal Children's Day with a number of activities, including an art competition and a quiz, bringing lots of fun to children in the hospital.

Dublin Midlands Hospital Group

Coombe Women and Infants University Hospital – Midland Regional Hospital Portlaoise – Midland Regional Hospital Tullamore – Naas General Hospital – St. James's Hospital – St. Luke's Radiation Oncology Network – Tallaght Hospital

Academic partner: Trinity College Dublin

The Dublin Midlands Hospital Group launched its *Healthy Ireland Implementation Plan 2018-2020*. The plan sets out a three-year road map for improving the physical and mental health of staff, patients and the wider public.

Pictured: Dr Susan O'Reilly, CEO Dublin Midlands Hospital Group; Minister of State for Health Promotion and the National Drugs Strategy, Catherine Byrne TD; Dr Áine Carroll, National Director, Clinical Strategy and Programmes with Lucy and Lilly O'Leary.

- A five year strategic plan was developed during 2017 and is due to be published in January 2018. The strategy focuses on five key aims – delivering excellent standards of quality and patient safety; optimising service delivery; developing integrated care between the group and its community partners; fostering education, research and innovation; and strengthening co-operation and collaboration between the hospitals – with the overall objective of supporting, sustaining and developing each hospital to deliver high quality care for patients.
- The team at the Midland Regional Hospital Tullamore were highly commended for their work on the trauma assessment clinic project in the category for Excellence in Patient Flow Management Award at the Health Service Excellence Awards. The service uses a team approach that improves and streamlines the patient journey after an injury.
- An event was held at St. James's Hospital to mark 50 years of nursing training and education. Over 250 nurses attended, including some from the very first intake in 1967. Since the beginning of the programme, the size of classes at the hospital has grown from less than 20 students to 75.
- Tallaght Hospital became the first public hospital in Ireland to pilot a new, minimally invasive technology to treat benign prostatic hyperplasia (BPH), commonly known as an enlarged prostate gland. A key benefit of this approach is that the procedure can be completed under local rather than general anaesthetic, which reduces the typical length of stay required in hospital afterwards.
- A Winter Ready campaign was launched at Tallaght Hospital. The public information campaign is designed to empower people to better manage their health to protect themselves, prepare for and prevent the impacts of winter illness.

Ireland East Hospital Group

Cappagh National Orthopaedic Hospital – Mater Misericordiae University Hospital – Midland Regional Hospital Mullingar – National Maternity Hospital – Our Lady's Hospital (Navan) – Royal Victoria Eye and Ear Hospital – St. Columcille's Hospital (Loughlinstown) – St. Luke's General Hospital (Carlow / Kilkenny) – St. Michael's Hospital (Dun Laoghaire) – St. Vincent's University Hospital – Wexford General Hospital

Academic partner: University College Dublin

The Mater Misericordiae University Hospital launched a new Next Generation Sequencing (NGS) laboratory. This world-class laboratory houses gene sequencing equipment enabling germline testing for the population. Patients, and their families, suffering from heart disease, blindness and cancer will benefit from genetic testing provided by this equipment and the NGS Laboratory. (The new gene sequencing equipment was donated by Shabra Charity).

Pictured: Staff working in the NGS laboratory.

- St. Vincent's University Hospital won the Best Integration Award at the Health Service Excellence Awards in December for its introduction of an acute diabetic foot pathway. Through this project, length of stay for patients has greatly reduced, with fewer major limb amputations and fewer re-admissions.
- A new cataract unit was officially opened at the Royal Victoria Eye and Ear Hospital which, when fully operational, will increase capacity by over 3,000 cases per year.
- At the Hospital Professional Awards, a HSE Innovation and Service Development Award was given to the Diabetes Department at St. Luke's General Hospital (Carlow / Kilkenny) for a pilot programme offering brief and long-term art psychotherapy to support individuals, and their families, in the paediatric services with a diagnosis of Type 1 diabetes.
- In a major step forward for women and infants' healthcare in Ireland, planning permission was granted for the new National Maternity Hospital on the St. Vincent's University Hospital campus.
- A design team was appointed to draft a site development plan for the future phased development of the Midland Regional Hospital Mullingar.
- Cappagh National Orthopaedic Hospital has teamed up with the National Dairy Council to help promote the importance of a healthy diet for bone health. Over 20,000 patients annually avail of the hospital's services as inpatients, outpatients and day cases.

RCSI Hospital Group

Beaumont Hospital – Cavan General Hospital – Connolly Hospital – Louth County Hospital – Monaghan Hospital – Our Lady of Lourdes Hospital – Rotunda Hospital

Academic partner: Royal College of Surgeons Ireland

Former patients Haifa, Fariah and Hania Khan, and their parents, Liga and Nasir, pictured with Prof Afif EL-Khuffash, Consultant Neonatologist, Rotunda Hospital and Honorary Clinical Associate Professor, RCSI, at the World Prematurity Day celebrations in the Rotunda Hospital.

- The frail intervention therapy team, at Beaumont Hospital were successful at the Health Service Excellence Awards, receiving the Supporting a Healthy Community Award. The team developed a whole system pathway for frail older people, promoting a successful home first ethos which reduced patients' length of stay.
- Staff Recognition Awards were hosted to celebrate Beaumont Hospital's 30 Year Anniversary. The awards recognised individuals and teams who contributed to the provision of high quality patient and customer care and were identified as going above and beyond their duties to create a positive working environment.
- A foetal anomaly scanning service commenced in Our Lady of Lourdes Hospital and Cavan General Hospital and plans are in place to expand this into a fuller service as the skilled workforce is recruited and developed.
- Over 4,000 patients had their care managed using a new approach which maximised usage of all facilities, particularly theatre / diagnostics (endoscopy) capacity across the group.
- A Rotunda Hospital initiative providing lactation support for premature babies has been awarded Patient Education Project of the Year at the Irish Healthcare Awards. The aim of this initiative was the targeted provision of lactation support for mothers of premature babies within the neonatal unit (NICU) to improve provision of breast milk for these vulnerable babies.
- Expansion continued of the Our Lady of Lourdes campus project with the opening of a 29-bed single roomed ward.
- Connolly Hospital was successful at the Health Service Excellence Awards receiving the Improving Efficiency and Value in Healthcare Award for its project, Advancing the Role of the Pharmacy Technician and Delivering Better Value for Money on Hospital Drug Spend. This project ensures that patient demand for medication of the highest quality is met while also delivering savings in drug spend.

Saolta University Health Care Group

Letterkenny University Hospital – Mayo University Hospital – Merlin Park University Hospital – Portiuncula University Hospital – Roscommon University Hospital – Sligo University Hospital – University Hospital Galway

Academic partner: National University of Ireland Galway

As part of a Saolta initiative recognising that health and well-being are affected by the physical environment in which people work and stay, a sculpture entitled 'Transit' was created and donated to Sligo University Hospital by local artist Páraic McGloughlin, assisted by his father Páraic MacLochlainn. The sculpture represents the transition from sickness to health.

- University Hospital Galway won the Popular Choice Award at the Health Service Excellence Awards for its serum eye drop programme. Serum eye (SE) drops are used to treat a range of ocular surface disorders and the hospital is the only one in Ireland licensed to produce SEs. Further detail on this can be seen on page 34 of this Annual Report.
- Galway University Hospitals (University Hospital Galway and Merlin Park University Hospital) showcased the expertise of the Interventional Radiology Department when they hosted live cases for an international conference which took place in Germany. Interventional radiology is a medical specialty providing minimally invasive image-guided diagnosis and treatment of diseases in every organ system.
- The catering department at Roscommon University Hospital was awarded Hear Me! certification in May. Hear Me! aims to promote understanding and awareness of communication impairment and equip people with the tools and strategies needed to create a communication-friendly environment.
- Portiuncula University Hospital celebrated the Hospice Friendly Hospitals Programme by hosting an information campaign which aimed to promote and celebrate the progress on end of life care in the hospital.
- Sligo University Hospital in collaboration with Sligo IT piloted the first MedEx programme outside of Dublin City University since its establishment in 2006. MedEx is a novel, community-based rehabilitation and exercise programme for people with a chronic illness or disease.
- Mayo University Hospital launched a Patient and Family Engagement committee, recruiting 16 patient advisors to help the hospital promote meaningful engagement with patients. The hospital is the first in the country to undertake such a venture, based on the Canadian Patient and Family Engagement Model.

South / South West Hospital Group

Bantry General Hospital – Cork University Hospital – Lourdes Orthopaedic Hospital – Mallow General Hospital – Mercy University Hospital – South Infirmary Victoria University Hospital – South Tipperary General Hospital – University Hospital Kerry – University Hospital Waterford

Academic partner: University College Cork

Pictured at the celebration of Cork University Maternity Hospital's 10th birthday were John Higgins, Professor of Obstetrics and Gynaecology, and Olive Long, Director of Midwifery, with Kacper Ciolek, the first baby born at the hospital.

- University Hospital Waterford received the Excellence in Quality Care Award at the Health Service Excellence Awards for its nurse-led peripherally inserted central catheters (PICC) line insertion service. Prior to the development of this service, PICC lines were typically inserted by a consultant interventional radiologist and the nurse-led service has significantly reduced the length of time patients need to wait.
- The South / South West Hospital Group held its inaugural Peri-operative Conference in University Hospital Waterford at the end of the year, with over 170 delegates in attendance.
- There were celebrations at University Hospital Waterford when two of its nurses received an Award for Excellence in Cardiovascular Care at the international EuroHeartCare conference in Sweden for their case study on the effects of protein supplements on the cardiovascular system.
- The maternal and newborn clinical management system (MN CMS) went live in University Hospital Kerry, enhancing care for patients through the use of an electronic rather than paper record.
- Several capital projects were progressed to enhance patient services:
  - Opening of an 11-bay day surgery unit in South Tipperary General Hospital.
  - Approval received to develop a 40-bed modular build in South Tipperary General Hospital.
  - Development of a palliative care unit, stroke unit and discharge lounge at University Hospital Kerry.
  - Development commenced of a five storey building in University Hospital Waterford to incorporate a palliative care unit over two floors and acute medical / surgical specialties over three floors.

UL Hospitals Group

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

Academic partner: University of Limerick

One of Ireland's largest EDs opened in University Hospital Limerick. The ED has increased capacity for patients and was designed with the input of senior clinicians to improve patient flow, reduce patient experience times and improve outcomes for patients.

Pictured in the new resuscitation area at the ED are nurses Ingrid Byrne and Siobhan O'Grady.

- 14,000 patients in need of acute medical care received appointments through the Bed Bureau at UL Hospitals Group in its first full year of operation. The Bed Bureau receives calls directly from GPs, minimising the risk of unnecessary waits in the ED by offering an appointment at one of the medical assessment units in University Hospital Limerick, St. John's Hospital, Nenagh Hospital or Ennis Hospital.
- A series of public lectures commenced as part of UL Hospitals Group *Healthy Ireland* programme. The programme is committed to greater engagement with the public on health promotion and prevention of illness.
- The Charles Centre, the new centre for specialist dermatological services at University Hospital Limerick, was officially opened. It provides new treatments, added capacity and a much improved environment for patients with skin conditions and skin cancers.
- Services continued to expand with new renal and dermatology clinics at Ennis Hospital. To improve experiences for patients and their families, the Oak Room, a family room for relatives of patients who are at or near the end of life, also officially opened in Ennis Hospital.
- University Maternity Hospital Limerick is leading in the development of a perinatal mental health service in line with the *National Maternity Strategy 2016-2026* and the national model of care. A consultant psychiatrist and a clinical midwifery manager were appointed and an international conference on perinatal mental health was held in partnership with CHO 3.
- Live streaming commenced of robotic surgical procedures from the operating room in University Hospital Limerick to the new Clinical Education and Research Centre (CERC) auditorium, as part of the educational component of the robotic surgical programme.

Supporting Service Delivery

Support services are key enablers, including National HR, National Finance, the Office of the Chief Information Officer (OCIO), Health Business Services (HBS), Communications, Emergency Management, Planning and Business Information (PBI) and Internal Audit.

National Human Resources

Committed to putting people at the heart of everything we do, reinforcing a culture of commitment, adaptability and high performance to deliver high quality safe healthcare to our service users, communities and the wider population.

National Finance

Providing strategic and operational financial support, direction and advice to our services, ensuring the maximum appropriate investment in health and social care, and delivering and demonstrating value for money.

Office of the Chief Information Officer

Implementing eHealth Ireland across our health service putting technology in place which is based on patient and clinical benefit.

Health Business Services

Business division of the HSE with a portfolio of services including procurement, finance, human resources, estates, HR / payroll systems and analytics, and business excellence and innovation. Ensuring that optimal value is achieved, allowing front line services to focus on core service provision.

Communications

Working with health and social care services nationwide, creating programmes that support a healthier population and build trust and confidence in our health service.

Emergency Management

Working with services across the organisation to provide advice and support in the preparation of emergency plans, assisting in identifying capability gaps and informing capability development, and representing the HSE on all interagency, interdepartmental and cross border bodies during the planning and response phase of emergency planning.

Planning and Business Information

Co-ordinating and overseeing the development of key organisational planning processes, and collecting and collating the information required to report on performance as set out in these plans.

Internal Audit

Identifying risks and control issues, to provide assurance on the adequacy and degree of adherence to our procedures and processes.

In conjunction with front line services, the provision of a compassionate and efficient healthcare system is dependent on having these key enabling support services in place.

Some activity undertaken within supporting service delivery in 2017…

These data items will be presented as infographics in the designed version of this Annual Report

Supporting Service Delivery

- 85,622 staff and 35,826 pensioners paid
- Over 2.3m supplier invoices paid
- 112,000 calls and 256,000 emails to service desk supported
- 171,951 electronic referrals processed
- 55 eHealth systems went live
- 170 ICT projects supported
- 2,300 media queries answered
- 120 press releases sent
- 250 media interviews arranged

Supporting Service Delivery

National Human Resources

- As part of the *Health Services People Strategy 2015-2018*, the role of supporting lesbian, gay, bisexual, transgender and intersex (LGBTI) staff has been identified as a priority, and a new support network, the LGBTI and Allies Network, has been launched. The new network will enhance our commitment to creating an inclusive workplace which is supportive of all employees.
- Led by the Diversity, Equality and Inclusion function, thirty-nine staff recently completed sign language training to enable them to communicate better when dealing with deaf and hard of hearing patients, service users and colleagues.
- A workshop was held in April to engage with a cross-sector of stakeholders and seek further input into the development of the Leadership Academy.
- New induction guidelines and checklists were launched to guide the manager and new starter as they work through the induction process.
- The Healthy Workplaces for All Ages campaign commenced in October with the aim of reducing the number of injuries and episodes of ill-health for all employees.
- New standards for quality and safety in Occupational Health Services were launched in May at the first annual conference of the Workplace Health and Wellbeing Unit. The standards are grouped according to five themes – worker-centred care, safe and effective care, leadership and governance, workforce planning and the use of information.

National Finance

- The Finance Reform Programme is being progressed with procurement completed of Lot 1 of an Integrated Financial Management System (IFMS) Enterprise Resource Planning Platform.
- The implementation strategy for IFMS is in development. The strategy will outline the implementation options and recommendations for IFMS, timelines for implementation, the procurement approach for a system integrator and the resource funding required.
- Implementation of the activity based funding (ABF) model progressed during the year with patient level costing now live in 18 larger hospital sites.
- Work began with disability and mental health services to implement the community costing programme. A model is being developed which will allow detailed costing of services providing clear comparative models for resource utilisations in all CHOs.
- Work has begun, through initiation of a tendering process, on the movement to full electronic claiming for VHI payments.
- Training continued to be provided to staff throughout the country in a number of finance areas including on the National Financial Regulations.

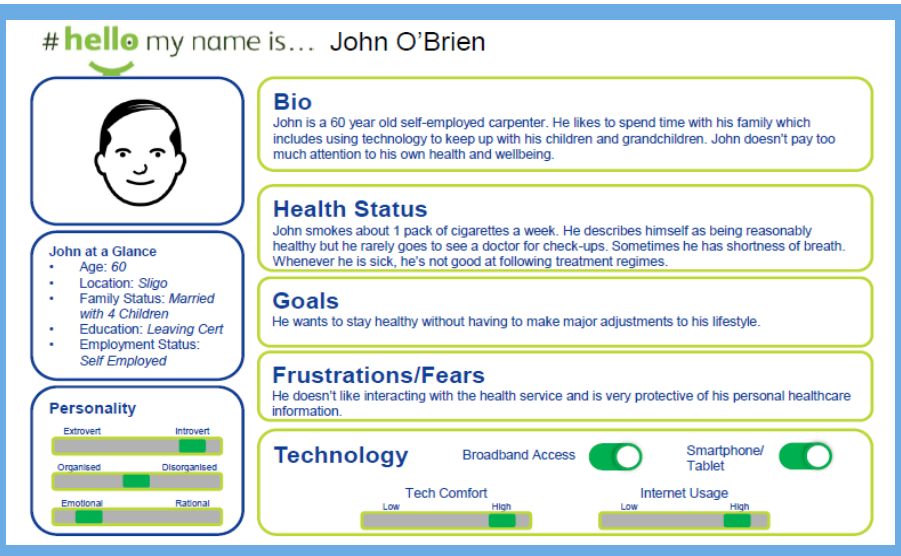
Office of the Chief Information Officer

- The maternal and newborn clinical management system went live in a further two sites this year, with the final site for phase 1 of the system's implementation going live in January 2018. The reduction in required paperwork creates time savings, ensuring greater efficiency and safer care.
- Digital enabled prescribing is now live in Mallow, Co. Cork, the first step in the ePrescribing journey, with three GP practices (19 GPs) and nine pharmacies participating in the initiative at present. Over 80,000 prescriptions have been prescribed and dispensed through the system.
- Migration to One, a project to create a single ICT platform for all healthcare staff, commenced in May. As part of this, work is on-going to deliver a digital identity to approximately 30,000 members of staff who are currently without one. 19,000 digital identities have already been created and are in the process of being delivered.

- The commencement order for the individual health identifier (IHI) was signed during the year by Minister for Health, Simon Harris TD. The order allows for the use of the IHI throughout the Irish health system, improving patient safety by ensuring patients are identified accurately. A number of IHI initiatives were completed, including:
  - IHI was added to all electronic referrals from GPs to hospitals
  - All GP practice management systems were configured to store and display the IHI
  - IHIs for General Medical Services (GMS) patients were piloted with 24 volunteer GPs.
- Personas (fictional generalised characters) and scenarios for the electronic health record (EHR) programme were finalised and published, following a number of workshops attended by health service staff, patients and people who care or advocate for patients. Personas and scenarios outline how interactions will look and feel in the future, improving engagement and communication between clinicians, health service workers and patients.
- During the global WannaCry ransomeware epidemic a safe and secure health system was maintained throughout the attack.
- A digital solution for cancer care known as the medical oncology clinical information system (MOCIS) solution has been procured and implementation has commenced.
- The technical design for a new single national medical laboratories solution has been completed and implementation has commenced. This solution will also enable GPs to order lab tests digitally.
- The eHealth Ireland Open Data Portal went live, making it easier to find and access data from across the Irish health sector including statistics on hospital day and inpatient cases, national waiting lists and new digital initiatives such as eReferrals.
- A decision-support referral system is being developed to upgrade the current eReferral system for outpatient services.

Health Business Services

- *Health Business Services Strategy 2017-2019* was published, building on the progress, confidence and identity realised over the course of the initial strategy of 2014-2016. Further detail on some of the actions included in the strategy can be seen below.
- A number of programmes were put in place, including:
  - The National Integrated Staff Records and Pay Programme (NiSRP). It will provide the foundation for a strong 'Hire to Retire' support structure for staff, ensuring that comprehensive workforce information is available to manage resources in a way that delivers best health outcomes, improves people's experience of using the



One of the personas created at the EHR workshops.

service and demonstrates value for money.

- A Pensions Programme focused on improvements for a compliant customer-centred pension service for the HSE, its employees and its pensioners.
- A Procurement Compliance Improvement Programme. It will implement robust processes in the area of contract and commercial compliance and is being implemented in CHOs, Hospital Groups and TUSLA.

- The capacity of the National Logistics Service based in Tullamore was significantly increased to further enable the on-going implementation of the Procurement National Distribution Service. Additional services were implemented in St. Luke's Hospital (Rathgar), Monaghan Hospital, Connolly Hospital, Our Lady's Children's Hospital (Crumlin) and Cork University Hospital.
- An online procurement assisted sourcing system, *www.hbspass.ie*, was developed and

A number of capital programmes were advanced during the year, including:

- New children's hospital project at the St. James's Hospital campus, Dublin.
- Paediatric outpatient and urgent care centre at Connolly Hospital and enabling works at its sister facility at Tallaght Hospital, Dublin.
- Commencement of construction of the National Forensic Mental Health Service Hospital at St. Ita's Hospital campus, Portrane, Co. Dublin.
- Commencement of construction of the National Rehabilitation Hospital at Rochestown Avenue, Dublin.
- New radiation oncology unit in Cork.
- Planning permission granted for the development of the National Maternity Hospital at St. Vincent's University Hospital campus, Dublin.
- Completion of the new national ambulance base at Davitt Road, Dublin.
- Delivery of four primary care centres by means of a Public Private Partnership, in a number of locations across the country.
- Commencement of a ward block at University Hospital Waterford.

Arial view of proposed new children's hospital at the St. James's Hospital campus

Armagh Road, Crumlin Primary Care Centre

Cork University Hospital Paediatric Unit

Mullingar Primary Care Centre

deployed, profiling details of all HSE and Office of Government Procurement (OGP) contracts.

- A Customer Relationship Management (CRM) technology solution was sourced. This will ensure an easier way of doing business with HBS through the use of CRM technologies and customer facing applications, such as real-time access to information.
- The National Recruitment Service ran a national campaign to recruit Grade III Clerical Officers for employment in health and social services. Over 23,200 applications were received.
- A new business structure and excellence model for HR / Payroll Systems and Analytics was implemented, with a customer-centred focus ensuring improvements in the way services are delivered.
- The Consolidated Financial Intelligence solution, the main financial corporate reporting tool for the HSE, was successfully implemented in collaboration with the Finance Intelligence Unit.

Communications

- Over 300 projects were delivered to support staff and the public in getting information about health and health services.
- A Digital Roadmap, to transform the online user experience, continues to be developed.
- HSE social media was a leading source of information for the public during October's Storm Ophelia with posts seen by over half a million people.
- Communicating Clearly guidelines were developed to support staff in explaining things clearly, with care and compassion, so that patients and service users have more confidence and trust in us.
- A number of HSE services were highly commended at the annual National Adult Literary Agency's (NALA) awards for communicating clearly and using plain English when dealing with patients and service users.
- Campaigns like Ask About Alcohol, Dementia: Understand Together, *#littlethings*, QUIT, THINK contraception and Under the Weather, raised awareness and supported people to improve their, and their families, health and wellbeing.

For more information about our communications and campaigns, please visit *www.hse.ie/communications*.

Emergency Management

- A revised severe weather planning guidance and checklist document was delivered by Emergency Management, and utilised during Storm Ophelia, to assist the managers of all HSE services in preparing for, responding to and recovering from the effects of a severe weather event.
- External emergency plans for top tier Seveso (Hazardous Material) sites were reviewed, updated and tested in compliance with legislation.
- To promote a common approach to emergency management in all hospitals, roll-out of a standardised Major Emergency Hospital Plan template commenced.
- A range of training, education and emergency exercise programmes were delivered across the health service and on an interagency basis, including education delivered to the National Crisis Management Team.
- Emergency management obligations in relation to large crowd event planning were met.

Planning and Business Information

- The Planning Unit co-ordinated the development and publication of the *National Service Plan 2018* (together with the annual Estimates which informed preparation of the Budget for 2018) and the *Annual Report 2016*.
- Work commenced on the development of the next Corporate Plan. This will build on the work undertaken on the *Corporate Plan 2015-2017*.
- The work of the National Performance Oversight Group (NPOG) was supported through the development of performance profiles as part of the performance assurance process.

- Performance profiles and management data reports were developed and published online on a bi-monthly basis.
- Work is underway on the development of a number of projects including a HealthStat automation project, CIF set-up, and completion of a corporate performance dashboard.

Internal Audit

- A comprehensive programme of audits, including audits of HSE funded agencies, was conducted.
- Special investigations were undertaken as required.
- The status of management's implementation of audit recommendations was tracked and reported.
- Advice was provided to senior management on controls and processes.

Appendices

Appendix 1: Membership of Directorate and Leadership Team

Directorate Members as at 31st December 2017:

- Mr Tony O'Brien (Director General)
- Mr Stephen Mulvany (Chief Financial Officer and Deputy Director General)
- Mr Dean Sullivan (Chief Strategy and Planning Officer and Deputy Director General)
- Mr John Connaghan (Chief Operations Officer and Deputy Director General)
- Dr Philip Crowley (National Director, Quality Improvement)
- Ms Rosarii Mannion (National Director, Human Resources)

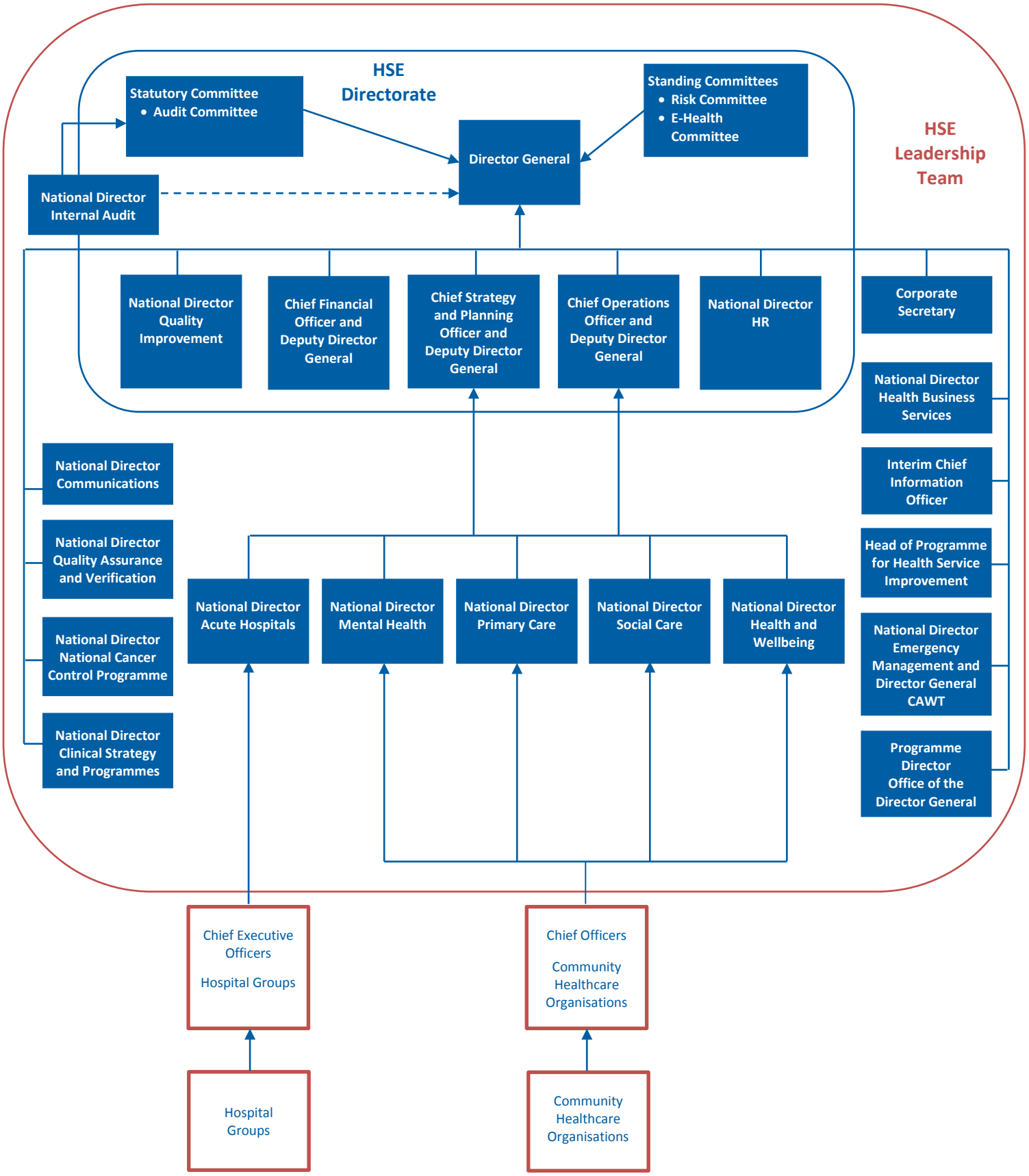
Leadership Team as at 31st December 2017:

- Mr Tony O'Brien (Director General)
- Mr Stephen Mulvany (Chief Financial Officer and Deputy Director General)
- Mr Dean Sullivan (Deputy Director General Chief Strategy and Planning Officer)
- Mr John Connaghan (Deputy Director General Chief Operations Officer)
- Dr Philip Crowley (National Director, Quality Improvement)
- Ms Rosarii Mannion (National Director, Human Resources)
- Mr Liam Woods (National Director, Acute Hospitals)
- Dr Stephanie O'Keeffe (National Director, Health and Wellbeing)
- Mr John Hennessy (National Director, Primary Care)
- Ms Anne O'Connor (National Director, Mental Health)
- Mr Pat Healy (National Director, Social Care)
- Mr Patrick Lynch (National Director, Quality Assurance and Verification)
- Dr Áine Carroll (National Director, Clinical Strategy and Programmes)
- Dr Jerome Coffey (National Director, National Cancer Control Programme)
- Mr Damien McCallion (National Director, Emergency Management and Director General CAWT)
- Ms Jane Carolan (National Director, Health Business Services and Interim Chief Information Officer)
- Dr Paul Connors (National Director, Communications)
- Dr Geraldine Smith (National Director, Internal Audit)
- Mr Joe Ryan (A/Head of Programme for Health Service Improvement)
- Mr Jim O'Sullivan (Programme Director, Office of the Director General)

- Mr Dara Purcell (Corporate Secretary)

Appendix 2: Organisational Structure

As at 31st December 2017



Appendix 3: Performance against National Service Plan 2017 Volume Activity and Key Performance Indicators

Note: Reported data position 2017 is based on the latest data available at time of development of this report and may not reflect end-of-year position (due to data being reported in arrears).

System-wide

Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Budget Management including savings	Reported in Annual Financial Statements 2016		Reported in Annual Financial Statements 2017	
Net Expenditure variance from plan (within budget)				
Pay – Direct / Agency / Overtime		≤ 0.1%		-
Non-pay		≤ 0.1%		-
Income		≤ 0.1%		-
Capital				
Capital expenditure versus expenditure profile	100.0%	100%	102.0%	2.0%
Audit				
% of internal audit recommendations implemented (within six months of the report being received)	64.0%	75%	65.0%	-13.3%
% of internal audit recommendations implemented, against total no. of recommendations, within 12 months of report being received	81.0%	95%	81.0%	-14.7%
Service Arrangements / Annual Compliance Statement				
% of number of service arrangements signed	94.0%	100%	91.2%	-8.8%
% of the monetary value of service arrangements signed	98.0%	100%	95.9%	-4.1%
% of annual compliance statements signed	100.0%	100%	98.0%	-2.0%
Workforce				
% absence rates by staff category	4.6%	≤ 3.5%	4.4%	25.7%
% variation from funded staffing thresholds	Data not available	> 99.5%	On target	0.0%
EWTD				
< 24 hour shift (acute and mental health)	97.0%	100%	98.0%	-2.0%
< 48 hour working week (acute and mental health)	81.0%	95%	84.0%	-11.6%
Health and Safety				
No. of calls that were received by the National Health and Safety Helpdesk	1,104	10% increase	1,749 (> 100%)	> 100.0%
Service User Experience				
% of complaints investigated within 30 working days of being acknowledged by the complaints officer	75.0%	75%	80.0%	6.7%
Serious Reportable Events				
% of serious reportable events being notified within 24 hours to the senior accountable officer	31.0%	99%	27.0%	-72.7%
% of investigations completed within 120 days of the notification of the event to the senior accountable officer	4.0%	90%	12.0%	-86.7%
Safety Incident Reporting				
% of safety incidents being entered onto NIMS within 30 days of occurrence by Hospital Group / CHO	47.0%	90%	47.0%	-47.8%
Extreme and major safety incidents as a % of all incidents reported as occurring	New PI 2017	To be reported in 2017	1.0%	-
% of claims received by State Claims Agency that were not reported previously as an incident	59.2%	40%	63.3%	58.3%

Health and Wellbeing

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Volume activity				
National Screening Service BreastCheck No. of women in the eligible population who have had a complete mammogram	141,882	155,000	164,187	5.9%
CervicalCheck No. of unique women who have had one or more smear tests in a primary care setting	253,091	242,000[i]	259,099	7.1%
BowelScreen No. of clients who have completed a satisfactory BowelScreen FIT test	108,285	106,875	120,764	13.0%
Diabetic RetinaScreen No. of Diabetic RetinaScreen clients screened with final grading result	88,807	87,000	96,239	10.6%
Environmental Health No. of tobacco sales to minors test purchase inspections carried out	465	384	356	-7.3%
No. of test purchases carried out under the *Public Health (Sunbeds) Act, 2014*	25	32	32	0.0%
No. of mystery shopper inspections carried out under the *Public Health (Sunbeds) Act, 2014*	42	32	32	0.0%
No. of official food control planned, and planned surveillance, inspections of food businesses	35,651	33,000	33,162	0.5%
Tobacco No. of smokers who received intensive cessation support from a cessation counsellor	14,475	13,000	11,952	-8.1%
No. of frontline staff trained in brief intervention smoking cessation	1,306	1,350	1,076	-20.3%
Chronic Disease Management No. of people who have completed a structured patient education programme for diabetes	2,017	2,440	2,521	3.3%
Public Health No. of infectious disease (ID) outbreaks notified under the national ID reporting schedule	544	500	558	-
Performance indicators				
National Screening Service Breast Check % BreastCheck screening uptake rate	73.4%	> 70%	72.2%	3.1%
% women offered hospital admission for treatment within three weeks of diagnosis of breast cancer	95.7%	> 90%	92.9%	3.2%
CervicalCheck % eligible women with at least one satisfactory CervicalCheck screening in a five year period	79.6%	> 80%	79.8%	-0.3%
BowelScreen % of client uptake rate in the BowelScreen programme	38.1%	> 45%	41.2%	-8.4%
Diabetic RetinaScreen % Diabetic RetinaScreen uptake rate	61.0%	> 56%	67.7%	20.9%
Tobacco % of smokers on cessation programmes who were quit at one month	49.7%	45%	51.8%	15.1%
Immunisation % of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (acute hospitals)	22.5%	40%	34.0%	-15.0%
% of healthcare workers who have received seasonal flu vaccine in the 2016-2017 influenza season (long term care facilities in the community)	26.6%	40%	27.1%	-32.2%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
% uptake in flu vaccine for those aged 65 and older with a medical card or GP visit card	55.4%	75%	54.5%	-27.3%
% children aged 24 months who have received 3 doses of the 6 in1 vaccine	95.0%	95%	94.5%	-0.5%
% children aged 24 months who have received the measles, mumps, rubella (MMR) vaccine	92.5%	95%	92.2%	-2.9%
% of first year girls who have received two doses of HPV vaccine	70.1%	85%	49.4%	-41.9%

(i) Introduction of HPV testing in colposcopy and HPV triage for some clients has reduced the frequency of screening tests required. There is no reduction in population coverage of the programme.

Community Healthcare

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Primary Care				
Volume activity				
Community Intervention Teams (no. of referrals)	27,834	32,861	38,207	16.3%
Admission avoidance (includes OPAT)	851	1,187	754	-36.5%
Hospital avoidance	19,228	21,629	29,802	37.8%
Early discharge (includes OPAT)	4,965	6,072	5,323	-12.3%
Unscheduled referrals from community sources	2,730	3,972	2,328	-41.4%
GP Activity				
No. of contacts with GP Out of Hours Service	1,090,348	1,055,388	1,065,230	0.9%
Therapies / Community Healthcare Network Services				
Total no. of patients seen	New metric 2017	1,549,256	1,524,145	-1.6%
Physiotherapy				
No. of patients seen	584,164	613,320	585,037	-4.6%
Occupational Therapy				
No. of patients seen	334,535	338,705	335,294	-1.0%
Speech and Language Therapy				
No. of patients seen	255,099	265,182	279,023	5.2%
Podiatry				
No. of patients seen	74,073	74,952	74,629	-0.4%
Ophthalmology				
No. of patients seen	87,860	97,150	96,484	-0.7%
Audiology				
No. of patients seen	49,614	56,834	52,954	-6.8%
Dietetics				
No. of patients seen	63,830	65,217	63,961	-1.9%
Psychology				
No. of patients seen	37,857	37,896	36,763	-3.0%
Nursing				
No. of patients seen	663,195	898,944	678,798	-24.5%
Paediatric Homecare Packages				
No. of packages (based on average cost per package of €0.075m)	New metric 2017	514	508	-1.2%
GP Trainees				
No. of trainees	New metric 2017	187	170	-9.1%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
National Virus Reference Laboratory No. of tests	New metric 2017	627,684	853,482	36.0%
Healthcare Associated Infections: Medication Management Consumption of antibiotics in community settings (defined daily doses per 1,000 population)	22.4	<21.7	24.6	13.4%
Health Amendment Act: Services to persons with State Acquired Hepatitis C No. of *Health Amendment Act* Card Holders who were reviewed	183	586	97	-83.4%
Performance indicators				
Nursing % of new patients accepted onto the caseload and seen within 12 weeks	New PI 2017	100%	86.9%	-13.1%
Physiotherapy % of new patients seen for assessment within 12 weeks	81.6%	81%	79.3%	-2.1%
% on waiting list for assessment ≤ 52 weeks	95.9%	98%	94.8%	-3.3%
Occupational Therapy % of new service users seen for assessment within 12 weeks	71.6%	72%	66.6%	-7.5%
% on waiting list for assessment ≤ 52 weeks	80.4%	92%	77.0%	-16.3%
Speech and Language Therapy % on waiting lists for assessment ≤ 52 weeks	96.8%	100%	96.7%	-3.3%
% on waiting list for treatment ≤ 52 weeks	92.3%	100%	92.3%	-7.7%
Podiatry % on waiting list for treatment ≤ 12 weeks	27.0%	44%	42.4%	-3.6%
% on waiting list for treatment ≤ 52 weeks	79.7%	88%	82.6%	-6.1%
Ophthalmology % on waiting list for treatment ≤ 12 weeks	32.8%	50%	24.2%	-51.6%
% on waiting lists for treatment ≤ 52 weeks	73.2%	81%	61.5%	-24.1%
Audiology % on waiting list for treatment ≤ 12 weeks	37.3%	50%	36.3%	-27.4%
% on waiting list for treatment ≤ 52 weeks	88.7%	95%	86.5%	-8.9%
Dietetics % on waiting list for treatment ≤ 12 weeks	38.6%	48%	35.2%	-26.7%
% on waiting list for treatment less ≤ 52 weeks	82.5%	96%	73.8%	-23.1%
Psychology % on waiting list for treatment ≤ 12 weeks	26.7%	60%	25.0%	-58.3%
% on waiting list for treatment ≤ 52 weeks	74.7%	100%	72.2%	-27.8%
Oral Health % of new patients who commenced treatment within three months of assessment	88.8%	88%	92.1%	4.7%
Orthodontics % of referrals seen for assessment within six months	47.7%	75%	46.0%	-38.7%
Reduce the proportion of patients on the treatment waiting list longer than four years (grade IV and V)	3.1%	<5%	3.6%	-28.0%
Child Health % of children reaching ten months within the reporting period who have had child development health screening on time or before reaching ten months of age	93.3%	95%	93.4%	-1.7%
% of newborn babies visited by a PHN within 72 hours of discharge from maternity services	97.7%	98%	98.1%	0.1%
% of babies breastfed (exclusively and not exclusively) at first PHN visit	56.8%	58%	54.4%	-6.2%
% of babies breastfed (exclusively and not exclusively) at three month PHN visit	38.8%	40%	38.9%	-2.8%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Social Inclusion				
Volume activity				
Opioid Substitution No. of clients in receipt of opioid substitution treatment (outside prisons)	9,712	9,700	9,804	1.1%
Needle Exchange No. of unique individuals attending pharmacy needle exchange	1,584	1,647	1,933	17.4%
Homeless Services No. of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	894	1,272	1,101	-13.4%
Traveller Health No. of people who received health information on type 2 diabetes and cardiovascular health	4,778	3,481	4,699	35.0%
Performance indicators				
Substance Misuse % of substance misusers (over 18 years) for whom treatment has commenced within one calendar month following assessment	94.5%	100%	98.5%	-1.5%
% of substance misusers (under 18 years) for whom treatment has commenced within one week following assessment	97.8%	100%	96.5%	-3.5%
Opioid Substitution Average waiting time from referral to assessment for opioid substitution treatment	6.4	4 days	5.5 days	37.5%
Homeless Services % of service users admitted to homeless emergency accommodation hostels / facilities whose health needs have been assessed within two weeks of admission	73.9%	85%	74.0%	-12.9%
Palliative Care				
Volume activity				
Inpatient Palliative Care Services No. accessing specialist inpatient bed (during the reporting month)	New metric 2017	3,555	3,402	-4.3%
Community Palliative Care Services No. of patients who received specialist palliative care treatment in their normal place of residence in the month	3,341	3,620	3,331	-8.0%
Children's Palliative Care Services No. of children in the care of the children's outreach nurse	New metric 2017	269	219	-18.6%
No. of children in the care of the specialist paediatric palliative care team in an acute hospital setting (during the reporting month)	New metric 2017	20	55	> 100.0%
Performance indicators				
Inpatient Unit – Waiting Times Access to specialist inpatient bed within seven days	96.8%	98%	97.8%	-0.2%
% of patients triaged within one working day of referral (inpatient unit)	46%	90%	97.1%	7.9%
% of patients with a multi-disciplinary care plan documented within five working days of initial assessment (inpatient unit)	32.7%	90%	80.6%	-10.4%
Community Palliative Care Services Access to specialist palliative care services in the community provided within seven days (normal place of residence)	91.5%	95%	92.1%	-3.1%
% of patients triaged within one working day of referral (community)	66.1%	90%	94.7%	5.2%
PCRS				
Volume activity				
No. of persons covered by medical cards as at 31st December	1,683,792	1,672,654	1,609,820	-3.8%
No. of persons covered by GP visit cards as at 31st December	470,505	528,593	487,510	-7.8%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
No. of long term illness claims	2,141,313	2,407,912	2,349,027	-2.4%
No. of drug payment scheme claims	2,207,979	2,411,929	2,193,578	-9.1%
No. of prescriptions (GMS)	19,203,192	18,811,508	18,883,872	0.4%
No. of high tech drugs claims	595,980	660,125	654,867	-0.8%
No. of dental treatments	1,216,289	1,256,417	1,194,730	-4.9%
No. of community ophthalmic services treatments	833,878	857,617	870,537	1.5%
General Medical Services Scheme				
Total no. items prescribed	58,533,213	57,821,617	58,129,657	0.5%
Long Term Illness Scheme				
Total no. items prescribed	7,543,128	8,657,750	8,259,643	-4.6%
Drug Payment Scheme				
Total no. items prescribed	7,197,509	8,305,797	7,163,687	-13.8%
Performance indicators				
Medical Cards				
% of completed medical card / GP visit card applications processed within 15 days	89.6%	96%	99.6%	3.8%
% of medical card / GP visit card applications, assigned for medical officer review, processed within five days	34.4%	91%	23.3%	-74.4%
% of medical card / GP visit card applications which are accurately processed from a financial perspective by National Medical Card Unit staff	87.6%	95%	94.1%	-0.9%
Mental Health				
Volume activity				
CAMHs				
No. of children attending CAMHs	18,465	18,496	18,489	0.0%
No. of CAMHs referrals seen by mental health services	12,386	14,365	10,304	-28.3%
No. of CAMHs inpatient units	4	4	4	0.0%
No. of CAMHs inpatient beds	74	74	71	-4.1%
No. of admissions to CAMHs acute inpatient units	312	335	226	-32.5%
Total no. to be seen for a first appointment at the end of each month	2,513	2,599	2,419	-6.9%
Total no. to be seen 0-3 months	1,234	1,546	1,162	-24.8%
Total no. on waiting list for a first appointment waiting > 3 months	1,279	1,053	1,257	19.4%
Total no. on waiting list for a first appointment waiting > 12 months	218	0	320	> 100.0%
General Adult				
No. of adult referrals seen by mental health services	29,235	39,321	28,513	-27.5%
No. of adult inpatient units, including psychiatry of old age	29	31	29	-6.5%
No. of adult inpatient beds, including psychiatry of old age	1,018	1,002	1,039	3.7%
No. of admissions to adult acute inpatient units	12,548	13,104	12,155	-7.2%
Psychiatry of Old Age				
No. of psychiatry of old age referrals seen by mental health services	8,806	10,013	8,614	-14.0%
Performance indicators				
General Adult Community Mental Health Teams				
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by General Adult Community Mental Health Team	93.5%	90%	93.1%	3.4%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by General Adult Community Mental Health Team	73.8%	75%	74.1%	-1.2%
% of new (including re-referred) General Adult Community Mental Health Team cases offered appointment and DNA in the current month	22.1%	20%	21.4%	7.0%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Psychiatry of Old Age Community Mental Health Teams				
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Psychiatry of Old Age Community Mental Health Teams	99.1%	98%	97.7%	-0.3%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Psychiatry of Old Age Community Mental Health Teams	97.0%	95%	95.4%	0.4%
% of new (including re-referred) Old Age Psychiatry Team cases offered appointment and DNA in the current month	2.3%	3%	2.4%	-20.0%
CAMHs				
Admissions of children to Child and Adolescent Acute Inpatient Units as a % of the total no. of admissions of children to mental health acute inpatient units	82.1%	95%	73.7%	-22.4%
% of bed days used in HSE Child and Adolescent Acute Inpatient Units as a total of bed days used by children in mental health acute inpatient units	97.4%	95%	96.9%	2.0%
% of accepted referrals / re-referrals offered first appointment within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	77.0%	78%	78.6%	0.8%
% of accepted referrals / re-referrals offered first appointment and seen within 12 weeks / three months by Child and Adolescent Community Mental Health Teams	68.4%	72%	71.4%	-0.8%
% of new (including re-referred) child / adolescent referrals offered appointment and DNA in the current month	12.3%	10%	9.9%	-1.0%
Disability Services and Older Persons' Services				
Volume activity				
Safeguarding				
Total no. of preliminary screenings for adults under 65 years	New metric 2017	7,000	4,940	-29.4%
Total no. of preliminary screenings for adults aged 65 and over	New metric 2017	3,000	2,318	-22.7%
Performance indicators				
Safeguarding				
% of CHO Heads of Social Care who can evidence implementation of the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 4 of the policy	89.0%	100%	100.0%	0.0%
% of CHO Heads of Social Care that have established CHO wide organisational arrangements required by the HSE's *Safeguarding Vulnerable Persons at Risk of Abuse* policy throughout the CHO as set out in Section 9.2 of the policy	100.0%	100%	100.0%	0.0%
% of preliminary screenings for adults with an outcome of reasonable grounds for concern that are submitted to the safeguarding and protection teams accompanied by an interim safeguarding plan				
- Adults aged 65 and over	New PI 2017	100%	95.8%	-4.2%
- Adults under 65 years			98.4%	-1.6%
Disability Services				
Volume activity				
Residential Places				
No. of residential places for people with a disability	8,095	8,371	7,249	-13.4%
New Emergency Places and Supports Provided to People with a Disability				
No. of new emergency places provided to people with a disability	0	185	176	-4.9%
No. of new home support / in home respite supports for emergency cases	0	210	147	-30.0%
Total no. of new residential emergency and support places	0	395	323	-18.2%
Congregated Settings				
Facilitate the movement of people from congregated to community settings	73	223	147	-34.1%
Respite Services				
No. of day only respite sessions accessed by people with a disability	43,143	41,100	32,429	-21.1%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
No. of overnights (with or without day respite) accessed by people with a disability	175,555	182,506	158,296	-13.3%
No. of people with a disability in receipt of respite services (ID / autism and physical and sensory disability)	5,413	6,320	5,112	-19.1%
Disability Act Compliance No. of requests for assessments received	5,727	6,234	5,838	-6.4%
Progressing Disability Services for Children and Young People (0–18s) Programme No. of Children's Disability Network Teams established (total of 129 by the end of 2017)	0	73[ii]	0	-100.0%
Day Services including School Leavers No. of people with a disability in receipt of work / work-like activity services (ID / autism and physical and sensory disability	3,232	3,253	2,645	-18.7%
No. of people (all disabilities) in receipt of rehabilitation training (RT)	2,426	2,870	2,282	-20.5%
No. of people with a disability in receipt of other day services (excl. RT and work / work-like activities) (adult) (ID / autism and physical and sensory disability)	16,805	18,672	16,290	-12.8%
Personal Assistance (PA) No. of PA service hours delivered to adults with a physical and / or sensory disability	1.5m	1.4m	1.5m	7.1%
No. of adults with a physical and / or sensory disability in receipt of a PA service	2,427	2,357	2,109	-10.4%
Home Support Service No. of home support hours delivered to persons with a disability	2.9m	2.75m	2.8m	1.8%
No. of people with a disability in receipt of home support services (ID / autism and physical and sensory disability)	7,323	7,447	6,154	-17.4%
Performance indicators				
Service User Experience % of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Disability Services by Q3	New PI 2017	100%	67.0%	-33.0%
Quality % compliance with inspected outcomes following HIQA inspection of disability residential units	63.8%	80%	80.0%	0.0%
In respect of agencies in receipt of €3m or more in public funding, the % which employ an internationally recognised quality improvement methodology such as EFQM, CQL or CARF	39.1%	100%	39.1%	-60.9%
Disability Act Compliance % of assessments completed within the timelines as provided for in the regulations	23.9%	100%	25.3%	-74.7%
Progressing Disability Services for Children and Young People (0-18s) Programme % of Children's Disability Network Teams established	0.0%	100%	0.0%	-100.0%
School Leavers % of school leavers and rehabilitation training (RT) graduates who have been provided with a placement	98.0%	100%	97.0%	-3.0%
Transforming Lives – VfM Policy Review Deliver on VfM implementation priorities	74.0%	100%	82.1%	-17.9%
Service Improvement Team Process Deliver on service improvement priorities	69.0%	100%	50.0%	-50.0%
Older Persons' Services				
Volume activity				
Home Care Packages (HCPs) Total no. of persons in receipt of a HCP including delayed discharge initiative HCPs	16,351	16,750	19,807	18.3%
Intensive HCPs: Total no. of persons in receipt of an intensive HCP including Atlantic Philanthropies funded IHCPs	180	190	224	17.9%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Home Help Hours				
No. of home help hours provided for all care groups (excluding provision of hours from HCPs)	10.547m	10.570m	10.390m	-1.7%
No. of people in receipt of home help hours (excluding provision of hours from HCPs)	46,956	49,000	46,254	-5.6%
Nursing Homes Support Scheme (NHSS)				
No. of persons funded under NHSS in long term residential care at year end	23,142	23,292[iii]	22,949	-1.5%
No. of NHSS beds in public long stay units	5,150	5,088	4,973	-2.3%
No. of short stay beds in public long stay units	1,921	1,918	1,998	4.2%
Average length of stay for NHSS clients in public, private and saver long stay units	3.2 years	2.9 years	3.1 years	6.9%
Transitional Care				
Average weekly transitional care beds available to acute hospitals	New PI 2017	152	194	27.6%
No. of people at any given time being supported through transitional care in alternative care settings	New PI 2017	600	975	62.5%
No. of persons in acute hospitals approved for transitional care to move to alternative care settings	New PI 2017	7,820	8,930	14.2%
Performance indicators				
Service User Experience				
% of CHOs who have established a Residents' Council / Family Forum / Service User Panel or equivalent for Services for Older People by Q3	New PI 2017	100%	88.9%	-11.1%
Service Improvement Team Process				
Deliver on service improvement priorities	65.5%	100%	84.5%	-15.5%
Nursing Homes Support Scheme (NHSS)				
% of population over 65 years in NHSS funded beds (based on 2011 Census figures)	4.1%	4%	4.1%	2.5%
% of clients with NHSS who are in receipt of ancillary state support	11.7%	10%	13.2%	32.0%
% of clients who have Common Summary Assessment Reports (CSARs) processed within six weeks	89.1%	90%	90.9%	1.0%
Home Care Packages				
% of clients in receipt of an intensive HCP with a key worker assigned	New PI 2017	100%	82.1%	-17.9%

(ii) NSP 2017 target was 129 by end of 2017. Of this, 56 had been established leaving 73 to be established in 2017.
(iii) Previous target of 23,603 amended in agreement with DoH in October 2017.

Pre-Hospital and Acute Hospital Care

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
National Ambulance Service				
Volume activity				
Total no. of AS1 and AS2 (emergency ambulance) calls	313,735	315,000	321,379	2.0%
No. of clinical status 1 ECHO calls activated	5,427	5,589	4,981	-10.9%
No. of clinical status 1 ECHO calls arrived at scene (excludes those stood down en route)	5,135	5,290	4,770	-9.8%
No. of clinical status 1 DELTA calls activated	125,151	125,985	128,701	2.2%
No. of clinical status 1 DELTA calls arrived at scene (excludes those stood down en route)	120,957	122,159	121,217	-0.8%
Total no. of AS3 calls (inter-hospital transfers)	29,262	30,503	30,396	-0.4%
No. of intermediate care vehicle (ICV) transfer calls	25,973	26,846	27,073	0.8%
Aeromedical service (Department of Defence) – Hours	2,189	480	2,690	> 100.0%
Irish Coast Guard (Department of Transport, Tourism and Sport) – Calls	268	144	340	> 100.0%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Performance indicators				
Clinical Outcome Return of spontaneous circulation (ROSC) at hospital in bystander witnessed out of hospital cardiac arrest with initial shockable rhythm, using the Utstein comparator group calculation	46.0%	40%	41.9%	4.8%
Audit National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % of control centres that carry out Advanced Quality Assurance Audits (AQuA)	100.0%	100%	100.0%	0.0%
National Emergency Operations Centre (NEOC) Tallaght and Ballyshannon - % medical priority dispatch system (MPDS) protocol compliance	92.0%	90%	92.7%	3.0%
Emergency Response Times % of clinical status 1 ECHO incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	81.0%	80%	82.7%	3.4%
% of clinical status 1 DELTA incidents responded to by a patient-carrying vehicle in 18 minutes and 59 seconds or less	61.0%	80%	61.4%	-23.3%
% ECHO calls which had a resource allocated within 90 seconds of call start	95.0%	85%	98.3%	15.6%
% DELTA calls which had a resource allocated within 90 seconds of call start	89.0%	85%	91.3%	7.4%
Intermediate Care Service % of all transfers provided through the intermediate care service	89.0%	80%	89.0%	11.3%
Ambulance Turnaround Times % of ambulance turnaround delays escalated where ambulance crews were not cleared nationally in 60 minutes (from ambulance arrival time through clinical handover in ED or specialist unit to when the ambulance crew declares readiness of the ambulance to accept another call) in line with the process/flow path in the ambulance turnaround framework	96.0%	100%	98.6%	-1.4%
Acute Hospital Care (incl. Cancer Services)				
Volume activity				
Discharges Activity Inpatient	635,802	635,414	635,663	0.0%
Day case (includes dialysis)	1,054,659	1,056,792	1,072,396	1.5%
Total inpatient and day case	1,686,139	1,692,206	1,708,059	0.9%
Emergency inpatient discharges	428,299	424,659	432,496	1.8%
Elective inpatient discharges	92,014	94,587	92,668	-2.0%
Maternity inpatient discharges	115,488	116,168	110,499	-4.9%
Emergency Care New ED attendances	1,157,074	1,168,318	1,182,805	1.2%
Return ED attendances	92,626	94,225	96,907	2.8%
Injury unit attendances	83,354	81,919	89,309	9.0%
Other emergency presentations	49,246	48,895	47,428	-3.0%
Births Total no. of births	63,887	63,247	61,946	-2.1%
Outpatients (OPD) Total no. of new and return outpatient attendances	3,327,526	3,440,981	3,307,079	-3.9%
Symptomatic Breast Cancer Services No. of patients triaged as urgent presenting to symptomatic breast clinics	18,942	18,000	19,266	7.0%
Lung Cancers No. of patients attending the rapid access lung clinic in designated cancer centres	3,249	3,300	3,447	4.5%
Prostate Cancer No. of patients attending the rapid access clinic in cancer centres	2,580	2,600	3,015	16.0%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Performance indicators				
Outpatients (OPD)				
New : Return ratio (excluding obstetrics and warfarin haematology clinics)	1:2.4	1:2	1:2.5	25.0%
Activity Based Funding (MFTP) model				
HIPE Completeness – Prior month: % of cases entered into HIPE	94.0%	100%	94.0%	-6.0%
Inpatient, Day Case and Outpatient Waiting Times				
% of adults waiting < 15 months for an elective procedure (inpatient)	91.0%	90%	86.5%	-3.9%
% of adults waiting < 15 months for an elective procedure (day case)	93.2%	95%	92.6%	-2.5%
% of children waiting < 15 months for an elective procedure (inpatient)	94.1%	95%	88.7%	-6.6%
% of children waiting < 15 months for an elective procedure (day case)	92.7%	97%	85.9%	-11.4%
% of people waiting < 52 weeks for first access to OPD services	80.7%	85%	72.4%	-14.8%
Colonoscopy / Gastrointestinal Service				
No. of people waiting > four weeks for access to an urgent colonoscopy	173	0	68	> 100.0%
% of people waiting < 13 weeks following a referral for routine colonoscopy or OGD	58.0%	70%	57.8%	-17.5%
Emergency Care and Patient Experience Time				
% of all attendees at ED who are discharged or admitted within six hours of registration	67.3%	75%	66.3%	-11.6%
% of all attendees at ED who are discharged or admitted within nine hours of registration *(goal is 100% performance with a target of ≥ 5% improvement in 2017 against 2016 outturn)*	81.5%	100%	80.9%	-5.5%
% of ED patients who leave before completion of treatment	5.2%	< 5%	5.6%	12.0%
% of all attendees at ED who are in ED < 24 hours	96.7%	100%	96.9%	-3.1%
% of all attendees aged 75 years and over at ED who are discharged or admitted within six hours of registration	44.4%	95%	43.2%	-54.5%
% of patients 75 years or over who were admitted or discharged from ED within nine hours	62.6%	100%	62.0%	-38.0%
% of all attendees aged 75 years and over at ED who are discharged or admitted within 24 hours of registration	New PI 2017	100%	92.4%	-7.6%
Ambulance Turnaround Times				
% of ambulances that have a time interval of ≤ 60 minutes from arrival at ED to when the ambulance crew declares the readiness of the ambulance to accept another call (clear and available)	92.9%	95%	92.4%	-2.7%
Average Length of Stay (ALOS)				
ALOS for all inpatient discharges excluding LOS over 30 days	4.6	4.3	4.7	9.3%
Medical				
Medical patient average length of stay	6.8	6.3	6.8	7.9%
% of medical patients who are discharged or admitted from AMAU within six hours AMAU registration	63.8%	75%	59.8%	-20.3%
% of all medical admissions via AMAU	35.1%	45%	33.4%	-25.8%
% of emergency re-admissions for acute medical conditions to the same hospital within 30 days of discharge	New PI 2017	11.1%	11.1%	0.0%
Surgery				
Surgical patient average length of stay	5.5	5.0	5.4	8.0%
% of elective surgical inpatients who had principal procedure conducted on day of admission	72.9%	82%	74.1%	-9.6%
% day case rate for Elective Laparoscopic Cholecystectomy	43.4%	> 60%	45.0%	-25.0%
% of emergency hip fracture surgery carried out within 48 hours	85.3%	95%	85.7%	-9.8%
% of surgical re-admissions to the same hospital within 30 days of discharge	2.1%	< 3%	2.0%	-33.3%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Delayed Discharges				
No. of bed days lost through delayed discharges	201,977	< 182,500	191,898	5.1%
No. of beds subject to delayed discharges	436	< 500	480	-4.0%
Healthcare Associated Infections (HCAI)				
% compliance of hospital staff with the World Health Organisation's (WHO) five moments of hand hygiene using the national hand hygiene audit tool	90.3%	90%	90.5%	0.6%
Rate of new cases of hospital acquired Staph. Aureus bloodstream infection	New PI 2017	< 1/10,000 bed days used	0.9	-10.0%
Rate of new cases of hospital acquired C. Difficile infection	New PI 2017	< 2/10,000 bed days used	1.8	-10.0%
Quality				
Rate of slip, trip or fall incidents as reported in the month to NIMS that were classified as major or extreme	New PI 2017	Reporting to commence in 2017	0.01	-
Medication Safety				
Rate of medication errors incidents as reported in the month to NIMS that were classified as major or extreme	New PI 2017	Reporting to commence in 2017	0.01	-
Patient Experience				
% of Hospital Groups conducting annual patient experience surveys amongst representative samples of their patient population	Data not available	100%	100.0%	0.0%
National Early Warning Score (NEWS)				
% of hospitals with implementation of NEWS in all clinical areas of acute hospitals and single specialty hospitals	90.0%	100%	96.7%	-3.3%
% of all clinical staff who have been trained in the COMPASS programme	62.0%	> 95%	Data not available	-
Irish Maternity Early Warning Score (IMEWS)				
% of maternity units / hospitals with full implementation of IMEWS	100.0%	100%	100.0%	0.0%
% of hospitals with implementation of IMEWS for pregnant patients	82.0%	100%	86.1%	-13.9%
Clinical Guidelines				
% of maternity units / hospitals with an implementation plan for the guideline for clinical handover in maternity services	New PI 2017	100%	Data not available	-
% of acute hospitals with an implementation plan for the guideline for clinical handover	New PI 2017	100%	Data not available	-
National Standards				
% of hospitals who have completed first assessment against the NSSBH	95.0%	100%	82.9%	-17.1%
% of hospitals who have completed second assessment against the NSSBH	Data not available	95%	51.4%	-45.9%
% maternity units which have completed and published Maternity Patient Safety Statement and discussed same at hospital management team meetings each month	94.7%	100%	95.2%	-4.8%
Stroke				
% of patients with confirmed acute ischaemic stroke who receive thrombolysis	12.4%	9%	14.5%	61.1%
% of hospital stay for acute stroke patients in stroke unit who are admitted to an acute or combined stroke unit	57.6%	90%	72.4%	-19.6%
Acute Coronary Syndrome				
% STEMI patients (without contraindication to reperfusion therapy) who get PPCI	88.5%	90%	94.6%	5.1%
% of reperfused STEMI patients (or LBBB) who get timely PPCI	68.0%	80%	64.1%	-19.9%
HR – Compliance with EWTD				
EWTD Compliance for NCHDs - < 24 hour shift	96.7%	100%	98.5%	-1.5%
EWTD Compliance for NCHDs - < 48 hour working week	81.0%	95%	83.0%	-12.6%

Volume Activity and Key Performance Indicators	Reported Actual 2016	Target NSP 2017	Reported Actual 2017	% Variance from Target 2017
Symptomatic Breast Cancer Services				
% of attendances whose referrals were triaged as urgent by the cancer centre and adhered to the national standard of two weeks for urgent referrals	87.9%	95%	75.4%	-20.6%
% of attendances whose referrals were triaged as non-urgent by the cancer centre and adhered to the national standard of 12 weeks for non-urgent referrals (% offered an appointment that falls within 12 weeks)	72.7%	95%	71.0%	-25.3%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of breast cancer	9.8%	> 6%	10.0%	66.7%
Lung Cancers				
% of patients attending lung rapid clinics who attended or were offered an appointment within 10 working days of receipt of referral in designated cancer centres	81.5%	95%	82.7%	-12.9%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of lung cancer	31.5%	> 25%	32.5%	30.0%
Prostate Cancer				
% of patients attending prostate rapid clinics who attended or were offered an appointment within 20 working days of receipt of referral in the cancer centres	53.4%	90%	61.5%	-31.7%
Clinical detection rate: % of new attendances to clinic, triaged as urgent, that have a subsequent primary diagnosis of prostate cancer	40.3%	> 30%	36.4%	21.3%
Radiotherapy				
% of patients undergoing radical radiotherapy treatment who commenced treatment within 15 working days of being deemed ready to treat by the radiation oncologist (palliative care patients not included)	83.1%	90%	76.3%	-15.2%

Appendix 4: Capital Projects

This appendix reports on capital projects that: 1) were due to be completed in 2015 / 2016 and operational in 2017; 2) due to be completed and operational in 2017; or 3) due to be completed in 2017 and operational in 2018

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
COMMUNITY HEALTHCARE											
Primary Care											
Cavan, Donegal, Leitrim, Monaghan, Sligo (CHO 1)											
Ballymote, Co. Sligo	Primary Care Centre, by PPP	Q4 2017	Q1 2018	Q4 2017	Q1 2018	0	0	1.6	1.6	0	0
West: Galway, Mayo, Roscommon (CHO 2)											
Ballinrobe, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q4 2017	Q3 2017	Q1 2018	0	0	1.3	1.3	0	0
Boyle, Co. Roscommon	Primary Care Centre, by PPP	Q3 2017	Q4 2017	Q3 2017	Q1 2018	0	0	0.1	0.1	0	0
Tuam, Co. Galway	Primary Care Centre, by PPP	Q4 2017	-	Q4 2017	-	0	0	1.6	1.6	0	0
Claremorris, Co. Mayo	Primary Care Centre, by PPP	Q3 2017	Q1 2018	Q4 2017	Q1 2018	0	0	1.3	1.3	0	0
Mid-West: Clare, Limerick, North Tipperary (CHO 3)											
Borrisokane, Co. Tipperary	Extension of primary care facility	Q2 2017	-	Q3 2017	-	0	0	0.06	0.46	0	0
Lord Edward Street, Limerick City	Primary Care Centre, by PPP	Q4 2017	-	Q4 2017	-	0	0	1.1	1.1	0	0
Cork and Kerry (CHO 4)											
St. Finbarr's Hospital, Cork	Audiology services, ground floor, block 2	Q1 2017	-	Q1 2017	Q2 2017	0	0	0.96	1.5	0	0
St. Mary's, Gurranabraher, Cork City	Primary Care Centre	Q4 2017	Q1 2018	Q4 2017	Q2 2018	0	0	11	18.33	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Ballyheigue, Co. Kerry	Primary Care Centre, refurbishment of existing health centre	Q1 2017	-	Q2 2017	-	0	0	0.14	0.14	0	0
Carrigaline, Co. Cork	Primary Care Centre, by lease agreement	Q3 2017	Q4 2017	Q4 2017	Q1 2018	0	0	0	0	0	0
University Hospital Kerry	Palliative Care Development –15-bed inpatient unit funded and directly contracted by Kerry Hospice Association. Enabling works funded by HSE in 2015 (€0.4m)	Q2 2017	Q4 2017	Q2 2017	Q4 2017	15	0	0.21	6.11	42.8	3
South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford (CHO 5)											
Tipperary Town	Primary Care Centre, by lease agreement	Q4 2016	-	Q1 2017	-	0	0	0.3	0.3	0	0
Dublin South, Kildare, West Wicklow (CHO 7)											
Junction House, Kilnamanagh / Tymon, Dublin	Primary Care Centre, by lease agreement	Q3 2017	Q2 2018	Q4 2017	Q3 2018	0	0	0	0	0	0
Cashel Road / Walkinstown, Crumlin, Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q2 2018	Q3 2017	Q2 2018	0	0	0	0	0	0
Springfield, Tallaght, Dublin	Primary Care Centre, by lease agreement (phased)	Q4 2016	-	Q1 2017	-	0	0	0.6	0.6	0	0
Celbridge, Co. Kildare	Primary Care Centre, by lease agreement	Q4 2016	-	Q1 2017	Q3 2017	0	0	0	0	0	0
Blessington, Co. Wicklow	Primary Care Centre, by lease agreement	Q3 2016	-	Q1 2017	-	0	0	0.15	0.15	0	0
Midlands, Louth, Meath (CHO 8)											
Mullingar, Co. Westmeath	Primary Care Centre, by lease agreement	Q2 2017	-	Q2 2017	-	0	0	0	0	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Drogheda (North), Co. Louth	Primary Care Centre, by lease agreement	Q4 2017	Q2 2018	Q1 2018	Q2 2018	0	0	0	0	0	0
Tullamore, Co. Offaly	Primary Care Centre, by lease agreement	Q4 2017	Q2 2018	Q1 2018	Q3 2018	0	0	0	0	0	0
Dublin North City and County (CHO 9)											
Balbriggan, Co. Dublin	Primary Care Centre, by lease agreement	Q1 2017	Q4 2017	Q1 2017	Q4 2017	0	0	0	0	0	0
Portmarnock, Co. Dublin	Primary Care Centre, by lease agreement	Q2 2017	Q3 2017	Q3 2017	-	0	0	0	0	0	0
Grangegorman, Dublin	Primary Care Centre, to be developed on site in Grangegorman	Q1 2017	Q2 2017	Q1 2017	Q3 2017	0	0	2	13.18	0	0
	Relocation of Eve Holdings to Grangegorman Villas (1-5). Enabling works for PCC	Q3 2017	Q2 2019	Q3 2017	Q3 2019	0	0	0.45	0.75	0	0
Mental Health											
West: Galway, Mayo, Roscommon (CHO 2)											
University Hospital Galway	Provision of a replacement Acute MH Unit to facilitate the development of a radiation oncology facility on the campus	Q3 2017	Q1 2018	Q4 2017	Q1 2018	5	45	2.92	15.9	0	0
Mid-West: Clare, Limerick, North Tipperary (CHO 3)											
Gort Glas, Ennis, Co. Clare	Refurbishment (at front of St. Joseph's Hospital) to provide a mental health day centre	Q1 2017	Q1 2018	Q2 2017	Q1 2018	0	0	0.51	1.5	0	0
Cork and Kerry (CHO 4)											
University Hospital Kerry	Refurbishment and upgrade of the acute mental health unit (phase 2)	Q3 2017	Q4 2018	Q4 2017	Q4 2018	0	34	1.5	2.1	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Dublin North City and County (CHO 9)											
Aislinn Centre, Beaumont Hospital	Commissioning of first floor and associated works	Q4 2016	Q1 2018	Q1 2017	Q2 2018	6	0	0.1	1.5	0	0
Disability Services											
South-East: Carlow, Kilkenny, South Tipperary, Waterford, Wexford (CHO 5)											
Co. Wexford – various locations	HIQA compliance works to five houses throughout the county	Q1 2017	-	Q1 2017	-	0	0	0.04	0.78	0	0
Dublin North City and County (CHO 9)											
Swords, Dublin	Disability Day Activity Centre co-funded with Central Remedial Clinic	Q3 2017	Q4 2019	Q3 2017	Q4 2019	0	0	1	1	0	0
National											
National	47 units at varying stages of purchase and refurbishment to meet housing requirements for 165 people transitioning from congregated settings	Phased 2017	Phased 2017 (24 units completed in 2017)	Phased 2017	Phased 2017-2020	0	0	20	100	0	0
Older Persons' Services											
Cavan, Donegal, Leitrim, Monaghan, Sligo (CHO 1)											
Oriel House, Castleblaney, Co.Monaghan	Refurbishment (to achieve HIQA compliance)	Q2 2017	Q3 2020	Q2 2017	Q3 2020	0	21	0.63	0.75	0	0
Killybegs CNU, Co. Donegal	Minor refurbishment (to achieve HIQA compliance)	Q2 2017	-	Q2 2017	-	0	0	0.02	0.43	0	0
Buncrana CNU, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q4 2019	Q1 2018	Q4 2019	0	0	3.1	3.44	0	0
Dungloe Community Hospital, Co. Donegal	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q3 2019	Q1 2018	Q3 2019	0	0	1.4	1.67	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Ballymote CNU, Co. Sligo	Refurbishment (to achieve HIQA compliance)	Q4 2017	Q4 2018	Q1 2018	Q4 2018	10	20	0.08	0.08	0	0
West: Galway, Mayo, Roscommon (CHO 2)											
Sacred Heart Hospital, Castlebar, Co. Mayo	Replacement 74-bed CNU	Q3 2017	Q4 2017	Q4 2017	Q1 2018	0	74	8.4	13.3	0	0
Cork and Kerry (CHO 4)											
Bandon Community Hospital, Co. Cork	Extension and refurbishment (phase 1) - upgrade of existing beds	Q2 2017	Q3 2017	Q3 2017	Q1 2018	0	25	2.37	4.46	0	0
Dunmanway Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q4 2019	Q1 2017	Q1 2020	0	0	0.03	0.26	0	0
Castletownbere Community Hospital, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q2 2020	Q2 2017	Q3 2020	0	0	0.75	1.04	0	0
Cois Abhainn, Youghal, Co. Cork	Refurbishment and upgrade (to achieve HIQA compliance)	Q2 2017	Q4 2020	Q2 2017	Q1 2021	0	0	0.25	0.35	0	0
Dublin South, Kildare, West Wicklow (CHO 7)											
Baltinglass, Co. Wicklow	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q2 2017	Q1 2017	Q2 2017	0	30	0.75	3.91	0	0
St. James's Hospital, Dublin (Mercer Institute for Successful Ageing)	Relocation of 31 existing beds within the main hospital and 116 existing beds within the new (MISA) building	Q4 2016	-	Q1 2017	-	0	147	1	31.7	0	0
Midlands, Louth, Meath (CHO 8)											
Offalia House, Edenderry, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q4 2016	Q1 2017	Q1 2017	-	0	28	0.77	3.27	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Riada House, Tullamore, Co. Offaly	Refurbishment and upgrade (to achieve HIQA compliance)	Q3 2017	Q1 2018	Q3 2017	Q2 2018	0	35	0.29	0.55	0	0
St. Vincent's Hospital, Athlone, Co. Westmeath	Electrical upgrade	Q1 2017	-	Q1 2017	Q2 2017	0	40	0.48	0.9	0	0
St. Oliver Plunkett Hospital, Dundalk, Co. Louth	Refurbishment and upgrade (to achieve HIQA compliance)	Q1 2017	Q2 2017	Q1 2017	Q2 2017	0	63	0.27	5.22	0	0
PRE-HOSPITAL AND ACUTE HOSPITAL CARE											
Pre-Hospital Emergency Care											
Davitt Road, Drimnagh, Co. Dublin	Provision of a new ambulance base	Q1 2017	-	Q2 2017	-	0	0	2.5	7.5	0	0
Acute Hospital Care											
Dublin Midlands Hospital Group											
Midland Regional Hospital, Tullamore, Co. Offaly	Provision of a replacement MRI and additional ultrasound	Q2 2017	-	Q3 2017	Q2 2018	0	0	3.04	5.43	0	0
Ireland East Hospital Group											
Wexford General Hospital	Provision of an early pregnancy assessment unit, a foetal assessment unit and a urodynamics laboratory (co- funded by the Friends of Wexford Hospital)	Q4 2017	Q3 2017	Q4 2017	-	0	0	0.1	1.31	0	0
RCSI Hospital Group											
Beaumont Hospital, Dublin	Provision of renal dialysis unit	Q4 2016	-	Q1 2017	-	0	34	1.69	13.22	0	0
Our Lady of Lourdes Hospital, Drogheda, Co. Louth	Ward block	Q3 2017	Phased handover from Q4 2017	Q4 2017	Phased from Q1 2018	58	0	2	25	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
Saolta University Health Care Group											
Sligo University Hospital	Upgrade of boiler plant and boiler room	Q3 2017	Q2 2018	Q3 2017	Q2 2018	0	0	1.1	2.3	0	0
	Provision of a neuroscience facility in Molloway House, The Mall, Sligo Town (HSE owned). Funded by the North West Neurology Institute	Q1 2017	Q3 2018	Q1 2017	Q3 2018	0	0	0.05	0.05	0	0
	Provision of a diabetic centre to facilitate the commencement of a paediatric insulin pump service	Q3 2017	Q3 2019	Q3 2017	Q3 2019	0	0	0.05	0.65	0	0
	Upgrade of building fabric (roofs, windows, etc.) and fire compartmentation works	Phased 2017	Phase 1 complete (Q2 2017)	Phased 2017	Phase 1 complete (Q2 2017)	0	0	0.33	1.33	0	0
University Hospital Galway	New clinical block to provide replacement ward accommodation. Initial phase is provision of a 75-bed block	Q1 2017	-	Q1 2017	-	0	75	1.75	17.85	0	1
Letterkenny University Hospital, Co. Donegal	Restoration and upgrade of the critical care unit, haematology and oncology units, damaged in 2013 flood (part-funded by insurance)	Q3 2017	Q2 2017	Q3 2017	Q2 2017	0	0	2	2.7	0	0
	Restoration and upgrade of underground service duct (and services) damaged in 2013 flood	Q4 2017	Q1 2019	Q4 2017	Q1 2019	0	0	1.4	2.46	0	0
Mayo University Hospital	Expansion of existing endoscopy suite to provide a new decontamination facility, also works to main concourse including replacement lift	Q1 2017	-	Q1 2017	-	0	0	0.09	1.8	0	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
South / South West Hospital Group											
Cork University Hospital	Paediatric outpatient department	Q4 2016	Q1 2017	Q1 2017	Q2 2017	0	0	0.3	9.4	0	0
	Laboratory Development – extension and refurbishment of existing pathology laboratory to facilitate management services tender (blood science project)	Q2 2017	Q2 2019	Q2 2017	Q2 2019	0	0	1.75	2.2	0	0
	Provision of a helipad	Q4 2017	Q3 2019	Q1 2018	Q4 2019	0	0	0.64	1.8	0	0
University Hospital Waterford	New decontamination unit	Q2 2017	Q4 2017	Q3 2017	Q1 2018	0	0	1.2	2	0	0
University Hospital Kerry	Refurbishment of existing operation theatre fabric	Q1 2017	Q2 2017	Q1 2017	Q2 2017	0	0	0.5	0.5	0	0
South Tipperary General Hospital	Extension to radiology department	Q4 2016	-	Q1 2017	-	0	0	0.48	2.3	0	0
UL Hospitals Group											
Ennis Hospital, Co. Clare	Redevelopment of Mid-Western Regional Hospital, Ennis (phase 1) to include fit out of vacated areas in existing building to accommodate physiotherapy and pharmacy and development of a local (minor) injuries unit	Q4 2017	Phased completion (Final phase Q2 2019)	Q1 2018	Phased completion (Final phase Q2 2019)	0	0	0.85	1.65	0	0
University Hospital Limerick	Acute MAU and OPD reconfiguration. The AMAU will be accommodated in the (old) Ward 6A and adjacent areas	Q4 2017	Q4 2019	Q1 2018	Q4 2019	8 assessment spaces	12 assessment spaces	1.06	1.4	0	0
	Reconfiguration of former ICU to create a surgical and pre- operative assessment unit	Q3 2017	Q1 2018	Q3 2017	Q1 2018	14 assessment spaces	0	0.74	0.79	0	0
	Clinical education and research centre (co-funded with University of Limerick)	Q4 2016	-	Q4 2017	Q1 2017	0	0	1.3	12.9	4	0

Facility	Project details	Planned Completion Date (as per NSP2017)	Updated Completion Date	Planned Operational Date (as per NSP2017)	Updated Operational Date	Additional Beds	Replace-ment Beds	Capital Cost €m		2017 Implications	
								2017	Total	WTE	Rev Costs €m
	New ED	Q1 2017	Q2 2017	Q4 2017	Q2 2017	0	0	8.75	24	93.5	1.4
Cancer Services											
Nenagh Hospital, Co. Tipperary	Ward block extension and refurbishment programme, incl. 16 single rooms and 4 double rooms (part funded by the Friends of Nenagh Hospital)	Q3 2017	Extension Q2 2018 Refurb. Q1 2019	Q3 2017	Extension Q2 2018 Refurb. Q1 2019	3	21	1.34	4.9	0	0
St. Luke's Hospital, Dublin	Provision of interim facilities, (phase 2 – radiation/oncology project)	Q2 2017	Q3 2017	Q2 2017	Q3 2017	0	0	2.02	8.35	13.5	0.18
HEALTH BUSINESS SERVICES											
Manorhamilton, Co. Leitrim	Upgrade/refurbishment of area HQ Building, Manorhamilton	Q3 2017	Phase 1 complete (Q2 2017)	Q3 2017	Phase 1 complete (Q2 2017)	0	0	1.2	1.64	0	0
Procurement – National Distribution Centres, incl. Tullamore, Co. Offaly	Provision of a network of storage facilities to facilitate the reconfiguration of the HSE's logistics services	Q1 2017	Q3 2017	Q1 2017	Q4 2017	0	0	1.15	4.15	0	0

Appendix 5: Annual Energy Efficiency Report

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

In 2013 the National Health Sustainability Office (NHSO) was established within the national Estates function, part of HBS, to develop and build staff, patient and public awareness of sustainability issues, and to deliver lower costs and a healthier environment.

Overview of Energy Usage in 2017

The NHSO is fully compliant with the requirements of *SI 426* and has verified all HSE meter points for 2017. This data is currently being validated by the Sustainable Energy Authority of Ireland (SEAI) and it is anticipated that this verified energy consumption data will be available from the SEAI in mid-2018.

The overview below is the verified energy usage in 2016 (excluding section 38 / 39 agencies). The verified 2017 energy usage, when issued by SEAI, will be made available at *www.hse.ie/sustainability*.

- 226,113 MWh of electricity
- 611,012 MWh of fossil fuels
- 3.065 MWh of renewable fuels.

Actions undertaken in 2017

- The *Sustainability Strategy for Health 2017-2019* was published, setting out the health services strategic plan to deliver on our commitment to becoming a leading sustainable organisation.
- The National Ambulance Service won the Public Sector category in the SEAI's Energy Awards 2017 for its Green Technology Initiative to reduce its fuel and carbon footprint.
- HBS Procurement's National Distribution Service based in Tullamore won the Green Transport Award 2017 for its reduction in vehicle movements and fuel usage, lowering HSE national distribution CO2 emissions by 38% in one year.
- The Green Healthcare Programme continued to develop Irish healthcare waste benchmarks and ran a series of training sessions with healthcare staff to improve resource efficiency, prevent and reduce waste, maximise recycling, and conserve water.
- A sustainability seminar was held in Sligo University Hospital, with a focus on delivering sustainability, through collaboration, and efficiency, through energy performance contracting. A workshop focusing on increasing water efficiency was held in Tullamore. Attendance at both events exceeded expectations.

Actions planned for 2018

- Establish, lead and support national programmes to implement the *Sustainability Strategy for Health 2017-2019* including the energy performance contracting programme, water conservation programme, food waste reduction programme and optimising power at work programme.
- Further strengthen collaborations for cross sectoral working between the HSE and other organisations.
- Continue developing NHSO communications to build staff, service user and public awareness of sustainability issues.
- Establish efficient active transport and travel options by working in partnership with Smarter Travel Workplaces to implement sustainable travel in healthcare facilities.
- Work in partnership with HBS Procurement and the Office of Government Procurement in optimising the newly established national contracts for electricity and natural gas.

Financial Governance

Operating and Financial Overview 2017

INTRODUCTION

2017 was the last year of the HSEs Corporate Plan 2015 – 2017. The HSE has made significant progress against the goals and expectations of this three year plan. However, in the context of the Ireland of today it has been acknowledged that the current model for healthcare in Ireland requires additional reform and longer term planning. The Committee on the Future of Healthcare which was set up to achieve a cross party consensus on the future of healthcare and health policy in Ireland published the Slaintecare Report in May 2017 which is welcomed by the HSE.

The HSE is currently working with Government and the Minister to assist with the implementation of the findings and recommendations from Slaintecare.

The key elements of the HSE's 2017 financial performance are summarised under the following headings: Strategic Context; Financial Overview; Income Analysis; Outturn 2017 by Service Areas; Finance-related initiatives and Outlook for 2018.

STRATEGIC CONTEXT

Annually the HSE is required to maximise the level and quality of service delivery within the limit of the resources available and also to ensure that on-going sustainable improvements are realised across the system. In that context it is important to recognise the service demands and pressures arising from a population that is:

- Growing in numbers. Based on Census 2016 the current population of Ireland is 4.7million people, representing a 12% increase in population since 2005 when the HSE was established. The ERSI[1]* has projected that the population will increase by up to 23% between now and 2030.
- Living longer. Life expectancy in Ireland has risen 2.4 years since 2005, and almost 13% of the overall population is now 65 or older. It is expected that the number of people aged 65 will increase by up to 21% by 2020 with the number of adults aged over 85 rising by 4%. Although many people are living longer in better health, there are also an increasing number of older people presenting with challenges such as chronic disease, disabilities and cognitive loss.
- Presenting with mounting incidence of chronic disease, requiring increasing intervention and follow-up services. For example 30% of current Irish deaths are related to diseases of the circulatory system. For those aged 65 and over almost 57% of all mortality relates to circulatory system diseases and cancer. Circa three quarters of deaths in Ireland are due to cancer, cardiovascular disease and respiratory disease. It is expected that from 2017 to 2022 that there will be a 17% increase in the number of adults aged over 65 with 2 or more chronic conditions.

[1] ESRI Report, Projections of demand for healthcare in Ireland 2015-2030

- Presenting with challenges to service demand pressures, driven by lifestyle factors including obesity, smoking and alcohol consumption. There are almost 1.7 million adults in Ireland who are overweight or obese and 5% of Irish adults suffer from type 2 diabetes.

Health Service Improvement

The ambition and aim of the HSE is to deliver the best health service possible within the resources available and it is essential that our services are organised in a way that ensures they are capable of responding to the healthcare needs of our communities. In order to achieve this a comprehensive improvement programme has been initiated which focuses on advancing the quality and safety of our services, providing care in a more integrated way and implementing public health and health promotion initiatives in line with the recommendations of the Slaintecare Report.

The Slaintecare Report acknowledges that to achieve the best outcomes for our population that safe, quality services must be provided where and when they are needed. The establishment of Hospital Groups (HGs) and Community Health Care Organisations (CHOs) is a key element in the delivery of this strategy. The Slaintecare Report supports the ongoing development of these HGs and CHOS and in particular seeks to ensure greater alignment between these HGs and CHOs to deliver fully integrated care and to ensure that services are provided where they are needed to achieve good and safe outcomes for the citizens of Ireland.

Hospital Groups

There are now seven hospital groups which are responsible for the delivery of hospital services. These hospital groups allow a more co-ordinated approach to both the planning and delivery of acute care. The Acute Hospital sector including National Ambulance Service accounts for almost 39% of overall HSE expenditure in recognition of the challenges faced with providing Hospital Services in the context of a rising and aging population, with a significant increase in the presentation of chronic illness as well as the impact of lifestyle choices on the health of the Irish population. The ESRI have predicted that the demand for Hospital services is expected to rise by 37% for inpatient bed days and 30% for inpatient cases by 2030.

Community Healthcare Organisations (CHOs)

There are now nine regional Community Healthcare Organisations which are responsible for the delivery of community health services. These CHOs will deliver HSE and funded agency services at local level thereby increasing access of services to people in the community. Social Care and Primary Care (including Primary Care Reimbursement Service PCRS) represent 45% of overall HSE expenditure. It is predicted that demand for services such as home help care as well as residential and intermediate care in nursing homes could increase by up to 60% in the years to 2030 due to the rise in population and the increase in an aging population. (ESRI projections)

FINANCIAL OVERVIEW

The HSE benefitted from an increased determination for health of €14.2 billion in 2017. This represented an increase of €0.6 billion or 5% over the 2016 allocation.

The operational financial outturn for 2017 as reported in the financial statements shows a Revenue Income and Expenditure deficit of €129.6m, which includes the receipt of €208.3m of once-off revenue funding which was provided by way of a supplementary estimate for 2017. The letter of determination received on the 29th December indicated that of the funding received €75m was available for central pay awards, €50m for State Claims Agency, €47.7m in relation to a shortfall on acute income and €35.6m was also made available for the winter access programme. Including the impact of the "first charge", the overall result for 2017 is a deficit for health of €139.9m, which is noted below and illustrated in table 4.

Under the Health Service Executive (Financial Matters) Act, 2014 the financial control mechanism known as "first charge" was introduced for the HSE and the first period to which this related was the 2016 financial year.

Table 4 below illustrates the impact of the "first charge" on the AFS 2017

Table 4 Impact of First Charge AFS 2017	Revenue I/E	Capital I/E	HSE Total
Operating Deficit arising in FY2017	(129,579)	(6,652)	(136,231)
Impact of First Charge 2016 b/f	(10,292)	14,974	4,682
HSE reported Results 2017	(139,871)	8,322	(131,549)

Table 5 illustrates the expenditure by Service Area in 2017 compared to 2016

Service Area	AFS 2017	AFS 2016
Acute Hospitals	5,919,614	5,646,139
Primary Care	3,808,673	3,718,002
Disability and Older Persons' Services	3,072,502	2,924,160
Corporate Support Services	1,377,216	1,239,115
Mental Health	841,791	782,786
Health and Wellbeing	209,479	191,690
	15,229,276	14,501,892

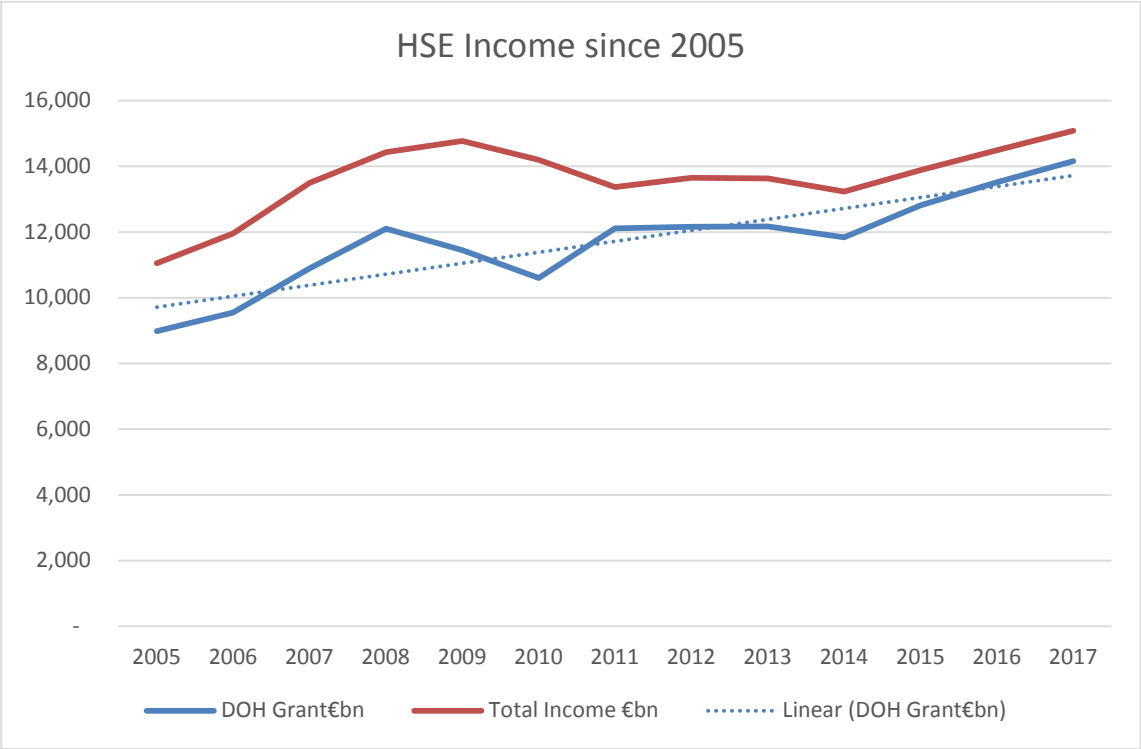
INCOME ANALYSIS

The HSE delivers a range of health and social care services using financial resources allocated by the Department of Health as well as utilising income raised by private patient income, superannuation income, pension levy deductions from staff and pharmaceutical rebates. Table 6 provides an analysis of this Income.

Table 6

Income Stream	FY2017	FY2016	% Var
Department of Health Grant	14,156,207	13,513,757	4.8%
"First Charge"	(10,292)	(7,931)	29.8%
Patient Income	425,219	450,515	-5.6%
Superannuation Income	161,351	160,233	0.7%
Pension Levy Deductions	247,706	273,038	-9.3%
Other Income	109,214	101,988	7.1%
Total Income per AFS	**15,089,405**	**14,491,600**	**4.1%**

The graph below at shows how the HSE's income had declined in line with the economic downturn in Ireland since 2008/2009. The graph shows that in recent years the HSE's income levels have started to recover which is a reflection of the level of investment required to support the volume of services that need to be provided.



OUT-TURN 2017 BY SERVICES

Acute Hospitals Services

Acute services include emergency care, urgent care, short term stabilisation, scheduled care, trauma, acute surgery, critical care and pre-hospital care for adults and children. Hospitals continually work to improve access to scheduled and unscheduled care, ensuring quality and patient safety within the allocated budget. The seven Hospital Groups provide the structure to deliver an integrated hospital network of acute care in each geographic area. There is an overriding requirement for the HSE to maximise the provision of essential and safe services within the totality of the funding available.

The final outturn for Acute Hospital Services in 2017 was €5,919m, which included deficit of €139.7m. The constituent elements of this deficit are as follows; €23m related to bad debt provision, €69m related to the cost of operational services, this was substantially in clinical non-pay which had a €44m adverse position. In addition, there was a €20m shortfall on hospital private maintenance charges. This was after the application of once off funding of €42m to this category by way of Supplementary Estimate. Activity delivery in many areas was higher than the targets set out in NSP 2017, in terms of both activity volume and overall complexity. The adverse variance experienced in clinical costs of €44m is a direct reflection of this enhanced level of service delivery.

Disability and Older Persons Services

The challenge in 2017 for the Disability and Older Persons Services was to meet the rising demand for services as a result of an aging population, longer life expectancy, coupled with changing needs and an increasing number of people with a disability with more complex service requirements. The final outturn for the Social Care Services in 2017 was €3,072m, which included a deficit of €24.5m.

Older Persons Services

Managing the year on year growth in demand for community-based social services has been one of the key challenges for Older Persons services in 2017.The biggest increase in Ireland's population is within the older populace. Each year, the population aged 65 years and over increases by almost 20,000 people, and by over 2,500 for those aged 85 years and over. This presents a particular challenge for serving a growing and ageing population. To that end and with cognisance to funding levels a wide range of older person's services are provided which include home supports, short stay and long stay residential care (Nursing Homes Support Scheme). In addition to the above both transitional care and day care services are provided where specific pressures exist. This ensures that appropriate care pathways are in place so services can be delivered at adequate levels, in an integrated manner to meet the needs of older people. Older Persons Services reported a surplus of €2.6m for 2017.

Nursing Homes Support Scheme (NHSS)

The number of persons funded under the NHSS at the end of December 2017 was 22,949 which represented an average of 22,983 people in long terms residential care for 2017. At the end of December, the waiting time for an NHSS place was on target at four weeks with 537 people on the waiting list. A surplus of €1.2m was reported against this scheme at the end of 2017.

Disability Services

Disability Services reported a deficit of €28.3m at the year-end based .This deficit relates principally to the costs of providing residential care to people with an intellectual disability including the provision of emergency placements. Emergency placements continued to be a significant service pressure in disability services in 2017. This is in an environment where individual placements can cost up to €0.5m. The cost is dependent ultimately on the clients need and the complexity of each individual case presenting. Another driver of the 2017 overspend was the expenditure associated with HIQA compliance, the implementation of quality improvements and action plans arising from HIQA inspection reports.

Mental Health Services

The final outturn for Mental Health Services in 2017 was €842m, which included a surplus of €0.3m. This surplus was delivered as cost pressures in the areas of staffing and the increasing costs of private placements were balanced substantially by savings arising from the difficulty and timing around hiring new and replacement posts. In relation to service delivery there were a number of developments progressed in 2017, these include;

- The development of three new Child & Adolescent Mental Health Services (CAMHs) teams.
- The development of one new Psychiatry of Later Life (POLL) team.
- The opening of the Deer Lodge Special Care Unit.
- €3m of investment in service infrastructure.
- The advancement of the new National Forensic Services capital project.
- Mental Health Engagement Leads appointed in all CHO's.
- Launches of the National Recovery Framework, QSUS Best Practice Guidance, local CFL Suicide Prevention Plans, Perinatal MH Model of Care and the Youth Mental Health Taskforce Report.

Notwithstanding the above developments MH also have a number of challenges, namely a high level of agency & overtime due to reduced ability to recruit staff into available posts, and an increasing level of high cost capitation payments relating to residential placements with private providers. The level of Capitation expenditure is also growing year on year due to the increasing complexity of patients, along with the inability of services to cater for high need clients due to staff shortages and unfilled posts.

Primary Care Services

The final outturn for the Primary Care Services in 2017 was €3,809m including the Primary Care Reimbursement Service. Core operational services within Primary Care, Social Inclusion and Palliative Care reported a surplus of €6.5m at the end of 2017, largely attributable to once off time related savings, relating mainly to chronic disease clinical posts and palliative care beds not coming on stream as anticipated. This year also saw the advancement of a number of key procurement initiatives in the area of medical supplies and Aids & Appliances which when fully operational will provide scope to offset costs driven by large volume increase experienced in these areas in recent years.

In addition to, whilst the opening of multiple primary cares centres over recent years have placed additional pressure on the primary care operational cost base, these facilities form a key part of the infrastructure required to provide primary care services to an aging demographic and underpin the overall shift to primary care.

The Primary Care Reimbursement Service (PCRS) reported a balanced financial position for 2017. The PCRS budget for 2017 was framed by reference to a series of working assumptions which had been developed in detailed discussions with the DOH. Expenditure was the subject of close monitoring and assessment from the beginning of the year with the main expenditure drivers being Community Drug Schemes and High Tech Medicines.

Health & Wellbeing Services (H&WB)

The final outturn for the Health & Wellbeing Services in 2017 was €209m, which included a surplus of €2.8m. The underspend is reflective of difficulties in recruiting clinical staff such as public health doctors and radiographers. A wide range of services were provided in H&WB in 2017 which ranged from environmental health services, water fluoridation, public health, health surveillance and protection and the nationally led vaccination programmes (Rotavirus, Men-B, Flu and HPV). These services were provided in addition to the services offered by office of tobacco control, crisis pregnancy agency and the national screening service.

FINANCIALLY-RELATED INITIATIVES

Finance Reform

Improvement of the HSE's outdated financial and procurement systems is a strategic priority which is supported by the Finance Reform Programme. Further significant progress was made, during 2017, in securing the necessary approvals to invest in an Integrated Financial Management System (IFMS). The contract was signed in June 2017 for a software platform.

Planning the design and implementation of the single national finance and procurement system will progress in 2018.

OUTLOOK FOR 2018

The HSE's National Service Plan 2018 acknowledges that delivering the maximum amount of services within the limits of funding will remain a critical area of focus and concern for 2018. The plan sets out the services that we will aim to provide in 2018, together with our priorities, focusing on a small number of key themes that signal a direction towards a more sustainable and safe healthcare service for the people of Ireland.

In 2018, the HSE will face a significant financial challenge in maintaining the existing level of overall activity, maintaining and where possible, improving quality and containing costs with a rising demand for services. Recognising the necessity to secure improved value, the HSE is taking forward a systematic review of its existing activities to drive value with a view to taking forward, from the beginning of 2018, a comprehensive Value Improvement Programme. Within this over-arching Value Improvement Programme we will focus on three broad priority themes:

- Improving value within existing services;
- Improving value within non-direct service areas; and
- Strategic value improvement.

While there are a number of opportunities to secure improved value that are within the remit and role of the HSE to deliver, there are others that will require wider consideration of policy, legislation and regulatory issues and therefore will benefit from the involvement and support of the Department of Health and other stakeholders. Through the Value Improvement Programme, we will target improvement opportunities to address the overall financial challenge while maintaining levels of activity. The Programme, will seek to improve services while also seeking to mitigate the operational financial challenge in services for 2018. This should only be delivered via realistic and achievable measures that do not adversely impact services.

The implementation of the Slaintecare Report is a key focus area for 2018 and future years, as well as for the attainment of the goals enshrined in the framework which is set out by the HSEs Corporate Plan for 2015-2017.

Attainment of the goals will require a focus upon:

- Improving the quality, safety and value of the services we deliver
- Prioritising the design and implementation of integrated models of care
- Reviewing operational capacity in order to support quality and access for emergency and planned acute care

- Progress to the next stage of implementation of the *Health Services People Strategy 2015-2018*, building on progress to date.
- Improvements to ICT, data governance and information governance
- Implementation of the CHO and HG Structures
- Improvements in financial controls and probity
- Implementation of the Finance Reform programme
- Addressing the challenges posed by the investment backlog in essential medical equipment and estates infrastructure.

CONCLUSION

Given the scale of the demographic, regulatory and other service pressures across the acute and community healthcare service areas there is a substantial financial risk being managed in any given year. In addition to the performance areas there are significant financial pressures in the PCRS and other demand led areas that arise as a result of the demographic, economic and other factors. There are also particular challenges in meeting compliance with regulatory requirements in both the disability and older person's sectors within the funding available. While it is not possible to eliminate these financial risks in full, we continue to make every effort to manage them to the greatest extent possible within the resources provided.

Delivering the maximum amount of services, as safely and effectively as possible, within the limits of the available funding was a key objective for the HSE in 2017. This is with a backdrop of services facing specific challenges in respect of ensuring the type and volume of safe services were delivered within the resources available. Overall the HSE prioritised efforts around developing the most efficient models of service delivery, strengthening controls around the pay bill and other significant cost categories, reducing waste and increasing productivity in order to mitigate the annual growth in costs that is typical of healthcare systems in Ireland and internationally.

Governance Statement and Directorate Members' Report

Governance

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

The Directorate has collective responsibility as the governing body of the HSE and the authority to perform the HSE's functions.

The *Health Service Executive (Financial Matters) Act, 2014* provides that the HSE ceased to have a separate vote. The Minister for Health determines the net expenditure of the Executive. The Director General is accountable to the Committee of Public Accounts in respect of the HSE's annual financial statements and any other reports made by the Comptroller and Auditor General.

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

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

The Directorate is accountable to the Minister for Health and is responsible for ensuring good governance. It performs this task by setting strategic objectives and targets and taking strategic decisions on all key business issues. The regular day-to-day management, control and direction of the HSE are the responsibility of the Director General and the Leadership Team. The Director General and Leadership Team must follow the broad strategic direction set by the Directorate, and must ensure that all Directorate members have a clear understanding of the key activities and decisions related to the entity, and of any significant risks likely to arise. The Director General acts as a direct liaison between the Directorate and management of the HSE.

Directorate Responsibilities

The duties of the Directorate are set out in the HSE's *Code of Governance* and include 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 Directorate also approves significant expenditure as well as ensuring that financial controls and systems of risk management in place are robust and accountable. The Directorate is accountable to the Minister for the performance of the HSE's functions and its own functions as the governing authority of the HSE. In practice, the Directorate delegates to the Director General all the functions of the HSE, except for the specific functions it reserves to itself. Standing items considered by the Directorate include:

- Declaration of interests
- Reports from committees
- Financial reports / management accounts
- Performance reports, and
- Reserved matters.

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

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

In preparing the annual financial statements, the Directorate is required to:

- Select suitable accounting policies and then apply them consistently
- Make judgements and estimates that are reasonable and prudent

- State whether applicable accounting standards have been followed, subject to any material departures disclosed and explained in the financial statements, and
- Prepare the financial statements on a going concern basis unless it is inappropriate to presume that the HSE will continue in operation.

The Directorate is responsible for keeping adequate accounting records which disclose, with reasonable accuracy at any time, the financial position of the HSE. The Directorate is also responsible for safeguarding the assets of the HSE and hence for taking reasonable steps for the prevention and detection of fraud and other irregularities.

The maintenance and integrity of the corporate and financial information on the HSE's website is the responsibility of the Directorate.

The Directorate considers that the financial statements of the HSE properly present the state of the HSE's affairs at 31st December 2017 and its income and expenditure for 2017.

Directorate Structure

The membership of the Directorate consists of the Director General and such other number of directors as the Minister appoints. Section 16A(2) of the *Health Act 2004* specifies that the number of persons appointed to the Directorate at any time shall not be fewer than two and not be greater than eight. The Directorate is headed by the Director General as Chairperson.

Schedule of Attendance, Fees and Expenses

Meetings

In accordance with Part 3A of the *Health Act 2004* (as inserted by Section 16K of the *Health Service Executive (Governance) Act 2013*), the Directorate is required to hold no fewer than one meeting in each of 11 months of the year. In 2017, the Directorate met on 17 occasions, holding 11 monthly Directorate meetings and six additional meetings. The attendance at Directorate meetings is recorded in Table 7. The Directorate meetings deal with the reserved functions and other key areas.

Table 7: Attendance at Directorate meetings

	HSE Directorate monthly meetings (Total Meetings 11)		HSE Directorate additional meetings (Total meetings 6)		
Member	Total number of meetings	Total attended	Total number of meetings	Total attended	HSE Directorate Expenses
T. O'Brien	11	10	6	6	€12,460
P. Healy (term of office ended 31.07.17)	7	5	3	1	€6,968
J. Hennessy (term of office ended 31.07.17)	7	6	3	3	€833
S. Mulvany	11	11	6	5	€747
S. O'Keeffe (term of office ended 31.07.17)	7	7	3	3	€534
A. O'Connor (term of office ended 31.08.17)	7	6	4	3	€3,176
P. Crowley	11	11	6	5	€5,306
L. Woods (term of office ended 31.08.17)	7	7	4	4	€11,152
D. Sullivan (appointed 01.08.17)	4	4	3	3	€639
J. Connaghan (appointed 01.08.17)	4	4	3	3	€5,797
R. Mannion (appointed 01.09.17)	4	4	2	2	€2,165

* Directorate members' expenses for 2017 are shown for the term of office for each member in 2017.

The Directorate comprises senior executives appointed by the Minister of Health under legislation (*Health Service Executive (Governance) Act 2013*) from persons employed as HSE National Directors or no less senior grade. In accordance with Government pay policy, public servants who sit on State boards or who may be nominated to such boards independently of their public service employment are not paid remuneration in the form of board fees and their remuneration applies to their HSE executive roles only. No fees are paid to members of the Directorate.

Key Personnel Changes

As indicated in Table 7 above the terms of office of five members of the Directorate ended in 2017.

Three new members were appointed by the Minister: Mr John Connaghan, Deputy Director General Chief Operations Officer; Mr Dean Sullivan, Deputy Director General Chief Strategy and Planning Officer; and Ms Rosarii Mannion, National Director Human Resources.

Committees

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

Committee Members' Fees

External members of Committees / Boards are entitled to fees, and these are sanctioned by the DoH and DPER. Fees are paid to the majority of external members of our Audit and Risk Committees apart from those who are already public servants (e.g. DoH representative on Audit Committee). There is a set rate for each meeting they attend up to a maximum amount each year and this is processed through payroll. There is a different rate for Chairs of committees than ordinary members.

- Risk Committee Chair - Rate per meeting €402.39 to a max of €2,414 per year
- The fee sanctioned by the DoH and DPER for the Chairperson of the Statutory Audit Committee is the rate for the Chairperson of a category 4 non-commercial state body which is €8,978 per year
- All other members – Rate per meeting €285 to a max of €1,710 per year.

Audit Committee

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

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

b) Compliance by the HSE with:
   i. Its obligations (under Section 33[2]) to manage the services set out in an approved service plan so that the services are delivered in accordance with the plan and so that the net non-capital expenditure incurred does not exceed the amount specified in the Government's Letter of Determination
   ii. Its obligation (under Section 33B[3]) to submit an annual capital plan
   iii. Any other obligations imposed on it by law relating to financial matters

c) Compliance by the Director General with his obligations (under section 34A[4]) to ensure that the HSE's net non-capital and capital expenditures do not exceed the amounts allocated by government for a year or part of a year (and to inform the Minister if such allocations might be breached)

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

[2] Section 33 of the *Health Act 2004* as amended by section 10 of the *Health Service Executive (Financial Matters) Act 2014*

[3] Section 33B of the *Health Act 2004* as amended by section 11 of the *Health Service Executive (Financial Matters) Act 2014*

[4] Section 34A of the *Health Act 2004* as amended by section 12 of the *Health Service Executive (Financial Matters) Act 2014*

v. Financial reporting, and
vi. Internal audits.

The Act requires the Committee to meet at least four times in each year and to report in writing, at least once in every year, to the Director General and to the Directorate, on the matters upon which it has advised and on the Committee's activities during the year. A copy of this report is to be provided to the Minister.

In accordance with good governance practice, the Audit Committee has in place a Charter which sets out in detail the role, advisory duties and authority of the Committee, along with certain administrative matters. During 2017, the Committee's Charter was reviewed in light of the publication by DPER of a revised *Code of Practice for the Governance of State Bodies 2016* which came into effect on the 1st September 2016.

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

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

Membership

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

The following individuals were members of the Audit Committee in 2017:

- Mr Peter Cross (Chairman)– Managing Director of Trasna Corporate Finance, Fellow of Chartered Accountants Ireland
- Mr Tom O'Higgins (Chairman) – former Chairman of Concern Worldwide, retired partner at PwC, past President and Fellow of Chartered Accountants of Ireland
- Prof Patricia Barker - Director of Tallaght Hospital, former Vice President (Academic) DCU, Fellow of Chartered Accountants Ireland
- Mr Richard George – retired partner KPMG, Fellow of Chartered Accountants Ireland,
- Ms Ann Markey – Non-Executive Director and Business Advisor, Fellow of Chartered Accountants Ireland, Associate of the Irish Tax Institute
- Mr Stephen McGovern – CRH Group Regulatory, Compliance and Ethics Project Lead: eLearning, Fellow of Chartered Accountants Ireland
- Mr David Smith – Principal Officer DoH
- Mr Greg Canning – Principal Officer DoH
- Ms Anne O'Connor – HSE National Director Mental Health
- Mr John Connaghan – HSE Deputy Director General Chief Operations Officer

Meetings

The Audit Committee met on seven occasions in 2017. Attendance by each member of the Committee at these meetings is set out in Table 8 including fees and expenses received by each member.

Table 8: Attendance at Directorate Committee meetings – Audit Committee

HSE Audit Committee Meetings (Total Meetings 7)			HSE Audit Committee Fees and Expenses	
External Members	Total number of meetings	Attendance	Fees	Expenses
P. Cross (Chair) (term of office ended 30.06.17)	4	4	€4,233	-
T. O'Higgins (Chair) (appointed 01.07.17)	3	3	€4,489	-
P. Barker	7	7	€1,710	-
R. George (appointed 14.02.17)	7	7	€1,710	-
A. Markey (appointed 09.05.17)	4	4	€1,140	-
S. McGovern	7	7	€1,710	-
D. Smith (term of office ended 31.03.17)	3	3	N/A	-
G. Canning (appointed 09.05.17)	4	2	N/A	-
Internal Members				
A. O Connor (Directorate term of office and therefore Audit Committee membership ended 31.08.17)	4	3	N/A	See Table 7
J. Connaghan (appointed 11.09.17)	3	3	N/A	See Table 7

In order to discharge its responsibilities, the Committee agreed a work programme for the year reflecting the Committee's Charter.

In accordance with this work programme, the Committee received regular reports and papers from the Chief Financial Officer and the National Director of Internal Audit, both of whom attended all Committee meetings along with senior members of their teams.

The Director General and other members of the Leadership Team attended when necessary.

The external auditors (Office of the Comptroller and Auditor General) attended Audit Committee meetings as required and had direct access to the Committee Chairman at all times. The Committee met with the HSE's external auditors to review the results of the audit of the HSE's 2016 financial statements and to discuss the audit plan in relation to the 2017 financial statements.

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

The Committee received reports from management on financial reporting and financial control matters and processes, compliance with government guidelines on financial issues and financial risk management throughout the year.

The Committee provided its advice to the Directorate and to the Director General principally by means of the minutes of its meetings. These minutes were made available to, and tabled at, meetings of the Directorate following the relevant Audit Committee meetings. The Audit Committee maintained a log of its recommended actions and reviewed the progress of management in addressing those recommendations.

The Chairman attended the March 2017 meeting of the Directorate to provide the advice of the Audit Committee in relation to the HSE's financial statements prior to their approval by the Directorate, and to update the Directorate on the work of the Committee.

In accordance with legislation, the Committee provided a report in writing to the Director General and to the Directorate on the matters upon which it has advised and on the activities of the Committee during 2017. A copy of this report was provided to the Minister.

Risk Committee

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

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

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

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

In accordance with good governance practice, the Risk Committee has put in place a Charter. The Charter focuses principally on assisting the Directorate in fulfilling its duties by providing an independent and objective review of non-financial risks. The Committee kept its Charter and work programme under review during the year. The Risk Committee Charter recognises the establishment by the HSE of a separate HSE Audit Committee, reporting to the Directorate, which is responsible for advising the Directorate on matters relating to all risks of a financial nature.

Membership

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

The following individuals were members of the Risk Committee in 2017:

- Dr Sheelah Ryan – public health physician, former CEO of HSE West / WHB (Chair)
- Mr Simon Kelly – Energy Consultant and former CEO of the National Standards Authority of Ireland
- Mr Pat Kirwan – Deputy Director, State Claims Agency
- Ms Margaret Murphy – WHO Patients for Patient Safety
- Ms Rosemary Ryan – Manager Client Enterprise Risk Management Services, IPB Insurance
- Mr Colm Campbell – former Assistant Chief of Staff for the Defence Forces
- Dr Peter Lachman – CEO ISQua
- Ms Laverne McGuinness, CEO Talbot Group
- Dr Stephanie O'Keeffe – HSE National Director Health and Wellbeing
- Mr Dean Sullivan– HSE Deputy Director General Chief Strategy and Planning Officer

Meetings

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

Table 9: Attendance at Directorate Committee meetings – Risk Committee

HSE Risk Committee Meetings (Total Meetings 6)			HSE Risk Committee Fees and Expenses	
External Members	Total number of meetings	Attendance	Fees	Expenses
S. Ryan (Chair)	6	6	€2,414	€2,897
S. Kelly	6	6	-	-
P. Kirwan	6	5	-	-
M. Murphy	6	5	€1,425	-
R. Ryan	6	5	-	-
C. Campbell	6	6	€1,710	-
P. Lachman (appointed 19.05.17)	3	3	-	-
L. McGuinness (appointed 14.03.17)	4	4	-	
Internal Members				
S. O'Keeffe (Directorate term of office and therefore Audit Committee membership ended 31.07.17)	5	5	N/A	See Table 7
D. Sullivan (appointed 11.09.17)	1	1	N/A	See Table 7

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

The Committee considered the Corporate Risk Register, the HSE's staff health and safety function, internal audit reports concerning the effectiveness of non-financial internal controls, risks associated with healthcare associated infection / antimicrobial resistance and the implementation of HIQA recommendations. The National Director of Quality Assurance and

Verification attended the Committee meetings to provide assurance on the effectiveness of the systems established by management to identify, assess, manage, monitor and report on risks.

The Committee provided its advice to the Directorate and to the Director General principally by means of the minutes of its meetings and formal correspondence. These minutes were made available to, and tabled at, meetings of the Directorate following the relevant Risk Committee meetings.

Liaison between the Audit and Risk Committees

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

Minutes of the meetings of each Committee were tabled regularly at meetings of the other during the year.

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

Support to the Committees

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

eHealth Committee

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

The purpose of the eHealth Committee is to support and guide implementation of the *eHealth Strategy for Ireland* through the implementation of the HSE *Knowledge and Information Plan* published in March 2015.

The Committee focuses principally on ensuring the provision of expert knowledge, guidance and networking opportunities to the Office of the Chief Information Officer (OCIO) to aid delivery of its work programme.

The Committee advises the Directorate on:

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

The eHealth Committee met four times in 2017. During the year the Committee received a wide range of briefings from the Chief Information Officer (CIO) on the programmes of work currently being undertaken by the OCIO. In addition, the Committee provided advice and guidance on a number of national programmes, for example the children's hospital, IHI, ePrescribing and MOCIS. The Committee also provided additional advice and feedback on the updated management organisation structure.

The eHealth Ireland Committee comprises individuals who have very relevant competencies to support the CIO of the HSE in implementing the strategy. It reviews and recommends implementation strategies to the CIO, and

advises the CIO and HSE Directorate on ICT investment decisions.

Membership

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

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

The following individuals were members of the eHealth Committee in 2017:

- Prof Mark Ferguson – CEO, Science Foundation Ireland (Chair)
- Prof Brian Caulfield – School of Physiotherapy and Performance Science, Health Sciences Centre (Deputy Chair)
- Mr Muiris O'Connor – Assistant Secretary, DoH
- Ms Eibhlin Mulroe – CEO, All-Ireland Co-operative Oncology Research Group
- Mr Enda Kyne – Director of IT and Technology Transformation, RCSI
- Mr Derick Mitchell – CEO, Irish Platform for Patient Organisations, Science and Industry
- Prof George Crooks – Medical Director NHS24, Director Scotland Telehealth
- Prof Joe Peppard – Professor of Management and Technology, University of South Australia (Berlin)
- Mr Andrew Griffiths – Chief Information Officer, NHS Wales
- Dr James Batchelor – Director of Clinical Informatics Research Unit, Southampton University
- Dr Colin Doherty – Consultant, St. James's Hospital (Epilepsy)
- Dr Brian O'Mahony – National ICT Project Manager, GPIT Programme
- Dr Áine Carroll – HSE National Director Clinical Strategy and Programmes
- Dr Stephanie O'Keeffe – HSE National Director Health and Wellbeing
- Mr Leo Kearns – Chief Executive Officer, RCSI
- Mr Ger Reaney – Chief Officer, Cork and Kerry (CHO 4)
- Dr Susan O'Reilly – CEO, Dublin Midlands Hospital Group
- Prof Jane Grimson – Former Director of Health Information, HIQA
- Mr Richard Corbridge – HSE Chief Information Officer / CDIO Leeds Teaching Hospital Trust
- Ms Jane Carolan – HSE Chief Information Officer (Interim)
- Mr Henry Minogue – VP, Chief Information Officer, Virgin Media, Ireland
- Ms Helen McBreen – Investment Director, Atlantic Bridge Capital
- Ms Yvonne Goff – HSE Clinical Information Officer Lead
- Ms Deirdre Lee – Founder, Derilinx
- Ms Diane Nevin – Founder, Health Evident
- Ms Hazel Chappell, Founder / Clinical Systems Consultant, Cartron Consulting
- Dr Martin Curley – Professor of Technology and Business Innovation, NUI Maynooth; Director, Intel Labs Europe Innovation Value Institute
- Mr Kevin Conlon, IT Lead DoH

- Ms Rachel Flynn – Director of Health Information, HIQA.
- Mr Colin McHale – Health and Life Sciences, Industry Director, EMEA, Intel Ireland
- Mr Tibbs Pereira – Patient Representative
- Mr Barry Heavey – Head of Life Sciences IDA

Meetings and Documentation

Four meetings were held in 2017:

- 22nd March– Overview of the Electronic Health Record (EHR) Business Case and EHR Governance. Access to Information and Strategic Programme updates
- 8th June– Update on the National Children's Hospital Programme and an update on the Strategic Programme
- 20th September – Key themes for review and discussion were Medication Safety, Medical Laboratory Imaging System (MedLis), Medication Reconciliations
- 5th December– Key themes for review and discussion were EHR and Primary Care. The MN CMS was presented on and the Digital Maturity Assessment plan was discussed.

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

The eHealth Ireland Committee is supported by a secretariat provided through the OCIO.

The Committee has offered to provide advice and guidance to the EHR programme and has been working in conjunction with DoH and the Office of the Government Chief Information Officer to ensure this can be done within the needed governance model for EHR.

The eHealth Ireland committee will review its chair and membership every two years. In 2017 a patient representative body was appointed to the committee.

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

Table 10: Attendance at Directorate Committee meetings – eHealth Committee

HSE eHealth Committee Meetings (Total Meetings 6)			HSE eHealth Committee Fees and Expenses	
Member	Total number of meetings	Attendance	Fees	Expenses
M. Ferguson (Chair)	4	3	No fees paid to any Committee members in respect of their membership of the Committee	
B. Caulfield	4	2		
M. O'Connor	4	1		
E. Mulroe	4	2		
E. Kyne	4	4		
D. Mitchell	4	4		€226
G. Crooks	4	1		
J. Peppard	4	1		
A. Griffiths	4	3		
J. Batchelor	4	0		
C. Doherty	4	0		
B. O'Mahony	4	4		
A. Carroll	4	1		
S. O'Keeffe	4	1		
L. Kearns	4	2		
G. Reaney	4	0		
S. O'Reilly (Resigned from the Committee on 20.09.17 due to retirement)	4	3		
J. Grimson	4	0		
R. Corbridge (Resigned from the HSE on 13.11.17, appointed as an ordinary member of the Committee on 21.11.17)	4	3		
J. Carolan (Appointed as CIO (interim) from 14.11.17 and therefore ex officio member of the eHealth Committee)	2	2		
H. Minogue	4	0		
H. McBreen	4	3		
Y. Goff	4	2		
D. Lee	4	3		
D. Nevin	4	1		
H. Chappell	4	3		
M. Curley	4	0		
K. Conlon	4	3		
R. Flynn (Appointed to the Committee on 18.07.17)	3	1		
C. McHale (Appointed to the Committee on 18.07.17)	3	1		
T. Pereira (Appointed to the Committee on the 18.07.17)	3	2		
B. Heavey (Resigned from the eHealth Committee on 01.06.17)	1	1		

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

The Directorate is responsible for ensuring that the HSE has complied with the requirements of the *Code of Practice for the Governance of State Bodies* ('the Code'), as published by DPER in August 2016

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Statement of Compliance

The HSE has complied with the requirements of the *Code of Practice for the Governance of State Bodies*, as published by DPER in August 2016, with exceptions in respect of additional disclosures required in the 2016 code in relation to:

- Legal Costs and Settlements
- Consultancy Costs
- Travel and Subsistence — Domestic and International
- Hospitality Expenditure.

These additional financial disclosures will be implemented in the 2018 annual financial statements. This is to allow the necessary amendments, revisions and updates to the current multiple varying financial systems / processes and input forms across the HSE that feed into the production of the annual financial statements data.

Signed on behalf of the HSE

John Connaghan
Chairman

18 May 2018

Statement on Internal Control

This Statement on Internal Control represents the position for the year ended 31 December 2017

1. Responsibility for the System of Internal Control

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

The Directorate of the HSE was established as the governing body of the HSE in accordance with the *Health Service Executive (Governance) Act 2013*. The Directorate is accountable to the Minister for Health for the performance of the HSE through the Director General as Chairman of the Directorate. The Directorate of the HSE has responsibility for the HSE's system of internal control and for monitoring its effectiveness.

2. Purpose of the System of Internal Control

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

The system of internal control, which accords with guidance issued by the Department of Public Expenditure and Reform, has been in place in the HSE for the year ended 31 December 2017 and up to the date of approval of the financial statements except for the control issues outlined below.

3. Capacity to Handle Risk

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

The Health Service Executive (Governance) Act 2013 (2013 Act) provides for the establishment of an Audit Committee and any other Committees that the Directorate deem as necessary for the purpose of providing assistance and advice in relation to the performance of the Directorates functions.

The HSE has an **Audit Committee *** which was established in January 2014 in accordance with the provisions of the 2013 Act. The membership of the Audit Committee who all have financial and audit expertise, consists of an external Chairperson, four other external members and a member of the HSE Directorate. The Audit Committee acts in an advisory capacity and has no executive function. The focus of the Audit Committee in providing advice to the Directorate and the Director General, is on the regularity and propriety of transactions recorded in the accounts and on the effectiveness of the system of internal financial control operated by the HSE. The Audit Committee operates under an agreed Charter which sets out in detail the role, duties and authority of the Committee. The Audit Committee is required to meet at least 4 times annually. In 2017 the Audit Committee met on 7 separate occasions and a joint meeting of the Audit and Risk Committee's took place on one further occasion.

The HSE has also established an **Internal Audit Division** with appropriately trained personnel which operates in accordance with a written charter approved by the Directorate. The National Director of Internal Audit reports to the Audit Committee and to the Director General of the HSE and is a member of the HSE Leadership team. The work programme of Internal Audit is agreed with the Audit Committee.

During 2017 the Internal Audit Division completed a substantial body of work and issued 158 audit reports. Particular focus was placed on auditing funded agencies and ICT audits.

A **Risk Committee*** was established in 2014 in accordance with the provisions of the *Health Service Executive (Governance) Act, 2013*. The Risk Committee, which reports to the Directorate, has an independent chair and comprises a member of the Directorate and four external members. The Committee operates under agreed Terms of Reference and focuses principally on assisting the Directorate in fulfilling its duties by providing an independent and objective review of non-financial risks. The Committee kept its terms of reference and work programme under review during the year. In 2017 the Risk Committee met on 6 separate occasions.

Liaison between the Audit and Risk Committees are facilitated by an annual joint meeting of the two committees and regular engagement between the two Committee Chairs.

The HSE has developed a risk management policy which clearly defines the roles and responsibilities for all levels of staff in relation to risk, (financial and non- financial). The policy has been updated during 2017 and communicated across all levels of staff. The HSE is committed to ensuring that risk management is seen as the concern of everyone and is embedded both as part of normal day to day business and informs the strategic and operational planning and performance cycle,

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

4. Risk and Control Framework

The HSE has developed an **Integrated Risk Management** policy which has been guided by the principles of risk management outlined in ISO 31000. This policy and its guidance updated and communicated to all relevant staff during 2017. The Quality and Patient Safety leads in service areas facilitate and support staff in the application of this policy.

https://www.hse.ie/eng/about/qavd/riskmanagement/risk-management-documentation/hse%20integrated%20risk%20management%20policy%202017.html

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

* Please see Directorate Members Report for additional information regarding these Committees

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

The responsibility for the management of clinical and operational incidents arising from the Clinical Indemnity Scheme (CIS) and General Indemnity Scheme (GIS) has been delegated to the State Claims Agency (SCA) under statute. The SCA provides specialist advice and risk management to the HSE which is supported by the electronic national incident management reporting system NIMS.

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

- The Code of Governance reflects the current behavioural standards, policies and procedures to be applied within and by the HSE and the agencies it funds to provide services on its behalf.
- The introduction of the accountability framework describes in detail the means by which managers in the health service, including those in Community Healthcare Organisations (CHOs) and Hospital Groups (HG) will be held to account for performance in relation to service provision, quality and patient safety, finance and workforce.
- There is a framework of administrative procedures in place including segregation of duties, a system of delegation and accountability, a system for the authorisation of expenditure and regular management reporting.
- The HSE's National Financial Regulations form an integral part of the system of internal control and have been designed to be consistent with statutory requirements and to also ensure compliance with public sector guidelines issued by the Department of Public Expenditure and Reform.
- The HSE has in place a devolved annual budgetary system and each year the Minister for Health formally approves the annual service plan. Defined accountability limits are set which are closely monitored by the National Performance Oversight Group (NPOG) on behalf of the Director General.
- The HSE has in place a wide range of written policies, procedures, protocols and guidelines in relation to operational and financial controls.
- The HSE carries out an annual comprehensive review of the system of internal control, details of which are covered in a later section of this report.
- There are systems and controls aimed at ensuring the security of the information and communication technology systems.

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

5. Ongoing Monitoring and Review

Formal procedures have been established for monitoring control processes and control deficiencies are communicated to those responsible for taking corrective action and to the Directorate and Senior Management. I confirm that the following ongoing monitoring systems are in place:

- Key risks and related controls have been identified and processes have been put in place to monitor the operation of those key controls and report any identified deficiencies.
- Reporting arrangements have been established at all levels where responsibility for financial management has been assigned
- There are regular reviews by senior management of periodic and annual performance and financial reports indicating HSE performance against budgets/forecasts
- There are regular reviews by the Department of Health (DOH) of the HSE's performance in terms of budget and service plans.

The **National Performance Oversight Group** (NPOG) has delegated authority from the Director General to serve as a key performance and accountability oversight and scrutiny process for the HSE and to support the Director General and the Directorate in overseeing and driving the performance of the HSE's Divisions.

In addition to internal monitoring the HSE also has regular meetings with the DOH to jointly review performance. Key service and financial performance is reviewed with the Department of the Taoiseach and the Department of Public Expenditure and Reform (DPER) via a monthly **Senior Officials Group (SOG)** and also **Cabinet Committee on Health (CCOH)**.

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

Monitoring and review of the effectiveness of the HSE's internal controls is also informed by the work of **the Comptroller and Auditor General**. Comments and recommendations made by the Comptroller and Auditor General in his management letters, audit certs or annual reports are reviewed by the Directorate and Leadership Team and actions are taken to implement recommendations. Review of their implementation is monitored by NPOG, on behalf of the Directorate, with input from the Audit Committee.

In addition a **National Financial Controls Assurance Group (NFCAG)** was also established in 2015 in order to address a number of recurring control weaknesses identified as part of the annual audit of the financial statements and by internal audit and other external reviews. Since 2015 this group has focused on addressing issues in relation to procurement, taxation, prompt payment interest, pay-related overpayments and cash handling. This group reports to NPOG.

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

6. Procurement

The HSE has procedures in place to ensure compliance with current procurement rules and guidelines. In procuring goods and services, all areas within the HSE must comply with the relevant procurement procedures which are set out in detail in the HSE's National Financial Regulations.

Matters arising regarding controls over procurement are highlighted under the heading internal control issues.

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

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

I confirm that the HSE conducted an annual review of the effectiveness of the Internal Controls for 2017 which took into consideration:

- Audit Committee and Risk Committee minutes/reports
- Recommendations from Internal Audit reports
- Findings arising from the Internal Control Questionnaire
- Status of the recommendations of previous years' reports on the Review of the Effectiveness of the System of Internal Control
- Recommendations from management letters of the Comptroller and Auditor General
- The 2017 audit programme of the Comptroller and Auditor General and in particular, the audit risks identified therein
- Reports of the Committee of Public Accounts
- HSE Directorate and Leadership Team minutes
- Minutes of steering group/working group/implementation groups etc.
- External reviews undertaken by the HSE to assist in identifying financial control issues and implementing revised policies and business processes
- HSE corporate risk register
- Findings and reports arising from the work of the National Financial Controls Assurance Group (NFCAG).

The report on the review of the system of internal control has been reviewed by the Audit and Risk Committees and by the Directorate of the HSE.

The results of the review indicates that there is evidence that

- The HSE has adopted a suite of internal financial policies and procedures, which form the basis of the internal control framework.
- Where high level risks have been identified, mitigating/compensating controls are generally in place
- Many instances of non-compliance with these adopted policies and procedures have been identified exposing the organisation to material risk
- Awareness of the requirement for internal controls has increased during 2017 with the number of staff who completed the ICQ survey increasing significantly by circa 25%. It is clear from the responses received that most managers indicate high levels of compliance with internal controls. However the lack of uniform consistency of responses again noted in 2017 indicates ongoing varying levels of compliance in many control areas. This information will be used in 2018 to focus work on increasing compliance with specific controls and to raise general awareness of the requirement for compliance with all controls
- Reasonable assurance can be placed on the current system of internal control to mitigate and/or manage key inherent risks to which financial activities are exposed. However a significant number of weaknesses exist in the HSE's internal financial controls as evidenced by the number of breaches that occur. Improvements in these areas will continue to receive a significant focus from the Directorate in the coming years

- There is a growing awareness and understanding of the need for accountability and responsibility by all levels of staff in the HSE to underpin a strong system of internal financial control.

In summary, notwithstanding the control weaknesses which were identified and are being addressed by management as set out below under section 8 Internal Control Issues, satisfactory levels of compliance with the control framework are generally observed by the majority of staff. The HSE Leadership has agreed to support a Management Action Plan in response to key issues identified during the review. Progress on its implementation will be monitored by the HSE Leadership Team during 2018.

8. Internal Control Issues

Integrated Financial Management and Procurement System (IFMS for short)

The HSE does not have a single financial and procurement system. The absence of such a system in the HSE presents additional challenges to the effective operation of the system of internal financial control. Numerous external reviews have reiterated the consensus amongst the finance community in the HSE that the current financial systems are not fit for purpose.

The absence of a single national system requires that significant work is undertaken manually to ensure that the local finance systems and the National Finance Reporting Solution are synchronised and reconciled. This approach is becoming increasingly challenging in the light of changes to organisation structure and the ageing of the systems.

Progress is now being made in addressing this very significant infrastructural shortfall. The procurement, design and implementation of a single Financial and Procurement system for the publically funded Health Service is overseen and mandated by a Finance Reform Board consisting of senior representatives from the HSE, the Department of Health and the Department of Public Expenditure and Reform.

Following the endorsement of the IFMS approach by the Finance Reform board the HSE Finance Reform project team are currently preparing a detailed plan to support the procurement of the System Integrator and also are engaging with SAP design experts.

Compliance with Procurement Rules

The HSE incurs expenditure of approximately €2bn in relation to goods and services subject to procurement regulations as are set out in detail in the HSE's National Financial Regulations. In line with the revised code of practise for the governance of state bodies, The HSE is required to ensure that all contracts that are for a value of €25k or above are secured competitively in line with public procurement requirements and to report the levels of non-compliance identified.

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

- Requirements for market testing, tendering and utilising competitive processes
- Requirements to source from valid contracts

These control issues were identified through HSE management processes as well as the ongoing audits carried out by the HSE's own Internal Audit division and through the audit fieldwork carried out by the Office of the Comptroller and Auditor General. The C&AG 2017 audit findings indicated a level of non-compliance in relation to 36% (by value) of the sample of payments examined at five HSE locations visited during the audit.

The HSE cannot provide a definitive rate of procurement non-compliance. Management and Internal Audit's monitoring of non-compliance indicates that compliance with procurement regulations remains an issue for the HSE.

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

In the context of the HSE's current procurement systems and level of staffing available to put in place contracts, it is acknowledged that it will take a number of years to fully address procurement compliance issues.

The HSE has continued to progress a number of initiatives in 2017 organised around three key themes:

Sourcing

HBS have developed a 3-Year Sourcing Plan (2016-2019) for the HSE which has the explicit aim of putting in place contracts for all procurable goods and services required by the HSE.

Currently there are central contracts in place covering annual expenditure of €1.1bn which is up €454m or 72% on the value of contracts registered as at the end of 2016.

Key components of this Sourcing plan relate to:

- On-going development of the Procurement Project management system (PPMS) which will support HSE staff with progressing procurement.
- Continuing development of the Pricing & Assisted Sourcing System (PASS) which will continue to assist HSE staff by improving access and visibility of current contracts.
- HBS Procurement has developed the Data Warehouse System to provide visibility of product data and usage including price comparison across legacy systems. These systems and the on-going stabilisation project will assist budget holders and HBS Procurement in identifying areas where greater efficiencies can be achieved and support compliance with procurement regulations.

Supporting Infrastructure

- The development of an online procurement compliance report which provides detail of non-compliance to Service areas. This report is currently in use but is not yet fully populated for the entire HSE area. Once fully developed this report will be used to both identify non-compliance and as a benchmark monitoring tool as part of the Compliance Improvement Plan roll-out.
- Assigning responsibility for overseeing and managing related IT developments to an Assistant National Director in HBS Procurement.
- Enhanced stock control through on going rollout of the National Distribution Centre (NDC) and roll out of Point of Use System (POS) stock management system in the CHOs and HGs.
- HBS Procurement continues to work with the Office of Government Procurement (OGP) as a full partner in the new Government Procurement model, to increase the number of framework agreements and contracts for common goods and services.

- HBS Procurement continues to develop the concept of 'One Voice for Health', inclusive of the voluntary sector, to contribute to the overall compliance with procurement regulations for health.
- The OGP/ HSE has completed the tender process for a single national finance and procurement system which will support improved procurement compliance over time.

Compliance

- A 3-year Compliance Improvement Plan 2017 - 2020 was finalised in Q4 2016, which addresses identified non-compliance issues. Currently a compliance improvement programme is being implemented in a systemic manner across selected CHOs and HGs working in conjunction with HBS Procurement.
- The development of an online procurement compliance report which provides detail of non-compliance to Service areas. This report is currently in use but is not yet fully populated for the entire HSE area. Once fully developed this report will be used to both identify non-compliance and as a benchmark monitoring tool as part of the Compliance Improvement Plan roll-out.

Governance of grants to outside agencies

In 2017 circa €4.1 billion of the HSE's total expenditure related to grants to outside agencies. The legal framework under which the HSE provides grant funding to agencies is set out in the Health Act 2004. These range from the large voluntary hospitals such as St. James Hospital in receipt of over €300m to small community based agencies in receipt of €500.

The HSE's governance framework is consistent with the management and accountability arrangements for grants from exchequer funding as set out in the instruction issued by DPER in September 2014:

The requirements to submit financial reports and staffing returns and to hold monitoring meetings is dependent on the size of the Agency. During 2017 there were weaknesses identified in the application of these processes relating to monitoring and oversight of some agencies.

The system of internal financial control operating in individual funded agencies is subject to review on a sample basis by HSE's Internal Audit Division and, by external audits conducted by the Office of the Comptroller and Auditor General

Control weaknesses relating to the monitoring and oversight of agencies in receipt of exchequer funding have been identified as part of the audit of the HSE's financial statements by the office of the Comptroller and Auditor General in 2017 and through the work of the HSE's Internal Audit Function

The HSE has two types of contractual agreements with these agencies that are in the main tailored to reflect the level of funding in place.

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

The Comptroller and Auditor General audited a sample of 40 health agencies funded by way of a Service Arrangement and a further 10 health agencies funded by way of a Grant Aid Agreement.

The audit found that

- Financial statements for 2016 had been submitted by three quarters of the health agencies at the time of audit. There was no evidence in some cases in respect of review by the Health Service Executive of these financial statements.

- Monitoring meetings have not been conducted at the frequency required in accordance with the HSE guidelines in a significant number of the cases reviewed.
- There was lack of evidence that required financial performance data such as management accounts and activity data, was submitted at the required frequency in a significant proportion of cases.
- Contractual agreement related to the provision of funding include a requirement for grantees to have appropriate risk management and governance arrangements in place and to comply with public procurement guidelines and public sector pay policy.
- Compliance statements submitted by 35 S38 agencies in relation to the financial year 2016 indicate gaps in governance arrangements such as public sector pay policy and, in particular procurement.

The steps being taken by the HSE to address the weaknesses identified are set out below.

- Agencies which do not sign the SA in accordance with requirement are subject to a withholding of 20% of funding which has significantly improved compliance rates At the end of 2017 96% of funding was covered by a completed SA/GA (FY2016: 93%) These returns are circulated at regular intervals to the National Divisions, Chief Officers of the CHOs and CEOs of the HGs for their necessary attention.
- Annual Compliance Statements are required from all Section 38 Agencies (circa 75% of total funding) and Section 39 Agencies in receipt of over €3 million (circa 17% of total funding).
- The Annual Financial Monitoring Return (AFMR) which provides for the requirements of DPER Circular 13/2014, and which includes an assurance statement on compliance with key financial governance, is completed by all Agencies managed by a Service Arrangement (circa 98% of total funding). The AMFRs are reviewed in the each Service Area, CHOs and HGs by relevant staff as appropriate.
- The HSE plans to establish Contract Management Support Units (CMSU) in each of the (CHOs) which will support compliance and improve the monitoring and oversight of funded agencies at operational level in the CHOs.
- In 2016 the HSE commissioned an External Review of Governance at Board and Executive level in all Section 38 Agencies. As at the 10th May 2018, twelve of these Reviews have been completed and a further nineteen are underway. It is proposed that following completion of these Reviews an overall report will be completed which will highlight common issues identified in these Reviews. Each Review contains management responses with regard to recommendations set out in the Reviews and a follow up process will be establish in this regard. Additionally, an overall composite report will be completed which will set out the key issues that have emerged in these reports.
- Ongoing review of audit findings is a priority for the HSE and there are established processes in place for following up on Internal Audit as well as External Audit findings (local management and national management letters)

9. Conclusion

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

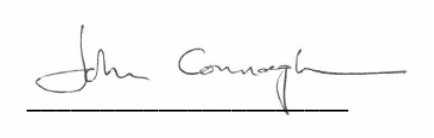
The HSE is an organisation undergoing significant change and its control systems still rely on the legacy financial systems of the former health bodies it replaced. These legacy systems will be

replaced on a phased basis over the next 3-5 years with a single national integrated financial and procurement system as part of the finance reform programme which is underway. Notwithstanding the complexity of the organisation and the ongoing change the review indicates that there is evidence that:

The issues in respect to non- compliance identified within the HSE control environment referenced in this statement underline the need for specific and sustained focus on improvement and compliance at all levels of the organisation.

In summary, notwithstanding the control breaches which were identified and are being addressed by management as set out above, satisfactory levels of compliance with the control framework are generally observed by the majority of staff.

The Directorate has overall responsibility for the system of internal control within the HSE and will continue to monitor and support further development of controls. Progress will be reassessed in the 2018 Review of the Effectiveness of the System of Internal Control.



John Connaghan
Chairman

18 May 2018

Ard Reachtaire Cuntas agus Ciste
Comptroller and Auditor General

Report for presentation to the Houses of the Oireachtas

Health Service Executive

Opinion on financial statements

I have audited the financial statements of the Health Service Executive for the year ending 31 December 2017 as required under the provisions of Section 36 of the Health Act 2004. The financial statements comprise

- the statement of revenue income and expenditure
- the statement of capital income and expenditure
- the statement of financial position
- the statement of changes in reserves
- the statement of cash flows and
- the related notes, including a summary of significant accounting policies.

In my opinion, the financial statements

- properly present the state of the Health Service Executive's affairs at 31 December 2017 and its income and expenditure for 2017
- have been properly prepared in accordance with the accounting standards specified by the Minister for Health as set out in the basis of preparation section of the accounting policies.

Basis of opinion

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

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

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

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

Non-competitive procurement

The Health Service Executive is not in a position to quantify the value of its expenditure on goods and services where the procedures employed did not comply with procurement guidelines.

Based on sample testing, my audit identified a significant level of non competitive procurement that is consistent with findings in previous years. There was a lack of evidence of competitive procurement in relation to 36% (by value) of the sample of payments examined at five locations in the Health Service Executive visited by the audit. The total value of the sample was €51.5 million.

Ard Reachtaire Cuntas agus Ciste
Comptroller and Auditor General

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

Inadequate monitoring and oversight of grants to outside agencies

The statement on internal control also discloses weaknesses in the Health Service Executive's oversight and monitoring of grants to outside agencies. The statement also discloses a number of governance issues arising in relation to Section 38 agencies, including cases of non compliance with procurement rules and regulations and non compliance with public sector pay policies.

In 2017, the Health Service Executive provided funding of €4 billion to these agencies. The statement outlines the steps being taken by the Health Service Executive to address these weaknesses in control.

Surplus on capital income and expenditure account brought forward

I draw attention to the statement of capital income and expenditure which shows a surplus brought forward from 2016 of €14.974 million. The HSE is required under the Health Act 2004 (as amended) to obtain sanction from the Minister for Health with the consent of the Minister for Public Expenditure and Reform to carry forward such surpluses. Sanction was not obtained to bring forward the capital surplus from 2016 to 2017.

Seamus McCarthy.

Seamus McCarthy
Comptroller and Auditor General

21 May 2018

Appendix to the report

Responsibilities of Directorate members

The governance statement and Directorate members' report sets out the Directorate members' responsibilities. The members are responsible for

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

Responsibilities of the Comptroller and Auditor General

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

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

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

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

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

Information other than the financial statements

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

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

Reporting on other matters

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

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

I also report by exception if, in my opinion,

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

Financial Statements

Health Service Executive
Statement of Revenue Income and Expenditure
For the year ended 31 December 2017

		Notes	2017	2016
Income			**€'000**	**€'000**
	Department of Health Revenue Grant	3(a)	14,156,207	13,513,757
	Deficit on Revenue Income and Expenditure brought forward	3(b)	(10,292)	(7,931)
			14,145,915	13,505,826
	Patient Income	4	425,219	450,515
	Other Income*	5	518,271	535,259
			15,089,405	14,491,600
Expenditure				
	Pay and Pensions			
	Clinical	6 & 7	3,409,005	3,262,538
	Non Clinical	6 & 7	1,188,166	1,086,599
	Other Client/Patient Services	6 & 7	760,137	761,689
			5,357,308	5,110,826
	Non Pay			
	Clinical*	8	1,035,462	1,006,815
	Patient Transport and Ambulance Services	8	65,094	62,528
	Primary Care and Medical Card Schemes*	8	2,989,730	2,907,094
	Other Client/Patient Services	8	23,685	29,985
	Grants to Outside Agencies	8	4,007,433	3,782,128
	Housekeeping	8	249,662	239,023
	Office and Administration Expenses	8	565,112	496,821
	Other Operating Expenses	8	11,278	13,777
	Long Stay Charges Repaid to Patients	9	39	311
	Hepatitis C Insurance Scheme	10	898	571
	Payments to State Claims Agency	11	283,224	228,911
	Nursing Home Support Scheme (Fair Deal) - Private Nursing Home only	12	640,351	623,102
			9,871,968	9,391,066
	Total Expenditure		15,229,276	14,501,892
Net Operating Deficit for the Year			(139,871)	(10,292)

**Certain prior year amounts within Note 5 'Other Income' and Note 8 'Non Pay Expenditure' have been re-classified on the same basis as those applying in the current year. This has no effect on the Operating Deficit for 2016 previously reported.*

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

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

John Connaghan
Chairman
18 May 2018

Stephen Mulvany
Chief Financial Officer
18 May 2018

Health Service Executive
Statement of Capital Income and Expenditure
For the year ended 31 December 2017

		Notes	2017	2016
			€'000	€'000
Income				
	Department of Health Capital Grant	3(a)	439,914	406,000
	Surplus on Capital Income and Expenditure brought forward	3(b)	14,974	186
			454,888	406,186
	Revenue Funding Applied to Capital Projects		3,058	1,152
	Application of Proceeds of Disposals		2,886	2,516
	Government Departments and Other Sources	13(c)	1,018	16,485
			461,850	426,339
Expenditure				
	Capital Expenditure on HSE Capital Projects	13(b)	340,967	317,525
	Capital Grants to Outside Agencies (Appendix 1)	13(b)	112,561	93,840
			453,528	411,365
Net Capital Surplus for the Year			8,322	14,974

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

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

John Connaghan
Chairman
18 May 2018

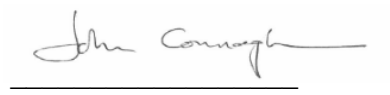
Stephen Mulvany
Chief Financial Officer
18 May 2018

Health Service Executive
Statement of Changes in Reserves
For the year ended 31 December 2017

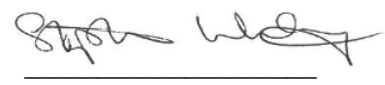
	Notes	Revenue Reserves €'000	Capital Reserves €'000	Capitalisation Account €'000	Total €'000
Balance at 1 January 2016		(1,137,561)	(138,714)	4,873,564	3,597,289
Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004* , as amended	3(b)	7,931	(186)		7,745
Net (Deficit)/Surplus for the year		(10,292)	14,974		4,682
Proceeds of Disposal Account - reserves movement	14		(79)		(79)
Additions to Property, Plant and Equipment in the year	13(a)			241,910	241,910
Less: Net book value of Property, Plant and Equipment disposed in year				(8,360)	(8,360)
Less: Depreciation charge in year				(179,903)	(179,903)
Balance at 31 December 2016		(1,139,922)	(124,005)	4,927,211	3,663,284
Balance at 1 January 2017		(1,139,922)	(124,005)	4,927,211	3,663,284
Transfer of (Deficit)/Surplus in accordance with *Section 33(3) of the Health Act 2004* , as amended	3(b)	10,292	(14,974)		(4,682)
Net Deficit for the year		(139,871)	8,322		(131,549)
Proceeds of Disposal Account - reserves movement	14		585		585
Additions to Property, Plant and Equipment in the year	13(a)			445,264	445,264
State Investment in PPP Service Concession Arrangements*				(172,711)	(172,711)
Less: Net book value of Property, Plant and Equipment disposed in year				(35,652)	(35,652)
Less: Depreciation charge in year	15			(175,027)	(175,027)
Balance at 31 December 2017		(1,269,501)	(130,072)	4,989,085	3,589,512

**'Relates to Primary Care Centres purchased by way of Public Private Partnership (PPP) Service Concession Arrangement. Please refer to Note 1 'Accounting Policies', Note 15 'Property Plant and Equipment' and Note 22 'Commitments' for further information.*

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



John Connaghan
Chairman
18 May 2018



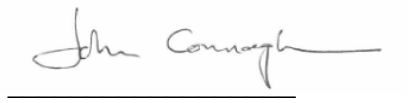
Stephen Mulvany
Chief Financial Officer
18 May 2018

Health Service Executive
Statement of Financial Position
As at 31 December 2017

		Notes	2017 €'000	2016 €'000
Fixed Assets				
Property, Plant and Equipment		15	5,161,796	4,927,211
Financial Assets			3	3
Total Fixed Assets			5,161,799	4,927,214
Current Assets	Inventories	16	157,628	149,704
	Trade and Other Receivables*	17	353,176	330,094
	Cash		61,983	126,122
Creditors (amounts falling due within one year)*		18	(1,907,340)	(1,791,591)
Net Current Liabilities			(1,334,553)	(1,185,671)
Creditors (amounts falling due after more than one year)		19	(184,677)	(32,846)
Deferred Income		20	(53,057)	(45,413)
Net Assets			3,589,512	3,663,284
Capitalisation Account			4,989,085	4,927,211
Capital Reserves			(130,072)	(124,005)
Revenue Reserves			(1,269,501)	(1,139,922)
Capital and Reserves			3,589,512	3,663,284

**Certain prior year amounts within Note 17 'Trade and Other Receivables' and Note 18 'Creditors (amounts falling due within one year)' have been re-classified on the same basis as those applying in the current year. This has no effect on Net Current Liabilities for 2016 previously reported.*

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



John Connaghan
Chairman
18 May 2018

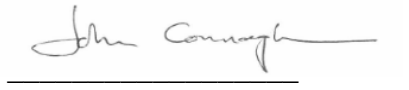
Stephen Mulvany
Chief Financial Officer
18 May 2018

Health Service Executive
Statement of Cash Flows
For the year ended 31 December 2017

	Notes	2017 €'000	2016 €'000
Net Cash Inflow from Operating Activities	21	146,186	83,733
Cash Flow from Investing Activities			
Interest paid on loans and overdrafts		(1)	(2)
Interest paid on finance leases		938	(968)
Interest received		79	273
Capital expenditure funded from Capital Allocation - capitalised	13(b)	(250,542)	(222,789)
Capital expenditure funded from Capital Allocation - not capitalised	13(b)	(202,986)	(188,576)
State Investment in PPP Service Concession Arrangements*		(172,711)	0
Payments from revenue re: acquisition of property, plant and equipment (net of trade-ins)	13(a)	(29,505)	(19,121)
Revenue funding applied to Capital		3,058	1,152
Receipts from sale of property, plant and equipment (excluding trade-ins)	14	3,471	2,437
Net Cash Outflow from Investing Activities		(648,199)	(427,594)
Cash Flow from Financing Activities			
Capital Grant received		439,914	406,000
Capital receipts from other sources	13(c)	1,018	16,485
Payment of capital element of finance lease and loan repayments from Revenue funding		(3,058)	(1,152)
Net Cash Inflow from Financing Activities		437,874	421,333
(Decrease)/Increase in cash and cash equivalents in the year		(64,139)	77,472
Cash and cash equivalents at the beginning of the year		126,122	48,650
Cash and cash equivalents at the end of the year		61,983	126,122

**'Relates to Primary Care Centres purchased by way of Public Private Partnership (PPP) Service Concession Arrangement. Please refer to Note 1 'Accounting Policies', Note 15 'Property Plant and Equipment' and Note 22 'Commitments' for further information.*

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



John Connaghan
Chairman
18 May 2018

Stephen Mulvany
Chief Financial Officer
18 May 2018

Notes to the Financial Statements

Note 1 Accounting Policies

Statement of Compliance and Basis of Preparation

The financial statements have been prepared on an accruals basis, in accordance with the historical cost convention. Under *Section 36(3) of the Health Act 2004*, the Minister specifies the accounting standards to be followed by the HSE. The HSE has adopted Irish and UK Generally Accepted Accounting Principles (GAAP), FRS 102, in accordance with accounting standards issued by the Financial Reporting Council subject to the following exceptions specified by the Minister:

1. Depreciation is not charged to the Statement of Revenue Income and Expenditure, rather it is charged against the Capitalisation (Reserve) Account balance. Under GAAP depreciation must be charged in the Statement of Revenue Income and Expenditure.
2. Capital grants received from the State to fund the purchase of property, plant and equipment are recorded in the Statement of Capital Income and Expenditure. Under GAAP, capital grants are recorded as deferred income and amortised over the useful life of related property, plant and equipment, in order to match the accounting treatment of the grant against the related depreciation charge. Capital expenditure in relation to assets other than those purchased by way of service concession arrangement are recognised in the Statement of Capital Income and Expenditure as incurred. Under FRS 102, such expenditure is capitalised and charged to income and expenditure over the life of the asset.
3. Pensions are accounted for on a 'pay as-you go' basis. The provisions of FRS 102 '*Section 28: Employee Benefits*' are not applied and the liability for future pension benefits accrued in the year has not been recognised in the financial statements.
4. Claims under the Clinical Indemnity Scheme which are paid by the HSE, and administered by the State Claims Agency on the HSE's behalf, are accounted for on a 'pay as-you go' basis. This does not comply with FRS 102 '*Section 21 - Provisions and Contingencies*'. Details of the amount recognised in the Statement of Revenue Income and Expenditure in 2017, together with the actuarially estimated future liability attaching to this scheme at 31 December 2017, are set out in Note 11.

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

Going Concern

The programme for Government committed to the HSE, in its present form, ceasing to exist over time with the introduction of Community Healthcare organisations (CHOs) and Hospital Groups (HGs) to carry out most of the activities of Healthcare delivery. The Directorate assumes that all existing HSE activities will therefore continue and that as there is a continuance of the activity of the entity, the financial statements for 2017 continue to be prepared on the going concern basis.

Income Recognition

Department of Health Revenue and Capital Grant

Monies to fund the health service are voted to the Department of Health (Vote 38). The Department of Health provides grants to the HSE in respect of administration, capital and non-capital services.

Section 33(1) of Health Act 2004, as amended provides that each year the Minister will issue a Letter of Determination to the HSE setting out the maximum expenditure it may incur in the relevant financial year. The final Letter of Determination in relation to 2017 was received on 29 December 2017.

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

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

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

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

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

Other Income

(i) Patient and service income is recognised at the time the service is provided.
(ii) Superannuation contributions from staff are recognised when the deduction is made (see pensions accounting policy below).
(iii) Income from all other sources is recognised when received.

Grants to Outside Agencies

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

Leases

Operating Leases - Rentals payable under operating leases are dealt with in the financial statements as they fall due. Lease incentives are recognised over the lease term on a straight line basis.

Finance Leases - The HSE is not permitted to enter into finance lease obligations under the Department of Public Expenditure and Reform's Public Financial Procedures, without prior sanction or approval from the HSE Directorate. Where assets of predecessor bodies have been acquired under finance leases, these leases have been taken over by the HSE on establishment. For these leases, the capital element of the asset is included in fixed assets and is depreciated over its useful life.

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

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

Capital Grants

Capital grant funding is recorded in the Statement of Capital Income and Expenditure. In addition to capital grant funding some minor capital expenditure is funded from revenue. The amount of this revenue funding expended in the year in respect of minor capital is charged in full in the Statement of Revenue

Income and Expenditure in the year. This accounting treatment, which does not comply with generally accepted accounting principles, is a consequence of the exceptions to generally accepted accounting principles specified by the Minister.

Property, Plant and Equipment and Capitalisation Account

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

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

Capital Expenditure Recognition - In accordance with the accounting standards prescribed by the Minister, expenditure on property, plant and equipment additions is charged to the Statement of Revenue Income and Expenditure or the Statement of Capital Income and Expenditure, depending on whether the asset is funded by capital or revenue funding.

Capitalisation Policy - Capital funded assets and revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes. Asset additions below this threshold and funded from revenue are written off in the year of purchase. Asset additions below this threshold funded from capital are included in Note 13(b) under '*Expenditure on HSE projects not resulting in Property, Plant and Equipment additions*'. A breakdown of asset additions by funding source is provided in Note 13(a) to the accounts.

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

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

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

Depreciation – In accordance with the accounting standards specified by the Minister for Health, depreciation is not charged to the Statement of Income and Expenditure over the useful life of the asset. Instead, a Statement of Financial Position reserve account, the Capitalisation Account, is the reciprocal entry to Property, Plant and Equipment. Depreciation is charged to the Property, Plant and

Equipment and Capitalisation Accounts over the useful economic life of the asset.

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

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

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

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

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

The Multi-Annual Delegated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The Letter of Sanction 2017 for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €4 million in 2017 (2016: €3 million). The proceeds of the sale of assets in the 2017 AFS is below this €4 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and in 2017 are reflected under Capital and Reserves.

Public Private Partnerships Service Concession Agreements

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

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

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

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

The PCCs are recognised as assets on the Statement of Financial Position of the HSE together with a liability for future obligations under the related service concession. The value of the PCC asset and the service concession liability is recognised at amounts equal to the fair value of the leased property or, if lower, the present value of the minimum lease payments, each determined at the inception of the lease. The asset value is recognised in the 2017 AFS at the present value of the minimum lease payments.

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

Pensions

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

(i) Superannuation paid to retired HSE employees is accounted for within the pay classification (see Note 6);

(ii) Superannuation paid to retirees from the voluntary health service providers are accounted for under grants to outside agencies within the non-pay classification (see Note 8 and Appendix 1).

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

No provision has been made in respect of pension benefits earned by employees and payable in future years under the pension scheme, consistent with the accounting treatment in previous years. This continues to be the treatment adopted by the HSE following the accounting specifications of the Minister. The *Public Service (Single Scheme and Other Provisions) Act 2012* introduced the new Single Public Service Pension Scheme ("Single Scheme") which commenced with effect from 1st January 2013. All new staff members to the Health Service Executive, who are new entrants to the Public Sector, on or after 1st January 2013 are members of the Single Scheme. Single Scheme member contributions are paid over to the Department of Public Expenditure and Reform.

Pension Related Deduction

Under the *Financial Emergency Measures in the Public Interest Act 2009*, a pension levy was introduced for all staff who are members of a public service pension scheme, including staff of certain HSE funded service providers. Pension levy collected by service providers as well as pension levy deducted from HSE staff is accounted for as income by the HSE. Details of amount deducted in respect of the pension levy are set out in Note 5(a) to the Financial Statements.

Inventories

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

Patients' Private Property

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

Critical Accounting Judgements and Estimates

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

Accounting for Bad and Doubtful Debts

Known bad debts are written off in the period in which they are identified. Specific provision is made for any

amount which is considered doubtful. Provision is made for patient debts which are outstanding for more than one year.

Accrued Holiday Pay

Salaries, wages and employment related benefits are recognised in the period in which the service is received from employees. The cost of leave earned but not taken by employees at the end of the financial year is recognised in the financial statements to the extent that employees are permitted to carry forward unpaid annual leave into the following year. Due to different payroll systems across the HSE it was necessary to make assumptions in order to calculate the accrual. The assumptions underlying the holiday pay accrual, for which amounts are recognised in the financial statements, are determined (including employee profiles and the pattern of holidays taken) based on current conditions.

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

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

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

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

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

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

Note 1 Basis of Accounting and Statement of Compliance prepared separately

Note 2 Operating Deficit

Net operating deficit for the year is arrived at after charging:	2017 €'000	2016 €'000
Audit fees	510	450
Remuneration - Director General basic pay*	188	185

**The Director General's remuneration package comprises basic pay only. No allowances, bonuses or perquisites apply to the post. The Director General is a member of the HSE pension scheme and his pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.*

Directorate members' expenses**	2017 €	2016 €
Tony O'Brien	12,460	8,030
Stephen Mulvany	746	1,148
Dr. Philip Crowley	5,306	4,604
John Connaghan (appointed 1 August 2017)	5,797	0
Dean Sullivan (appointed 1 August 2017)	639	0
Rosarii Mannion (appointed 1 September 2017)	2,165	0
John Hennessy (resigned 31 July 2017)	833	1,229
Dr. Stephanie O'Keeffe (resigned 31 July 2017)	534	2,929
Pat Healy (resigned 31 July 2017)	6,968	16,876
Anne O'Connor (resigned 31 August 2017)	3,176	3,522
Liam Woods (resigned 31 August 2017)	11,152	12,546
	49,776	50,884

***Directorate members' expenses for 2017 are shown from the date of appointment.*

The Directorate comprises senior executives appointed by the Minister of Health under legislation (*Health Service Executive (Governance) Act 2013*) from persons employed as HSE National Directors or no less senior grade. In accordance with Government pay policy, public servants who sit on State boards or who may be nominated to such boards independently of their public service employment are not paid remuneration in the form of board fees and their remuneration applies to their HSE executive roles only. No fees are paid to members of the Directorate.

Note 3 Department of Health Revenue and Capital Grant

3(a) Department of Health Revenue and Capital Grant	2017 €'000	2016 €'000
Net Revenue Funding allocated to HSE	14,596,121	13,919,757
Less: Capital Funding	(439,914)	(406,000)
Department of Health Revenue Grant	14,156,207	13,513,757

The table below provides further analysis of Department of Health funding received.	2017 €'000	2016 €'000
Revenue Grant - Funding allocation from the Department of Health	14,156,207	13,513,757
Less: Remittances from Department of Health between 1 January and 31 December	(14,156,207)	(13,513,757)
Revenue Grant balance due from Department of Health (up to Approved Allocation) carried forward	53,990	53,990
Revenue Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	53,990	53,990
Capital Grant - Funding allocation from the Department of Health	439,914	406,000
Less: Remittances from Department of Health between 1 January and 31 December	(439,914)	(406,000)
Capital Grant balance due from Department of Health (up to Approved Allocation) carried forward	46	835
Balance forward utilised during the year	0	(789)
Capital Grant balance due from Department of Health (up to Approved Allocation) as at 31 December	46	46
Total Revenue and Capital Grant due from Department of Health, up to Approved Allocation, as at 31 December (Note 17)	54,036	54,036

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

As outlined in the accounting policies, *Section 33(3) of the Health Act 2004,* as amended, requires that deficits arising in the preceding year must be charged to the Statement of Income and Expenditure in the current year. Accordingly, the HSE has charged the revenue operating deficit of €10.292 million at 31 December 2016 to the Statement of Revenue Income and Expenditure in 2017 and credited the capital operating surplus of €14.974 million at 31 December 2016 to the Statement of Capital Income and Expenditure in 2017.

Note 4 Patient Income

	2017	2016
	€'000	€'000
Private Charges	305,231	334,936
Inpatient Charges	21,081	18,602
Emergency Department Charges	11,392	10,626
Road Traffic Accident Charges	5,559	5,569
Long Stay Charges	78,861	79,307
EU Income - E111 Claims	3,095	1,475
	425,219	450,515

Note 5 Other Income

(a) Other Income*	2017 €'000	2016 €'000
Superannuation Income	161,351	160,233
Pension levy deductions from HSE own staff	165,727	172,167
Pension levy deductions from service providers	81,980	100,871
Other Payroll Deductions	6,806	6,880
Secondments Recoupments of Pay	18,336	16,800
Agency/Services - provided to Local Authorities and other organisations	6,472	5,838
Canteen Receipts	11,848	12,507
Certificates and Registration Income	11,848	11,967
Parking	11,815	12,979
Refunds	11,199	8,268
Rental Income	4,745	4,332
Donations	3,030	3,886
Legal Costs Recovered	891	146
Income from other Agencies (See Note 5(b) analysis below)	8,232	5,694
Miscellaneous Income	13,991	12,691
	518,271	535,259

**Certain prior year amounts within Note 5 'Other Income' and Note 8 'Non Pay Expenditure' have been re-classified on the same basis as those applying in the current year.*

(b) Income from Other Agencies	2017 €'000	2016 €'000
Nursing and Midwifery Board of Ireland	68	181
Friends of St. Lukes Rathgar	583	763
Department of Arts, Heritage, Regional and Gaeltacht Affairs - various projects	132	82
Department of Children & Youth Affairs - Young Peoples Facilities and Services	1,090	975
Clinical Trials Ireland - Clinical Research Trials	461	437
EU Income - various projects	285	238
Genio Trust (Mental Health Projects)	756	184
Education and Training Boards/ Solas	1,777	2,301
The Atlantic Philanthropies - Single Assessment Tool for the Elderly	4	73
The Atlantic Philanthropies - National Dementia Strategy	1,589	378
Hand Research Board - UCC Clinical Trials	132	0
Katherine Howard Foundation - Nurture	360	0
National Treatment Purchase Fund	151	0
Friends of Wexford General Hospital	844	82
	8,232	5,694

				2017	2016
				€'000	€'000
Note 6	Pay and Pensions Expenditure	Clinical HSE Staff	Medical/Dental	763,220	717,637
			Nursing	1,476,381	1,431,408
			Health and Social Care Professional	555,893	530,161
			Superannuation	425,299	403,793
				3,220,793	3,082,999
		Clinical Agency Staff	Medical/Dental	105,624	106,340
			Nursing	64,323	57,634
			Health and Social Care Professional	18,265	15,565
				188,212	179,539
		Non Clinical HSE Staff	Management/Administration	612,810	571,650
			General Support Staff	361,902	318,183
			Superannuation	170,169	162,187
				1,144,881	1,052,020
		Non Clinical Agency Staff	Management/Administration	16,411	12,885
			General Support Staff	26,874	21,694
				43,285	34,579
		Other Client/Patient Services HSE Staff	Other Patient and Client Care	600,199	607,740
			Superannuation	90,411	90,732
				690,610	698,472
		Other Client/Patient Services Agency Staff	Other Patient and Client Care	69,527	63,217
				69,527	63,217
		Total Pay Expenditure		5,357,308	5,110,826

Note 6 Summary Analysis of Pay Costs

	Clinical 2017 €'000	Non Clinical 2017 €'000	Other Client/ Patient Services 2017 €'000	Total 2017 €'000	Total 2016 €'000
Basic Pay	2,145,775	831,442	443,693	3,420,910	3,279,757
Allowances	69,577	14,018	17,063	100,658	99,128
Overtime	127,204	14,513	22,802	164,519	148,913
Night duty	52,448	5,425	12,463	70,336	73,556
Weekends	102,874	26,685	46,982	176,541	160,004
On-Call	51,102	1,634	391	53,127	51,511
Arrears	14,830	4,085	1,809	20,724	20,143
Wages and Salaries	2,563,810	897,802	545,203	4,006,815	3,833,012
Employer PRSI	231,684	76,910	54,996	363,590	343,767
Superannuation*	425,299	170,169	90,411	685,879	656,712
Total HSE Pay	3,220,793	1,144,881	690,610	5,056,284	4,833,491
Agency Pay	188,212	43,285	69,527	301,024	277,335
Total Pay	3,409,005	1,188,166	760,137	5,357,308	5,110,826

Total Pay Costs above relate to HSE services only. Pay costs for employees in the voluntary sector are accounted for under Non-Pay Expenditure (Revenue Grants to Outside Agencies). See Note 8 and Appendix 1.

Superannuation

Eligible staff employed in the HSE are members of a variety of defined benefit superannuation schemes.
Superannuation entitlements (i.e. pensions) of retired staff are paid out of current income and are charged to income and expenditure in the year in which they become payable. In accordance with a Directive from the Minister for Health, no provision is made in the financial statements in respect of future pension benefits and no charge is made to the Statement of Revenue Income and Expenditure in respect of this. Superannuation contributions from employees who are members of these schemes are credited to the Statement of Revenue Income and Expenditure when received. No formal actuarial valuations of the HSE's pension liabilities are carried out. The Pension charge to the Statement of Revenue Income and Expenditure for 2017 was €686m (2016: €657m), which included payments in respect of once-off lump sums and gratuity payments on retirement of €115m (2016: €108m)

*Analysis of Superannuation	2017 €'000	2016 €'000
Ongoing superannuation payments to pensioners	570,230	548,398
Once-off lump sums and gratuity payments	115,649	108,314
	685,879	656,712

Note 7 Employment

The number of employees at 31 December by Area of Operation was as follows (in whole time equivalents (WTEs)):	2017	2016*
Acute Services	33,673	32,177
Mental Health	9,363	9,199
Primary Care	10,195	9,868
Disability and Older Persons' Services	12,863	12,795
Health and Wellbeing	1,450	1,383
Ambulance Services	1,567	1,491
Corporate and HBS	1,497	1,365
Total HSE employees	**70,608**	**68,278**
Voluntary Sector - Acute Services	24,428	23,701
Voluntary Sector - Non Acute Services	15,759	15,106
Sub-total Section 38 Sector employees	**40,187**	**38,807**
Subtotal HSE and Section 38 Sector Employees**	**110,795**	**107,085**
Directly Employed Home Helps	3,263	3,173
Total Health Sector Employees (including Home Helps)	**114,058**	**110,258**

Source: Health Service Personnel Census

**2016 figures are restated to reflect current organisational mappings.*

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

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

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

	2017	2016
Pay Band (Number of Staff)		
€60,001 to €70,000	7,113	6,214
€70,001 to €80,000	2,942	2,784
€80,001 to €90,000	1,675	1,318
€90,001 to €100,000	691	591
€100,001 to €110,000	433	381
€110,001 to €120,000	288	160
€120,001 to €130,000	141	119
€130,001 to €140,000	142	109
€140,001 to €150,000	153	162
€150,001 to €160,000	209	188
€160,001 to €170,000	206	248
€170,001 to €180,000	272	263
€180,001 to €190,000	279	250
€190,001 to €200,000	142	121
€200,001 to €210,000	89	69
€210,001 to €220,000	63	60
€220,001 to €230,000	48	41
€230,001 to €240,000	30	22
€240,001 to €250,000	20	15
€250,001 to €260,000	6	8
€260,001 to €270,000	6	3
€270,001 to €280,000	7	8
€280,001 to €290,000	3	1
€290,001 to €300,000	3	2
€300,001 to €310,000	2	2
€310,001 to €320,000	1	3
€320,001 to €330,000	2	0
€340,001 to €350,000	3	2
€350,001 to €360,000	2	0
€370,001 to €380,000	2	0
€390,001 to €400,000	0	2
€500,001 to €510,000	1	0
€560,001 to €570,000	0	1
€580,001 to €590,000	0	1
€970,001 to €980,000**	1	0
Total HSE employees	14,975	13,148

**The HSE does not have an integrated payroll system and this disclosure which is required by DPER circular 13/2014 has therefore been prepared from multiple payroll systems across HSE areas.*

***The table above reports that one member of HSE staff received a payment in the banding between €970k and €980k. This is not a payment for salary earned in 2017 as it incorporates backdated arrears of pay since 2010 including basic pay, allowance, overtime, night duty, weekend and on calls. This employee is a senior clinical staff member whose actual employee benefits for 2017 would have fallen within the pay banding €210k to €220k. All backdated payments are as per HSEs consolidated pay scales.*

				2017 €'000	2016 €'000
Note 8	Non Pay Expenditure	Clinical*	Drugs and Medicines (excl. demand led schemes)	281,390	265,047
			Less Rebate from Pharmaceutical Manufacturers**	(9,938)	(5,483)
			Net Cost Drugs and Medicines (excl. demand led schemes)	271,452	259,564
			Blood/Blood Products	30,850	28,307
			Medical Gases	12,483	12,726
			Medical/Surgical Supplies	281,497	265,222
			Other Medical Equipment	126,621	112,174
			X-Ray/Imaging	33,291	29,349
			Laboratory	118,283	117,093
			Professional Services (e.g. therapy costs, radiology etc.)	101,486	128,128
			Education and Training	59,499	54,252
				1,035,462	1,006,815
		Patient Transport and Ambulance Services	Patient Transport	50,514	48,983
			Vehicles Running Costs	14,580	13,545
				65,094	62,528

Primary Care and Medical Card Schemes*	Pharmaceutical Services	2,205,969	2,138,503
	Less Rebate from Pharmaceutical Manufacturers**	(100,121)	(70,157)
	Less Prescription Levy Charges	(105,244)	(115,617)
	Net Cost Pharmaceutical Services	2,000,604	1,952,729
	Doctors' Fees and Allowances	557,467	550,988
	Pension Payments to Former District Medical Officers/Dependents	2,618	3,001
	Dental Treatment Services Scheme	61,759	64,703
	Community Ophthalmic Services Scheme	32,237	32,595
	Cash Allowances (Blind Welfare, Mobility etc.)	34,238	33,740
	Capitation Payments:		
	Treatment Abroad Schemes and Related Expenditure	27,913	36,861
	Intellectual/Physical Disabilities, Psychiatry, Therapeutic Services etc.	182,881	148,414
	Elderly and Non-Fair Deal Nursing Home Payments	66,460	64,796
	Rehabilitative and Vocational Training	17,950	11,771
	Respite Beds	5,603	7,496
		2,989,730	2,907,094
Other Client/Patient Services	Professional Services e.g. care assistants, childcare contracted services	22,766	28,181
	Education and Training	919	1,804
		23,685	29,985
Grants to Outside Agencies	Revenue Grants to Outside Agencies (Appendix 1)	4,007,433	3,782,128
		4,007,433	3,782,128
Housekeeping	Catering	61,478	59,569
	Heat, Power and Light	66,605	65,122
	Cleaning and Washing	94,704	89,347
	Furniture, Crockery and Hardware	12,743	10,435
	Bedding and Clothing	14,132	14,550
		249,662	239,023
Office and Administration Expenses	Maintenance	104,820	94,505
	Finance Costs	2,642	2,592
	Prompt Payment Interest and Compensation	869	(257)
	Insurance	6,416	11,407
	Audit	510	450
	Legal and Professional Fees	85,958	60,501
	Bad and Doubtful Debts	26,669	15,816
	Education and Training	13,038	11,849
	Travel and Subsistence	67,679	58,866
	Vehicle Costs	1,961	2,956
	Office Expenses	134,571	126,408
	Rent and Rates	59,377	55,342
	Computers and Systems Maintenance	60,602	56,386
		565,112	496,821
Other Operating Expenses	Licences	849	746
	Sundry Expenses	7,300	9,496
	Burial Expenses	76	94
	Recreation (Residential Units)	1,124	894
	Materials for Workshops	329	816
	Meals on Wheels Subsidisation	1,231	1,265
	Refunds	369	466
		11,278	13,777

**Certain prior year amounts within Note 5 'Other Income' and Note 8 'Non Pay Expenditure' have been re-classified on the same basis as those applying in the current year.*

***In respect of 2016 IPHA Agreement and special arrangements for specific drugs and medicines.*

Note 9 The Health (Repayment Scheme) Act 2006

The Health (Repayment Scheme) Act 2006 provides the legislative basis for the repayment of what has been referred to as 'long stay charges', which were incorrectly levied on persons with full medical card eligibility prior to 14 July 2005. The scheme allows for the repayment of charges to the following people:

- Living people who were wrongly charged at any time since 1976
- The estates of people who were wrongly charged and died on or after 9 December 1998

A special account was set up which is funded by monies provided by the Oireachtas and from which repayments are made. An amount of €2m was set aside in 2017 for this purpose. The majority of this funding refers to a provision for payments that will arise as a result of follow-on claims and offer acceptances.The best estimate of the total cost of repayments, at the inception of the scheme, based on the terms as set out in the Act was up to €1bn. Repayments were expected to be made to approximately 20,000 living patients and to the estates of approximately 40,000 to 50,000 deceased former patients.

The scheme closed to new applicants on 31 December 2007 and nearly 14,000 claims have been received in respect of living patients and nearly 27,000 claims in respect of estates. Up to 31 December 2017, 20,294 claims were paid. As at December 2017, there were no outstanding claims being processed to offer stage under the scheme. €2m has been provided in the HSE's 2018 budget to fund repayments for outstanding claims and associated administrative costs.

The cumulative total expenditure of the scheme (including administrative costs) to 31 December 2017 is €485.364m.

In 2017, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Repayments Scheme:

	2017 €'000	2016 €'000
Pay	66	60
Non Pay		
Repayments to Patients	39	311
	39	311
Legal and Professional Fees	0	4
Office Expenses*	2	4
Total Non Pay	41	319
Total	107	379

**Office and Administration Expenses in relation to the Health (Repayment Scheme) Act 2006 are included in HSE expenditure.*

Note 10 The Hepatitis C Compensation Tribunal (Amendment) Act 2006

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

The overall cost over the lifetime of the scheme was originally estimated at €90m. The cumulative expenditure on the insurance scheme to 31 December 2017 was €9.7m.

In 2017, the following expenditure has been charged to the Statement of Revenue Income and Expenditure in respect of the Insurance Scheme:

	2017 €'000	2016 €'000
Pay	84	82
Non Pay		
Payments of premium loadings	627	340
Payments of benefits underwritten by HSE	271	231
	898	571
Office Expenses*	8	4
Total Non Pay	906	575
Total**	990	657

**Office Expenses are included in HSE expenditure.*
***These costs are included in the Hepatitis C Insurance Scheme Special Account. Other Hepatitis C Costs are included in the Hepatitis C Special Account and the Hepatitis C Reparation Account.*

Note 11 State Claims Agency

Since 1 July 2009, the HSE is funded for claims processed by the State Claims Agency under the terms of the Clinical Indemnity Scheme. From 1 January 2010, the National Treasury Management Agency (Delegation of Functions) Order 2009 extended the State indemnity to personal injury and third party property damage claims against the HSE. Awards paid to claimants under the terms of the scheme are accounted for on a pay-as-you-go basis. The State Claims Agency's best current estimate of the ultimate cost of resolving each claim, includes all foreseeable costs such as settlement amounts, plantiff legal costs and defence costs such as fees payable to counsel, consultants etc. In 2017, the charge to the Statement of Revenue Income and Expenditure was €283.2m (2016: €228.9m). Based on actuarial estimates, the charge to the Statement of Revenue Income and Expenditure is expected to increase significantly in future years. In accordance with the directions of the Minister for Health, no provision has been made for this liability in the financial statements.

The estimated liability is revised on a regular basis in light of any new information received for example past trends in settlement amounts and legal costs. At 31 December 2017, the estimated liability incurred to that date under the Clinical Indemnity Scheme and State indemnity was €2,354m (2016 €1,922m). Of this €2,354m, approximately €1,984m relates to active claims in respect of clinical care, with the balance of the estimated liability relating to non-clinical care claims. Active claims are those that have been notified to the State Claims Agency through legal process and that have not yet concluded as at the reporting date.

Note 12 Long Term Residential Care (incorporating Nursing Homes Support Scheme/Fair Deal)

The Nursing Homes Support Scheme (Fair Deal) commenced in 2009 and phases out the former Nursing Homes Subvention Scheme and the 'contract beds' system for older persons. Under the scheme, people who need long term residential care services have their income and assets assessed, and then contribute up to 80% of assessable income and up to 7.5% of the value of the assets they own towards the cost of their care. The HSE pays the balance, if any, of the costs of their care in both public and registered private nursing homes covered under the scheme.

Costs of Long Term Residential Care (Nursing Homes Support Scheme/Fair Deal)

	2017 €'000	2016 €'000
Payments to Private Nursing Homes	614,748	591,176
Private Nursing Homes Contract Beds and Subvention Payments	25,603	31,926
Nursing Homes Support Scheme (Fair Deal) - Private Nursing Home only	640,351	623,102
Cost of Public Nursing Homes*	340,048	333,334
Revenue Grants to Outside Agencies (Appendix 1)	25,127	25,439
Nursing Home Fixed and Other Unit Costs	19,623	8,356
Total Long Term Residential Care	1,025,149	990,231

**Public nursing homes costs are included under the relevant expenditure headings in the Statement of Revenue Income and Expenditure.*

Patient contributions

NHSS recipient contributions for those patients in public homes amounted to €60.483m (2016: €58.872m) and are included in the HSE Financial Statements - Revenue Income and Expenditure Account.

NHSS recipient contributions for those patients in voluntary centres (S38 Organisations) amounted to €7.435m (2016: €7.067m), is retained by those centres and does not constitute income for the HSE.

Contract beds, Subvention beds

In 2017, payments of €25.6m (2016: €31.9m) were made in relation to contract beds and nursing home subvention. These schemes are being phased out having had no new entrants since the Nursing Homes Support Scheme began in 2009.

Expenditure within public facilities

Within the public homes in 2017 there was an additional €19.623m (2016: €8.356m) of costs relating to long term care. These costs related to fixed unit costs and other costs incurred which were in excess of the reimbursed 'money follows the patient' rate paid under the Nursing Homes Support Scheme.

Ancillary State Support

Ancillary State Support is an optional extra feature of the Nursing Homes Support Scheme for people who own property or assets in the State. Instead of a person paying their assessed contribution for care from their own resources, a person can choose to apply for a Nursing Home Loan, to cover the portion of their contribution, which is based on property or land-based assets within the State. The HSE then pays that portion of the cost of care on top of the State Support payment. The loan is paid back to the State following the occurence of a relevant event e.g. sale of the asset or death of the person. Repayment of the loan is made to the Revenue Commissioners. In certain cases, repayment of the loan can be deferred. This part of the scheme is designed to protect people from having to sell their home during their lifetime.

The total gross amount of Ancillary State Support advised to Revenue as at 31 December 2017 for recoupment from the commencement of the Nursing Homes Support Scheme (were a relevant event has occurred) was €93.44m, representing 4,986 client loans. The Revenue Commissioners have confirmed that they had received €64.84m of loan repayments paid in full, representing 3,709 client loans.

The total amount of Nursing Home Loan payments made under the Nursing Homes Support Scheme that are outstanding (i.e. where a repayable amount has not been notified to Revenue for collection - relevant event has not occurred), as at 31 December 2017 is €94.429m. This amount does not include an adjustment for CPI as a relevant event has not yet occurred.

Ancillary State Support details at 31 December are as follows:	2017 €'000	2017 Number of loans	2016 €'000	2016 Number of loans
Advised by HSE to Revenue for recoupment	93,441	4,986	69,100	3,898
Confirmed by Revenue as being paid*	(64,844)	(3,709)	(46,842)	(2,823)
Subtotal	28,597	1,277	22,258	1,075
Not yet advised to Revenue for recoupment	94,429	3,963	74,913	3,484
Total Ancillary State Support outstanding	123,026	5,240	97,171	4,559

**Amounts confirmed by Revenue does not include part payments and only includes loans fully repaid*

Note 13 Capital Expenditure

(a) Additions to Fixed Assets	2017 €'000	2016 €'000
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Service Concession*	165,217	0
Additions to Property, Plant and Equipment (Note 15) Land and Buildings - Other	192,863	160,891
Additions to Property, Plant and Equipment (Note 15) Other than Land and Buildings	87,184	81,019
	445,264	241,910
Funded from Department of Health Capital Grant	250,542	222,789
Funded from Department of Health Revenue Grant	29,505	19,121
PPP Service Concession Arrangements - Capitalised*	165,217	0
	445,264	241,910

(b) Analysis of Expenditure Charged to Statement of Capital Income and Expenditure	2017 €'000	2016 €'000
Expenditure on HSE's own assets (Capitalised)	250,542	222,789
Expenditure on HSE projects not resulting in property, plant and equipment additions**	97,919	94,736
PPP Service Concession Arrangements - Accrued Financing Costs*	(7,494)	0
Total expenditure on HSE Projects charged to capital***	340,967	317,525
Capital grants to outside agencies (Appendix 1)**	112,561	93,840
Total Capital Expenditure per Statement of Capital Income and Expenditure	453,528	411,365

**Relates to Primary Care Centre assets acquired under Public Private Partnership (PPP) service concession arrangements.*
***Total capital expenditure not capitalised amounts to €202.9m (2016: €188.6m)*
****Capital funded assets and Revenue funded assets are capitalised if the cost exceeds certain value thresholds: €2,000 for computer equipment and €7,000 for all other asset classes.*

(c) Analysis of Capital Income from Other Sources	2017 €'000	2016 €'000
Income from Government Departments and Other Sources in respect of Capital Projects:		
Sustainable Energy Authority of Ireland (SEAI) - energy savings in acute hospitals	67	50
Remise - Royal City Dublin Hospital Trust projects	0	87
Cystic Fibrosis Ireland - Cavan General Hospital Paediatric Department Extension	50	400
NUI Galway - Letterkenny General Hospital Medical Education and Training Unit	0	1,107
University of Limerick - Mid West Regional Hospital, Limerick Medical and Training Unit	0	5,037
University College Cork - CUH Paediatric Projects	277	4,228
University of Limerick - Mid West Regional Hospital Renal Dialysis Unit	0	5,550
Build 4 Life - CUH Paediatric projects	474	0
Other Miscellaneous Income	150	26
Total Capital Income from Other Sources	1,018	16,485

Note 14 Proceeds of Disposal of Fixed Asset Account

	2017 €'000	2016 €'000
Gross Proceeds of all Disposals in year	3,944	2,460
Less: Net Expenses Incurred on Disposals	(473)	(23)
Net Proceeds of Disposal	3,471	2,437
Less Application of Proceeds	(2,886)	(2,516)
Movement in the year	585	(79)
At 1 January	46	125
Balance at 31 December	631	46

The Multi-Annual Delegated Capital sanction 2015-2018 was issued in December 2015 by the Department of Expenditure and Reform. The Letter of Sanction 2016 for Capital provides for an allowance to re-invest proceeds of sale of fixed assets of up to €4 million in 2017 (2016: €3 million). The proceeds of the sale of fixed assets during 2017 was below this €4 million threshold and is not considered to be Extra Exchequer Receipts (EERs) and are reflected under Capital and Reserves.

Note 15 Property, Plant and Equipment

	Land* €'000	Buildings** €'000	Work in Progress (L&B) €'000	Motor Vehicles €'000	Equipment €'000	Work in Progress (P&E) €'000	Total 2017 €'000
Cost / Valuation							
At 1 January 2017	1,678,315	4,064,326	184,251	88,472	1,385,152	3,619	7,404,135
Additions	7,392	38,931	311,757	7,923	71,181	8,080	445,264
Transfers from Work in Progress	470	88,724	(89,194)	1,904	913	(2,817)	0
Disposals	(28,544)	(5,495)	(1,671)	(11,159)	(23,427)	0	(70,296)
At 31 December 2017	1,657,633	4,186,486	405,143	87,140	1,433,819	8,882	7,779,103
Depreciation							0
Accumulated Depreciation at 1 January 2017	0	1,213,070	0	66,024	1,197,830	0	2,476,924
Charge for the Year	0	101,888	0	9,709	63,430	0	175,027
Disposals	0	(2,155)	0	(10,119)	(22,370)	0	(34,644)
At 31 December 2017	0	1,312,803	0	65,614	1,238,890	0	2,617,307
Net Book Values							
At 1 January 2017	1,678,315	2,851,256	184,251	22,448	187,322	3,619	4,927,211
At 31 December 2017	1,657,633	2,873,683	405,143	21,526	194,929	8,882	5,161,796

**Land with a carrying value of €2.121bn was transferred to the HSE on establishment at the carrying value on 1 January 2005. This land was valued in 2002 by the then Health Boards in accordance with the Department of Health's revaluation policy and based on valuation rates issued by the Department of Health.*

Building assets held under Finance Leases/ Service Concession Arrangements	**2017 €'000** Finance Lease	**2016 €'000** Finance Lease	**2017 €'000** Service Concession*	**2016 €'000** Service Concession	**2017 €'000** Total	**2016 €'000** Total
Cost	45,824	45,824	0	0	45,824	45,824
Additions	0		165,217	0	165,217	0
Accumulated Depreciation at 1 January	(19,762)	(17,900)	0	0	(19,762)	(17,900)
Depreciation charged for the year	(1,861)	(1,862)	0	0	(1,861)	(1,862)
Net Book Values at 31 December	24,201	26,062	165,217	0	189,418	26,062

**Relates to Primary Care Centre (PCC) assets acquired under Public Private Partnership (PPP) service concession arrangements. The four PCC sites for which services have commenced in 2017 are recognised under buildings at a value of €28m. The remaining ten PCC sites are included within Work in Progress (Land and Buildings) at a value of €137m until such time as they reach service commencement. This is expected to be reached in 2018.*

PCC Assets are not depreciated where they have been acquired or are managed under service concession agreements which guarantee residual useful lives and operating capacity at the end of the concession term that would be equivalent to that of the asset when it was first commissioned.

Note 16 Inventories

	2017 €'000	2016 €'000
Medical, Dental and Surgical Supplies	36,291	32,976
Laboratory Supplies	6,267	5,462
Pharmacy Supplies	21,475	20,525
High Tech Pharmacy Inventories	55,705	53,308
Pharmacy Dispensing Inventories	623	659
Blood and Blood Products	1,245	1,178
Vaccine Inventories	27,447	27,125
Household Services	6,569	6,441
Stationery and Office Supplies	1,626	1,655
Sundries	380	375
	157,628	149,704

Note 17 Trade and Other Receivables*

	2017	2016
	€'000	€'000
Receivables: Patient Debtors - Private Facilities in Public Hospitals**	104,512	105,091
Receivables: Patient Debtors - Public Inpatient Charges	6,257	5,369
Receivables: Patient Debtors - Long Stay Charges	8,982	8,523
Prepayments and Accrued Income	29,125	26,796
Department of Health (DoH)	54,036	54,036
Pharmaceutical Manufacturers	51,784	50,623
Payroll Technical Adjustment	21,035	23,181
Pension Levy Deductions from Staff/Service Providers	7,627	7,810
Statutory Redundancy Claim	2,027	2,225
Local Authorities	831	801
Payroll Advances	889	896
Voluntary Hospitals - National Medical Device Service Contracts	-	800
Voluntary Hospitals - Grant Funding Advances	31,308	16,937
Sundry Receivables	34,763	27,006
	353,176	330,094

**Certain prior year amounts within Note 17 'Trade and Other Receiveables' and Note 18 'Creditors (amounts falling due within one year)' have been re-classified on the same basis as those applying in the current year. This has no effect on Net Current Liabilities for 2016 previously reported.*

***Private Healthcare Insurance Income*

In line with the HSE's accounting policy, the HSE recognises patient income due from private health insurance companies at the time the service is provided. During 2017, insurance companies commenced deductions from claims made by the HSE relating to the time period between the date of admission and the date the relevant form was signed by the patient. In line with the HSE's accounting policy a bad and doubtful debt provision is created in relation to debts outstanding for more than one year. The HSE is not in a position to quantify the value of such deductions. No provision has been made in relation to amounts currently under dispute with the insurers which are less than one year old.

Note 18 Creditors (amounts falling due within one year)*

	2017	2016
	€'000	€'000
Finance Leases	2,619	2,221
Service Concession Liability**	17,424	0
Payables - Revenue	131,796	122,079
Payables - Capital	6,313	6,882
Accruals Non Pay - Revenue	716,351	662,829
Accruals Non Pay - Capital	11,020	7,666
Accruals - Grants to Voluntary Hospitals and Outside Agencies	336,574	323,532
Accruals Pay	522,718	492,698
Taxes and Social Welfare	142,791	152,826
Department of Public Expenditure and Reform - Single Public Service Pension Scheme	2,577	1,973
Lottery Grants Payable***	1,874	1,678
Department of Health (DoH) (Grant Funding Advances)	0	1,388
Sundry Payables	15,283	15,819
	1,907,340	1,791,591

**Certain prior year amounts within Note 17 'Trade and Other Receiveables' and Note 18 'Creditors (amounts falling due within one year)' have been re-classified on the same basis as those applying in the current year. This has no effect on Net Current Liabilities for 2016 previously reported.*

***Relates to Primary Care Centre assets acquired under Public Private Partnership (PPP) service concession arrangements.*

****The HSE administers the disbursement of National Lottery grants for local programmes under the National Lottery's Health and Welfare Funded Schemes. The balance represents funding approved but not yet disbursed to grant recipients at year end.*

Note 19 Creditors (amounts falling due after more than one year)

	2017	2016
	€'000	€'000
Finance Leases	29,122	32,578
Service Concession Liability	155,287	0
Total Finance Lease obligations	184,409	32,578
Liability to the Exchequer in respect of Exchequer Extra Receipts - Other Sales	268	268
	184,677	32,846

Note 20 Deferred Income

Deferred Income comprises the following:	2017 €'000	2016 €'000
Donations and bequests*	12,890	11,957
Grant Funding from the State and other bodies	21,622	15,412
Funding from specific capital projects	3,794	3,810
General	14,751	14,234
Balance at 31 December	53,057	45,413

**Unspent income arising from donations and bequests where the purposes to which money may be applied has been specified but the related expenditure has not been incurred.*

			2017	2016
			€'000	€'000
Note 21	Net Cash Inflow from Operating Activities*	Deficit for the current year	(139,871)	(10,292)
		Capital element of lease payments charged to revenue	3,058	1,152
		Less Interest received	(79)	(273)
		Purchase of equipment charged to Statement of Revenue Income and Expenditure	29,505	19,121
		Finance Costs charged to Statement of Revenue Income and Expenditure	(937)	970
		(Increase) in Inventories	(7,924)	(2,890)
		(Increase)/Decrease in Trade and Other Receivables	(23,082)	26,451
		Increase in Creditors (falling due within one year)	115,749	31,666
		Revenue Reserves - transfer of Deficit in accordance with *Section 33(3) of the Health Act, 2004*, as amended	10,292	7,931
		Increase/(Decrease) in Creditors (falling due in more than one year)	151,831	(2,619)
		Increase in Deferred Income	7,644	12,516
		Net Cash Inflow from Operating Activities	146,186	83,733

**Certain prior year amounts have been re-classified on the same basis as those applying in the current year. This has no effect on the Net Cash Inflow from Operating Activities for 2016 previously reported.*

Note 22 Commitments

		2017	2016
Capital Commitments	Future Property, Plant and Equipment purchase commitments:	€'000	€'000
	Within one year	550,774	401,853
	After one but within five years	1,100,180	1,063,030
		1,650,954	1,464,883
	Contracted for but not provided in the financial statements	1,083,971	511,158
	Included in the Capital Plan but not contracted for	566,983	953,725
		1,650,954	1,464,883

The HSE has a multi-annual Capital Investment Plan which prioritises expenditure on capital projects in line with goals in the Corporate Plan and the Annual Service Plan. The commitments identified above are in respect of the total cost of projects for which specific funding budgets have been approved at year end. These commitments may involve costs in years after 2017 for which budgets have yet to be approved and are therefore estimated.

		2017	2016
Operating Lease Commitments	Operating lease rentals (charged to the Statement of Revenue Income and Expenditure)	€'000	€'000
	Land and Buildings	49,257	45,212
	Motor Vehicles	180	102
	Equipment	1,114	412
		50,551	45,726

The HSE has the following total amounts payable under non-cancellable operating leases split between amounts due:	Land and Buildings 2017 €'000	Other 2017 €'000	Total 2017 €'000	Total 2016 €'000
Within one year	38,372	830	39,202	40,714
In the second to fifth years inclusive	134,318	484	134,802	164,567
In over five years	390,154	1	390,155	416,604
	562,844	1,315	564,159	621,885

		2017	2016
Public Private Partnership Forward Commitments	Nominal Amount:	€'000	€'000
	Service Concession Arrangement - Primary Care Centres (14 sites bundle)	204,865	0

These commitments incorporate facilities management services, operational and lifecycle costs, for the remaining life of the agreement. They are not discounted to present value.

Finance Lease Commitments

The future minimum lease payments at 31 December are as follows:

	2017 €'000 Finance Lease	2016 €'000 Finance Lease	2017 €'000 Service Concession*	2016 €'000 Service Concession
Not later than one year	3,600	3,120	23,157	0
Later than one year but not later than five years	10,400	10,400	34,758	0
Later than five years	24,950	27,571	194,319	0
Total Gross Payments	38,950	41,091	252,234	0
Less: Finance Charges	(7,209)	(6,292)	(79,523)	0
Carrying Amount of Liability	31,741	34,799	172,711	0
Classified as:				
- Creditors: amounts falling due within one year (Note 18)	2,619	2,221	17,424	0
- Creditors: amounts falling due after more than one year (Note 19)	29,122	32,578	155,287	0

**The value of the PCC asset and the service concession liability is recognised as assets and liabilities in the Statement of Financial Position at an amount of €165.2m which is equal to the present value of the minimum lease payments. In line with FRS 102, the effective interest rate is used to discount the future construction related liabilities arising from concession agreements. The carrying amount of the liability at 31 December 2017 is €172.7m. The difference of €7.5m on the carrying value of the liability relates to a shortfall between amounts repaid during the year and the unwinding of the discount.*

Note 23 Property

The HSE estate comprises 2,488 properties.

Title to the properties can be analysed as follows:	2017 Number of Properties	2016 Number of Properties
Freehold	1,573	1,560
Leasehold	915	899
Total Properties	2,488	2,459

Primary utilisation of the properties can be analysed as follows:		
Delivery of health and personal social services	2,412	2,383
Health Business Services and Support (including medical card processing, etc.)	76	76
Total Properties	2,488	2,459

During the year there were 72 property additions to the healthcare estate and 43 properties were removed through both disposals and lease terminations. The net result is a increase of 29 healthcare properties during 2017. The total number of properties in the HSE healthcare estate at the end of 2017 has been impacted by a combination of routine estate management activities as well as the requirements of specific key healthcare strategies to deliver ongoing rollout of primary care centres and relocation of disability services to community settings.

Note 24 Subsidiaries

Aontacht Phobail Teoranta was partially subsumed at 31 December 2010.
Aontacht Phobail Teoranta entered into a members voluntary liquidation on the 27th September 2016. The Declaration of Solvency was signed by the Board on the 13th September 2016 and the Comptroller and Auditor General subsequently issued the Independent Persons Report that the 'Declaration of Solvency is not unreasonable' on the 26th September 2016. The final members meeting of the company was held on the 27th February 2017 and the Form E6-Return of the final Members meeting Members Voluntary Winding Up was sent to the Companies Registration Office (CRO) on the 27th February 2017. The company was dissolved with an effective date of the 28th May 2017 and is recorded as same on the CRO website.

The HSE has no other subsidiary undertakings.

Note 25 Taxation

The HSE carried out a significant self-review of tax compliance in respect of 2016 with external specialist tax assistance which was completed in 2017. The self-review was conducted on a risk based assessment across all tax heads for which the HSE needs to account. The underpayment of tax identified in the course of the self-review was set out by means of a Self-Correction and full payment (including interest) was made to the Revenue Commissioners in September 2017. The HSE has a dedicated in house tax team resourced by qualified tax professionals. The HSE remains committed to meeting its obligations in respect of its compliance with taxation laws.

Note 26 Contingent Liabilities

General

The HSE is involved in a number of claims involving legal proceedings which may generate liabilities, depending on the outcome of the litigation. The HSE has insurance cover for professional indemnity, fire and specific all risk claims. In most cases, such insurance would be sufficient to cover all costs, but this cannot be certain due to indemnity limits and certain policy conditions. The financial effects of any uninsured contingencies have not been provided in the financial statements.

Consultants Claim

Over 500 medical Consultants have initiated legal action against the HSE in respect of potential arrears of pay arising from alleged breach of contract in relation to non implementation of aspects of the 2008 consultant's contract. Some Consultants are also challenging the provisions of the Financial Emergency Measures in the Public Interest Acts (FEMPI). The management of this issue is being led by the Department of Health and the Department of Public Expenditure and Reform and the Department of Finance. The outcome from this dispute based on the current stage of legal proceedings remains unclear and it is therefore difficult to quantify any potential liability which may arise.

Patient Private Property Retained Interest

Prior to 2005, interest income earned on patients' private funds was retained by the former Health Boards and used to partially defray the costs incurred in administering approximately 19,000 Patients' Private Property Accounts. This action was based on previous legal advice. Subsequent legal advice taken by the HSE indicated that the Patients' Private Property Accounts operated under an implied trustee relationship with the patients and as such the HSE was obliged to remit interest earned to those patients.

The lack of available historic private patient property records limits the ability of the HSE to estimate the full potential liability and therefore a partial liability only has been provided for in the HSEs financial statements. The HSE has set up a Steering Group to actively manage this issue to a satisfactory resolution.

Clinical Indemnity Scheme

Details of the contingent liability in respect of the Clinical Indemnity Scheme are set out in Note 11.

Note 27 Post Balance Sheet Events

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

Note 28 Related Party Transactions

In the normal course of business, the Health Service Executive may approve grants and may also enter into other contractual arrangements with undertakings in which Health Service Directorate members are employed or otherwise interested. The Health Service Executive adopts procedures in accordance with the Department of Public Expenditure and Reform's Code of Practice for the Governance of State Bodies, the Ethics in Public Office Act 1995 and the Standards in Public Office Act 2001, in relation to the disclosure of interests of Health Service Directorate members. These procedures have been adhered to by the Health Service Directorate members and the HSE during the year. During 2017, no Directorate members held a direct interest within any related parties. However, one Directorate member sits on the board of the Peter McVerry Trust. The Directorate Member sits on the board in a medical professional capacity only and is not involved in requesting or approving any payments to these entities.

Key Management Personnel

All Directorate members are considered to be key management of the HSE. Overall remuneration in relation to serving Directorate members, including those that were appointed and resigned, during the year is €1.152m (2016: €1.230m). Directorate remuneration packages comprise of basic pay only. No allowances, bonuses or perquisites apply to these posts. The Directorate are members of the HSE pension scheme and their pension entitlements do not extend beyond the standard entitlements of the public sector model scheme.

Note 29 Approval of Financial Statements

The financial statements were approved by the Directorate on 18 May 2018.

Health Service Executive
Appendix 1
Revenue Grants and Capital Grants **
Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Total Grants under €100,000 (1,687 Grants)	**30,542**		**30,542**	**31,833**
Grants €100,000 or more each				
A Ghra Homecare Services Ltd	1,435		1,435	1,386
Ability West Ltd	25,437		25,437	24,451
Abode Hostel and Day Centre	1,072		1,072	1,000
ACET Ireland	135		135	281
Acquired Brain Injury Ireland (Formerly Peter Bradley Foundation)	10,064		10,064	9,810
Active Retirement Ireland	339		339	259
Adapt Community Drugs Team	416		416	523
Addiction Response Crumlin (ARC)	1,031		1,031	865
Aftercare Recovery Group	105		105	113
Age Action Ireland	434		434	434
Age and Opportunity	593		593	548
Age Friendly Ireland	11		11	185
AIDS Fund Housing Project (Centenary House)	364		364	364
AIDS Help West	259		259	253
Aiseanna Tacaiochta	1,440		1,440	1,849
Aiseiri	512		512	464
Aislinn Centre, Kilkenny	1,142		1,142	792
Alcohol Action Ireland	212		212	209
All About Healthcare T/A The Care Team	1,090		1,090	973
All In Care	8,248		8,248	10,169
All Ireland Institute of Hospice & Palliative Care (AIIHPC)	192		192	99
Alliance	227		227	227
Alpha One Foundation	240		240	120
Alzheimer Society of Ireland	11,172		11,172	10,689
Ana Liffey Drug Project	1,413		1,413	1,867
Anchor Treatment Centre	58		58	159
ANEW Support Service	477		477	476
Anne Sullivan Foundation for Deaf/Blind	149		149	172
Applewood Homecare Ltd	1,442		1,442	839
Arabella Counselling, t/a Here2Help	199		199	203
Aras Mhuire Day Care Centre (North Tipperary Community Services)	300		300	308
ARC Cancer Support Centre	187		187	187
Ard Aoibhinn Centre	4,049		4,049	3,565
Ardee Day Care Centre	286		286	292
Arklow South Wicklow Home Help Service	91		91	129
Arlington Novas Ireland	2,785		2,785	2,530
Arthritis Ireland	200		200	196
Asperger Syndrome Association of Ireland (ASPIRE)	306		306	270
Associated Charities Trust	203		203	234
Association for the Healing of Institutional Abuse (AHIA). (Previously known as the Aislinn Cent	230		230	237
Association of Parents and Friends of The Mentally Handicapped	1,342		1,342	1,313
Asthma Society of Ireland	186		186	242
Athlone Community Services Council Ltd	278		278	266
Autism Initiatives Group	5,001		5,001	4,587
Aware	365		365	481
Ballinasloe Social Services	135		135	132
Ballincollig Senior Citizens Club Ltd	391		391	356
Ballyfermot Advanced Project Ltd	462		462	703
Ballyfermot Chapelizod Partnership	113		113	53
Ballyfermot Home Help	2,253		2,253	2,085
Ballyfermot Local Drug and Alcohol Task Force CLG	170		170	0
Ballyfermot Star Ltd	370		370	370
Ballymun Local Drugs Task Force	287		287	287
Ballymun Regional Youth Resource (BYRY)	193		193	193
Ballymun Youth Action Project (YAP)	678		678	678
Ballyphehane and Togher Community Resource Centre	140		140	172
Barnardos	886		886	930
Barretstown Camp	151		151	151
Barrow Valley Enterprises for Adult Members with Special Needs Ltd (BEAM)	762		762	580
Be Independent Home Care	2,590		2,590	1,618
Beaufort Day Care Centre	189		189	239
Beaumont Hospital	306,223	2,891	309,114	306,510
Beechfield Care Group	218		218	104

Health Service Executive
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Revenue Grants and Capital Grants **
Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Belong to Youth Services Ltd.	233		233	233
Bergerie Trust	304		304	300
Blakestown and Mountview Youth Initiative (BMYI)	480		480	480
Blanchardstown and Inner City Home Helps	3,308		3,308	3,358
Blanchardstown Local Drugs Task Force	257		257	175
Blanchardstown Youth Service	253		253	228
Bloomfield Health Services	575		575	387
Bluebird Care	20,619		20,619	16,382
Bodywhys The Eating Disorder Association of Ireland	368		368	372
Bon Secours Sisters	612		612	644
Bray Community Addiction Team	714		714	715
Bray Lakers Social and Recreational Club Ltd	137		137	142
Bray Travellers Group	113		113	111
Brindley Healthcare	226		226	193
Brothers of Charity Services Ireland	189,289		189,289	182,159
Cabra Resource Centre	223		223	217
Cairde	614		614	606
Cairdeas Centre Carlow	393		393	305
Camphill Communities of Ireland	1,448		1,448	1,149
Cancer Care West	525		525	500
Cappagh National Orthopaedic Hospital	34,145	835	34,980	33,519
Capuchins	117		117	97
Care About You	1,042		1,042	410
Care at Home Services Ltd	1,508		1,508	750
Care For Me Ltd	1,583		1,583	877
Care of the Aged, West Kerry	129		129	129
CareBright	4,508		4,508	4,764
Caredoc GP Co-operative	8,864		8,864	8,805
Caremark Ireland	8,104		8,104	6,713
Careworld	946		946	1,000
Caring and Sharing Association (CASA)	150		150	177
Caritas Convalescent Home	2,236		2,236	2,244
Carlow Day Care Centre (Askea Community Services)	10		10	116
Carlow Regional Youth Service	105		105	57
Carlow/Kilkenny Home Care Team	218		218	218
Carnew Community Care Centre	143		143	141
Carriglea Cairde Services Ltd (formerly Sisters of the Bon Sauveur)	10,046		10,046	9,565
Carrigoran Nursing Home – Day Care Centre	100		100	105
Casadh	195		195	195
Casla Home Care Ltd	660		660	716
Castle Homecare	1,383		1,383	1,031
Catholic Institute for Deaf People (CIDP)	4,136		4,136	4,129
CDA Trust Ltd (Cavan Drug Awareness)	214		214	213
Central Remedial Clinic	17,122	386	17,508	16,149
Centres for Independent Living (CIL)	11,289		11,289	11,044
Charleville Care Project Ltd	163		163	165
Cheeverstown House Ltd	24,873		24,873	25,240
Cheshire Ireland	24,118		24,118	21,906
Childrens Sunshine Home	3,799		3,799	3,957
ChildVision (St Joseph's School For The Visually Impaired)	4,216		4,216	4,092
Chrysalis Community Drug Project	256		256	304
Cill Dara Ar Aghaid	186		186	160
Clann Mór	1,447		1,447	1,234
Clannad Care	1,345		1,345	745
Clare Accessible Transport (T/a Clare Bus)	78		78	135
Clarecare Ltd Incorporating Clare Social Service Council	6,674		6,674	6,213
Clarecastle Daycare Centre	388		388	406
Clareville Court Day Centre	165		165	165
CLASP (Community of Lough Arrow Social Project)	99		99	103
Clondalkin Addiction Support Programme (CASP)	880		880	842
Clondalkin Behavioural Initiative Ltd	135		135	125
Clondalkin Drugs Task Force	203		203	203
Clondalkin Tus Nua Ltd	442		442	442
Clonmany Mental Health Association	101		101	103
Clontarf Home Help	2,996		2,996	3,071
CLR Home Help	1,742		1,742	1,705
CLUB 91 (Formerly Chez Nous Service), Sligo	125		125	125

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Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Co-Action West Cork	7,361		7,361	6,927
Cobh General Hospital	421		421	496
Comfort Keepers Ltd	21,664		21,664	18,938
Communicare Healthcare Ltd	2,836		2,836	2,573
Community Creations Ltd	190		190	190
Community Games	137		137	200
Community Nursing Unit NW	1,405		1,405	405
Community Response, Dublin	367		367	341
Community Substance Misuse Team Limerick	420		420	416
Console Suicide Bereavement Counselling Ltd.	0		0	427
Contact Care	1,671		1,671	1,427
Coolmine Therapeutic Community Ltd	1,634		1,634	1,480
Coombe Women's Hospital	60,957	766	61,723	56,925
COPE Foundation	53,210		53,210	49,168
COPE Galway	1,786		1,786	1,055
Cork Association for Autism	5,509		5,509	4,950
Cork City Partnership Ltd	109		109	61
Cork Foyer Project	216		216	292
Cork Mental Health Association	77		77	154
Cork Social and Health Education Project (CSHEP)	768		768	758
Cork University Dental School and Hospital	1,945		1,945	1,935
County Sligo Leader Partnership Company	88		88	101
County Wexford Community Workshop, Enniscorthy/New Ross Ltd	4,682		4,682	4,354
CPL Healthcare	2,807		2,807	2,294
CROI (West of Ireland Cardiology Foundation)	503		503	404
Crosscare	2,716		2,716	2,718
Crumlin Home Care Service Limited	3,365		3,365	3,130
Cuan Mhuire	2,106		2,106	2,191
Cumas Teo	488		488	488
Cura	497		497	754
Curam Altranais Paediatric and Adult Case Management Service Ltd.	187		187	0
Cystic Fibrosis Registry of Ireland	140		140	140
Daisyhouse Housing Association	48		48	192
Dara Residential Services	1,875		1,875	1,816
Darndale Belcamp Drug Awareness	243		243	237
Daughters of Charity	113,165	274	113,439	109,309
Dawn Court Day Care Centre Ltd	97		97	105
Deafhear.ie	4,537		4,537	4,272
Delta Centre Carlow	3,164		3,164	3,121
Depaul Ireland	1,750		1,750	1,808
Diabetes Federation of Ireland	248		248	251
Dignity 4 Patients	100		100	123
Disability Federation of Ireland (DFI)	1,455		1,455	1,545
Dóchas	101		101	99
Dolmen Clubhouse Ltd	123		123	126
Donnycarney and Beaumont Home Help Services Ltd.	1,705		1,705	1,704
Donnycarney Youth Project Ltd	410		410	405
Donnycarney/Beaumont Local Care	109		109	112
Donore Community Development	180		180	178
Down Syndrome Ireland	139		139	204
Drogheda Community Services	119		119	114
Drogheda Homeless Aid Association	131		131	196
Dromcollogher and District Respite Care Centre	495		495	484
Drumcondra Home Help	1,430		1,430	1,485
Drumkeerin Care Of The Elderly	209		209	180
Drumlin House	127		127	174
Dublin 12 Local Drug and Alcohol Task Force CLG	133		133	0
Dublin AIDS Alliance (DAA) Ltd	482		482	443
Dublin City University	239		239	340
Dublin Dental Hospital	6,057		6,057	6,244
Dublin North East Drugs Task Force	317		317	252
Dublin Region Homeless Executive	636		636	691
Dun Laoghaire Home Help	998		998	835
Dun Laoghaire Rathdown Community Addiction Team	417		417	413
Dun Laoghaire Rathdown Local Drugs Task Force	105		105	89
Dun Laoghaire Rathdown Outreach Project	236		236	276
Dundalk Outcomers	116		116	157

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Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
East London NHS	10		10	158
Edward Worth Library	165		165	165
Enable Ireland	41,415		41,415	38,750
Ennis Community Development Project	60		60	147
Environmental Protection Agency	269		269	24
Epilepsy Ireland	773		773	771
Errigal Truagh Special Needs Parents and Friends Ltd	188		188	154
Extern Ireland	563		563	265
Familibase	221		221	144
Family Carers Ireland	8,654		8,654	8,410
Farranree Family Centre	64		64	186
Father McGrath Multimedia Centre (Family Resource Centre)	122		122	124
Fatima Home, Tralee	36		36	106
Ferns Diocesan Youth Services (FDYS)	258		258	323
Festina Lente Foundation	436		436	380
Fettercairn Drug Rehabilitation Project	111		111	102
Fighting Blindness Ireland	114		114	117
Fingal Home Care	4,718		4,718	4,728
Finglas Addiction Support Team	525		525	446
Finglas Cabra Local Drugs and Alcohol Task Force	102		102	95
Finglas Home Help / Care Organisation	2,655		2,655	2,348
First Fortnight Ltd	155		155	5
Focus Ireland	1,859		1,859	1,660
Fold Ireland	2,119		2,119	1,966
Foróige	365		365	218
Friedreich's Ataxia Society in Ireland	31		31	101
FRS Homecare	23		23	260
Fusion CPL Ltd	111		111	111
Gaelic Athletic Association	150		150	190
Galway Hospice Foundation	4,955		4,955	5,023
Gay Health Network	331		331	277
Genio Trust	7,660		7,660	785
Gheel Autism Services Ltd	7,935		7,935	6,961
GLEN – Gay and Lesbian Equality Network	17		17	143
Good Morning Inishowen	129		129	129
Good Shepherd Sisters	1,078		1,078	1,174
Graiguenamanagh Elderly Association	160		160	152
Grantstown Daycare Centre	119		119	97
Greater Blanchardstown Response to Drugs	132		132	172
GROW	1,207		1,207	1,337
Guardian Ad Litem and Rehabilitation Office (GALRO)	3,002		3,002	3,057
Hail Housing Association for Integrated Living	563		563	469
Hands On Peer Education (HOPE)	145		145	156
Headway the National Association for Acquired Brain Injury	2,438		2,438	2,513
Heritage Homecare Ltd.	1,069		1,069	114
Hesed House	241		241	241
Holy Angels Carlow, Special Needs Day Care Centre	717		717	1,057
Holy Family School	111		111	111
Holy Ghost Hospital	1,050		1,050	198
Home Care Plus	896		896	622
Home Help Services Ballymun	3,845		3,845	3,814
Home Instead Senior Care	38,399		38,399	27,477
Homecare Independent Living Ltd	2,922		2,922	2,967
Homecare Solutions Ltd.	742		742	655
Hope House	294		294	204
IADP Inter-Agency Drugs Project UISCE	97		97	104
Immigrant Counselling and Psychotherapy (ICAP)	266		266	323
Inchicore Community Drugs Team	477		477	485
Inchicore Home Help	1,096		1,096	1,143
Inclusion Ireland	774		774	573
Incorporated Orthopaedic Hospital of Ireland	11,254		11,254	10,230
Inspire Ireland Foundation Ltd	565		565	288
Iontas Arts & Community Resource Centre	190		190	173
Irish Advocacy Network	792		792	796
Irish Association for Spina Bifida and Hydrocephalus (IASBH)	927		927	1,017
Irish Autism Action	56		56	174
Irish Cancer Society	236		236	511

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Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Irish College of General Practitioners	483		483	315
Irish College of Opthalmogists	75		75	100
Irish Family Planning Association (IFPA)	1,257		1,257	1,259
Irish Guide Dogs for the Blind	832		832	830
Irish Haemophilia Society (IHS)	550		550	550
Irish Heart Foundation	336		336	315
Irish Homecare Services	11,163		11,163	10,785
Irish Hospice Foundation	288		288	95
Irish Kidney Association (IKA)	364		364	362
Irish Motor Neurone Disease Association	260		260	284
Irish Prison Service	256		256	256
Irish Society for Autism	4,129		4,129	4,233
Irish Society for the Prevention of Cruelty to Children (ISPCC)	350		350	340
Irish Wheelchair Association (IWA)	39,141		39,141	37,056
Jack and Jill Childrens Foundation	1,080		1,080	775
Jigsaw (also known as Headstrong)	9,559		9,559	2,876
Jobstown Assisting Drug Dependency Project (JAAD Project)	281		281	278
K Doc (GP Out of Hours Service)	1,881		1,881	1,829
Kalbay Ltd	0		0	167
KARE Plan Ltd	5,021		5,021	3,087
KARE, Newbridge	18,731		18,731	17,849
Kerry Hospice Foundation	0	252	252	5
Kerry Parents and Friends Association	9,340		9,340	8,690
Kilbarrack Coast Community Programme Ltd (KCCP)	416		416	404
Kildare and West Wicklow Community Addiction Team Ltd	368		368	354
Kildare Youth Services (KYS)	436		436	356
Killinarden (KARP)	143		143	143
Kilmaley Voluntary Housing Association	252		252	265
Kingsriver Community	334		334	339
L'Arche Ireland	3,301		3,301	3,165
Leap Ireland	100		100	55
Leitrim Association of People with Disabilities (LAPWD)	567		567	539
Leitrim Development Company	361		361	328
Leopardstown Park Hospital	13,580	208	13,788	13,649
Letterkenny Women's Centre	212		212	203
Liberties and Rialto Home Help	1,403		1,403	1,318
Lifetime Care	823		823	867
Lifford Clonleigh Resource Centre	194		194	178
Limerick Social Services Council	327		327	269
Limerick Youth Service Community Training Centre	204		204	129
LINC	179		179	187
Link (Galway) Ltd	155		155	155
Liscarne Court Senior Citizens	115		115	115
Little Angels Hostel Letterkenny	155		155	153
Lochrann Ireland Ltd	133		133	133
Longford Community Resources Ltd	197		197	202
Longford Social Services Committee	140		140	188
Lotamore Family Centre	69		69	105
Lourdes Day Care Centre	223		223	221
Macroom Senior Citizens Housing Development Sullane Haven Ltd	124		124	139
Mahon Community Creche	155		155	165
Marian Court Welfare Home Clonmel	176		176	128
Mater Misericordiae University Hospital Ltd	266,884	1,933	268,817	260,505
Matt Talbot Adolescent Services	1,291		1,291	1,324
McGann Family Home Care Services	133		133	105
Meath Local Sports Partnership	123		123	98
Meath Partnership	505		505	460
Mens Health Development Network	121		121	101
Mental Health Associations (MHAs)	434		434	502
Mental Health Ireland	2,794		2,794	1,904
Mental Health Reform	287		287	2
Merchant's Quay Ireland (MQI)	2,710		2,710	2,788
Mercy University Hospital, Cork	82,407	2,167	84,574	78,436
Middlequarter Ltd	559		559	88
MIDOC	924		924	892
Mid-West Regional Drugs Task Force	400		400	432
Migraine Association of Ireland	131		131	137

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Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Milford Care Centre	13,120		13,120	11,750
Moorehaven Centre Tipperary Ltd	1,233		1,233	1,151
Mount Cara House	286		286	284
Mount Carmel Home, Callan, Co Kilkenny	127		127	119
Mounttown Neighbourhood Youth Project	127		127	114
MS Ireland - Multiple Sclerosis Society of Ireland	2,548		2,548	2,726
Muintir na Tire Ltd	130		130	129
Mulhuddart/Corduff Community Drugs Team	331		331	356
Multiple Sclerosis North West Therapy Centre Ltd	261		261	277
Muscular Dystrophy Ireland	1,255		1,255	1,281
Mymind Ltd	116		116	174
Nasc (The Irish Immigrant Support Centre)	50		50	242
National Association of Housing for the Visually Impaired Ltd	827		827	798
National Childhood Network (NCN)	185		185	150
National Council for the Blind of Ireland (NCBI)	6,389		6,389	6,468
National Federation of Voluntary Bodies in Ireland	280		280	295
National Maternity Hospital	56,860	649	57,509	55,827
National Office of Victims of Abuse (NOVA)	1,003		1,003	1,003
National Paediatric Hospital	0	68,071	68,071	30,647
National Rehabilitation Hospital	29,528	5,072	34,600	32,096
National Suicide Research Foundation (NSRF)	878		878	912
National University of Ireland, Galway (NUIG)	111		111	138
National Youth Council of Ireland	209		209	168
Nazareth House, Mallow	1,478		1,478	1,926
Nazareth House, Sligo	1,622		1,622	592
New Ross Community Hospital	129		129	208
Newport Social Services, Day Care Centre	235		235	240
No Name Youth Club Ltd	150		150	150
North Dublin Inner City Homecare and Home Help Services	1,424		1,424	1,038
North Tipperary Disability Support Services Ltd	660		660	664
North Tipperary Leader Partnership	221		221	221
North West Alcohol Forum	516		516	518
North West Parents and Friends Association	2,155		2,155	2,136
North West Regional Drugs Task Force	133		133	196
Northside Community Health Initiative (NICHE)	437		437	513
Northside Homecare Services Ltd	3,081		3,081	2,921
Northside Partnership	104		104	443
Northstar Family Support Project	177		177	162
Northwest Hospice	967		967	1,042
Nua Healthcare Services	2,736		2,736	3,320
Nurse on Call - Homecare Package	4,584		4,584	4,437
O'Connell Court Residential and Day Care	259		259	283
Offaly Local Development Company	135		135	94
Offaly Travellers Movement	232		232	219
One Family	475		475	416
One in Four	581		581	595
Open Door Day Centre	366		366	369
Order of Malta	494		494	480
Ossory Youth Services	102		102	130
Our Lady's Children's Hospital, Crumlin	151,310	2,269	153,579	147,665
Our Lady's Hospice & Care Services (Sisters of Charity)	29,484	1,052	30,536	28,748
Outhouse Ltd	187		187	187
Parkinson's Association of Ireland	166		166	9
Parkrun Ireland Ltd	146		146	194
Patient Focus	216		216	216
Pavee Point Traveller and Roma Centre	1,192		1,192	1,033
Peacehaven Trust	771		771	759
Peamount Hospital	25,104		25,104	25,574
Peter McVerry Trust (previously known as The Arrupe Society).	1,970		1,970	1,813
PHC Care Management Ltd	3,046		3,046	1,862
Pieta House	1,775		1,775	1,438
Pobal	0		0	322
Positive Options Crisis Pregnancy Agency	81		81	143
Post Polio Support Group (PPSG)	354		354	369
Prague House	148		148	150
Praxis Care Group	4,829		4,829	4,277
Private Home Care, Lucan	103		103	124

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Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Prosper Fingal Ltd	10,900	25	10,925	10,254
RAH Home Care Ltd t/a Right At Home	1,653		1,653	611
Redwood Extended Care Facility	235		235	41
Regional and Local Drugs Task Forces	4,008		4,008	4,536
Rehab Group	50,168	232	50,400	47,233
RelateCare	7		7	111
Resilience Ireland (Resilience Healthcare Ltd)	1,581		1,581	1,439
Respond! Housing Association	747		747	614
Rialto Community Development	118		118	125
Rialto Community Drugs Team	423		423	424
Rialto Partnership Company	649		649	747
Right of Place Second Chance Group	111		111	160
Ringsend and District Response to Drugs	427		427	427
Roscommon Home Services Co-op	4,120		4,120	3,931
Roscommon Partnership Company Ltd	234		234	168
Roscommon Support Group Ltd	1,583		1,583	1,573
Rosedale Residential Home	151		151	96
Rotunda Hospital	55,794	587	56,381	52,369
Royal College of Physicians	2,397		2,397	1,977
Royal College of Surgeons in Ireland	3,605		3,605	2,410
Royal Hospital Donnybrook	17,957	25	17,982	18,951
Royal Victoria Eye and Ear Hospital	27,151	564	27,715	24,718
Ruhama Women's Project	220		220	220
S H A R E	192		192	208
Safetynet Primary Care	307		307	35
Salesian Youth Enterprises Ltd	457		457	465
Salvation Army	1,652		1,652	1,650
Samaritans	614		614	621
Sandra Cooneys Homecare	1,897		1,897	1,277
Sandymount Home Help	386		386	358
Sankalpa	248		248	236
SAOL Project	318		318	318
Schizophrenia Ireland Lucia Foundation	144		144	116
SCJMS/Muiriosa Foundation	53,235		53,235	48,986
SDC South Dublin County Partnership (formerly Dodder Valley Partnership)	519		519	402
Senior Citizens Concern Ltd	119		119	105
Servisource Recruitment	3,561		3,561	2,755
Shalamar Finiskilin Housing Association	196		196	211
Shankhill Old Folks Association	127		127	112
Shannondoc Ltd (GP Out Of Hours Service)	4,906		4,906	4,795
SHINE	1,632		1,632	1,701
Simon Communities of Ireland	7,978		7,978	8,115
Sisters of Charity	5,738		5,738	4,592
Sisters of Charity St Marys Centre for the Blind and Visually Impaired	3,231		3,231	3,201
Sisters of Mercy	304		304	302
Slí Eile Support Services Ltd	104		104	192
Sligo Family Centre	127		127	140
Sligo Social Services Council Ltd	430		430	532
Sligo Sport and Recreation Partnership	54		54	101
Snug Community Counselling	168		168	151
Society of St Vincent De Paul (SVDP)	4,040		4,040	3,901
Sophia Housing Association	847		847	914
South Doc GP Co-operative	8,301		8,301	8,343
South Dublin Senior Citizens Club	95		95	133
South Infirmary Victoria University Hospital	54,373	1,052	55,425	56,292
South West Counselling Centre	131		131	80
South West Mayo Development Company	204		204	124
Southern Gay Health Project	100		100	105
Southside Partnership	122		122	59
Spinal Injuries Ireland	300		300	300
Spiritan Asylum Services Initiative (SPIRASI)	424		424	385
St Aengus Community Action Group	141		141	141
St Aidan's Services	4,697		4,697	4,413
St Andrews Healthcare (UK)	0		0	731
St Andrew's Resource Centre	446		446	421
St Bridgets Day Care Centre	167		167	147
St Carthage's House Lismore	352		352	185

Health Service Executive
Appendix 1
Revenue Grants and Capital Grants **
Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
St Catherine's Association Ltd	6,151		6,151	8,894
St Catherine's Community Services Centre Carlow	58		58	159
St Christopher's Services, Longford	8,764		8,764	8,700
St Colman's Care Centre	183		183	116
St Cronan's Association	975		975	833
St Dominic's Community Response Project	391		391	300
St Fiacc's House, Graiguecullen	331		331	333
St Francis Hospice	10,991		10,991	10,581
St Gabriel's School and Centre	2,032		2,032	2,094
St Hilda's Services For The Mentally Handicapped, Athlone	4,774		4,774	4,572
St James' Hospital	365,829	11,925	377,754	364,439
St James' Hospital, Jonathan Swift Hostels	4,780		4,780	4,713
St John Bosco Youth Centre	132		132	159
St John of God Hospitaller Services	147,100	118	147,218	140,370
St John's Hospital	21,090	498	21,588	19,003
St Joseph's Foundation	17,590		17,590	16,627
St Joseph's Home For The Elderly	499		499	601
St Joseph's Home, Kilmoganny, Co.Kilkenny	140		140	137
St Kevin's Home Help Service	390		390	454
St Laurence O' Toole SSC	1,336		1,336	1,285
St Lazarians House, Bagenalstown	236		236	241
St Luke's Home	1,224		1,224	1,315
St Mary's School For The Deaf	0		0	303
St Michael's Hospital, Dun Laoghaire	27,046	115	27,161	26,217
St Michael's House	83,509	432	83,941	79,391
St Michael's Day Care Centre	177		177	184
St Monica's Community Development Committee	380		380	372
St Monica's Nursing Home	124		124	286
St Patrick's Centre, Kilkenny (Sisters of Charity)	16,571		16,571	17,625
St Patrick's Special School	182		182	178
St Patrick's Wellington Road	9,945		9,945	9,236
St Vincent's Hospital Fairview	14,664		14,664	14,732
St Vincent's University Hospital, Elm Park	251,499	4,602	256,101	239,320
Star Project Ballymun Ltd	301		301	301
Stella Maris Facility	149		149	154
Stewart's Care Ltd.	46,631	114	46,745	45,225
Stillorgan Home Help	531		531	569
Suicide or Survive (SOS)	248		248	251
Sunbeam House Services	24,123		24,123	22,270
Support 4 U Ltd.	152		152	0
Tabor House, Navan	158		158	158
Tabor Lodge	746		746	687
Talbot Grove Treatment Centre	152		152	223
Tallaght Home Help	1,794		1,794	1,514
Tallaght Hospital	237,307	3,381	240,688	217,546
Tallaght Rehabilitation Project	206		206	206
Tallaght Travellers Youth Service	120		120	121
Teach Mhuire Day Care Centre	101		101	135
Tearmann Eanna Teo	289		289	243
Teen Challenge Ireland Ltd	277		277	318
Temple Street Children's University Hospital	103,111	2,066	105,177	99,468
Templemore Day Care Centre	157		157	157
Terenure Home Care Service Ltd	1,306		1,306	1,229
The Avalon Centre, Sligo	364		364	298
The Beeches Residential Home	133		133	143
The Birches Alzheimer Day Centre	231		231	176
The Eating Disorder Clinic Cork	5		5	104
The Edmund Rice International Heritage Centre	270		270	66
The Irish Men's Sheds Association (IMSA)	226		226	74
The Killarney Asylum Seekers Initiative (KASI)	123		123	77
The Nightingale Placement Agency (TNPA)	189		189	0
The Oasis Centre	164		164	175
The Sexual Health Centre	310		310	356
The TCP Group	1,051		1,051	506
Third Age	779		779	751
Threshold National Housing Organisation	101		101	95
Thurles Community Social Services	256		256	218

Health Service Executive
Appendix 1
Revenue Grants and Capital Grants **
Analysis of Grants to Outside Agencies in Note 8 and Note 13

Name of Agency	Revenue Grants 2017 €000	Capital Grants 2017 €000	Total Grants* 2017 €000	Total Grants ** 2016 €000
Thurles Lions Trust Housing Association Ltd	109		109	139
Tintean Housing Association Ltd	173		173	142
Tipperary Association for Special Needs	133		133	130
Tipperary Hospice Movement	220		220	220
Tolka River Project	226		226	159
Tralee Womens Forum	181		181	211
Transfusion Positive	121		121	97
Transgender Equality Network Ireland	159		159	179
Traveller Groups and Organisations	4,385		4,385	4,534
Treoir	399		399	399
Tribli Limited, t/a Exchange House National Travellers Service	977		977	932
Trinity College Dublin	319		319	255
Tullow Day Care Centre	167		167	165
Turas Counselling Services Ltd	363		363	332
Turners Cross Social Services Ltd	177		177	163
University College Cork	105		105	25
University College Dublin	168		168	0
University of Limerick	843		843	758
Valentia Community Hospital	359		359	425
Village Counselling Service	135		135	135
Walkinstown Association For Handicapped People Ltd	4,283		4,283	4,436
Walkinstown Greenhills Resource Centre	237		237	233
Wallaroo Pre-School	103		103	102
Waterford and South Tipperary Community Youth Service	1,065		1,065	2
Waterford Association for the Mentally Handicapped	3,477		3,477	2,713
Waterford Community Childcare	183		183	123
Waterford Hospice Movement	285		285	385
Waterford Institute of Technology	14		14	108
Well Woman Clinics	551		551	546
West Cork Carers Support Group Ltd	150		150	142
West Limerick Resources Ltd	116		116	157
West Of Ireland Alzheimer Foundation	1,580		1,580	1,242
Westdoc (GP Out Of Hours Service)	2,315		2,315	1,872
Western Care Association	33,993		33,993	32,530
Western Health Social Care Trust Northern Ireland	0		0	8,000
Western Region Drugs Task Force	251		251	250
Western Traveller and Intercultural Development Association	194		194	205
Westmeath Community Development Ltd	232		232	239
Wexford Homecare Service	202		202	202
Wexford Local Development	50		50	189
White Oaks Housing Association Ltd	379		379	304
Wicklow Community Care Home Help Services	6,538		6,538	6,048
Wicklow Rural Partnership Ltd.	84		84	109
Windmill Therapeutic Training Unit	623		623	540
Young Social Innovators Ltd	120		120	100
Youth For Peace Ltd	139		139	139
Total Grants to Outside Agencies (see Note 8 for Revenue; see Note 13 for Capital)	**4,007,433**	**112,561**	**4,119,994**	**3,875,968**

** Additional payments, not shown above, may have been made to some agencies related to services provided .*

*** Agencies with grants exceeding €100,000 in either year are shown. All other grants are included at "Total Grants under €100,000". Accordingly, the 2016 comparatives above have been re-stated where appropriate.*

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